

Webforms Output: Core standards declaration 2008/2009  
April 2009

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\* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

RH8

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@cqc.org.uk](mailto:forms@cqc.org.uk)

Organisation Name:

Royal Devon And Exeter NHS Foundation Trust

Chief Executive's First Name:

Angela

Chief Executive's Surname:

Pedder

Chief Executive's Email:

[angela.pedder@rdefn.nhs.uk](mailto:angela.pedder@rdefn.nhs.uk)

Organisation Code:

RH8

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o Insufficient assurance: a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

### Section 3. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards and overview and scrutiny committees

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### Section 4. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment. A box will be provided on the declaration form for this purpose.

#### Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

#### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

#### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or [feedback@healthcarecommission.org.uk](mailto:feedback@healthcarecommission.org.uk).

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

**General statement of compliance**

\* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

Following on from work carried out throughout the year and assurance from an internal audit of all core standards, the Board of Directors has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 01 April 2008 - 31 March 2009.

The board of directors has received comments from relevant external bodies and agree that they are consistent with the RD&E internal review of the core standards. This is reflected in the declaration that has been approved by the Board of Directors.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Safety domain - core standards (C1a - C3)**

Please declare your trust's compliance with each of the following standards:

\* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

\* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

\* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

\* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

compliant

**Safety domain - core standards (C4a - C4e)**

Please declare your trust's compliance with each of the following standards:

\* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

\* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

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\* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

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\* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

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\* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Clinical and cost effectiveness domain - core standards (C5a - C6)**

Please declare your trust's compliance with each of the following standards:

\* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

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\* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

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\* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

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\* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

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\* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

## Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

Please declare your trust's compliance with each of the following standards:

\* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

\* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

\* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

\* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

\* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

\* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

**Governance domain - core standards (C10a - C12)**

Please declare your trust's compliance with each of the following standards:

\* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

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\* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

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\* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

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\* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

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\* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

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\* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Patient focus domain - core standards (C13a - C14c)**

Please declare your trust's compliance with each of the following standards:

\* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

\* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

\* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

\* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

\* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

\* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

**Patient focus domain - core standards (C15a - C16)**

Please declare your trust's compliance with each of the following standards:

\* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

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\* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

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\* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Accessible and responsive care domain - core standards (C17 - C18)**

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

Please declare your trust's compliance with each of the following standards:

\* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

compliant

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\* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Care environment and amenities domain - core standards (C20a - C21)**

Please declare your trust's compliance with each of the following standards:

\* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

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\* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

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\* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Public health domain - core standards (C22a - C24)**

Please declare your trust's compliance with each of the following standards:

\* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

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\* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

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\* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

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\* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Electronic sign off page**

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), LINKs, overview and scrutiny committees, Learning Disability Partnership boards and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

**Electronic sign off - details of individual(s)**

	Title:	Full name:	Job title:
1	Ms	Angela Ballatti	Chairman
2	Mrs	Angela Pedder	Chief Executive
3			
4			
5			
6			
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30			

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Comments from specified third parties**

Please select the numbers of each type of third party that you wish to enter comments from

\* Strategic Health Authorities

 1

\* Local involvement networks

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

\* Local child safeguarding boards

 1

\* Learning Disability Partnership boards

 1

\* Non-specified third party organisations:

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

**Comments from specified third parties**

Please enter the comments from the specified third parties below.

**Strategic Health Authority Comments**

Please select the name of the first strategic health authority that has provided the commentary

 South West Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

Dear Angela

Annual Health Check 2008/09: Comments on Core Standards Declaration

As you will be aware all NHS organisations are required to submit to the Healthcare Commission a final declaration on compliance with core standards by midday Friday, 1 May 2009.

The South West Strategic Health Authority is invited to provide comments on the performance of an NHS organisation against core standards. These comments along with any comments provided by the Overview and Scrutiny Committees and Patient and Public Involvement Forums, should be included word for word with your final declaration to the Healthcare Commission and will be taken into account by the Healthcare Commission when cross checking your declaration.

Please find below the South West Strategic Health Authority comment on the performance of your NHS organisation against core standards which you should include with the final declaration.

'On the basis of the evidence available to the South West Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS organisation in its declaration with regard to maintaining core standards.'

You should now finalise your arrangements for completing the final declaration to ensure you meet the deadline of 12.00 pm on Friday, 1 May 2009.

If you should require any further assistance please do not hesitate to contact Lisa Manson, Associate Director of Performance.

Yours sincerely

BILL SHIELDS  
DIRECTOR OF FINANCE AND PERFORMANCE

### Local Involvement Network comments

No comments from Local Involvement Networks were provided

### Local child safeguarding boards comments

\* Please enter the name of the first local child safeguarding board that has provided the commentary

Devon Safeguarding Children Board

\* Local child safeguarding board comments. There is no word limit on this answer.

Dear Angela

Annual Health Check - Standards for Better Health

I am writing in my capacity as the Independent Chair of the Devon Safeguarding Children Board in response to your request for comments as part of your 2008/9 Health Check for the Healthcare Commission .

The Safeguarding Children Board are specifically interested in co ordination , monitoring and effectiveness of individual agency and multi agency systems and services that protect children and young people from harm and promote their welfare . We have a particular concern to protect those at immediate risk of suffering significant harm, and proactively target those that are deemed potentially more vulnerable such as children living away from home, children with disabilities etc

The Safeguarding Children Board is made up of the statutory duty to co operate partner organisations one of which is your Foundation Trust. The Board has a jointly agreed Business Plan, which clearly describes what the expected outcomes are for children and young people. The Board discharges its functions by an established Executive and a variety of sub groups.

Most recently the Safeguarding Children Board has been reviewing its functioning , has been undertaking significant case and organisational audits and has been overseeing the completion of a number of Serious Case Reviews into cases where children have died or been seriously injured.

I am pleased to report that your Trust has been a regular attendee at the Devon Safeguarding Children Board. Similarly it is pleasing to report that the Trust has provided representatives for specific sub group activity which is invaluable given your specialist knowledge

The Trust has completed the statutory Section 11 audit requested by the Safeguarding Children Board and has recently updated this. The DSCB Quality Assurance sub group will soon be evaluating your return and providing appropriate feedback.

The Trust has a longstanding integral role in the discharging of multi agency child protection procedures across Devon and has made major contributions to specific policy developments

At the most Safeguarding Children Board the results of the Multi Agency Case Audit exercise carried out in December 2008 concerning a sample of cases of children subject to child protection plans was reported. Your representatives at the meeting have received the results of this case audit and it has shown some areas of immediate improvement for the health communities in Devon as well as some weaknesses in the multi agency systems that should be in place to protect children. In particular there is a concern from the audit that all Trusts ensure that all their staff are appropriately trained ,and that in their clinical work they are familiar with the required standards for safeguarding children , and that information sharing about risks is

explicitly followed in line with Working Together and the South West Child Protection Procedures .

In the recently published Ofsted report 'Learning Lessons' which studies 50 recent Serious Case Reviews there is clear evidence of systemic weaknesses in many tragic deaths and serious injuries of children .

The situation with recent Serious Case Reviews in Devon supports the Ofsted analysis and the implementation of recommendations from these SCRs must be rigorously pursued within the Trust and a robust quality assurance system be in place that gives you and your Trust Board the evidence of changes and progress that are required.

Lord Laming's report 'The Protection of Children in England: A Progress Report' (March 2009) provides NHS organisations with clear challenges for improvement and in particular the placing of children's safeguarding at the heart of the organisation's leadership and accountability.

The Devon Safeguarding Children's Board agreed at its meeting on the 6th March 2009 to share the outcomes of Safeguarding Children's Audit currently underway across many duty to co operate partners and we look forward to receiving a copy of your return to the Strategic Health Authority of the Healthcare Commission Safeguarding Audit

Yours Sincerely

Alan Wooderson

Independent Chair, Devon Safeguarding Children Board

### Learning Disabilities Partnership Board comments

\* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Devon Learning Disabilities Partnership Board

\* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Comments requested - not received within timescale.

### Commentaries from other third party organisations

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Overview and scrutiny committee comments**

\* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

0 1

**Overview and scrutiny committee comments**

Name of overview and scrutiny committee 1

Health and Adults' Services Overview  
Scrutiny Committee

Comments. There is no word limit on this answer.

DEVON COUNTY COUNCIL

HEALTH AND ADULTS' SERVICES OVERVIEW/SCRUTINY COMMITTEE

ANNUAL HEALTH CHECK 2008-09

COMMENTARY ON THE ROYAL DEVON & EXETER NHS FOUNDATION TRUST

Introduction

1. The Devon County Council Health and Adults' Services Overview/Scrutiny Committee (OSC) has determined that the commentary provided in relation to the Royal Devon & Exeter NHS Foundation Trust (RDEFT) will be restricted to the Healthcare Commission's Core Standards C14a, C16, C17 and C22a for acute trusts.

2. All references in this commentary relate to the reporting period 1 April 2008 to the date of this statement and pertain only to the Trust's relationship with the OSC.

Core Standard C14a

3. Core Standard C14a refers to suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services for patients, their relatives and carers.

4. Information about the Patients Advice and Liaison Service (PALS) is available on the RDEFT website, although not prominently displayed. A local telephone number, direct email links and information leaflets on the complaints procedure assist anyone wishing to log a complaint with the RDEFT. The Trust also provides an online feedback form for general enquiries and comments.

5. PALS officers provide correspondents with a range of information and advice, which is intended to assist in determining the most appropriate course of action in relation to a concern. Should the correspondent wish to pursue a formal complaint, the PALS officer will assist by forwarding that complaint to the complaints officer. Alternatively, the correspondent can contact the complaints officer directly.

6. The Trust also provides a printed leaflet "When Things Go Wrong" which can be made available in different languages and other formats, such as Braille and audio tape. The publication is equipped with contact details for PALS, ICAS and the Trust's own complaints team.

7. The OSC is convinced that RDEFT complies with Core Standard C14a and endeavours to ensure that patients, relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

Core Standard C16

8. Core Standard C16 refers to the Trust making information available to patients and the public on their services, providing patients with suitable and accessible information on the care and treatment they receive and, where appropriate, informing patients on what to expect during treatment, care and after-care.

9. RDEFT provides a well-developed and comprehensive website which details all of the services provided by the Trust. The site also provides a wealth of information, including very detailed information for patients and visitors under different subsections.

10. The Trust also runs a dedicated Health Information Centre and produces a wide range of leaflets and printed documentation on the services it provides. Publications are usually equipped with a number of different contact options for further information, including telephone numbers, postal and email addresses as well as web links. The Trust also offers the translation of information into different languages and can provide information in other formats on request, such as large print, Braille and audio tape. RDEFT also offer a number of services for people with disabilities.

11. The OSC is confident that RDEFT is compliant in its requirement under Standard C16, to provide accessible information, of good quality, to patients and the public on the Trust's services.

Core Standards C17 and C22a

12. Core Standard C17 refers to the Trust's mechanisms to seek and take into account the views of patients, carers and others in designing, planning, delivering and improving healthcare services. Core Standard C22a refers to the promotion, protection and demonstrable improvement of the health of the community served and reducing health inequalities by co-operating with local authorities and other organisations.

13. During the past year, the RDEFT regularly engaged and co-operated with the OSC and other organisations, including primary care trusts in the peninsula and other hospital trusts over service reviews and development proposals.

14. For example, the Trust is currently involved with the reconfiguration of a specialist centre for the surgical treatment of rarer forms of cancer. On

8 January and 12 March 2009, the OSC considered reports on this and, among other resolutions,

- a) endorsed the plans for patient, public and stakeholder engagement, following on from the review of upper gastro-intestinal (GI) cancer services at the RDEFT and Plymouth Hospitals NHS Trust;
  - b) noted the critical importance of whole-team expertise in the successful treatment of these conditions and urged that every effort be made to maintain the integrity of the team at the RDEFT during the transfer;
  - c) welcomed the Trusts' firm assurance that the interests of patients would not be subordinated to the government's deadline of January 2010 for completion.
15. RDEFT representatives have attended meetings and provided valuable assistance and information to the OSC in relation to the recent proposals (minutes of the OSC meetings on 8 January and 12 March 2009 refer). The OSC will keep the progress and outcomes of the reconfiguration under review.
16. The Trust's working relationship with the OSC has been constructive, robust, positive and productive throughout the past year and the RDEFT has proven itself to be committed to partnership working with the OSC and patients, the public and stakeholders, as evidenced above.
17. The OSC is therefore confident that RDEFT is compliant in its responsibilities under Core Standards C17 and 22a.

Stuart Barker  
Chairman - Health and Adults' Services Overview/Scrutiny Committee  
27 March 2009

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please enter the comments from the board of governors in the box below. There is no word limit on this answer.

Dear Mrs Pedder

Re: Assessment of core Healthcare Commission standards - Annual Declaration 2008-09

I am writing to you on behalf of the Council of Governors to thank you for your request to comment on the declaration. This year we have reported on all seven domains, through a series of different groups addressing the domains.

First Domain - Patient safety

Safety is a subject that reoccurs in several domains. The Governors involved specifically in Domain 1 reviewed a considerable amount of evidence, which included all the Part One papers of the Board of Directors and Council of Governors meetings as various aspects of safety were reported and each meeting showing a variety of reference and action on safety. In the RD&E structure overview it outlines the specific responsibilities of the Executive of the Trust and their accountability. The Governance Annual Report patient safety was accepted as a fundamental part of the Board of Directors role. To this end the Board introduced a systematic approach to patient safety.

C1

Included in the Health and Safety Action Plan 2008-09 is an action plan outlining the support for incident learning outcomes to prevent similar incidents occurring. Safety notices and other signage is considered regularly making sure its size, situation and visibility is clear from a range of angles and places. It receives particular attention when any refurbishment or change is undertaken.

C2

The Honeylands Children's Services Review considered all children's activities in the light of national incidents and reiterated that the Trust and staff firmly support national child protection guidance and support the Integrated Commissioning Strategy for Early Years service. In February 2009 the Board reviewed a safeguarding children update.

C3

All the documents reviewed emphasised the Trust's support of NICE guidance and that it takes a full and active responsibility to ensure compliance in all areas applicable.

C4

During the year the Trust has paid particular attention to the reduction of infection and hospital-acquired infection. They have reviewed their cleaning programmes throughout the Trust including a Deep Cleaning programme whereby all wards and departments have an annual deep clean. A multi-disciplinary team of housekeeping, estates and nursing and infection control staff work together to both co-ordinate and carry out deep cleaning. This includes all in-patient areas including staff rooms, ward offices, treatment rooms, ward kitchens and nurses stations.

Together with the deep cleaning initiative, the Trust has looked at, and revised where necessary, all their cleaning procedures. The new RD&E Infection Control Annual Programme was introduced in July 2008.

The RD&E recently signed up to the 'The Patient Safety First' campaign. The first goal is to ensure a leadership culture at Board level which promotes quality and patient safety and provides an environment where continuous improvement in harm reduction becomes routine throughout the organisation.

Second Domain - Clinical & Cost Effectiveness

C5

We are satisfied that the Trust has clear structures and processes in place to ensure that national guidance on patient care such as NICE technological appraisals, NICE guidelines and National Service Frameworks are implemented and evaluated. The Trust is committed to participation in all National Audit projects and the results are reported to the Clinical Audit and Effectiveness Committee, which monitors the progress of any subsequent action plans. For example, checks are made that the Trust complies with any recommendations in reports from NCEPOD (national confidential enquiry into patient outcome and death). Following the national stroke audit in 2006, changes in practice were implemented which produced an increase in the rating of overall effectiveness of care from 65% in 2006 to 83% in 2008. The National Falls Audit links closely to the Trust's patient safety steering group which has introduced a system for close monitoring of 'at risk' patients and there is a rolling audit programme linked to the NICE guidance on inhaler techniques. Work is currently in progress with other stakeholders such as the PCTs to promote the evaluation of national guidance across care boundaries.

The Medical Director leads the appraisal process which ensures that clinicians continuously update their skills and participate in reviews of clinical work. General leadership has been strengthened by the reforming of the operational management structure and re-grouping of the clinical specialties. The productive wards initiative continues and now 8 wards have completed phase one of this initiative. This has enabled staff to look at their working practice to see if they can increase time for patient care.

The project so far has identified changes that can be made at ward and Trust level to improve efficiency and free up more time for direct care.

- o Standardisation of notes trolleys has been well received by ward teams
  - o Colour coding of ward storage areas has benefited ward and stores staff
  - o Early results from the first phase wards show that in some areas direct care time has increased.
- The productive wards have benefited clinically and in cost effectiveness.

Okement ward has been redesigned by streamlining the nurses' station and the central area enabling nurses to be closer, and more visible, to the patients. There are plans to develop other wards in a similar way. All these activities which monitor the patient pathway are audited and evaluated to bring about the best results for the money expended on patient care.

Third Domain - Governance

Through the work of the Governance Committee, a committee of the Board of Directors the Royal Devon & Exeter NHS Foundation Trust continues to apply the principles of sound clinical and corporate governance. Eighteen specialist committees varying from Clinical Audit and Effectiveness Committee to Directorate Governance Groups feed into the Governance committee which can then report to the Board. The activities of all these committees have enabled the Trust to comply with the Healthcare Commission's core standards. In this regard important information is supplied from the Governance Support Unit which co-ordinates clinical audit activity throughout the Trust.

The Trust continues to be in a strong financial position, which ensures future developments through the Strategic Investment Fund. The Governors

have been made aware of likely reductions to be made to the income tariff in future years and a healthy surplus this year will obviously be helpful in that regard. However, there has been further substantial slippage in the level of capital expenditure for another year. The Council of Governors have been assured that none of the schemes delayed have had any detrimental impact for patients because either alternative provision has been made, or the schemes were not time critical.

The Human Resources Directorate has been particularly busy this year with advancements on many fronts. As some 61% of operational costs of a hospital is spent on salaries good people management is essential. Although sickness and stress has fallen there is the challenge of more early retirements. Less reliance on agency staff must be pursued and it was heartening that all students from the local Midwifery School were given short-term contracts after the successful completion of their course. The use of Electronic Staff Records to provide workforce information, rostering and linkage to payroll records is proceeding. The Trust is also focusing on further staff training and development which will enhance patient experience and safety.

The Governors through their representation on the Appraisal Working Group have continued to play an important part in developing appraisal of the Chairman and Non-executive directors and through the Nominations Committee the re-appointment of the Chairman. The perspective of Governors has been widened by the Trust's membership of The Foundation Trust Governors Association and its recent meeting of Governors from the South West. This should enable Governors to share information and compare roles in their respective Trusts. Making the opinions of Members more accessible however is an area that needs urgent attention.

#### Fourth Domain - Patient focus

##### C13

The Trust's policy on Maintaining Patient Privacy and Dignity is cross-referenced to many supporting formal documents such as the Privacy and Dignity Implementation plan, Estates Strategy, guidelines on Cultural, Spiritual and Religious Beliefs, and a Chaperone policy. Privacy and dignity of patients continues to be audited by nursing staff using the Nursing Quality Assessment Tool and is monitored by the Trust's Matrons Group. The Quality of Patient Experience sample results for this year show improvement in the areas of privacy, respect and dignity compared with last year's national survey results. The Trust is developing more single rooms to give patients further choice.

The Trust uses a system of 'flagging' with a range of symbols displayed at the bedside, with their consent as appropriate, for patients with specific needs such as sensory problems so that staff are aware on approaching the patient that specific needs have to be met.

National guidelines for a "pathway" for the Care of the Dying have now been implemented in all relevant wards, with use in the remainder, such as the Emergency Department, whenever feasible. The use of the "pathway" is audited externally.

As a result of the national patient satisfaction survey of Emergency Departments, the Trust has received feedback and has identified for action an improvement for privacy of patients at reception by providing more sensitive microphones so that patients don't have to speak loudly when providing information on arrival.

The Trust has a policy on Informed Consent that requires consent for all treatment to be obtained from patients themselves whenever possible, or from relatives or carers in other instances. In emergency situations, where such consent cannot be obtained in time, the senior member of the medical team records authorisation. The Trust is developing a system of postal consent for endoscopy patients.

The policy on Information and Governance refers to many other formal documents including the Trust's Information Governance Toolkit, Data Processing information leaflet and policies on Faxing, Health Records, and Information Security and a staff guide to the Data Protection Act 1988. Disclosure of information where authorised by the Act is governed by policies and procedures such as for Safeguarding Children.

##### C14

There are clear procedures in place to enable patients, families and carers to raise concerns and register formal complaints in line with the Complaints Policy documentation and reflected in the "When Things Go Wrong" leaflet, both of which make it clear that patients will not be discriminated against for making a complaint or comment about care received.

The National Patient Survey, comment cards, the Patient Quality Assessment Tool using PC notepads and staff surveys provide additional information on patient satisfaction which form part of the evaluation of service delivery. Feedback from these findings is reported upon and areas for action are identified.

There are clear processes for managing all formal complaints through PALS Operational Policy and feedback from questionnaires is analysed and reported upon to ensure continual evaluation and improvement in health care delivery.

##### C15

The Food Nutrition and Health Policy clearly states that all patients have their nutritional requirements and nutritional status monitored to provide adequate nutrition as a priority. Patients are screened using The Nutritional Risk Tool to highlight those who have specific nutritional requirements and those needing additional nutritional intervention. All action is taken by a trained practitioner.

Patients receive appropriate help to enable them to eat their food including help and assistance where required. A system of coloured trays has been introduced to enable staff to know when patients require help with feeding. This requires careful monitoring. Patients are able to choose food for a special diet (5 special diets are coded on the normal menu and a gluten free menu is also available). Access to food 24 hours a day is ensured through the "protected mealtimes" initiative and snack boxes are available for missed meals, together with two snacks per day being offered to patients between meals.

##### C16

The Trust makes information available to patients and the public through its web-site, members' newsletters and meetings including its successful "Medicine for Members" series, and leaflets provided at the main stages of contact for treatment. Booklets such as Coming into Hospital and Leaving Hospital are provided, and patients are given specific information about their particular in-hospital and follow-up treatments.

The national Emergency Department patient satisfaction survey referred to earlier also picked up on another area that the Trust had identified for action, namely ensuring that patients are told about current waiting times and informed about delays such as when road traffic accident casualties require priority treatment.

#### Fifth Domain - Accessible and responsive care

The Governors were given access to the hospital intranet which enabled them to satisfy themselves that the trust is meeting the criteria for this Domain

##### C17

Evidence was seen relating to:-

- o Involving Peoples Strategy Group.
- o Disability Equality Action Group.
- o The Carers sub group.

- o LINKS continued engagement with the provider.

C18

The Trust continues to work with:-

- o Race & Disability groups.
- o To offer an interpreter / translation service wherever possible.
- o Has a chaperone service
- o Conducts spiritual audits.

C19 The Trust continues to meet all of its national targets & timescales relating to access to care.

Sixth Domain - Care environment and amenities

Progress continues in the Estates Department towards the aim of 40% single rooms in five years time and increasing over the next ten years. Further developments are planned for reconfiguring the facilities at Heavitree following the opening of the Centre for Women's Health and plans are being laid for the new Emergency Hub. The redesigning of the hospital entrance and concourse should start this year when the problem of inadequate toilet facilities will be addressed. All these capital schemes carry the Governors support and we believe will greatly enhance the modern hospital environment we seek.

In the same context new electric beds, bedside chairs new blinds/curtains and before long new lockers will have contributed to improved comfort and safety for patients.

The Government's initiative to institute a 'deep clean' in acute hospitals has led to the RD & E fulfilling its obligations in this regard with all wards cleaned annually. In Okement Ward there has been a redesign leading to a much more open and tidier facility. It is striking how with adequate determination the confusion of signage and notices has been tackled in Okement. This example is to be followed elsewhere as soon as it is feasible. Infection control is a high priority with the public and the Trust recognises this as a priority area. Governors have been involved with focus groups in discussions on how to limit visitor numbers at critical times and ensure adequate hygiene procedures are followed. The cleaning of wards and departments has been addressed at local Members' meetings.

The PEAT inspection revealed a number of clinical waste containers that were not locked - an infringement of hospital policies. During the visit it also became clear that the coloured tray scheme to highlight patients that required assistance with eating was not being followed in all areas. These two matters together with signage will be reconsidered at the next PEAT inspection.

Governors noted that security staff now work 24 hours. CCTV has helped in the investigation of incidents that have occurred. We welcome the MMR immunisation programme for staff and steps being taken to look at staff health and well being issues together with physiotherapy to reduce staff absenteeism. The teaching of staff in the movement and handling of patients has continued.

Feedback following the implementation of the cook/freeze meals has been good and the new smoke free rules covering the entire hospital estate, although not totally accepted, does continue to improve.

Seventh Domain - Public Health

The Governors were given access to the hospital intranet which enabled them to satisfy themselves that the trust is meeting the criteria for this Domain.

C22-C23

- o The Trust is working within the parameters suggested in the Annual report of the Director of Public Health.
- o It continues to work closely with the PCT
- o Adults at Risk Group
- o My life My Choice.
- o Devon Children & Young Peoples Plan.
- o Healthcare for All follow on from a MENCAP report.
- o The Medicine for Members Meeting was judged as a great success and will be followed up in the next review year.
- o A close relationship continues with the Peninsula Medical School and the PCT e.g. collaborative work on the prevention of hospital falls.

C24

- o The Major incident planning manual. This is reviewed and updated on a regular basis.

Conclusion

Overall, the Governors feel confident that the Royal Devon & Exeter NHS Foundation Trust has continued its exemplary service to its catchment area.

Yours sincerely

Margaret Green  
Deputy Chair of Governors  
On behalf of the Council of Governors, Royal Devon & Exeter NHS Foundation Trust

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list