Useful Contacts

1. **Yeovil District Hospital NHS Foundation Trust**
   Higher Kingston
   Yeovil, Somerset BA21 4AT
   01935 475122
   www.yeovilhospital.nhs.uk
   - Accident and Emergency 01935 384355
   - Charlton Ward 01935 384322
   - Communications and Marketing 01935 384233
   - Dillington Ward (children's) 01935 384360
   - Freya Ward (maternity) 01935 384303
   - Intensive Care 01935 384007
   - Jasmine Ward 01935 384301
   - Kingston Wing 01935 384845
   - Lambrook Ward 01935 384386
   - Lovington Ward 01935 384395
   - Lydford Ward 01935 384431
   - Merriott Ward 01935 384399
   - Misterton Ward 01935 384385
   - Montacute Ward 01935 384272
   - PALS Officer Ali Male 01935 384706/478491
     (Patient Advice & Liaison) email pals@ydh.nhs.uk or telephone
   - Queensway Unit 01935 384875
   - Sparkford Ward 01935 384363

2. **Somerset Primary Care Trust**
   Wynford House, Lufton Way,
   Yeovil, Somerset BA22 8HR
   01935 384000
   www.somersetpct.nhs.uk

3. **South Western Ambulance Service NHS Trust**
   Abbey Court, Eagle Way, Sowton Industrial Estate
   Exeter, EX2 7HY
   01392 261500
   www.swast.nhs.uk

4. **NHS Direct – 0845 4647**
   www.nhsdirect.nhs.uk

5. **Somerset Partnership NHS Foundation Trust**
   Mallard Court, Express Road, Bridgwater
   TA6 4RN Tel: 01278 432000
   www.somerset-health.org.uk/sompar

6. **Community Services for Adults**
   - 0845 345 9133
   www.somerset.gov.uk/somerset/socialservices/adults

7. **Children and Young People’s Services**
   - 0845 345 9122
   www.somerset.gov.uk/somerset/childrenservices

**AUDITED ACCOUNTS**
A full set of audited accounts is available from the Finance Department, Yeovil District Hospital, Higher Kingston, Yeovil, Somerset, BA21 4AT, tel 01935 475122, e-mail: ask@ydh.nhs.uk
The Trust reserves the right to charge for photocopying.
Our Promise

Clean ● Caring ● Responsive

At Yeovil District Hospital we promise to provide:

- clear and effective communication
- an open, polite and professional attitude at all times
- respect for patients, carers and staff
- a clean, safe and friendly environment

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I am delighted to report on another very successful year at Yeovil District Hospital. During our second year as a Foundation Trust we have maintained top ratings for governance and mandatory services throughout the year and have been deemed to be managing our finances well by Monitor, the organisation which is responsible for authorising and regulating NHS foundation trusts.

YDH was the only trust in the South West to be awarded an ‘excellent’ rating by the Healthcare Commission for both the quality of our services and our financial management. We have made particular progress in areas such as safety, clinical effectiveness and patient focus. Our success as an early achiever of the 18-week referral to treatment wait has been particularly well received and we now take on the challenge to reduce this further to 13 weeks by March 2009. Our infection rates continue to fall dramatically and we were rated by our nurses as one of the best organisations in the UK in which to work.

We have introduced a new initiative – iCARE. This reminds all our staff of the important role each of them has to play in ensuring good Communication, with a positive Attitude and Respect in a safe and clean physical Environment for patients. All 1,800 staff, along with volunteers and governors, have been offered training to promote this new culture of patient care and enhanced staff working relationships across the whole organisation.

Our Board of Governors has been very much involved in strategic discussions during the year, working with the Board of Directors and clinicians on our clinical services review and estates strategy. They have also played a part in key directors’ appointments, held constituency meetings and participated in events to increase membership and promote awareness of the hospital and its services. The two Boards are beginning to work well together but we still need to clarify roles further, to use the wealth of skills and experience to the full and to identify some joint innovative, patient-focussed initiatives.

The context in which the Trust operates is an ever-changing one. Issues such as the Darzi Review, practice-based commissioning and the new operating framework have been considered by the Board of Directors over the past year. Implications for the Trust have been discussed, not only by the Board members, but also at joint meetings with the Trust’s Board of Governors and the Board of Somerset Primary Care Trust.

As I stated in last year’s Annual Report, we are striving to provide the best hospital healthcare for our local people. We are by no means complacent and the year ahead promises to be an even tougher one, both economically and as the wider NHS system reforms are implemented. However, working with partner organisations within the local health community, our supportive Friends of Yeovil Hospital and our PPI (Public and Patient Involvement) Group, I have every confidence that Yeovil District Hospital will continue to be at the forefront of delivering top-class patient care.

Finally I would like to thank my colleagues on the Board of Directors for all their support during the year.

“...
The ‘i’ of iCARE relates to the individual and highlights that EVERY member of staff has a personal responsibility to meet the standards of iCARE. Training aims to begin a process whereby all staff are engaged and motivated to make a positive impact on the experience of all who are involved with YDH - whether patients or staff. 

ALISON MOON, DIRECTOR OF NURSING AND CLINICAL GOVERNANCE

We work hard to be a constantly improving organisation, which not only offers a high standard of healthcare but an approach which makes everyone who uses the Trust feel respected, valued and listened to. iCARE has been developed at Yeovil District Hospital (YDH) to help focus the whole Trust on key elements of patient care which our patients and staff have told us to improve. iCARE aims to use feedback from everyone who interacts with YDH. This will inform and influence staff behaviour in order that our care upholds the principles of:

- effective COMMUNICATION;
- positive ATTITUDE;
- RESPECT for patients, carers and colleagues;
- an ENVIRONMENT that is conducive to care and recovery.

A patient questionnaire has been developed to help create a model of training which we could use for all staff.

In early 2008, the majority of our staff at YDH attended an iCARE session. Real (but anonymised) complaints and feedback from patients, relatives and carers were shared with all staff. They worked in groups to look at where the iCARE principles had not been met.

Each group then discussed how aspects of our Communication, Attitude, Respect or Environment could have been altered to improve our service. Staff were asked to discuss examples of compliments and ways in which the organisation has made a positive impression and to identify ‘magic moments’ when patients’ or colleagues’ expectations were exceeded.

Staff fed back to the iCARE Steering Group within one month, explaining ways in which they have made positive changes to culture or behaviour and reflecting on particularly rewarding moments which have taken place since their session.

Says Chief Executive Gavin Boyle: “iCARE is based on a simple and old-fashioned philosophy of treating people as individuals and with courtesy and respect. We aim to listen to patients and staff to learn where we could do better and so improve our hospital. I want YDH to be a good place to work and the best possible place to be if you need the services of the NHS as a patient.”

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iCARE

Clinical Governance Summary of Key Achievements 2007-08

- An 11% reduction in the number of complaints made. The total number of complaints received was 229, which represents one written complaint for every 810 (690 last year) patient attendances at the hospital.
- Reduction of MRSA bacteraemia cases to six (below the performance target of 12).
- Reduction in number of clostridium difficile cases by 37% (January–December 07).
- A 4% increase in the number of incidents reported, demonstrating an open culture (2,894 compared with 2,784 in 2006-07).

A full copy of the Clinical Governance Report is available on the Trust website: www.yeovilhospital.nhs.uk
YDH is proud to be a listening organisation, taking on board feedback and providing a positive and proactive response, with the aim of being open to criticism and constantly improving our service.

GPs sending their emergency patients to YDH were finding our A&E department very crowded at times. In response to this, we have liaised with Somerset PCT and placed a GP with acute-care experience direct into A&E. The initiative was started in January 2008 and allows other GPs to refer patients to the acute care doctor for a second opinion and/or to access diagnostics such as x-rays, which the patient can now be given without necessarily having to be admitted into hospital.

The Healthcare Commission’s Improvement Review of Children’s Services (2006) identified a need for us to provide paediatric orthopaedic services closer to home. In response, we have started a new paediatric orthopaedic service at YDH. Surgeons come from Bristol Children’s Hospital to see some of our youngest orthopaedic patients and, if necessary, carry out surgery here, thus avoiding the need for children and their parents to make the journey to Bristol.

In January 2007, just 15% of our patients attending the sexual health screening service at YDH were being offered an appointment within 48 hours. We responded to this failing area by undertaking a comprehensive redesign of the entire service to better serve our patients. Measures included: the introduction and implementation of a computerised appointments system (this had been paper-based); the addition of an extra nurse-led clinic; a comprehensive skills mix review across existing clinics to ensure that all staff are best placed and time-tabled to maximise efficiency and deliver the best possible service; and the introduction of walk-in clinics and a nurse-led triage system to ensure that patients are always referred to the most appropriate clinic.

Just a year after this piece of work began we are now offering 100% of our patients attending sexual health screening an appointment within 48 hours.

**Responding to Feedback**

January’s Maternity Services Review scored all maternity units around the country on 25 different factors and then rated them overall, allowing women to compare different services in their area like for like before deciding where to have their babies. YDH achieved a top score of ‘Best Performing’ in the Review, which also outlined areas for improvement. This was an excellent way to start 2008 as it helped us focus on our improvement plans. These plans are designed to ensure that we learn from every woman’s experience with us and provide the best possible maternity unit in our area. Measures now due to be implemented are many and various. They include drop-in antenatal and postnatal clinics in the local children’s centres, which will make care easier to access for hard-to-reach groups, and improvements to the labour ward birthing environment to a ‘home-from-home’ standard. YDH also plans to provide more choice for women’s pain relief by introducing permanent birthing pools and will be reopening the Antenatal Day Care Assessment Unit which will make it easier for GPs and women to access services outside routine antenatal care.
Combining the Enhanced Recovery Programme and laparoscopic surgery means that we are now able to embark on removing cancer from very elderly patients. Such patients often have other complicating factors and our techniques produce marked success. Seeing these patients doing so well after major surgery and regaining almost their full physical activities within such a very short period of time is a major step forward in our service.

Jonathan Ockrim, Surgeon

About 80% of patients diagnosed with colorectal cancer undergo an operation on the bowel, usually through open surgery and conventional recovery. Many of our patients now benefit from the fact that this conventional approach has been challenged by the introduction of laparoscopic surgery and the Enhanced Recovery Programme (ERP) in order to reduce both complications and hospital stay.

The ERP combines a number of key features in an integrated pathway. Major differences between ERP and standard care are the provision of extensive co-operation and teamwork to optimise patient condition, education, nutrition, pain control and early mobilisation. Operative stress is also reduced by the laparoscopic technique.

Yevil District Hospital began applying the programme in 2002 in conjunction with a laparoscopic approach for managing colorectal cancer. Today, there is a well-established team comprising surgeons, anaesthetists, theatre practitioners, dieticians, pain-control nurses, colorectal and stoma therapists, physiotherapists and a programme facilitator.

Patient Mrs Birdsall, from Leigh, says: “I have spent 70 years of my life nursing and during the Second World War I worked in both Army and Navy hospitals. Having so much experience of healthcare, I could have found myself being rather critical but I have to say that I found my treatment absolutely wonderful. Everyone was so caring and I have no complaints about anything – the pain control, in particular, was amazing.

“I can’t believe that it is only four weeks since my operation; I am nearly 90, I have other complications and I can’t expect miracles - but I feel fantastic, have had good post-operative care and hope to be back gardening soon! I am very grateful to YDH for everything which they have done.”

Overhaul of our Orthopaedic Theatres

YDH has two dedicated orthopaedic theatres, each containing a laminar flow hood which filters the air to create a sterile environment in which orthopaedic surgery can be carried out. The two theatres are used for both elective and trauma surgery.

In August 2007 one of the theatres was refurbished to upgrade the air-conditioning system, with further work being carried out on the second theatre in the early spring of 2008. Updates were also carried out to the existing system which regulates air pressure within the theatre in order to minimise the risk of infection. A new lighting system was also fitted. The theatre will now undergo general refurbishment.

This work confirms the commitment Yevil District Hospital has to ensuring that the highest possible standards in orthopaedic surgery are available to our surgeons and patients, ensuring we remain at the forefront of orthopaedic care.
Shoulder pain is the second commonest complaint to GPs; over half the population will have a shoulder problem during their lifetime. Consultants Graham Smibert and Andrew Chambler, who provide the Yeovil Shoulder and Elbow Service, have seen a growing number of referrals from further afield, including a number of athletes.

Chris Wintle, 25, is in the top 2% of swimmers nationally, but in early 2007 he was halted in his tracks by his shoulder problems. He says: “I have been swimming for over 20 years and for almost half of that time this has caused problems for my shoulder. My scan showed chronic calcified tendonitis - where the tendon had been impinged upon for so long that there were bits of calcium which had attached to the tendon and hardened. After non-invasive treatments, I was given an operation to decompress the tendons which was fantastic.”

Surgery for dislocations and loose joints can also now be performed arthroscopically, making it less traumatic and allowing most patients to be treated as day cases. One factor which has made this advance possible is the use of a new type of ‘anchor’ at YDH, which can be inserted via the cannula rather than through a large incision and which knits the loose tissue together within the joint. Ongoing advancements continue in shoulder surgery, including the use of the next generation of surface replacements which can be ideal for young patients where it is better to avoid a total joint replacement.

The development of specialised physio rehabilitation continues, with patients being trained to use their muscles differently when they have tendon tears. This is especially useful for some of our more elderly patients who may have tendon ruptures in their shoulders which are beyond surgical repair. This area of work is led by physios Sue Salter and Matt Davey.

YDH is also one of the first centres to be given the go-ahead to recruit patients into the national UKUFF trial, led from the Nuffield Orthopaedic Centre in Oxford. Over 70 centres will ultimately be involved in the trial which will compare arthroscopic, mini-open and open surgical techniques for carrying out tendon repairs in the shoulder.

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Elbow and Shoulder Surgery

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Laparoscopic Nephrectomy (‘Keyhole’ Kidney Removal)

Open radical nephrectomy has become the gold standard for removing all renal cancers. With the advent of minimally-invasive surgery, organ-confined renal tumours up to around 10cm in diameter can be considered for a laparoscopic nephrectomy.

Consultant Paul Foster was appointed in November 2007 and has been fully trained and accredited as a laparoscopic upper-tract surgeon. YDH is now able to offer minimally-invasive kidney surgery including the laparoscopic radical nephrectomy. Previously, patients suitable for this procedure would either have travelled to Bristol or in some cases would have chosen to remain in Yeovil and undergo open surgery.

Says Paul: “This treatment offers several advantages over open surgery. Patients experience less pain and fewer complications, and take as little as two or three days to recover. We have even had patients asking to be discharged the day after surgery! A small incision is made to remove the kidney, but the wound is far smaller and in a less painful place. I am very excited about being able to deliver this service at YDH.”
Our Governors at Work

“\textit{I feel that it is important to organise evenings on topics that members feel are relevant to them. Often people ring or email me and book into a series of evenings. Our aim is to make every member feel welcome and to give them the chance to enjoy a couple of hours with us learning a little more about YDH in a social rather than a medical context}.\textsuperscript{\textsuperscript{\textquoteleft}

\textsuperscript{\textquoteleft}NICOLA WEBBER, MEMBERSHIP CO-ORDINATOR

Member Evenings

Membership Co-ordinator Nicola Webber was keen to give members something in return for their invaluable support of YDH. A programme of member-only evenings was developed, based around health concerns, with lead clinicians speaking about their areas of expertise. These events have become remarkably popular and attending members are asked to name topics they would like future evenings to cover.

In June 2007 members attended an evening presentation on YDH Stroke Services and our work with thrombolysis, with Dr Rashed and Specialist Nurse Consultant for Stroke, Caroline Lawson. In October members received a talk on cardiology from Dr Brigden (Consultant Cardiologist) and Ashley Davidson (Senior Nurse, Cardiac Services). In January Dr Steve Gore informed members about the new national bowel cancer screening programme. In March Dr Bickerton (Consultant Diabetologist/Endocrinologist) and Ruth Hammond (Diabetes Nurse Specialist) informed their audience about diabetes, both type 1 and 2.

Constituency Meetings

Despite extremely inclement weather members enjoyed listening to topics on: Beating the Bugs, Waiting Times and YDH Healthcare Commission Ratings.

Feedback forms showed that members universally found the talks very interesting and appreciated us taking YDH issues out into the local community. They welcomed the chance to meet the Chief Executive, Chairman, directors and governors and to ask questions of hospital managers on topics as wide ranging as cleaning and infection control, parking at YDH and potential hospital redevelopment. The meetings were described as ‘welcoming’, ‘friendly’ and ‘professional’. Feedback from meetings and details about the issues raised were fed back to the Board of Governors.

Strategy Working Group

Each year the Healthcare Commission conducts an Annual Health Check of all health providers. Since 2004, part of the Health Check has been the self-assessment by hospitals of 24 core standards and 13 developmental standards. For YDH this is a very detailed piece of work giving evidence of outcomes and running to 85 pages with back-up documentation. The Healthcare Commission also carries out various checks to validate what is said.

In addition, independent assurance is sought from various bodies including the PPI Forum and the Strategic Health Authority and this year, for the first time, from the governors of NHS Foundation Trust Hospitals. In March YDH's
governors finalised their submission declaration, commenting on the performance of the Trust during 2007-08. This information will ultimately feed into the next Annual Health Check, the results of which will be announced in October 2008 and will, we hope, see YDH maintaining its double score of ‘excellent’.

The governors’ submission fed back on various areas, including safety, clinical and cost-effectiveness and governance. For example, governors said that they had been consulted during 2007-08 on measures to reduce MRSA, C. difficile and other infections and that they were pleased to see the decline in MRSA. They reported being fully briefed on the Clinical Services Strategy (which analyses hospital performance) and fed back that a rigorous analysis was clearly in place, leading to what should be a robust strategy. They found the hospital to be open and responsive, stating: “We have the impression of an organisation open to comment or criticism from whatever quarter and keen to take action where possible.”

Governor Gloria Clark, who heads the Strategy Working Group, says: “The governors have generally been very happy with the Trust’s performance in what has been an exceptional year in terms of achievements, among them the work around reducing waiting times still further and the scores of the hospital in the Maternity Services Review. We have found Yeovil District Hospital to be open in their dealings with us and in the provision of information.

“Governors feel confident that Yeovil is a well-run hospital which... is open about improvements which are needed. We hope that Yeovil can remain one of the top achieving hospitals in the country, providing top-quality services to local people.”

Member Communications

The Member Communications Working Group examines how the Trust communicates with and recruit members, and how it promotes YDH to our existing and potential members. The group has analysed the socio-economic and ethnic minority representation within our membership, discussed a membership leaflet, individual posters for governors, the promotional DVD, members’ events, constituency meetings and consulted with staff about whether to recruit all new members of staff automatically. The group regularly reports to the Board of Governors meetings.

Promotional DVD

In October the governors decided to commission a promotional DVD for YDH. Governor Maggie Foot spoke to Yeovil College and found the students required a partner for a corporate DVD as part of their curriculum. YDH now has a DVD showcasing some of the Trust’s areas of work thanks to students on the BTECH National Diploma in Media. The media students received a distinction grade for their work. The students filmed in many areas of the hospital including wards, A&E, radiology, plaster room, the boardroom, directors’ offices and maternity. They focussed on filming scenes featuring a wide variety of clinical and non-clinical staff.

Chief Executive, Gavin Boyle, says: “We are very impressed with the DVD and hope to be able to make good use of it in our promotional activities. We were delighted to work with the students and to further develop our relationship with our neighbours at Yeovil College.”
Heartfelt thanks are due all round to Anne Bennett and all those who have supported the Flying Colours Appeal and the Friends of Yeovil Hospital during the year. Fund-raising in all areas has seen superb coordination, unstinting dedication to the Trust and some very creative ideas for raising money to help transform YDH.

ANGELA DUPONT, CHAIRMAN

The hospital’s £1.1m Flying Colours Appeal was designed to improve our public and patient areas by providing a warmer, more welcoming environment conducive to care and recovery.

Projects to improve the environment have been many and various, including an innovative scheme to make the journey for children from the entrance up to their ward more fun and less intimidating. Lift 2 was transformed into a ‘flying saucer’ (below) as part of a collaborative project with children from St Gilda’s School and artists Esther Yarnold and Raphael Daden. The children visited the Science Museum’s Aliens exhibition and their designs inspired the ideas, images and shapes used in the lift. The flying saucer was funded by the Arts Council and generous donations to the Flying Colours Appeal from Sherborne Castle County Fair and Wellbeing of Yeovil.

Memorable one-word names were chosen with the help of matrons and ward sisters, from a shortlist covering Dorset and Somerset. Countryside themes accompany the names and are reflected in the artwork.

These are: Charlton Ward (6a) and Misterton Ward (6b) for our Trauma and Orthopaedic patients; Lydford Ward (7a) for those attending for General Surgery and Urology; Lovington Ward (8a) for cardiology patients; Montacute Ward (8b) for Gastroenterology; Sparkford Ward (9a) for elderly and stroke patients and Merriott Ward (9b) for those needing respiratory treatment. On Level 10, we have the children’s unit, Dillington Ward.

Of course, in an ideal world we would have liked to have carried out a top-to-bottom refurbishment of the whole hospital, but as costs – both of the work itself and of decanting to another building – made this impossible, the Flying Colours Appeal offered a rewarding route to achieve the best improvements possible.

Support from our corporate sponsors for the Appeal, Screwfix Direct and the Western Gazette, have been much valued. Flying Colours also saw wonderful support from YDH staff, both in terms of fund-raising and patience when work was carried out within their busy areas.

Looking forward, YDH recognises that further areas of the hospital, many of them specific to staff, also need attention and the Trust is now looking at ways to make these improvements as part of our Estates Strategy.
“The Friends of Yeovil Hospital have had a good year - but as we realise that there is always room for improvement we decided to make things a little more original in 2007-08. The Friends of the Hospital are all volunteers - and without them none of these activities would have happened, so we do our best to keep everyone entertained.

“We achieved this aim at one of the highlights of our year, the Friends Fashion Show at Denners in October - which raised over £2,000 towards the Lymph Node Biopsy Service for breast cancer patients. Sentinel Lymph Node Biopsy is a new diagnostic procedure that requires the removal of only one to three nodes for close examination to determine whether cancer has spread to the underarm nodes. If these nodes are cancer free, additional underarm nodes may not need to be removed which is a great benefit to the patient. YDH is one of the first local trusts to provide this service. We much appreciate Denners’ kind support by hosting the night which generated around 10% of the funds needed for this invaluable piece of equipment.

“Other highlights of our year included a sell-out performance of Daphne du Maurier’s Rebecca at The Swan Theatre, our popular Annual Chris Parker Quiz, bag-packing at Christmas in ASDA with a team of Friends and hospital staff, a bridge afternoon and a Music-From-Around-the-World concert.

“In 2007-08 we received the proceeds from the second of two houses bequeathed to us and this raised £117,218. The first house sale funded the Yeovil Academy Library and this sale will now fund several large items for the Trust to be chosen on the grounds of providing lasting benefit to patients. A further £25,000 was received in legacies and friends’ and relatives’ donations, as well as £1,500 in general donations and collections.”

A Word from Anne Bennett, Chairman of the Friends of YDH

“Being able to provide the Sentinel Lymph Node Biopsy Service means that our patients will be unlikely to develop the unpleasant complication of lymphoedema - a swelling of the arm - which causes a great deal of distress and discomfort. I am absolutely delighted with this improvement to our care.”

CHERYL TANNER, CLINICAL NURSE SPECIALIST, BREAST CARE

New-Look Hospital Shop

We are justly proud of our modernised and expanded Hospital Shop. It caters for all tastes and appetites, from surgeons grabbing a bite on the go, to visiting relatives and chocolate-hungry workers, and it also provides an extensive week-day trolley service to all the wards. Congratulations to Anne Johnson, her team of volunteers and to Mary Brunker, who were responsible for greatly increasing the profits of the shop this year, which provide regular funds for hospital equipment. Fund-raising is always a demanding art and Yeovil is no exception – with so many worthy causes competing for people’s pockets. Luckily for us, everyone needs our Hospital Shop at some point.
As well as offering private care in the heart of YDH, we also offer amenity beds in Kingston Wing for NHS patients who want to pay for the privacy of single, en-suite accommodation with private hotel services, whilst their treatment remains on the NHS. As long as there is a bed available, any patient in our care at YDH can speak to their ward staff to request a transfer to the Kingston Wing. This costs £250 per night and to date the scheme has generated over £100,000 which has been reinvested in the hospital.

ANNE BISHOP, MANAGER, KINGSTON WING

YDH's private patient unit, the Kingston Wing, offers a local and convenient personal service in state-of-the-art clinical facilities. The new-look unit boasts 14 single en-suite rooms, outpatient consulting rooms and a restful outpatient waiting area, designed and furnished to a high standard.

Having a private wing within the Trust benefits all our patients and staff and the financial health of YDH as a whole. All profits from the Kingston Wing are reinvested in our mainstream services and equate each year to the cost of running one of the NHS wards.

Being situated in the heart of the South West's top-performing hospital gives the Kingston Wing a unique advantage over many other private facilities. Patients can enjoy all the benefits of private treatment with the consultant of choice, without being at a distance from comprehensive emergency care. They enjoy the advantage of immediate access to a wide range of clinicians, diagnostics and sophisticated medical equipment if the need arises.

All staff on the Kingston Wing are employed by the Trust. The nursing staff are led by Jill Miles, Ward Sister, whose experienced team provides high-quality nursing care, tailored to the individual's needs. The nurses have strong links with all other departments throughout the hospital so are able to call on specialist expertise at any time.

The cleaning and hotel services are provided by the unit’s own housekeeping staff, who work hard to meet and exceed patient expectations of cleanliness at all times. They try to respond to individual wishes when serving food and drinks, and work closely with nursing staff to ensure that we provide a high standard of all-round care.

Therapies

The Kingston Wing has a dedicated physiotherapy and occupational therapy team. The team see patients having a joint replacement before their surgery to make sure that they are as fully prepared as possible. In these sessions the team can start planning patients’ post-operative care and discussing their equipment needs. They are also on hand to see any other patients on the wing as and when asked to by the consultants. The occupational therapy staff carry out home visits if this is required by the patient.

Outpatient physiotherapy is also available as a private service on Kingston Wing, four evenings a week. Physiotherapists Matt, Jo, Simon and Vicky provide treatment for various conditions and are all specialists in their chosen fields, ranging from sports injuries, orthopaedics and lower-limb regeneration to pilates, obstetrics and gynaecology. To access this service, patients can be referred by their GP or consultant or even make an appointment themselves by contacting the Kingston Wing to choose an appointment time with the most suitable physiotherapist.
Directors’ Report

“The year has been extremely successful for YDH. We delivered all of the requirements of our local delivery plan (our contract with Somerset PCT) and maintained the best possible performance rating for delivery of our services and our financial management. We enter the new financial year with plenty to look forward to and many exciting new initiatives to further enhance our services. We will be joining our NHS colleagues across the country in celebrating 60 years of the NHS and here in Yeovil 2008 also marks 35 years of our hospital building and 150 years of healthcare in the district.”

GAVIN BOYLE, CHIEF EXECUTIVE

Board of Directors

The Board of Directors is the senior decision-making body for the NHS Foundation Trust. It holds the legal and financial responsibilities for the organisation. The Board comprises six executive directors and six non-executive directors, with the Chairman having a casting vote.

The Board of Directors discharge their day-to-day management of the Trust through individual executive directors, clinical directors and senior staff through a scheme of delegation which is approved annually by the Board of Directors.

The Board fulfils the requirements set out in the Constitution of the NHS Foundation Trust and provides balance, completeness and demonstrates appropriateness for the role of the Board of Directors. This is highlighted through a balance among the non-executive directors of community representation, business skills, strategic challenge and risk assurance, along with senior medical nursing, operational, financial and strategic input from the executive directors. Two vacancies for executive directors were held open throughout the majority of the year. However, these were filled in February 2008 by two existing directors who had been in full attendance throughout the year; this has ensured continuity.

The Board of Directors reviewed its performance in February 2008. The review recognised that the focus had been on strategic issues as opposed to in-depth operational detail, but that the rigour of performance management had not diminished. All directors were perceived as being able to provide challenge and construct comments concerning issues that were being debated; a healthy sense of professional teamwork was recognised.

In addition to the Board Review, each individual member of the Board is appraised annually: the non-executive directors by a 360-degree review, fed back by the Chairman, or in the case of the Chairman, by the Vice-Chairman and Senior Independent Director; all executive directors have an annual appraisal with the Chief Executive, which is counter-signed by the Chairman. In addition, all committees of the Board have undertaken an evaluation this year, along with any review of their terms of reference.

Who’s Who?

The Chief Executive, Gavin Boyle, joined the Trust on 20 August 2007 replacing James Scott who left the Trust on 31 May 2007 to take up the post of Chief Executive of the Royal United Hospital in Bath. The role of the Chief Executive is to lead the organisation, in particular through leadership and management of the executive directors. The Chief Executive is the Accounting Officer for the Trust and is responsible for the delivery of the Trust’s agenda. The gap between Chief Executives led to several interim director duties which are listed overleaf:
Suzanne Tracey was Acting Chief Executive between 1 June and 19 August 2007.

Alison Moon, Director of Nursing and Clinical Governance, was Acting Deputy Chief Executive during the above period.

Libby Walters, Deputy Director of Finance, was Acting Director of Finance during the above period.

The executive directors, at 31 March 2008, are:

- Suzanne Tracey, Director of Finance and Deputy Chief Executive
- Steve Gore, Medical Director
- Alison Moon, Director of Nursing and Clinical Governance
- James Rimmer, Director of Strategy and Performance (from February 2008). Prior to this he attended Board as a non-voting director.
- Pat Jenkins, Director of Operations (from February 2008). Prior to this she attended Board as a non-voting director.

Other directors who attend Board meetings:

- Alison Rayner, Director of HR (from February 2008), who replaced Ruth McAll who left the Trust in August 2007.

The Chairman of the Trust is Angela Dupont. Angela was appointed on YDH’s authorisation as an NHS Foundation Trust on 1 June 2006 and her current term of office runs until 31 May 2009. Prior to becoming Chairman of the NHS Foundation Trust, Angela was Chairman of East Somerset NHS Trust, the previous organisation that ran Yeovil District Hospital.

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

Amanda Ellingworth is the Vice-Chairman of the Trust and the Senior Independent Director. Amanda joined Yeovil District Hospital as a non-executive director of East Somerset NHS Trust in December 2000, she was appointed Vice-Chairman in January 2005 and Senior Independent Director in June 2006. Amanda’s current term of office runs until November 2008.

Mark Aichroth, John Buckley, Alexander Russell and Gill Waldron are the four other non-executive directors; details of their appointments and additional duties can be seen in the table at the bottom of this page.

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

All non-executive directors have an annual appraisal which includes a 360-degree feedback; a review of independence forms part of this appraisal and a summary of the appraisal is shared with the Board of Governors. In 2007/08 all non-executive directors were considered to be independent.

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**Non-Executive Directors’ Terms of Office and Additional Duties**

<table>
<thead>
<tr>
<th>NAME</th>
<th>APPOINTED</th>
<th>END OF TERM</th>
<th>ADDITIONAL DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Aichroth</td>
<td>1 June 2006</td>
<td>31 May 2009</td>
<td>Member of Audit Committee</td>
</tr>
<tr>
<td>John Buckley</td>
<td>1 January 2007</td>
<td>31 December 2010</td>
<td>Chair of Audit Committee</td>
</tr>
<tr>
<td>Alexander Russell</td>
<td>1 June 2006</td>
<td>31 May 2009</td>
<td>Chair of Non-Clinical Risk Assurance Committee</td>
</tr>
<tr>
<td>Gill Waldron</td>
<td>reappointed 12 June 2007</td>
<td>31 October 2010</td>
<td>Chair of Clinical Governance Committee</td>
</tr>
</tbody>
</table>
Register of Directors’ Interests

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Dupont</td>
<td>Chairman</td>
<td>1. Trustee of St Margaret’s Hospice</td>
</tr>
<tr>
<td>Amanda Ellingworth</td>
<td>Non-executive director</td>
<td>1. Director of the Guinness Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Chair of the Caldecott Foundation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Chair of Guinness Care and Support Ltd</td>
</tr>
<tr>
<td>Mark Aichroth</td>
<td>Non-executive director</td>
<td>1. Director of Clinical Centres of Excellence Ltd</td>
</tr>
<tr>
<td>John Buckley</td>
<td>Non-executive director</td>
<td>1. Director of Buckley Young Associates Ltd</td>
</tr>
<tr>
<td>Alexander Russell</td>
<td>Non-executive director</td>
<td>1. Trustee of the Leather &amp; Hide Trade Benevolent Institution</td>
</tr>
<tr>
<td>Suzanne Tracey</td>
<td>Director of Finance</td>
<td>1. Trustee of Healthcare Financial Management Association</td>
</tr>
</tbody>
</table>

The Trust Secretary maintains a register of directors’ interests; this is reviewed at each meeting of the Audit Committee and by the Board of Directors. Declarations of interests are shown here. No other directors have any interests to declare. The Chairman had no significant commitments outside the Trust during 2007/08.
Executive Directors

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

Director of Finance and Deputy Chief Executive, Suzanne Tracey
Suzanne joined the Trust in 2004 as Finance Director with a drive to lead YDH into authorisation as a Foundation Trust. She joined the NHS 15 years ago, after qualifying with Pricewaterhouse. An experienced finance director, she has held that position both in acute and a primary care trusts. She has been involved with significant change management, strategic financial planning and establishment of financial reporting and management systems. She has experience of major capital schemes and is a Trustee of the Healthcare Financial Management Association.

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

Director of Operations, Pat Jenkins
Pat has worked in the NHS for over 30 years, both as a clinician and in management. She became Director of Operations in 1997. Pat is the Trust lead for achieving reductions in waiting times through innovation in clinical practice which reduces unnecessary delays for patients. She also has responsibility for Clinical Directorate performance, theatre management and emergency planning.

Director of Nursing and Clinical Governance, Alison Moon
Alison joined the NHS in 1980 and qualified as a registered nurse at Frenchay Hospital, Bristol. She has a wealth of experience as a clinician and leader in secondary and primary care and a proven record for delivering service improvements, influencing change and pioneering new roles both locally and nationally. In addition to managing the nursing and midwifery workforce, and being the professional lead for allied health professionals, Alison is the Trust lead for standards of care including patient and public involvement, infection control and, jointly with the Medical Director, for clinical services redesign and ensuring a competent and capable workforce. She is an external advisor for the Healthcare Commission.

Director of Strategy and Performance, James Rimmer
James joined Yeovil District Hospital in March 2004 as Project Director with responsibility for leading the application to become an NHS Foundation Trust. In July 2005 he was appointed Director of Strategy with responsibility for strategic planning, information and informatics, communications and corporate governance. James worked closely with YDH in his two previous posts – Director of Modernisation and Service Development for the former South Somerset Primary Care Trust and Programme Director for Avon, Somerset and Wiltshire Cancer Services. James became an executive director with an expanded brief for performance in February 2008.

Non-voting attendance at Board: Director of HR, Alison Rayner
Alison joined the Trust in February 2008. With 17 years’ NHS experience, she has held HR directors roles with the Combined Community Mental Health Learning Disability Trust in West London where she was in post for seven years, with Southampton Teaching Hospital for three years and, for the three years prior to moving to Yeovil, she was Director of HR for NHS Direct.

Attendance at Board
Angela Dupont, Alexander Russell, Gill Waldron and Suzanne Tracey attended 11 out of the total 11 Board meetings which took place during 2007/08, Steve Gore, James Rimmer, Alison Moon, Mark Aichroth and John Buckley 10 and Pat Jenkins and Amanda Ellingworth 9. Gavin Boyle attended all 7 of the Board meetings which took place from the date of his appointment. Alison Raynor attended (as a non-voting director) all three of the Board meetings which took place from the date of her appointment.
Yeovil District Hospital was founded as an NHS Foundation Trust on 1 June 2006 under the Health & Social Care (Community Health & Standards) Act 2003. It took over the responsibilities, staff and facilities of the previous organisation, East Somerset NHS Trust.

The Trust is pleased to report a strong performance in the delivery of its services during 2007/08. This current performance provides a solid foundation for the organisation to further improve and develop its services. Activity levels agreed with Somerset and Dorset Primary Care Trusts for elective and emergency activity were met underpinning a favourable financial outturn and maintenance of good performance in key areas such as waiting times.

During the year the Trust has also made significant progress in the delivery of its Clinical Services Strategy with key consultant appointments in Orthopaedics, Urology, Accident and Emergency and Care of the Elderly. The Trust has also undertaken an investment programme to improve the physical infrastructure of the hospital and has commenced a number of major schemes including roof replacement and upgrading of the lifts among others.

Throughout the year, the Trust has maintained a ‘green’ rating under Monitor’s compliance regime for mandatory services and governance. This is the best possible performance. The compliance regime contains all the regulator’s key performance indicators.

The financial risk rating of the organisation has been maintained above a planned level of 4 giving a rating of ‘excellent’ on a scale of 1 to 5. The Trust also met its financial targets and delivered a (pre-exceptional items) net surplus of £2m at the year-end which was £1.1m better than planned. This additional surplus will be retained by the Trust and invested in improving the fabric of the hospital.

The Trust fully met all of the 24 core standards identified by the Healthcare Commission during 2007/08, maintaining its performance against existing national targets and making good progress with regard to new targets.

Of particular note the Trust maintained its performance against the Government’s 18 weeks referral to treatment target having become among the first in the country to achieve this in March 2007. The Trust also achieved the new national target for access to Sexual Health Services within 48 hours, showing a significant improvement over the year in this service.

An area of particular focus has been the reduction in healthcare-acquired infections. The Trust has continued to pursue a comprehensive programme of measures aimed at further reducing our infection rates which we know are a particular concern to hospital users; as a result the Trust has seen significant reductions.

The key operational risks facing the Trust relate to rising emergency admissions and rapidly increasing referrals for elective services. With regard to emergency admissions, the Trust is working closely with Somerset PCT to implement innovative approaches to managing patients requiring urgent care so that more patients can be treated in a community setting. The rise in referrals for elective work reflects the shorter access times at Yeovil District Hospital and has been factored into agreements reached as part of the Local Delivery Plan as we continue to drive waiting times down even further.

**Longer-term objectives**

During the year considerable efforts have been applied to further developing the longer term strategy for the Trust’s clinical services. As part of this the Trust has involved its governors closely in considering a range of options regarding each of its services and identifying key areas of priority for future investment. The governors have identified a number of particular areas which the Trust has given a commitment to develop, including:

- emergency services
- separating emergency and elective capacity
- maternity and specific elective surgical services including laparoscopic colorectal surgery

The Trust has also developed its Estates Strategy further and has agreed an outline
plan to invest in a number of priority areas over the next five years including improvement to the general condition of the estate, residences, car parking and development in clinical accommodation to support the delivery of the Clinical Services Strategy.

**Key partners**

The Trust continues to work constructively with its lead commissioner Somerset Primary Care Trust (PCT). Both organisations have shared their respective strategies at an autumn Board to Board meeting and identified a range of particular areas where the hospital and the PCT can work in partnership to improve services for patients particularly with regard to further reducing access times, and improving services for stroke patients.

**The environment**

YDH is striving to provide a physical environment which reflects the high quality of the Trust’s services. The way forward is being developed through the Estates Strategy and is now one of our main priorities. Enhancements to the environment which have been achieved during the year include the final touches being put on the Flying Colours Appeal, with the installation of glass artwork in the wards and the enhancement of the lift lobby areas. Corridors have also been redecorated and the external signage has been replaced to reflect the new name and status of the Trust. The Trust has appointed its own ‘handyman’ dedicated to minor decoration at the request of our Matrons to make sure patient areas are maintained to a high standard. Work has also been carried out in the operating theatres with the installation of cooling equipment.

**Finance**

The Trust’s income during 2007/08 was £90.2m, the majority of which relates to income generated from patient care activities. The Trust’s contracts for the provision of healthcare are with Somerset Primary Care Trust, who commission services on behalf of Somerset and Dorset PCTs.

The Trust planned a deficit of £2.8m for 2007/08. This deficit allowed for an impairment, i.e. the writing down of the value of an asset on our balance sheet, in relation to Phase 1 capital works of £3.7m. Discounting this exceptional item, the Trust planned a surplus of £0.9m. The Trust exceeded this target and generated an overall surplus (including impairment) of £0.4m and a pre-exceptional items surplus of £2m.

This increase in surplus is attributed to the Trust generating £2.9m more income than planned. The majority of additional income related to clinical income due to activity increases. This included increases in emergency activities and elective orthopaedic cases. This additional income was offset in part by additional costs. The additional surplus will be retained by the Trust and used to improve the fabric of the hospital.

The Trust’s planned income for 2008/09 rises to £93.7m. This increase is due to additional activity for emergency admissions and to achieve a maximum of 13 weeks wait for elective patients by March 2009. In addition, tariff inflation accounts for approximately £1.5m of the increase. A key element of the Trust’s financial plans for 2007/08 was the achievement of the planned cost improvement targets. The target for the year was set at £2,116m and this was achieved as follows:

<table>
<thead>
<tr>
<th>Description of scheme</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overhead reductions</td>
<td>322</td>
</tr>
<tr>
<td>Establishment changes</td>
<td>263</td>
</tr>
<tr>
<td>Procurement savings</td>
<td>294</td>
</tr>
<tr>
<td>Finance savings</td>
<td>154</td>
</tr>
<tr>
<td>Other schemes</td>
<td>1,083</td>
</tr>
<tr>
<td>Total</td>
<td>2,116</td>
</tr>
</tbody>
</table>

For 2008/09 the Trust has set a cost improvement target of £2.3m. The Trust recognises that achieving cost improvement remains one of its ongoing financial risks and has established mechanisms through the Fit for Foundation Steering Group to mitigate against this risk.

During 2007/08 the Trust planned to invest approximately £4.2m in capital expenditure, a significant proportion of which was to address backlog maintenance issues, particularly to repair flat roofs and to refurbish lifts. This work commenced during 2007/08; however, not all planned expenditure was incurred. As a result, approximately £2.3m capital will be carried forward for completion in 2008/09.

The Trust has a good cash position, with the number of liquidity days at 47.9 days (as per Monitor’s definition) at year-end. During 2007/08, the Trust set targets to improve its liquidity position and these were exceeded during the year, improving the Trust’s cash position. As a result the Trust did not need to utilise its committed facility of £6.5m arranged with its bank. Given the forward cash flow predictions, it is not anticipated that this facility will be utilised in 2008/09.
Workforce statistics

At the end of March 2008 the number of staff in post was 1,854. This equates to 1,522 whole-time equivalent posts. Staff turnover was 13.5% and staff retention (i.e. staff employed by the Trust for more than one year) was 89.6%.

Supporting disability

All areas of the hospital have been risk assessed for disability; this includes a review of workplace areas for disabled members of staff as well as public areas for patients and visitors. Any necessary adjustments are made to ensure that there is no detriment for any of the Trust’s diverse workforce.

The Trust monitors promotion and training opportunities for all staff, including disabled employees, to ensure equality.

Occupational health and safety

Fire safety: during the year there has been significant improvement in complying with the requirements of the newly introduced Regulatory Reform (Fire Safety) Order that came into force in October 2006. Fire risk assessments have been revised and documented, setting in place management plans for implementing fire safety actions across the Trust. The Trust has achieved a 58% reduction in call-outs to the fire service from unwanted signals in the ward kitchens and false alarms.

Occupational health: of the 382 new staff assessed fit for work, 3% needed a medical interview with senior occupational health professionals to advise the employer under the Disability Discrimination Act 1995. In relation to management, self referrals and return to work interviews, 566 appointments were attended. Occupational health administered 391 hepatitis B vaccinations (an increase of 5% over the previous year) and 276 flu vaccines (representing a 39% increase on 2006/07).

A range of training was undertaken, including risk assessment to enable managers and staff to identify health and safety hazards and improve the working environment. A programme of manual handling courses continues to be supported by the Trust’s back care trainer and clinical departments have manual handling co-ordinators to train staff in handling and lifting equipment.
Staff communications

The Trust uses a variety of methods to communicate with staff, including emails, daily messages on Trust computers, information attached to payslips and the Trust newsletter ‘News from YDH’. A number of staff focus groups were held during the year. They included a ‘Listening in Action’ event and focus groups where staff were invited to discussions with the Chief Executive and Director of Finance to make suggestions and share ideas on how the hospital might run more efficiently. There were also regular meetings with union representatives. In February the Trust boosted its communications team by recruiting a full-time Communications and Marketing Manager to complement the existing half-time resource. A new communications strategy has been produced, aimed at further enhancing staff communications to ensure that all staff, not just those using computers, are communicated with in an effective manner.

Top 100 Employers

During the year Yeovil District Hospital was rated as ‘one of the best organisations in the UK’ in which to work as a nurse according to the Nursing Times. The Trust was rated by its own nurses as an excellent place to work in the magazine’s Top 100 awards. Run in association with NHS Employers, the judges analysed questionnaires returned by the Trust and its nurses and compared them with other responses not just from NHS employers but from the independent health sector, charitable organisations, care homes and the armed forces – in fact anywhere nurses work across the UK.

The judging criteria for nursing employers included how valued nurses feel for the jobs they do; how well the employer manages training and development; whether it is a family-friendly employer and has flexible working arrangements to encourage staff retention; and the existence of policies to promote equality and diversity.

Staff survey

A survey was carried out in October 2007 with 418 of the randomly selected 727 staff returning their questionnaires. This was a response rate of 57% compared to a national average of 52% for acute trusts.

The Healthcare Commission report focused on 26 key areas and divided trusts into the best 20%, the middle 60% and the worst 20%.

Yeovil District Hospital scored in the best 20% of acute trusts for 15 of the key areas, was in the middle for 11 areas and received no bottom ratings. This is a significant overall improvement since 2005 when the hospital received five best scores and three worst. In 2006, the Trust scored in the best 20% of acute trusts 14 times and in the worst 20% twice – this was out of 28 areas.

Since the 2006 survey, there were fewer staff witnessing potentially harmful errors, near misses or incidents and more staff felt they had a better quality of work life balance and were receiving support from their immediate managers. According to the survey, the Trust has made statistically significant improvements in terms of the number of staff receiving appraisals and personal development plans.

The Trust scored well in the section of the survey which looked at the extent of positive feeling within the organisation (this incorporated communication, staff involvement, innovation and patient care). Staff also felt that the Trust took effective action towards violence and harassment; the score of 3.65 out of 5 was among the top scoring trusts.

Although Yeovil District Hospital did not receive any low ratings in the Staff Survey, there were areas where scores dropped on the previous year. The Trust will be analysing the results carefully to ensure we take action to address these areas of concern.
Enhancing our services

During 2007/08 YDH continued to look at new ways of working to support the Trust’s philosophy of valuing patients’ time and reducing the number of hospital visits. In partnership with Somerset Primary Care Trust, YDH has been seeking to set up more services in a community setting, helping to reduce the number of patients who have to come into the hospital.

Community hospital transfers is another area where the Trust has been liaising closely with the PCT to improve patient pathways. Together the PCT and YDH have been working to help ensure that weekend transfers of patients from Yeovil District Hospital to community hospitals can take place more easily. This means that patients remain in YDH only as long as they medically need to, thus helping to keep waiting times down.

All specialities have developed their services during the year and listed below are some of the schemes that have been put in place.

Orthopaedics
- nurse-led arthroplasty (the reconstruction of a moveable joint) follow-up service;
- further development of the community-based orthopaedic assessment service.

Medicine
- day surgery provided in dermatology means patients no longer need to travel to Taunton;
- the appointment of a nurse specialist in inflammatory bowel disease.

Maternity Services
- Direct feedback from women about their care at Yeovil Maternity Unit was extremely positive and it was scored as ‘best performing’ in the Healthcare Commission’s Maternity Services Review;
- the number of births in the Maternity Unit rose by 103 over 2006/07 and the trend of increased bookings has continued.

Surgical Services
- a new one-stop audiology service for assessment and fitting of hearing aids with a maximum wait of six weeks;
- development of a laparoscopic nephrectomy service, avoiding the need for patients to travel to Bristol;
- a community dental extraction service is now available in Yeovil in partnership with Somerset Primary Care Trust.

Cancer Services
- appropriate patients can now receive their chemotherapy at the Yeatman Hospital in Sherborne as well as at YDH, giving local choice;
- YDH continues to report some of the best recruitment rates for clinical trials in the country;
- development plans for the Trust’s Macmillan Unit for Cancer Care have been agreed and work will commence in 2008/09.

Radiology
- the Radiology Service has maintained its short waiting times despite receiving 20% more patients through the department;
- Somerset Primary Care Trust has supported YDH by purchasing a new ultrasound scanner at Crewkerne Hospital.

Improvements to Therapy Services

Enhanced recovery programmes have been introduced which provide a holistic approach to patient recovery and rehabilitation from major joint replacements (hips and knees) to fractured neck of femur. The programmes involve medical staff, nurses, therapists, Social Services, relatives and carers to ensure optimum recovery and early discharge, providing improved patient care and best use of hospital resources.

Flexible and extended working hours have been introduced for the Stroke Service, with therapists now providing early-morning sessions to help patients with washing and dressing to promote early independence, a lunchtime service to aid development of independent and safe eating, and a late-afternoon service for liaising with relatives and carers as needed. This has improved patients’ return to independence and enhances safer discharge.

The Aspire Group now offers outpatient support for stroke patients, giving the opportunity for improving fitness and function, psychological support for the patient and carer and information on services and help available in the community. It also addresses lifestyle issues and prevention of further stroke.

Outpatient Gym Project. Thanks to a generous donation from the Friends of YDH patients now have an excellent choice of gym equipment on which to rehabilitate after injury or surgery. Patients with long-term conditions can also start improving general fitness and activity levels as part of management strategies for their conditions. YDH is promoting ‘open’ gym sessions where patients who have already seen a therapist and have a gym programme can attend without direct supervision, but with therapy support and advice available as needed.
Waiting times
Yeovil District Hospital sustained the previous year’s achievement of 90% of patients receiving their first treatment within 18 weeks of referral from their GP. This was achieved despite a difficult winter period with exceptional numbers of patients requiring emergency admissions. The Trust had to cancel some operations and, in a bid to minimise the distress, put on extra theatre sessions, often at weekends, to ensure patients who had been cancelled received their operation as quickly as possible. The Trust acknowledges the support it received from Somerset PCT during this period.

Attendances were up in all areas as follows:

<table>
<thead>
<tr>
<th>Attendance Figues 2007/08</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E attendances</td>
<td>41,711</td>
<td>42,036</td>
</tr>
<tr>
<td>Emergency admissions</td>
<td>16,205</td>
<td>18,425</td>
</tr>
<tr>
<td>GP referrals</td>
<td>23,402</td>
<td>25,838</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>12,699</td>
<td>13,232</td>
</tr>
<tr>
<td>Outpatient attendances</td>
<td>115,845</td>
<td>125,783</td>
</tr>
<tr>
<td>Babies born</td>
<td>1,401</td>
<td>1,487</td>
</tr>
</tbody>
</table>

Research and development
Over 140 active clinical research trials are in progress in the Trust’s Research and Development Department. Record numbers of patients are now entering trials at YDH, with more than 1,700 since the unit opened in 1998. This has led to the Trust being one of the highest recruiting centres in the region.

South Somerset patients on clinical trials have had the opportunity to access some of the very latest drug treatments and the last year has seen a marked increase in patients from other areas wanting to come to take part in trials.

The trials cover a wide range of conditions including cancer and stroke. Patients with advanced lung and bowel cancer are keen to take part in some of the new vaccine trials that are available.

The Trust has a very strong trial portfolio in different treatments for acute stroke patients. Clinicians are also looking at prevention and long-term management.

YDH is highly regarded by organisations such as Cancer Research UK and the Medical Research Council, who continually monitor and assess patient safety, data quality and the overall progress of each clinical trial.

Clinical audit
The Trust has a robust system of clinical audit and undertook 155 internal clinical audits and nine national clinical audits throughout the year.

Audits are aimed at ensuring the hospital is providing the best service it possibly can for patients. Audits undertaken this year resulted in improvements including a new way of integrating care for the dying, new information sheets for stroke patients and the development of a cascade system for contacting medical staff in a timely manner.

Infection control
Infection control remains a top priority for the hospital which still continues to take every action possible to limit avoidable infections to reduce MRSA bacteraemia and Clostridium difficile cases.

In 2007/08 this led to the hospital beating its target of no more than 12 MRSA cases by having just half this figure throughout the year - an improvement over the 11 reported in 2006/07. Two were hospital acquired and four were contracted in the community. Cases of Clostridium difficile decreased by 37% compared with 2006. Thorough reviews of all MRSA bacteraemia and Clostridium difficile cases were carried out.

A new hand-washing regime was introduced as a result of feedback from the patient survey.

In line with Government requirements, the Trust completed an assessment of its compliance with the Health Act 2006 (which is also known as the ’Hygiene Code’). The Trust also implemented a comprehensive audit programme to provide assurance of progress against all aspects of the Hygiene Code.

A mock inspection was carried out against the infection control standards in the Healthcare Commission’s Standards for Better Health. The panel of inspectors included an infection control nurse from outside the hospital and two of the Trust’s governors.

An action plan is being drawn up to address the areas which needed improvement.

Thanks to additional funding from the Department of Health, YDH carried out a thorough deep clean of all its patient areas within the Government timescale. Each ward was cleaned from top to bottom using special
chemicals. The money also allowed the Trust to buy new steam cleaners and specially-coated curtains for patient bays which minimise the risk of spreading infection.

**Learning lessons**

Whenever an incident occurs, or complaints are made by patients, relatives or carers, a thorough investigation is carried out and reports are made outlining areas for improvement or where lessons can be learned. In some of the more significant incidents, this information is anonymised and shared with all clinical staff at quarterly meetings which are attended by nominated governors. Changes made to services as a result of incidents or complaints have included:

- development of new risk-assessment tools for patients at risk of falling;
- the appointment of a Bereavement Officer;
- development of a web-based training package for staff to supplement the existing child-protection training;
- introduction of a new ‘discharge against medical advice’ form.

The number of formal complaints against the Trust fell by 11 per cent in 2007/08. The total number of complaints received was 229 - 169 of which were written. This represents one written complaint for every 810 patient attendances at the hospital, compared to one in 690 for the previous year. 90% of all complainants received a full response within the national timescales of five weeks.

**Monitoring improvements**

The Trust actively monitors its performance at all levels throughout the organisation. A monthly performance dashboard is produced for the Board of Directors that highlights key national and local indicators and shows the Trust’s performance against these targets.

This dashboard, which contains all of the key performance indicators for the Trust, is also reviewed by the Trust’s Risk and Operational Committee on a monthly basis with information being provided to each of the clinical directorates. On a quarterly basis, each of these directorates receives a performance review highlighting areas of success against the business plan and identifying actions where appropriate.

The Trust reports quarterly to Monitor against core national standards and this information is shared with the Board of Governors and the wider health community, providing assurance about the ongoing in-year performance of the Trust. In October 2007, the Trust received a rating of ‘Excellent’ for the quality of its services from the Healthcare Commission.

The Trust has also participated in wider Healthcare Commission reviews, such as the Maternity Services Review, where a rating of ‘Best Performing’ was received.

The Trust seeks to maintain high performance in all areas and has active performance management arrangements to ensure that this level of performance is ongoing.

**Standards for Better Health**

Achievement of the Standards for Better Health 24 core standards is closely monitored by the Trust to ensure that these indicators of the quality of service the Trust provides are incorporated into the daily work. Once again the Trust has declared full compliance with all 24 core standards for 2007/08.

Supporting feedback has been provided to the Healthcare Commission by the external
organisations, including the Patient and Public Involvement Forum, who are asked to comment on the Trust’s performance.

Compliments

Staff appreciate hearing about the good work they do. The system for collecting data about the number of commendations received was changed during the year and consequently the number reported increased to 1,328 compared with 256 reported the previous year. A system was established in early 2008 to ensure compliments were fed back to all staff on a weekly basis.

Patient information and surveys

YDH has a library of 600 leaflets available to patients covering a wide range of areas. At least 50 of these now include explicit information about the risks and benefits of common procedures. The Trust is now creating a database of these leaflets on its newly developed website to ensure easy access for both patients and health professionals. The leaflets aim to reflect evidence-based practice (for example, National Institute of Health and Clinical Excellence) where applicable. During the year a quality control system was introduced to ensure that patients receive the most up to date leaflets available - this rolling programme of reviews will continue.

Patient views and involvement

The Patient and Public Involvement Group members review all new or revised leaflets to ensure they are written in Plain English. Leaflets are available in large print and in languages other than English on request. The Trust has received a number of commendations from other hospitals, about the quality of its patient information leaflets.

The Trust has continued to participate in a number of national patient surveys and the Children’s national survey was repeated during the year. The Department of Health patient satisfaction survey was sent to 850 patients who were admitted during July 2007, either as an emergency or on an elective basis. In the biggest survey of patients staying overnight in English NHS hospitals, patients revealed that, in their opinion, YDH was the best in the South West in a number of areas including cleanliness, supporting patients with their eating and privacy.

The results revealed that 97% of YDH’s patients are happy with the cleanliness of the ward compared to a national average of 93%, and 75% of patients, who needed it, were given support with their eating compared to a national average of 60%.

GPs in the Yeovil area are also the best in the West for offering patients the choice of hospital for their first hospital appointment; 41% of patients were given the choice compared to a national average of 28%.

Nationally YDH is in the top 20% of trusts for 30 questions - 20 more than 2006, with improvements on 37 of the questions. However, there were a few areas which some patients felt could be improved, including the time it takes for a patient to be admitted to a bed once they arrive at the hospital and changes to admission dates.

The Patient and Public Involvement Group (PPI) is a stand-alone group with 15 active members who support the Trust in the implementation of the PPI strategy and associated work plan.

Members worked closely with Trust staff during the year around hygiene monitoring and infection-control initiatives. They supported the removal of hand gel from the main reception and its placement closer to the patients’ bedside, by providing a highly visible presence throughout the hospital as part of the Infection Control Awareness Week.

Ensuring prompt and timely feedback is a challenge for every organisation and the PPI Group are working with the wards to gather information from patients using an iCARE questionnaire. This information is then fed back through monthly peer review meetings, which are held on every ward to enable a critical review of the nursing care. This is matched to a risk-management tool, overseen by Clinical Governance, and reported on the Trust performance dashboard.

Many of the PPI Group members were also involved in Trust committees which is invaluable when developing and consulting on patient services. These include:

- Ethics Committee
- Improving Bereavement Services
- Clinical Governance Committee
- Compliments, Complaints and Concerns
- 18 Weeks Development Planning
- PPI Steering Group
- Medicines Management Group
The PPI Group is currently involved in developing a ‘pathway’ approach to signposting clinical conditions to help improve the experience for patients at YDH.

In partnership with St Margaret’s Hospice, a member of the PPI Group and the Deputy Director of Nursing have been involved in the development of a teaching video for healthcare professionals based on real patient scenarios. It is hoped that the video will be available in August 2008.

The PPI Group has involved members from the Somerset Patients’ Forum which has been a very positive development and has helped to broaden the contribution of the PPI Group members to the Trust’s developments and initiatives.

Patient Advice and Liaison Service

The PALS service is led by a dedicated PALS Officer who works closely with the newly appointed Bereavement Officer and the PPI Lead for the Trust. PALS received 388 enquiries raising 395 issues in 2007/08.

PALS offers patients, relatives and carers an independent source of help and advice concerning care and treatment at YDH. The service is centrally located in the hospital but also offers telephone advice and home visits as appropriate.

PALS issues are reported through the Clinical Governance framework and through the directorate quarterly reviews across the Trust. Themes and issues are identified by the PALS Officer and reviewed through the Matrons’/General Managers’ Complaints Meetings.

The PALS Officer has been involved in the Trust’s iCARE training to ensure that staff are made aware of the type of concerns that are raised.

Freedom of Information

During the period 1 April 2007 to 31 March 2008, the Trust received 69 requests asking 333 questions. Three were refused as the Trust did not hold the data requested; three questions were exempted as ‘commercial in confidence’ and two were exempted under Section 22 - Intended for Future Publication. One was answered on publication four months later and one is still on hold until July 2008 when publication is expected. All of the remaining requests were answered within the statutory 20 day limit. There has been a sharp increase in the number of requests since January 2008. During 2007 there were 52 requests - averaging one a week. Since January the Trust has been receiving an average of almost two a week.

PALS Enquiries 2002/03 - 2007/08
The Board of Governors are the public conscience and community voice for the Trust. The Board meets quarterly with members drawn from locally elected public members, elected staff members and appointed members from key partner organisations.

The key roles of the Board of Governors, are:

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

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

Composition of Board of Governors

The Board of Governors comprises:

- sixteen elected public governors;
- five elected staff governors;
- eight appointed partner organisation governors.

There were several changes to the Trust’s governors during the year. An election was held to appoint governors to represent staff the public constituencies in Dorset and in South Somerset (South and West).

Staff Governors

During 2007/08, Tom Palferman resigned as a staff governor. Elections were held during the summer and results announced on 1 August. A total of 38% of staff members voted. The vacant staff governor position was filled by Chris Parker. Staff governor Serge Mootoo resigned mid-year and Jane Johnston (runner-up in the August election) was installed as shadow governor in this vacancy until the election in May 2008.

Public Governors

Gordon Priest resigned as governor for South Somerset (South and West) due to ill health. The vacancy was filled by Dr Tony Simmonds in the August elections. A total of 37% of South Somerset (South and West) members voted.

Caroline Williams resigned as governor for Dorset due to ill health. This vacancy was filled by Dr Ian Fawcett in the August elections. A total of 36% of Dorset members voted.

Tom Hart, public governor for South Somerset (South and West), moved overseas. His vacancy remained until elections in May 2008.

The appointed governor who represented South Somerset District Council, Maggie Foot, took on another role on the Board of Governors, replacing Nigel Engert as the South Somerset Association for Voluntary and Community Action representative. Cllr Lesley Boucher took over South Somerset District Council’s governor seat. Liz Tipping replaced Susan Twose as the representative for the University of Plymouth.

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

Board of Governors meetings a year are held on a quarterly basis. Extraordinary meetings of the Board of Governors can be held if these are deemed appropriate.

In 2007/08, the Board of Governors held a review seminar to discuss progress of the Board and a joint seminar with the Board of Directors. They also appointed the Trust’s auditors and approved the appointment of the Chief Executive and the reappointment of one non-executive director. They also played a part in the appointment of the new directors for HR and Estates and Facilities.
## Governors’ Details, Terms of Office and Attendance at Board of Governors From a Possible Total

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONSTITUENCY</th>
<th>TERM</th>
<th>ATTENDANCE AT BOARD OF GOVERNORS’ MEETINGS</th>
<th>INTERESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Dupont</td>
<td>Chairman</td>
<td>01.06.06-31.05.09</td>
<td>5/5</td>
<td>see p.14</td>
</tr>
<tr>
<td><strong>PUBLIC GOVERNORS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Beable, Ann</td>
<td>Greater Yeovil</td>
<td>01.06.06-31.05.08</td>
<td>4/5</td>
<td>none</td>
</tr>
<tr>
<td>Bennett, Anne</td>
<td>South Somerset (N&amp;E)</td>
<td>01.06.06-31.05.09</td>
<td>2/3</td>
<td>see p.27</td>
</tr>
<tr>
<td>Brown, William</td>
<td>South Somerset (S&amp;W)</td>
<td>01.06.06-31.05.08</td>
<td>5/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Burr, Paddy</td>
<td>Greater Yeovil</td>
<td>01.06.06-31.05.08</td>
<td>5/5</td>
<td>none</td>
</tr>
<tr>
<td>Campbell, Hugh</td>
<td>Mendip</td>
<td>01.06.06-31.05.08</td>
<td>5/5</td>
<td>none</td>
</tr>
<tr>
<td>Clark, Gloria</td>
<td>South Somerset (N&amp;E)</td>
<td>01.06.06-31.05.08</td>
<td>5/5</td>
<td>none</td>
</tr>
<tr>
<td>Cooper, Vernon</td>
<td>South Somerset (S&amp;W)</td>
<td>01.06.06-31.05.09</td>
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<tr>
<td>Deane, Graham</td>
<td>South Somerset (N&amp;E)</td>
<td>01.06.06-31.05.09</td>
<td>4/5</td>
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<tr>
<td>Fawcett, Ian</td>
<td>Dorset</td>
<td>01.08.07-31.07.10</td>
<td>3/4</td>
<td>see p.27</td>
</tr>
<tr>
<td>Hart, Tom</td>
<td>South Somerset (S&amp;W)</td>
<td>01.06.06-resigned</td>
<td>3/3</td>
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<tr>
<td>Manning, Martin</td>
<td>Dorset</td>
<td>01.06.06-31.05.09</td>
<td>4/5</td>
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<tr>
<td>Matthews, Annabelle</td>
<td>Greater Yeovil</td>
<td>01.06.06-31.05.09</td>
<td>3/5</td>
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<tr>
<td>Morgan, Caroline</td>
<td>Rest of Somerset &amp; England</td>
<td>01.06.06-31.05.09</td>
<td>4/5</td>
<td>none</td>
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<tr>
<td>Parroy, Sue</td>
<td>South Somerset (N&amp;E)</td>
<td>01.06.06-31.05.09</td>
<td>4/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Priest, Gordon</td>
<td>South Somerset (S&amp;W)</td>
<td>01.06.06-resigned</td>
<td>na</td>
<td>none</td>
</tr>
<tr>
<td>Simmonds, Tony</td>
<td>South Somerset (S&amp;W)</td>
<td>01.08.07-31.07.10</td>
<td>4/4</td>
<td>see p.27</td>
</tr>
<tr>
<td>Stroud, Geoff</td>
<td>Greater Yeovil</td>
<td>01.06.06-31.05.09</td>
<td>4/5</td>
<td>none</td>
</tr>
<tr>
<td><strong>STAFF GOVERNORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davidson, Ashley</td>
<td>Associate Staff Governor</td>
<td>01.06.06-31.05.09</td>
<td>2/5</td>
<td>none</td>
</tr>
<tr>
<td>Johnson, Jane</td>
<td></td>
<td>01.06.06-resigned</td>
<td>4/4</td>
<td>none</td>
</tr>
<tr>
<td>Mootoo, Serge</td>
<td></td>
<td>na</td>
<td>0/1</td>
<td>none</td>
</tr>
<tr>
<td>Palferman, Tom</td>
<td></td>
<td>01.06.06-resigned</td>
<td>na</td>
<td>none</td>
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<tr>
<td>Parker, Chris</td>
<td></td>
<td>01.08.07-31.07.10</td>
<td>4/4</td>
<td>none</td>
</tr>
<tr>
<td>Ryan, Helen</td>
<td></td>
<td>01.06.06-31.10.08</td>
<td>3/5</td>
<td>none</td>
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<tr>
<td><strong>APPOINTED GOVERNORS</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>Avis, Graham</td>
<td>Dorset Primary Care Trust</td>
<td>01.12.06-na</td>
<td>4/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Boucher, Lesley</td>
<td>South Som. District Council</td>
<td>01.07.07-na</td>
<td>5/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Engert, Nigel</td>
<td>South Som. Association for</td>
<td>01.06.06-resigned</td>
<td>na</td>
<td>none</td>
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<tr>
<td></td>
<td>Voluntary &amp; Community Action</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot, Maggie</td>
<td>South Som. District Council</td>
<td>01.06.06-resigned</td>
<td>na</td>
<td>none</td>
</tr>
<tr>
<td>Foot, Maggie</td>
<td>South Som. Association for</td>
<td>01.06.07-na</td>
<td>4/5</td>
<td>see p.27</td>
</tr>
<tr>
<td></td>
<td>Voluntary &amp; Community Action</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gamlin, Caroline</td>
<td>South Som. Primary Care Trust</td>
<td>01.06.06-na</td>
<td>4/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Gladding, Dave</td>
<td>Somerset County Council</td>
<td>01.06.06-na</td>
<td>5/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Mildenhall, Donald</td>
<td>Dorset County Council</td>
<td>01.06.06-na</td>
<td>4/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Roberts, Clive</td>
<td>University of Bristol</td>
<td>01.06.06-na</td>
<td>2/5</td>
<td>see p.27</td>
</tr>
<tr>
<td>Tipping, Liz</td>
<td>University of Plymouth</td>
<td>01.01.08-na</td>
<td>2/2</td>
<td>see p.27</td>
</tr>
<tr>
<td>Twose, Sue</td>
<td>University of Plymouth</td>
<td>01.07.07-resigned</td>
<td>2/3</td>
<td>none</td>
</tr>
</tbody>
</table>

The Trust has a clear statement about attendance of the quarterly meetings - a three strikes and you are out policy. All Governors have attended meetings of the Board of Governors throughout the year and their attendance is shown in the fourth column of this table.
A Register of Interests for Governors is kept by the Trust and reviewed on at least an annual basis by the Board of Governors. Details of those governors who have declared interests can be seen in the table at the bottom of this page.

This Register of Interests is available, on request, from the Secretary to the Trust.

Joint Working

In October 2007, the Board of Directors held a joint seminar with the Board of Governors to look at working arrangements. It was agreed that closer working between the two Boards would be beneficial and this was born out of a review of the Board of Governors, which highlighted the desire for greater involvement in strategy.

In the Autumn of 2007 the Trust reviewed its Clinical Services Strategy, and a joint seminar to look at this review between the two Boards was held in January 2008. At this meeting all of the clinical directors presented their vision for the future to the joint Boards and key priorities for the Clinical Services Strategy were agreed jointly by the two Boards. They were:

- emergency services;
- separating emergency and elective capacity;
- maternity and specific elective surgical services including laparoscopic colorectal surgery.

This joint working throughout the year has been very beneficial, although it is recognised that further joint working is still required.

In addition, informal events such as lunches following Board of Governors meetings are held to provide less formal ways for communication between governors and directors.

Register of Governors’ Interests

<table>
<thead>
<tr>
<th>Name</th>
<th>1. Non-executive director of Dorset Primary Care Trust</th>
<th>2. Owner and operator of Graham Avis Research and Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham Avis</td>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Anne Bennett</td>
<td>1. Chairman of Friends of Yeovil Hospital</td>
<td>2. Committee member of Save the Children (Martock Branch)</td>
</tr>
<tr>
<td>Lesley Boucher</td>
<td>1. Health Scrutiny Sub Committee, Somerset County Council</td>
<td>2. South Somerset District Council</td>
</tr>
<tr>
<td></td>
<td>3. Trustee, Community Council of Somerset</td>
<td></td>
</tr>
<tr>
<td>Bill Brown</td>
<td>1. Lay member, Consultants Awards for Excellence Committee</td>
<td></td>
</tr>
<tr>
<td>Ian Fawcett</td>
<td>1. Retired consultant physician, Yeovil District Hospital</td>
<td></td>
</tr>
<tr>
<td>Maggie Foot</td>
<td>1. Trustee, South Somerset Association for Voluntary and Community Action (SSVCA)</td>
<td>2. Yeovil Citizens Advice Bureau</td>
</tr>
<tr>
<td></td>
<td>3. Trustee, SHINE (Somerset Healthy Living Centre)</td>
<td></td>
</tr>
<tr>
<td>Caroline Gamlin</td>
<td>1. Board member: Somerset Primary Care Trust</td>
<td>2. Board member: Connexions (Somerset)</td>
</tr>
<tr>
<td>Dave Gladding</td>
<td>1. Somerset County Council</td>
<td></td>
</tr>
<tr>
<td>Donald Mildenhall</td>
<td>1. Dorset County Council</td>
<td></td>
</tr>
<tr>
<td>Sue Parroy</td>
<td>1. Director (unpaid): Wincanton Leisure Centre</td>
<td>2. Self employed undertaking healthcare development projects</td>
</tr>
<tr>
<td></td>
<td>3. Shareholder: Glaxo Smith Kline</td>
<td></td>
</tr>
<tr>
<td>Clive Roberts</td>
<td>1. Advisor: AXA Insurance</td>
<td></td>
</tr>
<tr>
<td>Tony Simmonds</td>
<td>1. Part-time GP, Preston Grove, Yeovil</td>
<td>2. GP Special Interest</td>
</tr>
<tr>
<td></td>
<td>3. EASE clinic</td>
<td></td>
</tr>
<tr>
<td>Liz Tipping</td>
<td>1. University of Plymouth</td>
<td></td>
</tr>
</tbody>
</table>
This section outlines the growth and recruitment activities surrounding Yeovil District Hospital NHS Foundation Trust membership during the year 1 April 2007 to 31 March 2008. The Trust has two constituencies: a public constituency and a staff constituency. At the year end there were 7,459 members in total: 6,788 public members and 671 staff.

Public Membership

The public constituency is for anyone living in England aged 14 or over. The public constituency is divided into six areas, five of which cover core wards and districts served by the Trust across Dorset, Somerset and Mendip. The sixth constituency allows members from a wider area to become involved. At the end of 2007/08 membership of the public constituency stood at 6,788, an increase of 4.62% from the start of the year. Public membership equates to approximately 3.8% of the Trust’s catchment area (see Table 1). A further breakdown of the membership within the six public constituencies is given in Membership Table 2.

<table>
<thead>
<tr>
<th>GREATER YEOVIL</th>
<th>SOUTH SOMERSET (S&amp;W)</th>
<th>SOUTH SOMERSET (N&amp;E)</th>
<th>DORSET</th>
<th>MENDIP</th>
<th>REST OF SOMERSET &amp; ENGLAND</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of year  (01.04.07)</td>
<td>2,095</td>
<td>1,553</td>
<td>1,568</td>
<td>681</td>
<td>517</td>
<td>74</td>
</tr>
<tr>
<td>New members</td>
<td>205</td>
<td>132</td>
<td>181</td>
<td>68</td>
<td>37</td>
<td>7</td>
</tr>
<tr>
<td>Existing members moving into constituency (incl. staff members becoming public members)</td>
<td>78</td>
<td>18</td>
<td>95</td>
<td>10</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Members leaving</td>
<td>160</td>
<td>136</td>
<td>122</td>
<td>60</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Existing members moving out of constituency</td>
<td>21</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Actual at 31.03.08</td>
<td>2,197</td>
<td>1,544</td>
<td>1,722</td>
<td>699</td>
<td>522</td>
<td>94</td>
</tr>
</tbody>
</table>
At the year-end the staff constituency comprised 671 members, which equates to 37% of staff. This represents a decrease of 11.48% during the year (see Table 3). Up until the end of December 2007 staff were recruited on an opt-in basis, but from the start of January 2008 this moved to opt-out; this means that staff automatically become members of the NHS Foundation Trust if they are employed by the Trust either full-time or part-time on temporary contract of 12 months or over.

The aim for the year was to move to 900 staff members, but due to staff changes and a tidying-up of the staff membership database, an 11.5% drop occurred. This was despite staff being recruited at induction, during intranet membership awareness campaigns and during staff governor elections. Although there were more new members than leavers, an analysis of staff membership was carried out and many staff members were found to have left the employment of the Trust. These were written to and converted to public members for the constituency in which they lived. A regular system of checking leavers has now been established.

The Membership Strategy has been run by the Membership Working Group of the Board of Governors. During the year it was agreed to re-focus this group to look at growing membership numbers and to also focus on communicating with them. This working group has been re-established as the Membership Communications Group and is now led by an appointed governor. The Working Group is established to evaluate membership, recruitment opportunities and activities, member-only events, constituency meetings, marketing and publicity material.

The group worked to produce a promotional DVD for the hospital, working with students from the local college of further education. This is being used at events and presentations.

Individually designed posters were distributed to governors on request. The working group comprises public, staff and appointed governors, and members of Trust staff. The group reports to the Board of Governors quarterly meetings.

The Trust plans to include membership forms with patient discharge documents, and to undertake opportunistic recruitment. Recruitment at local supermarkets began with governors and the membership co-ordinator spending a morning outside a small supermarket, and continued with letters being sent to the general managers of Tesco, Morrison, ASDA, Lidl and Aldi. A volunteer continues to recruit fortnightly in the hospital and regularly submits 25 application forms.

The initial recruitment target for 2007/08 of 7,500 members was not met, although the focus of the group on the greater involvement of existing members was achieved.

### Staff Membership

<table>
<thead>
<tr>
<th>2007/08</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Start of the year (01.04.07)</td>
<td>758</td>
</tr>
<tr>
<td>New staff members</td>
<td>129</td>
</tr>
<tr>
<td>Members leaving</td>
<td>36</td>
</tr>
<tr>
<td>Members moved out of constituency</td>
<td>180</td>
</tr>
<tr>
<td>Total staff members (31.03.08)</td>
<td>671</td>
</tr>
<tr>
<td>% growth over the year</td>
<td>-11.48%</td>
</tr>
</tbody>
</table>

### Constituency Meetings

In December 2007 and January 2008 public meetings were held in five out of six public constituencies. The evenings were held in venues central to each constituency and covered the topics of Healthcare Associated Infections/Waiting times and 18 Weeks/Excellent, Excellent. They were attended by the Chief Executive, Chairman, directors and non-executive directors. Each member household was sent a letter inviting members to the constituency meeting. This accompanied the newsletter *News from YDH* which also listed a schedule of the constituency meetings and members’ evenings at the hospital. The seminars and meetings were welcomed and supported by members and the Membership Communication Group will look to build on these in 2008/09.

Governors in areas where bookings for the events were initially poor were provided with A4 posters for distribution and the membership co-ordinator distributed posters in various locations in Sherborne (Sainsbury’s, Post Office, library, the train station, doctors’ surgeries) and South Petherton (doctors
Who can become a member?
Public membership is open to anyone who is 14 years old or over and who has an interest in the hospital.

Staff membership is open to anyone who works for the hospital on a permanent contract or a temporary contract of more than 12 months.

The benefits to you
Membership is free and you can become involved as much or as little as you like. We will contact you with up-to-date information about the hospital and members-only events. You can get involved in shaping the future of your local health services in a number of ways, including:

- having your say about the issues that really matter to you
- voting in the elections of the Board of Governors
- standing for election to become a governor
- contributing your views through your local governor
- taking part in exclusive member events

How can I become a member?
You can become a member by contacting the Membership Office on 0800 0929 759.
Audit and Nomination Committees

Audit Committee

The Audit Committee provides the Trust with the means of independent and objective review of all risk-management and control systems. The committee discharged its responsibilities through the consideration of reports as follows: Internal Audit, External Audit, Internal Control and Risk Management, and Financial Reporting.

The Trust’s external auditors for 2007/08 were Grant Thornton UK LLP. RSM Robson Rhodes LLP (the Trust’s external auditors appointed by the Audit Commission and retained by the Board of Governors for 2007/08) and Grant Thornton LLP merged on 1 July 2007 and operated as Grant Thornton UK LLP. Fees for statutory audit in 2007/08 were £52,000 excluding VAT.

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

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

Members are appointed by the Board of Directors. Attendance at meetings out of a possible total are included after members’ names which are: John Buckley (4/4), Amanda Ellingworth (3/4), Mark Aichroth (1/4), Tom Hart (3/3), Libby Walters (1/3). In addition, Martin Manning and Angela Dupont attended one meeting each. Paddy Burr attended three and was absent on one occasion.

Pension arrangements for the Chief Executive, executive directors and senior managers are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are found on page 35. The details of senior employees’ remuneration can be found on page 35.

Management Costs

Management costs are calculated in accordance with the Department of Health’s definition. For 2007/08 the total costs were £3,867k, representing 4% of total income.

Going Concern

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

Nomination Committee

The role of the Nomination Committee of the Board of Governors is to make recommendations to the Board of Governors regarding the appointment or reappointment of the Chairman and non-executive directors.

One meeting of the committee was held in 2007/08 with attendance from: Angela Dupont, Chairman; appointed governor, Dave Gladding; and public governors Martin Manning and Graham Deane. James Rimmer, Director of Strategy, was also present and apologies were received from staff governor Dr Tom Palferman. The committee reappointed non-executive director Gill Waldron for a further term of office. Dr Palferman resigned during the year and was replaced on the committee by staff governor Helen Ryan.

No Nomination Committee exists for the Board of Directors. However, if the Chief Executive or executive director posts become vacant, the Remuneration Committee of the Board of Directors consisting of non-executive directors and, where appropriate, the Chief Executive, acts in that capacity. No policy exists on the use of recruitment agencies for these posts; this is decided on a case-by-case basis. All executive posts are widely advertised through the usual NHS channels and beyond where appropriate.
Auditor’s Report

The following is the independent auditor’s report to the Board of Governors of the Yeovil District Hospital NHS Foundation Trust.

We have audited the financial statements of Yeovil District Hospital NHS Foundation Trust for the year ending 31 March 2008. These comprise the Income and Expenditure Account, Balance Sheet, Statement of Total Recognised Gains and Losses, the Cash Flow Statement and the related notes. These financial statements have been prepared in accordance with directions issued by Monitor through the NHS Foundation Trust Financial Reporting Manual 2007-08.

This report is made solely to the Board of Governors of Yeovil District Hospital NHS Foundation Trust, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Board of Governors those matters we are required to state to them in an auditor’s report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust’s governors as a body, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Directors and Auditors

The directors’ responsibilities for preparing the Annual Report and the accounts in accordance with applicable law, direction from Monitor, the Independent Regulator for NHS Foundation Trusts and United Kingdom Accounting Standards are set out in the Statement of Directors Responsibilities.

The directors are responsible for the maintenance and integrity of the corporate and financial information on the Trust’s website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements and other information included in annual reports may differ from legislation in other jurisdictions.

Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the accounts give a true and fair view and are properly prepared in accordance with paragraph 25(2) of Schedule 7 of the National Health Service Act 2006, and in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts. We also report to you whether in our opinion the information given in the Directors’ report is consistent with the financial statements.

We review the directors’ statement on internal control. We report if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the directors’ statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Trust’s corporate governance procedures or its risk and control procedures. Our review was not performed for any purpose connected with any specific transaction and should not be relied upon for any such purpose.

We read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with paragraph 1 of Schedule 10 the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor, which requires compliance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust’s circumstances, consistently applied and adequately disclosed.
We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

**Opinion**

In our opinion: the financial statements give a true and fair view of the state of affairs of Yeovil District Hospital NHS Foundation Trust as at 31 March 2008 and of its income and expenditure for the year ended; the financial statements have been properly prepared in accordance with paragraph 25 of Section 7 of the National Health Service Act 2006 and the NHS Foundation Financial Reporting Manual 2007-08 issued by Monitor; and the information given in the Directors’ Report is consistent with the financial statements.

**Conclusion on Arrangements for Securing Economy, Efficiency and Effectiveness in the Use of Resources**

**Trust’s Responsibilities**

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

**Auditor’s Responsibilities**

We are required under Schedule 10 1(d) of the National Health Service Act 2006 to be satisfied that proper arrangements have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources.

**Certificate**

We certify that we have completed the audit of the accounts in accordance with requirements of paragraph 4 of Schedule 10 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

11 June 2008
Grant Thornton UK LLP
Hartwell House
55-71 Victoria Street
Bristol
BS1 6FT

**NHS Foundation Trust Code of Governance**

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

- Directors
- Governors
- Appointments & Terms of Office
- Information, Development & Evaluation
- Director Remuneration
- Accountability & Audit
- Relations with Stakeholders

The Trust followed the Code in its 2006/07 Annual Report; an assessment by the Trust’s auditors against the Code highlighted one significant finding and four areas meriting attention. The significant area related to the lack of a Code of Conduct for staff and the areas meriting attention included: delegated decision making, roles of the Chairman and Chief Executive, the balance of the Board of Directors and involvement/consultation. The areas meriting attention have been addressed in the 2007/08 Annual Report and/or the Trust’s website. A plan is in place to address the Code of Conduct for staff.
The Remuneration Committee of the Board of Directors is responsible for reviewing and agreeing the salary and allowances payable to executive directors and senior managers of the Trust.

The Remuneration Committee membership is as follows, with attendance at meetings out of a possible total shown after each name:
- Angela Dupont, Chairman (6/6)
- Amanda Ellingworth, Vice-Chairman (5/6)
- Gillian Waldron, non-executive director (6/6)
- Mark Aichroth, non-executive director (5/6)
- Alexander Russell, non-executive director (6/6)
- John Buckley, non-executive director (5/6)

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

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

Pension arrangements for the Chief Executive, executive directors and senior managers are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out on page 35. Details of senior employees’ remuneration can be found on page 35.

The Chief Executive and all executive directors were employed on substantive contracts in 2007/08 which continue until the age of 65 when they terminate automatically unless there is an agreement to extend. Notice periods for these contracts are three months by each party. The Interim Director of Human Resources was employed on a fixed-term basis with a termination date of March 2008. During 2007/08 the Trust recruited a permanent postholder for this position.

Non-executive Director Remuneration

The Board of Governors has a Remuneration Committee with the remit to make recommendations to the full Board of Governors for non-executive director remuneration. Membership of this committee includes: Angela Dupont, Chairman; Sue Parroy, and Paddy Burr (public governors); Steve Wills (staff governor); and Dave Gladding (appointed governor).

The Remuneration Committee met once in 2007/08 with all members present and with James Rimmer, Director of Strategy, also in attendance. The committee recommended no change to the remuneration of non-executive directors and this recommendation was approved by the full Board of Governors.

Directors’ Remuneration

Details of directors’ remuneration and pension benefits for the financial year ended 31 March 2008 are shown overleaf.
Salary entitlements of senior managers - year ended 31 March 2008

Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary (£'000) (bands of 5,000)</th>
<th>Other Remuneration (£'000) (bands of £5,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2007/08</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Dupont</td>
<td>Chairman</td>
<td>35 - 40</td>
</tr>
<tr>
<td>A Ellingworth</td>
<td>Non-Executive Director</td>
<td>10 - 15</td>
</tr>
<tr>
<td>M Aichroth</td>
<td>Non-Executive Director</td>
<td>10 - 15</td>
</tr>
<tr>
<td>A Russell</td>
<td>Non-Executive Director</td>
<td>10 - 15</td>
</tr>
<tr>
<td>G Waldron</td>
<td>Non-Executive Director</td>
<td>10 - 15</td>
</tr>
<tr>
<td>J Buckley</td>
<td>Non-Executive Director</td>
<td>10 - 15</td>
</tr>
<tr>
<td>J Scott</td>
<td>Chief Executive</td>
<td>20 - 25</td>
</tr>
<tr>
<td>G Boyle</td>
<td>Chief Executive</td>
<td>80 - 85</td>
</tr>
<tr>
<td>S Tracey</td>
<td>Director of Finance</td>
<td>110 - 115</td>
</tr>
<tr>
<td>E Walters</td>
<td>Acting Director of Finance</td>
<td>15 - 20</td>
</tr>
<tr>
<td>A Moon</td>
<td>Director of Nursing and</td>
<td>80 - 85</td>
</tr>
<tr>
<td></td>
<td>Clinical Governance</td>
<td></td>
</tr>
<tr>
<td>Dr S Gore</td>
<td>Medical Director</td>
<td>30 - 35</td>
</tr>
<tr>
<td>R McCall*</td>
<td>Interim Director of HR</td>
<td></td>
</tr>
<tr>
<td>P Jenkins</td>
<td>Director of Operations</td>
<td>70 - 75</td>
</tr>
<tr>
<td>J Rimmer</td>
<td>Director of Strategy</td>
<td>70 - 75</td>
</tr>
<tr>
<td>J Matthewman</td>
<td>Director of Facilities</td>
<td>55 - 60</td>
</tr>
<tr>
<td>A Rayner</td>
<td>Director of HR</td>
<td>10 - 15</td>
</tr>
<tr>
<td>N Edwards</td>
<td>Interim Director of Facilities</td>
<td>5 - 10</td>
</tr>
</tbody>
</table>

Pension Benefits

| Name and Title          | Real increase in pension at age 60 (bands £2,500) (for time in office) | Real increase in pension-related sum at age 60 (bands £2,500) (for time in office) | Total accrued pension at age 60 at 31 March 2008 (bands £2,500) |
|-------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------
|                         | £'000                      | £'000                  | £'000                                    | £'000                                      |
| J Scott                 | 0.0 - 2.5                  | 2.5 - 5.0              | 40.0 - 42.5                             |                                           |
| G Boyle                 | 0.0 - 2.5                  | 0.0 - 2.5              | 22.5 - 25.0                             |                                           |
| S Tracey                | 0.0 - 2.5                  | 0.0 - 2.5              | 12.5 - 15.0                             |                                           |
| E Walters               | 0.0 - 2.5                  | 0.0 - 2.5              | 10.0 - 12.5                             |                                           |
| A Moon                  | 0.0 - 2.5                  | 0.0 - 2.5              | 8.0 - 10.0                              |                                           |
| Dr S Gore               | 2.5 - 5.0                  | 12.5 - 15.0            | 35.0 - 37.5                             |                                           |
| R McCall                | 2.5 - 5.0                  | 7.5 - 10.0             | 20.0 - 22.5                             |                                           |
| P Jenkins               | 0.0 - 2.5                  | 2.5 - 5.0              | 32.5 - 35.0                             |                                           |
| J Rimmer                | 0.0 - 2.5                  | 2.5 - 5.0              | 15.0 - 17.5                             |                                           |
| J Matthewman            | 5.0 - 7.5                  | 20.0 - 22.5            | 20.0 - 22.5                             |                                           |
| A Rayner                | 0                        | (2.5 - 5.0)            | 17.5 - 20.0                             |                                           |

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

- J Matthewman has no CETV as at 31 March 2008 as his pension is now in payment.
- A Rayner has some negative amounts due to a break in NHS service.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just
### Golden hello/compensation for loss of office (bands of £5,000)

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary entitlements of senior managers - year ended 31 March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

### Benefits in kind

(rounded to nearest £100)

<table>
<thead>
<tr>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

### Remuneration

- **G. Boyle** (Chief Executive)...
- **S. Tracey** (Director of Finance)...
- **A. Dupont** (Chairman)...

### Pension Benefits

- **J. Scott** (Chief Executive)...
- **P. Jenkins** (Director of Operations)...
- **R. McCall** (Interim Director of HR)...

### Real increase in cash equivalent transfer value for time in office

<table>
<thead>
<tr>
<th>Total accrued pension-related lump sum at age 60 at 31 March 2008 (bands £2,500)</th>
<th>Cash equivalent transfer value at 31 March 2007</th>
<th>Cash equivalent transfer value at 31 March 2008</th>
<th>Real increase in cash equivalent transfer value for time in office</th>
</tr>
</thead>
<tbody>
<tr>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>122.5 - 125.0</td>
<td>483</td>
<td>593</td>
<td>16</td>
</tr>
<tr>
<td>67.5 - 70.0</td>
<td>256</td>
<td>275</td>
<td>8</td>
</tr>
<tr>
<td>30.0 - 32.5</td>
<td>97</td>
<td>125</td>
<td>26</td>
</tr>
<tr>
<td>35.0 - 37.5</td>
<td>103</td>
<td>122</td>
<td>4</td>
</tr>
<tr>
<td>67.5 - 70.0</td>
<td>258</td>
<td>305</td>
<td>40</td>
</tr>
<tr>
<td>110.0 - 112.5</td>
<td>450</td>
<td>538</td>
<td>76</td>
</tr>
<tr>
<td>65.0 - 67.5</td>
<td>276</td>
<td>335</td>
<td>52</td>
</tr>
<tr>
<td>97.5 - 100.0</td>
<td>526</td>
<td>563</td>
<td>23</td>
</tr>
<tr>
<td>47.5 - 50.0</td>
<td>170</td>
<td>193</td>
<td>19</td>
</tr>
<tr>
<td>60.0 - 62.5</td>
<td>160</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>52.5 - 55.0</td>
<td>279</td>
<td>214</td>
<td>(12)</td>
</tr>
</tbody>
</table>

The CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

J. Scott left the Trust on 31.05.2007
G. Boyle was appointed 20.08.2007
S. Tracey was acting Chief Executive between 01.06.2007 - 19.08.2007
L. Walters was acting Director of Finance between 01.06.2007 - 19.08.2007
J. Matthewman left the Trust on 14.12.2007
R. McAll left the Trust on 31.07.2007
A. Rayner was appointed 01.02.2008
N. Edwards was appointed 18.02.2008

* R. McAll received payment of salary in line with terms of the employment contract.
Disclosures and Responsibilities

Public Interest Disclosures

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

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

2007/08 Performance Summary

<table>
<thead>
<tr>
<th>BETTER PRACTICE PERFORMANCE</th>
<th>2007/08</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE OF COMPLIANCE</td>
<td>Number</td>
<td>£’000</td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid in the year</td>
<td>30,723</td>
<td>11,688</td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid within target</td>
<td>27,071</td>
<td>10,054</td>
</tr>
<tr>
<td>Percentage of non-NHS trade invoices paid within target</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>Total NHS trade invoices paid in the year</td>
<td>1,430</td>
<td>21,681</td>
</tr>
<tr>
<td>Total NHS trade invoices paid within target</td>
<td>1,199</td>
<td>18,762</td>
</tr>
<tr>
<td>Percentage of NHS trade invoices paid within target</td>
<td>84%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Other Income
A breakdown of balances included within ‘other income’ can be found in the Trust’s Annual Accounts.

Accounting Officer’s Responsibilities

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the Accounting Officer’s memorandum issues by the independent Regulator of NHS Foundation Trusts (Monitor).

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

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Financial Reporting Manual and in particular: 1) to observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis; 2) to make judgements and estimates on a reasonable basis; 3) to state whether applicable accounting standards as set out in the NHS Foundation Trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and 4) to prepare the financial statements on a going-concern basis.

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

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

Gavin Boyle, Chief Executive, 28 May 2008
1. Scope of Responsibility
1.1 As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust’s policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The Purpose of the System of Internal Control
2.1 The system of internal control is designed to manage risks to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Yeovil District Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively, efficiently and economically. The system of internal control has been in place in Yeovil District Hospital NHS Foundation Trust for the year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

As an employer with staff entitled to membership of the NHS Pension Scheme control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.

3. Capacity to Handle Risk
3.1 Yeovil District Hospital NHS Foundation Trust has a comprehensive, Trustwide system for managing risk based on Board-approved policies and strategies available on the Trust intranet.

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

3.3 The Director of Nursing and Clinical Governance is the designated executive director with Board-level accountability for clinical risk management. The Medical Director supports aspects of this role. The Director of Finance is the designated executive director with Board-level accountability for all other, i.e. non-clinical risk. The Director of Human Resources is the Trust’s designated executive director for Health and Safety and for Security, and is a member of the Non-Clinical Risk Assurance Committee.

3.4 The Risk & Operational Committee is the Trust’s operational risk management committee and is a sub-committee of the Board of Directors. The Clinical Governance Committee & the Non-Clinical Risk Assurance Committee are the Trust’s strategic risk assurance committees. They are also sub-committees of the Board of Directors and are jointly responsible for overseeing the proper implementation of this policy. The Audit Committee is a sub-committee of the Board of Directors. It has particular responsibility for reviewing IT and financial systems and procedures. All three committees are responsible for providing the Board of Directors with assurance on the appropriateness and effectiveness of the Trust’s risk management and internal control processes.

3.5 The Clinical Governance Directorate’s Deputy General Manager is the Trust’s Risk Manager.

3.6 In Clinical Directorates, Clinical Directors, supported by General Managers and Matrons, are responsible for managing risk. In all non-clinical directorates and departments, the appropriate director is responsible for managing risk. Within each directorate and department, ward sisters and heads of department are responsible for managing risk within their areas. Individual risk advisors have been appointed by the Trust to provide specialist advice and guidance on particular matters and have been designated as competent persons.

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

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

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

4. The Risk and Control Framework
4.1 The Trust has established a regular review process for both the risk register and the assurance framework. This enables the Audit Committee, Clinical Governance Committee and Non-Clinical Risk Assurance Committee to monitor progress in risk management. The Board of Directors and Risk & Operational Committee review prioritised versions of the risk register at least three times a year. The assurance framework is reviewed by the Board of Directors and the assurance committees up to three times a year as well.

4.2 Clinical Directorates review and assess their risks via the monthly rolling governance meetings. Risk assessments take place at department and directorate level and the Board of Directors ultimately identifies the risks most likely to impact on objectives in the coming year. This forms the basis of the Trust Assurance Framework. The Trust has one corporate risk register with related specialist registers, e.g. for departmental health and safety assessments.

4.3 In line with the NHS requirements, the Trust’s risk management policy is based on the Risk Management Standard AS/NZS 4360:1999 published by Standards Australia. It is set out in the Board-approved Risk Management Policy. This risk management approach is a common currency throughout the Trust and is used for both clinical and non-clinical risk management processes at every level.

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

The Information Governance Toolkit remains an essential tool in monitoring progress against national standards, and an overall score of 83% for the period, demonstrates a Trustwide commitment to ensuring comprehensive and reliable assurance from managers, internal audit that appropriate controls are in place and that risks are being managed effectively.

The detailed review of information flows during December 2007 reassured the Board of Directors that all information used for operational purposes and financial reporting purposes was secure and utilised appropriately. The detailed mapping of information flows, both internally and externally will continue during 2008.

The new Information Governance Training Tool will considerably enhance the ability for the Trust to improve training and awareness of Information Governance and security. This tool will be implemented for new staff during 2008/09. Eventually this computer-based training (CBT) will be rolled out to all staff as part of the annual mandatory training schedule.

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

The Assurance Framework
4.5 In accordance with Department of Health guidance, the Trust has identified its principal objectives. It has also identified its principal risks in relation to these objectives. It has then mapped the relevant controls, management assurances and external assurances relating to each risk.

4.6 During 2007-08 gaps in control or assurance have been addressed as they are identified by the assurance committees and the Board of Directors. The full framework is set out in the Trust document ‘Assurance Framework March 2008’.

Public stakeholder involvement in risk management
4.7 There are close working relationships between the Trust and its key public stakeholders, e.g. the Strategic Health Authority and Somerset Primary Care Trust. Where specific issues arise these are addressed on a partnership basis through ongoing dialogue, consensus and mutual support. As part of the Trust’s Patient and Public Involvement initiative there are user representatives on the Clinical Governance Committee and a number of other risk sub-committees.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

5. Review of Economy, Efficiency and Effectiveness of the Use of Resources
5.1 The Trust has developed a comprehensive top-level performance metric to provide a dashboard of key indicators. This is reviewed monthly by the Board of Directors and by the Risk & Operational Committee. In addition, monthly reports on Finance, Access, Human Resources and Clinical Governance are received by both committees.

5.2 During the year the Trust has introduced a system of quarterly performance reviews for the clinical directorates to enhance the system of management and review and identify any performance or quality issues at an early stage.
5.3 The Fit for Foundation process managed the efficiency savings the Trust had identified at the start of the year, and progress was monitored via the performance metric. By year-end the efficiency savings targets had been met.

6. Review of Effectiveness

6.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the systems of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors. Executive Directors and Managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the core standards self-declaration, the Trust's external auditors and the opinion of Monitor, the independent regulator of NHS Foundation Trusts.

The Board of Directors has carried out a self-assessment of its own effectiveness and this process and the outcomes will inform the coming year's development programme.

6.2 I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, Audit Committee, Clinical Governance Committee and the Non-Clinical Risk Assurance Committee and the Risk & Operational Committee.

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

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

6.5 The Risk & Operational Committee is the Trust's risk management committee, and the Audit Committee, Clinical Governance Committee and Non-Clinical Risk Assurance Committee for the assurance element of the system of internal control.

6.6 Internal Audit undertakes an annual programme based on the Assurance Framework. It also has an annual task of reviewing the processes underlying the Board declaration on Standards for Better Health and the appropriateness and effectiveness of the Trust's Assurance Framework.

6.7 I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee and the Trust's Internal Auditors.

6.8 The Code of Governance published by Monitor sets out best practice for effective corporate governance for NHS Foundation Trusts. An assessment by the Trust's auditors against the Code highlighted one significant finding and four areas meriting attention. The significant area related to the lack of a Code of Conduct for staff and the areas meriting attention included: delegated decision making, roles of the Chairman and Chief Executive, the balance of the Board of Directors and involvement/consultation. The areas meriting attention have been addressed in the 2007/2008 Annual Report and/or the Trust's website. A plan is in place to address the Code of Conduct for staff.

6.9 Three Internal Audit reports received during the year gave only limited assurance. The Performance Management 18 Week Care Pathway audit concluded that overall the system was sufficiently robust to provide adequate assurance. However, the current IT system for managing the wait times - and the anticipated implementation of the Cerner Millennium PAS system - were not capable of supporting the process going forward. The report recognised that much of this was out of the direct control of the Trust. The Trust accepted this and has taken steps to ensure a more robust IT arrangement for managing the 18 week wait.

The Health & Safety audit identified a number of significant recommendations, all of which have been accepted by the Trust. Almost all of these have been completed within the year and the recommendation relating to security cover is the subject of a review and reorganisation of provision that is currently partially complete.

The Records Management audit also made several significant recommendations. Most of these have already been implemented and two remain partially complete; these should have been achieved by the end of December 2008.

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

7. Conclusion

There are no significant control issues (including no known Serious Untoward Incidents involving data loss or confidentiality) identified during the course of the year or in relation to this year-end statement.

Gavin Boyle - Chief Executive
Date: 2 June 2008