



Annual Report 2010-11

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1. Introduction to the Annual Report

From the Chairman and Chief Executive

In the life of a hospital challenge and success often seem to come in equal measure and this year has been no exception for Yeovil District Hospital NHS Foundation Trust. As well as contending with a particularly harsh winter, with a Flu epidemic, rising emergency admissions and the need to maintain services during significant building work, we managed to meet all our major financial and quality standards and continued to make our services better for patients.

In last year's report we made a commitment to improve our hospital in a number of important areas.

For our patients we wanted to focus on patient safety, the quality of our clinical service and delivering a better patient experience. During the year we've maintained very low rates for hospital acquired infections and worked hard at reducing patient falls and medication errors. We continue to provide short waits for planned and emergency treatment and especially for the urgent diagnosis and treatment of cancer. This year we've paid special attention to improving the care of dementia sufferers and their families and have provided awareness training for all staff at Yeovil District Hospital NHS Foundation Trust. Our iCARE philosophy of treating all patients as individuals, with courtesy and with respect has become engrained in the way that we do things. It was pleasing this year to see the latest independent national patients' survey show an improvement on the previous year with significant progress in a number of areas which we know are important for patients such as communication and respect for patients' dignity. We have also improved the way that our services are organised particularly regarding urgent care with the introduction of improved emergency assessment processes and increased access to rehabilitation.

For the hospital we made a commitment to manage our finances carefully, support our staff and improve the physical facilities of the hospital. During the year we are pleased to report that we have met our financial commitments and generated a surplus before impairment of £1.1 million which can be invested into further improvements of the hospital's facilities and equipment. This was achieved in addition to a challenging efficiency programme, delivered through the hard work and ingenuity of our staff. Despite the financial challenge it was pleasing to note that in this year's independent national survey of NHS staff the hospital once again appeared in the top 20% and received one of the best reports for a hospital in the country. We are delighted to note that despite the challenges our staff still enjoy working at Yeovil District Hospital NHS Foundation Trust and continue to offer their loyalty and commitment to the hospital to such a high degree and would recommend our service to friends and family. We have also made real progress with the physical facilities of the hospital completing the roof and lift replacement programmes and the new 'state of the art' hospital sterilisation unit which ensures all our surgical instruments are safe to use. We have begun work on expanding our Macmillan Cancer Unit and have launched our Flying Colours Appeal to raise funds for the refurbishment of the Women's Hospital.

These are challenging times for the NHS. We know that the public finances are stretched and that the service must respond to the Government's radical reform agenda. However in times of great change there are also opportunities and we remain optimistic about the future and how we can continue to deliver and improve the quality of services we offer for local people. It is interesting that the last major reform of the NHS was about ten years ago since which time the hospital has grown its budget from just over £52million per year to the current £106million treating more and more patients each year. However, to take advantage of these

opportunities we know we need to change as a hospital, to become more nimble and responsive to the needs of our patients and service commissioners, to be more efficient and able to demonstrate the quality of our services.

Over the next year we will focus on making the necessary changes to ensure the hospital thrives in this new environment and we will continue to work with all our partners in the local health economy and particularly with our colleagues in primary care to meet the challenges ahead.

Finally we would like to take the opportunity to thank all those who work so hard to make our hospital the success that it is. Particularly all our staff who work tirelessly in the interests of our patients, our many volunteers who help us in so many different ways and our governors who are increasingly playing a crucial role in helping us to shape the future of our hospital.



Angela Dupont
Chairman 2010-11



Gavin Boyle
Chief Executive

2. Directors Report

Business Review

What we do

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 specialties, 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 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.

During 2010-11 the Trust was licensed as a healthcare provider under the Care Quality Commission's new registration scheme. It was registered without conditions and is licensed to provide healthcare activities at Yeovil District Hospital and the Yeatman Hospital in Sherborne, Dorset.

Our values

Providing high quality clinical care and an excellent patient experience are our top priorities. We are proud of our iCARE principles, initially developed by our nursing staff, and now in which all our staff are trained.

- i Treating our patients and staff as individuals
- C Effective Communication
- A Positive Attitude
- R Respect for patients, carers and staff
- E Environment conducive to care and recovery

Our iCARE principles are at the heart of how we deliver care to our patients.

The environment

The NHS is changing. The Government's Health and Social Care Bill sets out a radical programme of reform. Although the underlying principle of healthcare funded through general taxation remains the same, the mechanisms for delivery of services are likely to change. In addition, we also know that the economic prospects over the next few years are

likely to be challenging with the NHS being required to manage the financial pressures of growing demand, changes in technology, inflation etc. within minimal funding growth.

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

One of the key aims of the reforms is to deliver an NHS which is clinically led and managerially supported. To reflect this we will see the abolition of SHAs and PCTs replaced by GPs responsible for the commissioning of services from a wide range of potential providers. There will be far less 'systems management' with the 'shape' of the NHS being determined by the commissioning choices of GP consortia and competition between providers.

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

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

However, there are significant opportunities for us to strengthen and consolidate our position as the principal provider of acute care locally. We need to be nimble and adapt quickly, keep a firm grip on our finances and maintain a positive approach to our external relationships.

Our Strategy

We spent the last six months of 2010-11 reviewing our strategy which sets out how we intend to build on the successes achieved over many years at Yeovil District Hospital, adapt to this changing environment and secure our future as a strong independent provider of high quality health services to local people.

A key part of the strategy is our six principles:

1. Personal, high quality and safe care

At the heart of everything we do is the provision of the best possible care, with patients treated as individuals by dedicated, skilled staff.

2. Strong, sustainable services, meeting local needs

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

3. Our staff are our greatest strength

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

4. A valued partner in the local health service

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

5. Managing our money wisely

We will constantly focus on finding new ways to improve quality and efficiency, which enable the Trust to continue to deliver its vision in a changing financial climate. Every member of staff will take responsibility for ensuring our services are delivered within the resources available.

6. Infrastructure that supports delivery

We will invest in our information systems to support the redesign of care delivery and improve quality and safety. We will maintain the basics in terms of our equipment and buildings, exploring new ways of generating inward investment without recourse to borrowing.

These principles guide everything we do at Yeovil District Hospital.

Review of the year

2010-11 was another successful year for the Trust. We ended the year achieving all of the key quality and performance targets which are required of Foundation Trusts by our regulator, Monitor, and with a £1million surplus to reinvest in our services and buildings. This puts us in a very strong position to face the economic challenges ahead.

Personal, high quality and safe care

During the year we maintained our excellent infection control standards, with only one case of MRSA blood stream infection in the whole year. We consistently delivered the government's waiting time targets for cancer, A&E and planned admissions, achieving the highest rating within the performance framework for Foundation Trusts.

We made significant improvements to the way emergency patients are treated in the hospital, introducing new services which cut waiting times and enable patients to leave hospital more quickly. For example, we introduced a new assessment service in the Emergency Department run by occupational therapists which enables treatment to start immediately, and has enabled patients to go home up to a week earlier.

We also introduced a new Gynaecology Assessment Unit which provides quicker access to assessment and treatment for women who need these services.

We opened a new young persons' unit next to the paediatric ward which provides a more welcoming and appropriate environment for older teenagers and young adults.

During the year we worked hard to improve the care we offer to patients with dementia. We ran a dedicated training programme for all clinical and non-clinical staff, and are working with small focus groups of carers to develop our new Dementia Strategy.

We also made great strides in improving the experience of patients at the hospital with learning disabilities, including investing in a county wide Learning Disabilities Lead Nurse.

Our Quality Report, later in this Annual Report, provides more detail about these and many other improvements we have made to the quality of our services over the year.

Strong, sustainable services, meeting local needs

2010-11 was the final year of implementing our Clinical Services Strategy. This has seen a range of services across the Trust strengthened during the last three years, such as the opening of the Emergency Assessment Unit, the introduction of the Acute Physician role, additional consultant posts in the Emergency Department and the provision of an emergency stroke thrombolysis service.

During 2010-11 a seventh orthopaedic consultant was appointed to strengthen the team, and a new breast consultant has taken up post, enabling us to offer an improved service.

We also improved services for patients requiring plastic surgery, developing a new service with the Royal Devon and Exeter NHS Foundation Trust which reduced waiting times.

We also are developing plans with NHS Somerset to provide a wide range of services at the new South Petherton hospital which opens in June 2011. This is planned to include a range of outpatient services, X-ray and ultrasound, and consultant cover for the new stroke rehabilitation beds.

During 2011-12 we will be reviewing our Clinical Services Strategy and identify further improvements we can make to ensure that these services can continue to deliver high quality care in a clinically and financially sustainable way.

Our staff are our greatest strength

In the national staff survey, Yeovil District Hospital NHS Foundation Trust once again came out in the top 20% of trusts for staff satisfaction. The hospital scored in the top 20% for its staff engagement and motivation and was in the highest category for the number of staff recommending the hospital as both a place to work or receive treatment and for job satisfaction. Also among the very top scoring Trusts was the response that 81% of staff agreed that their colleagues treat them with respect and seek their opinions; that they are trusted to do their job and feel part of a team.

During the year we reorganised the way we manage our clinical services. The Trust now has three divisions led by senior consultants, who are also members of the Hospital Management Team. We strongly believe in the importance of clinical leadership, and the new arrangements ensure that senior clinicians are at the heart of decision making in the Trust.

A valued partner in the local health service

In order to continue to be successful as we face the financial challenges ahead, we need to develop stronger partnerships with other organisations. During the year we have begun to build very positive relationships with the new South Somerset Healthcare Federation which represents all GP practices in South Somerset. We held a joint workshop with them, and

have agreed a number of joint projects to work on together during the coming year. These include taking a fresh look at the way the NHS provides urgent care services locally, and developing new services to avoid admission to hospital.

We have also been working with Taunton and Somerset NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust and Salisbury NHS Foundation Trust to identify areas where we could work more closely together to provide a better service and share resources.

We are also looking at potential partnerships with the private sector. For example, we are working with Taunton and Somerset NHS Trust to find a new private sector partner to take on the provision of pathology services across the county.

And we continue to work with our commissioners, NHS Somerset and NHS Dorset, to ensure that the services we provide meet their requirements and the needs of the local population. During the year we continued to deliver against the large majority of performance targets within our contracts, although activity over all was slightly below planned levels due to a small reduction in referrals.

The Trust is a member of the South Somerset Local Strategic Partnership through which it links to a variety of community groups who work together to address community and environmental issues, such as transport and energy use. The Trust is also a member of the Yeovil Chamber of Commerce and the Town Centre Partnership.

Managing our money wisely

The Trust was able to improve its efficiency during the year, achieving £4.4 million of efficiency savings without impacting on the quality of care. Over the year we generated a surplus of £1million which will be used to invest further in improving our buildings. Further information is provided in the Director of Finance's report.

The Trust relies substantially on contractual arrangements with NHS Somerset and NHS Dorset, which provide the bulk of its income. The Trust maintains a regular dialogue with its commissioners through formal contract management governance arrangements in order to ensure that its strategy is aligned with that of its commissioners, which reduces the risk of income loss.

Infrastructure that supports delivery

During the year Yeovil District Hospital NHS Foundation Trust continued to improve the quality of our estate. We opened the new £4.3 million Sterile Services Unit in December, which provides the hospital with a state of the art facility for the decontamination of surgical instruments, endoscopes and other equipment which meets the highest modern standards.

The Flying Colours appeal for the Women's Hospital was launched which aims to raise £2.4million to enable us to make much needed improvements to the facilities there, including a redeveloped Special Care Baby Unit, a birthing pool, refurbishment of the maternity suites, improvements to the outpatient areas and the introduction of a coffee shop and new entrance area. £300k has already been raised and pledged, and the first works will commence during 2011-12.

Plans to refurbish and expand the hospital's Macmillan Unit were completed, and work has begun in preparation for the main works which will be completed during 2011-12. This will offer our cancer patients a major improvement to the environment in which they receive their care.

We also completed the lift refurbishment programme, and the replacement of all of our flat roofs.

The Trust has been developing a sustainability strategy to reduce our carbon footprint, which led to plans for a Combined Heat and Power plant being approved which is better for the environment and will reduce energy bills.

We heard towards the end of the year that Yeovil District Hospital NHS Foundation Trust is likely to be able to benefit from national funding to enable it to replace some of its ageing clinical software systems. This will allow the Trust to provide clinicians with much better, live information around the hospital through our new wireless network, and will enable us to reduce delays and provide a better service for patients. We will also be introducing new tablet computers which we will use to gather much more information about the experience of our patients while they are here.

Disclosures

No market values of any fixed assets are significantly different from the values at which these assets are held in the NHS Foundation Trust's financial statements.

No political or charitable donations have been made by the Trust.

There are no important events since the end of the financial year that have affected the Trust.

There have been no significant activities in the field of research and development.

The Trust has no branches outside the United Kingdom.

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. It has a comprehensive remit which also covers disability issues and is intended to allow a holistic approach to diversity. The group also incorporates the Trust's work on its iCARE initiative, which pervades the organisation and engenders positive attitudes towards all equality and diversity issues. 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. This includes staff access to employment and training opportunities.

The awareness of staff relating to of all equality and diversity issues are addressed through the Trust induction process.

The Trust communicates with its staff in a number of ways: through staff newsletters, electronic and face-to-face communications. The Chief Executive has continued to hold regular staff briefings which are open for everyone to attend.

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.

The Trust has a very valued Joint Consultative & Negotiating Committee (JCNC) which has met regularly throughout the year and acts as a valuable means of addressing and resolving matters of concern to employees. In addition several workshops involving a range of staff,

directors and governors have been held to develop the strategic direction and to respond to the likely challenges of the Health and Social Care Bill. Combined with the regular communications channels this has enabled good two-way communication and discussion on important matters.

The regular briefings and workshops mentioned above have been used to help staff understand the Trust's position on performance, discuss ways to improve this and generate ideas for further efficiencies.

In the same way, these opportunities have been used to explain the financial challenges, set out the Board's thinking on these issues and engage in dialogue with staff. The significant change in the management structure to create three clinical divisions is also intended to empower staff to respond to these challenges more easily and flexibly within their own areas of influence.

The Trust's financial risk management is carried out within the parameters defined in the Treasury Management Guidance, agreed by the Trust's 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: Yeovil District Hospital 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.

Under the national Better Payment Practice Code the Trust aims to pay non-NHS invoices within 30 days of receipt.

	2010-11 Number	2010-11 £000	2009-10 Number	2009-10 £000
Total Non-NHS trade invoices paid in year	31,616	30,716	32,537	31,510
Total Non-NHS trade invoices paid within target	29,991	26,988	28,819	28,627
Percentage of Non-NHS trade invoices paid within target	95%	88%	89%	91%
Total NHS trade invoices paid in year	1,704	12,812	1,264	12,734
Total NHS trade invoices paid within target	1,617	12,440	1,082	12,003
Percentage of NHS trade invoices paid within target	95%	97%	86%	94%

Operating and Financial Review

The Trust's income during 2010-11 was £106.5million, 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 and Dorset patients.

The Trust generated a surplus of £1million before exceptional items in 2010-11 which was in line with the financial plan for the year. The surplus will be used by the Trust to improve the hospital buildings. The Trust is not expecting any significant changes to its income levels in 2011-12.

Summary Statement of Comprehensive Income 2010-11

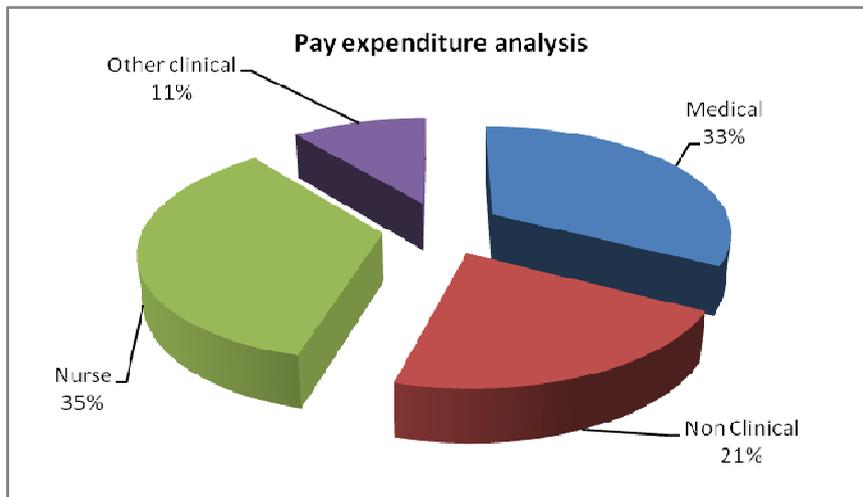
2010-11	£m
Income from activities	96.2
Other operating income	10.3
Total Operating Income	106.5
Pay Expenses	(70.2)
Non Pay Expenses	(30.6)
Total operating expenses	(100.8)
Earnings before interest, tax, depreciation and amortisation (EBITDA)	5.7
EBIDTA (%)	5.34%
Non operating income and interest receivable	0.3
Depreciation, Impairment and Interest Costs	(6.5)
RETAINED DEFICIT FOR YEAR after exceptional items	(0.5)
RETAINED SURPLUS FOR YEAR before exceptional items	1.1

How are our finances rated

The Trust achieved a financial risk rating of 4 in 2010-11 by our external regulators Monitor.

What we spent our money on

The Trust was able to improve the quality of services provided in 2010-11 by improving the patient experience. Additional money was spent on midwives and nursing staff, together with investment into the Emergency Department. Our pay costs were £70 million in 2010-11 and the make-up of this expenditure can be seen below:



In order to prepare for the financial challenges we are facing in the NHS a strong focus has been given to removing waste and improving the efficiency of our services. A total of £4.4million of planned cost improvement programmes were delivered in 2010-11. The majority of savings were achieved by improving the efficiency of services so that high cost temporary capacity could be removed. Further work is underway to continue delivering even more efficiencies in 2011-12, with a planned cost improvement programme of £4.7million.

The major improvements will include improving the utilisation of hospital capacity, reducing the number of temporary staff used in the hospital, reducing the hospitals overheads 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 2010-11 the Trust invested £6million in capital expenditure. A significant amount of this investment was to continue with a planned programme of backlog maintenance which has seen the completion of the flat roof replacement and the lift refurbishment. The new unit for sterilising clinical equipment was completed during the year and investment was made on digital Radiology equipment. The Trust is planning to spend a total of £5.1million on capital expenditure in 2011-12 in order to install a new combined energy heating solution, invest in medical equipment and continue with the programme of backlog maintenance work.

Summary Statement of Financial Position

2010-11	£m
Non Current Assets	53.4
Current Assets	10.1
Current Liabilities	(7.3)
Total Assets less Current Liabilities	56.2
Non Current Liabilities	(1.1)
Total Assets Employed	55.1
Total Taxpayers Equity	55.1

The Trust has a good cash position, with the number of liquidity days at 27 at year-end. The closing cash balance for the year was £5.0million which is to allow the continued investment in the hospital buildings.

Summary Cashflow Statement

2010-11	£m
EBITDA	5.7
Increase in working capital	(1.4)
Transfer from donated asset reserve in respect of depreciation on donated assets	(0.3)
Decrease in provisions	(0.1)
Decrease in other liabilities	(0.1)
Purchase of non current assets	(6.0)
Loans received	0.4
PDC Dividend paid	(1.6)
Other non operating income and interest receivable	0.3
Donations re non current assets purchased	0.1
Decrease in cash in the year	(3.0)
Cash as at 1 April 2010	8.1
Cash as at 31 March 2011	5.1

Management costs

Management costs were calculated in accordance with the Department of Health's definition. For 2010-11 the total costs were £4.7million, representing 4.43% of total income. These are similar to other acute NHS Foundation Trusts of a comparable size.

Statement as to Disclosure to Auditors

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Independent Regulator of NHS Foundation Trusts, Monitor, with the approval of the Treasury, directs that these accounts give a true and fair view of the Foundation Trust's gains and losses, cash flows and financial state at the end of the financial year.

So far as the directors are aware, there is no relevant information of which the Trust's auditors are unaware. The directors have taken all steps that ought to have been taken as a director in order to make themselves aware of any relevant information and to establish that the Trust's auditors are aware of that information.

Going Concern

After making enquiries, the directors have a reasonable expectation that Yeovil District Hospital 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.

Remuneration Report

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 is comprised of the Non-Executive Directors of the Trust. The Committee met five times in 2010-11, with all NEDs attending all possible meetings, except Amanda Ellingworth and Julian Grazebrook who each missed one meeting.

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 2010-11 which continue until the age of 65 when they terminate automatically unless there is an agreement to extend. There are fixed notice periods for these contracts which allow for termination by either party.

During 2010-11 no inflationary uplift was awarded to the executive directors of the Trust by the Committee. This was in view of the economic circumstances the Trust needed to negotiate. The Non-Executive Directors also signalled to the Board of Governors that they would decline any increase in their remuneration.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Salary and Pension entitlements of senior managers

Remuneration

Name and Title	Year Ended 31 March 2011						2009/10
	Salary	Performance related bonuses	Other Remuneration	Golden hello / compensation for loss of office	Benefits in kind	Total	Total
	(bands of £5,000)	(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	£000
A Dupont Chairman	35-40	0	0	0	0	35-40	35-40
A Ellingworth Non-Executive Director	10-15	0	0	0	0	10-15	10-15
A Russell Non-Executive Director	10-15	0	0	0	0	10-15	10-15
M Aichroth Non-Executive Director	0	0	0	0	0	0	10-15
G Waldron Non-Executive Director	10-15	0	0	0	0	10-15	10-15
J Buckley Non-Executive Director	10-15	0	0	0	0	10-15	10-15
J Grazebrook Non-Executive Director	5-10	0	0	0	0	5-10	0
G Boyle Chief Executive	130-135	0	0	0	0	130-135	130-135
E Walters Director of Finance	95-100	0	0	0	0	95-100	95-100
S Jones Director of Nursing and Clinical Governance	80-85	0	0	0	0	55-60	55-60
Dr S Gore Medical Director	15-20	0	60-65	0	0	75-80	185-190
Dr LJ Howes Medical Director	20-25	0	70-75	0	0	90-95	0
J Higman Director of Operations	75-80	0	0	0	0	75-80	75-80
J Martin Director of Planning & Performance	80-85	0	0	0	0	55-60	55-60
A Rayner Director of Human Resources	80-85	0	0	0	0	80-85	80-85
R Steele Director of Facilities	70-75	0	0	0	0	70-75	70-75

M Aichroth left the Trust on 31 March 2010

Dr S Gore stepped down as Medical Director on 1 September 2010

Dr LJ Howes was appointed as Medical Director on 1 September 2010

J Grazebrook was appointed on 1 September 2010

Salary and Pension entitlements of senior managers (continued)

Pension Benefits

Name and Title	Real increase in pension at age 60	Real increase in pension related sum at age 60	Total accrued pension at age 60 at 31 March 2011	Total accrued pension related lump sum at age 60 at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2011	Real Increase/ (Decrease) in Cash Equivalent Transfer Value for time in office
	(bands of £2,500) for time in office	(bands of £2,500) for time in office	(bands of £2,500)	(bands of £2,500)	£000	£000	£000
	£000	£000	£000	£000	£000	£000	£000
G Boyle Chief Executive	0 - 2.5	5 - 7.5	30 - 32.5	90 - 92.5	452	408	(44)
E Walters Director of Finance	0 - 2.5	2.5 - 5	17.5 - 20	57.5 - 60	239	207	(32)
S Jones Director of Nursing and Clinical Governance	2.5 - 5	0 - 2.5	30 - 32.5	90 - 92.5	464	447	(17)
Dr S Gore Medical Director	0 - 2.5	0 - 2.5	40 - 42.5	125 - 127.5	795	739	(24)
Dr L J Howes Medical Director	2.5 - 5	10 - 12.5	35 - 37.5	105 - 107.5	462	497	20
J Higman Director of Operations	0 - 2.5	2.5 - 5	12.5 - 15	42.5 - 45	188	168	(20)
J Martin Director of Strategy	2.5 - 5	10 - 12.5	17.5 - 20	52.5 - 55	225	222	(3)
A Rayner Director of Human Resources	0 - 2.5	2.5 - 5	20 - 22.5	65 - 67.5	331	296	(35)
R Steele Director of Facilities	0 - 2.5	2.5 - 5	30 - 32.5	92.5 - 95	641	607	(34)

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase / (decrease) in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. Following the announcement of the change to the basis of uprating public sector pensions from Retail Price Index to Consumer Price Index with effect from April 2011, the Government Actuaries Department undertook a review of all transfer factors. The new CETV factors have been used in the calculations and are lower than factors previously used. The value of CETVs for some members has therefore fallen since 31 March 2011.

The Board of Directors

The Board of Directors, in accordance with the Trust's Constitution, is the decision-making body of the organisation. It has established a scheme of delegation and reservation which sets out the powers it will exercise directly and the powers it has delegated to other bodies or individuals in the organisation.

The Board of Governors exercises the functions set out in statute and enumerated in the Trust's Constitution. In particular it appoints the Chairman and non-executives and also the external auditors for the Trust.

The two Boards collaborate in the development of strategy, but operational matters remain the responsibility of the Board of Directors. Section 19 of the Trust's Constitution sets out how any dispute between the two Boards is to be resolved.

The Board of Directors has delegated operational management issues to a sub-committee; the Hospital Management Team. Issues of assurance are investigated by three board sub-committees with Non-executive Director membership: the Audit Committee, the Clinical Governance Assurance Committee and the Non-Clinical Risk Assurance Committee.

Directors of the Trust

Mrs Angela J Dupont (Chair - Non-Executive Director)

Mrs Amanda Ellingworth (Vice Chair - Non-Executive Director and Senior Independent Director)

Mr John Buckley (Non-Executive Director)

Mr Julian Grazebrook (Non-Executive Director) – from 1 September 2010

Mr Alexander Russell (Non-Executive Director)

Mrs Gill Waldron (Non-Executive Director)

Mr Gavin Boyle (Chief Executive)

Dr Steve Gore (Medical Director) – to 31 August 2010

Dr Jonathan Howes (Medical Director) – from 1 September 2010

Mrs Sue Jones (Director of Nursing & Clinical Governance)

Mrs Libby Walters (Director of Finance)

Mr Mark Aichroth resigned his Non-Executive Director post as from 31 March 2010

Non-voting directors who attend Board of Directors meetings are;

Mr Jonathan Higman (Director of Operations)

Mr Jeremy Martin (Director of Planning and Performance)

Ms Alison Rayner (Director of Human Resources)

Mr Robert Steele (Director of Estates & Facilities)

Interests

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

Remuneration Committee membership

The members of the Remuneration Committee are the non-executive directors of the Trust. Attendance at the Committee's five meetings were as follows;

Mrs Angela J Dupont (Chair - Non-Executive Director) – attended all meetings

Mrs Amanda Ellingworth (Vice Chair - Non-Executive Director) – attended four meetings

Mr John Buckley (Non-Executive Director) – attended all meetings

Mr Julian Grazebrook (Non-Executive Director) – attended three out of a possible four meetings

Mr Alexander Russell (Non-Executive Director) – attended all meetings

Mrs Gill Waldron (Non-Executive Director) – attended all meetings

The Chief Executive attended the Committee's meetings to advise as required.

Composition of Board of Governors

The Board of Governors meets quarterly, with members drawn from locally elected public members, elected staff members and appointed members from key partner organisations. Elected governors are appointed for three year terms. Appointed members do not have a time limit. The lead governor is Gloria Clark.

The 24 governors on the Board comprise 13 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 Trust has six 'constituencies'. 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 until 30 September 2010, then succeeded by Dr Rob Childs (NHS Dorset)

Cllr Lesley Boucher (South Somerset District Council)

Cllr Anna Groskop (Somerset County Council)

Dr Clive Roberts until 31 July 2010, then succeeded by Carolyn Donoghue (University of Bristol)

Janet Scammell (Bournemouth University)

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

During the year elections were held and appointments made as follows:

Dorset: Ian Fawcett came to the end of his term and was re-elected

South Somerset (South & West): Tony Simmonds came to the end of his term and was re-elected unopposed

Staff: Chris Parker came to the end of his term and was re-elected unopposed

Meetings & attendance

Four Board of Governors meetings were held during the year. Attendance by individual governors was as follows;

Angela Dupont, Chairman, 4 of 4 meetings

Graham Avis, NHS Dorset (PCT), 2 of 2 meetings

Ann Beable, Greater Yeovil, 4 of 4 meetings
Anne Bennett, South Somerset (North and East), 3 of 4 meetings
Lesley Boucher, South Somerset District Council, 4 of 4 meetings
Hugh Campbell, Mendip, 4 of 4 meetings
Rob Childs, NHS Dorset (PCT), 1 of 2
Gloria Clark, South Somerset (North and East), 4 of 4 meetings
Ashley Davidson, Staff Governor, 1 of 4 meetings
Carolyn Donoghue, University of Bristol, 1 of 2 meetings
John Downing, Greater Yeovil, 3 of 4 meetings
Ian Fawcett, Dorset, 3 of 4 meetings
Jennie Flory, South Somerset (South and West), 4 of 4 meetings
Caroline Gamlin, NHS Somerset (PCT), 1 of 4 meetings
Anna Groskop, Somerset County Council, 3 of 4 meetings
Jane Johnston, Staff Governor, 4 of 4 meetings
Sue McInnes, South Somerset (North and East), 4 of 4 meetings
Caroline Morgan, Rest of Somerset and England, 3 of 4 meetings
John Park, Dorset, 4 of 4 meetings
Chris Parker, Staff Governor, 2 of 4 meetings
Margaret Robathan, South Somerset (South and West), 4 of 4 meetings
Clive Roberts, University of Bristol, 1 of 1 meeting
Helen Ryan, Staff Governor, 4 of 4 meetings
Janet Scammell, Bournemouth University, 2 of 4 meetings
Tony Simmonds, South Somerset (South and West), 3 of 4 meetings
Geoff Stroud, Greater Yeovil, 4 of 4 meetings
Steve Wills, Staff Governor, 3 of 4 meetings

Governors' interests

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 Company Secretary.

Board of Directors

Mrs Angela J Dupont (Chair - Non-Executive Director) – appointed
Mrs Amanda Ellingworth (Vice Chair - Non-Executive Director and Senior Independent Director)
Mr John Buckley (Non-Executive Director)
Mr Julian Grazebrook (Non-Executive Director) – from 1 September 2010
Mr Alexander Russell (Non-Executive Director)
Mrs Gill Waldron (Non-Executive Director)
Mr Gavin Boyle (Chief Executive)
Dr Steve Gore (Medical Director) – to 31 August 2010
Dr Jonathan Howes (Medical Director) – from 1 September 2010
Mrs Sue Jones (Director of Nursing & Clinical Governance)
Mrs Libby Walters (Director of Finance)

Attendance

12 Board of Directors meetings were held during the year. Attendance by individual directors is as follows;

Angela Dupont, Chairman, 12 of 12 meetings
Gavin Boyle, Chief Executive, 12 of 12 meetings
John Buckley, Non-Executive Director, 12 of 12 meetings

Amanda Ellingworth, Vice Chairman and Non-Executive Director, 11 of 12 meetings
Julian Grazebrook, Non-Executive Director, 6 of 7 meetings
Jonathan Higman, Director of Operations, 12 of 12 meetings
Jon Howes, Medical Director, 7 of 7 meetings
Sue Jones, Director of Nursing & Clinical Governance, 11 of 12 meetings
Jeremy Martin, Director of Planning & Performance, 12 of 12 meetings
Alison Rayner, Director of Human Resources, 11 of 12 meetings
Alexander Russell, Non-Executive Director, 11 of 12 meetings
Robert Steele, Director of Estates & Facilities, 12 of 12 meetings
Gill Waldron, Non-Executive Director, 12 of 12 meetings
Libby Walters, Director of Finance, 11 of 12 meetings

During the time that Steve Gore served as Medical Director he attended five out of a possible five Board meetings.

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 2011, 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, Jon Howes: Jon took on the role of Medical Director in 2010 after six years service with the Trust. He graduated from St George's Hospital Medical School, University of London in 1989. Much of his postgraduate anaesthesia and intensive care training was based in the South East & South West of England, particularly Bristol & Plymouth, including some time in Australia. Jon obtained his FRCA (Fellowship of the Royal College of Anaesthetists) in 1994 and was appointed to his first consultant post in 1998. Having spent five years in Gwent as a Consultant in Anaesthesia and Intensive Care, Jon then moved to join Yeovil District Hospital NHS Foundation Trust in 2004. As Lead Consultant in Intensive Care he headed the development of the new state of the art intensive care unit which opened in 2007. He was subsequently appointed Clinical Director for Critical Care 2007 and Deputy Medical Director 2009 before taking over from Steve Gore as Medical Director.

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.

During the year Dr Steve Gore served as Medical Director and stepped down on 31 August 2010.

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 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.

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.

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 vote of 75% of the members of the Board of Governors.

In 2010-11 all non-executive directors were considered to be independent. The non-executive directors at 31 March 2011 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 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, 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, Julian Grazebrook: Julian is a chartered accountant and joined the Board on 1 September 2010. Julian has been appointed for a one year term. After a number of years in the City, Julian has spent the last 20 years working with smaller entrepreneurial and owner-managed businesses as either a part time or full time Financial Director. He has broad commercial and financial experience in a wide variety of industries, including international trading, retail, logistics, property, IT, telecoms and other service industries. Former roles include Managing Director of Data Integration which specialises in the provision of IT services to both the public sector (including health) and the private sector. He has also worked with entrepreneurs in South America and Russia.

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. Following completion of her term on 31 October, 2010, the Board of Governors agreed to a further two year appointment, which will run until 31 October 2012.

Board of Directors' Balance, Completeness and Appropriateness

The Board has a wide range of skills and experience, covering clinical care, financial acumen, strategic insight, community engagement, operational knowledge and regulatory awareness. It is equipped to ensure fulfilment of its legal and regulatory duties and its contractual obligations. It is also equipped to implement and achieve its strategic objectives.

Directors' Interests

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

Chairman's significant commitments

The Chairman did not have any significant commitments that could detract from the performance of her role, or raise any issues of conflict of interest.

Awareness of the Views of Governors and Members

The whole Board has taken a number of measures to understand the views of governors and members during the year.

Twice a year the Non-executive Directors meet formally with the governors to account for their performance and to discuss with them issues of concern and importance. In addition, both executive and non-executive directors regularly attend the Board of Governors meetings to hear debate and improve channels of communication and understanding.

Directors are involved with the Strategy Working Group and Membership and Communications Working Group of the Board of Governors and work with governors on a number of other initiatives throughout the year.

Several workshops have been held involving the Board of Directors, Board of Governors and senior managers and clinicians during the year. These have contributed to the development of the Trust's strategic direction and particular elements of that strategy.

In addition, there have been regular local constituency meetings where members and the public can meet with governors, executives and non-executives to ask questions and discuss issues.

Audit Committee

The Chair of the Audit Committee is John Buckley, non-executive director. There are two other non-executive director members, Amanda Ellingworth and Julian Grazebrook. Four meetings were held during the year. John Buckley and Amanda Ellingworth attended all four, whilst Julian Grazebrook attended two of the three meetings held since he joined the Board of Directors.

The Audit Committee is a sub-committee of the Board of Directors and one of the Trust's assurance committees. It has responsibility for providing assurance to the Board concerning the system of internal control for financial management. It receives reports from the external auditors and, on financial matters, from the internal auditors.

At the March 2011 meeting of the Board of Governors the Chair of the Audit Committee reported on the performance of the external auditors and recommended an extension to the current contract. This recommendation was approved by the Board of Governors.

During the year the external auditors were also engaged to act as VAT advisors to the Trust. This is a specific and technical role relating to whether the Trust has correctly treated VAT issues on contracted out services. This service is provided by a separate department within KPMG and has no impact on the objectivity or independence of the external audit work.

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.

Nominations Committee

The Governors' Nominations Committee is chaired by the Chairman of the Trust. The other members of the committee are Lesley Boucher, Gloria Clark, Ian Fawcett and Helen Ryan. During the year, John Park was added to the Committee.

The Committee met five times in 2010-11, reappointing one Non-Executive Director and recruiting another. The Committee also undertook the process to recruit a successor to the current Chairman. This process will be described fully in next year's annual report as it had not been completed at year-end.

All members attended all possible meetings, with the exception of Ian Fawcett and John Park who each missed one meeting. In addition, the meetings dealing with the recruitment of a new Chairman were chaired by Amanda Ellingworth as Vice Chairman, rather than the incumbent Chairman.

To support the process of selecting a new Chairman the Committee sought assistance and advice from Luke March, Chairman of Salisbury NHS Foundation Trust.

Membership

The Trust has two constituencies: a public constituency and a staff constituency.

The public constituency is for anyone living in England aged 14 or over. The public constituency is divided into six areas, five of which cover core wards and districts served by the Trust across Dorset and Somerset. The sixth constituency allows members from a wider area to become involved.

At the end of 2010-11 membership of the public constituency stood at 7,917, an increase of 3.33% from the start of the year.

The staff constituency is for all individuals who are employed under a contract of employment with no fixed term or whose a fixed term is at least 12 months. At the year end the staff constituency comprised 880 members, this equates to 45% of staff and represents an increase of 1.50% during the year.

The Membership Strategy has been developed by the Membership and Communications Group of the Board of Governors and supported by the full Board. Governors undertake opportunistic recruitment at garden centres, the local college, and community groups. A group of governors recruit regularly in the hospital outpatients department and has helped the Trust to exceed its target this year. The initial recruitment target for 2010-11 of 7,875 members was achieved and exceeded (7,917).

All member households receive the Trust's newsletter 'News from YDH' on a quarterly basis. This publishes contact details of the membership co-ordinator if they wish to contact the Trust directly. Individual members are also written to annually. Any member wishing to raise any issue with a director or governor can do so through writing to the individual at Yeovil Hospital or by contacting the Membership Co-ordinator.

3. Quality Report

Statement from the Chief Executive

We have great pleasure in presenting the Quality Report for Yeovil District Hospital NHS Foundation Trust for 2010-11, 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 2010-11 the Trust continued its journey towards exceeding national quality and safety targets as set out in its Quality Strategy for Achieving Excellence in 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.



GAVIN BOYLE
Chief Executive

Priorities for improvement and statements of assurance from the Board

In the 2009-10 annual report we promised to focus on a number of priorities for improvement. These are detailed below along with the progress made:

- Continued focus on reducing healthcare associated infections

Our target for hospital acquired Methicillin Resistant Staphylococcus Aureus blood stream infection was two, and we reported one case.

Our national target for post 72 hour Clostridium difficile was 57 and our local stretch-target was 37. We met the national target with 49 reported during the year, but exceeded the local stretch target. It is worth noting that during the year our method of testing changed to a new and more accurate two-stage test, that resulted in 10 positives being recorded in patients who have since been described as carriers rather than having active disease.

- To reduce the number of patient falls across the Trust

Our target of 895 patient falls was a 10% reduction on the previous year's data, and it is very pleasing to note that we achieved this with a total of 893 patient falls reported.

- To monitor the quality of care provided to our patients using the agreed key performance indicators as our benchmarks for improvement

Three key questions in our anonymous monthly “your care” satisfaction questionnaires and EXIT questionnaires were identified as an indicator of the quality of care provided to our patients. These are detailed in the table below along with the results compared with the previous year:

Question	2009-10	2010-11
Percentage of patients rating their care as good or excellent (NB this data was only included in the EXIT survey in 2009-10)	100%	94%
Percentage of patients rating staff attitude as excellent or good (NB this data was only included in the EXIT survey in 2009-10)	100%	96%
Percentage of patients rating cleanliness as very clean or clean	98%	99%

- To work with the Strategic Health Authority to deliver the programme of patient safety improvement across the South West

The Trust signed up to the regional programme of patient safety work and has completed work in all of the five workstreams. The table below shows areas of work and progress made during the year:

Workstream	2009-10	2010-11
Compliance with the ventilator care bundle (critical care work)	82%	100%
Risk assessment for venous thrombo-embolism (snapshot audit data),	11%	71%
Directors’ safety walkrounds (Leadership work)	10 completed	12 completed
Medicines reconciliation process (Medicines management work)	5% of patients have medicine reconciliation completed within 24 hours of admission	70% of patients have medicine reconciliation completed within 24 hours of admission
Roll-out of the WHO surgical checklist (peri-operative work)	85%	100%

- 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.

The Trust introduced a new web-based incident reporting system towards the end of 2009. This replaced the old paper-based system and aimed to improve both the quality and quantity of incident reporting. All areas across the Trust are now able to report using this system and incident reporting has increased by 83% from 1,860 to 3405 reported incidents. There has also been an increase in “no harm” or near miss incidents from 63% to 70%.

- To increase the number of clinical audits undertaken between the Trust and the Primary Care Trust

The Trust was keen to increase partnership working with the commissioning Primary Care Trust in respect of clinical audit activity; however this has not been successful during the year. Whilst the Trust recognises the benefits of undertaking such projects it is agreed that these are not a priority over the next 12 months and the focus will be on the national and local audit programme and any applicable regional audits as they become known.

- To agree quality improvement projects that will ensure improved results in the national patient and staff survey results.

Work in this area has been done in collaboration with the Trust's Patient and Public Involvement (PPI) Group. Specific work is progressing to improve the time taken to answer call bells, and the PPI group has undertaken mealtime observations resulting in improvements in the delivery and experience of the patients' mealtimes.

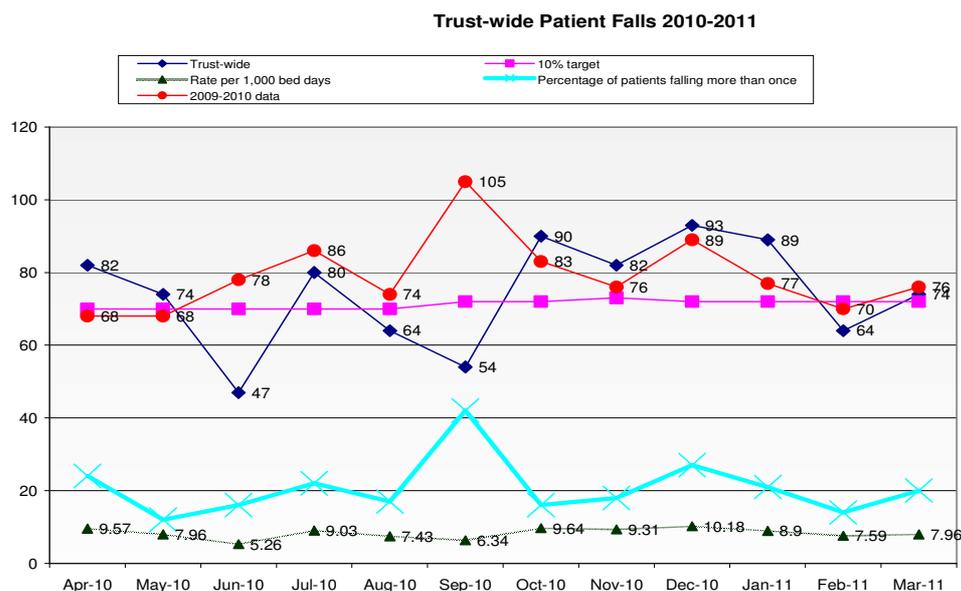
During 2010-11 the Trust provided and/or subcontracted 37 NHS services. Yeovil District Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 37 of these NHS services.

The income generated by the NHS services reviewed in 2010-11 represents 100% of the total income generated from the provision of NHS services by for Yeovil District Hospital NHS Foundation 2010-11.

Patient Safety

To further reduce patient falls by 10%

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. The run chart overleaf shows the number of patient falls and the rate of falls per 1,000 bed days for 2010-11. This data is shared with clinical staff and the Board of Directors on a monthly basis.



Preventing venous thrombo-embolisms (VTEs): There is a continued national emphasis on the assessment and prevention of venous thrombo-embolisms. The Trust has a well-established a VTE Committee to take forward this vital work across the organisation, and during the year a training DVD was developed to help staff to understand the importance of completing this risk assessment. The target is to ensure that 90% of our patients are risk assessed within 24 hours of admission. If a patient develops a pulmonary embolism or deep vein thrombosis during hospital admission a full root cause analysis will be completed to identify any lessons to improve the care for future patients. The Trust has two methods of capturing data in respect of compliance with this assessment; a monthly snapshot audit of five patients per ward and through the monthly mandatory return to the Department of Health. Whilst the audits are relatively simple to complete, the Trust has faced a challenge in being able to easily complete the national return as certain groups of patients can be excluded from the return. The year end figure of compliance using the mandatory Department of Health return is 59.2% (NB this figure only includes data from July 2010 until March 2011 as data was not captured prior to that point). The full year position based on the snapshot audit data is 71%. Whilst it is disappointing that the Trust did not achieve the target set the percentage compliance is very good. We decided to make small steps of change in respect of the new VTE assessment tool which has proved to be a far more sustainable approach than issuing a Trust-wide edict about policy change. The method of measuring compliance will allow us to tackle specific areas of non-compliance, both by clinical area and clinical teams during the forthcoming year.

Medication errors: The Trust has continued to work hard to raise awareness of medication errors and encourage continued reporting of all incidents relating to medicines use.

The Medication Incident Review Group has been merged with The Medicines Management Group. This new group is to be known as the Patient Medication Safety Group and is chaired by the Director of the Medical Division. The Patient Medication Safety Group will continue to regularly assess medication incidents and review ways in which these errors can be avoided. An important part of this is the production of a bulletin summarising key safety messages as well as listing all recent medication incidents. This is distributed to all doctors and nurses within the Trust.

During 2010-11 there was a 3.38% increase in the overall number of incidents reported at Yeovil. Analysis of this data shows an incidence of 2.4% for significant incidents, compared with 2.2% for 2009-10, and 2% for 2008-09. Much of this increase can be attributed to the new web-based reporting system that has been rolled out to all areas of the Trust. The training that has been provided to staff as part of this roll-out has afforded an opportunity to remind staff of the importance of reporting all incidents and raised the awareness of near miss or no harm incident reporting. Analysis has also shown that we are now capturing more information about incidents related to other organisations that have had an impact on our patients and staff.

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 three national surveys:

- Survey of women's experiences of maternity services 2010
66% response rate. The Trust fell into the best performing 20% of trusts in 11 of the 19 questions, and in the intermediate 60% for the remaining eight questions.
- National inpatient survey 2010

58% response rate. The Trust fell into the best performing 20% of trusts in 16 of the 64 questions, the intermediate 60% in 44 and the worst performing 20% in six. There was an improvement in 35 scores, 11 remained the same and a deterioration was seen in 18 scores. Most of those that indicated a worsening performance saw a decrease in less than 4 points, but there were six questions where the decrease was more than 4. We will be concentrating our efforts on these areas in particular and working to improve our patients' perception of care in respect of the following areas:

- Length of time on the waiting list
- Provision of a choice of admission dates
- Length of time taken to get a bed on a ward after admission
- Choice of food
- Provision of information to relatives
Provision of copy of letters to family doctors given to all patients
- National cancer patients' experience survey 2010
75% response rate. The Trust fell into the top 20% of performing trusts in 23 questions, in the intermediate 60% in 32 and in the worst 20% for three. This was the first year the survey was conducted so there is no benchmark data available from previous surveys

The Trust also runs an ongoing programme of surveys known as the Your Care Questionnaire which is facilitated by PPI members. Each member is allocated a ward or department and they aim to collect ten completed questionnaires each month. Patients transferring between wards, or being discharged home, are also given an EXIT questionnaire which asks three questions regarding the quality of care, attitude of staff and the level of cleanliness.

A total of 31 additional in-house surveys were also undertaken or started during the year; 18 of them are still in progress. To date these surveys, including the Your Care and EXIT questionnaires, have been given/sent out to over 5000 patients and service users.

	Your Care & EXIT Questionnaires		National inpatient survey
	2009-10	2010-11	2010
Percentage of patients rating their care as good or excellent*	100%	94%	81
Percentage of patients rating staff attitude as good or excellent*	100%	96%	89 (question asked about dignity and respect)
Percentage of patients rating cleanliness (ward and bathroom combined) as good or excellent	98%	99%	98

* these questions were not asked in the old style Your Care Questionnaires in 2009-10, therefore figures based on data from the EXIT questionnaires only.

UNICEF Baby Friendly Award (BFA)

The Yeovil Maternity Unit has been actively working towards the attainment of the UNICEF Baby Friendly Award and achieving the 10-steps required to meet the outcomes set out by UNICEF. The attainment of the UNICEF award provides both women and their families with the assurance that the Maternity Unit provides evidence based support and guidance to mothers who birth their babies at Yeovil. It promotes breastfeeding as the most appropriate and natural option for almost all mothers and babies, ensuring the best nutritional start to life for the baby helping women regain their figure and reducing the risks of breast cancer in later life.

Midwives, nurses, support staff and the Paediatric Doctors have been trained using the UNICEF accredited course and have had practical assessments to test out their skills and knowledge. In the last year the Yeovil Maternity Unit has registered its commitment to the UNICEF standards and achieved levels 1 & 2 of the award. It is hoped that the final level will be achieved by spring 2012 and that full accreditation will then be confirmed.

Clinical effectiveness

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 105.4 (up to the end of February 2011) compared with 108.5 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. There is no one thing that produces an improvement in the HSMR; clearly a reduction in actual mortality will have a positive affect, but improved data capture about patients' co-morbidities and more accurate coding will also alter the risk ratings. Any change to the services provided by the Trust also changes the ratio; for instance the introduction of a community based service for our patients with chronic respiratory disease should mean that many patients can remain at home during an episode of illness. However, this also means that when these patients do need to come into hospital, they are at the end stage of their condition and are more likely to die in our care.

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.

During the year, the Trust established a steering group to guide and oversee the work to improve the HSMR, and as part of the programme a number of workstreams have been completed; including a review of all chest infection deaths, all diabetes related deaths, patients aged over 85 years coded as having no co-morbidities and deaths in the group classified by Dr Foster Ltd as "low risk".

An alert issued by Dr Foster in respect of acute bronchitis deaths has also been subject to a detailed review by clinical staff. The HSMR is a statistical tool used to highlighted potential areas of improvement. When a concern is raised, our principle action is to review the clinical care provided & audit any potential harm that may have occurred. The reviews undertaken so far have assured us that the quality of care is good, if not excellent.

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 85.10% submission for total hip replacement, 98.90% for total knee replacements and 55.90% for hernia repair. The submission rate for hernia repair patients is lower than the other two procedures because of their multiple admission routes. We issue the PROMS forms at pre-assessment clinic, which all patients undergoing a joint replacement procedure attend. Not all patients undergoing a hernia repair are required to attend the pre-assessment clinic. The Trust achieved an overall compliance rate of 78.9%. The Trust has also continued data collection for some local PROMs during the year. The procedures currently included are: enhanced recovery for laparoscopic colorectal surgery, and the management of shoulder distension.

The Trust is also participating in the National Heavy Menstrual Bleeding Audit, the methodology for which follows that of the National PROMs programme. This will be running from the 1st February 2011 until 1st February 2012.

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 Ratio. 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 the table below shows data for the last 3 years

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 42 patients were taken back to theatre within the same episode of care as an unplanned procedure out of 6504 inpatients which equates to 0.6% of all theatre activity during the year. This is an improvement on the previous year's performance of 0.8% (47 cases). This data is presented to the Clinical Governance 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. The target for 2011/12 as agreed with the Primary Care Trust is that we will have no emergency readmissions within 30 days of an elective admission, and we will show a 25% reduction in emergency readmissions within 30 days of an emergency admission.

	2008-09	2009-10	2010-11
Unplanned readmissions	7.7%	5.9%	5.5%
Unplanned returns to theatre	No data available	0.8%	0.6%

Learning lessons

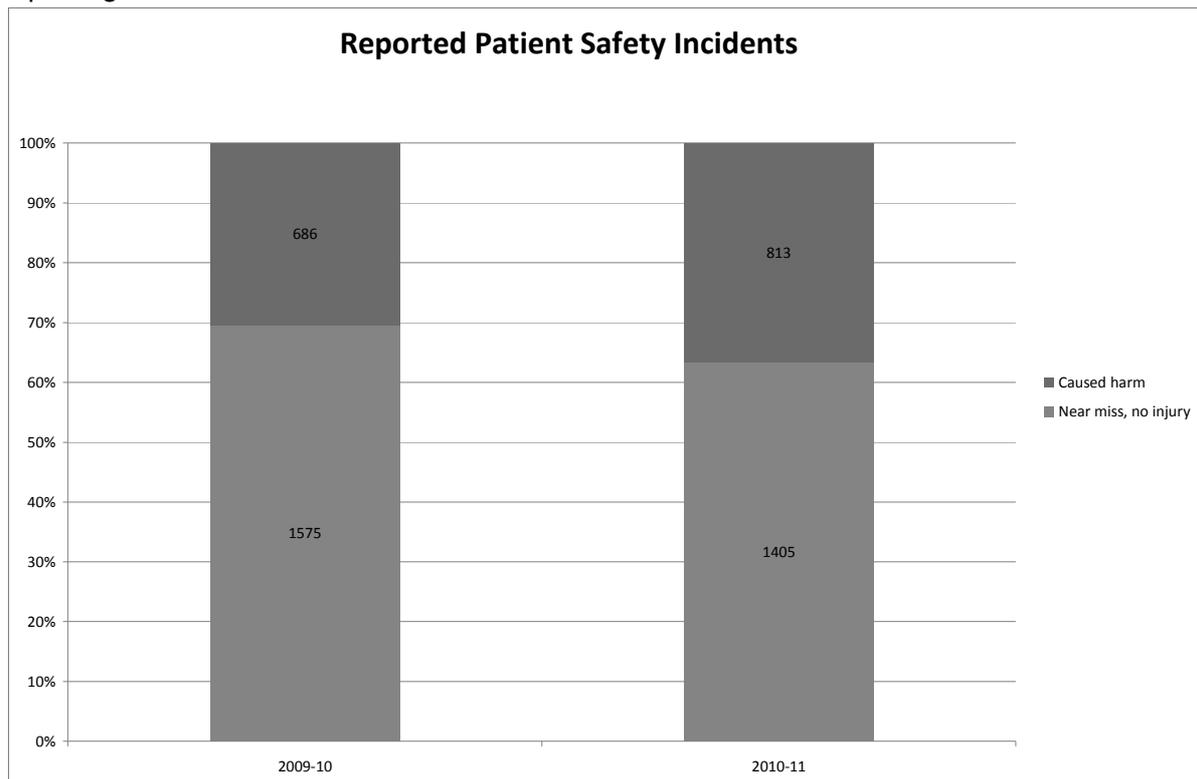
The Trust realises the importance of learning lessons from problems that have occurred. Whenever an incident is reported in the hospital a thorough investigation is carried out and reports are made outlining areas for improvement. In the case of some of the more significant incidents this information 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

- Dementia awareness training sessions.
- Increase in quantity of hot meals available for patients throughout the day
- Audit of compliance with emergency regimes for patients requiring tube (enteral) feeding
- Review of the prescription charts used within the Emergency Department
- New system for producing and monitoring appointment letters in the Endoscopy Department
- Review of the criteria for suitability of patients for procedures within the Day Surgery Unit
- Practice change allowing patients to drink on the morning of their injections in theatre
- Review of the care pathway for gynaecology emergencies admitted at night
- Review of patient information for specific gynaecological conditions
- New guidelines for early pregnancy loss
- Reinforcement of liaison and escalation between Gynaecology and Maternity staff
- Change to previous cleaning schedules within the Maternity Unit
- New process for prioritisation of physiotherapy for stroke patients
- The importance of blood transfusion antibody alert cards added to junior doctor training
- Review of role of security staff including clear instructions about the level of support they can offer staff and patients
- Review of patient flow through the ophthalmology clinic

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

The total number of incidents and accidents reported increased slightly (3.38%) compared with the previous year (3,563 compared with 3,475). The number of patient safety reported incidents has also reduced slightly (2%) during the same period with 2218 reported compared with 2261 during the previous year. It should be noted that this data is accurate up to 12 May 2011, at which point there were still 123 incidents in the web-holding file awaiting final comments from managers before the submission to the database. The chart below shows data for the past two years related to reported patient safety incidents that resulted in harm compared with near miss or no harm incidents. During 2009-10 70% of all

reported incidents were classed as no harm and during 2010-11 this had reduced slightly to 63%. This change may be due to staff now scoring incidents more accurately as a result of their ongoing training. During the year 54 investigations were commissioned – a significant increase (20%) compared with 45 in 2009-10. This increase can be attributed to a very low threshold for undertaking root cause analysis investigations within the Trust, and an open reporting culture amongst staff. Four of these incidents were reported to NHS Somerset as required by reporting criteria. The target set by the Primary Care Trust for 2011/12 is that we will work towards increasing our incident reporting rate to ensure that we are in the top reporting group as recorded by the National reporting and Learning System. For 2011/12 we aim to increase incident reporting by 10% whilst maintaining the accuracy and quality of reporting.

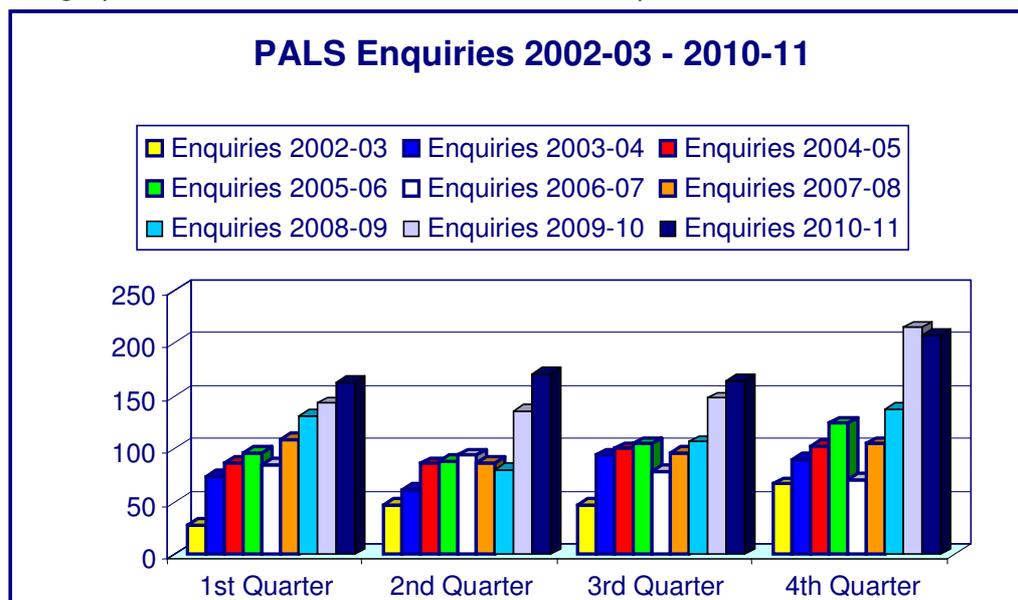


Patient Advice and Liaison Service (PALS)

This invaluable service continued to provide a front of house, accessible service for patients and relatives wishing to raise concerns and other queries relating to health services.

PALS saw a further increase in activity during 2010-11, with 708 enquiries received during the year compared with 642 enquires during 2009-10. Quarter 4 saw the highest number of enquires received this year, between January and March 2011 there were 208 enquiries. Much of this increase can be attributed to the relocation and refurbishment of our Patient Advice and Liaison Office to the main reception area of the hospital, which has meant that many more patients or visitors drop into the office either to raise a concern or seek information about health care services.

The graph below shows the number of PALS enquiries received since 2002.



Compliments and complaints

The number of formal commendations received reduced considerably (16%) compared with 2009-10 (1695 compared with 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 2010 and 30 March 2011 the Trust saw a 3% decrease in formal complaints compared with last year (261 compared with 268). 79% received a full response within the timescale agreed with the individual which is disappointing, but is indicative of the increasing complexity of complaints received. This was the first year when trusts were expected to agree timescales for responses with complainants, and through this year's experience it is anticipated that we will set more realistic timescales next year. It is acknowledged that it is preferable to agree a realistic timescale with complainants at the beginning of the process, rather than build expectations that cannot be met. A robust process of reminding staff when complaint responses are due has also been built into the existing systems and processes. 33 complaints were re-opened during the year and six complainants asked the Health Ombudsman for a review of the Trust's handling of their concerns.

Customer service

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

The maternity survey demonstrated that overall satisfaction with the service provided is high with the Trust falling in the best performing 20% of trusts in 11 of the 19 questions, and in the intermediate 60% for the remaining eight questions. The two areas with the lowest scores and requiring improvement are the time taken for stitches following a cut or tear, and the amount of information and explanations given after the birth of a baby.

The key points from the national inpatient survey 2010 are:

Yeovil District Hospital scored in the top performing 20% of trusts for 16 questions (13 in 2009)

Yeovil District Hospital scored in the worst performing 20% of trusts for six questions (7 in 2009)

82% of patients responded that they were always treated with respect and dignity (84% in 2009)

81% rated the overall care as excellent or very good (98% in 2009).

Research activity

Yeovil District Hospital NHS Foundation Trust has an active and well established Department of Research and the last year has seen record numbers of patients consenting 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 the number of clinical studies available to Yeovil patients as well as the range of disease areas covered.

There has been a marked increase in research activity in Critical Care this year with two particular studies looking at patients admitted to the Intensive Care Unit and the involvement of the Critical Care Outreach Team. This Department of Health funded and nationally recognised work is important for Yeovil to become involved in so that the Trust remains at the forefront of quality care.

Stroke research has been another area of strength for the Trust and one that is set to grow steadily over the next year as the number of studies available increases. Yeovil is one of only 4 sites in the South West to be selected as a site for a new stroke study into rehabilitation techniques.

Recruitment and data quality have been high for the grant funded research study investigating pain relief after key-hole surgery of the bowel that Mr Nader Francis Consultant Surgeon has been organising. The study will report in mid 2011 and it is hoped that the results of this trial will enable the design of a larger study across other NHS hospitals to compare the effectiveness of different types of pain relief.

Priorities for improvement

Priorities for 2011-2012

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 2011-2012 reflect those expectations and are listed below:

- To reduce healthcare associated infections – in line with the local targets (MRSA, Clostridium difficile & MSSA). The national target for MRSA blood stream infections is one case, and for Clostridium difficile 29 cases. Methicillin Sensitive Staphylococcus Aureus blood stream infections will be reportable from 1 April 2011, but no target has yet been set.
- To reduce the number of patient falls across the Trust by 10%, and to reduce the number of falls that result in harm to patients by 10% (this is a CQUIN target)
- To reduce the number of hospital acquired pressure sores, grade 2 and above by 50%

- To reduce episodes of venous thrombo-embolism by ensuring risk assessment in 90% of adult inpatients and ensuring appropriate preventative treatment is prescribed. Recording and investigating any incidences of VTE as a clinical incident, and aiming for a 50% reduction in hospital acquired VTE by 31 March 2012. (NB This is a national CQUIN target)
- To improve the personalisation of care for patients using the Trust's iCARE philosophy and focusing on dignity. Observations of care and peer review will be used to improve practice (NB This is a national CQUIN target).
- To improve the care of people with Dementia or mild cognitive impairment whilst in hospital by achieving level 1 of the South West Dementia Partnership and peer review process
- To continue with the progress already made in improving the standard of care for patients who also have a learning disability.
- To continue our involvement in the programme of patient safety improvement as set by NHS South West, and reduce the HSMR by 2.5%.
- To increase the number of clinical audits by 10% undertaken by non-medical staff.
- To develop one more in-house Patient Reported Outcome Measure.
- To ensure that 85% of complainants receive a response within the agreed timescale.
- To increase the number of EXIT questionnaires received by 20%.
- To improve the use of real-time patient experience data by investment in software to support touch screen, web-based and tablet PC surveys and qualitative studies to guide and support service improvement.

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 2010-11 the Trust provided and/or subcontracted 37 NHS services. Yeovil District Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 37 of these NHS services.

Audits

During 2010-11 57 national clinical audits and all relevant national confidential enquiries covered NHS services that Yeovil District Hospital NHS Foundation Trust provides.

During 2010-11 Yeovil District Hospital NHS Foundation Trust participated in 71% of national clinical audits and all the 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 2010-11 are as follows:

Audit title
Acute stroke (SINAP)
Adult asthma (BTS)
Adult community acquired pneumonia (BTS)
Adult critical care (Case Mix Programme)
Audit of the management of children with decreased conscious level
Audit of the management of the open abdomen to investigate the occurrence of intestinal fistulae
Bowel cancer (National Bowel Cancer Audit Programme)
Bronchiectasis (BTS)
Cardiac arrest (National Cardiac Arrest Audit)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit) (Epilepsy 12)
Chronic pain (National Pain Audit)
COPD (BTS/European Audit)
Diabetes (National Adult Diabetes Audit)
Diabetes (RCPH National Paediatric Diabetes Audit)
Emergency use of oxygen (BTS)
Falls and non-hip fractures (National Falls and Bone Health Audit)
Familial hypercholesterolaemia (National Clinical Audit of Management of FH)
Heart failure (heart failure audit)
Hip fracture (National Hip Fracture Database)
Hip, knee and ankle replacements (National Joint Registry)
Infection Control National Audit (ICNA) audit
Implementing NICE guidance for health and work: a national organisational audit
Lung cancer (National Lung Cancer Audit)
Myocardial Ischemia National Audit Project (MINAP)
National audit of dementia - care in general hospitals
National colonoscopy audit
National audit of heavy menstrual bleeding (RCOG National Audit of HMB)
National audit of services for people with Multiple Sclerosis 2011
Neonatal intensive and special care (NNAP)
Non invasive ventilation (NIV) – adults (BTS)
O negative blood use (National Comparative Audit of Blood Transfusion)
Paediatric asthma (BTS)
Paediatric fever (College of Emergency Medicine (CEM))
Paediatric intensive care (PICANet)
Paediatric pneumonia (British Thoracic Society (BTS))
Audit title
Perinatal mortality (CEMACH)

Platelet use (National Comparative audit of Blood transfusion)
Pleural procedures (BTS)
Potential donor audit (NHS Blood and Transplant)
Pulmonary hypertension (Pulmonary Hypertension Audit)
Renal colic (CEM)
Severe trauma (Trauma Audit and Research Network)
Stroke care (National Sentinel Stroke Audit)
Ulcerative colitis & Crohn's disease (National IBD audit)
Vital signs in majors (CEM)

The national clinical audits and national confidential enquiries that Yeovil District Hospital NHS Foundation Trust participated in during 2010-11 are as follows:

Audit title
Adult critical care (Case Mix Programme)
Audit of the management of children with decreased conscious level
Audit of the management of the open abdomen to investigate the occurrence of intestinal fistulae
Bowel cancer (National Bowel Cancer Audit Programme)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit) (Epilepsy 12)
Diabetes (RCPH National Paediatric Diabetes Audit)
Falls and non-hip fractures (National Falls and Bone Health Audit)
Familial hypercholesterolaemia (National Clinical Audit of Management of FH)
Heart failure (heart failure audit)
Hip fracture (National Hip Fracture Database)
Hip, knee and ankle replacements (National Joint Registry)
Implementing NICE guidance for health and work: a national organisational audit
Lung cancer (National Lung Cancer Audit)
Myocardial Ischemia National Audit Project (MINAP)
National audit of dementia - care in general hospitals
National audit of heavy menstrual bleeding (RCOG National Audit of HMB)
National audit of services for people with Multiple Sclerosis 2011
National colonoscopy audit
Neonatal intensive and special care (NNAP)
Non invasive ventilation (NIV) – adults (BTS)
O negative blood use (National Comparative Audit of Blood Transfusion)
Paediatric fever (College of Emergency Medicine (CEM))
Paediatric intensive care (PICANet)

Audit title
Perinatal mortality (CEMACH)
Platelet use (National Comparative audit of Blood transfusion)
Pleural procedures (BTS)
Potential donor audit (NHS Blood and Transplant)
Renal colic (CEM)
Stroke care (National Sentinel Stroke Audit)
Ulcerative colitis & Crohn's disease (National IBD audit)
Vital signs in majors (CEM)

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 2010-11, 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.

Audit title	Sample required	Sample submitted
Adult critical care (Case Mix Programme)	85%	Still ongoing
Audit of the management of children with decreased conscious level	100%	Still ongoing
Audit of the management of the open abdomen to investigate the occurrence of intestinal fistulae	100% of cases	Still ongoing
Bowel cancer (National Bowel Cancer Audit Programme)	All cases within audit period	143
Childhood epilepsy (RCPH National Childhood Epilepsy Audit) (Epilepsy 12)	All cases within audit period	Still ongoing
Diabetes (RCPH National Paediatric Diabetes Audit)	All	All
Falls and non-hip fractures (National Falls and Bone Health Audit)	60	44
Familial hypercholesterolaemia (National Clinical Audit of Management of FH)	All cases within audit period	Unable to identify any patients
Heavy menstrual bleeding (RCOG National Audit of HMB)	All consenting patients	Still ongoing
Hip fracture (National Hip Fracture Database)	All cases within audit period	224
Hip, knee and ankle replacements (National Joint Registry)	All cases within audit period	616

Audit title	Sample required	Sample submitted
Implementing NICE guidance for health and work: a national organisational audit	Organisational survey only	
Lung cancer (National Lung Cancer Audit)	All cases within audit period	74
Myocardial Ischemia National Audit Project (MINAP)	100% Cardiac Troponin positive patients	Still ongoing
National audit of dementia – care in general hospitals	40	40
National audit of services for people with Multiple Sclerosis 2011	Organisational survey only	
National colonoscopy audit	100% of cases	55
National heart failure audit	100% of cases	224
Neonatal intensive and special care (NNAP)	All cases within audit period	Still ongoing
Non invasive ventilation (NIV) – adults (BTS)	All cases within audit period	Still ongoing
O neg blood use (National Comparative Audit of Blood Transfusion)	40	4
Paediatric fever (College of Emergency Medicine (CEM))	50	53
Paediatric intensive care (PICANet)	All cases within audit period	Still ongoing
Perinatal mortality (CEMACH)	100%	18
Platelet use (National Comparative audit of Blood transfusion)	40	6
Pleural procedures (BTS)	All cases within audit period	8
Potential donor audit (NHS Blood and Transplant)	All cases within audit period	15
Renal colic (CEM)	50	51
Stroke care (National Sentinel Stroke Audit)	All cases within audit period	61

Audit title	Sample required	Sample submitted
Ulcerative colitis & Crohn's disease (National IBD audit)	20 UC & 20 Crohn's	Underway
Vital signs in majors (CEM)	40	50
Renal colic (CEM)	50	51
Stroke care (National Sentinel Stroke Audit)	All cases within audit period	61
Ulcerative colitis & Crohn's disease (National IBD audit)	20 UC & 20 Crohn's	Underway
Vital signs in majors (CEM)	40	50

*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 the management of familial hypercholesterolemia required the submission of data for 100% cases but the Trust could not identify any patients during the specified time period.

The reports of nine national clinical audits were reviewed by the provider in 2010-11 (final reports are awaited for the remaining audits) and Yeovil District Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Stroke audit

Taking into consideration the re-opening of South Petherton, Community Hospital the key priorities for YDH for the next 6 months should be:

- Direct Admission into the Coronary Care Unit or Stroke Unit from the Emergency Department.
- CT scanning – 24 hour for all patients working towards 1 hour for all patients.
- Swallow assessment within 4 hours for all patients.

Dementia audit

Many of the recommendations from the dementia audit have been incorporated into South-West Hospital Standards in Dementia Care. A great deal of work has been undertaken so far and much more is in progress including training dementia champions, identifying dementia befrienders and sourcing special clocks and other items to improve the environment.

BTS - Pleural Procedures Audit

As a result of this audit the following changes in practice will be implemented:

- Ultrasound scan to be performed prior to chest drain insertion in all cases.
- Develop a procedure bay on 6B ward.
- Obtain written consent from the patients.

- Junior doctors should insert chest drains under senior supervision.

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

A total of 175 local audits were opened during the year. The reports of 67 local clinical audits were reviewed by the provider in 2010-11 and Yeovil District Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Emergency admissions from nursing/residential homes

The data from this audit has been shared with PCT and other local Trusts and as an outcome of this a new post is being developed in the community to support nursing/residential homes with the aim to prevent unnecessary admissions.

VTE

As a result of the poor compliance with VTE risk assessment a great deal of work has been undertaken by the VTE Committee including incorporating the assessment into the inpatient prescription chart, producing a day surgery form and the production of an educational DVD in order to raise awareness. Over the past 18 months the audits undertaken have shown compliance rise from 5% to 93% in month.

MUST Audit

Following the audit of the malnutrition universal screening tool, and as part of the Nutrition Group's work programme, a training programme called 'An Hour to Nourish and Flourish' has been developed and is being rolled out during May/June 2011. This session will include training on the use of the MUST tool, and will raise awareness of the different types of menu's available to people with complex nutritional needs.

Ward 8B Transcribing TTO's Audit

As part of this audit it was identified that Junior Doctors were spending a large percentage of their time transcribing TTO's and as a result spending less time with patients on the ward. The Ward sister now transcribes the TTO's freeing up the Junior Doctors.

Reducing harm from omitted and delayed doses

Since an audit of the missed and delayed doses (following the NPSA's alert published in February 2010) a number of changes in practice have been implemented. For example; one ward adopted the model of all P drugs being annotated with red pen in order to highlight to nurses that the medicine must be obtained for the subsequent dose. This model is being presented to the nursing and midwifery leadership group with the aim that it will be adopted in all wards. The pharmacy team have also produced and distributed a pharmacy information file to all wards that contains, and will be updated with, important alerts. The dispensary team have also changed their practice as all critical medicines are now placed in a red tray within the dispensary so that they are checked and dispensed as a high priority

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 1154.

Commissioning for Quality

A proportion of Yeovil District Hospital NHS Foundation Trust income in 2010-11 was conditional upon achieving quality improvement and innovation goals agreed between Yeovil District Hospital NHS Foundation Trust and NHS Somerset. During 2010-11 Yeovil District Hospital NHS Foundation Trust received income to the value of £1,124,423 for achieving all quality improvement and innovation goals.

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 2010-11. 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 2010-11 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 97.5% for admitted patient care; 99% for outpatient care and 81.3% 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 99.8% for accident and emergency care.

Yeovil District Hospital's score for 2010-11 for Information Quality and Records Management assessed using the Information Governance toolkit (Version 8) was 70% and was assessed as not satisfactory as Level 2 has not yet been achieved all of the standards.

Yeovil District Hospital NHS Foundation Trust was not subject to the Payment by results clinical coding audit during the period by the Audit Commission.

Other Information

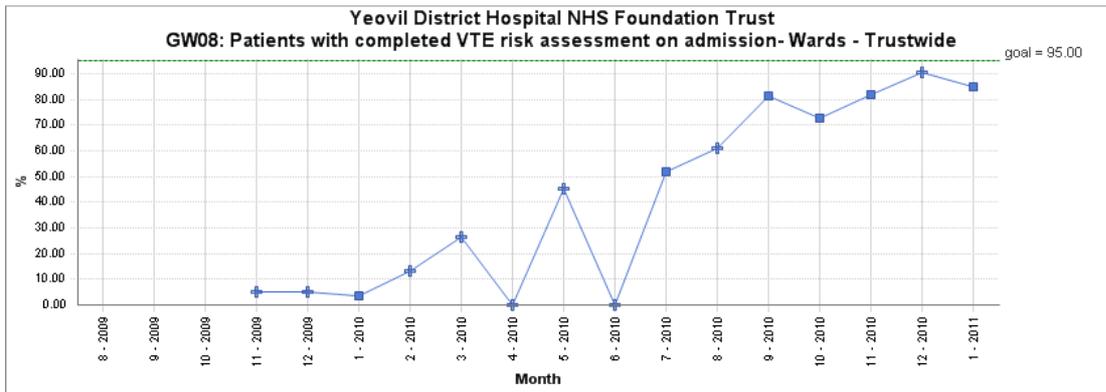
The Board of Directors at Yeovil District Hospital NHS Foundation Trust agreed a series of indicators to monitor the quality of care provided to its patients. Progress against these key performance indicators was monitored via a dashboard presented on a monthly basis to the Board. The following section outlines the indicators, explaining the rationale for their inclusion and year on year progress against the measures.

Patient Safety Indicators

Percentage of patients with completed VTE risk assessment.

This measure has been high on national, regional and local agendas since the publication of the All Parliamentary Thrombolysis Group Report and the Clinical Guidance from NICE. The Trust's involvement in the NHS Southwest Patient Safety and Quality Improvement

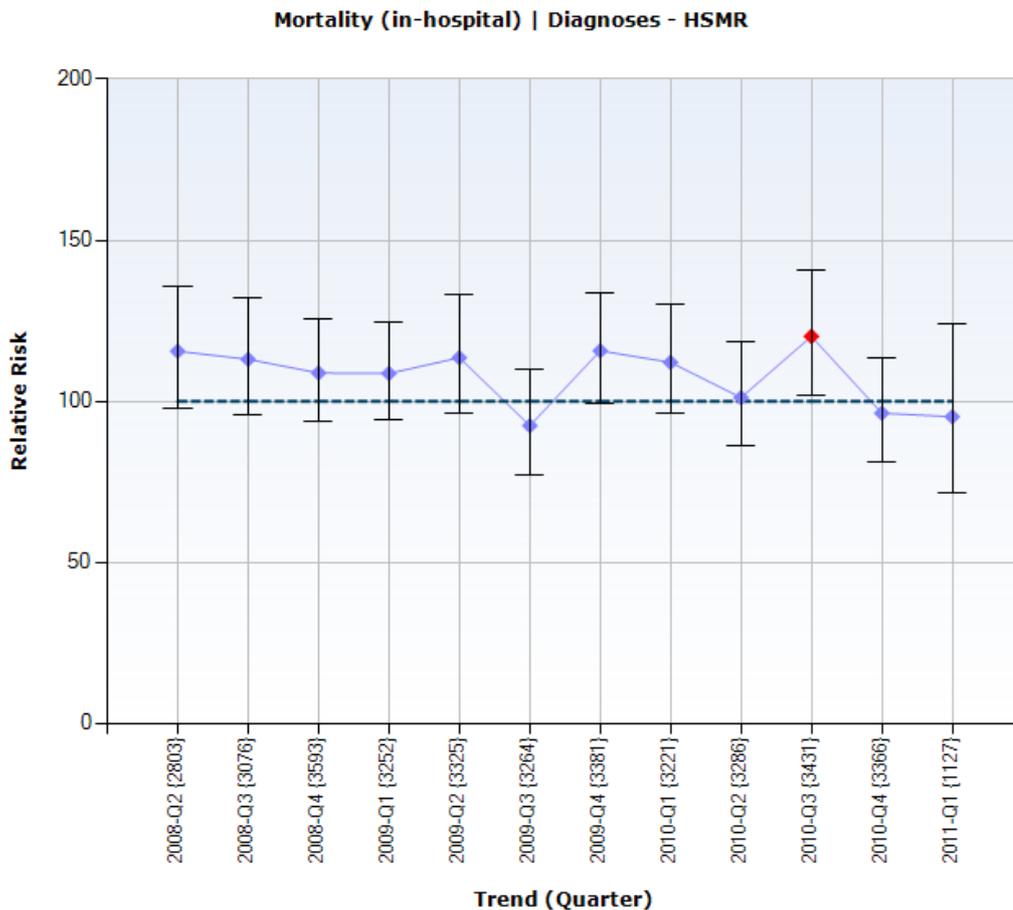
Programme gave an opportunity to focus on this key safety indicator and the chart below shows the results of the monthly snapshot audits conducted since November 2009.



Clinical Effectiveness Indicators

To reduce HSMR by 2.5% year on year.

This measure was selected as it provides a high level indication of outcomes for patients. It is a well-recognised methodology and is in the public domain with comparison data readily available. The chart below shows the progress made towards the year on year reduction target.



Patient Experience Indicators

A total of 31 surveys were open during 2010-11, in addition to the EXIT and Your Care Questionnaires. To date 13 of them have been completed, 18 of them are still in progress. In total, over 5000 patients or carers have been asked about the services received. The table below shows the total number of trust-wide local surveys completed over the last two years.

	Total questionnaires returned	
	2009-10	2010-11
EXIT Questionnaires	1087	856
Your Care Questionnaires – inpatients	849	1258
Your Care Questionnaires – outpatients	328	878

In addition to these a number of service specific satisfaction surveys were completed, and these are detailed below:

Title of audit	Aim of audit	Number sent/given out	Number returned/completed
Andrology service patient satisfaction survey (L)	The aim of the survey was to establish overall satisfaction with the service and identify areas for improvement.	100	36
Ante Natal relaxation classes - Patient Satisfaction Survey	To evaluate the effectiveness/quality of ante natal classes run by the Physiotherapy department.	55	55
Audiology Department Patient Satisfaction Survey (L)	To establish the level of patient satisfaction within the Audiology Department.	50	18
Audiology Department Patient Satisfaction Survey (L)	To establish whether the level of patient satisfaction within the Audiology Department has improved following the last survey in 2010.	50	ongoing
Cancer services improvement questionnaire (L)	Gather views of cancer patients to give ideas for service improvement and assess public perception of cancer services.	0	Plan for 1 June 2011
Chronic Pain Service Patient Satisfaction Survey (L).	To determine the level of patient satisfaction with the chronic pain service and to identify any areas of improvement.	178	75
Epilepsy Management Audit - Are the NICE Guidelines on the provision of information met (L)	To demonstrate if current NICE guidelines on the provision of information to epilepsy patients and their families/carers are being met. If not to action change to improve the quality of care to those patients	33	12
First trimester screening patient satisfaction survey (L)	To establish patient satisfaction with the first trimester screening clinic	200	61

Title of audit	Aim of audit	Number sent/given out	Number returned/completed
Fracture clinic physiotherapy service patient satisfaction survey	To evaluate the change in service provision whereby patients are seen following their fracture clinic appointment.	100	79
Haematuria clinic patient satisfaction survey (L)	To establish patient satisfaction with the haematuria clinic.	50	ongoing
Infection Control Surgical Site Infection Surveillance Audit (L)	Identify that SSIS guidance is being followed in assessing patients' temperature to prevent peri-operative hypothermia.	144	60
Information provided about medications (L)	Patient satisfaction survey regarding information provided on discharge about medications.	300	ongoing
Novasure endometrial ablation patient satisfaction survey (L)	To establish the level of patient satisfaction with the Novasure endometrial ablation procedure.	35	35
Parent support group questionnaire (L)	To establish whether parents would like a parent support group set up	13	8
Patient Survey to measure the knowledge and understanding of Cystic Fibrosis amongst Cystic Fibrosis patients and their relatives (L)	To assess the understanding and knowledge of patients diagnosed with Cystic Fibrosis and their relatives about the condition, treatment and pathophysiology, with a view to increase compliance with guidelines	10	10
Patient satisfaction with Consultant Obstetrician and Gynaecologist (L)	To establish the level of patient satisfaction and to identify areas for personal improvement	100	96
Patient satisfaction with the Genito-Urinary Medicine (GUM) service (L)	To establish patient satisfaction with the GUM service.	100	20
Patient Satisfaction Survey of information given to patients/parents on discharge from the Paediatric department (L)	To determine is current practice provides patients/parents with enough information about their condition and/or management plan at the point of discharge from the Paediatric department.	80	33
Patient reported outcome measures (PROMs) for colorectal and APR patients (L)	Adapted from the national programme this in-house survey aims to measure the success of operations from the patients perspective and gathers information on quality of life and wellbeing before and after operating	13	13
Patient satisfaction with the Plurex Drain (L)	To measure satisfaction with the new drainage system.	Telephone conversations with patients	study continuing
Patient Satisfaction Survey of Stoma Care Department written information (L)	To measure patients' satisfaction with the content and the amount of written information they receive from the Stoma Care Department.	30	ongoing

Title of audit	Aim of audit	Number sent/given out	Number returned/completed
Patient satisfaction survey with the theatre admissions lounge (TAL) (L)	To establish the level of patient satisfaction with the theatre admissions lounge	100	48
A review of the Physiotherapy service ward (L).	To measure new mothers satisfaction with the information provided regarding pelvic floor exercises from the Physiotherapy Department	54	30
Polling day (L)	To identify what patients and visitors feel are indicators of quality care.	unrestricted	289
Support for women with secondary breast care (L)	To evaluate the support provided to women with secondary breast cancer in order to identify areas of improvement.	47	23

Tennis Elbow outcomes following surgical treatment. (L)	To determine the clinical outcomes following surgical treatment of resistant tennis elbow.	28	21
Trans-rectal ultra sound scan and prostate biopsies patient satisfaction questionnaire (L)	To establish patient satisfaction with the prostate ultra sound and biopsy service provided	50	41
What do you think of the food? (L)	To assess private patients' satisfaction with the food on the Kingston Wing.	unrestricted	ongoing

The Trust has continued to participate in national patient survey programme and during 2010-11 took part in the following:

- Survey of women's experiences of maternity services 2010.
- National inpatient survey 2010.
- National cancer patients' experience survey 2010.

Survey	Sample	Returned	Response rate
Survey of women's experiences of maternity services 2010	250	162	66%
National inpatient survey 2010	850	474	58%
National cancer patients' experience survey 2010	270	192	75%

The maternity survey demonstrated that overall satisfaction with the service provided is high with the Trust falling in the best performing 20% of trusts in 11 of the 19 questions, and in the intermediate 60% for the remaining eight questions. The two areas with the lowest scores and requiring improvement are the time taken for stitches following a cut or tear, and the amount of information and explanations given after the birth of a baby.

Whilst the number of scores for the national inpatient survey that fell into the top performing 20% of trusts has increased to 16 (13 in 2009), overall the results are on a par with previous years. However, it is encouraging that on reviewing the CQC's analysis of results against 'expected range' two of the questions are 'better' than expected (one in 2009) and none of them are 'worse' than expected (one in 2009). Overall 82% of patients responded that they were always treated with respect and dignity (84% in 2009) and 81% rated the overall care they received as excellent or very good (98% in 2009).

The national cancer patients' experience survey placed the Trust in the top 20% of performing trusts in 23 questions and in the worst 20% for three questions.

Survey	% top 20%	% middle 60%	% worst 20%
Survey of women's experiences of maternity services 2010 (19 questions)	58%	42%	0%
National inpatient survey 2010 (64 questions)	25%	66%	9%
National cancer patients' experience survey 2010 (58 questions)	40%	55%	5%

2010 data – inpatient and maternity survey

	Scores from benchmark report 2010	
	Maternity Survey 2010	Inpatient Survey 2010
Overall care	88 (top performing 20% of trusts)	79 (intermediate 60% of trusts)
Treated with respect and dignity	N/A	89 (intermediate 60% of trusts)
Cleanliness of room/ward	N/A	90 (top performing 20% of trusts)
Cleanliness of bathroom/shower	N/A	85 (intermediate 60% of trusts)

	Percentages 2010		
	Maternity Survey 2010	Inpatient Survey 2010	Cancer patients' experience
Overall care (excellent or very good)	89% (66% excellent)	81% (44% excellent)	N/A
Treated with respect and dignity (yes always and yes sometimes)	N/A	96% (82% yes always)	84%
Cleanliness of room/ward (very or fairly clean)	N/A	98% (72% very clean)	N/A

Cleanliness of bathroom/shower (very or fairly clean)	N/A	97% (57% very clean)	N/A
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2009 data – inpatient and outpatient surveys

	Scores from benchmark report 2009			
	Outpatient 2009	Survey	Inpatient 2009	Survey
Overall care	85 (top performing 20% of trusts)		80 (intermediate 60% of trusts)	
Treated with respect and dignity	96 (top performing 20% of trusts)		91 (top performing 20% of trusts)	
Cleanliness of room/ward	87 (intermediate 60% of trusts)		90 (top performing 20% of trusts)	
Cleanliness of bathroom/shower	86 (intermediate 60% of trusts)		85 (intermediate 60% of trusts)	

	Percentages 2009			
	Outpatient 2009	Survey	Inpatient 2009	Survey
Overall care (excellent or very good)	89% (44% excellent)		83% (43% excellent)	
Treated with respect and dignity (yes always and yes sometimes)	99% (92% excellent)		98% (84% excellent)	
Cleanliness of room/ward (very or fairly clean)	98% (63% very clean)		98% (74% excellent)	
Cleanliness of bathroom/shower (very or fairly clean)	97% (62% very clean)		94% (61% excellent)	

Statements from Third Parties

1. NHS Somerset response

During 2010 -11 NHS Somerset has monitored the quality and patient experience for health services that we commission from Yeovil District Hospital NHS Foundation Trust. We have welcomed the Trust engagement in the quality contract monitoring process. This provides the basis for NHS Somerset to comment on the quality account, performance against quality improvement priorities and the quality of the data included.

We have reviewed the achievements against the identified Quality Improvement priorities for inclusion in the Quality Accounts for 2010 / 11 and would comment as follows:

- Continued focus on reducing healthcare associated infections

NHS Somerset confirms the data for healthcare acquired infections for 2010 /11 is correct. The Trust is commended for achieving a total of one case of MRSA bacteraemia against a challenging national target of two. The Trust was successful in being under trajectory for the national target of 57 cases of C Difficile acquired after 48 hours of admission at the year end, with an overall year end position of 49 cases. The Trust did not achieve the local stretch target of 37 cases. NHS Somerset has acknowledged the impact of the increased sensitivity and specificity of the new two stage testing that was introduced during 2010 – 11 which may have impacted on the ability of the Trust to achieve the local stretch target. The Trust is taking a number of steps to reduce the incidence of C Difficile cases, including introduction of a revised clinical pathway and ensuring a full root cause analysis is undertaken for all cases of C. Difficile infection to ensure that improvements in infection control practice and care for patients continue to be made.

- To reduce the number of patient falls across the Trust

The Trust has achieved a 10% reduction in falls with an outturn of 893 falls in 2010-11. NHS Somerset has monitored the progress that the Trust has made during 2010 – 11 to reduce the number of falls sustained by patients. This has varied across the year with a final position of 8.3 falls per 1000 bed days at the end of quarter 4. We have included a 10 % reduction in the falls that cause harm as a CQUIN target for the Trust for 2011 – 12 in order to provide a continued focus on prevention of falls and the associated morbidity and mortality for patients associated with falls. This is an important indicator for ensuring safe and effective care and improved outcomes for patients.

- To monitor the quality of care provided to our patients using the agreed key performance indicators as our benchmarks for improvement

The Trust has provided a strong performance against the identified indicators included within the exit survey for patients on their experience of care in the hospital, the attitude of staff and the cleanliness of the environment. These exit survey responses are supported by the responses within the Annual Inpatient Survey for 2010 published by the Care Quality Commission.

- To work with the Strategic Health Authority to deliver the programme of patient safety improvement across the South West

The Trust has made good progress in achieving 71% of patients receiving an assessment for venous thrombo - embolism (VTE) against the national target of 100%. Achievement of 100% compliance with the ventilator care bundle and roll out of the WHO surgical safety checklist provides evidence of a strong safety culture which will result in improved safety of all patients undergoing surgery and improved outcomes for patients requiring assisted ventilation.

- 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

NHS Somerset has welcomed the focus on improving incident reporting across all clinical areas. In the National Patient Safety Agency Organisation Patient Safety reports for October 2009 – March 2010 the Trust reporting performance was in the third quartile of performance for small acute trusts. We welcome the commitment of the Trust to improve the reporting of patient safety incidents to the top reporting group and the introduction of electronic incident reporting will enable the Trust to achieve this.

- To agree quality improvement projects that will ensure improved results in the national patient and staff survey results

The Trust has reported improvements in the experience of patients at mealtimes and in the answering of patient call bells. These are important aspects of the experience of patients and the quality of care provided in hospital. Concerns about the quality of care provided to elderly patients were highlighted in the Parliamentary Health Ombudsman's report 'Care and Compassion?' published in March 2011. Yeovil District Hospital NHS Foundation Trust was in the top 20% of Trusts in the National Patient survey for 2010, published in 2011, for patients receiving enough help with meals. Nutrition and privacy and dignity have been the focus of the recent Care Quality Commission unannounced visits to acute trusts. This area requires continued focus during 2011-12.

Data Quality

The Trust has continued to make progress in improving data quality. It is important for the Trust to demonstrate the quality of care provided and for this to be benchmarked against other NHS providers. With increasing patient choice the provision of high quality data on the effectiveness and safety of the care provided to patients at Yeovil District Hospital will be important for patients who choose to have their treatment at the hospital.

Clinical Effectiveness

The Trust has participated in a broad number of national audit programmes which provide assurance of the quality of treatment and care, and the outcomes of care for patients. It is positive to see the actions being taken in response to the outcomes of participation in national audits and, in particular, the actions taken for stroke care to ensure that 80% of patients spend 90% of their time on a stroke unit, and the proportion of patients with a stroke who receive brain imaging within 24 hours of being in hospital is increased. This will be an area of focus for quality monitoring by NHS Somerset during the coming year to ensure that all stroke patients achieve the best possible outcomes.

NHS Somerset reviews the outcomes of a number of national audits at the quality monitoring meetings with the Trust, and maintains an overview of the local clinical audit programme.

Patient Safety

NHS Somerset monitors the Trust's Hospital Standardised Mortality Ratio (HSMR) at the quarterly quality monitoring meetings with the Trust, and has noted the position at 105.4 at the end of February 2011. This improvement from the start of the year position at 108.5 is welcomed, as is the Trust's commitment to understanding the patient case mix, care pathways and diagnosis that contribute to this, and the focus on unplanned readmissions and returns to theatre. We acknowledge that HSMR is only one indicator of patient safety and needs to be viewed in the context of a broader basket of quality indicators. We welcome the target of reducing HSMR by 2.5% as an improvement priority for 2011 – 12.

It is pleasing to see the lessons learned from incidents and complaints and the actions taken to improve or change practice as a result, included in the report. Ensuring lessons are learned from serious untoward incidents and that these are embedded across the Trust provides evidence of a strong safety culture and focus on improvement. We comment on two lessons learned in particular:

1. The Trust has undertaken a detailed improvement programme for care for dementia patients in partnership with Somerset Partnership NHS Foundation Trust in response to a number of complaints and incidents and has succeeded in raising the profile of the needs of this vulnerable group of patients across the hospital.

2. Reinforcement of liaison and escalation between gynaecology and maternity staff has been a common theme across other maternity services and ensuring that concerns are escalated promptly for pregnant and labouring women when required is important for improved outcomes for both mother and infant.

Patient Experience

The Trust has performed well in the National Inpatient Survey for 2010 and in the first National Cancer Patient Experience Survey 2010. NHS Somerset will continue to monitor the areas where improvements are required through the quarterly quality monitoring meetings with the Trust. One of these is improvement in provision of information to patients and their relatives which is a key patient safety issue for continuity of care and improved outcomes for patients as a result.

We commend the Trust for achieving Level 1 and 2 of the UNICEF Baby Friendly award to promote breastfeeding for babies through provision of appropriate support to mothers. The continued focus to achieve the full award in spring 2012 will support a continued focus on breastfeeding for babies and the health benefits that this brings for both babies and mothers.

Quality Improvement Priorities for 2011 -12

NHS Somerset supports the quality improvement priorities identified by the Trust for the coming year as set out below. A number of these priorities have been included in the Continuous Quality and Innovation framework that we have agreed with the Trust.

- To reduce healthcare associated infections – in line with the local targets

Continuing to reduce healthcare acquired infections is an important aspect of reducing harm to patients as a result of treatment and care in hospital. This is an area of concern to patients and the public. Infection can prolong a patient's stay in hospital, adversely impact on the patient experience and on patient outcomes. We will continue to monitor the Trust's performance in this area and develop collaborative approaches to ensure lessons are learned across the health community.

- To reduce the number of hospital acquired pressure sores, grade 2 and above by 50%

A number of enquiries over recent years into high profile incidents have found basic nursing care to be lacking for patients. Most recently the Ombudsman's report Care and Compassion, as a result of complaints about the care provided by the NHS to elderly patients, has again identified these concerns. Prevention of pressure ulcers for patients in hospital is a key indicator of high quality and effective nursing care. This priority will provide assurance of the quality of care provided to NHS Somerset as commissioner and has been included in the CQUIN framework.

- To reduce the number of patient falls across the Trust by 10%, and to reduce the number of falls that result in harm to patients by 10% (this is a CQUIN target)

Patient falls in hospital cause harm and distress to patients and their families and, in a small number of cases, can result in death. We have included this as an indicator in the CQUIN framework, and we will be monitoring the implementation of the Falls care bundle to support use of strategies to minimize the risk of falls for patients in hospital.

- To improve the care of people with Dementia or mild cognitive impairment whilst in hospital by achieving Level 1 of the South West Dementia Partnership and peer review process

- To continue with the progress already made in improving the standard of care for patients who also have a learning disability

Improving the quality of care for these two vulnerable groups of patients has been highlighted by both the South West Strategic Health Authority peer reviews and also as a result of a number of national reports. These improvement priorities have been included in the CQUIN framework for the Trust. We will also be working with the Trust and the Somerset Safeguarding Adults Board during 2011 – 12 to identify when safeguarding alerts should be raised in relation to healthcare for vulnerable adults. The appointment of a safeguarding adults lead nurse and a learning disability liaison nurse in the Trust will support both of these improvement priorities.

We look forward to continuing to work with Yeovil District Hospital NHS Foundation Trust during 2011 – 12 to improve the safety, clinical effectiveness and patient experience of the services provided by the Trust, and in the development of the Quality Account for 2011/12. The quarterly quality monitoring meetings held with the Trust to review the quality, patient safety and patient experience of services will provide the forum for this.

2. Somerset LINK response

Introduction

Somerset LINK welcomes the opportunity to comment on the draft Yeovil District Hospital NHS Foundation Trust Account 2010-11. The LINK has had the benefit of having involvement at the Board of Governors meetings but has had no involvement in the development of future quality improvement priorities for 2011-12.

Priority Areas

Our comments on the priorities for improvement 2011 - 12 are:

We fully support continued action by the Trust to reduce the number of hospital acquired infections, which we know are of concern to patients and the public. Ensuring that hygiene care is taken at every opportunity has led to a considerable reduction in the number of associated infections, something that we welcome.

We believe that patient safety has to be a high priority in any hospital, and the Trust's proposal to reduce the number of falls in hospital, and the harm caused to patients as a result of these falls, is supported. However as the results have shown an improvement nearing the 10% target this year, it might be encouraging to increase the targeted reduction, as these falls, in addition to the original cause of hospital admission, cause additional stress to all concerned. The ultimate aim should be no falls.

The report mentions the work done by the Hospital PPI group, and we would welcome receiving regular updates from the PPI group about developments in the hospital.

It is encouraging that there is a very low threshold for undertaking root cause analysis investigations, within the Trust, and that an open reporting culture exists amongst staff.

The aim to reduce pressure sores by 50% does not seem ambitious enough. We feel the aim should be for no patients to suffer from this painful and dangerous problem.

We are glad to note that the risk assessment for VTE is being implemented more rapidly, and that this will improve patient care.

In the light of the recent report from the South Somerset Disability Forum, the copying of a discharge letter from Hospital to GP is vital, as communication difficulties are common, and can cause inappropriate responses to queries to GPs.

Summary

Overall, we feel that this is a balanced and honest report, covering both past performance (good and bad) and proposals for future achievements.

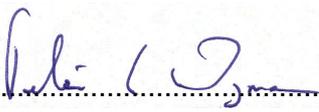
4. Statement of Directors' responsibilities in respect of the quality report

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from NHS Somerset, dated 6 June 2011
 - Feedback from Somerset LINKs, dated 6 June 2011
 - The trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2011
 - The latest national patient survey, dated April 2011
 - The latest (2010) national staff survey, dated 16 March 2011
 - The Head of Internal Audit's annual opinion over the trust's control environment, dated 2 June 2011
 - Care Quality Commission quality and risk profiles, dated 6 April 2011
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

...6 June 2011.....Date..........Chairman

...6 June 2011.....Date..........Chief Executive

5. Staff Survey

Overall the Trust remained in the top 20% of Trusts on staff attitudes to work. Of the 38 questions in the survey the Trust also either maintained the position it had last year or improved on the score. In summary, 18 questions were in the top 20% of Trusts, 10 questions were better than average, four were average, five were worse than average and one was in the worst category.

Summary of Performance

388 staff at Yeovil District Hospital NHS Foundation Trust took part in this survey. This is a response rate of 54% which is in line with the acute trusts in England, and compares with a response rate of 53% in this Trust in the 2009 survey. Therefore, the Trust's response rate increased by one percent point and the national response rate increased by two percent, above last year's average of 52%.

	2009-10		2010-11		Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Response Rate	53%	52%	54%	54%	Improvement

Four Key Findings where staff experiences have improved the most at Yeovil District Hospital NHS Foundation Trust since the 2009 survey:

- KF4. Quality of job design (clear job content, feedback and staff involvement).
- KF30. Percentage of staff reporting good communication between senior management and staff.
- KF33. Staff intention to leave jobs.
- KF7. Trust commitment to work-life balance.

No scores were identified in the 2010 report as deteriorating.

	2009-10		2010-11		Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Top 4 ranking scores					
KF28. Impact of health and well-being on ability to perform work or daily activities	1.51	1.57	1.46	1.57	+ 0.05
KF30. Percentage of staff reporting good communication between senior management and staff	33%	26%	41%	26%	+8%
KF32. Staff job satisfaction	3.59	3.48	3.65	3.48	+0.06
KF33. Staff intention to leave jobs	2.45	2.51	2.30	2.53	-0.15

	2009-10		2010-11		Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Bottom 4 ranking scores					
KF36. Percentage of staff having equality and diversity training in last 12 months	21%	35%	23%	41%	+2%
KF8. Percentage of staff working extra hours	73%	65%	69%	66%	+4%
KF2. Percentage of staff agreeing that their role makes a difference to patients	90%	90%	88%	90%	-2%
KF37. Percentage of staff believing the trust provides equal opportunities for career progression or promotion	90%	90%	88%	90%	-2%

The Trust scored worse than average in five areas and scored worst on the percentage of staff having equality and diversity training in the last twelve months. These will be areas of focus in the coming year.

The findings will be shared with the Board of Directors and with the clinical divisions. They will be publicised on the Trust's website and will be used to inform recruitment literature. The areas for improvement will be incorporated in the development of next year's HR priorities.

6. Regulatory Ratings

Monitor's Compliance Framework

Foundation Trusts are held to account by the Foundation Trust regulator, Monitor. Each year Monitor sets a range of quality, performance and financial requirements which together form the Compliance Framework.

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.

Financial risk is rated on a scale of 1-5, with 5 being the best. From 2010-11 governance risk was rated Red, Amber/Red, Amber/Green or Green. The tables below compare the Trust's 2010-11 risk ratings against the position in 2009-10.

	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

	Annual Plan 2010-11	Q1 2010-11	Q2 2010-11	Q3 2010-11	Q4 2010-11
Financial risk rating	3	4	4	4	4
Governance risk rating	Amber/Green	Amber/Green	Green	Green	Green

Financial Risk

The Trust maintained a financial risk rating of 4 throughout the year, delivering its planned surplus of £1million.

Governance Risk

The Trust finished 2009-10 with an Amber governance rating. This was as a result of increased pressures on waiting times, which led to a short-term deterioration in our performance. The Trust had recovered the position by March 2010, and returned to a Green position for governance in quarter two of 2010-11, achieving all targets in quarters three and four.

During the first two quarters the Trust was not compliant with the Care Quality Commission's standards on the provision of services for people with learning disabilities. This was addressed quickly, and by the end of quarter three the Trust was compliant.

In quarter one the Trust narrowly missed the new two week wait standard for symptomatic breast patients where cancer was not initially suspected. This target has been consistently achieved from quarter two onwards.

The table below sets out the detail of the Trust's performance against the governance indicators throughout the year.

	Threshold	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Quality Standards						
Number of cases of Clostridium difficile	57	8	13	10	18	49
Number of MRSA bacteraemias	6	0	1	0	0	1
% patients with planned admission screened for MRSA	100%	106.4%	105.6%	111.5%	120.8%	
Access to healthcare for people with a learning disability – compliance with CQC standards	Compliant	Not compliant	Not compliant	Compliant	Compliant	
Waiting Times						
% patients waiting 2 weeks or less from urgent suspected cancer GP referral to first outpatient appointment	93%	95.2%	94.9%	93.4%	94.3%	
% patients waiting 2 weeks or less from symptomatic breast patients referral (cancer not initially suspected)	93%	92.3%	93.8%	93.1%	97.3%	
% patients waiting 31 days or less from diagnosis to first treatment for all cancers	96%	96.6%	99.5%	99.5%	98.8%	
% patients waiting 31 days or less for a second or subsequent cancer drug treatment	98%	100%	100%	100%	100%	
% patients waiting 31 days or less for a second or subsequent cancer surgical treatment	94%	100%	100%	100%	97.9%	
% patients waiting 62 days or less from referral to first treatment for all cancers	85%	89.60%	89.83%	94.97%	97.40%	
% patients waiting 62 days or less from consultant screening service referral for all cancers*	90%	Not applicable as below the de minimis level				
Max waiting time of 4 hours in A&E from arrival to admission, transfer or discharge.	95%	98.3%	98.7%	96.5%	97.2%	

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

7. Other Disclosures in the Public Interest

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 3.2%.

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.

Pensions and other retirement benefits

Accounting policies for pensions and other retirement and details of senior employees' remuneration can be found on page 12 of this report.

Retirements Due to Ill Health

During 2010-11 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 £101,223. These costs will be borne by the NHS Pensions Agency. This compares to 2009-10 when there were also two early retirements on the grounds of ill-health, amounting to an estimated £72,410 in additional pension liabilities.

Other Income

The Trust has no disclosure to make as it had no significant other income during the year.

Consultation and Involvement

The Trust has not undertaken any formal public consultations during the year, and currently has no plans for undertaking any in the coming year.

The local Overview and Scrutiny Committees have not sought any information from the Trust and the Trust has not considered any of its management measures to be of sufficient scale to warrant notification to the committees.

However, the Trust does have a very active and long standing Patient and Public Involvement Group, which is chaired by a volunteer and which is supported by the Trust. This group undertakes Your Care questionnaires across the clinical areas of the hospital, establishing patients' views and experiences and feeding this back to management and clinical staff. The group has also undertaken

an initiative to understand patients' experiences of the provision of meals and has worked with the Trust to make improvements in the light of their findings.

During the year the Trust undertook a major survey of its members, via the newsletter, inviting views on the way it communicates with patients regarding appointments and other routine contacts. This consultation is currently being analysed and will be acted on in conjunction with governors who are supporting an initiative to improve this aspect of the Trust's operations.

Sickness Absence

The sickness rate was 3.2%, down from 3.7% last year. This is the second year running in which there has been a significant fall. These figures are based on the requirement of the Department of Health to use data running from 1 January 2010 to 31 December 2010.

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.

Serious Incidents Involving Data Loss or Confidentiality Breach

There were no such incidents during 2010-11.

8. Statement of Accounting Officer's Responsibilities

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

The NHS Act 2006 states that the chief executive is the accounting officer of Yeovil District Hospital NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS 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 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; and
- prepare the financial statements on a going concern basis.

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

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

Signed



Gavin Boyle
Chief Executive

Date: 6 June 2011

9. Statement on Internal Control 2010-11

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 Yeovil District Hospital NHS Foundation Trust 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 Yeovil District Hospital NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2011 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 the risks associated with the achievement of organisational objectives and compliance with our Terms of Authorisation as a foundation trust.

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 quality and risk management. The Medical Director supports this role.

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

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.

During 2010/11 a new Divisional Structure was put in place with the lead for risk becoming the responsibility of the Hospital Management Team (HMT) which is the Trust's operational risk management committee. HMT is a sub-committee of the Board of Directors with the responsibility for managing risk within the organisation. Divisional Directors, supported by Divisional General Managers and Heads of Nursing, are responsible for managing risk which is cascaded down through the Divisional structure. 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, matrons, ward sisters and heads of department are responsible for managing risk. 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 Department.

Risk sub committees support the risk management process reporting through responsible directors to HMT and the Board of Directors.

Training

Aspects of risk management training are part of the mandatory induction programme for all 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 management of wider 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 the Board of Directors and Board sub-committees; quarterly trust-wide multiprofessional learning sessions are held and induction and mandatory training arrangements are strongly risk-based.

The risk and control framework

The Board of Directors has approved a Risk Management Strategy which underpins the Clinical Quality Strategy. The risk management approach of setting objectives; identifying, analysing, prioritising and managing risk is embedded throughout the Trust.

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 and compliance with the Care Quality Commission requirements. The relevant controls, management assurances and independent assurances are mapped to each risk in the Assurance Framework.

The Trust has a Quality Strategy aimed at 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.

Risk management takes place at department and divisional level which are fed through to the risk register via the Trust Risk Manager. Clinical divisions review and assess their significant risks via the management business meetings and Divisions through their monthly rolling governance meetings. The corporate directors led by the chief executive meet quarterly with the divisional management team to review progress against their plans and to review key areas of risk and ensure that mitigating actions are in place.

The Trust has one corporate risk register which includes all divisional and department risks identified through the risk management approach. 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 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 Hospital Management Team review high priority risks in the risk register at least three times per year. The Board of Directors review and assess the top nine risks areas and the status of the principal risks in the Assurance Framework at each board meeting, these are informed by directors and chairs of the assurance committees.

To enable the Trust to ensure compliance with Care Quality Commission registration the assurance committees review the Quality and Risk Profile alongside the Assurance Framework to ensure the registration requirements are met.

Risks to information, including data security are managed through the Information Governance Policy. A system of monitoring and reporting on data security risks and compliance with information governance standards is established through the Information Governance Steering Group reporting to the Board of Directors with the Non Clinical Risk Assurance Committee monitoring assurances against policy and standards. The Senior Information Risk Owner for the Trust is the Director of Planning and Performance who chairs the Information Governance Steering Group.

A register of information assets is maintained and data security risks have been identified and action is taken to manage and mitigate risks include staff training, data encryption, physical security measures and access controls. The Information Governance Toolkit remains an essential tool in monitoring progress against national standards and a comprehensive assessment of information security is undertaken annually as part of this process.

The Trust is confident that it is fully compliant with the requirements of the Care Quality Commission. The full assurance framework is set out in the Trust's 'Assurance Framework 2010/11' document.

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 Dorset. 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.

Compliance with NHS Pensions Scheme regulations

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.

Environment

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

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 continues to drive and shape the development of this Strategy. A series of energy saving measures are being implemented through this process.

Equality, diversity and human rights legislation

The Trust meets its obligations set out in the Single Equality Scheme under equality, diversity and human rights legislation through having an active committed group working to promote equality and diversity. This is led by the Director of Human Resources with involvement of Governors and representation from the Somerset Racial Equality Council. The group has 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.

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 Hospital Management Team. 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 divisions to enhance the system of management and review and identify any performance or quality issues at an early stage.

A subgroup of the Hospital Management Team reviews all business cases for approval of funding for developments against economy, efficiency and affordability.

Internal Audit work provides assurances on internal controls, risk management and governance systems reported to the Assurance Committees through to the Board of Directors.

Annual Quality Report

The Board of Directors receive monthly reports providing an overview of the quality of services provided to ensure the accuracy of data throughout the year. This information is also reviewed by divisional quarterly meetings and at departmental governance meetings. The 3 assurance committees are chaired by non-executive directors, who are responsible for seeking assurance about the quality of care provided and data analysed throughout the year.

The assurance committees have terms of reference to guide their work, and data is triangulated from dashboard metrics and qualitative information provided in the clinical governance report. Staff from specific areas attend the NCRAC and CGAC to provide an opportunity for NEDs and Governors to question them about their service and to allow debate about risks faced by the teams.

Clinical governance arrangements are in place for monitoring of the quality of care provided from a variety of sources. Audits and data collection take place against the quality measures, patient reported outcome measures (PROM's) and participation in the NHS South West Quality and Patient Safety Improvement programme are some of the systems used for monitoring against quality metrics. External sources of information are used to inform the quality reports, including the hospital standardised mortality ratio (HSMR) data from Dr Foster Intelligence, NHS Litigation Authority risk reports and regional benchmark data.

Data is provided to the divisional teams by staff trained and experienced in data analysis. The data quality group led by the Director of Planning and Performance ensures the validation of data which supports information governance arrangements.

There are policies in place to guide management of systems, including, but not exclusively, complaints, incident reporting, audit, infection prevention and control and litigation claims.

External assurance is gained through the annual Internal Audit programme and by the work of the External auditors.

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 Quality and Risk Profile published by the Care Quality Commission, 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.

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 Hospital Management Team is the Trust's operational risk management committee which is informed by the divisional management teams, the Clinical Governance Delivery

Committee and Directors' reporting. 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, reporting directly to the Board of Directors.

The internal audit programme is set against the principal risks developed at the start of 2010/11. This process, in conjunction with reviews of the Assurance Framework has put in place a robust review mechanism for setting and reviewing principal risks. Audit reports are reported in a timely manner to their respective assurance committees for review and monitoring.

All internal audit reports received during the year provided good levels of assurance that systems and processes are working effectively.

The Clinical Governance Delivery Committee 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. This has led the Trust to conclude it has no serious shortcomings in its system of internal control thus representing a low risk profile for the organisation.

Conclusion

I am satisfied that effective systems are in place to manage risk 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 identified during the course of the year or in relation to this year-end statement.



GAVIN BOYLE
Chief Executive
June 2011

10. Voluntary Disclosures

Annual Sustainability Report 2010-11

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 (CHP) 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. A "Green Day" staff awareness event was held in November 2010.
- Increased recycling under a new waste contract that went live in November 2010;
- CHP plant is due to go live in June 2011;
- A feasibility study for the replacement of hot water storage with plate heat exchangers;
- An Energy Policy has been drafted and is to be submitted for approval;
- The Trust's Green Travel Plan is complete;
- Display Energy Certificates (DECs) are shown at hospital entrances.
- Product groups have been established (clinical and non-clinical) to look at sustainable procurement;
- A draft protocol is in place for establishing the Trust's baseline carbon footprint.

Trust Sustainability Key Performance Indicators

Area	Description	Non-financial Data				Financial Data (£)		
		Unit	2008-09	2009-10	2010-11	2008-09	2009-10	2010-11
Waste minimisation	Total Waste	Tonnes	434.3	401.05	467.9	141,815	127,900	131,724
	Total Recycled	%	-	6.0	26.85	-	8,600	6,923
Finite resources	Water	m ³	53,852	54,204	65,106*	139,260	151,134	165,575*
	Electricity	GJ	20,971	21,565	21,216*	642,759	492,941	460,564*
	Gas	GJ	42,927	47,469	52,345	373,997	278,963	284,041*
	Oil	GJ	0	135	-	17,456	16,528	18,024
	CO ₂ emissions	Tonnes	4,774	5,095	-	-	-	-

* estimated as the figures for March 2011 were not available at time of printing.

