## AGENDA - PART 1

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Timings</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Welcome and Apologies for Absence</td>
<td>Chairman</td>
<td>09:00</td>
</tr>
<tr>
<td><strong>2</strong> Declarations of Interest Relating to Items on the Agenda</td>
<td>All</td>
<td>09:00</td>
</tr>
<tr>
<td><strong>3</strong> To Hear a Patient Story and to Receive Feedback on Actions from the Patient Story from 24 February 2016</td>
<td>HR</td>
<td>09:30</td>
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<tr>
<td><strong>4</strong> To Approve the Minutes of 24 February 2016 and to Discuss Matters/Actions Arising</td>
<td>Chairman</td>
<td>09:30</td>
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<tr>
<td><strong>5</strong> To Note the Executive Director Report (Including Q3 Monitor Feedback, CAMHS, STP Process and CQC)</td>
<td>Execs</td>
<td>09:35</td>
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<tr>
<td><strong>6</strong> To Review and Note the Quality and Operational Performance Report</td>
<td>SS / SM HR / JHIG</td>
<td>09:55</td>
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<td><strong>BREAK – 10:25</strong></td>
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<td><strong>7</strong> To Note the Safer Staffing Report and the I Want Great Care Report</td>
<td>HR</td>
<td>10:40</td>
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<tr>
<td><strong>8</strong> To Review and Note the Workforce Performance Report</td>
<td>MS/TN</td>
<td>10:55</td>
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<tr>
<td><strong>9</strong> To Receive a Verbal Update from the Workforce Committee Held on 21 March 2016 and to Note the Minutes of the Meeting Held on 19 February 2016</td>
<td>TN</td>
<td>11:10</td>
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<tr>
<td><strong>10</strong> To Review and Note the Financial Performance Report</td>
<td>TN</td>
<td>11:10</td>
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<tr>
<td><strong>11</strong> To Receive a Verbal Update from the Last Financial Resilience and Commercial Committee</td>
<td>JG</td>
<td>Verbal</td>
</tr>
<tr>
<td><strong>12</strong> To Approve the Draft Budget and to Note the Process for Finalising the Annual Plan 2016/17</td>
<td>TN / PM JHIG</td>
<td>Presentation</td>
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<tr>
<td><strong>13</strong> To Approve the Going Concern Assessment</td>
<td>TN</td>
<td>To Follow</td>
</tr>
<tr>
<td><strong>14</strong> To Discuss and Note the Symphony Highlight Report</td>
<td>PM / JM</td>
<td>11:40</td>
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<td></td>
<td>Description</td>
<td>Presenter</td>
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<tr>
<td>15</td>
<td>To Discuss and Note the TrakCare Highlight Report</td>
<td>JMAC</td>
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<tr>
<td>16</td>
<td>To Ratify the Health and Safety Policy</td>
<td>JR / TN PM</td>
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<tr>
<td>17</td>
<td>Any Other Business and Meeting Close</td>
<td>Chairman</td>
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<tr>
<td>18</td>
<td>Exclusion of the Public</td>
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<td></td>
<td>To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting due to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</td>
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<tr>
<td>19</td>
<td>Date and Time of Next Meeting</td>
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<td></td>
<td>27 April 2016 in the Boardroom, Level 1, Yeovil Hospital</td>
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BOARD OF DIRECTORS
DRAFT
Minutes of the Board of Directors Meeting held on
Wednesday 24 February 2016 at Yeovil District Hospital

Present:
Paul von der Heyde  Chairman
Maurice Dunster   Non-Executive Director
Julian Grazebrook  Non-Executive Director
Jane Henderson     Non-Executive Director
Mark Saxton        Non-Executive Director
Jonathan Howes     Deputy Chief Executive
Paul Mears         Chief Executive
Tim Newman         Chief Finance & Commercial Officer
Helen Ryan         Director of Nursing & Clinical Governance
Tim Scull          Medical Director

In Attendance:
Jonathan Higman   Director of Strategic Development
Shelagh Meldrum    Director of Elective Care
Jade Renville      Company Secretary
Mandy Seymour-Hanbury Interim Chief Officer for Integrated Care

Presenters &
Observers:
Caroline Barnes    Arts Co-Ordinator [Item 3]
Roger Hayward      Head of Patient Services [Item 7]
Simon Lilley       Commercial Director (Observer)
Jason Maclellan    Chief Information Officer [Item 12]
John Park          Public Governor Observer
Janine Valentine   Nurse Consultant [Item 3]
Kerry White        Deputy Director of Elective Care (Observer)

Apologies:
Simon Sethi        Interim Director of Urgent Care & LTC

Ref. | No | Action
---|----|---
18/16 | 1 | WELCOME AND APOLOGIES FOR ABSENCE
Paul von der Heyde welcomed everyone to the meeting of the Board. He extended a particular welcome to Shelagh Meldrum to her first meeting and John Park, Public Governor Observer. Kerry White and Simon Lilley were observing in the audience. Apologies for absence were received as noted above.

19/16 | 2 | DECLARATIONS OF INTEREST
Paul von der Heyde reminded the Board that he listed his declarations of interest at the previous meeting [item 1-2/16 refers]. Shelagh Meldrum advised she is a Partner of Circle, which would be recorded on the register of director interests. There were no other declarations of interest relating to items on the agenda.

20/16 | 3 | PATIENT STORY
Helen Ryan introduced Caroline Barnes to present a patient story in relation to arts therapy, supported by Janine Valentine. She spoke of her focus on promoting creative arts within social forums and the health sector, the impact of which is robustly evaluated. She explained that there are works of art across the hospital and that their presence has been evidenced to reduce patient anxiety and even length of stay. The use of art in capital works, such as improvements to the oncology service environment was also discussed.
|  3.2  | Caroline Barnes described the Trust’s artistic and creative programmes which are undertaken with patients, such as Special Sundays, musical activities and craftwork. It was noted that such engagement has positive benefits such as reduction in anxiety and agitation with patients feeling less isolated. It also has a good impact on the morale of staff. In future, Caroline Barnes said that the aim is to consolidate current work within a new creative strategy, through which the issue of ongoing resource and capacity would be considered. |
|  3.3  | Jane Henderson asked whether arts therapy is undertaken with children and young people on Ward 10. Caroline Barnes said the staff do some creative work with them but capacity is an issue in providing with dedicated resource and recent fundraising has focussed on schemes for older people, which was acknowledged as having a positive impact, especially for patients with dementia. The Board thanked Caroline Barnes for highlighting this positive programme of work and it was agreed this should be a topic at the next AGM. Caroline Barnes agreed to share details with the Board of the upcoming charity art exhibition. |
|  1-21/16 | **MINUTES/ACTIONS OF THE PREVIOUS MEETING**  
**4.1** The minutes of the meeting held on 27 January 2016 were approved as a true and accurate record, subject to an amendment at 1-10/16 to confirm that a “notes review is in progress” (rather than completed). There were no due actions or matters arising not on the agenda. An update relating to CAMHS is included within the executive director report and Helen Ryan confirmed she would give an update on the overseas nursing recruitment campaign later in the meeting, both of which were matters arising from the last meeting. |
|  1-22/16 | **EXECUTIVE DIRECTOR REPORT**  
**5.1** The Board noted the items contained within the previously circulated executive director report, on which the following key discussions took place:  
**5.2 Director of Elective Care**  
Shelagh Meldrum was welcomed as the new Director of Elective Care.  
**5.3 Opening of Modular Ward**  
The new modular ward is now operational, acting as the emergency assessment unit and providing an additional 24 beds in a state of the art facility. Jonathan Higman, Lead Director, and Wendy Grey, Senior Lead Nurse, were thanked for their work in ensuring project delivery. Paul Mears agreed to formally write to the Trust’s strategic estates partner, InterservePrime, and contractors, MTX, expressing the acknowledgement of the Board for completing the build. It was also agreed that YDH would issue some pro-active communications publicising the positive impact of the strategic estates partnership. It was confirmed that the official opening of the ward would take place on 4 March 2016.  
**5.4 NHS Improvement/Chief Executives Meeting**  
On 11 February 2016, Paul Mears attended a meeting of all Chief Executives with NHS Improvement and NHS England on how providers will be supported to deliver the Five Year Forward View. He said there was also discussion of the future focus of regulation, which was on ED performance, financial performance and waiting list/RTT management. In his presentation, Don Berwick highlighted the need to engage well with young people to drive improvement.
### 5.5 2016/17 Planning Guidance and OBC

The planning guidance for health communities has been recently issued by NHS England and NHS Improvement, the focus of which is on the production of Sustainability and Transformation Plans (STP) which for Somerset will build strongly on the Symphony programme and Somerset CCG’s plans for Outcomes Based Commissioning (OBC). Jonathan Higman said the process of producing the written narrative of the STP must clearly align with the corresponding financial analysis. The Somerset CCG and Somerset County Council have launched the process for selecting providers to hold the OBC from April 2017 and YDH is included within the East Lot and discussed with Somerset Partnership, Taunton and Somerset and RUH Bath on the development of the governance structure to reflect the need to include in any proposal these organisations, building on the work of Symphony in South Somerset.

### 5.6 Junior Doctors Contract

The Secretary of State for Health has imposed the new contract for junior doctors, who in response have planned three more dates of strike action. YDH will work with its junior doctors to consider how the contract should be implemented at a local level. The key priority for YDH will be to ensure the continued delivery of high quality, safe patient care and to maintain good working relationships with its junior doctors.

### 5.7 Patient Experience Team

Helen Ryan presented a letter, appended to the executive director report, from Linda Hann, Patient Experience Manager, setting out new arrangements for managing and learning from PALS and complaints. Following a query raised by Mark Saxton, there was discussion about paragraphs 2 and 4 and why the actions from PALS enquiries in the previous 6 months had not been forthcoming. In terms of the third paragraph, it was agreed that it should be mandatory for staff to receive this information, not optional. Learning from PALS and complaints should be regularly reviewed and implemented and this would be undertaken at the SBU meetings. Also, BDO is supporting YDH with learning from complaints and incidents following their recent internal audit. Maurice Dunster said that he reviews the Trust’s complaint files, adding that the Patient Experience Team does a good job but that staff across the Trust need to understand the strategic importance of learning from PALS and complaints and putting in place responsive actions, which Jane Henderson commented would need to be progressed by the key leaders within each department (such as matrons, sisters, clinical directors and business managers).

### 5.8 The update on CAMHS included within the executive director report was noted although a more detailed overview would take place in Part 2 as a result of the patient identifiable, confidential information it contains.

### 5.9 The other items contained within the report were noted.

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### 1- 23/16

#### 6 QUALITY AND OPERATIONAL PERFORMANCE REPORT

The Board reviewed the previously circulated report, from which the following exceptions were discussed and noted:

- Meeting targets in stroke services has been challenging as a result of the operational pressures. Simon Sethi is working with the team to make improvements. Jane Henderson asked whether the service has adequate capacity and Paul Mears confirmed there are two stroke consultants in post.
| 6.3 | Following a question from Jane Henderson, Helen Ryan said that the Trust is below the targeted threshold for C difficile cases due to lapses of care. In terms of MRSA, the last case for YDH was January 2015. In response to the operational challenges, the management of pressure ulcers and falls continue to be a key focus of risk with working groups in place to carry out improvement work across the Trust. |
| 6.4 | There was discussion about the significant numbers of delayed discharges and the challenges in arranging social care assessments and placements and/or referrals to the community hospital beds operated by Somerset Partnership, although it was noted that the latter had been more responsive. Reflecting this discussion, Jonathan Higman agreed to review the current RAG rating of “green”. It was noted that as part of its ED performance improvement plan, YDH would seek to put in place a cross-county delayed discharged improvement process. The beds commissioned by YDH from Cookson’s Court were also noted as having a positive impact. |
| 6.5 | Best practice tariff is being achieved for fractured neck of femur services, which was noted as a positive improvement. Tim Scull commented that this is the result of the orthogeriatrician now being in post and having an impact. He acknowledged that performance may reduce when she is on leave but said the team is considering how the role will be covered in such instances. |
| 6.6 | DNA rates are starting to improve although Tim Newman spoke of the associate issue of patients calling on the day to cancel their appointment which can be as disruptive as DNAs. The Dr Doctor system discussed at previous meetings is operational although there were 10 days in January where it was taken offline to ensure the appropriate approval and consent mechanisms were in place, on which assurance was provided. Positive feedback is being received on the new system. |
| 6.7 | YDH is ahead of trajectory in meeting its RTT recovery plan. Operational pressures and the number of delayed discharges, which were resulting in the cancellation of some elective activity, were discussed as risks to ongoing delivery of the recovery plan. In response to a question from the Board, Jonathan Higman advised that plans are in place to mitigate the expected impact of the upcoming junior doctor strike. Discussions are ongoing to consider making better use of the Shepton Mallet NHS Treatment Centre to support the delivery of the recovery plan. |
| 6.8 | There remains considerable operational pressure in ED with increased attendances and presentations from patients with complex needs. As a result, the Trust is not meeting its performance targets in ED, about which Simon Sethi had described the recovery plan at the last meeting [item 1-10/16 refers]. The Board discussed the morale of staff in ED working in these difficult circumstances, commenting that they must be signed up to delivering the recovery plan to ensure its success. |
| 6.9 | Discussion about the friends and family test data would occur later in the meeting [item 1-24/16 refers]. |
| 6.10 | In terms of Monitor assurance slide, Jonathan Higman clarified in terms of RTT that YDH is now only monitored on 'incomplete patient pathways'. |
7.1 The Board noted the I Want Great Care Trustwide Report and welcomed Roger Hayward to the meeting to provide an overview. He explained the format of the report saying that the coloured arrows depict both the trend and ranking for each service with the direction of the arrow showing whether the service has improved or declined in performance compared to the previous month. Overall the report demonstrates positive feedback with an average feedback score of 4.64 (out of 5) stars with 92% of patients likely to recommend services at YDH. Roger Hayward said that the feedback is acted upon by the Patient Experience Team.

7.2 The low response rates to the friends and family test were discussed. In addition to checking the data quality, it was agreed that an owner/champion should be identified in each area and that learning from those departments that are performing well would be shared with those teams that struggle to increase their response rates.

7.3 The Board noted the safer staffing report and there was a thorough discussion about the Trust’s nursing expenditure, which continues to be higher than budgeted, and the use of agency staff. Helen Ryan explained that the reasons for the continued high expenditure are multifaceted, such as:

- cover for nurses with supernumerary status awaiting their PINs, an issue which has been considered by the Board at previous meetings
- cover for sickness absence
- a daily range of ad hoc reasons on which individual judgements are made such as needing additional capacity when patients with complex needs require 1:1 specialist care
- managing significant levels of operational pressure

7.4 Julian Grazebrook questioned the expenditure on agency nursing, quoting data evidencing that YDH is an outlier to Monitor’s spending cap. Helen Ryan said that she recently reviewed the position with Monitor. She said that YDH is seeking to negotiate the rates with local and regional agencies but acknowledged the Trust had been required to go off-framework in some instances to ensure the quality and safety of patient care. It was noted that Monitor has offered further support to YDH from its workforce team to review its agency nursing costs, which would take place next week. In addition, YDH is continuing with its nurse recruitment campaign and Helen Ryan confirmed that the recruitment trip to India was successful with 140 nurses interviewed and 122 considered eligible for next stage consideration. YDH would also continue with its UK and EU recruitment, although the latter was now subject to greater competition from other NHS trusts. Alongside the nurse recruitment campaign, through would be given to increasing the attractiveness of the bank and HCA posts. Mark Saxton said that these issues had been considered at the last Workforce Committee meeting. He also commented positively on meeting the safe staffing levels on wards. Mark Saxton and Helen Ryan discussed the data quality of ESR and also the issues with alignment between the safer staffing report and workforce performance report. It was confirmed that an overview had been presented at the Quality Committee and action is taking place.
8 MINUTES OF THE WORKFORCE COMMITTEE AND WORKFORCE PERFORMANCE REPORT

8.1 The Board noted the minutes of the Workforce Committee held on 20 January 2016. Mark Saxton provided a verbal update from the meeting held on 19 February 2016, advising that many of the items discussed had already been considered by the Board, including agency nursing. He said that the Committee also received a presentation on appraisal, had an update on the People Plan (Symphony) and reviewed in detail the Workforce Performance Report.

8.2 The Board noted the Workforce Performance Report, commenting on the need to scrutinise the quality of the data it contains. In particular, the Board discussed the positive improvements to the mandatory training rates but noted appraisals were below targeted levels, improvement on which was discussed by the Workforce Committee. Following discussion by the Board, it was agreed that the Staff Survey Report would be circulated to the Board and considered in detail at the next meeting of the Workforce Committee.

9 FINANCIAL PERFORMANCE REPORT AND VERBAL UPDATE FROM THE LAST FINANCIAL RESILIENCE AND COMMERCIAL COMMITTEE

9.1 Tim Newman presented the Financial Performance Report advising that YDH is currently in line with the business as usual budget (£1.6m deficit in-month and £15.4m deficit year-to-date, which is £0.2m favourable to budget). He confirmed that YDH is on trajectory to meet its budget by year-end despite the challenges with high nursing expenditure [item 1-24/16 refers].

10 MINUTES OF THE AUDIT COMMITTEE

10.1 The Board noted the minutes of the Audit Committee held on 14 October 2015. Paul von der Heyde provided a verbal update from the meeting held on 19 February 2016, from which it was noted that there were no major issues or exceptions to report and that BDO and KPMG are working in line with their respective audit plans.

11 SYMPHONY AND NEW MODELS OF CARE

11.1 Paul Mears presented an update on symphony, vanguard and new models of integrated care, from which it was discussed and noted that:

11.2 following agreement by the Symphony Programme Board, Consultants at YDH can now refer patients to the Symphony Hub as well as GPs

11.3 there is ongoing work to increase awareness of the Symphony Hub and to encourage teams working in the community to work with the Symphony Hub

11.4 extensivits and care co-ordinators are being recruited into the Symphony Hub, applications for which are being, or have been, shortlisted

11.5 progress continues on the development of enhanced primary care

11.6 in terms of the development of the joint venture, a White Paper has been completed and shared with NHS England, a key element of which will be the resolution of issues relating to taxation (which KPMG is reviewing)

11.7 the vanguard value proposition for 2016/17 has been submitted to NHS England
Jonathan Higman asked how the impact of Symphony would be monitored. Information dashboards have been produced to monitor the impact, but acknowledged that analysis of the system-wide effects as well as the benefits for primary care would be required. Mandy Seymour-Hanbury said that it would need to be demonstrated that the Symphony Hubs and enhanced primary care are having a positive impact on admissions and length of stay.

Jane Henderson asked about the establishment of the Operating Company, which is in progress, and the impact on staff pension contributions. It was confirmed that staff within the Operating Company would remain eligible for the NHS pension scheme. Further discussion about the establishment of the Operating Company would take place in Part 2 session.

TRAKCARE HIGHLIGHT REPORT

Jason Maclellan tabled the TrakCare Highlight Report, from which it was discussed and noted that:

- the programme status remains RAG rated as amber and is on track for go-live in May 2016
- the greatest challenge is with the development of the pharmacy system (the build for which is behind schedule) and to ensure there is enough time to rectify any gaps which are identified through the build phase, this will be decoupled from the implementation of the system in May 2016
- the remaining elements of phase 1 implementation are predominantly on-track (build, data migration, infrastructure, integration and testing)
- the healthcare architect is now onsite providing expert project resource
- lessons learned for phase 2 include involving key operational staff earlier to provide their input into the developments
- as referenced at the last meeting, [item 1-9/16 refers] Jason Maclellan has benchmarked the TrakCare programme against the criteria for successful project delivery, identifying that the three key elements (among the others detailed in his presentation) are: communicating that patient care is the primary driver of the project, having non-executive director involvement and having a trusted external partner (which for TrakCare is InterSystems), with whom YDH is continuing to develop its relationship
- revenue spend is forecast to be in line with the business case for 2015/16 although delays to the pharmacy build will likely impact the budget in 2016/17 (the allocation of which will be discussed with InterSystems)
- as a key strategic programme, the implementation and cascading of communications to staff will be a key area of focus after the CQC inspection

APPRAISAL AND REVALIDATION ANNUAL REPORT

Tim Scull presented the Medical Appraisal and Revalidation Annual Report advising of its purpose to provide assurance that all non-training grade medical practitioners with a prescribed connection to YDH are subject to an appraisal according to Trust policy. He also advised that the statutory functions of the Responsible Officer (RO) (which he had delegated to Meredith Kane, Associate Medical Director) are being appropriately fulfilled.
Tim Scull said that in the period 1 April 2015 – 31 January 2016 no appraisals were missed or incomplete due to organisational or appraiser factors, although 24 appraisals were not completed in the timeframe for reasons such as unexpected sickness absence, maternity leave, the doctor having been in post for less than 12 months and non-completion by the due date (most likely due to some doctors being disorganised rather than disengagement in the process). He added that the Trust’s performance benchmarks well with that of other trusts. In answering a question about the consequences for those doctors that do not engage in process, Tim Scull said this was not an issue for YDH, but confirmed the ultimate consequence is that they would be reported to the GMC and likely have their license to practice revoked. Mark Saxton asked about the arrangements for temporary staff. Tim Scull advised that locums organise appraisals through their agency and/or private ROs, on which assurance is sought by YDH. Discussing the time involved in processing medical revalidation, it was agreed that having dedicated administrative support would be considered, resource for which could also be used for upcoming nurse revalidation.

The Board received the Appraisal and Revalidation Annual Report, noting the assurances provided by Tim Scull as to the Trust’s performance.

There was no further business to discuss.

The next meeting will be held on Wednesday 23 March 2016.
APPENDIX 1b
BOARD OF DIRECTORS
23 MARCH 2016

BOARD OF DIRECTORS – ACTION SHEET
23 MARCH 2016

<table>
<thead>
<tr>
<th>Minute</th>
<th>Action</th>
<th>Outcome</th>
<th>Due</th>
<th>By</th>
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<tbody>
<tr>
<td><strong>ACTIONS FROM 30 SEPTEMBER 2015</strong></td>
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<tr>
<td>1-115/15</td>
<td>Executive team to work with Matt Hall to further develop fractured neck of femur service proposals. Update to be presented at a future meeting of the Board</td>
<td>Not yet due</td>
<td>September 2016</td>
<td>Matt Hall</td>
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<td><strong>ACTIONS FROM 27 JANUARY 2016</strong></td>
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<td>1-15/16</td>
<td>Financial risks should be more clearly reflected in the BAF, which Jade Renville and Jonathan Higman agreed to consider in advance of the next iteration.</td>
<td>Not yet due</td>
<td>April 2016</td>
<td>Jade Renville</td>
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<td>Jonathan Higman</td>
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<td>1-6/16</td>
<td>Seminar session to be scheduled at a future meeting of the Board – Information Governance.</td>
<td>On agenda</td>
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<td><strong>ACTIONS FROM 24 FEBRUARY 2016</strong></td>
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<tr>
<td>1-19/16</td>
<td>Update the register of directors interests to include those for Shelagh Meldrum.</td>
<td>Complete</td>
<td>(and ongoing as part of annual collection exercise)</td>
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<td>1-20/16</td>
<td>Caroline Barnes agreed to share details with the Board of the upcoming charity art exhibition. The Trust’s arts co-ordination work to be considered as a topic at the AGM.</td>
<td>Complete</td>
<td>This has been added as an item to the AGM topic list</td>
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<tr>
<td>1-22/16</td>
<td>Paul Mears agreed to contact the Trust’s strategic estates partner, InterservePrime, and contractors, MTX, expressing the acknowledgement of the Board for completing the modular ward build.</td>
<td>Complete</td>
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<tr>
<td>1-25/16</td>
<td>Staff survey report to be circulated.</td>
<td>Complete</td>
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The executive director report on 23 March 2016 will be presented verbally. To support discussions, the following papers have been appended to this report:

- Monitor Q3 Feedback
- Letter from the Somerset CCG Regarding CAMHS Services
1 March 2016

Mr Paul Mears
Chief Executive
Yeovil District Hospital NHS Foundation Trust
Yeovil District Hospital
Higher Kingston
Yeovil
Somerset
BA21 4AT

Dear Paul

Q3 2015/16 monitoring of NHS foundation trusts

Our analysis of your Q3 submissions is now complete. Based on this work, the trust’s current ratings are:

- Financial sustainability risk rating: 2
- Governance rating: Green

These ratings will be published on Monitor’s website later in March.

The trust has been allocated a financial sustainability risk rating (FSRR) of 2 and has failed to meet the Referral to treatment time, 18 weeks in aggregate, incomplete pathways (for four consecutive quarters) and the A&E Clinical Quality – Total Time in A&E under four hours targets (failed to achieve in Q3 and Q4 2014/15 and Q3 2015/16) which has triggered consideration for further regulatory action.

Monitor uses the above measures of financial robustness and efficiency underlying the financial sustainability risk rating as indicators to assess the level of financial risk and the above targets (amongst others) as indicators to assess the quality of governance at foundation trusts. A failure by a foundation trust to achieve a financial sustainability risk rating of 3 or above on these measures and to achieve the targets applicable to it could indicate that the trust is providing health care services in breach of its licence. Accordingly, in such circumstances, Monitor could consider whether to take any regulatory action under the Health and Social Care Act 2012, taking into account, as appropriate, its published guidance on the licence and enforcement action including its Enforcement Guidance¹ and the Risk Assessment Framework².

We expect the trust to address the issues leading to the target failures and achieve sustainable compliance with the targets promptly.

¹ www.monitor-nhsft.gov.uk/node/2622
² www.monitor.gov.uk/raf
Monitor has decided not to open an investigation to assess whether the trust could be in breach of its licence at this stage. We will continue to track progress against target improvement trajectories on a monthly basis as part of the Access and Performance Group calls.

We note that the 2016/17 draft plan deficit indicates that the trust is not delivering its financial recovery plan. Delivery of the trust’s financial recovery plan formed part of informal actions agreed with the trust following closure of the investigation into the trust’s finances in July 2015. We continue to review the trust’s draft 2016/17 operational plan and will feed back to the trust on 18 March 2016. In the meantime we will continue to monitor the trust against its informal actions.

The trust’s governance rating has been reflected as ‘Green’. Should any other relevant circumstances arise, Monitor will consider what, if any, further regulatory action may be appropriate.

**Aggregate FT sector performance**

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q3 2015/16 will be available in due course on our website (in the News, events and publications section), which I hope you will find of interest.

For your information, we will be issuing a press release in due course setting out a summary of the report’s key findings.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0192 or by email (Justin.Collings@Monitor.gov.uk).

Yours sincerely

Justin Collings  
Senior Regional Manager

cc: Mr Paul von der Heyde, Chairman,  
Mr Timothy Newman, Chief Finance and Commercial Officer
Dear Paul

Child and Adolescent Mental Health Services (CAMHS)

Thank you for your letter dated 18 February 2016 in which you raise a number of concerns discussed at your Board last month, relating to the provision of CAMHS in Somerset. I understand the difficulties which the hospital is experiencing and I am grateful to you for raising these with me.

Somerset Clinical Commissioning Group (CCG), Somerset County Council (SCC) and NHS England (Specialised Commissioning) have joint responsibility for commissioning mental health and wellbeing services for children and young people. The CAMHS Strategic Commissioning Group oversees these joint arrangements, promoting the development of effective, integrated and comprehensive services with appropriate specialist treatment services across Tiers 1 to 4.

Somerset CCG has worked with partners to develop the Somerset Transformation Plan for Children and Young People’s Mental Health and Wellbeing, 2015-2020. I have enclosed a briefing note on this plan which you may wish to share with the Board. There is a monthly Transformation Programme group in place which includes representation from Yeovil District Hospital.

As a CCG we fully acknowledge the current service pressures and we are committed to resolving these. The Transformation Plan referred to above, along with the development of the CAMHS Enhanced Outreach Service will be crucial in making the necessary changes. These changes include a focus on prevention and improved access, as well as providing a better response when children and young people experience a mental health crisis.

As part of the Transformation plan, funding is available for two full-time mental health liaison workers for this patient group. One of these staff will cover Yeovil District Hospital. Somerset Partnership NHS Foundation Trust is in the process of recruiting to these roles. In addition to this, the CAMHS Enhanced Outreach Service will provide a 7 day a week service and Somerset Partnership will shortly be recruiting to the roles for this service. It is also encouraging that the Somerset Health and Social Care Leadership Group have chosen liaison psychiatry as a focus of work for improvement, commencing with a launch event on 15 March 2016.

Reflecting on the learning from a number of incidents, including those you refer to in your letter, I understand that Helen Ryan, Director of Nursing and Clinical Governance has requested a protocol developed for when there is no identified physical health need for a young person. This will need to involve an agreed contact between all of the teams who know the individual patient, with agreement on who is going to case manage their discharge. If this is not possible then the appropriate professional would need to attend the Emergency Department to case manage the
individual. Deborah Howard, Joint Head of Mental Health Services for the CCG and SCC is meeting with Anna Cannon, Matron for Paediatrics and Ethna Bashford, Head of Division, Children and Young People’s Services from Somerset Partnership NHS Foundation Trust on 31 March 2016 to commence this work. Deborah has agreed to take this proposal to the Crisis Care Concordat meeting which she chairs, to commission a task and finish group to take this forward.

Gill Munroe, our CCG Designated Nurse for Safeguarding Children & Children Looked After is coordinating a debrief following the incident with the young woman placed at Lyatt’s Farm. This will include the involvement of the Social Worker from Plymouth. We will ensure the learning from this incident helps to inform the work to develop the protocol referred to earlier.

Concerning the issues you have highlighted regarding the availability of CAMHS beds locally resulting in children and young people being inappropriately cared for on your paediatric ward, it is important to note that Wessex House is a generic tier 4 unit commissioned by NHS England (Specialised Services). When the unit is full, or where the individual patient requires a Psychiatric Intensive Care Unit (PICU), I am advised that Wessex House staff make exhaustive efforts to find an alternative appropriate unit. In these situations the CCG does however appreciate the need to explore how local CAMHS services from Somerset Partnership support your staff. Deborah will discuss this issue further with Anna and Ethna on the 31 March 2016.

The CCG is committed to working with your staff and with Somerset Partnership NHS Foundation Trust to improve the current situation. In the meantime, please do not hesitate to contact me if you have any further concerns.

Yours sincerely

David Slack
Managing Director

Copy:

Lucy Watson, Director of Quality, Safety and Governance and Caldicot Guardian, Somerset Clinical Commissioning Group.

Helen Ryan, Director of Nursing and Clinical Governance, Yeovil District Hospital

Deborah Howard, Joint Head of Mental Health Services, Somerset Clinical Commissioning Group/Somerset County Council

Ann Anderson, Director of Clinical and Collaborative Commissioning, Somerset Clinical Commissioning Group

Nick Broughton, Chief Executive, Somerset Partnership NHS Foundation Trust

Encl.

Briefing Note: Somerset Transformation Plan for Children and Young People’s Mental Health and Wellbeing, 2015-2020
BRIEFING NOTE


During 2015, NHS England required all Clinical Commissioning Groups (CCGs) to develop and submit a local transformation plan for children and young people's mental health and wellbeing. All plans were to be informed by the recommendations of: Future in Mind: promoting, protecting and improving our children and young people’s mental health and wellbeing (DH, 2015), as well as local priorities.

Somerset CCG worked with partners in Somerset to develop the Transformation Plan. The key aims of the Transformation Plan are to:

• Promote good mental health, build resilience and identify and address emerging mental health difficulties early on
• Provide children, young people and families with straight-forward and prompt access to high quality treatment and support
• Build skills, capacity and knowledge for all professionals who have a role in supporting children and young people
• Improve care and support for the most vulnerable and disadvantaged children and young people by closing gaps in services and by tailoring and improving support, including attention to key transition points

The plan was fully assured by NHS England in the November 2015. Somerset’s funding allocation is £751,674 from 2015/16 for the main service transformation, plus just under £301K to develop an Eating Disorders Service. Although the funding in 2015/16 was identified as recurrent it is in fact included in the CCG growth allocation for 2016/17 and therefore the CCG is treating it as a prior commitment against investment in mental health services.

The funding allocation will enable the following service developments:

• Establishing a Single Point of Access (SPoA) for Child and Adolescent Mental Health Services (CAMHS) and the development of self-referral
• Enhanced use of digital services - information, support, self-care tools, resources for children and young people, families & professionals, with website development
• Targeted intervention programme addressing the lifetime impact of child sexual abuse (this service will be commissioned by Public Health, commencing
January 2017)

• Liaison/support in Acute settings, with two full-time roles, one for Yeovil District Hospital and one for Musgrove Park Hospital

• Supporting Education, with prevention and resilience building, with new roles being commissioned to work across Education from January 2017

• Supporting Engagement & Participation, developing Expert by Experience Peer Champions

• Support for Carers/Parents, with funding for a CAMHS Carers Support Worker

• Supporting the most vulnerable groups, provision of specialist advice, support and interventions within the Children Looked After Team (embedding Mental Health Professionals in the team)

• The creation of Community Eating Disorder Service - Young People (CEDS-YP)

• Programme/Commissioning Manager (capacity)

A breakdown of the investment against each of the above developments is provided in Table 1.

A programme group is in place which meets monthly to oversee the delivery of the plan and outcome measures are continuing to be developed via the CAMHS Strategic Commissioning Group.

Regular updates are provided to the Early Help Strategic Programme Board and Children’s Trust Board.

A copy of the plan, including a breakdown of how the monies will be invested, is available on the Somerset CCG Website (see page 3 under Strategies and Plans). For further information please contact: Deorah Howard, Joint Head of Mental Health Services, Somerset CCG and Somerset County Council, deborah.howard@somersetccg.nhs.uk
Table 1. Service priority and Costings

<table>
<thead>
<tr>
<th>Service Priority</th>
<th>Costings</th>
<th>Total per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Single Point of Access (SPoA)</td>
<td>3.0 WTE band 6 Practitioner @ £109,911</td>
<td>£131,478</td>
</tr>
<tr>
<td></td>
<td>1.00 WTE Administrator @ £21,567*</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>£131,478</strong></td>
<td></td>
</tr>
<tr>
<td>Enhance use of digital services to improve access to information, support,</td>
<td>Website development and maintenance.</td>
<td></td>
</tr>
<tr>
<td>self-care tools, resources and to support on-line referral for children and</td>
<td>£10,000</td>
<td><strong>£11,295</strong></td>
</tr>
<tr>
<td>young people, families and professionals</td>
<td>Development of children and young people friendly crisis support materials co-produced with CAMHS service users (utilising slippage of £1,295 from Eating Disorders Service)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>£11,295</strong></td>
<td></td>
</tr>
<tr>
<td>Targeted intervention programme addressing the lifetime impact of child</td>
<td>Build on investment by Public Health (£100k) to commission a service to work with children experiencing trauma associated with Child Sexual Abuse (CSA). Counselling sessions for 150 children per year @ £50,000 (alongside £100k from Public Health)</td>
<td><strong>£50,000</strong></td>
</tr>
<tr>
<td>sexual abuse</td>
<td><strong>£50,000</strong></td>
<td></td>
</tr>
<tr>
<td>Liaison/support in Acute settings &amp; building resilience.</td>
<td>2.0 WTE Practitioners covering 3 acute hospitals band 6 @ £73,274</td>
<td><strong>£366,370</strong></td>
</tr>
<tr>
<td>Supporting Education with a focus on prevention and vulnerable groups (includes</td>
<td>8.0 WTE band 6 Education Mental Health Link Practitioners (0.5 for each) aligned to 18 Community Learning Partnerships @ £293,096</td>
<td></td>
</tr>
<tr>
<td>joint casework with counsellors, PFSA’s, Psychologists and other Education</td>
<td><strong>£366,370</strong></td>
<td></td>
</tr>
<tr>
<td>support staff)</td>
<td><strong>£366,370</strong></td>
<td></td>
</tr>
<tr>
<td>Supporting parents/carers in caring for children and young people accessing CAMHS</td>
<td>1.0 WTE CAMHS Carers Support Worker @ £27,616, (additional post funded by Somerset County Council)</td>
<td><strong>£27,612</strong></td>
</tr>
<tr>
<td>Supporting Engagement and Participation</td>
<td>1.0 WTE Band 6 CAMHS Participation Worker @ £36,637</td>
<td><strong>£36,637</strong></td>
</tr>
<tr>
<td>Developing Expert by Experience Peer Champions</td>
<td>Sessional Peer Champions @ £11,303 (with co-ordination by Public Health)</td>
<td><strong>£11,303</strong></td>
</tr>
<tr>
<td>Supporting the most vulnerable groups. Provision of specialist advice, support</td>
<td>2.0 WTE Mental Health Professional @ £73,274 work within the CLA Team</td>
<td><strong>£73,274</strong></td>
</tr>
<tr>
<td>and interventions within the Children Looked After Team</td>
<td><strong>£73,274</strong></td>
<td></td>
</tr>
<tr>
<td>Transformation Programme Implementation and co-ordination resource</td>
<td>1.0 WTE Band 7 Programme/Commissioning Manager @ £45,000</td>
<td><strong>£45,000</strong></td>
</tr>
<tr>
<td>Creation of Community Eating Disorder Service Children and Young People (CEDS-YP)</td>
<td>Refer to Appendix E for full breakdown of costings [could we include some detail here as Appendix E is not included?]</td>
<td><strong>£299,002</strong></td>
</tr>
</tbody>
</table>

Total **£1,051,971**

*Calculations for all posts include on-costs.
YDH | Quality and Operational Performance Report

February 2016
CONTENTS

1 Safe
2 Effective
3 Responsive
4 Caring
5 Well-led – Staffing
6 Well-led - Financial Performance
Mortality Rates

Latest HSMR 12 Months to Nov 15

February Number of Deaths

Hospital Standardised Mortality Ratio (HSMR)

Actual number of deaths

RAG Status: Significantly better than national average, Within expected range, Significantly higher than national average.
Patient Falls and Pressure Ulcers

Patient Falls
- 81
- (90 in Feb 15)

Pressure Ulcers
- 8
- (12 in Feb 15)

Graphs showing patient falls and pressure ulcers from April 2012 to February 2016. The graphs indicate a decrease in both categories over the period, with a 6-month moving average line for both graphs.
C. Difficile and MRSA cases

February C. Diff (Lapses in Care)
- 0 cases
  (0 in February 15)

February MRSA
- 0 cases
  (0 in February 15)

Total C Difficile Cases

Additional Notes

The Trust’s 15/16 Threshold for C. Diff cases due to Lapses of Care is 8.

Total number of year to date cases of C. Diff is 13, of these 2 were due to Lapses in Care.

There were 3 Post 72 hrs C. Diff cases in February but these are in review.
Stroke Services

February 16

- 90% Stay on Stroke Unit
  - 94% (Target: 80%)
- Admission Direct within 4hrs
  - 53% (Target: 90%)
- CT Scan in 1hr
  - 42% (Target: 50%)
- High Risk TIA within 24 Hours
  - 77% (Target: 80%)

Achievement 1HrCTScan

4Hr Direct Admission

0% 20% 40% 60% 80% 100%

4Hr Direct Admission

Target

Additional Notes

SSNAP Published figures for Q2Apr-Jun15:

National Average 4hr to Stroke Unit: 58.7%
National Average 90% Stay on Stroke Unit: 82.6%
National Average CT Scan in 1hr: 46.2%
Fractured Neck of Femur Services

February 16

Best Practice Achievement
80.0% (Target: 60%)

YTD AvLoS Direct admission: Trauma ward
15.4 days (vs 7.7 days Other wards)

Average Length of Stay - #NOF patients

Best Practice Achievement Financial Year to Date

Additional Notes

Best Practice achievement in Financial Year 14/15: 37.5%

The Length of Stay for the Trauma Ward is higher than other Ward to a small number of patients who had a high length of stay.
Delayed Discharges

**February 16**

Lost Bed Days
516 (526 Feb 15)

In Month Bed Cost
£121,776 (£124,136 Feb 15)

Additional Notes
In Month Bed Costs are calculated using an average bed cost of £236 multiplied by the number of lost Bed Days in Month.
DNA - Outpatients

February 16

Overall DNA Rate 7.1%

1st Appointment Rate 4.9%

FU Appointment Rate 8.0%

Additional Notes

Published National DNA rates for Q2 15/16 were 8.2%.
(Source NHS Better Care, Better Value Indicators)

The DNA cost is based on the average New appointment costing £150 and the average FUP appointment costing £75
**Cancelled Operations**

**February 16**

- On the Day Non-Clinical Reasons: 16 (20 – Feb 15)
- Rebooked within 28 Day Target: 13
- Total Cancelled due to Lack of Beds: 30

**Hospital Non Clinical On the Day Cancellations of Elective Operations - February 16**

- Insufficient session time / session overrun
- More urgent case too priority - elective only e.g. cancer
- Requires Alternative Session/Specialty
- No Beds Available
- Urgent Case took Priority

**Hospital Non Clinical On the Day Cancellations of Elective Operations 2015 - 2016 YTD**

- NO ANAESTHETIST AVAILABLE
- THEATRE / OUTPATIENT STAFF SHORTAGE
- Equipment Failure/Unavailable
- Requires Alternative Session/Specialty
- Session Cancelled
- Administrative Reasons
- No Beds Available
- Urgent Case took Priority

**Additional Notes**

The figure for Total Cancelled due to Lack of Beds includes cancellations with more than 1 day notice given.

Note: For any elective operation cancelled by the trust on the day of the operation/admission, an offer of a new date must be made within 5 calendar days, and the newly offered date must be within 28 days of the cancelled operation date.

RAG Status: <=15 Cancellations, 16-24 Cancellations, =>25 Cancellations
First to follow up Ratio

February 16

New to FU Ratio
1 : 2.2

6 Month Rolling Average
1 : 2.2

Additional Notes

NHS Better Care, Better Value 15/16 Q2 Ratio: 1 : 2

Bristol and Somerset Area Team ratio : 1 : 1.89
(HSCIC Source 13/14)
Additional Notes

The trust achieved the 92% Total Incompletes target in the month of February, ahead of the Agreed Trajectory.

The penalties to the Trust are £300 for every incomplete pathway over the 18 weeks target.
Patients that delay treatment through choice are counted as an incomplete pathways until they receive their treatment, or it is decided that they don’t need treatment.
Inpatient and Outpatient Waiters

February 16

Outpatient GP/DP Waiting List
3016
(+6.3% vs last FY)

Inpatient & Day Case Waiting List
2245
(+4.9% vs last FY)

Notes
The IP/DC waiting list remains high which can be attributed to the number of Cancelled Operations over the previous few weeks.
The Trust is a month behind the planned trajectory in February primarily due to delays in the agreed transfer arrangements of overdue patients to Shepton Mallet Treatment Centre.
ED Attendances

February 16

A&E Performance 91.21% (94.5% Feb 16)

Average A&E Attendances per day 126.7 (121.3 - Feb 15)

Average Emergency Admissions per day 46.5 (42.9 – Feb 15)

Average Breaches per Day 11.2 (7 – Feb 15)

Average Ambulance Arrivals per day 43.5 (41.5 – Feb 15)

A&E 4 hour performance - All Attendances

Additional Notes

A&E activity over the two month period January and February was up by 7.6% vs last year (+530 attendances).

YTD attendances (42,346) vs last FY YTD (42,891).

Average Emergency Admissions excludes Paediatrics and Maternity.
Ambulance Handovers

- **30 Minute Handovers**: 99.1% (99.6% Feb 15)
- **YTD Fines**: £13,400 (£12,400 YTD 14/15)

**Ambulance Handovers Per Month**

![Graph showing ambulance handovers and fines per month]
February saw an improvement in the Admission Avoidance Services with 0 LoS increasing and a decrease in the numbers of patients admitted to wards from AAU.
Admissions and LOS

February 16

Elective Admissions
1,713
(1,498 Feb 15)

Non-Elective Admissions
1,764
(1,570 Feb 15)

Elective LOS
2.3 Days
(-0.5 vs Feb 15)

Non-Elective LOS
5.1 Days
(-0.1 vs Feb 15)

Additional Notes
Both Elective and Non-Elective admissions are higher than the same period last year.
Both Length of Stay for Elective and Non-Elective have dropped compared to February last year.
Cancer 2 Week Wait Draft Data

February 16

2 Week Suspected Cancer
96.2% (Target 93%)

2 Week Breast
100% (Target 93%)

Number of Referrals Seen

2 Week Cancer Targets

Additional Notes

Draft Data for February indicates that the trust has achieved the 2 Week Wait Suspected Cancer and the 2 Week Breast Cancer Targets.
Cancer 31 and 62 Day Targets

Draft Data

31 Day Treatment First
- 94.4% (Target 96%)

31 Day Treatment Subsequent Surgery
- 85.7% (Target 94%)

31 Day Treatment Subsequent Drugs
- 100% (Target 98%)

62 Day Treatment Standard
- 75.0% (Target 85%)

62 Day Treatment Screening
- 100% (Target 90%)

62 Day Treatment Upgrades
- 60.0% (Target 90%)

Additional Notes

Draft Data for January indicates that the trust did not achieve the 31 Day Treatment First and Treatment Subsequent Surgery Targets but did achieve the 31 Day Treatment Subsequent Drugs Target.

The draft data shows the trust achieved the 62 Day Treatment Screening Target, but did not achieve the 62 Day Treatment Standard and Upgrades Targets.
# Cancer 62 Day Urgent GP Referral Pathway

**Draft Data**

---

## Additional Notes

Note that shared breaches with other organisations show as 0.5 on the table above.

**Target:** 85%.

---

### February - Number of 62 Day Patients Seen

![Bar Chart](image)

- **Breast**
- **Upper GI**
- **Lower GI**
- **Lung**
- **Gynaecology**
- **Head and Neck**
- **Brain**
- **Haematology**
- **Sarcoma**
- **Other**

---

### Table: Cancer Site YTD

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>YTD 14/15</th>
<th>Number of Referrals (Breaches) 14/15 YTD</th>
<th>Oct-15 % Referrals &amp; (Breaches)</th>
<th>Nov-15 % Referrals &amp; (Breaches)</th>
<th>Dec-15 % Referrals &amp; (Breaches)</th>
<th>Jan-16 % Referrals &amp; (Breaches)</th>
<th>Feb-16 % Referrals &amp; (Breaches)</th>
<th>YTD 15/16</th>
<th>Number of Referrals (Breaches) 15/16 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain</td>
<td>100%</td>
<td>1 (0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Breast</td>
<td>95.6%</td>
<td>79.5 (3.5)</td>
<td>83% 6 (1)</td>
<td>80% 5 (1)</td>
<td>100% 5</td>
<td>67% 3</td>
<td>91% 11 (1)</td>
<td>92.6%</td>
<td>68 (5)</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>85.3%</td>
<td>17.0 (2.5)</td>
<td>100% 3</td>
<td>100% 2</td>
<td>100% 1.5</td>
<td>50% 1</td>
<td>(0.5)</td>
<td>94.9%</td>
<td>20 (1)</td>
</tr>
<tr>
<td>Haematology</td>
<td>55.0%</td>
<td>10 (4.5)</td>
<td>0.0% 1 (1)</td>
<td></td>
<td>33% 3 (2)</td>
<td>50% 2</td>
<td>(1)</td>
<td>64.1%</td>
<td>19.5 (7)</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>14%</td>
<td>3.5 (3)</td>
<td>50% 2 (1)</td>
<td>0% 1 (1)</td>
<td>100% 1.5 (1)</td>
<td>0% 0.5</td>
<td>(0.5)</td>
<td>47.6%</td>
<td>10.5 (5.5)</td>
</tr>
<tr>
<td>Lower GI</td>
<td>76.1%</td>
<td>36 (8.5)</td>
<td>100% 1 (2)</td>
<td>85.7% 7 (1)</td>
<td>33% 3 (2)</td>
<td>50% 2 (1)</td>
<td>0% 3 (3)</td>
<td>65.1%</td>
<td>43 (15)</td>
</tr>
<tr>
<td>Lung</td>
<td>67.7%</td>
<td>16 (5)</td>
<td>80.0% 5 (1)</td>
<td>70% 5 (1.5)</td>
<td>0% 0.5</td>
<td>92% 6</td>
<td>(0.5)</td>
<td>81%</td>
<td>40 (7.5)</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>50%</td>
<td>2 (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>0.5 (0)</td>
</tr>
<tr>
<td>Skin</td>
<td>97.1%</td>
<td>171 (5)</td>
<td>100% 12</td>
<td>100% 11</td>
<td>100% 13.5</td>
<td>96% 27</td>
<td>(2)</td>
<td>96.3%</td>
<td>164 (6)</td>
</tr>
<tr>
<td>Upper GI</td>
<td>64.0%</td>
<td>25.0 (9)</td>
<td>100% 2 (1)</td>
<td>50% 3 (1.5)</td>
<td>50% 2 (1)</td>
<td>100% 2</td>
<td>100% 3.5</td>
<td>79%</td>
<td>33.0 (7)</td>
</tr>
<tr>
<td>Urology</td>
<td>88.6%</td>
<td>88 (10)</td>
<td>77% 13 (3)</td>
<td>100% 6</td>
<td>95% 11 (0.5)</td>
<td>71% 7</td>
<td>(1.5)</td>
<td>87%</td>
<td>114.5 (15)</td>
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<tr>
<td>Other</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td>2 (0)</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>88.4%</td>
<td>447 (52)</td>
<td>85.0% 40 (6)</td>
<td>82.2% 45 (8)</td>
<td>85.0% 40 (6)</td>
<td>89.6% 53 (6)</td>
<td>75.0% 48 (12)</td>
<td>86.6%</td>
<td>515 (69)</td>
</tr>
</tbody>
</table>

---

### Note

- **Responsive [11]**
**Friends and Family Test**

**February 16**

**Overall Response Rate**
- 11.4% (16.1% Feb 15)

**Extremely Likely & Likely to Recommend**
- 90.8% (94.2% Feb 15)

---

**Additional Notes**

From April 2015, the Friends and Family Test was extended to include Outpatients, Daycases and children.

The Trust has engaged with provider *Iwantgreatcare* to support the further rollout of the questionnaire to all areas and to enable near real-time patient feedback to clinical teams.
Patient Compliments and Complaints

**February 16**

- **Compliments:** 71 (67 Feb 15)
- **Complaints:** 14 (9 Feb 15)
- **PALS:** 103 (111 Feb 15)

**Additional Notes**

There were slightly more complaints this January compared to last year, however there were more Compliments received compared to the same month last year.

There were less PALS contacts than the same month last year.

Kingston Wing received the most compliments (18) in February 16.
## Monitor

### Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Period</th>
<th>FY 14/15</th>
<th>Nov-15</th>
<th>Dec-15</th>
<th>Jan-16</th>
<th>Feb-16 Draft</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RTT</strong> 18 week RTT Incomplete pathways - All Specialties</td>
<td>92%</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A&amp;E</strong> A&amp;E Clinical Quality: Total time of 4 hours in A&amp;E</td>
<td>95%</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer</strong> Max waiting time of 2 weeks from urgent suspect cancer GP referral to first outpatient appt</td>
<td>93%</td>
<td>Q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer</strong> Max waiting time of 2 weeks for symptomatic breast patients (cancer not initially suspected)</td>
<td>93%</td>
<td>Q</td>
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<td><strong>Cancer</strong> Max waiting time of 31 days from diagnosis to first treatment for all cancers</td>
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<td><strong>Cancer</strong> Max waiting time of 31 days for subsequent DRUG treatments for all cancers</td>
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### Well Led

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[Yeoovil Hospital Healthcare](https://www.yeoovilhospital.co.uk)
EXECUTIVE SUMMARY

The NHS National Quality Board published a new guidance in November 2013 to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability “How to ensure the right people with the right skills are in the right place at the right time”: A Guide to Nursing, Midwifery and Care Staff Capacity and Capability.

There are nine key expectations that apply to the Trust:

1. Boards take full responsibility for the quality of care provided.
2. Processes are to be in place to enable staffing establishments to be met on a shift by shift basis.
3. Evidence based tools to be used.
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns.
5. Multi-professional approach is taken when setting staffing establishments.
6. Sufficient time to undertake care and duties in practice.
7. Boards receive monthly updates on workforce information and staffing capacity and capability and is discussed at public Board meetings every six months.
8. Clearly display information about the nursing and care staff present on each ward, clinical setting or service on each shift.
9. Provider to take an active role in securing staff in line with their workforce requirements.

PURPOSE

The purpose of this report is to provide the Board of Directors with monthly information regarding the nursing and midwifery registered and unregistered staffing levels on a shift by shift basis of the planned and actual nurse staffing levels across the organisation and across inpatient areas of the Trust as per the guidance received from NHS England and the Care Quality Commission.

METHODOLOGY AND SCOPE FOR REVIEW

This report focusses on all adult inpatient areas including Critical Care, inpatient maternity wards and inpatient paediatric wards. With the Trust working towards the 1:8 ratio as recommended in the National Safe Staffing Alliance for relevant adult wards. For the purpose of this report non inpatient areas such as the operating theatres, day theatre, endoscopy and emergency department are currently excluded.

KEY POINTS

- National Unify Return
- Recruitment
- Current vacancy position
- e-Rostering
- Bank and Agency usage
- Monitor nursing agency rules
- Unfilled Shifts

**Unify Return**

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<th>Average fill rate - care staff (%)</th>
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**Recruitment**

Registered Nurses: The ongoing recruitment drive for registered nurses continues with rolling fortnightly interviews and successful candidates being offered positions on the day; candidates are both UK and EU of origin. An advertisement is currently on NHS Jobs for overseas registered nurses who are resident in the UK but require their IELTS. This has created a large amount of interest with 28 candidates applying in five days. A selection day will take place the end of April with a planned start date beginning of July. These candidates will commence employment as an HCA and will require support with IELTS. Discussions are currently underway with the Academy how this will be achieved and the investment required.

India: Currently nursing remains on the shortage occupation list with the Migration Advisory Committee recommendation due during February 2016 but has yet to be published. The construction of a web page is currently underway which will allow the Indian nurses to access material to support their preparation for IELTS.

Unregistered Nurses: A cohort of 18 unregistered nurses is due to commence employment on 21 March 2016. A further training programme for both bank and substantive staff is planned for May 2016.

The following table indicates our current recruitment position and going forward as of 4 March 2016; (+) indicates an over recruitment position.
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**NB:** It should be noted this is only accurate on the day it is calculated due to the fluidity of recruitment and will differ to Human Resources figures due to time data is collected.

**e-Rostering**

The reports from e-Rostering still require validation and processes need to be put in place to ensure the information is correct when populating the e-roster. Continued work is being undertaken with e-rostering to ensure that reports pulled from the system are accurate and meaningful.

**Bank and Agency Usage**

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<td>35</td>
<td>91</td>
<td>77</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>770</td>
</tr>
<tr>
<td>TOTAL Bank &amp; Agency</td>
<td>46</td>
<td>81</td>
<td>83</td>
<td>83</td>
<td>134</td>
<td>37</td>
<td>57</td>
<td>160</td>
<td>98</td>
<td>50</td>
<td>122</td>
<td>95</td>
<td>40</td>
<td>53</td>
<td>47</td>
<td>26</td>
<td>1212</td>
</tr>
</tbody>
</table>
The following table indicates the changes in booking from December 2015 to February 2016 (excluding escalation and those areas currently excluded from the Safer Staffing report):

<table>
<thead>
<tr>
<th></th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Bank</td>
<td>154</td>
<td>166</td>
<td>178</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Unregistered Bank</td>
<td>197</td>
<td>342</td>
<td>264</td>
<td></td>
<td>78</td>
</tr>
<tr>
<td>Registered Agency</td>
<td>328</td>
<td>345</td>
<td>428</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Unregistered Agency</td>
<td>211</td>
<td>274</td>
<td>432</td>
<td></td>
<td>158</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>890</strong></td>
<td><strong>1127</strong></td>
<td><strong>1212</strong></td>
<td><strong>253</strong></td>
<td><strong>78</strong></td>
</tr>
</tbody>
</table>

The increases are due to the following reasons:

- Increased sickness of both registered and unregistered nurses
- Specialising over 24 hours for a patient with mental health needs
- Escalation backfill - substantive staff are moved to cover escalation areas and backfilled by temporary staff
- New starters’ annual leave

**Monitor, Nursing Agency Rules**

Weekly submissions continue to be sent to Monitor in relation to both cap and framework breaches. We will be working closely with them over the next eight weeks at improving on our processes. We are currently working through the Agency Diagnostic Tool with support from Monitor.

**Unfilled Shifts**

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9A</th>
<th>9B</th>
<th>8A</th>
<th>8B</th>
<th>7A</th>
<th>7B</th>
<th>EAU</th>
<th>6A</th>
<th>6B</th>
<th>CCU</th>
<th>ICU</th>
<th>KW</th>
<th>JW</th>
<th>Maternity</th>
<th>SCBU</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Using Professional Judgement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>91</td>
<td>3</td>
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<td></td>
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<td></td>
<td></td>
<td>120</td>
</tr>
<tr>
<td>Unregistered</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>8</td>
<td></td>
<td></td>
<td>6</td>
<td>6</td>
<td>14</td>
<td></td>
<td>77</td>
</tr>
<tr>
<td><strong>Nurses Not Available</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Registered</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Unregistered</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>13</td>
<td>6</td>
<td>2</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>14</td>
<td>4</td>
<td>14</td>
<td>16</td>
<td>97</td>
<td>6</td>
<td>21</td>
<td></td>
<td></td>
<td>216</td>
<td></td>
</tr>
</tbody>
</table>

The number of unfilled shifts for both ‘professional judgement’ and ‘nurse not available’ is decreasing from 299 in January 2016 to 216 in February 2016.

**RECOMMENDATIONS**

The Board of Directors is asked to note the information contained in this summary report and the actions currently in place.
# Yeovil District Hospital NHS Foundation Trust

## Your average score for all questions this period

| 1 | 2 | 3 | 4 | 5 | 4.71 |

## Reviews this period

825

## Your recommend scores

<table>
<thead>
<tr>
<th>5 Star Score</th>
<th>% Likely to recommend</th>
<th>% Unlikely to recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.64</td>
<td>92.1%</td>
<td>1.9%</td>
</tr>
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</table>

## This period vs Last 6 months

<table>
<thead>
<tr>
<th>Name</th>
<th>Responses</th>
<th>This period</th>
<th>Last 6 months</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCU¹</td>
<td>-- (22)</td>
<td>4.83</td>
<td>4.86</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Ambulatory Emergency Care Follow up Clinic¹</td>
<td>-- (28)</td>
<td>4.83</td>
<td>4.81</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Day Surgery Unit (DSU)¹</td>
<td>-- (23)</td>
<td>4.96</td>
<td>4.71</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Dermatology¹</td>
<td>-- (15)</td>
<td>4.96</td>
<td>4.96</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Discharge Lounge¹</td>
<td>-- (21)</td>
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<td>4.58</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>EPAC - Early Pregnancy Assessment Clinic¹</td>
<td>-- (1)</td>
<td>5.00</td>
<td>5.00</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Emergency Admissions Unit¹</td>
<td>-- (18)</td>
<td>4.50</td>
<td>4.64</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Emergency Department¹</td>
<td>-- (1)</td>
<td>3.00</td>
<td>4.53</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Emergency Department - Children¹</td>
<td>-- (0)</td>
<td>-</td>
<td>4.69</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Endoscopy Unit¹</td>
<td>-- (49)</td>
<td>4.98</td>
<td>4.94</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>FOPAS (Frail Older Persons Assessment Service)¹</td>
<td>-- (52)</td>
<td>4.85</td>
<td>4.82</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Freya Ward (Postnatal)¹</td>
<td>-- (36)</td>
<td>4.65</td>
<td>4.69</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Gastroenterology¹</td>
<td>-- (5)</td>
<td>4.77</td>
<td>4.77</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>ICU (Intensive Care Unit)¹</td>
<td>-- (2)</td>
<td>4.92</td>
<td>4.81</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Jasmine Gynae Ward¹</td>
<td>-- (2)</td>
<td>4.67</td>
<td>4.67</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Kingston Wing¹</td>
<td>-- (28)</td>
<td>4.68</td>
<td>4.80</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>MacMillan Unit - Outpatients¹</td>
<td>-- (19)</td>
<td>4.99</td>
<td>4.89</td>
<td>Dignity/Respect, Involvement, Information, Cleanliness, Staff</td>
</tr>
<tr>
<td>Name</td>
<td>This period</td>
<td>Last 6 months</td>
<td>Questions</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-------------</td>
<td>---------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responses</td>
<td>Score</td>
<td>Score</td>
<td>Trend</td>
</tr>
<tr>
<td>Orthopaedic Outpatients Department¹</td>
<td>-- (84)</td>
<td>4.90</td>
<td>4.88</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy³</td>
<td>-- (16)</td>
<td>4.69</td>
<td>4.71</td>
<td></td>
</tr>
<tr>
<td>Queensway Day Hospital¹</td>
<td>-- (5)</td>
<td>4.53</td>
<td>4.57</td>
<td></td>
</tr>
<tr>
<td>Queensway Day Hospital - Other Services¹</td>
<td>-- (1)</td>
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<td>4.78</td>
<td></td>
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<tr>
<td>Urology¹</td>
<td>-- (41)</td>
<td>4.87</td>
<td>4.87</td>
<td></td>
</tr>
<tr>
<td>Ward 10 (Children &amp; Young Person's Unit)¹</td>
<td>-- (10)</td>
<td>4.60</td>
<td>4.48</td>
<td></td>
</tr>
<tr>
<td>Ward 10 (Young Adults)¹</td>
<td>-- (10)</td>
<td>3.88</td>
<td>4.20</td>
<td></td>
</tr>
<tr>
<td>Ward 6A¹</td>
<td>-- (68)</td>
<td>4.64</td>
<td>4.74</td>
<td></td>
</tr>
<tr>
<td>Ward 6B¹</td>
<td>-- (51)</td>
<td>4.49</td>
<td>4.46</td>
<td></td>
</tr>
<tr>
<td>Ward 7A¹</td>
<td>-- (16)</td>
<td>4.32</td>
<td>4.52</td>
<td></td>
</tr>
<tr>
<td>Ward 7B¹</td>
<td>-- (24)</td>
<td>4.46</td>
<td>4.66</td>
<td></td>
</tr>
<tr>
<td>Ward 8A¹</td>
<td>-- (55)</td>
<td>4.53</td>
<td>4.45</td>
<td></td>
</tr>
<tr>
<td>Ward 8B¹</td>
<td>-- (15)</td>
<td>4.83</td>
<td>4.60</td>
<td></td>
</tr>
<tr>
<td>Ward 9A¹</td>
<td>-- (57)</td>
<td>4.52</td>
<td>4.51</td>
<td></td>
</tr>
<tr>
<td>Ward 9B¹</td>
<td>-- (22)</td>
<td>4.48</td>
<td>4.58</td>
<td></td>
</tr>
<tr>
<td>YDH Sleep Clinic at South Petherton¹</td>
<td>-- (16)</td>
<td>4.89</td>
<td>4.86</td>
<td></td>
</tr>
<tr>
<td>Yeatman Hospital - Day Surgery Unit²</td>
<td>-- (12)</td>
<td>4.93</td>
<td>4.86</td>
<td></td>
</tr>
</tbody>
</table>

### Reviews by patient's age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>41-50</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>51-60</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>61-70</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>71-80</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>81+</td>
<td>160</td>
<td></td>
</tr>
</tbody>
</table>

### Gender Distribution

- **Male**: 550 responses
- **Female**: 610 responses
Reviews by patient's ethnicity

- White: 756
- Mixed: 3
- Asian: 3
- Black: 2
- Other: 1

Reviews by patient's conditions

- Deaf: 98
- Blind: 41
- Physical: 130
- Mental: 40
- Illness: 239
- Learning: 18
- None: 322

Reviews by reviewer type

- Patient: 672
- Carer: 32
- Parent: 0
- Family: 80

Demographics completion rate

- Age: 96.97%
- Gender: 96.48%
- Ethnicity: 92.95%
- Long-term Conditions: 82.50%
- Reviewer type: 96.31%

Top three services (with 5 reviews or more)

- MacMillan Unit - Outpatients: 4.99
- Endoscopy Unit: 4.98
- Day Surgery Unit (DSU): 4.96

Bottom three services (with 5 reviews or more)

- Ward 7B: 4.46
- Ward 7A: 4.32
- Ward 10 (Young Adults): 3.88
<table>
<thead>
<tr>
<th>Key</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yeovil District Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Community Services - Yeovil District Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>3</td>
<td>Yeatman Hospital</td>
</tr>
</tbody>
</table>
YDH | Workforce Performance Report

Well Led - Staffing

February 2016
Additional Notes

Total FTE has increased by 197 FTE compared to February 2015.

This increase is due to escalation areas, safer staffing, modular ward, Cooksons Court, Symphony, TUPE of IT, TrakCare, commercial team, HR, and appointment of new junior doctors to support medical rotas.
Contracted FTE

Additional Notes

Contracted FTE has increased by 235 FTE compared to February 2015. Key areas of increase are:

- Nursing – 67 FTE
- Medical – 17 FTE
- Apprentices – 18 FTE
- HCAs – 9 FTE
- Symphony – 12 FTE
- IT – 11.8 FTE
- Estates & Facilities – 9 FTE
- Pharmacy – 7 FTE
- Medical Rec – 6.5 FTE
- Therapists – 6 FTE
- HR – 5.5 FTE
- Ward clerks – 3.6 FTE
- Clinical Gov – 3.25 FTE
- Commercial – 3 FTE
- Mgt Office – 2 FTE
- Nurse admin – 2 FTE

* Contracted includes permanent and fixed term employees
Temporary FTE

**February 2016**

**Total FTE**

142

(Feb 15 – 181)

**Temporary FTE - 3 Year Trend**

- Additional Clinical...
- Additional Prof...
- Admin & Clerical
- Allied Health...
- Ancillary
- Estates
- HCA's
- Medical & Dental
- Nursing & Midwifery...
- Senior Managers

This includes bank and agency staff.

Temporary FTE has decreased by 38 FTE compared to February 2015.

Despite a fall in temporary staff the use of agency staff for nursing and HCA’s has increased.
# Workforce Comparison

<table>
<thead>
<tr>
<th>Skills Groups</th>
<th>Contracted FTE</th>
<th>Temporary FTE</th>
<th>Total FTE</th>
<th>Temporary %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Clinical Services</td>
<td>42</td>
<td>4</td>
<td>46</td>
<td>9%</td>
</tr>
<tr>
<td>Additional Prof Scientific &amp; Technical</td>
<td>48</td>
<td>2</td>
<td>50</td>
<td>4%</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>357</td>
<td>21</td>
<td>378</td>
<td>6%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>89</td>
<td>1</td>
<td>89</td>
<td>1%</td>
</tr>
<tr>
<td>Ancillary</td>
<td>155</td>
<td>35</td>
<td>191</td>
<td>18%</td>
</tr>
<tr>
<td>HCA’s</td>
<td>215</td>
<td>47</td>
<td>263</td>
<td>18%</td>
</tr>
<tr>
<td>Estates</td>
<td>18</td>
<td>0</td>
<td>18</td>
<td>0%</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>214</td>
<td>15</td>
<td>229</td>
<td>7%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Reg</td>
<td>493</td>
<td>56</td>
<td>549</td>
<td>10%</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>75</td>
<td>-</td>
<td>74</td>
<td>-1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,705</strong></td>
<td><strong>181</strong></td>
<td><strong>1,886</strong></td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills Groups</th>
<th>Contracted FTE</th>
<th>Temporary FTE</th>
<th>Total FTE</th>
<th>Temporary %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Clinical Services</td>
<td>54</td>
<td>2</td>
<td>56</td>
<td>4%</td>
</tr>
<tr>
<td>Additional Prof Scientific &amp; Technical</td>
<td>50</td>
<td>-</td>
<td>50</td>
<td>0%</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>431</td>
<td>6</td>
<td>437</td>
<td>1%</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>100</td>
<td>5</td>
<td>105</td>
<td>5%</td>
</tr>
<tr>
<td>Ancillary</td>
<td>166</td>
<td>25</td>
<td>191</td>
<td>13%</td>
</tr>
<tr>
<td>HCA’s</td>
<td>224</td>
<td>42</td>
<td>266</td>
<td>16%</td>
</tr>
<tr>
<td>Estates</td>
<td>23</td>
<td>-</td>
<td>23</td>
<td>0%</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>231</td>
<td>14</td>
<td>245</td>
<td>6%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Reg</td>
<td>560</td>
<td>49</td>
<td>609</td>
<td>8%</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>100</td>
<td>1</td>
<td>101</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,940</strong></td>
<td><strong>142</strong></td>
<td><strong>2,082</strong></td>
<td><strong>7%</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Skills Groups</th>
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<th>Feb-16</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Difference</td>
<td>Total</td>
<td>Difference</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Additional Prof Scientific &amp; Technical</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Ancillary</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>HCA’s</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Estates</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Reg</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>1,886</td>
<td>197</td>
<td>2,082</td>
<td>197</td>
</tr>
</tbody>
</table>
Based on previous 12 months. Excludes bank staff and Foundation and Training Doctors.

Turnover figures have been calculated differently to give more accurate data. This has been done retrospectively and has led to slightly higher turnover figures.

High turnover of HCA’s: 67 leavers and 51 resignations. 18 unknown, 10 relocation, 9 work life balance, 6 health, 4 to undertake further training, 2 promotion, 1 working relationships, 1 lack of opportunities.
**Leavers**

**February 2016**

**Number of Leavers**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Feb 15 – 15)</td>
<td>30</td>
</tr>
</tbody>
</table>

**Resignations**

- Adult Dependents
- Better Reward Package
- Child Dependents
- Incompatible Working...
- Health
- Lack of Opportunities
- Promotion
- To undertake further...
- Work Life Balance
- Relocation
- Other/Not Known

**Leavers by Reason**

- Pregnancy
- Transfer
- Death in...
- Dismissal
- Redundancy
- Retirement
- End of Fixed...
- Resignation

**Leavers by Skills Group**

- Additional Clinical Services
- Additional Prof Scientific...
- Admin & Clerical
- Allied Health Professionals
- Ancillary
- Estates
- HCA’s
- Medical & Dental
- Nursing & Midwifery Reg
- Senior Managers

**Additional Notes**

Based on the previous 12 months.

As of August 2015 the payroll team work to ensure all leavers have a reason recorded, therefore unknown will decrease over time. 11 out of 317 (3%) have not been recorded).

Exit interviews are now underway. We have been informed of 11 leavers and arranged 6 exit interviews.
## Vacancies by Skills Group

**February 2016**

<table>
<thead>
<tr>
<th>Skills Group</th>
<th>Vacancies</th>
<th>Budget FTE</th>
<th>Contracted FTE</th>
<th>Vacancy FTE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Clinical Services</td>
<td>49</td>
<td>53</td>
<td>-4</td>
<td>-8%</td>
<td></td>
</tr>
<tr>
<td>Additional Prof Sci &amp; Tech</td>
<td>52</td>
<td>48</td>
<td>4</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>404</td>
<td>424</td>
<td>-20</td>
<td>-5%</td>
<td></td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>109</td>
<td>98</td>
<td>11</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Ancillary</td>
<td>183</td>
<td>163</td>
<td>19</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>HCA's</td>
<td>229</td>
<td>216</td>
<td>13</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Estates</td>
<td>23</td>
<td>23</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>262</td>
<td>226</td>
<td>36</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Reg</td>
<td>591</td>
<td>537</td>
<td>54</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Senior Managers</td>
<td>100</td>
<td>96</td>
<td>4</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2001</strong></td>
<td><strong>1883</strong></td>
<td><strong>118</strong></td>
<td><strong>6%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Notes

Vacancies shown as positive and over establishments shown as negative.
Bank nursing budgets are not included in budgeted FTE.
Employees on maternity leave and career break are not included in contracted FTE.
# Vacancies in High Risk Areas

**February 2016**

<table>
<thead>
<tr>
<th>Vacancies</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Nursing</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>4</td>
</tr>
<tr>
<td>ICU</td>
<td>5</td>
</tr>
<tr>
<td>Midwifery</td>
<td>-1</td>
</tr>
<tr>
<td>Theatres</td>
<td>14</td>
</tr>
<tr>
<td>Wards</td>
<td>20</td>
</tr>
<tr>
<td>Preceptorship Nurses</td>
<td>-23</td>
</tr>
<tr>
<td><strong>Medical &amp; Dental</strong></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td>11</td>
</tr>
<tr>
<td>Middle Grade</td>
<td>11</td>
</tr>
<tr>
<td>Foundation Doctor</td>
<td>2</td>
</tr>
<tr>
<td>Training</td>
<td>13</td>
</tr>
<tr>
<td>Other M &amp; D</td>
<td>-1</td>
</tr>
</tbody>
</table>

## Additional Notes

Nursing vacancies shown is a subset of Registered Nursing & Midwifery Registered and HCA’s. Vacancies shown as positive and over establishments shown as negative.
Registered Nurse Pins Awaited

<table>
<thead>
<tr>
<th>Month Joined</th>
<th>Pins Awaited</th>
<th>% Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>September 15</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>November 15</td>
<td>7</td>
<td>31.9</td>
</tr>
<tr>
<td>January 16</td>
<td>5</td>
<td>38.5</td>
</tr>
</tbody>
</table>

Additional Notes
- Nurse Pins are requested promptly on starting and are regularly followed up by the Recruitment Team.
- The outstanding Pins are due to the NMC’s backlog.
- The NMC advise that they aim to assess applications between 40 and 70 working days.
- After assessment they may request more detail and the clock is reset.
- We have explored what we can do to push this further, including complaints to the NMC about specific cases, but limited gain.

Employee Relations

<table>
<thead>
<tr>
<th>Dismissals and Grievances</th>
<th>2015-16 (to date)</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance dismissal</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Sickness dismissal</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Protected discussion leading to termination</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Redundancy</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>MARS</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td><strong>25</strong></td>
<td><strong>55</strong></td>
</tr>
<tr>
<td>Grievance</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>
Sickness

**January 16**

Percentage 3.8%
(Jan 15 – 3.7%)

### Sickness Absence by Skills Group

- Additional Clinical Services
- Additional Prof Scientific...
- Admin & Clerical
- Allied Health Professionals
- Ancillary
- Estates
- HCA’s
- Medical & Dental
- Nursing & Midwifery Reg
- Senior Managers

### Sickness Absence vs Target

- **Total for YDH**
- **Target**

**Additional Notes**

Sickness is reported one month in arrears.

E-Rostering monthly and weekly data for the wards shows high levels of sickness in week/month.

Data shows a variety of reasons, most common are cold and unknown, but other issues are gastrointestinal, chest and MSK. There are also cases of LTS on the majority of wards which have led to between 1 and 5% of absence. The HR team are now using this more up-to-date information to work with managers to manage sickness.
The percentage of staff up to date with their Mandatory Training has reduced from 92% to 91%, against a target of 90%.
The percentage of staff remaining in date for their Annual Appraisal has increased from 83% to 84% against a target of 90%. 
Monitor Agency Caps

Well Led

[13]
Bank Fill %

Staff Nurse

- Bank %: 27%
- Agency %: 73%

HCA

- Bank %: 38%
- Agency %: 62%

Well Led [14]
## Workforce Assurance

<table>
<thead>
<tr>
<th>Feb-16</th>
<th>Target</th>
<th>Additional Clinical Services</th>
<th>Add'l Prof Scientific &amp; Technical</th>
<th>Admin &amp; Clerical</th>
<th>Allied Health Professional</th>
<th>Ancillary</th>
<th>Estates</th>
<th>Medical &amp; Dental</th>
<th>Nursing &amp; Midwifery</th>
<th>Senior Managers</th>
<th>HCA's</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracted FTE</td>
<td>2001</td>
<td>54</td>
<td>50</td>
<td>431</td>
<td>100</td>
<td>166</td>
<td>23</td>
<td>231</td>
<td>560</td>
<td>100</td>
<td>224</td>
</tr>
<tr>
<td>Vacancy Rate</td>
<td>10%</td>
<td>-8%</td>
<td>8%</td>
<td>-5%</td>
<td>10%</td>
<td>11%</td>
<td>0%</td>
<td>14%</td>
<td>9%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feb-16</th>
<th>Target</th>
<th>Additional Clinical Services</th>
<th>Add'l Prof Scientific &amp; Technical</th>
<th>Admin &amp; Clerical</th>
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<th>Ancillary</th>
<th>Estates</th>
<th>Medical &amp; Dental</th>
<th>Nursing &amp; Midwifery</th>
<th>Senior Managers</th>
<th>HCA's</th>
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<tbody>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>10% - 15%</td>
<td>15%</td>
<td>12%</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
<td>0%</td>
<td>14%</td>
<td>16%</td>
<td>10%</td>
<td>25%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Feb-16</th>
<th>Target</th>
<th>Additional Clinical Services</th>
<th>Add'l Prof Scientific &amp; Technical</th>
<th>Admin &amp; Clerical</th>
<th>Allied Health Professional</th>
<th>Ancillary</th>
<th>Estates</th>
<th>Medical &amp; Dental</th>
<th>Nursing &amp; Midwifery</th>
<th>Senior Managers</th>
<th>HCA's</th>
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<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>3.0%</td>
<td>2.5%</td>
<td>7.8%</td>
<td>2.6%</td>
<td>1.7%</td>
<td>7.5%</td>
<td>6.5%</td>
<td>1.0%</td>
<td>4.3%</td>
<td>2.1%</td>
<td>6.0%</td>
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<td></td>
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</tr>
<tr>
<td>Sickness Absence (Rolling Yr)</td>
<td>3.0%</td>
<td>2.2%</td>
<td>2.9%</td>
<td>2.5%</td>
<td>1.4%</td>
<td>5.0%</td>
<td>3.0%</td>
<td>0.7%</td>
<td>3.3%</td>
<td>1.6%</td>
<td>5.2%</td>
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</table>

<table>
<thead>
<tr>
<th>Feb-16</th>
<th>Target</th>
<th>Additional Clinical Services</th>
<th>Add'l Prof Scientific &amp; Technical</th>
<th>Admin &amp; Clerical</th>
<th>Allied Health Professional</th>
<th>Ancillary</th>
<th>Estates</th>
<th>Medical &amp; Dental</th>
<th>Nursing &amp; Midwifery</th>
<th>Senior Managers</th>
<th>HCA's</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Compliance</td>
<td>90%</td>
<td>86%</td>
<td>91%</td>
<td>93%</td>
<td>92%</td>
<td>87%</td>
<td>84%</td>
<td>92%</td>
<td>92%</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Appraisal</td>
<td>90%</td>
<td>81%</td>
<td>87%</td>
<td>89%</td>
<td>85%</td>
<td>78%</td>
<td>94%</td>
<td>86%</td>
<td>83%</td>
<td>81%</td>
<td>77%</td>
</tr>
</tbody>
</table>
## Workforce Assurance

<table>
<thead>
<tr>
<th>Registered Nursing</th>
<th>All Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feb-16</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>22</td>
</tr>
<tr>
<td>Elective Ward</td>
<td>14</td>
</tr>
<tr>
<td>Surgery &amp; Gynae Ward</td>
<td>16</td>
</tr>
<tr>
<td>Kingston Wing</td>
<td>12</td>
</tr>
<tr>
<td>ICU</td>
<td>44</td>
</tr>
<tr>
<td>Gynae, Breast and MFFD</td>
<td>14</td>
</tr>
<tr>
<td>Midwifery</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>EAU</td>
<td>19</td>
</tr>
<tr>
<td>Ward 8A - Medicine</td>
<td>16</td>
</tr>
<tr>
<td>Stroke &amp; Elderly Care</td>
<td>15</td>
</tr>
<tr>
<td>Ward 9A - Medicine</td>
<td>19</td>
</tr>
<tr>
<td>Ward 9B - Medicine</td>
<td>16</td>
</tr>
<tr>
<td>Ward 10</td>
<td>16</td>
</tr>
<tr>
<td>CCU</td>
<td>17</td>
</tr>
<tr>
<td>SCBU</td>
<td>11</td>
</tr>
</tbody>
</table>

**Total Vacancies** 329 304 8%

* Extremely Likely and Likely to recommend
Key Developments in Month

- **E-learning** - new system purchased from ‘Skills for Health’ to provide our people with new opportunities to learn and develop, including mandatory training.

- **Management Development Programme** - first cohort of managers have graduated with very positive feedback. Will change the way our people work. Commercial opportunities being explored.


- **Digitalisation of HR processes** - further progress made with development of an e-Changes Form. This will speed up the process of information transfer and improve data quality.

- **New HR Policy Manual printed** - final product of high quality. 9 training sessions with managers has taken place. Commercial opportunities being explored.

- **HR Helpdesk proving popular** - 921 calls answered in February. Quality assessment being undertaken.

- **Trackcare support** - 265 new Smartcard requests were received and being developed.

- **Training contract** - signed a new contract to deliver single units to care organisations. Go live in April 16.

- **Equality and diversity** - new ‘ablutions room’ has been opened for staff of Muslim faith in the Academy.

- **Academy fabric** - new flooring and doors installed to improve environment.

- **Staff survey** - second year in row of improvement. 6 issues improved and no deteriorations since 2014.
YDH | Financial Performance
Month 11 – February 2016
Executive Summary
Business as usual (BAU) excluding transformation. All variances reported are for YDH BAU budget of £18.4m deficit.

Monitor set a revised target of £17.1m with additional £0.4m (£17.5m total) subject to consultancy expenditure approval

£1.5m in month deficit → £16.8m YTD deficit → £0.2 m YTD favourable vs budget
Executive Summary
In month February 2016 BAU favourable variance to budget £52k. Whole trust including transformation £52k favourable to budget in month.

Includes £107k favourable donated asset income timing variance (£219k adv YTD)

Nursing overspent by £130k

Presentation ref – see section for more details
Executive Summary – Year to date summary BAU budget

Year to date £16.8m deficit; £0.2m favourable to budget

1. **Income**
   - Income is £73k (0.1%) favourable to budget.
     - Clinical income is £4k adverse, private patients is £31k adverse and RTA income is £130k adverse.
     - Other income £237k favourable, £219k adverse timing on donated asset income offset by additional staff rental, R&D and education income.

2. **Expenditure**
   - Expenditure is £592k (0.6%) adverse to budget.
     - Pay is £458k adverse, £1,175k overspend on nursing staff is offset by underspends in medical, admin and other staff groups.
     - Non pay is £164k (0.4%) adverse, main item of overspend additional expenditure on rental accommodation setup, and outsourced waiting list work.

3. **Capital**
   - Capital is £1.389m (14%) underspent against plan.
     - The main variances are due to the purchase of medical and radiology equipment now via a lease, timing variance on costs for new ward and SCBU and Smartcare.

4. **Cash**
   - Cash at 29th February of is £6.3m.
     - This is above plan due to loan drawdown timing and continues to be monitored weekly. Temporary borrowing facility has been agreed for 2016/17.
## Contents

### Income
- 1.1 NHS Clinical Income
- 1.2 Non NHS Clinical Income
- 1.3 Other Income

### Expenditure
- 2.1 Pay Expenditure and Temporary Staffing
- 2.2 Drugs
- 2.3 Other Non Pay Expenditure
- 2.4 CIP (Cost Improvement Programmes)
- 2.5 Transformation Budget

### Capital
- 3.1 Capital Projects

### Cash
- 4.1 Cash Flow
- 4.2 Balance Sheet
1.1 | NHS clinical income
YTD £4k adverse & £179k in month adverse variance.

Notes

- Somerset CCG adverse variance in month due to less winter income received than plan.
- NHS England Specialised Commissioning recognising £200k of contract over performance YTD.
- Dorset CCG in line with budget in month.
- In month less income was received for high cost pass through drugs due to lower expenditure.

Other includes- Overseas patients, Local Authority, Military, Public Health & NCA
1.2 | Non NHS clinical income - 1.3 | Other non clinical income

Favourable variance in month £258k, favourable by £76k YTD

Other non clinical includes: R&D, education and training, catering, car parking, commercial contracts, donated asset income.

Notes

• £45k adverse in month on private patients income, £31k adverse year to date. Compared to prior year this is £263k favourable (14%) YTD. Kingston Wing £505k contribution YTD, £134k higher than YTD 2014/15.
• £28k favourable Other Non NHS Clinical Income due to Injury Cost Recovery Scheme, variable income stream YTD £56k lower than prior year.
• Other Non Clinical Income £275k favourable in month, £107k favourable timing variance on donated asset income and Trackcare, plus additional and education and apprentice income.
2.1 | Pay expenditure & temporary staffing
Pay YTD is £458k overspent & £126k overspent in month.

Notes
- Nursing pay is £130k overspent due to higher sickness than planned £45k, supernumerary staffing for overseas and preceptorship nursing £20k, specialising patients £18k and staffing escalation beds £50k.
- Medical staff are overspent due to continued usage of agency staff to cover vacancies.
- Estates, Admin & Clerical are underspent due to vacancies partly offset by additional emergency maintenance call outs.

Variance to Budget in Month

£126k Adv
2.1 | Pay expenditure & temporary staffing

Nursing Staff - £130k overspent in month, £1,175k YTD

- Substantive costs increased by £77k, bank costs remained static and agency costs increased by £23k in month. Additional costs were incurred as a result of escalation, high sickness, specialing and supernumerary time.
- The modular ward opened on 8th February. Despite this escalation areas were still open for a few days later in the month, a total of 13 days in February. Total escalation costs amount to £50k in month.
- Registered nursing agency expenditure as a % of total registered nursing expenditure was 11.8%. The target is 8%.

Capacity at 100% occupancy, exc escalation & Cookson
2.1 | Pay expenditure & temporary staffing

Medical Staff Analysis - £53k underspent in month, £82k underspent YTD. Agency spend in month £113k, YTD £2,250k.

Medical staffing is overspent in month which is due to the reduction of available risk budget. Recruitment fees have not been spent and £70k of non pay budget underspend in month offsets this overspend.

Elective Care in month spend is for backfill of vacancies across Middle Grade and SHO posts in Surgery, Gynae, Orthopaedics and Anaesthetics.

Urgent Care in month spend is for backfill of vacancies across Consultant, Middle Grades and SHO posts in Radiology, ED and Medicine. ED consultant backfill has been seen for adjustment to duties (oncall) prior to maternity leave.
2.2 | Drugs

£84k underspent in month; £253k underspent YTD, this is partially offset by reduced income for high cost pass through drugs.

Notes

• From April – Feb £12.4m has been spent on drugs and £7.7m of income received to directly pay for high cost items.

• In month the net drugs position is £33k favourable, YTD £252k adverse to budget. This is due to reduced income for high cost drugs included in the block contract with Somerset CCG and additional expenditure on drugs linked to activity.

• Specialised Commissioning drugs has reduced income, under the contract the Trust only receives income to cover 70% of drug costs above plan.
2.3 Other non pay expenditure

Overspent by £52k in month, overspent by £416k YTD.

Notes

- Consumable M&SE overspent by £12k in month, £1k underspent YTD. Additional expenditure in pathology related to activity, radiology for a service to cover pay vacancies offset by underspends on ward consumables.

- High cost consumables are underspend by £122k in month, £908k YTD, favourable variance for RTT costs incurred in other non pay payment to another provider, £53k underspend in orthopaedics theatres.

- Other non pay is overspent by £162k in month, additional RTT costs for patients transferred to Shepton Mallet Treatment centre offset by underspend in high cost consumables. Rental accommodation costs of £61k in month (£567k YTD) offset by £43k (£248k YTD) of income. Running costs of occupied properties is covered by income.
2.4 CIP Achievement
In month £273k achieved against plan of £286k. YTD £2,575k achieved against plan of £2,636k.

<table>
<thead>
<tr>
<th>Project</th>
<th>Actual Recurrent</th>
<th>Actual Non Recurrent</th>
<th>Total Achieved</th>
<th>Plan</th>
<th>Variance</th>
<th>Actual Recurrent</th>
<th>Non Recurrent</th>
<th>Total</th>
<th>Achieved</th>
<th>Plan</th>
<th>Variance</th>
<th>Recurrent</th>
<th>Non Recurrent</th>
<th>Total</th>
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<td>34</td>
<td>23</td>
<td>11</td>
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<td>114</td>
<td>(18)</td>
<td>0</td>
<td>1,102</td>
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<td>16</td>
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<td>57</td>
<td>100</td>
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<td>13</td>
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<td>0</td>
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<td></td>
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<tr>
<td>Energy</td>
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<td>9</td>
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<td>5</td>
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<tr>
<td>Hospital Effectiveness</td>
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<td>0</td>
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<td>Urgent Care</td>
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<td><strong>Total</strong></td>
<td><strong>231</strong></td>
<td><strong>42</strong></td>
<td><strong>273</strong></td>
<td><strong>286</strong></td>
<td><strong>(13)</strong></td>
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<td><strong>1,502</strong></td>
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</tr>
</tbody>
</table>
2.5 | Transformation Budget

£0k breakeven in month; £0k breakeven YTD.

Notes

- Costs incurred year to date include extended FOPAS service pay costs. Project teams and external support to facilitate implementation.

- In month was breakeven, YTD to breakeven in line with agreed transformation fund.

- Pay and non pay expenditure will vary to the original plan incorporating adjustments in the revised value proposition developed with NHS England and Monitor. This reflects a revised timetable for implementation.
3.1 | Capital

Overspent by £1,123k in month, YTD £1.389k underspent

<table>
<thead>
<tr>
<th>Capital Expenditure</th>
<th>In Month</th>
<th>Year to Date</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Variance</td>
<td>Actual</td>
</tr>
<tr>
<td><strong>Operational Capital Spend</strong></td>
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<tr>
<td>Total General Site Capex</td>
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<tr>
<td>Medical Equipment</td>
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<tr>
<td>Radiology</td>
<td>20</td>
<td>(20)</td>
<td>84</td>
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<tr>
<td>IT Upgrad / Replacement</td>
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<tr>
<td>IT / Developments</td>
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<td><strong>Major Developments</strong></td>
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<tr>
<td>Energy Project</td>
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<td>(42)</td>
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<tr>
<td>New Ward</td>
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<td>(428)</td>
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<td>IT - Smartcare</td>
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<td>59</td>
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<tr>
<td>MSCP Land</td>
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<tr>
<td>Donated Schemes in Year</td>
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<td>124</td>
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<td><strong>Total</strong></td>
<td><strong>1,701</strong></td>
<td><strong>(1,123)</strong></td>
<td><strong>8,259</strong></td>
</tr>
</tbody>
</table>

**Notes**

- General site capex is underspent due to SCBU works, fire alarm project and Theatres Air Handling Unit replacement scheduled later than originally planned.
- Medical equipment now purchased via lease arrangements.
- Radiology equipment now being funded via a lease agreement.
- New ward completed on 8th February, with minor external works due completion in March.
4.2 | Cash

Outflow in month was £1.1m, cash balance at 29th February; £6.3m

Notes

- At end of February 2016 cash balance was £6.3m which is £5.3m greater than plan. The variance is mainly timing as loan support is drawn down in the middle of each month maintaining a minimum balance of £1m. YTD end of February £19.8m loan has been drawn down.

- Interim loan papers have been received from DoH for April 2016 for a working capital allowance of £10.6m prior to formal loan agreements after annual plan review.
## 4.2 | Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>Jan 16</th>
<th>Feb 16</th>
<th>Mvt In Mth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non Current Assets</strong></td>
<td>55,584</td>
<td>56,989</td>
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<td><strong>Current Assets</strong></td>
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<tr>
<td>Stock</td>
<td>2,135</td>
<td>2,129</td>
<td>(6)</td>
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<tr>
<td>NHS Trade Debtors</td>
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<td>9,291</td>
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<tr>
<td>Non NHS Trade Debtors</td>
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<td>Accrued Income</td>
<td>2,017</td>
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<td>(884)</td>
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<td>Prepaid Contracts</td>
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<td>(435)</td>
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<td>Cash in Hand and at Bank</td>
<td>7,406</td>
<td>6,327</td>
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<td><strong>Total Current assets</strong></td>
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<td>20,979</td>
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<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Trade Creditors</td>
<td>(880)</td>
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<td>(1,256)</td>
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<td>Other Creditors</td>
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<td>(3,036)</td>
<td>(70)</td>
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<td>PDC Dividend Creditor</td>
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<td>(390)</td>
<td>(65)</td>
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<td>Capital Creditor</td>
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<td>Accruals</td>
<td>(10,615)</td>
<td>(10,809)</td>
<td>(194)</td>
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<tr>
<td>Borrowings &lt;1yr</td>
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<td>(115)</td>
<td>0</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>(10,184)</td>
<td>(9,295)</td>
<td>889</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td>(26,831)</td>
<td>(27,290)</td>
<td>(459)</td>
</tr>
<tr>
<td><strong>Net Current Assets</strong></td>
<td>(3,459)</td>
<td>(6,311)</td>
<td>(2,852)</td>
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<tr>
<td><strong>Total Assets less Current Liabilities</strong></td>
<td>52,125</td>
<td>50,678</td>
<td>(1,447)</td>
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<td>Trade and other Payables &gt;1yr</td>
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<tr>
<td>Borrowings&gt; 1yr</td>
<td>(21,290)</td>
<td>(21,333)</td>
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<td>Provisions &gt;1yr</td>
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<td>(1,002)</td>
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<tr>
<td><strong>Net Assets employed</strong></td>
<td>29,827</td>
<td>28,343</td>
<td>(1,484)</td>
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<td><strong>Financed by:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Reserve Current year</td>
<td>(15,356)</td>
<td>(16,840)</td>
<td>(1,484)</td>
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<tr>
<td>Public Dividend Capital</td>
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<td>I&amp;E Reserve Previous year</td>
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<td>Revaluation Reserve</td>
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<td><strong>Total Financed</strong></td>
<td>29,827</td>
<td>28,343</td>
<td>(1,484)</td>
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Summary Statement of Comprehensive Income
For business as usual operations – excluding transformation.

<table>
<thead>
<tr>
<th>Financial Summary</th>
<th>Prior Months Actuals</th>
<th>In Month - Feb 16</th>
<th>Year to Date</th>
<th>Annual Budget 2015/16</th>
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<tbody>
<tr>
<td><strong>£000's</strong></td>
<td>Dec-15</td>
<td>Jan-16</td>
<td>Actual</td>
<td>Variance to Budget (% var)</td>
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<tr>
<td><strong>Income</strong></td>
<td></td>
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<tr>
<td>Clinical Income</td>
<td>8,758</td>
<td>8,676</td>
<td>8,491</td>
<td>(179)</td>
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<tr>
<td>Non NHS Clinical Income</td>
<td>183</td>
<td>246</td>
<td>227</td>
<td>(17)</td>
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<tr>
<td>Other Income</td>
<td>1,150</td>
<td>1,125</td>
<td>1,406</td>
<td>275</td>
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<td>10,047</td>
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<td>80</td>
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<tr>
<td><strong>Pay</strong></td>
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<td>(2,219)</td>
<td>(88)</td>
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<td>(556)</td>
<td>(588)</td>
<td>(42)</td>
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<td>(2,239)</td>
<td>(2,270)</td>
<td>(35)</td>
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<td>(678)</td>
<td>(687)</td>
<td>(5)</td>
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<td>Pay - Ancillary</td>
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<td>(376)</td>
<td>(364)</td>
<td>(10)</td>
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<td><strong>Total Pay Expenditure</strong></td>
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<td><strong>Non Pay</strong></td>
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<tr>
<td>Drugs</td>
<td>(1,244)</td>
<td>(1,239)</td>
<td>(1,130)</td>
<td>84</td>
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<td>Consumable M&amp;SE</td>
<td>(835)</td>
<td>(644)</td>
<td>(617)</td>
<td>(12)</td>
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<tr>
<td>High Cost M&amp;SE</td>
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<td>(210)</td>
<td>(167)</td>
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<td>(1,281)</td>
<td>(1,077)</td>
<td>(12)</td>
</tr>
<tr>
<td>Other Technical</td>
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<td>(368)</td>
<td>(406)</td>
<td>65</td>
</tr>
<tr>
<td><strong>Surplus / (Deficit)</strong></td>
<td>(1,585)</td>
<td>(1,649)</td>
<td>(1,483)</td>
<td>52</td>
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</table>
Summary Statement of Comprehensive Income
For whole trust including business as usual operations and transformation.

<table>
<thead>
<tr>
<th>Financial Summary</th>
<th>Prior Months Actuals</th>
<th>In Month - Feb -16</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000's</td>
<td>Dec-15</td>
<td>Jan-16</td>
<td>Actual</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Income</td>
<td>9,150</td>
<td>9,214</td>
<td>9,203</td>
</tr>
<tr>
<td>Non NHS Clinical Income</td>
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<td>246</td>
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<td>Registered Nursing</td>
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<tr>
<td>Drugs</td>
<td>(1,244)</td>
<td>(1,239)</td>
<td>(1,130)</td>
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<tr>
<td>Consumable M&amp;SE</td>
<td>(835)</td>
<td>(644)</td>
<td>(617)</td>
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<tr>
<td>High Cost M&amp;SE</td>
<td>(171)</td>
<td>(210)</td>
<td>(167)</td>
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<td>Total Non Pay Expenditure</td>
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<tr>
<td>EBITDA</td>
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<td>(1,281)</td>
<td>(1,077)</td>
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<tr>
<td>Other Technical</td>
<td>(403)</td>
<td>(368)</td>
<td>(406)</td>
</tr>
<tr>
<td>Surplus / (Deficit)</td>
<td>(1,585)</td>
<td>(1,649)</td>
<td>(1,483)</td>
</tr>
</tbody>
</table>
5.1 | Service Line Reporting
Urgent Care SLR YTD contribution by specialty

Notes

• The above shows Medicine (which includes FOPAS, Ambulatory care and Geriatric medicine, along with General medicine) as making the most significant contribution (Income less direct costs). However, as a percentage of its total revenue this contribution is only 9%.
• The division is making an overall loss of £8.8m
5.1 | Service Line Reporting
Elective Care SLR YTD contribution by specialty

**Notes**
- The above shows several large contributions in Ophthalmology, Orthopaedics and Surgical specialties.
- The latter two are making a small contribution relative to the respective size of the specialties (in terms of revenue).
- **Overall, the division is making a £6.5m loss.**
- Gynaecology apportionments being revised, potentially explaining the relatively high profitability of obstetrics
- Critical care has had a couple of expensive long staying patients discharged in month, allocating income to the service, which is why it is now showing a positive contribution.
This is a regular monthly report updating the Board on progress with the Symphony Programme in South Somerset. South Somerset was selected in March 2015 as one of 29 sites nationally to become Vanguard sites for the development of new care models and new ways of working.

Programme Board and Working Groups

The programme continues to progress well. The period has concentrated on the legal work associated with the set-up of the Symphony Operating Company and immediate integration activities.

The main workstream highlights are as follows:

Complex Care

Project going well in the Yeovil Hub, but the final design and workforce requirements of the Tier 2 Hub have proved to be challenging.

The Tier 2 Hub construct and workforce has been agreed at the Symphony Programme Board and detailed design parameters are to be agreed on 17 March 2016.

Excellent progress has been made with recruitment and all of the Care Coordinators and Phase 1 Key Workers have been interviewed and recruited.

Work continues regarding Hub set up, locations for east and west agreed with Somerset Partnership NHS Foundation Trust leading on the East (Wincanton Community Hospital) and Symphony on the West (South Petherton Medical Centre).

There is now a plan in place for the work associated with setting up the new YDH expanded Hub.

All issues preventing practices opening EMIS to the Hub team have been resolved through a modification to the second level information sharing agreement and the last 2 practices can now switch on.

Enhanced Primary Care (EPC)

Project continues to progress well and we have implemented EPC (and Health Coaches) across five wave 1 sites and have initiated implementation across eight wave 2 sites.

19 Health Coaches have been employed to date, and a further 20 will be employed by April 2016. This will be supported by the central recruitment event on 16 March 2016.
An MSk pilot under the 'EPC skill-mix' sub workstream is due to go live in the coming period.

Work continues of the EPC Blueprint document development taking lesson learned so far and will provide practices with an EPC standard to be adopted.

The planning for the virtual diabetes clinics has been completed and roll-out will commence this period.

Wave 2 summary levels plans in production utilising the blueprint template.

**Joint Venture**

Progress update was briefed at the South Somerset Primary Care meeting on 29 February 2016 and very well received by all.

Engagement with Optum has commenced and the focus has been on the OBC response and Stakeholder Management. Memorandum of Understanding with the key stakeholders is in development and the response is now due by 21 April 2016.

Optum continue to fact find, gather data and have commenced the Capitated Budget development work.

**Operating Company**

The new Symphony Operating Company is being setup along with the transactions relating to the wave 1 practices. GP recruitment process is underway and interviews have commenced.

A plan is being developed for the on-boarding of wave 2 practices

**National Vanguard Programme**

We are waiting to hear the outcome The Value Proposition review process and final clarification of funding for 2016/17.
What is this item about and what is the Board asked to do?

The Health and Safety Policy details the Trust commitment in complying with the Health and Safety at Work etc. (HSAW) Act 1974, and regulations made under the act. The Policy includes the Statement of Intent signed by the Chief Executive.

The policy has been revised to make specific references to the regulatory areas and reference to Health and Safety Executive (HSE) guidelines. The policy includes updates to the following topics:

- Specific responsibilities of managers and guidance on H&S risk assessment
- Identifying the change of committee structure to the Security and Safety Cmte.
- Inclusion of auditing and review processes for department monitoring
- Inclusion of references to the Fire Safety Strategy
- Identifying the requirements for Health Surveillance and access to Occupational Health Services
- Reference to the Management of Stress procedures being included in the HR manual
- Inclusion of reference to the Ionising Radiation Safety policy

Some procedures have been removed as a result of the policy update with direct reference to HSE guidance on the following topics:

- Laser safety procedures
- Work equipment procedures
- Noise at work procedures
- Personal protective equipment procedures
- Slips, trips and falls procedure
- Work related stress procedures
- Vibration at work procedures
- Working at height procedures

These procedures have clear guidance documented under the HSE website providing the most relevant and up to date advice which removes the need to have them replicated as local procedures. Also; the requirement for risk assessment and training of H&S representatives and auditing departments will pick up the hazards and risks involved.
The Board of Directors is asked to ratify the Health and Safety Policy.

Are there legal, financial, procedural, workforce implications and/or legislative requirements?

Yes – The HSAW Act 1974 is the primary piece of legislation covering occupational health and safety in Great Britain. The Health and Safety Executive, with local authorities (and other enforcing authorities) is responsible for enforcing the Act and a number of other Acts and Statutory Instruments relevant to the working environment.

Enforcement by the HSE is in accordance with the Regulators' Compliance Code and the regulatory principles required under the Legislative and Regulatory Reform Act 2006. Breaches of the HSWA and the relevant statutory provisions are offences under section 33 of the HSWA with penalties ranging from Corporate Manslaughter, Imprisonment and/ or unlimited fines. Sentencing guidelines for health and safety are set out in the Health and Safety Offences, Corporate Manslaughter and Food Safety and Hygiene Offences, see https://www.sentencingcouncil.org.uk/wp-content/uploads/HS-offences-definitive-guideline-FINAL-web.pdf

The NHS Litigation Authority (NHSLA) Liabilities to Third Parties Scheme (LTPS) Membership rules requires organisations participating in the scheme to adhere to health and safety regulations in the protection of relevant persons e.g. staff and others including public liability.

Is this paper clear for release under the Freedom of Information Act 2000?
Yes

What are the next steps/future actions?
- Dissemination and communication of management responsibilities
- Development of an auditing and reporting system
- Improving workplace H&S risk assessment procedures and safety monitoring tools
- Review of procedures referenced that remain included in the policy

Links to the Trust's strategic objectives and/or priorities:
- Care for Our Population
- Develop Our People

Links to the Board Assurance Framework/Corporate Risk Register (if applicable):
N/A

Reference to CQC domains:
Safe, Well-led, Responsive

Report history:
Agreed at the Security and Safety Committee 4 February 2016
HEALTH AND SAFETY POLICY

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1. **HEALTH & SAFETY STATEMENT OF INTENT**

Yeovil District Hospital NHS Foundation Trust is committed to ensuring the health, safety and welfare of its staff, patients, visitors and any other persons affected by our working practices. This will be achieved by having policies and management structures in place to identify and manage risks across the Trust and for all staff to take appropriate action to identify and eliminate the likelihood of accidents, injuries and losses to the organisation.

The Trust will take all measures required to meet its general duties under the Health and Safety at Work Act 1974 in the provision of:

- Providing safe means of entry to and exit from all work areas of the Trust.
- Ensuring all equipment is selected, used, inspected, maintained and disposed of safely and in accordance with current health, safety and environmental legislation.
- Providing and maintaining a safe and healthy working environment and conditions with adequate facilities for staff welfare at work.
- Ensuring arrangements are in place for safe handling, transporting and storage of articles and substances.
- Ensuring suitable and sufficient information, instruction, training and supervision is provided to enable all employees to identify hazards and to work safely without risk to themselves or others.

The Trust will take all measures to comply with Fire Safety legislation to ensure that all premises are safe for occupation. This will include managing arrangements to reduce the risk of fires occurring and to ensure emergency procedures are practiced.

The Trust will also strive for continual improvement in complying with environmental standards aimed at reducing the impact on the environment. This will be affected through targeting energy consumption and waste disposal procedures, where possible by: reducing waste through smart procurement, re-using materials and equipment and re-cycling waste.

The Trust will strive for continual improvement of health and safety standards and the development and enhancing of a positive safety culture that promotes personal safety and responsibility, respect for others, and respect for the workplace. Consultation with staff and management will take place through committees and the monitoring and review of arrangements will be conducted to identify best practice and highlight areas of weakness.

Sufficient financial resources will be provided to enable the Trust to comply with legislation where reasonably practicable. Improvements in Trust facilities and premises will be targeted for staff wellbeing linked to the provision of efficient clinical services.

This Statement is to be brought to the attention of all employees of the Trust and be displayed in workplaces.

Signed: ___________________________ Date: ___________________________

19/01/2016

CHIEF EXECUTIVE – Paul Mears (on behalf of Yeovil District Hospital NHS Foundation Trust)
HEALTH AND SAFETY POLICY

2. INTRODUCTION
Workplaces are as hazardous as they are made by the people who work in them and safety is everyone’s responsibility. This policy recognises that everyone has a role in the provision of a safe working environment for staff visitors and patients alike. In all workplaces the Trust has a responsibility for their Health and Safety as does each employee to themselves and others. High standards of awareness and responsibility will reduce the likelihood of accidents and fires resulting in injury, pain, losses and potential prosecution. Working in a secure and safe environment will improve the morale of staff and provide an environment for best practice in clinical treatment. This commitment is set out in the Chief Executives Statement of Intent.

3. SCOPE OF THIS DOCUMENT
This policy applies to all employees (including contractors, volunteers, students, locum and agency staff working on the premises) of the Trust and to all members of the public, patients and contractors whilst they are on sites managed by the Trust.

This policy outlines responsibilities and procedures for managing with health and safety and should be read in conjunction with the Risk Management Strategy, Incident Reporting Policy, Fire Safety Strategy and safety procedures set out under H&S regulations.

4. DEFINITIONS

- Risk Assessment: The process whereby hazards and risks are evaluated alongside controls designed to reduce the risk.

- Reasonably Practicable: The process of balancing time, cost and effort against the reduction in risk achieved.

- Duty of Care: The general duty placed on all members of society to take reasonable care of themselves and others

- Acts or Omissions: Wrongly doing or failure to do something which subsequently causes injury or loss to another person.

- Statutory Instruments: These are regulations made under the Health and Safety at Work Act which detail the requirements of duties of employers in relation to the requirements of the law.

- Approved Codes of Practice and ‘Health & Safety Guidance’: These are documents published by the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) that detail the best practice methods required to meet statutory requirement. Alternatively any equivalent standards such as Health and Technical Memorandums (HTMs) are used in a Health Service environment.

- New or Expectant Mothers: An employee who is pregnant; who has given birth within the previous six months, or who is breastfeeding.

- Young Persons: Any person who has not reached the age of eighteen.
• **Enforcing Authorities**: There are two enforcement authorities that have roles to play in enforcing Health and Safety legislation, they are:

  - **Health and Safety Executive (HSE)**: The authority commissioned by the Health and Safety at Work Act 1974 for promoting safe workplaces are the main enforcing authority for industrial premises, including Hospitals.

  - **Local Authorities**: The local authority safety inspector that looks at commercial enterprises including kindergartens, kitchens and catering outlets.

5. **ROLES AND RESPONSIBILITIES**

5.1 **Chief Executive and the Board of Directors**

The Chief Executive has overall responsibility for Health and Safety across the Trust and through management arrangements ensures that sufficient arrangements and resources are allocated to manage safety throughout the Trust.

The Board of Directors have a joint responsibility to:

- Demonstrate commitment to Health and Safety leadership
- Ensuring that structures exist for the management of Health and Safety across management teams and engagement in the Safety and Security Committee
- Ensuring the risk management strategy supports the Health and Safety arrangements
- Ensuring that adequate financial, material and physical resources are identified to mitigate risks in their area of control

5.2 **Director Lead for Health and Safety**

The Chief Finance and Commercial Officer is the Director Lead responsible to the Trust Board on matters of Health and Safety. He delegates the management arrangements down to the Head of Estates and Facilities and the Fire, Health and Safety Manager, reporting through to the Audit Committee.

5.3 **Managers and Professional Leads**

Managers and professional leads have a key role in leading and co-ordinating Health and Safety matters. They are responsible for ensuring that their staff comply with the Health and Safety Policy and Procedures. Managers are responsible for:

- Nominating and supporting workplace Health & Safety Monitors to carry out monitoring and safety audits (Fire Wardens, COSHH Monitors and Safety Reps)
- Ensuring ward/department risk assessments are documented and that suitable controls are in place to manage identified risks that are communicated to all staff
- Ensuring emergency procedures are communicated to all staff under their responsibility for the local area
- Creating and encouraging a positive safety culture within departments, supporting the reporting of incidents and concerns over workplace safety
- Ensuring that all accidents, incidents and near misses are reported and investigated according to the Trust’s Incident Reporting policy and that appropriate action is taken to prevent a reoccurrence
- Ensuring that all staff receives appropriate training, information, instruction and supervision in line with Trust policies including local induction for new starters
- Ensuring that approved Personal Protective Equipment (PPE) is made available, used, maintained and replaced as necessary
- Ensuring that all visitors and contractors brought on site by or on behalf of them work safely and in line with Trust policies and procedures
- Ensuring all work equipment has pre use checks conducted against it and that all defective equipment is clearly identified, taken out of service if necessary and reported to the appropriate department for repair or disposal

5.4 All Employees

All Employees (incl. Volunteers) have a responsibility and a ‘Duty of Care’ to work safely, to prevent injury or harm to themselves, fellow staff and others who may be affected by their acts or omissions. All staff are required to comply with this policy and are to:

- Read and comply with all risk assessments findings and safe systems of work
- Report any incident, accident, untoward occurrence, near miss, security concern, confidentiality breach, or potential risk which has or may lead to injury or damage.
- Report any defect in machinery or equipment to their manager or supervisor
- Use equipment correctly, including the completion of pre use checks, and not interfere with safety mechanisms, guards or anything provided for the safety of staff and others
- Correctly wear, maintain and store any PPE provided them
- Undertake instruction or safety training as required by the Trust

5.5 Safety Representatives

Appointed Health and Safety Representatives have a role in the promotion and improvement of Health and Safety by:
• Understanding and promoting the Health and Safety Policy.

• Representing employees in consultation with the management via the Joint Consultative Negotiations Committee (JCNC) and Health and Safety Committee as appropriate.

• Making representation to management on specific Health and Safety related issues.

• Contributing to the Trust Health & Safety Joint Management and Staff workplace inspections.

• Investigating incidents/accidents/near misses, hazards and or identified potential risks, examining the cause and reporting to management via the Health and Safety Committee to avoid recurrence

• Representing and supporting employees in dealings with the HSE or local authorities’ enforcement

5.6 Workplace Health and Safety Monitors

Workplace health and safety monitors are to be nominated by their departmental managers to champion workplace safety and specifically to carry out the following:

• Identifying workplace and work activity hazards (non-clinical), evaluating risks and documenting risk assessments on behalf of their managers.

• Assisting with workplace inspections, identifying areas of concern and raising them to their Line Manager for action.

• Raising awareness on Health and Safety issues to peers and managers

• Conducting training as necessary to raise staff awareness on safety issues

5.7 Fire, Health & Safety Manager

The Fire, Health and Safety Manager and Advisor fulfils the role of lead competent person. Responsibilities include:

• Ensuring that management arrangements are in place to identify and manage Health & Safety risks and that internal audits are conducted to monitor and review policies and procedures

• Providing support and advice to managers regarding legal compliance with their Health and Safety related responsibilities

• Ensuring that nominated workplace Health and Safety monitors are supported with training and information to enable them to carry out their safety roles

• Liaison with and acting upon information/reports received from the Health and Safety Executive and other enforcing agencies
• Monitoring the reporting of incidents and accidents, including those required to be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

• Preparation and submission of an annual report on fire, health and safety compliance and managing quarterly Health and Safety Meetings to promote and manage safety arrangements in the Trust

5.8 Occupational Health Services

Occupational Health has the role of promoting and maintaining the physical, mental and social well-being of all employees. The Trust contracts services to discharge the following responsibilities:

• Advising on health surveillance requirements for staff
• Facilitating access to a confidential counselling services
• Advising managers, employees and Human Resources on individual cases where a return to work arrangement is required to ensure the health, safety and well-being of a member of staff returning to work after a period of sickness or absence due to work related injury or ill health.

5.9 Clinical Governance

Clinical governance is the system through which the Trust continuously improves the quality of services and safeguards high standards of care and patient safety. Risk management is a fundamental part of clinical governance leadership and systems are established to manage risk at all levels throughout the organisation as identified in the risk management strategy.

The clinical governance department provides the overview of risk management across the Trust with the risk manager being the focal point for risk management and incident reporting.

5.10 Security and Safety Committee

The function of the Security and Safety Committee is to develop a strategic framework for the management of procedures across the Trust. The Committee is split into two parts with the Security arrangements under the Security Policy and procedures being managed in the 1st Part of the meeting with Fire, Health & Safety forming the 2nd part of the meeting to be held quarterly. The combined committee reports to the Audit Committee as well as the Quality Committee for assurance purposes.
6. **ARRANGEMENTS FOR HEALTH AND SAFETY**

6.1 **Safe Access to Premises**

The Trust acknowledges its duty to ensure safe access and egress from the site, including during emergency situations for staff, patients and visitors alike. It satisfies those duties through:

- Provision of suitable access and car parking facilities for staff and patients
- Disability access for staff, patients and visitors.
- Provision of maintenance and housekeeping and domestic teams to respond to situations that may affect access, e.g. gritting roads & paths or cleaning spillages.

6.2 **Accidents and Incidents**

The Trust acknowledges its duty to investigate accidents and incidents as well as report those that are so required in accordance with RIDDOR. It satisfies those duties by:

- Operating an open “no blame” culture
- Providing and encouraging access to reporting processes.
- Providing feedback to staff that have made reports or been involved in incidents
- Investigating incidents leading to remedial actions
- Identifying incident trends and utilising cross NHS statistical analysis
- Investigation of serious incidents and near misses
- Reviewing incidents and investigations at appropriate committees

Details of the reporting procedure can be found in the Incident Reporting Policy.
6.3 **Asbestos**

The Trust acknowledges its duty to manage asbestos in the workplace in accordance with the Control of Asbestos Regulations 2012 [http://www.hse.gov.uk/asbestos/regulations.htm](http://www.hse.gov.uk/asbestos/regulations.htm), and satisfies those duties by:

- Appointing a responsible person
- Holding and maintaining an asbestos register
- Following a written management plan of survey, inspection, repair and removal
- Employing competent contractors to undertake asbestos works, including analysis and sampling of asbestos in line with the asbestos management plan
- Following a permit system for work conducted on asbestos and building areas

Details of the Asbestos Management strategy can be found in the Asbestos Management Procedure manual held with Estates and Facilities.

6.4 **Auditing and Review**

The Trust acknowledges the need to both proactively and reactively monitor its safety management system reported back through the Health and Safety committee. It achieves this by:

- Carrying out department/ward self-audits and risk based management audits
- Reviewing trend analysis of audit data including incident and security data

6.5 **Confined Spaces**

The Trust acknowledges its duty to manage entry into confined spaces in accordance with the Confined Spaces Regulations 1997 [http://www.hse.gov.uk/confinedspace/](http://www.hse.gov.uk/confinedspace/) and satisfies those duties by:

- Workplace Risk Assessment identifying confined spaces
- Providing health surveillance and medicals for staff required as required to enter confined spaces and continuing surveillance
- Provision of training for staff in entry, exit and emergency procedures as required
- Provision and maintenance of communication equipment, gas monitors, intrinsically safe tooling, rescue equipment and PPE for confined space entry as required.
- Use of isolation and Permit to Work systems where necessary.

Follow guidance through the HSE website.

6.6 **Consultation with the Workforce**

The Trust acknowledges its duty to communicate effectively with its workforce under the Safety Representatives and Safety Committees Regulations 1996, The Health and Safety (Consultation with Employees) Regulations 1996 and the Information and Consultation with Employees Regulations 2008. It achieves this by:

- Having appointed Trades Union Safety representatives in post
- Facilitating a Health and Safety Committee and providing the minutes on request
- Utilising the weekly brief available to all Trust staff
• Utilising the postmaster information system on all Trust PC’s
• Provision of information on notice boards on all levels
• Local and national NHS and Government issued newsletters, magazines and flyers
• Access to a medical library

6.7 Contractor Control
The Trust acknowledges its duty to manage Contractors to ensure that the best value service is provided without compromising health and safety for staff, patients, visitors and the contractors themselves during any works on site http://www.hse.gov.uk/toolbox/workers/contractors.htm This is achieved by:

• Pre-qualification checks prior to employment
• Specific risk assessment and method statements provided prior to work starting
• Consultation with contractors to identify and overcome hazards and safety issues
• Health and Safety file produced for CDM projects managed in accordance with CDM regulations 2015
• Performance audit and review
• Site induction

The Estates Contractor control procedure sits with the Estates Management Team.

6.8 Display Screen Equipment (DSE)
The Trust acknowledges its duty to manage the use of DSE in the workplace in accordance with the Display Screen Equipment Regulations 2002 http://www.hse.gov.uk/msd/dse/guidance.htm and satisfies those duties by;

• Provide instructions on setting up workstations and carrying out DSE self-assessments
• Provide collective or one to one training as required
• Provide specialist ergonomic assessment when need identified
• Provide specialist DSE equipment against ergonomic assessment
• Provide free eye tests with a local optician and a contribution towards frame costs

Details of the Trust’s DSE management system can be found on the intranet in the DSE Procedure including details of eye sight testing.

6.9 Electrical Safety
The Trust acknowledges its duty to manage electricity, electrical supplies and equipment in accordance with the Electricity at Work Regulations 1999 http://www.hse.gov.uk/lau/lacs/19-3.htm. This is achieved by:

• The use of competent, qualified, trained and experienced contractors and maintenance personnel to conduct all work involving electricity.
• Annual inspection and testing of lightning protection systems
• 5 yearly fixed installation testing and inspection.
• Rolling programme of Portable Appliance Testing (PAT).
• Secured electrical plant and switchgear systems.
• Following a permit system for works assessed as high risk.
• Implementation and introduction of standard electrical safety methods such as Residual Current Detection (RCD), Low voltage or battery powered tools, extension cable control and replacement.

Details of the Trust’s electrical management procedures are managed by the Estates Management Team.

6.10 Environmental Monitoring

The Trust acknowledges its duties contained within the COSHH Regulations 2002 [http://www.hse.gov.uk/coshh/] managed through environmental monitoring that controls in respect of exposure to hazardous substances are in place are working, and for new processes are measured to ensure that Exposure Limits are not exceeded. This is achieved by:

• Risk assessment of workplaces and environmental measurement
• Monitoring based on risk assessment or accident/incident data
• Occupational Health surveillance results against benchmark data

Details of the COSHH Procedure can be found under Health and safety / COSHH on YCloud.

6.11 Fire Safety

The Trust acknowledges its duty to manage fire risks in the workplace in accordance with the Regulatory Reform (Fire Safety) Order 2005 [https://www.gov.uk/workplace-fire-safety-your-responsibilities] details of which can be found in the Fire Safety Strategy.

6.12 Hazardous Substances

The Trust acknowledges its duty to control hazardous substances (including biological agents) in the workplace in accordance with the Control of Substances Hazardous to Health Regulations 2002 [http://www.hse.gov.uk/coshh/] and satisfies those duties by;

• Training local COSHH Assessors and targeted awareness training.
• Providing a database of COSHH Assessments and Material Safety Data Sheets.
• Provision of appropriate engineering controls such as LEV and secure storage, admin controls such as safe systems of work and correctly fitted, approved PPE.
• Provision of spill training and equipment in identified risk areas
• Providing occupational health surveillance identified by risk assessment.

Details of the Trust hazardous substances strategy can be found on the intranet in the Hazardous Substances Procedure.

6.13 Health & Safety Training

The Trust acknowledges its duty to provide training to all staff in the Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999 by:

• Providing Induction training for all staff at a Trust level and local induction at a department level at the start of employment
• Delivering mandatory training for all staff at 2 yearly intervals
• Targeted training in areas such as:
  o Fire Wardens
  o Use of Fire Extinguishers
  o Use of Evacuation equipment
  o Manual Handling (equipment and skill based)
  o General Health and Safety awareness
  o General COSHH awareness
  o First Aiders (full and appointed person)

6.14 Health Surveillance
The Trust acknowledges its duty to provide occupational health support to its workforce that may be exposed to hazardous substances or activities and satisfies those duties by:

• Carrying out pre-employment medical questionnaires and examinations
• Annual surveillance against baseline data of identified staff for issues such as:
  o Noise exposure
  o Vibration exposure
  o Occupational disease
  o Respiratory sensitizer or irritant exposure
• Return to work medicals

Follow guidance through the HSE website: [http://www.hse.gov.uk/health-surveillance/](http://www.hse.gov.uk/health-surveillance/)

Full details of the Occupational Health services can be found on the intranet under [http://ycloud/teams/humanresources/occupationalhealth/SitePages/Home.aspx](http://ycloud/teams/humanresources/occupationalhealth/SitePages/Home.aspx)

6.15 Lasers
The Trust acknowledges its duty to manage the use of Lasers on its premises in accordance with the Management of Health and Safety at Work Regulations 1999 and satisfies those duties by:

• Appointing a Laser safety Advisor to the Trust
• Appointing local Laser safety Officers
• Writing and implementing Laser Safety Local Rules
• Providing appropriate PPE to personnel identified within the assessment
• Providing permanent and temporary warning signs as necessary
• Maintaining and calibrating all Laser equipment and its built in safety systems as required by the manufacturer
• Storing Laser equipment to prevent unlawful and unauthorised use

Guidance on laser safety can be found through the HSE website.

6.16 Legionella
The Trust acknowledges its duty to manage the release of Legionella Bacteria from its water systems in accordance with the Control of Substances Hazardous to Health Regulations 2002 and ACoP L8 [http://www.hse.gov.uk/legionnaires/](http://www.hse.gov.uk/legionnaires/), and satisfies those duties by;
• Appointing a Responsible person (Maintenance Manager)
• Holding and maintaining risk assessments (including drawings) of all water systems
• Maintaining water systems through dosing techniques, cleaning, flushing, lagging and removal of dead legs
• Employing competent contractors to undertake Legionella works on its behalf as required

Details of the Legionella Management strategy can be found in the Water Safety Policy managed through the Estates Management team.

6.17 Lone Working

The Trust acknowledges its duty to manage lone working in the Management of Health and Safety at Work Regulations 1999. It satisfies that duty by:

• Restricting lone working activities to the minimum number possible to achieve strategic aims of the Trust.
• Providing specific lone worker assessments when role cannot be avoided
• Providing a minimum of 2 choices of communication to lone workers
• Following a strict booking in/out and check call in system
• Management physical checks against a set timetable
• Use of CCTV images where coverage allows

Full details of the Trust lone worker strategy can be found on the intranet in the Lone Working Procedure.

Follow guidance through the HSE website: [http://www.hse.gov.uk/toolbox/workers/lone.htm](http://www.hse.gov.uk/toolbox/workers/lone.htm)

6.18 Machinery, Tools and Equipment


• Training for staff in equipment servicing and maintenance as appropriate
• Risk assessment for the machine or process including statutory and local controls
• Planned preventative maintenance systems

6.19 Manual Handling (MH)

The Trust acknowledges its duty to manage manual handling in the workplace in accordance with the Manual Handling Operations Regulations 1998 [http://www.hse.gov.uk/msd/manualhandling.htm](http://www.hse.gov.uk/msd/manualhandling.htm) and satisfies those duties by:

• Provision of load management and ergonomics awareness training to all staff
• Promoting back care
• Provision of specific targeted MH training on recognised techniques and aids to identified staff groups
• Provision of MH risk assessment on identified tasks to support staff training
• Continual assessment of trained staff to confirm retention of skill base
• Mandatory periodic training sessions held centrally and locally

Details of the Trust manual handling strategy for staff can be found on the intranet in the Manual Handling Policy.

6.20 New and Expectant Mothers
The Trust acknowledges its duty to manage the work load of new and expectant mothers in the Management of Health and Safety at Work Regulations 1999 and satisfies those duties through:

• Occupational Health assessment of capabilities if requested
• Local alteration of job specifics during pregnancy through management assessment
• Provision of time to rest in order to allow attendance at work to continue
• Provision of maternity leave in accordance with UK Legislation

Full details of the Trust strategy regarding new and expectant mothers can be found on the intranet in the Maternity Leave Procedure.

Follow guidance provided through the HSE Website http://www.hse.gov.uk/mothers/

6.21 Noise
The Trust acknowledges its duty to manage exposure to noise in the workplace in accordance with; The Control of Noise at Work Regulations 2005 http://www.hse.gov.uk/noise/regulations.htm ; and satisfies those duties by;

• Providing noise assessments for identified processes and areas
• Maintaining machinery and equipment in accordance with schedules
• Identifying quieter machinery and equipment or engineered methods of reducing noise levels on existing equipment
• Providing hearing protection with correct levels of sound attenuation to all staff identified in the assessment process
• Providing mandatory and temporary warning signs as appropriate
• Providing occupational health support for personnel identified as exposed to regular high levels of noise exposure

Follow guidance provided through the HSE website.

6.22 Permits to Work
The Trust acknowledges its duty to introduce detailed working systems where a task or process is identified by risk assessment as needing specific admin controls to ensure the safety of staff conducting the task and personnel in the immediate area. These duties are satisfied by:

• Using permits that detail strict procedures to be followed for tasks that include;
  o Electrical work
  o Working at Height
o Isolating Services (including fire detection systems)
  o Confined Spaces
  o Working with Asbestos
  o Hot Works

- Training management and staff in the correct use of the permit system.
- Monitoring of issued permits through Senior Mechanical Technical Officer and Maintenance manager
- Provision of suitable training, equipment and signage to follow the permit.

Full details on the Trust’s permit management system can be accessed through the Estates Management Team including management procedures for Electrical safety; Isolation of Services; Confined Spaces and Working with Asbestos procedures.

Follow guidance provided through the HSE website: http://www.hse.gov.uk/comah/sragtech/techmeaspermit.htm

### 6.23 Personal Protective Equip (PPE) & Respiratory Protective Equipment (RPE)

The Trust acknowledges its duty to provide appropriate PPE to staff as identified by risk assessment in accordance with the Personal Protective Equipment Regulations 1992 [http://www.hse.gov.uk/coshh/basics/ppe.htm](http://www.hse.gov.uk/coshh/basics/ppe.htm), and where appropriate other specific legislation relating to PPE such as Noise, COSHH, Lead, Asbestos and Ionising Radiation and satisfies those duties by:

- Providing free of charge all PPE identified by risk assessment to relevant staff
- Providing training on the correct use, maintenance and storage of PPE
- Provision of fitting for certain types of PPE
- Audit and inspection of PPE at pre-determined levels in line with UK legislation where applicable.

Follow guidance through the HSE website.

### 6.24 Risk Assessment

The requirement for Risk Assessment is set out in Regulation 3 of the Management of Health and Safety at Work Regs 1999. There is a requirement for all managers and departments to carry out a department and / or specific risk assessments to identify Hazards and Risk with the aim of identifying and reducing the risk of harm to employees and others who may be exposed from work activity, or through access to premises.

The Trust Risk Management Strategy in accordance with the Health and Safety Executive guidance on [Controlling Risks in the Workplace](http://www.hse.gov.uk/comah/sragtech/techmeaspermit.htm) identifies responsibilities and includes details on the 5 Steps to Risk Assessment.

Risk Assessment information and forms can be found on YCloud under Clinical Governance /Risk Management.

### 6.25 Slips, Trips and Falls

The Trust acknowledges its duty to manage its floors, walkways and access routes in order to prevent Slips, Trips and Falls (STF) to staff, patients and visitors under the Workplace (Health, Safety and Welfare) Regulations 1999 and satisfies these duties by:
• Awareness training at induction
• Ward/ department risk assessment
• Planned cleaning regime
• Temporary and permanent repairs to identified poor surfaces
• Cleaning inspections
• Provision of non-slip foot wear in identified areas

Details regarding the Trust’s management strategy to prevent STF regarding Patients can be found in the Prevention and Management of In-Patient Falls Policy. The management strategy for staff and visitors can be found on the intranet in the Slips, Trips and Falls Procedure. Details regarding falls from height are contained in serial 7.31 below.

6.26 Management of Work Related Stress

The Trust acknowledges its duty to manage workplace based stressors in the Management of Health and Safety at Work Regulations 1999 and satisfies these duties by:

• Conducting work related stress risk assessments
• Providing staff training including identifying and dealing with stress
• Occupational health support
• Alteration of workloads and flexible hours to assist staff where appropriate
• Counselling services available
• Staff wellbeing initiatives
• Following the Policy for the Management of Attendance arrangements.

Full details on the Trust’s Stress management procedure can be found under Human Resources Policy Manual.

6.27 Vibration

The Trust acknowledges its duty to manage exposure to vibration in the workplace in accordance with The Control of Vibration at Work Regs 2005 http://www.hse.gov.uk/vibration/hav/regulations.htm and satisfies those duties by:

• Carrying out risk assessment on workplaces and work processes and equipment
• Recording all recognised vibrating equipment and their levels of use
• Regular scheduled maintenance of vibrating equipment
• Collating bench test data for vibrating equipment and specific measured data for higher risk procedures
• Occupational health surveillance for personnel exposed to vibration
• Provision of appropriate training and PPE for personnel using vibrating equipment

Follow guidance through the HSE website.

6.28 Violence and Aggression

The Trust acknowledges its duty to protect staff from violence and aggression, including bullying, verbal abuse and harassment from other members of staff, patients and visitors. It achieves this by meeting the NHS Security Standards including:
• Providing awareness training for all staff at Induction and on Mandatory training
• Delivering Conflict Resolution Training (CRT) to front line staff identified on a needs basis
• Provision of a dedicated Local Security Management Specialist (LSMS) to support and advise on standards
• Carrying out security risk assessments
• CCTV coverage in public areas
• Using the Managing Violence and Aggression policy and implementing a warning system for offenders
• Staff code of conduct and discipline procedure
• Provision of security personnel on site
• Provision of pastoral support and counselling if requested

Details of the Trust’s strategy can be found in the Security and Managing Violence, Aggression and Abuse in the Workplace Policy

6.29 Waste
The Trust acknowledges its duty to manage the waste that it produces in accordance with the Environmental Protection Act 1990, its subordinate legislation and applicable NHS strategies. It satisfies this by:

• Providing facilities for segregated disposal of waste streams
• Providing facilities for recycling of materials at point of use
• Providing a waste removal service from point of use with dedicated staff
• Using competent, licensed waste removal contractors for the onwards disposal of all waste streams
• Cataloguing consignment and transfer notes as part of the cradle to grave evidence chain
• Conducting random duty of care phone calls and/or visits to final disposal sites to confirm system

Details of the Trust Waste Management strategy can be found through Estates procedures.

6.30 Welfare Facilities
The Trust acknowledges its duty to provide adequate welfare facilities to staff in the Workplace (Health, Safety and Welfare) Regulations 1992 and satisfies those duties by:

• Provision of occupational health support to all staff.
• Provision of local first aid or appointed person trained personnel.
• Provision of facilities to buy, heat and consume hot and cold drinks and food and supplies of free potable drinking water.
• Provision of segregated and lockable toilet, washing, showering and changing facilities.
• Provision of adequate storage for personal and issued clothing.
6.31 Working at Height (WAH)

The Trust acknowledges its duty to manage WAH in the workplace in accordance with the Working at Height Regulations 2005 [http://www.hse.gov.uk/work-at-height/the-law.htm](http://www.hse.gov.uk/work-at-height/the-law.htm) and satisfies those duties by:

- Providing suitable equipment and systems to access areas of height as identified by risk assessment.
- Ensuring that all permanently held access equipment is subject to maintenance and inspection by a competent person as required by current UK Legislation.
- Training staff to erect, use, inspect and dismantle permanently owned or hired access equipment (including MEWPs) as necessary.
- Employing competent contractors to erect and inspect scaffolding and other access equipment when required
- Use of WAH permits as required by risk assessment

Follow guidance through the HSE website

6.32 Ionising Radiations

The Trust acknowledges its duty to manage exposure to X-Rays and Ionising radiations in the workplace in accordance with the Ionising Radiation Regulations 1999 and satisfies those duties by:

- Appointing a Radiation Protection Adviser (RPA) for the Trust
- Appointing local Radiation Protection Supervisors (RPS)
- Writing and communicating local rules and risk assessments
- Demarking both permanent and temporary radiation controlled areas as necessary
- Provision of dosimeters and other PPE to all staff working within radiation generating areas
- Provision of interlocked doors, appropriate signage and light warning systems for radiographic areas
- Securing all radiation generating equipment when out of use to prevent unauthorised access or use
- Disposing of radioactive equipment in accordance with the HPA Radiological Division and Environment Agency guidance.

Refer to the [Ionising Radiation Safety Policy](http://www.hse.gov.uk/youngpeople/risks/) managed by the Radiology Manager

6.33 Young Persons

The Trust acknowledges its duty to protect young persons in the Management of Health and Safety at Work Regulations 1999 and satisfies those duties by:

- Risk assessment of placement role
- Provision of competent supervision and mentoring
- Prevention of access to high risk areas and tasks

7. **IMPLEMENTATION, MONITORING AND EVALUATION**

The implementation of this policy and its associated procedures is monitored and evaluated by the Fire, Health and Safety Manager and Health and Safety Committee through the results of department twice yearly self-audits and planned management system audits.

The monitoring of associated procedures will be undertaken every one to three years dependant on the procedure. Further monitoring or review may be undertaken due to training needs analysis identifying an omission, changes in legislation, equipment, locations, process or personnel or in the event of a significant accident.

8. **APPLICABILITY**

This policy applies to all staff employed by the Trust, whether on a permanent or temporary basis.

9. **EQUALITY IMPACT ASSESSMENT**

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A completed Equality Impact Assessment can be found at Annex A at the end of this policy.
Annex A – Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: **Health & Safety Policy**

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<thead>
<tr>
<th>1.</th>
<th>Does the policy/guidance affect one group less or more favourably than another on the basis of:</th>
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<td>Race</td>
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| 2. | Is there any evidence that some groups are affected differently?                               | None |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | None Identified |
| 4. | Is the impact of the policy/guidance likely to be negative?                                   | No |
| 5. | If so can the impact be avoided?                                                              | Not Applicable |
| 6. | What alternatives are there to achieving the policy/guidance without the impact?              | Not Applicable |
| 7. | Can we reduce the impact by taking different action?                                          | Not Applicable |

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed; **Adrian Pickles** (Fire, Health & Safety Manager)

Date: 21/12/2015