



Forward Plan Strategy Document for 2012-13
Yeovil District Hospital NHS Foundation Trust

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

This document completed by (and Monitor queries to be directed to):

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Date

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The attached Forward Plan Strategy Document (the "Forward Plan") is intended to reflect the Trust's main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.

In signing below, the Trust is confirming that:

- The Forward Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Forward Plan is consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Peter Wyman
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Paul Mears
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Libby Walters
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Signature



Section 1: Forward Plan

A. The Trust's vision is summarised as:

The Board of Governors, Board of Directors and Hospital Management Team have set out an ambitious vision that:

Yeovil District Hospital should become the new model of how a rural DGH can excel at serving its local community

We call this moving from hospital to healthcare – no longer seeing ourselves as simply a hospital, but as working with our partners to provide a wider range of health services within a much more joined-up system of care (often called integrated care).

Our aim is not simply to survive but to thrive and to do this Yeovil District Hospital needs to maintain a secure, high quality emergency service for the local population. This will be complemented by a wider range of other services which offer convenience and quality to local people, attract and retain the highest calibre staff, and offer additional income to support our core services. The new model therefore has two components:

Yeovil District Hospital – The General Hospital

- A strong emergency service run by Yeovil District Hospital
- A general medical & surgical service, including complementary elective services
- A small number of exemplar specialisms

Yeovil District Hospital – The Integrated Care Provider: extending Yeovil District Hospital's role as a key provider of joined-up (integrated) services designed around patient needs

- Developing new integrated pathways of care with our partner organisations
- Hosting a broader range of integrated services provided by ourselves and partners: NHS, private, voluntary sector
- Working across pathways & the community, not just in hospital
- Providing care from a range of convenient locations
- Extending our geographical reach
- Helping people to stay well.

In order to deliver this new model, the Board of Directors has identified six strategic areas of focus, each of which is supported by a strategy which sets out the approach to developing our strengths in these areas:

Quality: Personal, high quality and safe care

At the heart of everything we do is the provision of the best possible care, with patients treated as individuals by dedicated, skilled staff. We also need to be able to demonstrate that we provide high quality care by collecting more feedback from patients, and more information about the quality of our services.

Clinical Services: Strong, sustainable services, meeting local needs

We will focus our expertise and resources on strong acute core services, and work with partners to develop a clinically and financially sustainable range of other hospital and community services which meet local needs.

Workforce: Valuing our staff as our greatest strength

We will make sure Yeovil District Hospital is a great place to work, with strong clinical leadership, where staff feel involved and valued, so we can attract and retain the best staff.

Partnerships: A valued partner in the local health service

We will be a stable, influential partner, helping to shape the local health service and working together to provide better services for patients.

Finance and Commercial Focus: Managing our money wisely

We will constantly focus on finding new ways to improve quality and efficiency, which enable the Trust to continue to deliver its vision in a changing financial climate. We will work with partners to ensure our valuable resources are used in the most efficient manner. We will also develop new income-generating services, working with partners where there is an advantage in doing so, to support our core NHS services.

Infrastructure: Infrastructure that supports delivery

We will invest in our information systems to support the redesign of care delivery and improve quality and safety. We will maintain the basics in terms of our equipment and buildings, exploring new ways to drive more efficient ways of working.

B. The Trust's strategic position is summarised as:

The Health and Social Care Bill will create a landscape characterised by greater competition between providers of health services with much more involvement of the private sector and potentially new types of organisations including social enterprises and mutual organisations. Patients will also be given greater opportunity to choose providers informed by a wider availability of comparative data and patients' own views about the care they've received. In support of this there will be increased transparency about clinical outcomes, quality and patient experience.

One of the key aims of the reforms is to deliver an NHS which is clinically led and managerially supported. To reflect this we will see the abolition of SHAs, with PCTs replaced by GPs and other primary care professionals who will be responsible for the commissioning of services from a wide range of potential providers. There will be less 'systems management' with the 'shape' of the NHS being determined by the commissioning choices of the new clinical commissioning groups and competition between providers. With the emerging Academic Health Science networks, designed to promote and spread innovation, there are opportunities to contribute towards further improving the quality of services across the region.

As well as these changes we can also expect that demand for services and public expectations will continue to rise. We know that the economic constraints on public funding are likely to be a significant and continuing feature, not only with less investment for public services, but also the social impact of this austerity on the health and wellbeing of the population.

The major threats to our hospital relate to the scale of the financial challenge and the pace at which the structural changes will come into effect. Greater competition from existing NHS and private sector organisations, but also from new ones, could result in a loss of income and in a time of limited resource there will be the risk of tensions between organisations who may be pursuing conflicting strategies to our own.

However, there are significant opportunities for us to strengthen and consolidate our position as the principal provider of acute care locally, and also to extend our reach and develop as a key provider within a joined-up or integrated system of healthcare where organisational boundaries become less important. We need to be nimble and adapt quickly, keep a firm grip on our finances, build on our existing partnerships and create new ones.

Despite the challenges ahead Yeovil District Hospital is well placed to meet them and take advantage of the opportunities presented. Our major strengths as a hospital include the commitment and loyalty of our workforce whose strong caring ethos is embodied in our iCARE philosophy. Getting it right on a personal level will be fundamental to being the hospital of choice for local people and their GPs. As a Foundation Trust we also enjoy considerable support from the local community particularly from our membership and elected Governors. Increasingly we need to find new ways of engaging our community in shaping the future of their hospital.

As well as these strengths we also have a good track record of delivery and sound financial performance. In recent years we have made good progress with our clinical services strategy, originally developed in 2008, and have strengthened some core acute services within the hospital. The care we provide is generally of a high quality and feedback from our patients is positive. We have also made real progress in terms of improving our patients' experience and safety within the hospital. We are a recognised centre of excellence for research and development.

Nevertheless we know that there are some aspects of our clinical services that could be improved and strengthened. It is vital that all of the services we deliver are of the highest standard, appropriate for a hospital like ours and are clinically sustainable, efficient and safe. We also know that parts of our infrastructure, particularly our information systems and the hospital buildings, do not always reflect the quality of our services or our ambitions to improve them.

Although financially sound we all need to take greater care of how we use our money to be sure that we remain financially viable in the longer term. We know that in many areas we provide services efficiently, but we also know that there is room for improvement in others. There are also opportunities to change our ways of working to raise quality and increase productivity to ensure we deliver better services within planned resources, for example by avoiding the use of temporary capacity which is expensive and not always the best for patients and staff.

As a hospital we have sought to develop partnerships with neighbouring providers but it is clear that to be successful in the future we need to develop a wider range of alliances not solely with the NHS but also potentially with the private sector and other types of organisations.

Clinical and Quality Strategy

C. The Trust's Clinical and Quality strategy over the next three years is:

Quality Strategy

The Trust reviewed its Quality Strategy in 2011, setting out a 3 year vision to become the local provider of choice and by 2014 to be recognised as the best small trust in respect of Hospital Standardised Mortality Ratio, to be respected for listening to what our patients tell us and changing for the better, and to become the best small trust in respect of incident reporting, whilst continuing to reduce those that result in harm to our patients.

The quality strategy makes explicit our commitment to patient safety, clinical outcomes and the patient experience through setting challenging targets that will show our patients we are the local provider of choice. We will ask ourselves and our patients: How good is our care? How do we know we are improving? and how do we compare, both with ourselves and others?

The three main priorities of the quality strategy build on Lord Darzi's 'High Quality Care for All' (2008) and focus on patient experience, clinical outcomes and patient safety. The Quality Strategy sets out the following objectives:

Patient experience

To build on the Trust's iCARE philosophy and be recognised for listening to what our patients tell us. To develop an inclusive programme that seeks to understand what all of our patients want and is pivotal to service improvement and our transformation programme.

Outcomes

To become the best small trust in respect of Hospital Standardised Mortality Ratio (HSMR), improving year on year.

Patient safety

To become the best small trust in respect of incident reporting, whilst at the same time reducing the number of incidents that result in harm to our patients.

The Trust's iCARE principles are our core values, and this drives our journey forward. These values mean that we will:

COMMUNICATE effectively

Show a positive ATTITUDE

Have RESPECT for our patients, carers and colleagues

Maintain an ENVIRONMENT that is conducive to care and recovery

Clinical Services Strategy

During 2011/12 the Trust also reviewed its Clinical Services Strategy for the next three years.

The Trust recognises that it has a strong track record of delivering acute, hospital based services across its historic catchment area. However, to prosper in the new environment the Trust is looking to both strengthen these 'core' services and also develop the range of services it provides in order to move it from a hospital to a healthcare provider as part of an overall system of integrated care which we are developing with our local partners.

The following principles have been agreed to progress this strategy:

- The Trust will continue to provide a broad range of clinical services
- The core function of YDH will remain the provision of emergency services; a range of other services will continue to be required to support the core and ensure that it remains both clinically and cost effective.
- Only services that can continue to be delivered to a high quality will be maintained as part of the service provision of the Trust.
- The Trust will develop service provision in a range of locations where services can be provided cost effectively and where there is a strategic advantage in doing this, prioritising outpatient services at South Petherton, the Yeatman and West Mendip Hospitals and through the development, in partnership, of the Yeovil Health campus
- The Trust will build on the successful strategy of working with a range of partners in support of the delivery of its portfolio of services.
- The financial contribution of each service will be maximised.
- All services should move towards upper quartile national performance against a range of indicators. These indicators include mortality rates, daycase rates, new to follow up ratios for outpatients, readmission rates and waiting times.
- The Trust will look to develop a small range of exemplar services to be offered over a wider geographical area.

In line with these principles, the Trust has developed a new overarching approach to services at the hospital which we call moving from hospital to healthcare – no longer seeing ourselves as simply a hospital, but as working with our partners to provide a wider range of health services within a much more joined-up system of care (often called integrated care).

Our aim is not simply to survive but to thrive and to do this YDH needs to maintain a secure, high quality emergency service for the local population. This will be complemented by a wider range of other services which offer convenience and quality to local people, attract and retain the highest calibre staff, and offer additional income to support our core services. The new model therefore has two components:

YDH – The General Hospital

- A strong emergency service run by YDH
- A general medical & surgical service, including complementary elective services
- Consultant-led maternity and paediatric services
- A small number of exemplar specialisms offered over a wider area

YDH – The Integrated Care Provider: extending YDH's role as a key provider of joined-up (integrated) services designed around patient needs

- Developing new integrated pathways of care with our partner organisations
- Hosting a broader range of integrated services provided by ourselves and partners: NHS, private, voluntary sector
- Working across pathways & the community, not just in hospital
- Providing care from a range of convenient locations
- Extending our geographical reach
- Helping people to stay well.

Clinical and Quality priorities and milestones

Quality Priorities

The quality strategy milestones are being achieved ahead of time and it is likely that the current strategy will be reviewed at the end of the year with a plan for the next 3 years that further integrates clinical process improvements with quality outcomes.

Key milestones in the current quality strategy include:

- A 2.5% year on year reduction in mortality, supported by the introduction of more care bundles
- Further improvement in the care of dementia patients by achieving the South West level 2 standards
- Continued involvement in the national Patient Reported Outcome Measures
- Embedding the use of local patient experience information to inform quality and service improvements
- Maintaining VTE assessment standards and a zero tolerance approach to hospital acquired incidences.
- Maintaining best practice in Healthcare Associated Infections.
- A further reduction in patient falls, a focus on reducing falls that result in harm, and a reduction in the number of patients who fall more than once.
- Continuing to support the reporting of clinical incidents with an increase in no harm or near miss reporting and a decrease in incidents that cause harm
- Implementing the 'Safety Thermometer' and recording the number of patients receiving harm-free care.
- Decreasing the number of hospital acquired pressure ulcers with zero tolerance of grade 3 and 4 pressure ulcers.

D. Clinical and Quality priorities and milestones over the next three years are:

For 2012/13 the Trust has agreed the following milestones which will see the Trust:

- Further reduce HSMR by 2.5%
- Reduce SHMI by 2% (the new Department of Health mortality indicator)
- Reduce patient falls by 10%
- Reduce the number of patients who fall more than once by 15% (Governors' Key Performance Indicator)
- Introduce the safety thermometer across the Trust
- Reduce the number of hospital acquired pressure ulcers (grade 3 or 4) by 25%
- Increase the number of patients completing in-house satisfaction surveys
- Reduce healthcare associated infections – in line with the local targets (MRSA, Clostridium difficile & MSSA)
- Maintain our involvement in the programme of patient safety improvement as set by NHS South West
- Develop two more in-house Patient Reported Outcome Measures
- Ensure that 95% of complainants receive a response within the agreed timescale
- Reduce the number of complaints where we re-negotiate the agreed timescale for completion
- Increase the number of EXIT questionnaires received by 20% -
- Continue with the development and roll-out of care bundles, in particular for Dementia, Naso-Gastric tube insertion and Community Acquired Pneumonia.
- Improve the accessibility of information available for patients with a learning disability. This will be achieved by updating the internet and intranet site and by reviewing and amending key information leaflets such as the Patient Advice and Liaison service and "Welcome to YDH".

Progress against these priorities will be monitored by the Clinical Governance Delivery and Assurance Committees with monthly updates to the Board of Directors.

Clinical Services Strategy

In order to deliver the vision for the Trust's clinical services two broad strategic priorities for the next three years have been developed. These are:

- To ensure that the Trust's general hospital services are high quality, efficient and sustainable;
- To develop the hospital to healthcare vision in order for the Trust to become a key provider within an integrated care system designed around the needs of patients in South Somerset, North Dorset and beyond.

To support these priorities the following priorities and milestones have been identified:

CORE EMERGENCY SERVICE

Year 1: 2012/13 Strategic Milestones	Year 2: 2013/14 Strategic Milestones	Year 3: 2014/15 Strategic Milestones
<ol style="list-style-type: none"> 1. Secure Trauma Unit Status 2. Complete a workforce review of the emergency department 3. Implement a new model for acute surgical admissions 4. Implement a service transformation project focussed on streamlining the emergency care pathway 	<ol style="list-style-type: none"> 1. Deliver on site consultant physician presence, 12 hours a day, 7 days a week 	<ol style="list-style-type: none"> 1. Implement new model for urgent and emergency care 2. New model for 24/7 Consultant paediatrician cover

KEY SERVICES CRITICAL TO THE EMERGENCY SERVICE

Year 1: 2012/13 Strategic Milestones	Year 2: 2013/14 Strategic Milestones	Year 3: 2014/15 Strategic Milestones
<ol style="list-style-type: none"> 5. Review acute stroke service 6. Address capacity issues in endoscopy 7. Review gynaecology service 8. Maximise financial contribution of orthopaedics 9. Strengthen on site oncology 10. Implement new model for pathology 	<ol style="list-style-type: none"> 2. Move to a closed critical care unit 3. Review capacity requirements on Level 10 4. Develop networked approach to radiology 5. Strengthen pre-assessment 	<ol style="list-style-type: none"> 3. Achieve CNST level 3

SERVICES NOT DIRECTLY SUPPORTING THE EMERGENCY SERVICE

Year 1: 2012/13 Strategic Milestones	Year 2: 2013/14 Strategic Milestones	Year 3: 2014/15 Strategic Milestones
<p>11. Service reviews - neurology and dermatology</p> <p>12. Service reviews - ophthalmology, oral surgery/orthodontics, community dentistry and paediatric orthopaedics</p> <p>13. Review of tertiary paediatric services</p> <p>14. Implement revised model for SCBU</p> <p>15. Strengthen Head and Neck cancer services</p> <p>16. Develop the breast service</p>	<p>6. Service reviews – thoracic surgery, osteoporosis</p> <p>7. Service reviews – audiology, ENT</p> <p>8. Cease nuclear medicine</p> <p>9. Explore expansion of midwife led maternity services</p>	<p>4. Review community paediatric service</p>

HOSPITAL TO HEALTHCARE

Year 1: 2012/13 Strategic Milestones	Year 2: 2013/14 Strategic Milestones	Year 3: 2014/15 Strategic Milestones
<p>17. Commence consultation and procurement exercise for Health Campus</p> <p>18. Implement reablement services</p> <p>19. Secure commercial partner for private service provision</p>	<p>10. Service delivery on Health Campus commences</p> <p>11. Maximise opportunities to increase service provision at community locations</p> <p>12. Further extend the community pharmacy model</p>	<p>5. Implement community-based models for diabetes and rheumatology</p>

Financial Strategy

E. The Trust's financial strategy and goals over the next three years:

Income and Expenditure

Summary

The financial position for 2011/12 resulted in the Trust delivering a surplus of £797,000 which was in excess of the annual plan and delivered a risk rating of 3. The surplus before technical accounting adjustments was £993,000. The financial plans for the next three years are to maintain a strong financial performance and deliver an income and expenditure surplus of between £0.6 million and £0.8 million, before technical adjustments, resulting in a financial risk rating of 3.

Income

The income in 2012/13 has increased over the 2011/12 level as a result of being awarded a contract for delivering additional outpatient services at South Petherton Hospital and growth in non-tariff services for intensive care, the special care baby unit and additional drug costs that are not included within tariff payments. Income levels are then expected to reduce in 2013/14 and 2014/15 due to a fall in demand for elective services and the deflator applied to the National Tariff. This will result in the income reducing from £109.2 million in 2012/13 to £108.0 million in 2014/15. A key element of the Trust's strategy is developing the Yeovil Health Campus but as plans for this are in their relative infancy the financial impact has not been factored into these plans. Plans are in place to increase the private patient income from £2.6 million in 2011/12 to £2.9 million by 2014/15 by improved marketing and developing new services.

Expenditure

At Yeovil District Hospital there is a culture of service improvement in all of the services that are provided to ensure there is a focus on improving the quality of services whilst increasing efficiency. In 2011/12 a cost improvement programme of £4.8 million was delivered (4.4% of turnover) as planned. Of this £2.7 million related to workforce savings as a result of reducing high cost temporary staffing and improved efficiency within the urgent care pathway, resulting in less additional capacity having to be opened in the winter months. Workforce plans are being developed to reduce the cost of the workforce over the next three years. Within the Trust plans for the next three years are cost improvement savings of £4.6 million in 2012/13, £5.4 million in 2013/14 and £5.4 million in 2014/15.

The pay costs included within the financial plans show pay increasing in 2013/14 due to an assumption that there will be a pay award as the two year national freeze will have finished and then pay will reduce in 2014/15 due to efficiencies and workforce strategies.

The Trust's strategy of moving from hospital to healthcare will continue to develop over the next three years. This strategy will include working with our partner organisations to develop integrated services which will deliver more efficient services and healthcare across the health economy. As these plans are in their infancy the financial impact is not yet known and therefore is not modelled into the three year plan. There will be investment into some services in 2012/13 so that best practice tariffs can be achieved, namely an appointment of an ortho-geriatrician post.

It is anticipated that drug costs will increase over the plan period from £7.6 million in 2011/12 to £9.8 million by 2014/15.

Depreciation costs were £3.4 million in 2011/12 and these will increase to £3.9 million by 2014/15 due to the continued investment in the estate.

Capital Investment

There was £3.6 million invested in capital developments in 2011/12. This included expanding the Macmillan Cancer Unit (£0.5 million) and £1.2 million spent on medical equipment including the upgrading of radiology equipment. A new combined heat and power unit was commissioned during the year (£0.5 million) which enables the hospital to produce some of its own energy making savings on utilities, and £0.8 million was spent on enhancing the quality of the building and estate.

The planned level of capital investment in 2012/13 is £3.0 million, £3.9 million in 2013/14 and £4.2 million in 2014/15 (excluding the capital investment from donated funds). The Trust is planning on investing in IT systems over the three year period (£2.2 million) and also a continued investment in medical equipment (£4.1 million) which includes a replacement CT scanner. The improvements to the estate amount to £2.2 million which include a major refurbishment to the women's hospital.

Liquidity

The liquidity position remained strong at the end of 2011/12 with a £6.1 million cash balance. The planned cash balance for 2012/13 is £6.2 million, for 2013/14 £5.5 million and for 2014/15 £5.4 million. The reduction in cash is due to the completion of capital programmes funded through previous years' surpluses.

In order for the Trust to deliver the financial strategy the cost improvement programmes of £4.6 million in 2012/13, £5.4 million in 2013/14 and £5.4 million in 2014/15 need to be achieved. During 2011/12 the Trust established a programme management office to oversee the cost improvement programmes and to ensure that there is rigour in the project management arrangements.

Leadership and Organisational Development

F. The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

The Trust has a model of strong clinical leadership, and each of the three clinical divisions is led by a senior consultant, who is also a member of the Hospital Management Team. The divisional teams, the Executive Team and the Board take part in regular reviews (at least annually) of their effectiveness, and the changes they need to make to their ways of working to support the changing organisational strategy.

The Board has identified that it needs to grow the level of capacity and capability in the organisation in a number of key areas to deliver its strategy, particularly around change management, commercial skills and the move towards integrated care.

To enable it to deliver this ambitious agenda, the Trust has launched a Transformation Programme.

The key areas within the programme are:

- Reviewing clinical pathways both within the Trust and with our partners as part of a more joined-up system of care;
- Becoming an integral part of the community through the provision of services at community hospitals such as South Petherton and the Yeatman Hospital in Sherborne;
- Transforming how we work to support an integrated care pathway;
- Investing in IT to maximise the efficiency of our services;
- Growing our commercial capability to enable us to move into new markets;
- Ensuring we are getting best value for our goods and services through effective procurement processes.

Within each of these areas are a number of important projects – more than 50 in total. To ensure these are co-ordinated, have the resources they need, and that risks and issues are managed, a Programme Office has been set up. The Programme Office provides regular reports on progress to the Board, and works with the Academy to ensure that appropriate training and support are in place for those involved in the projects.

21 project managers have been recruited from clinical and non-clinical roles within the organisation who will take time out of their regular jobs to support key projects across the hospital. The Trust is also investing in some external support in respect of key projects to ensure the resources are in place to deliver this challenging programme. For example the NHS Institute is supporting work on the stroke pathway, and the Department of Health's Emergency Care Support Team is working with the Trust on a set of projects aimed at improving our emergency care services.

Reviews are also taking place of all the Trust's non-clinical services to ensure they are set up in the most effective and efficient way to support the Trust's Clinical Services Strategy.

In the recent non-executive recruitment exercise these factors were taken into account in selecting the four new non-executives who will be joining the board over the next 12 months, and who bring extensive change management, organisational development and commercial skills.

The new chief executive brings a wealth of experience in developing systems of integrated care from his time working in Torbay.

A commercial manager has also been appointed to lead on the implementation of the Trust's commercial strategy.

Other Strategic and Operational plans

G. The Trust's other strategic and operational plans over the next three years:

The Trust will be investing in the development of an Electronic Health Record over the next 3 years, which will include replacing the existing dated clinical systems, and moving to paperless records with information shared across different organisations to support integrated care. This will include a significant move towards mobile technology, which will enable many new ways of working, leading to quality and patient safety improvements.

Procurement is taking place during 2012/13, with the first systems implemented in 2013/14. The Trust has identified £2.2M capital to support this programme, but is also part of the Southern Acute Programme which may see the Trust benefit from central funding, enabling the release of local capital to support other priorities. A Head of IT Transformation has been appointed on a fixed term contract to oversee the programme and ensure that it enables major improvements to services, and that the full benefits are delivered.

Regard to the views of Trust Governors

H. The Trust has had regard to the views of Trust Governors by:

The Forward Plan is an expression of the present stage of the Trust's developing overall Strategy. As such the Board of Governors have been engaged throughout the year in its development.

The Board of Governors has a Strategy Working Group which meets on a quarterly basis ahead of the full Governors' meeting. These Group meetings are attended by the Chief Executive, the Director of Planning & Performance and other relevant directors depending on the business of the meeting.

The remit of the Strategy Working group is to work systematically through the elements of the Trust's strategy, considering each component in turn and discussing the way in which it is being shaped, factors requiring modification of earlier plans and how the particular part contributes to the whole forward plan.

The Group then reports to the full Board of Governors' meeting, where the Chief Executive and Chairman are able to discuss any issues the Board would like to pursue.

Throughout the year the Strategy Working group contributed to not only the development of the overall 'Hospital to Healthcare' theme, but also to the further evolution of the following elements: Quality Strategy; Workforce Strategy; Estates Strategy; IT Strategy, Clinical Services Strategy and the development of the Transformation Programme.

Governors are also routinely invited to be involved in Trust committees and groups that are involved in developing the more detailed aspects of strategic plans.

Nearly half the Board of Governors attended a major half-day workshop including directors, GPs and local stakeholder organisations to consider the strategic opportunities represented by what has become known as the Yeovil Health Campus development.

In this way the Governors are able to contribute to the overall shape of the strategic direction and also debate in detail its various themes. So the Board of Governors is not only informed of, but helps to inform, the production and finalisation of this forward plan.