



Annual Report 2009/10

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Welcome to the Annual Report of Yeovil District Hospital NHS Foundation Trust

2009/10 has certainly been a very challenging year for Yeovil District Hospital NHS Foundation Trust (YDH)! Whether it be responding to the pressures on our emergency services, demand for planned appointments and operations, preparing for Swine Flu or dealing with the impact of a harsh winter, it has been a real test of our resilience.

We would like to express our deepest thanks and appreciation to all our staff who have striven so hard this year to maintain a quality service for our patients and successfully meet these challenges. We would also like to thank our Board of Directors, and Board of Governors, who are playing an increasingly important role in shaping the direction of the hospital, and of course, our many volunteers without whom the hospital would be a poorer place.

As well as the challenges, there have been many successes during the year. We are particularly delighted that the Trust has maintained its excellent standards regarding healthcare associated infections; the rates at Yeovil are among the lowest in the country and we received a favourable report from the Care Quality Commission this year when they inspected our hygiene arrangements. We have also made good progress in improving the hospital's buildings. The roof and lift replacement programmes are near completion and we are well on the way with our new state-of-the-art decontamination facility on site. We have also approved a plan to improve and expand our Macmillan Cancer Unit, announced a fundraising appeal to support the refurbishment of the Women's Hospital and work is ongoing to find a satisfactory outcome for staff residences, car parking and the nursery.

It was encouraging to receive the latest independent survey of our patients which this time focused on outpatient services. The responses received were extremely positive, placing us in the top 20% of hospitals nationally and providing an encouraging sign that our iCARE principles of treating both staff and patients as individuals, with courtesy and respect, are beginning to have a real benefit. iCARE was the winner of an NHS South West Health & Social Care Award this year and is being recognised by other hospitals across the NHS as a useful training tool for staff. However, we know from our patients that there is still much to do and we remain as committed as ever to finding ways to improve the experience patients have of our services.

We anticipate no let-up in the challenge for the year to come. We know particularly that funding is going to be tight and we will all need to take responsibility for managing our resources carefully and ensuring that our services are as efficient as possible. The best way to improve efficiency is to improve quality by eliminating waste and unnecessary steps.

Our main aims for 2010/11 are focused on safety, quality and providing an even better patient experience. For the hospital we are aiming to support our staff, ensure financial viability and improve our facilities.

As Chairman and Chief Executive we will keep testing our processes and procedures, communicate clearly with our staff, emphasise the importance of delivery and accountability and lead the organisation with enthusiasm and vigour along the challenging road ahead.



Angela Dupont
Chairman



Gavin Boyle
Chief Executive

About Yeovil District Hospital NHS Foundation Trust

Yeovil District Hospital NHS Foundation Trust (YDH) was founded as an NHS Foundation Trust on 1 June 2006 under the Health & Social Care (Community Health & Standards) Act 2003. It took over the responsibilities, staff and facilities of the previous organisation, East Somerset NHS Trust.

The hospital opened in 1973 and has 345 beds. It provides outpatient and inpatient consultant services for a range of specialisms, including: general medicine, cardiology, gastroenterology, general surgery, urology, oral surgery, orthopaedic surgery and trauma, obstetrics and gynaecology, ear, nose and throat (ENT), specialist coronary care, stroke, paediatrics and care of the elderly. Clinics are held for chest diseases, dermatology, family planning, rheumatology, ophthalmology, orthodontics, oncology and staff occupational health.

The major accident and emergency department is supported by an intensive therapy unit and radiology department, which includes CT scanning facilities and an MRI scanner. The Trust also provides physiotherapy, occupational therapy services, and a full pathology service, all of which have open access to GPs. It also has a respiratory function laboratory, an echocardiology service and a bone densitometry service.

The Trust has a private patients' facility, the Kingston Wing, which offers 14 single en-suite rooms.

Quality Report

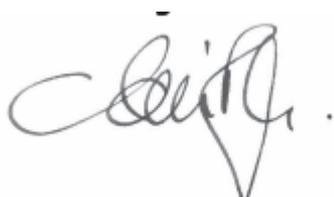
Statement from the Chief Executive

We have great pleasure in presenting the Quality Report for Yeovil District Hospital NHS Foundation Trust for 2009/10, as part of the Trust's Annual Report for the year. We hope this report shows the progress we have made in respect of improving the quality of care and patient safety across the Trust.

The concern for quality is not new, but there is rightly an increasing expectation that patients will receive reliable, high quality, safe care in all areas of healthcare provided by the NHS. During 2009/10 the Trust made explicit in its Quality Strategy for Achieving Excellence in Clinical Care its vision for exceeding national targets and delivering healthcare that guarantees the best possible clinical care across the whole range of its services.

We want all of our patients to receive care of the highest standard and although this has been a challenging year we are pleased with our achievements and continued improvements this year. However, we recognise the importance of listening to our patients and relatives and learning from patient feedback, clinical audit, incidents and untoward events of any kind.

To the best of my knowledge the information in this document is accurate.

A handwritten signature in black ink, appearing to read 'Gavin Boyle', with a small horizontal line above the first letter 'G'.

GAVIN BOYLE
Chief Executive

Overview of Quality of Care

Yeovil District Hospital NHS Foundation Trust aims to provide patient care of the highest standard and this is assured through effective clinical governance. We are pleased with our achievements and continued improvements this year. However, we recognise the importance of listening to our patients and relatives and learning from patient feedback, clinical audit, incidents and untoward events of any kind.

Patient safety

2009/10 has been a busy year in terms of activity, particularly in the last quarter due to higher than anticipated levels of admissions during a particularly harsh winter. The hospital also had to manage the effects of Norovirus which was highly prevalent in the local community this year. However, progress with our plans to improve the quality of services was maintained, and some of the key achievements during the year were:

- Three hospital acquired MRSA bacteraemia cases, which was less than the target of no more than six
- 37 hospital acquired Clostridium difficile cases against a target of no more than 41
- A reduction in the number of patients who fell more than once

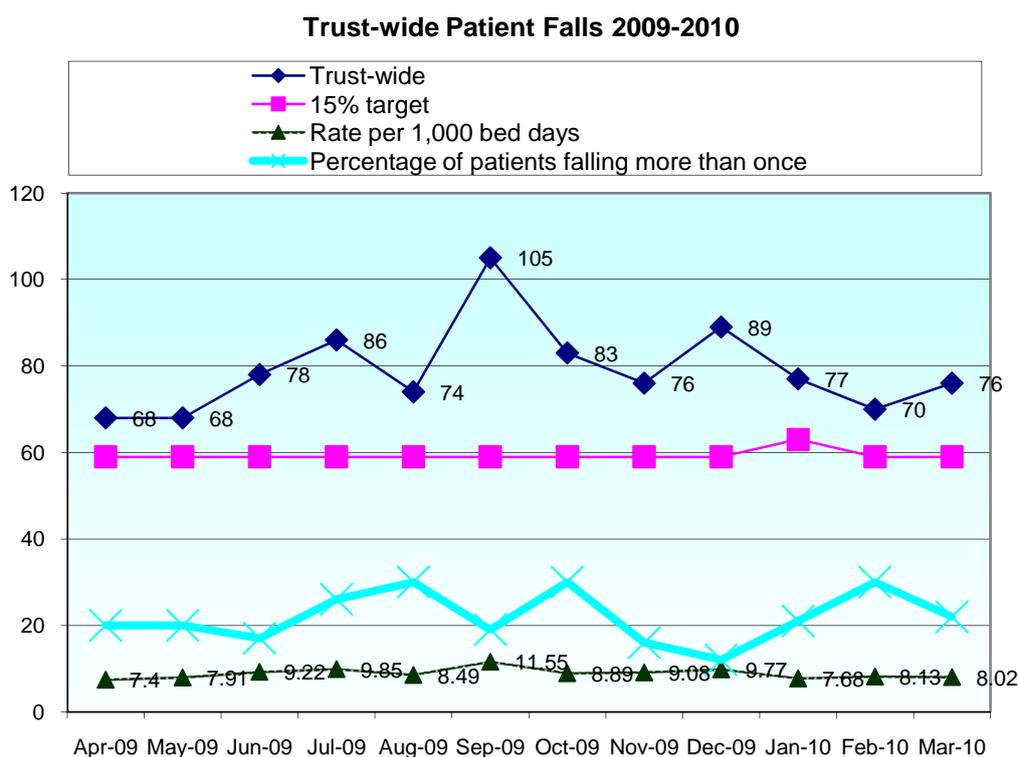
The Trust continues to participate in the National Leading Improvements in Patient Safety (LIPS) programme and this year has also joined the NHS South West Quality Improvement and Patient Safety Programme. This challenging five year programme aims to reduce the Hospital Standardised Mortality Ratio (HSMR) by 15% and decrease adverse events by 30%. There are five work streams involved in the programme including:

- Leadership
- Critical care
- General ward
- Peri-operative care
- Medicines Management

Progress in these areas will be measured against agreed standards and the hospital is in the process of gathering data for each which will provide the starting point.

Reducing falls is important to patients, relatives and staff. Whilst it is true that some patients are at high risk of falling, either as a result of their rehabilitation or condition, it is equally accepted that this causes distress, loss of confidence and in some cases serious injury to patients. The length of stay for patients who have fallen whilst in hospital is often increased as staff attempt to improve their mobility and confidence. During 2009/10 we set ourselves a target of reducing patient falls by 15%, and are making progress against this. We also reduced the number of patients who fell on more than one occasion from 36% of patients who fell to 29%, which has been a significant challenge to us over previous years. Chart 1 overleaf shows the number of patient falls and the rate of falls per 1,000 bed days.

Chart 1



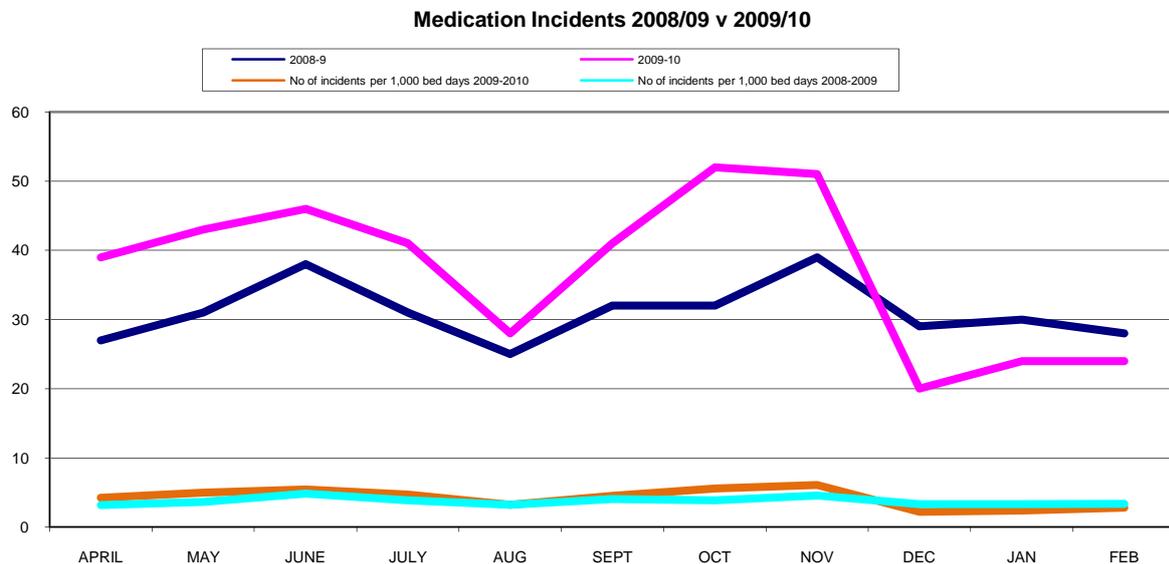
This data is also divided by clinical area and is provided to each of the ward sisters and managers every month for review and discussion at the departmental meetings. The Trust-wide data is submitted to the Risk and Delivery Committee and Board of Directors every month as part of the clinical governance report.

Preventing venous thrombo-embolisms (VTEs): There is a national emphasis on the assessment and prevention of venous thrombo-embolisms. The Trust has established a VTE Committee to take forward this vital work across the organisation, and during the year a policy and assessment tool have been developed. NHS South West carried out a peer review visit during 2009 to assess progress with achieving the national targets and the report highlighted a number of positive actions underway. The assessment of VTE risk also forms part of the NHS South West Quality Improvement and Patient Safety Programme, which has raised the profile further. This assessment helps us to ensure that patients at risk of developing a VTE receive the right prevention and treatment. It has been difficult to capture the data in respect of the number of patients who develop a thrombosis as a result of their admission; however, staff have been asked to complete an incident form when a hospital acquired VTE is diagnosed. During the year two cases were identified and a full root cause analysis was completed to identify any lessons to improve the care for future patients.

Medication errors: The Trust has been working hard to reduce significant medication errors during the year, and the Pharmacy team has also strengthened our systems and processes for managing medicines to ensure that patients receive the right treatment at the right time. The recently formed Medication Incident Review Group regularly assesses medication incidents and reviews ways in which these errors can be avoided. A bulletin summarising key safety messages as well as listing all recent medication incidents is then distributed to all doctors and nurses within the Trust. It is hoped that this feedback on reported incidents will encourage further reporting, and indeed, during 2009/10 there was an 18% increase in the overall number of incidents reported at Yeovil. The Trust has also introduced a web-based incident reporting system, which has

strengthened the risk scoring of medication incidents. Analysis of this data shows an increase of 2% on those incidents graded as significant or high, with a much greater increase in near miss reporting. This increased reporting, but with reducing seriousness of incidents, will remain a focus of our activity during 2010/11. Chart 2 below shows the number of incidents reported month on month and the rate of medication incident per 1,000 bed days, compared with the previous year.

Chart 2



Patient experience

The Trust has a robust mechanism for capturing information about the patient experience and uses a number of in-house questionnaires in addition to the national patient survey data. During the year the Trust participated in the national outpatient's survey and the inpatient survey. The results of the outpatient survey showed improvements in 37 out of 40 questions with the remaining three staying the same.

- The Trust set a target of 90% for the percentage of patients rating the overall care as excellent and very good and achieved 97%. 81% of patients rated the overall care as excellent.
- The Trust set a target of 90% for the percentage of patients rating staff attitude as excellent or very good and we achieved 97%. 83% of patients rated staff attitude as excellent.
- The Trust also measure patients' opinion about the cleanliness of bathrooms and during the year 97% rated this as excellent or very good, with 71% rating the cleanliness of bathrooms as excellent.

The Trust continued to make progress with its iCARE programme during the New Year. iCARE is a statement of the Trust's values and embodies the principle that all patients and staff members should be treated with courtesy and with respect. The 'i' reminds us that all of our patients are individuals and that each member of staff has a unique and individual part to play. 'C' represents good clear communication, 'A' is for a positive attitude, 'R' is for respect and the 'E' stands for an environment which is clean, safe and welcoming.

The Hospital received an NHS South West, Health and Social Care award in 2009 for its work in developing the iCARE approach.

Clinical effectiveness

Unplanned readmissions: Whilst individual services and clinicians have measured their clinical outcome data for a number of years, the Trust has previously concentrated on the Hospital Standardised Mortality Rate. However, in addition to more detailed analysis of the HSMR, both Trust-wide and by specialty, the Trust has also been reviewing data for the percentage of patients who are readmitted to the same specialty within 28 days of discharge and the percentage of patients who return to theatre within the same episode of care (unplanned).

The figures for unplanned readmission to the same specialty within 28 days of discharge provide an indication of patients who are either discharged earlier than would be ideal or who develop late complications of treatment, such as deep vein thrombosis or infections. This measure helps to identify any trends by procedure or clinical team, and it is pleasing to note an improvement from 7.7% in 2008/09 to 5.9% during 2009/10.

Unplanned returns to theatre: While it is accepted that some surgical procedures require more than one visit to theatre, it should not be considered routine. This measure has helped to identify any trends by procedure or clinical team.

During the year just 47 patients were taken back to theatre within the same episode of care as an unplanned procedure out of 5875 inpatients which equates to 0.8% of all theatre activity during the year. 64% of these were admitted under the care of the general surgeons and 20% were admitted under the care of the orthopaedic surgeons. This data is presented to the Clinical Governance Delivery Committee, Risk and Delivery Committee and Board of Directors every month as part of the performance dashboard report. The actual numbers are very small so firm conclusions cannot be drawn. However, the results have been shared with the specialties involved and the data will be monitored throughout the forthcoming year in conjunction with the data available.

Hospital Standardised Mortality Ratio (HSMR): The HSMR for the Trust has been closely monitored throughout the year, and specific elements have been subject to more detailed review, both for accuracy of coding and diagnosis. The Trust's position has improved throughout the year to 96.6 compared with 111.5 for the previous year; however, whilst this is an improvement, there is still much work to be done, and this will remain a high priority for the Trust.

The target is to reduce the HSMR by 2.5% year on year, and this will be achieved in a number of ways: by working with the NHS South West Quality Improvement and Patient Safety Programme; integration of the HSMR and outcome data into our clinical management process; working with the coding department and information team to ensure accurate coding and data collection and focusing on small steps of change to improve patient care and clinical outcomes.

Patient Reported Outcome Measures (PROMs): The Trust has been participating in the national PROMs programme for three procedures:

- Total hip replacement
- Total knee replacement
- Inguinal hernia repair

The target was for all trusts to submit data for 80% of patients undergoing each of the above procedures. We have achieved 99% submission for total hip replacement, 95% for total knee replacements and 77% for hernia repair. The Trust achieved an overall compliance rate of 88%, which is excellent. The Trust has also begun data collection for some local PROMs during the year, and it is anticipated that the reporting of our clinical outcomes will be much more timely than the national programme. The procedures currently included are: enhanced recovery for laparoscopic colorectal surgery, the physiotherapy and surgical management of basal thumb arthritis and the physiotherapy management of shoulder dystocia.

Learning lessons

The Trust realises the importance of learning lessons from problems that have occurred. Whenever an incident is reported in the hospital a thorough investigation is carried out and reports are made outlining areas for improvement. In the case of some of the more significant incidents this information is anonymised and shared with all grades of clinical staff at a quarterly Trust-wide meeting. Changes made to services as a result of incidents or complaints have included:

- Training in administration and management of oxygen therapy
- Review of process for referral of A&E patients to Ophthalmology Service
- Changes to the Access Team process for collecting and processing referral letters
- Review of communication systems to advise patients of waiting times in orthopaedic clinic
- Review of procedures for surgeons informing Trust of sickness
- Use of voicemail to improve contact in busy periods
- Review of signage for the car park pay station
- Changes to positioning of signage relating to ward closures (infection control)
- Revised links between A&E computer system and pathology records
- Review of process for providing bone density results
- Information displayed in pre-assessment clinic providing advice to patients about withholding certain medications prior to surgery

We actively encourage the reporting of incidents and untoward events as part of our approach to improving quality and patient safety.

The number of incidents and accidents reported remained similar to the previous year (3,205 compared with 3,249). During the year 45 investigations were commissioned – a significant increase compared with 21 in 2008/09. Three of these incidents were reported to NHS Somerset as required by reporting criteria.

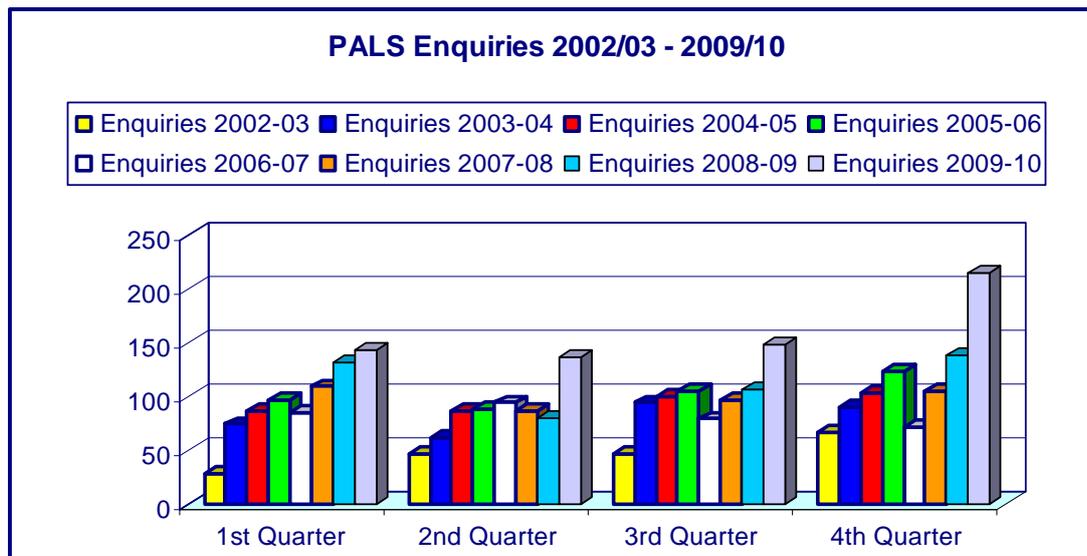
Patient Advice and Liaison Service (PALS)

This invaluable service took on a higher profile during the year with the creation of a new more visible office in the front reception area to make it more accessible for patients and relatives wishing to raise concerns and other queries relating to health services.

PALS saw a significant increase in activity during 2009/10, with 642 enquiries received during the year compared with 465 enquires during 2008/09. Quarter 4 saw the highest number of enquires received since the inception of PALS back in 2002. Between January and March 2010 there were 215 enquiries - 61 in January, 63 in February and an all time high of 90 contacts in March – this compares to 138 enquiries in the same quarter last year.

Chart 3 below shows the number of PALS enquiries received since 2002.

Chart 3



Compliments and complaints

The number of formal commendations remained similar to those received during 2008/09 at 2032. However, staff receive far more compliments than are recorded as many letters or thank you cards are sent directly to the wards and departments.

Between 1 April 2009 and 30 March 2010 the Trust saw a 6% increase in formal complaints compared with last year (268 compared with 254). 88% received a full response within the timescale agreed with the individual and 83% received a response within the Trust's own benchmark of 25 working days.

Customer service

Approximately 7,000 members and stakeholders were invited to respond to a questionnaire about their experiences of the hospital via the Trust newsletter - this presented an opportunity for members to have a say on what could be done to improve the services.

Feedback led to governors requesting the creation of a customer services group and an action plan aimed at improving a number of highlighted areas. The action plan concentrated on:

- Improving telephone communications in the hospital
- Reviewing outpatient letters and patient leaflets
- Front of house

Customer service guidelines and training were introduced for all staff and volunteers who undertake reception duties and who regularly deal with the public on the telephone. A review was undertaken of the reception desk area and the appropriate use of volunteers. The switchboard was reorganised to enable staff to provide a reliable front desk information service to deal with the majority of enquiries, with the support of volunteers who have taken on the role of hospital guides from a separate desk in the reception lobby. More volunteers were recruited to ensure constant cover during the working week and a uniform shirt was introduced to make them more identifiable.

The Trust has continued to participate in national patient surveys and inpatient and outpatient surveys were carried out during the year.

The Outpatients Department has significantly improved according to an independent survey of 850 patients. The results show a positive improvement compared to the last survey undertaken in 2004/05 with better scores in 37 questions and static scores in the other three questions. Areas the Trust has improved in include the length of time patients have to wait for an appointment and staff explaining test results in an understandable way with the Trust receiving responses in the top 20% of hospitals for more than half of the questions.

The key points to note from the outpatient survey are:

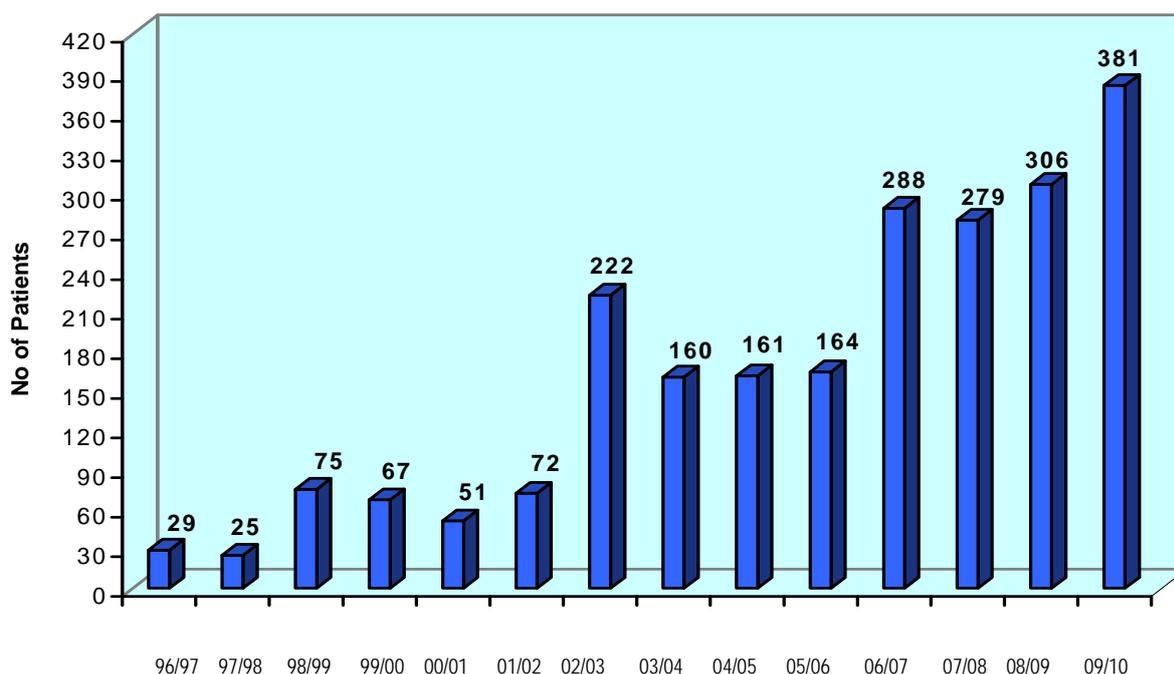
- Yeovil District Hospital NHS Foundation Trust scored in the best performing 20% trusts for 22 questions compared with nine for the previous survey
- Yeovil District Hospital NHS Foundation Trust scored in the worst performing 20% trusts for no questions compared with seven for the previous survey
- 96% of patients considered they were always treated with dignity and respect, which is a slightly improved result
- 85% of patients rated their overall care as excellent, which is a slightly improved result

This year's inpatient survey reflects continuous improvement of the patient experience across the NHS, raising the bar as a result.

Research activity

Yeovil District Hospital NHS Foundation Trust has an active and well established Department of Research and over the last year record numbers of patients have welcomed the opportunity to take part in clinical research studies available here. Patients who are eligible for a research study and consent to take part are cared for by an experienced team of research staff who provide individual support throughout. There has been a year-on-year increase in providing access to new drugs and treatments across most disease areas, particularly the common cancers, diabetes, heart failure, arthritis and stroke. See Chart 4.

Chart 4: Annual patient recruitment for research trials April 1996 to April 2010



Consultant colorectal surgeon Nader Francis was awarded a prestigious grant by the National Institute for Health Research to carry out an initial research study investigating pain relief after key-hole surgery to remove part of the bowel.

This important study opened in March and is now being offered to eligible patients. The aim of the research is to compare standard epidural pain relief with a newer wound infusion catheter, which delivers local anaesthetic into the wound after surgery. The team hope that the results of this trial will enable them to design and undertake a larger study across other NHS hospitals to compare the effectiveness of these two different types of pain relief.

Priorities for Improvement

Priorities for 2010/2011

Patients rightly expect to receive timely care that is safe and of high quality, provided by competent and caring staff in a clean hospital. In line with our Clinical Quality Strategy our key priorities for 2010/2011 reflect those expectations and are listed below:

- Continued focus on reducing healthcare associated infections
- To reduce the number of patient falls across the Trust
- To monitor the quality of care provided to our patients using the agreed key performance indicators as our benchmarks for improvement
- To work with the Strategic Health Authority to deliver the programme of patient safety improvement across the South West
- Complete the roll-out and maintenance of the web-based incident reporting across all wards and departments and improve the reporting and investigation of near miss clinical incidents.
- To increase the number of clinical audits undertaken between the Trust and the Primary Care Trust
- To agree quality improvement projects that will ensure improved results in the national patient and staff survey results

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

Statements of Assurance from the Board

Review of Services

During 2009/10 Yeovil District Hospital NHS Foundation Trust provided 41 NHS services. Yeovil District Hospital NHS Foundation Trust has reviewed all of the data available to it on the quality of care in 23 of these NHS services. The amount of data available for review has impeded this in areas such as visiting services, for example oral surgery, orthodontics and ENT.

The income generated by the NHS services reviewed in 2009/10 represents 73.5 per cent of the total income generated from the provision of NHS services by Yeovil District Hospital NHS Foundation Trust.

Audits

During 2009/10 22 national clinical audits and two national confidential enquiries covered NHS services that Yeovil District Hospital NHS Foundation Trust provides.

During 2009/10 Yeovil District Hospital NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Yeovil District Hospital NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

- National audit of continence care
- British Thoracic Society – adult asthma audit
- College of Emergency Medicine – asthma
- College of Emergency Medicine – pain in children
- College of Emergency Medicine - #NOF
- National diabetes audit (paediatric)
- National neonatal audit programme
- 4th national audit project (NAP4) major complications of air way management in the UK
- CEMACH obesity in pregnancy audit
- The myocardial ischemia national audit project (MINAP)
- The national diabetes inpatient audit day
- 2nd annual BSR audit osteoarthritis
- National audit of diagnostic adequacy, accuracy and complications of image-guided or assisted liver biopsies
- ICNARC
- ABCD nationwide exenatide audit
- Audit of the blood collection process
- The use of red cells in neonates and children
- National health promotion audit
- NBOCAP (national bowel cancer audit)
- MBR (mastectomy & breast cancer audit)
- OG (oesophago-gastric cancer audit)
- LUCADA (lung cancer audit)
- Deaths after Paediatrics Surgery (Ongoing)
- Parenteral Nutrition Study (to be published 24/06/2010)

The national clinical audits and national confidential enquiries that Yeovil District Hospital NHS Foundation Trust participated in during 2009/10 are as follows:

- National audit of continence care
- British Thoracic Society – adult asthma audit
- College of Emergency Medicine – asthma
- College of Emergency Medicine – pain in children
- College of Emergency Medicine - #NOF
- National diabetes audit (paediatric)
- National neonatal audit programme
- 4th national audit project (NAP4) major complications of air way management in the UK
- CEMACH obesity in pregnancy audit
- The myocardial ischemia national audit project (MINAP)
- The national diabetes inpatient audit day
- 2nd annual BSR audit osteoarthritis
- National audit of diagnostic adequacy, accuracy and complications of image-guided or assisted liver biopsies
- ICNARC
- ABCD nationwide exenatide audit
- Audit of the blood collection process

- The use of red cells in neonates and children
- National health promotion audit
- NBOCAP (national bowel cancer audit)
- MBR (mastectomy & breast cancer audit)
- OG (oesophago-gastric cancer audit)
- LUCADA (lung cancer audit)
- Deaths after Paediatrics Surgery (Ongoing)
- Parenteral Nutrition Study (to be published 24/06/2010)

The national clinical audits and national confidential enquiries that Yeovil District Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2009-10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. See Table 1.

Table 1

National Audit	% of audit sample requirement
National audit of continence care	70%*
British Thoracic Society – adult asthma audit	100%
College of Emergency Medicine – asthma	100%
College of Emergency Medicine – pain in children	100%
College of Emergency Medicine - #NOF	100%
National diabetes audit (paediatric)	100%
National neonatal audit programme	100%
4th national audit project (NAP4) major complications of air way management in the UK	100%
CEMACH obesity in pregnancy audit	100%
The myocardial ischemia national audit project (MINAP)	100%
The national diabetes inpatient audit day	100%
2nd annual BSR audit osteoarthritis	100%
National audit of diagnostic adequacy, accuracy and complications of image-guided or assisted liver biopsies	52%*
ICNARC	100%
ABCD nationwide exenatide audit	100%
Audit of the blood collection process	25%*
The use of red cells in neonates and children	100%
National health promotion audit	100%
NBOCAP (national bowel cancer audit)	100%
MBR (mastectomy & breast cancer audit)	100%
OG (oesophago-gastric cancer audit)	100%
LUCADA (lung cancer audit)	100%
Deaths after Paediatrics Surgery (Ongoing)	100%
Parenteral Nutrition Study (to be published 24/06/2010)	100%

*In cases where 100% of required number of cases for the audit was not met this was due to the number of eligible patients. For example the national audit of liver biopsies required the submission of data for 50 cases but the Trust only undertook 26 during the specified time period.

The reports of 6 national clinical audits were reviewed by the provider in 2009/10 and Yeovil District Hospital intends to take the following actions to improve the quality of healthcare provided:

- A review of breast feeding policies within the Special Care Baby unit
- In conjunction with the Primary Care Trust improve the advice given to women before conception about the importance of weight management

- Develop community partnerships to provide improved information and support to women with Body Mass Index (BMI) greater than 30 who want to lose weight pre or post pregnancy
- Review the process of capturing and validating the date of discharge and ECG appearances for MINAP
- A review of the process of ensuring that signed consent forms are available in patients' notes before image-guided or assisted liver biopsies
- Mandate the inclusion of post-procedure instructions in patient records or in radiologist reports for image-guided or assisted liver biopsies
- Service improvement for emergency and elective care pathways to improve delayed discharge rate and subsequent impact on ICNARC data for delayed transfers from the Intensive Care Unit
- Undertake bi-annual review of unplanned admissions to the Intensive Care Unit.

For the remaining national audits, the reports are still awaited.

The reports of 88 local clinical audits were reviewed by the provider in 2009/10 and Yeovil District Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Produce a prompt sheet to ensure the appropriate documentation of mothers' care plans for vaginal birth after caesarean section
- Revision of discharge summary pro-forma
- Development of a training video for assessment of VTE risks
- Change of inpatient prescription chart to incorporate VTE assessment
- Amend antacid prescription guidelines to include antiemetics
- Introduce E-learning Warfarin package
- Undertake bi-annual audit of unplanned returns to theatre within the same episode of care
- Review the referral system for post-menopause clinic
- Produce a proforma for care of patients with massive Post Partum Haemorrhage

Research

The number of patients receiving NHS services provided or sub-contracted by Yeovil District Hospital NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 381.

Commissioning for Quality

A proportion of Yeovil District Hospital NHS Foundation Trust income in 2009/10 was conditional upon achieving quality improvement and innovation goals agreed between Yeovil District Hospital NHS Foundation Trust and any person or body with whom they entered into a contract, agreement or arrangement for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. During 2009/10 the key areas of focus were:

- The collection of data for the contract

- Plans to improve patient survey outcomes
- The beginning of work to improve ambulance handover times
- Plans to achieve assessment for venous thrombo-embolisms (VTE) for every patient

A total of 0.5% of the contract value was subject to CQUIN payments. NHS Somerset, as lead commissioner, considered that no payment was due under this agreement.

Further details of the agreed goals for 2009/10 and for the following 12-month period are available on request from the Director of Nursing and Clinical Governance.

Registration

Yeovil District Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'unconditional' which means that they were satisfied that Yeovil met all of its registration standards. The Care Quality Commission has not taken enforcement action against Yeovil District Hospital NHS Foundation Trust during 2009/10. Yeovil District Hospital NHS Foundation Trust is not subject to periodic review by the Care Quality Commission. Yeovil District Hospital NHS Foundation Trust has not been required to participate in any special reviews or investigations by the CQC during the reporting period.

The quality of data

Yeovil District Hospital NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS number was 97.99% for admitted patient care; 99.39% for outpatient care and 72.86% for accident and emergency care.
- Which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care; 100% for outpatient care; and 100% for accident and emergency care.

Yeovil District Hospital's score for 2009/10 for Information Quality and Records Management assessed using the Information Governance toolkit was 78%.

Payment by results

Yeovil District Hospital NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical coding) were 9.7% compared to the national average in 2008/09 of 8.1 per cent. The audit provided information that will help both commissioners and providers decide whether the controls over the accuracy of their activity data are adequate, and highlighted areas of concern that they may wish to investigate further.

The audit examined four specialties as part of the benchmarking exercise:

- 420 - Paediatrics
- 430 - Geriatric Medicine
- LB - Urological and Male Reproductive System Procedures and Disorders
- WA20Y - Examination, follow-up and special screening without CC

The results should not be extrapolated further than these specialties.

Other Information

Compliance with national standards

The Trust was subject to an unannounced inspection against the Hygiene Code by the Care Quality Commission on 5 January 2010. Three inspectors visited the Emergency Admission Unit (EAU) and the Level 9 wards. They reported that the Trust is doing everything it should to protect patients, workers and others from the risk of acquiring a healthcare associated infection. They had no concerns about 15 of the 16 areas they checked but highlighted some concerns that there was confusion following the implementation of a new procedure for cleaning commodes that was in the early stages of roll out across the hospital. The Trust was grateful for their feedback, addressed the concerns raised and completed the roll out of the new cleaning method.

In January 2010 the Maternity Service was reviewed for compliance with CNST (Clinical Negligence Scheme) Level 2 standards. The Trust had already been accredited at this level, although the standards have recently been revised and are now considerably more exacting. The Service was again successful in meeting the standards.

The NHS Litigation Authority also reviewed 50 standards for managing clinical and non-clinical risk in five areas, i.e. governance, competent and capable workforce, safe environment, clinical care and learning from experience. The Trust passed the inspection and was accredited at Level 1 with full marks for its policies relating to clinical care. The Trust is developing a plan to seek accreditation at Level 2 in 2010/11.

Engaging with our community

Patient and public involvement

Yeovil District Hospital NHS Foundation Trust is committed to involving patients and the public in the planning and delivery of its services. The Trust's Patient and Public Involvement Strategy sets out to: develop partnerships; involve and respect the view of others; enable patients and carers to have information, opportunity, the ability to exercise choice and make informed decisions about their healthcare; and encourage involvement of the public in local health service decisions.

The Patient and Public Involvement Group (PPI) at Yeovil District Hospital NHS Foundation Trust is committed to ensuring that the services provided to all patients and carers reflect the views of the patients and meet the level and quality required to give everyone a positive patient experience. The current Group consists of 15 members, who are a mix of both ex-patients and members of the public who have an interest in the hospital and the care it provides to its patients.

Bi-monthly Patient and Public Involvement Steering Group meetings are chaired by the Deputy Director of Nursing and are attended by the Chairman of the Trust and the Director of Nursing, who has overall responsibility for all PPI activities.

The most important work undertaken by the Group is liaison with patients and carers. Group members enjoy not only the opportunity to speak to patients but also the fact that they are able to feed back the patients' comments via 'Your Care' questionnaires. The opportunity to get real time information is extremely important to the Trust and now, after the first 12 months of using the 'Your Care' questionnaires, their importance is quantified via the information being fed back to Clinical Governance for statistical reporting.

The Group's programme of work also includes:

- Supporting hygiene monitoring activities in line with the Standards for Better Health requirements
- Encouraging patients in all wards and departments to participate in a 'customer-service' type questionnaire. As well as the 'Your Care' questionnaires the Group also carried out

surveys on patients' experiences in relation to single sex accommodation and on how well staff communicate with patients

- Participating in the Annual Health Check process commenting on the Trust's compliance with Standards for Better Health
- Reviewing patient leaflets
- Participating in review of service provision
- Members of the PPI Group also provided representation on a number of working groups during the year. These included the Compliments, Complaints and Concerns Group, the Bereavement Group and the Nutrition Group.
- The Trust also actively promotes public involvement through its non-executive directors, governors, members, volunteers and the Friends of Yeovil Hospital. The Trust engaged with many hundreds of visitors on its stand over four days at the Bath and West Show.

The Trust is fortunate to have a large number of volunteers who work hard to provide important services to our patients including The Friends Hospital Shop, Radio Camelot, Freewheelers and numerous other roles within the Trust.

Membership events are also key to involving members of the public. Each year public meetings are held in five local constituencies with invitations being sent to every member. At these events members have an opportunity to learn about the Trust's plans and strategies and to raise and discuss concerns. Members' evenings were also held in the hospital to enable patients to hear about specific clinical themes.

The Trust participates in the National Young Patients Survey with surveys carried out both on the ward and in A&E. It is also running a campaign in local schools to encourage more young people to become members of the Foundation Trust. This is being done with the support of an apprentice who works for the Trust as a Communications Officer and who is well placed to engage with her peers.

Yeovil District Hospital NHS Foundation Trust is registered with the LINK host, Help and Care which replaced the Patient Forums and provides everyone in the community with the chance to say what they think about local health and social care services. Engaging patients is also a key focus of the Patient Advice and Liaison Officer.

Other communication with our patients

The Trust produces a quarterly newsletter *News from YDH* which aims to keep readers up to date with both the hospital's performance and service developments. This is circulated around the hospital, sent to members' homes, libraries and a wide range of stakeholders including MPs, councillors, GPs and NHS colleagues in other trusts and it is also posted on the website. The website is a key engagement method which contains a wealth of information and provides a facility for users to make comments to the Trust. There are plans to rebuild the website in 2010/11 to ensure that it is easier to use for the visually impaired.

Patients also learn about the hospital's activities and achievements via the local media which is very supportive of the Trust. 55 press releases were issued last year resulting in coverage not just in the local media, including radio and TV, but in the regional and national press as well. During the year the hospital telephone systems were enhanced to provide key messages to callers on hold including information on ward closures. A poster campaign in public areas was used to inform visitors of the Trust's key aims.

All patient information leaflets are co-ordinated by the Clinical Governance Department, who ensure a consistent approach to style and content. 55 new leaflets were produced in 2009/10 and

the Trust now has a total of around 700 patient information leaflets. New leaflets are reviewed by the Patient and Public Involvement (PPI) Group to ensure they are fit for purpose. In 2009/10 the PPI Group reviewed leaflets including those on 'What to do if you have concerns' and 'Same sex accommodation'. The Trust's patient leaflets are accessible via the public website which is linked to the Trust's internal intranet enabling staff to locate the most up-to-date versions and download them to print for individual patients thereby reducing waste. In the next financial year the Trust is updating its systems for reviewing and archiving leaflets to make the service more efficient and accountable.

Relationships with healthcare stakeholders

One of the Trust's nine strategic objectives relates to partner and stakeholder relationships. Yeovil District Hospital NHS Foundation Trust works with key health and social care partners to improve the care of patients.

Regular meetings being held with primary care take place both in the hospital and out at GP surgeries, with discussions being held at both clinical and management levels. The Trust has regular meetings with staff from across NHS Somerset, and with neighbouring hospitals, to ensure patient pathways are co-ordinated at the operational level and that plans are jointly developed at the strategic level.

YDH is an active member of the Local Strategic Partnership South Somerset Together, which brings together public and private sector organisations across the district to address key themes including health and well being, children and young people and older people. The Trust works with other public sector partners to address issues highlighted in the Local Area Agreement.

Partnership working is also a key issue for the Board of Governors which brings together staff, public and partner organisation governors in one forum. The Trust has six partner organisation governors representing NHS Somerset, NHS Dorset, South Somerset District Council, Somerset County Council, the University of Bristol and Bournemouth University.

Performance against key national priorities and national core standards

It was an exceptionally busy year at the Trust with an increasing number of patients treated as the figures below show in Table 2.

Table 2

Attendance figures 2007/08 and 2008/09 compared to 2009/10				
	2007/08	2008/09	2009/10	
A&E Attendances	42,016	42,119	42,635	
Emergency Admissions	18,421	20,547	20,388	
GP Referrals	23,351	26,676	27,596	
Surgical Procedures	13,232	17,401	18,565	(Elective admissions with surgical procedure)
Outpatient Attendances	128,937 *	156,789	154,145	(Consultant & Non Consultant)
Babies Born	1,516	1,577	1,587	(Live Births)

** Not all physiotherapy clinics were recorded in 2007/08.*

Rated as being 'good' for the quality of its services and 'excellent' for its financial management by the Care Quality Commission, it has been another year of strong performance for YDH.

The Trust continued to maintain good infection control, achieving both its Clostridium difficile and MRSA targets. Feedback from staff and patients was also positive with the outcome of the outpatient and staff surveys rating the Trust in the top 20% of hospitals.

The Trust achieved the following national performance targets across the year:

- MRSA bacteraemias
- Clostridium difficile cases
- Non-admitted 18 weeks
- Access to GUM services
- Data quality on ethnic group
- Cancer two week wait (asymptomatic breast referrals – new target from Q4 only)
- Cancer 31 days for subsequent drug treatment
- Cancer 31 days for subsequent surgical treatment
- Cancer 62 day target
- Over 26 week inpatient waits
- Over 13 week outpatient waits
- A&E four hour target (including MIUs)
- Rapid access chest pain two week standard
- Delayed transfers of care

However, there were some challenges in the second half of the year relating to patients admitted within 18 weeks, four hour A&E waits and cancer waiting times.

Due to an increase in referrals in quarter one, the Trust was unable to sustain the delivery of the national target to treat 90% of patients who are to be admitted within 18 weeks of referral. In October performance dipped below the 90% level for the first time.

A recovery plan was quickly implemented which saw additional capacity provided, at increased cost, from November to February, to ensure that waiting times were brought back down. This also resulted in considerable improvements being made to the Trust's information systems for managing waiting lists. The plan, agreed with the Trust's commissioners, NHS Somerset, and with Monitor, saw an anticipated further reduction in performance during November to February, as the longest waiting patients were prioritised. The Trust achieved the target again in March 2010 and is now on track to maintain this performance.

Performance against the range of cancer targets also dropped in the second half of the year. This was partly as a result of an administration problem within the skin cancer pathway, which meant that eight cancer patients waited longer than they should have done for treatment. All of the patients were informed and offered an appointment with the Medical Director and Director of Nursing and their test results indicated no adverse clinical consequences as a result. The investigations into skin cancer processes sparked a review of booking processes for all cancer patients as a result of which further improvements have been made, and performance has improved.

Finally, in Quarter 4 the Trust did not achieve the target that 98% of patients should be admitted or discharged within four hours from the A&E Department. This was due to the severe weather in January, coupled with a Norovirus outbreak which saw up to four wards closed to new admissions through the winter period and which also led to many ward closures in the community hospitals. The cumulative effect was an increase in length of stay, resulting in fewer beds being available, with a consequent impact on the four hour target as it was difficult to find beds for patients who needed to be admitted from A&E.

In November, the Trust declared non-compliance with two of the Care Quality Commission's Standards for Better Health – Medical Devices and Records Management. No significant breach was found in relation to either standard, but the Board felt that the cumulative effect of a number of minor issues was such that it could not declare compliance. Action plans were implemented and the Trust is now compliant with both standards.

Monitor's compliance framework

As part of the accountability arrangements between NHS Foundation Trusts and Monitor, all trusts are required to make quarterly reports to Monitor setting out their performance against the Compliance Framework in respect of:

- Financial risk
- Governance risk
- Risks to the continuing provision of mandatory services (services which the Trust is required to provide under its Terms of Authorisation)

Financial risk is rated on a scale of 1-5, with 5 being the best. Governance and mandatory services are rated Red, Amber or Green. The tables 3 and 4 below compare the Trust's 2009/10 risk ratings against the position in 2008/09.

Tables 3 and 4

	Annual Plan 2008/09	Q1 2008/09	Q2 2008/09	Q3 2008/09	Q4 2008/09
Financial risk rating	4	4	5	4	4
Governance risk rating	Green	Green	Green	Green	Green
Mandatory services	Green	Green	Green	Green	Green

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial risk rating	4	4	4	3	3
Governance risk rating	Green	Green	Green	Red	Amber
Mandatory services	Green	Green	Green	Green	Green

Financial Risk

Throughout 2008/09 and the first half of 2009/10 the Trust maintained, and during one quarter exceeded, its planned financial risk rating of 4. In the latter half of 2009/10 this reduced to a rating of 3, due to the reduction in the planned surplus from £1.4 million to £0.5 million. The reduction was due to an increase in referrals in the first part of the year which required additional capacity to be provided to ensure that all of the Trust's patients received high quality and timely care.

Governance Risk

The Trust's Annual Plan 2009/10 predicted that the Trust would remain Green for Governance throughout 2009/10. Due to the performance issues outlined above this fell to Red in quarter three improving to Amber in quarter four. The Trust is forecasting a Green again from quarter one 2010/11.

Table 5 below sets out the detail of the Trust's performance against the Compliance Framework indicators throughout the year.

Table 5

	Thresholds	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Infection Control						
Number of cases of Clostridium difficile	41	9	9	10	9	37
Number of MRSA bacteraemias	12	2	1	0	0	3
% patients with planned admission screened for MRSA	100%	99.7%	104.5%	110.7%	104.3%	
Cancer Waiting Times						
% patients waiting 2 weeks or less from urgent suspected cancer GP referral to first outpatient appointment	93%	93.0%	90.9%	93.3%	94.5%	
% patients waiting 2 weeks or less from symptomatic breast patients referral (cancer not initially suspected)	93%	Not applicable	Not applicable	Not applicable	93.6%	
% patients waiting 31 days or less from diagnosis to first treatment for all cancers	96%	98.6%	98.4%	90.8%	92.1%	
% patients waiting 62 days or less from referral to first treatment for all cancers	85%	93.9%	94.9%	90.4%	85.2%	
% patients waiting 62 days or less from consultant screening service referral for all cancers	90%	Not applicable	Too few patients*	Too few patients*	Too few patients*	
Other Waiting Times						
% patients admitted within 18 weeks	90%	94.7%	93.6%	81.8%	86.6%	
% patients treated within 18 weeks where not admitted	95%	98.4%	98.2%	96.1%	96.7%	
Max waiting time of 4 hours in A&E from arrival to admission, transfer or discharge.	98%	98.3%	98.1%	98.0%	97.6%*	
% patients suffering heart attack who received thrombolysis within 60 minutes of calling for help	68%	81.0%	70.0%	66.7%	n/a	

* = Monitor sets a minimum of 5 patients per month below which performance is not assessed

** = Quarter four includes the performance of local minor injuries units, in line with Care Quality Commission guidance

Mandatory Services

The Trust continued to provide all the services defined as mandatory services within its terms of authorisation.

Our Staff

Staff survey

Yeovil is very proud to have scored in the top 20% of acute trusts in the annual staff survey for the third year in a row and was the top acute trust in the South West in terms of staff attitudes to working at Yeovil.

The top four results compared to other trusts were for the number of staff who think they have an interesting job, the number of staff who feel the Trust takes action regarding violence and harassment, the percentage of staff who say that hand washing materials are available and the percentage of staff who feel they are valued by their colleagues. See Table 6.

The biggest areas where the Trust improved its performance since last year were the number of staff having an annual appraisal and the number of staff attending health and safety training.

The areas where the Trust performed worse than other trusts were the percentage of staff working extra hours, the percentage of staff reporting near misses or incidents and the percentage of staff suffering work related injury. See Table 7.

The Trust also scored low on the number of staff receiving equality training in the last 12 months but, as the Trust does not require staff to be trained annually, this finding should be set against the fact that staff surveyed placed the Trust in the top 20% of trusts as regards equal opportunities.

The response rate to the survey was 53% which was above average for acute trusts.

The Trust looks at a number of leading indicators within the survey finding which most embody its iCARE philosophy in order to set itself its own targets for improvement. iCARE aims to maintain and improve the positive working culture at Yeovil Hospital NHS Foundation Trust for the benefits of patients and staff. It was particularly pleasing therefore to see the Trust remain in the top 20% for teamwork and support from immediate managers.

Part of this year's areas for action include reducing the need for staff working extra hours by improving the management of elective and emergency workflow. The Trust is also continuing to support staff feeling stress at work through the occupational health department and independent counselling services.

Table 6

Top 4 ranking scores	2008/2009		2009/2010
	Trust	National Average	Trust Improvement/Deterioration
KF4 - % agreeing that they have an interesting job	87%	79%	No change - best 20%
KF29 – impact of health and well-being on ability to perform work or daily activities	38%	25%	No change - best 20%
KF28 – Perceptions of effective action from employer towards violence and harassment	3.73	3.54	No change - best 20%
KF26 - % experiencing harassment, bullying or abuse from patients / relatives in the last 12 months	18%	22%	No change - best 20%

Table 7

	2008/2009		2009/2010
	Trust	National Average	Trust Improvement/Deterioration
Bottom 4 ranking scores			
KF18 - % suffering work-related injury in last 12 months	22%	17%	No change - average
KF9 - % working extra hours	69%	68%	No change - worst
KF12 - % receiving job-relevant training, learning or development in the last 12 months	79%	80%	No change - average
KF21 - % witnessing potentially harmful errors, near misses or incidents in last month	38%	38%	No change - best 20%

Over the past two years, the Trust has participated in an annual survey conducted by IPSOS Mori, on behalf of the NHS Confederation, Health Service Journal and Nursing Times, to identify the best employers of healthcare staff within the UK. In both years, Yeovil District Hospital NHS Foundation Trust was ranked as one of the Top100 Employers, and last year we were recognised as the best NHS General Hospital in the UK.

Communicating with our staff and valuing them.

The Trust is fortunate to have very loyal and hard working staff. Their hard work is recognised through the Outstanding Achievers Awards, and Long Service Awards. The Trust has a Communications Strategy which aims to ensure all staff are kept fully informed of Trust developments and activities. Yeovil District Hospital NHS Foundation Trust scored in the top 20% of Trusts in England in the national staff survey when asked for their opinion on whether senior managers communicate effectively and involve them.

The Trust communicates with its staff in a number of ways ie through staff newsletters, electronic and face-to-face communications. This year the Chief Executive opened up his Heads of Departments meetings to all staff and this has proved a great success with a good turn-out and very proactive, lively meetings.

The Chairman, Chief Executive and Directors regularly walk around the hospital to meet staff and hear their views. The Directors also attend other key meetings to ensure staff are aware of the Trust's aims and objectives and to seek input from staff on how the Trust can be more efficient. Induction sessions include a personal welcome from the Chairman or a non-executive director and the Chief Executive or an executive director.

Equality and Diversity

The Trust has an active equality and diversity group comprising members of the public, governors and staff. The role of the group is to set the direction for equality and diversity priorities both for patients and for staff.

The group reports progress annually to the Board of Directors including the level of statistical evidence required in order for the Trust to fulfil its legal obligations.

Actions which the Trust has taken over the year include improving the awareness of staff of the needs of patients who are partially sighted, undertaking research into access to maternity services for mothers and families from diverse backgrounds and introducing a face to face translation service to augment the telephone service previously available.

Significant progress has also been made in terms of developing physical access to the hospital for patients with a disability through access doors and lifts.

Going forward, the Trust is developing its iCARE training to include examples of concerns raised by patients or staff relating to each area of equality in order to further develop the Trust's culture of considering the individual needs of staff and patients when balancing priorities.

Table 8: Summary of performance – NHS workforce statistics

	Staff 2008/09	%	Staff 2009/10	%	Member- ship 2008/09	%	Member- ship 2009/10	%
Age								
0-16	1	0.05	1	0.05	0	0	0	0
17-21	49	2.55	54	2.76	14	2	28	3.36
22+	1,869	97.39	1,901	97.19	666	98	805	96.64
Ethnicity								
White	1,553	80.9	1,556	79.6	580	92.2	706	91.21
Mixed	16	0.8	13	0.7	3	0.5	5	0.65
Asian or Asian British	123	6.4	128	6.5	35	5.56	51	6.59
Black or black British	21	1.1	17	0.9	7	1.11	7	0.90
Other	29	1.5	27	1.4	4	0.64	5	0.65
Not stated	177	9.2	215	11.0				
Gender								
Male	378	19.7	383	19.6	139	20.6	169	19.93
Female	1,541	80.3	1,573	80.4	537	79.4	679	80.07
Transgender	0		0				0	0
Recorded disability	* Not Recorded		* Not Recorded		** Not Recorded		** Not Recorded	

* Staff have not given this information but have been asked.

** This information is currently not asked for, therefore not recorded on the membership database.

Health and Safety

The Trust has made considerable progress over the last 12 months in improving Health and Safety performance through completing fire risk assessments in all areas, undertaking simulated fire evacuations in a number of areas and improving access and advice on manual handling for staff.

Occupational Health

The Trust provides an occupational health service for all staff and over the past year has been working closely with managers on vaccinating staff against Swine Flu and supporting managers to handle sickness absence management in a timely way. For the second year running the Trust has reduced the time lost due to sickness absence since 2008/09 from 4% to 3.7%.

Counter fraud

The Trust's counter fraud arrangements comply with the Secretary of State's directions on countering fraud. An accredited local counter fraud specialist is employed by the Trust through the Dorset and Somerset Counter Fraud Service. The Trust's policies and procedures are set out in the Local Counter Fraud and Corruption Policy.

Developing our Estates

Yeovil District Hospital NHS Foundation Trust is striving to provide a physical environment which reflects the high quality of the Trust's services. The delivery of our estates strategy is one of the Trust's key priorities.

During the year a major refurbishment of the lifts was started and this is due for completion in June 2010. A project to replace the roofs has also been completed.

A further project for the development of a new Sterile Services Unit adjacent to the main theatres was begun. This state-of-the art sterilisation facility is running to time and budget and is due for completion in October 2010. The facility will be fitted out with the latest equipment for the processing, cleaning/disinfection and sterilisation of surgical instruments, medical containers and flexible endoscopes. It will meet exacting standards for combating healthcare associated infections, be sustainable and energy efficient and provide a high-quality and resilient service for key clinical functions in the hospital.

The former Theatre Admission Lounge on Level 6 was converted into a new six-bed bay which can now be used for patients to receive care while awaiting discharge from hospital. The bay, which incorporates bathroom facilities facing into the bedded area rather than into the corridor, is a significant improvement for patient privacy and dignity and is a model for how the Trust would like wards to evolve.

During the year a number of changes were also made in the main entrance area including the reorganisation of the Patient Advice and Liaison Service (PALS) and bereavement and patient transport offices. The new arrangements improve dignity and privacy for everyone using these important services and the Trust is extremely grateful for the financial contributions which the Friends of Yeovil Hospital have made to these changes.

The Trust is also working with external partners to develop plans to reprovide our residences, the nursery, and improve car parking on site.

Plans to expand and improve the Macmillan Unit also progressed with the tender process under way. The Board also prepared to launch a new £2.4m appeal to support the refurbishment of the Women's Hospital.

Sustainability and climate change

The Government has set carbon reduction targets which the Trust has to measure and report on. This is of benefit to the Trust as a reduction in carbon emissions can result in not just financial savings from energy use but from the goods and services we procure and our travel and waste costs. These savings can be redirected back into patient care and health promotion.

Yeovil District Hospital's Sustainability and Carbon Management Strategy was approved by the Board in October 2009. This includes improvements to the main boiler plant and the installation of combined heat and power systems to provide more efficient hot water and energy consumption which will allow more funds to be invested in patient care.

Several initiatives are already in progress including:

- Encouraging staff to save energy and switch off lighting, equipment, etc.
- Recycling
- A feasibility study for main steam boiler plant replacement or decentralisation
- A site energy strategy was completed in September 2009
- The Trust's Green Travel Plan is due for completion in 2010
- Display Energy Certificates (DECs) at hospital entrances

- Procurement groups have been established (clinical and non-clinical)
- A draft protocol is in place for establishing the Trust's baseline carbon footprint.

Table 9: Waste management and use of finite resources

Area	Description	Non-financial Data			Financial Data (£)	
		Unit	2008/09	2009/10	2008/09	2009/10
Waste minimisation & management	Total Waste	Tonnes	549.9	518.9	141,815	146,911
	Total Recycled	%	31.0	27.1	-	-
Finite resources	Water	m ³	53,852	55,870	143,970	158,421
	Electricity	GJ	20,971	20,990	665,038	486,183
	Gas	GJ	42,927	43,096	393,652	285,981
	Oil	GJ	0	8,366	0	20,868
	CO₂ emissions	Tonnes	4,774	7,926	-	-

Future priorities and targets

The NHS carbon reduction targets are:

- All existing buildings to achieve a performance target of 55-65 GJ/m³ for delivered energy and 35-55 GJ/m³ for new developments
- 15% reduction in primary energy consumption by 2010 (with a baseline year of 2000)
- 10% carbon reduction by 2015 (with 2007 as the benchmark).

The Trust is taking the following key steps to implement the Sustainability and Carbon Reduction Strategy in an effort to achieve these targets:

- To sign up to the 'Good Corporate Citizenship Assessment Model' audit framework
- To actively raise carbon awareness at every level of the organisation
- To seek employee engagement for sustainability
- To investigate methods of carbon reduction
- To progress, monitor and report carbon savings
- To report annually on sustainable development progress.

Progress against national and local targets will continue to be monitored and reported by the Sustainability Steering Group. A detailed three-year action plan has been compiled to implement the key steps listed with progress benchmarked against the Good Corporate Citizenship Self-Assessment undertaken by the Trust in November 2009.

Service Changes

During the year the Trust developed and improved a number of services.

- **The primary angioplasty service:** This key service development started in December in partnership with Taunton and Somerset NHS Foundation Trust and the South Western Ambulance Service NHS Trust. The aim is for patients with confirmed heart attacks to receive balloon angioplasty within two hours of their call for help. This procedure has replaced thrombolysis as the gold standard treatment and is a real improvement in the cardiology service in Somerset. Eligible patients are transferred by ambulance directly to the cardiac catheter laboratory at Musgrove Park Hospital where the service is delivered 24/7 by doctors from Taunton and Yeovil.
- **Stroke thrombolysis:** In March 2010 the stroke thrombolysis service extended its hours in partnership with the Avon, Gloucester, Somerset and Wiltshire network to offer the service from 8.30am to 11pm with the aim of rolling out to 24/7 in the imminent future.
- **Diabetes service:** There have been a number of developments to this service during the year. The Somerset -wide diabetes service has been reorganised to create GP led, community based and hospital services. Hospital based nurses are now running community clinics to bring care closer to the patient's home.
- **Acute care GP service:** This has been developed in partnership with NHS Somerset and NHS Devon Doctors. GPs, based in the A&E Department, aim to reduce unnecessary emergency admissions by supporting patients who do not need inpatient treatment. This is enhancing working relations between GPs and hospital doctors.
- **Paediatric therapy service:** This service transferred from Yeovil District Hospital NHS Foundation Trust to Somerset Community Health in October 2009 to form part of a new integrated paediatric therapy service for the whole of Somerset. The service aims to support children, young people and their families who require physiotherapy, occupational therapy or speech and language therapy by providing rapid access to a child centred, integrated service. The Trust is working with the new provider to secure a good quality paediatric therapy service to support its own acute services.
- **Immediate access chest pain service:** This new service, which runs Monday to Friday between 10am and 6pm, allows patients who present to A&E to have an early blood test for cardiac damage - if this is negative they have access to an exercise tolerance test on the same day. This allows appropriate patients to either be discharged on the day of admission (avoiding a hospital stay unnecessarily awaiting tests) or, for those with positive tests, earlier access to further treatment.
- **Ophthalmology:** There have been a number of developments in the Trust's ophthalmology service with new working arrangements resulting in shorter waits to enable the hospital to meet demand. They include the introduction of one-stop laser clinics which reduce the demand on consultants' time, the development of plans for one-stop minor operating sessions for cyst removal and dedicated clinics for patients requiring Lucentis injections.
- **Creating additional bed capacity:** An additional six beds for emergency medical patients were created with another six new beds provided in a vacant bay on 6B. This gives the hospital more flexibility for its infection control measures and provides much needed extra beds to deal with increased demand over the winter months.
- **Respiratory department:** The lung cancer service continues to evolve with new technologies being introduced such as tele/video conferences to enable the multi-disciplinary teams to more effectively communicate and improve patient care.

- **Colorectal surgery:** In keeping with the Trust's aim to strengthen colorectal surgery a third consultant was appointed.
- **Radiology:** Radiology performed approximately 95,000 X-ray examinations in 2009/10 making the last year the busiest on record for the department. Additional consultant radiologists are planned in order to increase the capacity of the service. This will enable better access to radiology for patients admitted as emergencies as well as breast radiology.
- **Pharmacy:** Many patients are waiting less time to go home thanks to projects undertaken by a pharmacy technician who reviewed the medicines management service.
- **Patient transport:** Following concerns about patients having long waits for patient transport the hospital's transport co-ordinator reviewed the service. This led to the introduction of a new arrangement with the ambulance service and shorter waits for patients.

Service improvement

Work continued in 2009/10 to implement the Trust's Service Improvement Strategy which included major cross-organisational projects such as the redesign of major clinical pathways together with further work to create a culture of service improvement within the hospital.

Work began on the redesign of two clinical pathways during the year: urgent care and elective orthopaedics. Both projects aim to improve the service offered to patients by reducing delays and improving efficiencies.

Following a pilot period the Acute Medical Unit (AMU), designed to improve the treatment of emergency patients, was made permanent. The aims of the AMU include reducing the average length of stay for general medicine and care of the elderly patients; reducing the number of elective operations cancelled due to emergency bed pressures; reducing waits in A&E and improving the efficiency of our medical wards.

2009/10 was also a year of building relationships with other organisations, agreeing common priorities and making a start on service changes to move care closer to home and put the local NHS in a strong position to maintain the quality of services in the face of future economic challenges.

Work with the primary care trusts and other partners began on developing new, more local, services which enable patients to stay out of hospital and receive care nearer home. NHS Somerset is leading work for the South West on long-term conditions and Yeovil District Hospital NHS Foundation Trust is a full partner in this work. The Flexible Healthcare project aimed at developing other services outside the hospital, started with the new one-stop urology service at West Mendip Hospital. The Trust is also working with private providers to address capacity issues.

A key element of the Trust's Clinical Services Strategy is to develop working relationships with neighbouring healthcare providers. In particular this year we have worked closely with Taunton and Somerset NHS Foundation Trust to develop more integrated countywide services, for example pathology, breast and cardiology services.

Our Finances

The Trust's income during 2009/10 was £104 million, the majority of which is generated for the treatment of our patients. The Trust has contracts for providing healthcare with NHS Somerset who commission services on behalf of Somerset, Dorset and Devon patients.

The Trust generated a surplus of £0.5 million in 2009/10 against a plan of £1.4 million. The planned surplus was not achieved due to an increase in the number of patients requiring the hospital's services. Additional capacity was created during the year to ensure all of our patients received high quality and timely care. The surplus will be used by the Trust to improve the hospital buildings. The Trust will receive a moderate increase in income for 2010-11 in order to continue delivering low waiting times which will see our income rise to £106 million. See Table 10.

Table 10: Summary Statement of Comprehensive Income 2009/10

	2009/10 £m
Income from activities	93.6
Other operating income	10.8
Total Operating Income	104.4
Pay Expenses	(70.5)
Non Pay Expenses	(29.0)
Total operating expenses	(99.5)
Earnings before interest, tax, depreciation and amortisation (EBITDA)	4.9
EBITDA (%)	4.69%
Non operating income and interest receivable	0.4
Depreciation, Impairment and Interest Costs	(5.2)
RETAINED SURPLUS FOR YEAR after exceptional items	0.1
RETAINED SURPLUS FOR YEAR before exceptional items	0.5

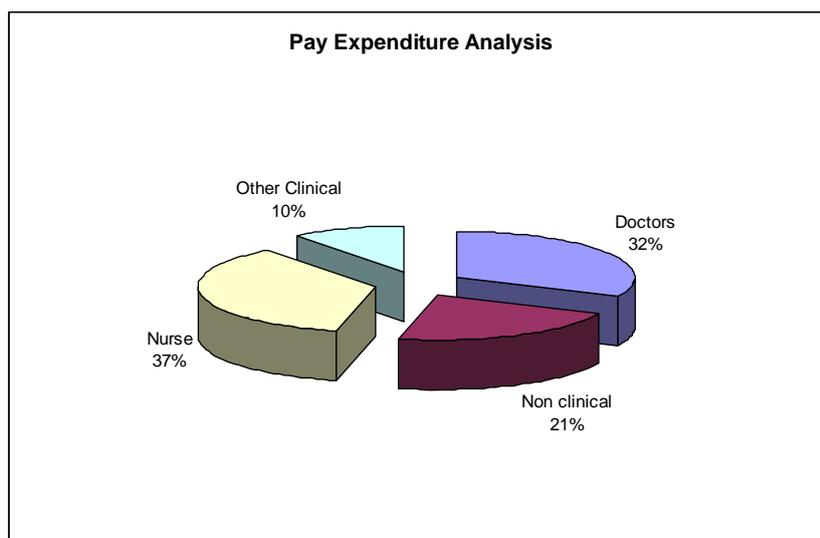
How are our finances rated

External regulator Monitor designated the Trust as having a financial risk rating of 3 in 2009/10.

What we spent our money on

The Trust was able to develop a number of services during 2009/10 and more money was spent on opening additional capacity during the winter period and on increasing the number of doctors to ensure outpatients can be treated in a timely manner. Pay costs were £71 million in 2009/10 and the make up of this expenditure can be seen in Chart 5 overleaf:

Chart 5



In order to prepare for the financial challenges being faced in the NHS a strong focus has been placed on removing waste and improving the efficiency of services. A total of £2.5 million of planned cost improvement programmes were delivered in 2009/10. Further work is underway to continue delivering even more efficiencies in 2010/11, with a planned cost improvement programme of £4.4 million.

The major improvements will include improving the pathway for patients being admitted into hospital, reducing the number of temporary staff used and getting better value for money through the procurement of supplies. These schemes will not only ensure an increase in efficiency but also an increase in the quality of services. There is a financial risk if the Trust fails to deliver these efficiencies and progress is being closely monitored.

During 2009/10 the Trust planned to invest £9.4 million in capital expenditure. A significant amount of this investment was to continue with the planned programme of backlog maintenance which has seen the completion of the lift refurbishment programme and the continuation of the flat roof replacement. The building of a new unit for sterilising clinical equipment was started during the year and completion is planned for October 2010. Not all planned capital expenditure was incurred and as a result £3.1 million will be carried forward for completion in 2010/11. The Trust is planning to spend a total of £7.3 million on capital expenditure in 2010/11 in order to complete the sterilisation unit, invest in digital radiology equipment and continue with the programme of backlog maintenance work.

Table 11: Summary statement of financial position

	2009/10 £m
Non Current Assets	49.9
Current Assets	13.4
Current Liabilities	(9.5)
Total Assets less Current Liabilities	53.8
Non Current Liabilities	(0.9)
Total Assets Employed	52.9
Total Taxpayers Equity	52.9

The Trust has a good cash position, with the number of liquidity days at 41 at year-end. The closing cash balance for the year was £8.1 million which is to allow for the continued investment in the hospital buildings. See Table 12.

Table 12: Summary cashflow statement

	2009/10 £m
EBITDA	4.9
Decrease in working capital	0.5
Transfer from donated asset reserve in respect of depreciation on donated assets	(0.2)
Decrease in provisions	(0.2)
Decrease in other liabilities	(0.2)
Purchase of non current assets	(6.3)
PDC dividend paid	(1.5)
Other non-operating income and interest receivable	0.4
Donations re non current assets purchased	0.3
Decrease in cash in the year	(2.3)
Cash as at 1 April 2009	10.4
Cash as at 31 March 2010	8.1

Management costs

Management costs were calculated in accordance with the Department of Health's definition. For 2009/10 the total costs were £4.5 million, representing 4.28% of total income. These are similar to other acute NHS Foundation Trusts of a comparable size.

Better payment practice code: Under the national Better Payment Practice Code the Trust aims to pay all valid non-NHS invoices within 30 days of receipt. See Table 13 below:

Table 13

	2009/10 Number	2009/10 £000
Total Non-NHS trade invoices paid in year	32,537	31,510
Total Non-NHS Trade invoices paid within target	<u>28,819</u>	<u>28,627</u>
Percentage of Non-NHS trade invoices paid within target	89%	91%
Total NHS trade invoices paid in year	1,264	12,734
Total NHS trade invoices paid within target	<u>1,082</u>	<u>12,003</u>
Percentage of NHS trade invoices paid within target	86%	94%

Our Board of Directors

The Board's responsibilities

The Board fulfils the requirements set out in the Constitution of the NHS Foundation Trust and provides balance, completeness and appropriateness. This is highlighted through a balance among the non-executive directors of community representation, business skills, strategic challenge and risk assurance, along with senior medical nursing, operational, financial and strategic input from the executive directors.

In 2009/10 the Board comprised five, and then four, executive directors and six non-executive directors, with the Chairman having a casting vote. The Board of Directors is the senior decision-making body for the NHS Foundation Trust. It holds the legal and financial responsibilities for the organisation. The Board of Directors discharge their day-to-day management of the Trust through executive directors, clinical directors and senior staff under a scheme of delegation which is approved annually by the Board of Directors.

The particular role of the Chief Executive is to lead the organisation through the management of the executive directors. The Chief Executive is the Accounting Officer for the Trust and is responsible for the delivery of the Trust's agenda.

The role of the Chairman is to lead both the Board of Directors and the Board of Governors. This requires the Chairman to develop key relationships, in particular with the Chief Executive, non-executive directors and the Trust's governors. The Chairman influences the Trust's strategy and vision and ensures that wider community concerns and staff welfare are on the Trust's agenda. The Chairman is accountable to the Board of Governors.

Evaluating the performance of our Board

To ensure the Board is effective in risk management it devoted two seminar sessions during July to the Audit Commission's report 'Taking it on Trust'. This acted as a focus for the Board to review how it gains its assurance on the management of risk. In March 2010 the Board invited the Trust's internal auditors, to lead a seminar on risk management. This examined the Trust's current structures and their fitness for purpose.

In addition to the Board Review, each individual member of the Board has an annual appraisal. The non-executive directors have a 360-degree review, fed back to the Chairman, or in the case of the Chairman, to the Senior Independent Director. A review of independence forms part of this appraisal and a summary of the appraisal is shared with the Board of Governors. All executive directors have an annual appraisal with the Chief Executive, which is counter-signed by the Chairman. The Chairman's appraisal is also counter-signed by an independent signatory.

Who's who?

Chief Executive, Gavin Boyle: Before joining Yeovil District Hospital NHS Foundation Trust in August 2007 Gavin was Director of Operations at Leeds Teaching Hospitals, the UK's largest acute trust. Gavin's NHS career began almost 20 years ago as a management trainee in Liverpool where he worked both in primary care organisations and hospitals before moving to Exeter to manage orthopaedic services. From Exeter he moved to Winchester to take on responsibility for all surgical (and some community) services. Gavin has also held director posts at the Oxford Radcliffe NHS Trust and the Queens Medical Centre, Nottingham.

The executive directors, at 31 March 2010, were:

Director of Finance, Libby Walters: Libby joined the Trust in 1994 as a national finance trainee. During her time at Yeovil Libby has undertaken a number of roles within finance and led on key

projects to improve financial performance. She was Deputy Director of Finance for five years, and served as Acting Director of Finance during that time. Libby has a particular interest in ensuring that the focus on use of resources is intrinsically linked with improving quality care. Libby is the Vice-Chair of the South West Healthcare Financial Management Association Executive Committee.

Medical Director, Steve Gore: A graduate from Liverpool University in 1983 and Fellow of the Royal College of Physicians, Dr Gore was appointed as Consultant Physician and Gastroenterologist at Yeovil District Hospital NHS Foundation Trust in October 1994. He was Clinical Director for the Medical Department from 1996 to 2002 and later Clinical Director for the Research and Development Department until 2003. Dr Gore took up the post of Medical Director on 1 September 2004.

Director of Nursing and Clinical Governance, Sue Jones: Sue joined the Trust in July 2009 and was previously Interim Deputy Chief Nurse at University Hospitals Bristol NHS Foundation Trust which she joined as a student nurse in 1981. During this time her roles included Head of Nursing and Assistant Chief Nurse responsible for the medical wards in the Bristol Royal Infirmary, A&E, Outpatients and Bristol General Hospital. Prior to that Sue was Assistant Director of Nursing responsible for research and practice development. Much of Sue's clinical practice was in paediatrics.

Other executive directors during the financial year were:

- Director of Nursing and Clinical Governance, Alison Moon, who left in August 2009
- Director of Strategy and Performance, James Rimmer, who left in July 2009

Also attending Board meetings as non-voting directors were:

Director of Operations, Jonathan Higman: Jonathan joined the Trust in January 2009, having been Divisional Manager at the Royal Devon & Exeter. However, he is no stranger to Yeovil, having been a very successful general manager here before moving to his post in Exeter.

Director of Human Resources, Alison Rayner: Alison joined the Trust in February 2008. With 17 years' NHS experience, she has held HR director roles with the Combined Community Mental Health Learning Disability Trust in West London where she was in post for seven years, with Southampton Teaching Hospital for three years and, for the three years prior to moving to Yeovil, she was Director of HR for NHS Direct.

Director of Estates and Facilities, Robert Steele: Robert, who joined Yeovil District Hospital NHS Foundation Trust in June 2008, has a wide-ranging career in the NHS starting in 1977 with Lanarkshire Health Board before a move to Gwent Healthcare NHS Trust and most recently with Plymouth Hospitals NHS Trust where Robert held the position of Head of Estates. Having gained extensive experience in all aspects of estate management across various roles in the NHS he is passionate about maintaining and improving the healing environment.

Director of Planning and Performance, Jeremy Martin: Jeremy joined Yeovil District Hospital NHS Foundation Trust in July 2009 from the Royal United Hospital Bath where, for the previous five years, he was Head of Business Development and Improvement.

Non-executive directors

The non-executive directors are appointed by the Board of Governors, based on the recommendations of the Board of Governors' Nomination Committee. The terms of office for non-executive directors (including the Chairman) can be terminated by a 75% vote of a meeting of the full Board of Governors.

In 2009/10 all non-executive directors were considered to be independent. The non-executive directors at 31 March 2009 were:

Chairman, Angela Dupont: After a 20 year career as a stockbroker in the City working for an

international Canadian investment company, Angela worked in mental and community health services in Dorset as a non-executive director before being appointed by the Secretary of State for Health as Chairman of East Somerset NHS Trust in November 1997. Angela was again appointed Chairman when Yeovil District Hospital NHS Foundation Trust was authorised to become a NHS Foundation Trust on 1 June 2006. She has played a major role in establishing the hospital as a top performing NHS Foundation Trust and was reappointed by the Board of Governors until 31 May 2011 to provide continuity and stability to the Trust and to develop the Board of Governors for which the Chairman is also responsible. Her duties also include being the Chairman of the Remuneration Committee, the Trustees, the Nominations Committee, Appointments Advisory Committee and the Arts in Healthcare Committee. She is a member of the Patient and Public Involvement Steering Group.

Other interests include the hospice movement: she has been a Trustee of Weldmar Hospice Care Trust in Dorchester for six years and is a supporter of St Margaret's Somerset Hospice.

Deputy Chairman and Senior Independent Director, Amanda Ellingworth: Amanda's earlier career was as a social worker, although latterly she has changed her focus to non-executive directorships. Her responsibilities include Chair of Guinness Care and Support Ltd, and Deputy Chair of the Guinness Partnership, a national housing provider. She is also a director of Barnardo's, providing children's services throughout the UK. Amanda joined Yeovil District Hospital NHS Foundation Trust as a non-executive director of East Somerset NHS Trust in December 2000 and was appointed Deputy Chairman in January 2005 and Senior Independent Director in June 2006. She is a member of the Trust's Audit Committee and, in her role as Senior Independent Director, Amanda is available to governors and members if they have concerns which they have not been able to resolve through the normal channels of the Chairman and Chief Executive or for which such contact is inappropriate. To contact Amanda in her capacity as Senior Independent Director please send all correspondence, marked private and confidential, to the Company Secretary at Yeovil District Hospital NHS Foundation Trust, Higher Kingston, Yeovil BA21 4AT. Amanda was reappointed as Vice-Chairman at the Board of Governors' meeting in June 2008 and her term runs until November 2011.

Non-executive director, Mark Aichroth: Mark Aichroth is a Managing Partner at Circle; a healthcare company that operates and develops hospitals in partnership with clinicians. Mark has held senior positions within three large healthcare organisations - Blue Cross Blue Shield, Humana and HCA Healthcare and is a Trustee of the Independent Doctors' Forum Educational Trust. Mark is founder and Trustee of the Sophie Fund that benefits handicapped children of servicemen and women. He is a member of the Trust's Audit Committee. Mark was appointed in June 2006 and reappointed for a further term until 31 May, 2012. Due to work commitments he resigned at the end of the year.

Non-executive director, John Buckley: John has, for over 25 years, operated as Finance Director of public quoted companies engaged primarily in the manufacture and marketing of consumer goods. He has extensive experience of strategic planning, business reorganisation and corporate governance in intensely competitive sectors. John is a member of the Economic Leaders Group of Somerset Strategic Partnership and is Chairman of the Trust's Audit Committee. John was appointed on 1 January, 2007 and reappointed for a further term until 31 December 2012.

Non-executive director, Alexander Russell: Alexander's background is in banking and business, having developed a small family concern into a multi-national business. Previously an Associate Director of Orion Bank Ltd, he is now a non-executive director of Sotheby's Europe and non-executive Deputy Chairman of Rose HoldCo Limited (IMO group of companies). He is Chairman of the Non-Clinical Risk Assurance Committee. Alexander was appointed on 1 June, 2006 and reappointed for a further term until 31 May, 2012.

Non-executive director, Gill Waldron: Gill served for eight years on the former Somerset Community Health Council (three years as Vice-Chairman). Vice-Chairman at Stanchester School, Stoke sub Hamdon, Gill is Company Secretary of CGW Consultancy Ltd and is a member of the Yeovil Committee of the NSPCC (National Society for the Prevention of Cruelty to Children). Gill

has various non-executive director duties and chairs the Clinical Governance Committee. She was reappointed for a second term in June 2007 until 31 October, 2010.

Directors' Interests

Declarations of interests are shown here. No other directors have any interests to declare.

Angela Dupont

The Chairman had no significant commitments outside the Trust during 2009/10. Her declared interests are:

- South West Regional Chairman of the Advisory Committee on Clinical Excellence Awards (resigned on 25 June 2009)
- Co-opted member of the Clinical Quality and Education Committee of St Margaret's Somerset Hospice

Amanda Ellingworth

- Chairman of Guinness Care and Support
- Deputy Chairman of the Guinness Partnership
- Trustee of Barnardo's

Mark Aichroth

- Director and shareholder of Circle Health Ltd
- Trustee of the Independent Doctors' Forum
- Trustee of the Sophie Fund

John Buckley

- Director of Buckley Young Associates Ltd
- Trustee of the Leather & Hide Trade Benevolent Institution
- Trustee of The Brewhouse Theatre and Arts Centre
- Member of the Wellbeing of Yeovil Association
- Member of the Economic Leaders Group, Somerset Strategic Partnership

Alexander Russell

- Non-executive Deputy Chairman of Rose HoldCo Limited (IMO Group)
- Non-executive Director of Sotheby's Europe.

Jonathan Higman, Director of Operations

- Governor, Yeovil College

The Trust Secretary maintains a register of directors' interests which is reviewed at each meeting of the Audit Committee and by the Board of Directors.

Table 14: Attendance at Board of Directors

Director	Title	Attendance at Board meetings
Angela Dupont	Chairman	13 of 13
Mark Aichroth	Non-executive Director	12 of 13
John Buckley	Non-executive Director	13 of 13
Amanda Ellingworth	Non-executive Director & Deputy Chairman	12 of 13
Alexander Russell	Non-executive Director	12 of 13
Gill Waldron	Non-executive Director	13 of 13
Gavin Boyle	Chief Executive	13 of 13
Steve Gore	Medical Director	11 of 13
Jonathan Higman	Director of Operations	13 of 13
Sue Jones	Director of Nursing & Clinical Governance	9 of 9 (whilst in post)
Jeremy Martin	Director of Planning & Performance	9 of 9 (whilst in post)
Alison Rayner	Director of Human Resources	12 of 13
Robert Steele	Director of Estates & Facilities	12 of 13
Libby Walters	Director of Finance	12 of 13
Alison Moon	Director of Nursing & Clinical Governance	4 of 4 (whilst in post)
James Rimmer	Director of Strategy & Performance	3 of 3 (whilst in post)

Our Board of Governors

The Board of Governors are the public conscience and community voice for the Trust. The Board meets quarterly with members drawn from locally elected public members, elected staff members and appointed members from key partner organisations.

The key roles of the Board of Governors are:

- To advise on the strategic direction of the Trust
- To make key appointments such as the Chairman, non-executive directors and external auditors
- To act as ambassadors for the Trust
- To develop the Trust's membership
- To represent the views of members

The Board of Governors has a Strategy Working Group which aims to involve governors in developing the strategic direction of the Trust. Governors also sit as observers on the Trust's Audit Committee, Clinical Governance and Non-Clinical Risk Assurance Committee (NCRAC). The governors supported the work of the non-executive directors by contributing to the process of appointing a new Director of Nursing and a new Director of Planning and Performance.

The role of the Board of Governors is therefore different to that of the Board of Directors, where the responsibility sits for managing the Trust and ensuring delivery of financial performance, patient safety and that all key targets are met. All legal and financial liabilities of the Trust sit with the Board of Directors and not the Board of Governors. The Chairman of the Trust chairs the Board of Governors meetings.

All governors are appointed for a period of three years. The 24 governors on the Board comprise thirteen elected public governors, five elected staff governors and six appointed partner organisation governors.

The 13 public governors are elected by Foundation Trust members who live in the constituencies.

The public constituency is divided into six areas. Greater Yeovil, South Somerset (North and East) and South Somerset (South and West) are in South Somerset and represent 76% of the Trust's catchment area, while the three remaining constituencies are Dorset, Mendip and the Rest of Somerset and England, which represent 14%, 8% and 2% of the Trust's catchment area respectively. The governors for these constituencies are:

Greater Yeovil: Ann Beable, John Downing, Geoffrey Stroud

South Somerset (South and West): Jennie Flory, Margaret Robathan, Dr Tony Simmonds

South Somerset (North and East): Anne Bennett, Gloria Clark, Sue McInnes

Dorset: Dr Ian Fawcett, John Park

Mendip: Hugh Campbell

Rest of Somerset and England: Caro Morgan

The six appointed governors are nominated by the organisations they represent and are:

Dr Caroline Gamlin (NHS Somerset)

Graham Avis (NHS Dorset)

Cllr Lesley Boucher (South Somerset District Council)

Cllr Anna Groskop (Somerset County Council)

Dr Clive Roberts MD FRCP FHEA (University of Bristol)

Janet Scammel (Bournemouth University)

The five staff governors are: Jane Johnston, Ashley Davidson, Chris Parker, Steve Wills and Helen Ryan.

During the year elections and appointments were made as follows:

Greater Yeovil: Geoff Stroud came to the end of his term of office and was re-elected unopposed

Dorset: Martin Manning stood down and John Park was appointed

Rest of Somerset & England: Caro Morgan came to the end of her term of office and was re-elected unopposed

South Somerset (North & East): Anne Bennett, following a contested election, was re-elected

Staff: Both Helen Ryan and Ashley Davidson came to the end of their terms of office and each was re-elected unopposed

Liz Tipping (Plymouth University) came to the end of her term of office and Janet Scammell (Bournemouth University) was appointed in her place. This appointed position alternates between the two universities.

Dave Gladding the Somerset County Council representative stepped down and was replaced by Anna Groskop

Board of Governors meetings are held on a quarterly basis and chaired by the Chairman. The lead governor is Gloria Clark. Extraordinary meetings of the Board of Governors can be held if these are deemed appropriate. At least two non-executive directors in addition to the Chairman and Chief Executive have attended each Board of Governors meeting throughout the year. A number of other executive directors have attended meetings to report, discuss with and listen to and meet the governors.

A Register of Interests for Governors is kept by the Trust and is reviewed at least annually by the Board of Governors. This Register of Interests is available, on request, from the Secretary to the Trust.

Table 15: Attendance at Board of Governors

Governors	Constituency	Attendance at Board meetings
Angela Dupont	Chairman	4 of 4
Graham Avis	NHS Dorset (PCT)	4 of 4
Ann Beable	Greater Yeovil	4 of 4
Anne Bennett	South Somerset (North and East)	3 of 4
Lesley Boucher	South Somerset District Council	3 of 4
Hugh Campbell	Mendip	4 of 4
Gloria Clark	South Somerset (North and East)	4 of 4
Ashley Davidson	Staff Governor	2 of 4
John Downing	Greater Yeovil	3 of 4
Ian Fawcett	Dorset	3 of 4
Jennie Flory	South Somerset (South and West)	4 of 4
Caroline Gamlin	NHS Somerset (PCT)	2 of 4
Anna Groskop	Somerset County Council	1 of 3
Jane Johnston	Staff Governor	4 of 4
Sue McInnes	South Somerset (North and East)	4 of 4
Caroline Morgan	Rest of Somerset and England	4 of 4
John Park	Dorset	4 of 4
Chris Parker	Staff Governor	3 of 4
Margaret Robathan	South Somerset (South and West)	3 of 4
Clive Roberts	University of Bristol	3 of 4
Helen Ryan	Staff Governor	4 of 4
Janet Scammell	Bournemouth University	3 of 3
Tony Simmonds	South Somerset (South and West)	2 of 4
Geoff Stroud	Greater Yeovil	4 of 4
Liz Tipping	Plymouth University	0 of 1
Steve Wills	Staff Governor	4 of 4

Our Members

The public constituency is for anyone living in England aged 14 or over and is divided into six areas, five of which cover core wards served by the Trust across Dorset and Somerset. The sixth allows members from a wider area to become involved. At the end of 2009/10 membership of the public constituency stood at 7,662, an increase of 6.24% from the start of the year. See Table 16. Public membership equates to approximately 5% of the Trust's catchment area. In 2009/10 the Trust had 3,068 male members, 4,530 female and 64 not stating. An analysis of the ethnic categories of public members reveals that our Foundation Trust membership is broadly representative of the ethnic makeup of the catchment area. See Table 18.

Table 16

Public membership	2009/10
Start of year (1/4/09)	7,212
New members	948
Members leaving	498
Total members (31/3/10)	7,662
% of growth over the year	6.24%

Table 17: Constituency breakdown

Constituency	Greater Yeovil	South Som. (S&W)	South Som. (N&E)	Dorset	Mendip	Rest of Som. & England	Totals
Start of year (1/4/09)	2,289	1,656	1,854	754	547	112	7,212
New members	323	183	230	133	52	27	948
Existing members moving into constituency (includes staff becoming public members)	20	26	7	4	3	7	67
Members leaving	174	118	147	78	35	13	565
Actual at 31/3/10	2,458	1,747	1,944	813	567	133	7,662
% growth over year	7.38%	5.50%	4.85%	7.82%	3.66%	18.75%	6.24%

Table 18: Ethnicity of public membership

Monitor category	Mixed	Asian or Asian British	Black or Black British	Other	White	Totals
Number of Members	9	32	27	288	7306	7662
Percent % members	0.12%	0.42%	0.35%	3.76%	95.35%	100%
SSDC population	694	354	224	424	149,273	150,969
Percent % of SSDC population	0.46%	0.23%	0.15%	0.28%	98.88%	100%

Age of public membership

At the year end almost 80% of members were over 22 years old with just 2.18% representation by members aged 17-21 compared to 5% in that age group representing the catchment area. There were just 15 members (0.20%) aged between 14 and 16 with a 4% representation of that age

group in the catchment area. Members are asked for their date of birth, although 19.43% failed to provide this information. See Table 19.

To address the under representation of younger members the Trust has been liaising with schools and colleges to promote membership and increase participation and is planning to become more involved in health related learning programmes. An apprentice was appointed as a Communications Officer and she has been working with her peers in educational establishments to encourage youth participation.

Table 19

Monitor category (years)	0-13	14-16	17-21	22-64	65+	Not Stated	Totals
Number of members	N/A	15	167	2,810	3,181	1,489	7,662
Percent of members falling into this age bracket	N/A	0.20%	2.18%	36.67%	41.52%	19.43%	100%
SSDC * Population	25,668	5,834	7,523	82,334	29,610	0	150,969
% of SSDC population in this age group	17%	3.86%	4.98%	34.91%	39.25%	0	100%

Source: *South Somerset District Council and Office of National Statistics

Socio-economic status

An analysis of the socio-economic status of public members reveals that the Foundation Trust membership is largely representative of the socio-economic makeup of the catchment area. See Table 20.

Table 20

IMD quintile	Members		Population of South Somerset at Census	
	number	% in each quintile (of those with known quintile)	number	% in each quintile
1 most deprived quintile in Dorset & Somerset	625	8%	13,829	9%
2	1,243	17%	26,126	17%
3	1,496	20%	32,669	22%
4	2,445	33%	42,734	28%
5 least deprived quintile in Dorset & Somerset	1,681	22%	35,616	24%
Not in Dorset & Somerset or could not be matched using postcode given	172			
Total	7,662		150,974	

Staff membership

At the year-end the staff constituency comprised 867 members equating to 44% of staff. An increase of 3.58% was achieved during the year. See Table 21. A staff suggestion box was placed in the restaurant to enable staff to express their views in a convenient way. Staff are now recruited on an opt-out and automatically become a member when first employed by the Trust either full/part time on a contract of 12 months or over. Staff who leave are converted to public members.

Table 21

Staff membership	2009/10
Start of year (1/4/09)	837
New staff members	187
Staff members leaving	157
Total staff members (31/3/10)	867
% growth over the year	3.58%

The Membership Strategy has been developed by the Membership and Communications Group of the Board of Governors. Led by a governor and comprising public, staff and appointed governors as well as Trust staff, the Group evaluates membership, recruitment opportunities and activities, members' events, constituency meetings, marketing and publicity material. The group reports to the Board of Governors' quarterly meetings.

Governors and a volunteer recruit regularly in the hospital outpatients' department and this made a significant contribution to the Trust exceeding its 7,500 members recruitment target for the year with a total of 7,662. Governors also undertake opportunistic recruitment including sessions at garden centres, the local college, and community groups. A membership recruitment stand is located in the main hospital entrance and the Trust's marketing activities last year included a stand at the Royal Bath and West Show, which is located in the Mendip Constituency. This greatly raised the profile of the hospital and its good reputation and 61 new members were recruited at this event. The governors are keen to continue to build on the recruitment achievements of 2009/10 and have set a growth target for 2010/11 of approximately 5%, to achieve 8,000 public members by year-end.

The governors' focus remains on the involvement of existing members. In 2009/10 the Trust held member-only evenings in five of the Trust's six public constituency areas which were attended by around 135 members, governors and Board representatives. Presentations included information on clinical topics such as healthy hearts, rheumatology, radiologists, developments in beating bowel cancer and back care. Over 200 members attended events on clinical topics at the hospital with subjects ranging from osteoporosis to skin cancer. The Membership and Communications Group will look to build on these in 2010/2011.

All member households receive the hospital newsletter *News from YDH* on a quarterly basis. This includes contact details of the Membership Co-ordinator. Individual members are also written to annually. Any member wishing to raise an issue with a director or governor can do so by writing to the individual at Yeovil District Hospital NHS Foundation Trust or by contacting the Membership Co-ordinator. The hospital website also contains information about membership, with contact details for the Membership Co-ordinator and governors.

Nominations Committee

The Governors' Nominations Committee is normally chaired by the Chairman of the Trust. The other members of the committee are Lesley Boucher, Gloria Clark, Ian Fawcett and Helen Ryan. The committee met once in 2009/10, with all members attending except Gloria Clark.

John Buckley's first term as non-executive director came to an end and the Committee recommended to the Board of Governors that he be appointed for a further term. The Board of Governors subsequently approved this recommendation.

Audit Committee

The Audit Committee is one of the Trust's assurance committees and receives the reports of the internal and external auditors. In addition it scrutinises the financial processes of the Trust and supports the review of the Trust's systems of risk management and internal control.

The Chair of the Audit Committee is non-executive director, John Buckley. The two other non-executive members are Mark Aichroth (who resigned in March 10) and Amanda Ellingworth. There were four meetings held during the year. John Buckley attended all four, Mark Aichroth attended two and Amanda Ellingworth attended three. The terms of reference allow other non-executive directors to substitute for these members and Gillian Waldron attended on one occasion.

The directors have taken all of the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information. As far as the directors are aware, there is no relevant audit information of which the auditors are unaware.

During the year there was no non-audit work commissioned from the auditors; there were no significant differences between the carrying amount and the market value of the Trust's holdings of land and the Trust has not made any political or charitable donations.

Remuneration Committee

The Remuneration Committee of the Board of Directors is responsible for reviewing and agreeing the salary and allowances payable to executive directors and senior managers of the Trust. The Committee also reviews the performance of executive directors and senior managers and is chaired by the Chairman.

The Remuneration Committee membership is as follows with attendance at meetings out of a possible total shown after each name. Angela Dupont, Chairman 8/9; Mark Aichroth, non-executive director 6/9; John Buckley, non-executive director 9/9; Amanda Ellingworth, non-executive director 9/9; Alexander Russell non-executive director 8/9, and Gillian Waldron, non-executive director 9/9.

With the exception of the Chief Executive, directors and doctors, all staff including senior managers are remunerated in accordance with the NHS National Pay Structure, Agenda for Change. For the Chief Executive and executive directors, the Remuneration Committee considers the inflationary uplift recommended for other NHS staff and any change in responsibilities, together with relevant bench-marking information for any other NHS/public sector organisations in order to set appropriate remuneration.

There is currently no performance-related pay scheme in operation. Objectives are set for all directors through the annual business planning process and performance is assessed through a formal appraisal process.

Pension arrangements for the Chief Executive, executive directors and senior managers are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in the accounts.

The Chief Executive and all executive directors were employed on substantive contracts in 2009/10 which continue until the age of 65 when they terminate automatically unless there is an agreement to extend. Notice periods for these contracts are four months by each party.

In 2009 a 1.2% pay increase, instead of 2.25% awarded nationally, was recommended by the committee to all but newly appointed Directors. In view of the challenging economic climate and the need to make savings, some Executives chose not to accept the increase and they continue to be remunerated at the 2008/09 rate.

Non-executive director remuneration

The Board of Governors has a Remuneration Committee with the remit to make recommendations to the full Board of Governors for non-executive director remuneration.

Membership of this committee is Angela Dupont, Chairman; John Downing, Public Governor; Jennie Flory, Public Governor; Steve Wills, Staff Governor, and Lesley Boucher, Appointed Governor.

The Remuneration Committee met once in 2009/10. The Committee reviewed a summary of the non-executive directors' appraisals and the non-executive directors' expenses.

The Committee recommended that the remuneration of the non-executive directors and of the Chairman be increased by 1.2% from 1 June 2009. This recommendation was subsequently unanimously approved by the Board of Governors meeting in December 2009.

However, in the light of the challenging economic climate and the need to make savings, the Chairman and the non-executives decided not to accept the increase and they continued to be remunerated at the 2008/09 rate.

Directors' remuneration

Details of directors' remuneration and pension benefits for the financial year ended 31 March, 2010 are set out on the next page. See tables 22 and 23.



Gavin Boyle, Chief Executive
26 May, 2010

Table 22: Salary and Pension Entitlements of Senior Managers

Remuneration		Year Ended 31 March 2010					2008/09
		Salary	Other Remuneration	Golden hello / compensation for loss of office	Benefits in kind	Total	Total
Name and Title		(bands of £5,000)	(bands of £5,000)	(bands of £5,000)	(Rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)
		£000	£000	£000	£	£000	£000
2009/10							
A Dupont	Chairman	35-40	0	0	0	35-40	35-40
A Ellingworth	Non-Executive Director	10-15	0	0	0	10-15	10-15
M Aichroth	Non-Executive Director	10-15	0	0	0	10-15	10-15
A Russell	Non-Executive Director	10-15	0	0	0	10-15	10-15
G Waldron	Non-Executive Director	10-15	0	0	0	10-15	10-15
J Buckley	Non-Executive Director	10-15	0	0	0	10-15	10-15
G Boyle	Chief Executive	130-135	0	0	0	130-135	130-135
E Walters	Director of Finance	95-100	0	0	0	95-100	80-85
A Moon	Director of Nursing and Clinical Governance	25-30	0	0	0	25-30	85-90
S Jones	Director of Nursing and Clinical Governance	55-60	0	0	0	55-60	
Dr S Gore	Medical Director	35-40	150-155	0	0	185-190	185-190
J Higman	Director of Operations	75-80	0	0	0	75-80	15-20
J Rimmer	Director of Strategy	15-20	0	0	0	15-20	80-85
J Martin	Director of Strategy	55-60	0	0	0	55-60	
A Rayner	Director of Human Resources	80-85	0	0	0	80-85	85-90
R Steele	Director of Facilities	70-75	0	0	0	70-75	70-75

A Moon left the Trust on 13/07/09
 S Jones was appointed on 20/07/09
 J Rimmer left the Trust on 15/06/09
 J Martin was appointed on 08/07/09

Table 23: Yeovil District Hospital NHS Foundation Trust - Annual Accounts 2009/2010

Notes to the Accounts

Salary and Pension entitlements of senior managers (continued)

Pension Benefits

Name and Title		Real increase in pension at age 60 (bands £2,500) for time in office	Real increase in pension related sum at age 60 (bands £2,500) for time in office	Total accrued pension at age 60 at 31 March 2010 (bands of £2,500)	Total accrued pension related lump sum at 31 March 2010 (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2010	Real Increase in Cash Equivalent Transfer Value for time in office
		£000	£000	£000	£000	£000	£000	£000
G Boyle	Chief Executive	0 - 2.5	7.5 - 10	27.5 - 30	85 - 87.5	384	452	59
E Walters	Director of Finance	0 - 2.5	7.5 - 10	17.5 - 20	55 - 57.5	199	239	35
A Moon	Director of Nursing and Clinical Governance	0 - 2.5	5 - 7.5	30 - 32.5	95 - 97.5	431	571	37
S Jones	Director of Nursing and Clinical Governance	2.5 - 5	17.5 - 20	25 - 27.5	80 - 82.5	317	464	97
Dr S Gore	Medical Director	0 - 2.5	0 - 2.5	40 - 42.5	120 - 122.5	732	795	45
J Higman	Director of Operations	2.5 - 5	10 - 12.5	12.5 - 15	40 - 42.5	140	188	44
J Rimmer	Director of Strategy	0 - 2.5	2.5 - 5	22.5 - 25	70 - 72.5	291	369	15
J Martin	Director of Strategy	0 - 2.5	7.5 - 10	15 - 17.5	45 - 47.5	166	225	41
A Rayner	Director of Human Resources	0 - 2.5	2.5 - 5	20 - 22.5	62.5 - 65	290	331	34
R Steele	Director of Facilities	0 - 2.5	2.5 - 5	30 - 32.5	90 - 92.5	576	641	50

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Additional Disclosures

NHS Foundation Trust Code of Governance Compliance Statement

The Code of Governance published by Monitor sets out best practice for effective corporate governance for NHS Foundation Trusts. The Code covers seven key areas:

- Directors
- Governors
- Appointments and Terms of Offices
- Information, development and evaluation
- Director remuneration
- Accountability and audit
- Relations with stakeholders

The Code is fully built into the Trust's management and governance arrangements – refer to pages 35 to 42 describing the roles of the Board of Directors and Board of Governors for the management arrangements and to the Statement of Internal Control on page 52 for the governance arrangements. These arrangements were evaluated by the Trust's auditors in 2010; four were addressed in 2008/09. The Code of Conduct for staff is still being developed as a single document. However, the Nolan Principles are addressed in the Trust's policy document 'Standards of Business Conduct'. Wider issues of conduct are addressed through the Trust's iCARE training programme and ethos.

How we manage our financial risk

The Trust's financial risk management is carried out within the parameters defined in the Treasury Management Guidance, agreed by the Trust Audit Committee. Trust Treasury activity is routinely reported and is subject to review by internal and external auditors.

The Trust's financial instruments comprise cash and liquid resources and various items such as trade debtors and creditors that arise directly from its operations. The Trust does not undertake speculative treasury transactions.

Price Risk: The Trust invests its surplus cash in money market funds and deposits, therefore it is not subject to market price risk.

Credit Risk: The Trust is not exposed to high levels of credit risk as the majority of our income comes from Government bodies or other NHS organisations under contractual arrangements.

Other income is subject to credit control procedures which are regularly reviewed by management. Outstanding debtors are referred to a debt collection agency once the Trust has exhausted all other methods of collection.

Liquidity Risk: The NHS Foundation Trust's net operating costs are incurred in the provision of services under contracts with NHS commissioners, which are financed from resources voted annually by Parliament. Yeovil District Hospital NHS Foundation Trust is not, therefore, exposed to significant liquidity risks.

Cashflow Risk: Cash is invested in accordance with approved procedures. Cashflows are monitored and monthly forecasts are produced to ensure that commitments are met.

Going concern

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Retirements due to ill-health

During 2009/10 there were two early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £72,410. These costs will be borne by the NHS Pensions Agency. This compares to 2008/09 when there were also two early retirements on the grounds of ill-health, amounting to an estimated £105,084 in additional pension liabilities.

The Late Payment of Commercial Debts (Interest) Act 1998

There were no amounts included within interest payable arising from claims made by businesses under this legislation.

Pensions and other retirement benefits

Accounting policies for pensions and other retirement benefits are set out in page 17 of the accounts. Details of senior employees' remuneration can be found in page 48 of the Remuneration Report.

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Yeovil District Hospital NHS Foundation Trust

The National Health Services Act of 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the Accounting Officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts (Monitor).

Under the National Health Services Act 2006, Monitor has directed Yeovil District Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Yeovil District Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

Make judgements and estimates on a reasonable basis

State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements

Prepare the financial statement on a going concern basis.

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

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



Gavin Boyle
Chief Executive
3 June 2010

Statement on Internal Control 2009/10

Yeovil District Hospital NHS Foundation Trust

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives of Yeovil District 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 Yeovil District Hospital NHS Foundation Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Yeovil District Hospital NHS Foundation Trust has a comprehensive, trustwide system for managing risk based on Board of Director approved policies and strategies available on the Trust intranet.

Leadership

As Accounting Officer I carry ultimate responsibility for the management of risk and I am accountable for having in place an effective system of risk management and internal control. The corporate responsibility for the management of risk rests with the Board of Directors which is responsible for ensuring appropriate structures are in place to enable effective risk management.

The Director of Nursing and Clinical Governance is the designated executive director with Board-level accountability for clinical risk management. The Medical Director and Deputy Medical Director support this role.

The Director of Finance is the designated executive director with Board-level accountability for all other, i.e. non-clinical, risk. The Director of Human Resources is the Trust's designated executive director for Health and Safety with the Estates and Facilities Director responsible for Security.

The Audit Committee, Clinical Governance Assurance Committee and the Non-Clinical Risk Assurance Committee are the Trust's strategic risk assurance committees. They are also sub-committees of the Board of Directors and are jointly responsible for overseeing the proper implementation of risk management policy. All three committees are responsible for providing the Board of Directors with assurance on the appropriateness and effectiveness of the Trust's risk management and internal control processes.

The Risk and Delivery Committee is the Trust's operational risk management committee and is a sub-committee of the Board of Directors with the responsibility for managing risk within the organisation. In Clinical Directorates, Clinical Directors, supported by General Managers and

Heads of Nursing, are responsible for managing risk. In all non-clinical directorates and departments, the appropriate director is responsible for managing risk through the chain of reporting. Within each directorate and department, ward sisters and heads of department are responsible for managing risk within their areas. Individual risk advisors have been appointed by the Trust to provide specialist advice and guidance on particular matters and have been designated as competent persons.

The Trust has a designated Risk Manager within the Clinical Governance Directorate.

A number of risk sub committees support the risk management process reporting through to the Risk & Delivery Committee and the Clinical and Non-Clinical Assurance Committees.

Training

Aspects of risk management training are part of the mandatory induction programme for new employees. There is an in-house programme of risk management training and there are a number of risk management related programmes that equip staff for the wider management of risk issues.

Risk management awareness and briefing sessions are provided to the Board of Governors, the Board of Directors and to senior managers. The Trust's line management arrangements are designed to support staff and managers in dealing with risk issues and there is advice and guidance available to staff from the Trust risk manager and specialist risk advisors.

The Trust presents learning from national and internal reports and from external and internal investigations at Board of Directors and Board sub-committees; it holds quarterly Trust-wide multi-professional learning sessions and its inductions and mandatory training arrangements are strongly risk-based.

The risk and control framework

The Board of Directors has approved a Risk Management Strategy which sets the aims of the Trust and identifies risk management action areas. In line with the NHS requirements, the Trust's risk management policy is based on the Risk Management Standard AS/NZS 4360:1999 published by Standards Australia. The risk management approach of setting objectives; identifying, analysing, prioritising and managing risk is embedded throughout the Trust.

Risk assessments take place at department and directorate level which are fed through to the risk register via the Trust Risk Manager. Clinical directorates review and assess their risks via the monthly rolling governance meetings. Managers take action and review their risks in line with the review date set in the risk register. The Board of Directors look to the future, identifying risks most likely to impact on objectives and service delivery which are included in the Assurance Framework. The Trust has one corporate risk register which includes all directorate and department risks identified through the risk management approach.

The Trust has established a regular review process for both the risk register and the Assurance Framework. This enables Audit, Clinical Governance and Non-Clinical Risk Assurance Committees to review and monitor assurances that systems and processes are in place to manage risk. The Board of Directors and the Risk & Delivery Committee review prioritised versions of the risk register at least three times per year. The Assurance Framework is reviewed by the Board of Directors up to three times a year with assurance committees reviewing the Assurance Framework extracts at each meeting.

Information Governance Assurance continues to remain a key driver for the Trust in the constant review of policies, procedures, workflows, training and the design of systems. The Board of Directors receives a regular update on the Trust compliance with Information Governance standards, and any incidents of data loss or Information risks are reported through a robust governance structure.

The Information Governance Toolkit remains an essential tool in monitoring progress against national standards demonstrating a trustwide commitment to ensuring comprehensive and reliable assurance that information governance risks are being managed effectively.

The Senior Information Risk Owner for the Trust is the Director of Planning and Performance.

The Assurance Framework

In accordance with Department of Health guidance, the Trust has identified its strategic objectives. It has also identified its principal risks in relation to these objectives mapping these to Standards for Better Health. It has then mapped the relevant controls, management assurances and independent assurances relating to each risk.

During 2009-10 gaps in control or assurance have been addressed as they have been identified by the assurance committees and the Board of Directors. The Trust is confident that it is fully compliant with Standards for Better Health. The full assurance framework is set out in the Trust document 'Assurance Framework 2009/10'.

Public stakeholder involvement in risk management

There are close working relationships between the Trust and its key public stakeholders, e.g. Governors, Monitor NHS Somerset and NHS South West. Where specific issues arise these are addressed on a partnership basis through ongoing dialogue, consensus and mutual support. As part of the Trust's Patient and Public Involvement initiative there are user representatives on the Clinical Governance Delivery Committee and a number of other risk sub-committees. Governors sit on each of the assurance committee meetings and participate in the functioning of these committees.

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 in to the Scheme are in accordance with the NHS Pensions Scheme Regulations, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust meets its obligations under equality, diversity and human rights legislation through having an active committed group working to promote equality and diversity led by the Director of Human Resources with involvement of Governors and representation from the Somerset Racial Equality Council. The group have progressed with streams of work set out in their action plan and continues to hold an annual equality and human rights conference with participation from the wider health community. The Trust has become a national pilot site for "Positively Diverse" - a programme designed to promote best practice in employment of a diverse workforce.

Annual Quality Account

During 2009/10, the Trust produced its Quality Strategy for Achieving Excellence in Clinical Care. Quality accounts have been prepared which set out the progress made in areas of patient safety, clinical outcomes and patient experience. The Quality Strategy has been approved by the Board of Directors with work streams that have been followed through the Leading Improvements in Patient Safety programme and through work carried out with the NHS Southwest Quality Improvement and Patient Safety programme. Data in the form of metrics have been received monthly by the Board of Directors through Clinical Governance arrangements for monitoring and review.

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

The Trust has developed a comprehensive top-level performance metric to provide a dashboard of key indicators. This is reviewed monthly by the Board of Directors and by the Risk & Delivery

Committee. In addition, monthly reports on Finance, Access, Human Resources and Clinical Governance are received by both committees.

During the year the Trust has followed a system of quarterly performance reviews for the clinical directorates to enhance the system of management and review and identify any performance or quality issues at an early stage.

Systems have been enhanced during the year for managing the priorities for purchase and replacement of medical devices. A subgroup of the Risk and Delivery Committee reviews all business cases for approval of funding for developments against economy, efficiency and affordability.

Working with the NHS Institute for Innovation and Improvement the Trust is working to improve quality and efficiency through reviewing processes and acting on key action points identified through this work. The Service Improvement Steering group manages and oversees this work and reports on performance directly to the Risk & Delivery Committee.

The Trust has developed a Sustainability and Carbon Management Strategy which provides the Trust with an action plan to continually improve and reduce the carbon footprint and impact on the environment. A Sustainability Steering Group has been established with the aim to drive and shape the development of this Strategy. A series of energy saving measures are being implemented through this process.

Review of effectiveness

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 and other independent reviews. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation of not achieving its principal objectives have been reviewed. My review is also informed by the core standards self-declaration, the Trust's external auditors and the opinion of Monitor, the independent regulator of NHS Foundation Trusts.

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 of Directors, Audit Committee, Clinical Governance Assurance Committee and the Non-Clinical Risk Assurance Committee.

Plans to address weaknesses and ensure continuous improvement of the system are in place.

The process for maintaining and reviewing the effectiveness of the system of internal control has been in accordance with the Trust's Risk Management Policy. This provides for clear structures and processes for risk management, and for distinct arrangements for providing internal and external assurance on the effectiveness of this system.

The Risk & Delivery Committee is the Trust's risk management committee which is informed by the Clinical Governance Delivery Committee and risk sub-committees. The Audit Committee, Clinical Governance Assurance Committee and Non-Clinical Risk Assurance Committee provide the assurance element of the system of internal control.

The Assurance Committees jointly undertake reviews of the Assurance Framework in respect of their assigned risk review areas.

The Audit Committee in particular reviews internal audit and external audit reports through the year and is advised on counter fraud monitoring arrangements. Internal Audit reports have a tracking system in place that identifies completed and outstanding actions to inform the assurance committees for review.

The internal audit programme is set against the principal risks developed at the start of 2009. This process in conjunction with reviews of the Assurance Framework have put in place a robust review mechanism for setting and reviewing principal risk area. Audit reports are reported timely to their respective assurance committees for review and monitoring to take place.

Three internal audit reports received during the year provided only limited assurance. These included a report on Creation, Retention and Disposal of Corporate records, a report on the Management of Clinical & Household Waste and the Management of Medical Devices. In addition to this the Information Governance Toolkit Assessment audit concluded that more evidence was required in some areas to support scores submitted in 2009. The Trust was inspected by the Care Quality Commission in June 09 on four areas with feedback later in the year. Concerns were raised around Standards for Better Health (C4b) medical devices compliance. As a consequence the Trust declared non-compliance with C4b (Medical Devices) and C9 (Management of Records) as part of a mid year review.

Actions to address all areas identified through internal audit and from external inspections have been implemented and audited by the year end with no concerns from the CQC.

A Hygiene Code visit occurred in January 10 with a positive outcome from the inspection. It was noted during the inspection that a new commode cleaning method was not fully implemented which was quickly addressed.

The Clinical Governance Delivery and Assurance Committees monitor clinical audits and data presented through work streams to review the effectiveness of the quality strategy in order to produce the quality accounts. No significant weaknesses have been found through this process.

None of these reports has led the Trust to conclude it has serious shortcomings in its system of internal control representing a low risk profile for the organisation.

Conclusion

I am satisfied that effective systems are in place to manage risk effectively and that the culture of risk management is embedded across the Trust and at every level in the management structure. There are no significant control issues (including no known Serious Untoward Incidents involving data loss or confidentiality) identified during the course of the year or in relation to this year-end statement.



GAVIN BOYLE
Chief Executive

May 2010