

Contact details

Royal Devon and Exeter Healthcare NHS Trust
Barrack Road, Exeter EX2 5DW
(01392) 411611

Royal Devon and Exeter Hospital (Wonford)
(01392) 411611

Royal Devon and Exeter Hospital (Heavitree)
(01392) 411611

Princess Elizabeth Orthopaedic Centre
RD&E Wonford
(01392) 411611

West of England Eye Unit
RD&E Wonford
(01392) 411611

Exeter Mobility Centre
Wonford Road, Exeter EX2 4DU
(01392) 403649

Honeylands Children's Centre
Pinhoe Road, Exeter EX4 8AD
(01392) 207777

Mardon Centre
Wonford Road, Exeter EX2 4UD
(01392) 208580



Consultant obstetrician and gynaecologist Jim Clark with baby Louisa Voisey (see page two).

Annual General Meeting

The annual general meeting (AGM) of the Royal Devon and Exeter Healthcare NHS Trust is on:

Wednesday, 24 September 2003 at 2pm
in the boardroom situated on level two of
the main RD&E hospital at Wonford.

Members of the public are invited to attend the AGM.

More information

For more information about the work of the RD&E please contact Nick Fairclough, head of communications, RD&E, Barrack Road, Exeter EX2 5DW. Telephone (01392) 402833.



Annual Report 2002 / 2003

Report by our chairman and chief executive

Looking back

We use our annual report to account to you for what we do and how we do it. After all, it's your NHS and your taxes pay for the services we provide.

But we can only give you the briefest summary of the vast complexity that makes up a busy acute healthcare trust like the RD&E.

So although we pick out some highlights, successes and milestones we hope our annual report also reflects and celebrates the collective commitment of all our staff.

The fact that we could balance our budget for 2002/03 and hit our targets on patient waiting times is a tribute to their dedication and skill. Our success in retaining our three star status for the third year running is down to them. They worked tirelessly through a tough year that saw financial pressures, increased demand for our services and ever more challenging performance targets.

You might also remember that we had to close wards and reschedule operations because of the disruption caused by the diarrhoea and vomiting virus that spread across the community.

We coped thanks to the efforts of staff, the support of our partner organisations such as the primary care trusts (PCTs) and Devon social services and because you recognised the pressures we were under. We apologise again for any inconvenience you might have faced at the time.

Looking ahead

We were delighted to keep our coveted three star status in the NHS performance ratings for 2002/03.

And because we know you care deeply about your local health services we hope you'll be pleased as well to know that the RD&E ranks alongside the best hospitals in the land. Getting three stars doesn't mean we're perfect. But it does mean we've earned the right to bid for the new freedoms the best hospitals can get by becoming an NHS Foundation Trust.

Our first thoughts are that we can use these freedoms to develop and improve our services and meet your healthcare needs more effectively. But to help us decide the best way forward we are exploring the prospects for our future with our patients, the wider public, our staff and the local councils and PCTs.

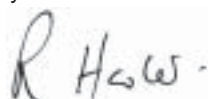
Our starting point is that the RD&E is your hospital and we want you to help us make it better. So look out for our information on NHS Foundation Trusts and share your views with us either by writing to Pauline McCluskey, Room E202, RD&E, Barrack Road, Exeter EX2 5DW or by email foundation.trust@rdehc-tr.swest.nhs.uk

With thanks

To conclude this introduction, we'd like to thank organisations that give us such unstinting support – groups like the League of Friends and charities such as the Exeter Leukaemia Fund, DIRECT and FORCE.

We thank as well our hospital volunteers who help and guide our patients with such care and sensitivity.

Yours by order of the board



Professor Ruth Hawker, chairman



Angela Pedder, chief executive

A salute to Patrick

Patrick Beasley was our medical director from 1998 until he retired in March 2003 after more than thirty years' distinguished service.

He'd worked in London and Guildford before coming to Exeter in 1972 as a consultant otolaryngologist when the RD&E was still based in Southernhay.

Patients and colleagues were quick to see that we'd recruited a skilled, courteous and conscientious clinician.

"Patrick's strength was that he cared **about** people as well as for them," says trust chairman Ruth Hawker.

As our medical director Patrick made an outstanding contribution to the operational management of the trust and played an especially key role in establishing our clinical governance arrangements.

This refers to the systems hospitals like the RD&E put in place to ensure they provide patients with high standards of care.

The number of local and national roles he also played shows the high personal and professional regard in which Patrick has been held.

In 1998, for example, he became the Southwest regional advisor for surgery for the Royal College of Surgeons, a body he joined as a fellow in 1968.



Patrick with our chief executive Angela Pedder

INCOME AND EXPENDITURE ACCOUNT

For the year ended 31 March 2003

	2002/03 £000	2001/02 £000
Income from activities		
Continuing operations	145,349	134,913
Other operating income		
Continuing operations	32,239	28,102
Operating expenses		
Continuing operations	(169,196)	(155,278)
OPERATING SURPLUS		
Continuing operations	8,392	7,737
Exceptional gain on write-out of clinical negligence provisions	0	5,853
Exceptional loss on write-out of clinical negligence debtors	0	(5,586)
(Loss) on disposal of fixed assets	(24)	(19)
SURPLUS BEFORE INTEREST	8,368	7,985
Interest receivable	251	232
Other finance costs - unwinding of discount	0	(62)
SURPLUS FOR THE FINANCIAL YEAR	8,619	8,155
Public Dividend Capital dividends payable	(8,582)	(7,883)
RETAINED SURPLUS FOR THE YEAR	37	272

CASH FLOW STATEMENT

For the year ended 31 March 2003

	2002/2003 £000	2001/2002 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	14,394	13,621
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		
Interest received	251	232
Interest paid	0	(62)
Net cash inflow from returns on investments and servicing of finance	251	170
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(8,780)	(28,546)
Receipts from sale of tangible fixed assets	349	31
Payments to acquire intangible assets	(186)	(71)
Net cash (outflow) from capital expenditure	(8,617)	(28,586)
DIVIDENDS PAID	(8,582)	(7,883)
Net cash (outflow) before financing	(2,554)	(22,678)
FINANCING		
Public dividend capital received	2,397	22,624
Public dividend capital repaid (not previously accrued)	(314)	0
Public dividend capital repaid (accrued in prior period)	0	(1,166)
Other capital receipts	588	1,220
Net cash inflow from financing	2,671	22,678
Increase (decrease) in cash	117	0

BALANCE SHEET AS AT

31 March 2003

	31 March 03 £000	31 March 02 £000
FIXED ASSETS		
Intangible assets	303	178
Tangible assets	181,798	156,975
	182,101	157,153
CURRENT ASSETS		
Stocks and work in progress	2,541	2,201
Debtors	9,195	6,418
Cash at bank and in hand	560	484
	12,296	9,103
CREDITORS: Amounts falling due within one year	(13,525)	(10,887)
NET CURRENT ASSETS (LIABILITIES)	(1,229)	(1,784)
TOTAL ASSETS LESS CURRENT LIABILITIES	180,872	155,369
PROVISIONS FOR LIABILITIES AND CHARGES	(397)	(676)
TOTAL ASSETS EMPLOYED	180,475	154,693
FINANCED BY		
TAXPAYERS' EQUITY		
Public dividend capital	119,447	117,364
Revaluation reserve	53,362	32,027
Donated Asset reserve	2,384	1,895
Income and expenditure reserve	5,282	3,407
TOTAL TAXPAYERS' EQUITY	180,475	154,693



Angela Pedder
chief executive
21/08/03

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

For the year ended 31 March 2003

	2002/2003 £000	2001/2002 £000
Surplus for the financial year before dividend payments	8,619	8,155
Unrealised surplus on fixed asset revaluations/indexation	23,400	4,180
Increases in the donated asset reserve due to receipt of donated assets	588	1,220
Reductions in the donated asset reserve due to depreciation, impairment and disposal of donated assets	(168)	(123)
Total recognised gains and losses for the financial year	32,439	13,432
Prior period adjustment - Pre-95 early retirement	(158)	0
Total gains and losses recognised in the financial year	32,281	13,432

These statements are a summary of the information of the full accounts which are available on request from the Director of Finance at the Royal Devon and Exeter Healthcare NHS Trust, Barrack Road, Exeter EX2 5DW. Telephone (01392) 411611.

Director of Finance's Report

Financial Performance

National Health Service trusts have three main financial duties:

- 1) A minimum break-even on the income and expenditure account
- 2) A 6 per cent return on assets employed
- 3) To manage within the external financing limit (EFL) agreed with the NHS Executive.

At the 31st March 2003, the trust had a retained surplus for the year of £37,000. The underlying recurrent trust position is a deficit of £5.8m. In 2002/03 the trust managed its underlying deficit through a variety of non-recurrent measures. Key amongst these was:

a) Non-recurring savings on pay costs	£0.7m
b) Non-recurring savings on non-pay costs	£1.0m
c) Non-recurring saving on capital charges	£1.2m
d) Capital to revenue transfer	£0.8m
e) Additional income for items charged to capital	£1.7m
f) Other measures	£0.4m

The trust has agreed an action plan to achieve full recurrent balance across its range of services by 2003/04.

In addition to meeting its break-even duty the trust also achieved its clinical targets. Both sets of targets were achieved despite the pressure put on the trust by the loss of a significant number of bed days due to an outbreak of the Norwalk virus.

The return on assets employed was 5.3 per cent. The variance is outside of the NHS Executive materiality range of 5.5 per cent to 6.5 per cent. This is due to the impact of a late transfer of properties to the trust in 2001/02. The capital charges payable were based on the forecast net assets of the trust before the transfer of these properties was arranged.

The trust managed its finances within its allocated External Financing Limit.

Capital Expenditure

The financial year 2002/03 saw the completion of the new Haematology Centre and the installation of a second CT Scanner. Other significant capital spend in the year related to the enabling works for the new Peninsula Medical School (PMS) building, the completion of the skills laboratory for the PMS and significant progress in the construction of a fifth operating theatre for the Princess Elizabeth Orthopaedic Centre.

Capital expenditure for the year of £9,130,000, was kept within the trust's allocated Capital Resource Limit.

Salary and pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5000)	Benefits in kind	Real increase in pensions at age 60 (bands of £2500)	Total pension at age 60 at 31 March 2003 (bands of £5000)
		£000	£000	£000	£000
R Hawker <i>Chairman</i>	64	20-25			
G Sturtridge <i>Non-Executive Director</i>	62	5-10			
B Lawson <i>Non-Executive Director</i>	59	5-10			
R Walker <i>Non-Executive Director</i>	56	5-10			
M De Viell <i>Non-Executive Director</i>	61	5-10			
R Smith <i>Non-Executive Director</i>	60	10-15			
A Pedder <i>Chief Executive</i>	46	100-105	7	0-2.5	35-40
P Beasley <i>Medical Director</i>	65	115-120		0-2.5	50-55
S Astbury <i>Director Finance</i>	47	75-80		0-2.5	15-20
S Jupp <i>Director of Human Resources</i>	51	65-70	1	0-2.5	10-15
M N Orzel <i>Director of Nursing & Service Imp.</i>	42	50-55		0-2.5	10-15
A Ford <i>Acting Director of Nursing & Service Imp.</i>	39	5-10		0-2.5	5-10

MN Orzel left the employment of the trust on 24/01/03 as she was called up for active service as a reservist. She has recently returned to her employment. Annie Ford was appointed as acting director of nursing & service improvement in order to cover for MN Orzel's absence. P Beasley retired on the 31/03/03.

The benefit in kind for A Pedder relates to the provision of a lease car. The benefit in kind for S Jupp relates to the additional mileage allowance paid over and above the Inland Revenue Allowance.

R Hawker was seconded to the Royal United Hospital Bath NHS Trust from 1/07/02 to 31/10/02. During this period R Smith was acting chairman.

The trust has complied with the Secretary of State's requirement that the cost of pay awards for board members and senior managers was limited to an overall maximum of 3.6% in 2002/03.

Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	72,003	73,807
Total bills paid within target	65,844	67,241
Percentage of bills paid within target	91.45%	91.10%

The Better Payment Practice Code requires the trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Management costs

	2002/03	2001/02
	£000	£000
Management costs	4,716	4,450
Income	174,678	163,014

Expenses

	2002/2003	2001/2002
	£000	£000
Staff costs	102,003	91,777
Clinical supplies	36,745	35,206
Establishment & premises	10,269	10,474
Services from other NHS organisations	4,666	6,310
Other expenses	8,304	6,126
Depreciation	7,209	5,385
Total	169,196	155,278



Staff costs

	2002/2003	2001/2002
	£000	£000
Nurses & midwives	34,109	31,521
Medical & dental	26,162	23,175
Scientific/therapeutic/technical	13,973	12,978
Management/admin/clerical	17,318	14,411
Healthcare assistants and other support staff	8,321	7,544
Maintenance & works	1,856	1,864
Miscellaneous	264	284
Total	102,003	91,777



Karen Voisey from Ottery St Mary minutes after the birth of her daughter, Louisa, by caesarian section at the RD&E's maternity unit at Heavitree. See page five for a review of our plans to move the unit to a purpose-built centre at Wonford and the back page of the report for a view of Louisa as she first arrived.

About the RD&E

The Royal Devon and Exeter Healthcare NHS Trust was set up in 1993 and provides the full range of acute hospital services to the people of Exeter, East Devon and Mid Devon.

We also offer specialist services such as cancer care, orthopaedics, paediatrics, plastic & reconstructive surgery and renal services to a wider regional population.

We do most of our work at our main hospital at Wonford. Our maternity, neonatology and gynaecology services are currently based nearby at Heavitree Hospital, but we are about to build a new, £18 million centre at Wonford to relocate them.

We also run the Honeylands Children's Centre for children with special needs, the Exeter Mobility Centre (orthotics, prosthetics and wheelchairs & special seating) and the Mardon Centre (neuro-rehabilitation).

We strive to extend and improve our healthcare services and develop closer links with the people we serve so that they can play a part in helping us plan our services for the future.

Across our sites we have around 850 inpatient hospital beds and 62 day case beds. Our expenses for 2002/03 amounted to around £170 million (£155 million in 2001/02) and at the end of the financial year we employed 5,169 people either full-time or part-time.

We enjoy excellent working partnerships across the local healthcare community with the:

- South West Peninsula Strategic Health Authority.
- The East Devon, Exeter, Mid Devon and North Devon primary care trusts.
- The Devon Partnership Trust (mental health and learning disabilities).
- Northern Devon Healthcare NHS Trust.
- The Westcountry Ambulance Service Trust (WAST).
- Devon County Council social services.

Our links with the University of Exeter have been strengthened by the creation of the Peninsula Medical School (PMS) that has just enjoyed a highly successful first year. The PMS links the universities of Exeter and Plymouth with the RD&E, Plymouth Hospitals NHS Trust and Royal Cornwall Hospitals NHS Trust.

Friends indeed



Jenny Crossland (left) with Felicity Hall, the League of Friends chairman

The RD&E's League of Friends has again given us immense support over the year.

"We can't thank the league enough," says staff nurse Jenny Crossland, after a gift of £3,000 paid for the refurbishment of our discharge lounge.

Jenny is in charge of the discharge lounge service that helps to smooth the process by which patients go home from the hospital.

The League also supplied new educational equipment and toys to the schoolroom on our Bramble children's ward.

And thanks to the League for the gift of a giant Christmas tree courtesy of Viscount St Cyres. This was situated outside the main entrance to the hospital at Wonford to give seasonal cheers to patients and staff alike.

Aiming high

The RD&E is part of an international healthcare improvement programme called Pursuing Perfection that seeks to promote a radical transformation in the quality of patient care.

It is led by the US-based Institute for Healthcare Improvement and it aims to ensure that services are organised in ways put the needs of individual patients first.

We have linked with our local primary care trusts, Northern Devon Healthcare NHS Trust, the Devon Partnership NHS Trust, Devon social services and the Westcountry ambulance service to become a Pursuing Perfection site.

Three other English areas are also involved, together with hospitals in Holland, Sweden and the USA.

In our initial Pursuing Perfection programme we aim to:

- Reduce the number of people who have a stroke and improve services for people who have had a stroke.
- Minimise delays in the discharge of patients who are ready to leave our hospital.

A further five areas of service improvement will be identified as part of Pursuing Perfection in the near future.

Financial review

for the financial year 2002/03

Summary Financial Statements 2002/2003

Directors' Statement

Statement of directors in respect of the full accounts from which these summary financial statements have been prepared.

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors confirm they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

Angela Pedder *chief executive*

Rodney Muskett *acting director of finance*

Statement of Directors' responsibility in respect of internal control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
- A governance manager has been appointed.
- A limited risk register has been established based on the Controls Assurance standards.
- An action plan has been established to address all the issues as identified in the Risk Pooling Scheme for Trusts (RPST) report dated December 2002.

In addition to the actions outlined above, in the coming year it is planned to:

- Evaluate the current Directorate review process to ensure that it fully satisfies the expectations of an assurance framework as defined by "Assurance: The Board Agenda" (by quarter 4 03/04). This should ensure that:
 - the organisation's strategic objectives are identified in the framework
 - key risks are identified: and that
 - key controls which manage the risks are identified with adequate assurance of reporting arrangements.
- Formally adopt the frequency and format of reporting the progress and development of the assurance framework (by quarter 4 03/04).

Angela Pedder *chief executive*

Independent Auditors' Report to the Directors of the Royal Devon and Exeter Healthcare NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on the following pages.

This report is made solely to the Board of the Royal Devon and Exeter Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Royal Devon and Exeter Healthcare NHS Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Martin Green
Audit Commission
5-6 Blenheim Court
Matford Business Park
Lustleigh Close
Exeter EX2 8PW

Board of management



Non-executive directors
Professor Ruth Hawker OBE
chairman. Chairman since 1995, started nurse training in Exeter in 1956 and rose to become chief executive of the Tor & South West College of Health Studies.

Richard Smith *vice-chairman.* A board member since 1996, vice-chairman since 1998. Recently retired as commercial director with the construction company, Midas.

Maureen De Viell OBE
non-executive director. A board member since 2001, a retired civil servant with experience of social policy and equality issues. Awarded an OBE for her services to the Employment Department.

Bridget Lawson *non-executive director.* A board member since 1999, recently retired from self-employed training and management consultancy after a career in education and NHS administration.

Gerald Sturtridge *non-executive director.* A board member since 1998, retired from accountancy practice in 1997 to develop other business interests.

Rick Walker *non-executive director.* A board member since 2001, a retired senior police officer.

Executive directors
Angela Pedder *chief executive.* Chief executive of St Alban's & Hemel Hempstead NHS Trust before becoming chief executive at the RD&E in 1996.

Steve Astbury *director of finance and information.* Joined the Exeter Health Authority in 1984, becoming director of finance and information at the RD&E in 1985.

Medical director. Patrick Beasley was medical director until he retired from the trust in March 2003 (see p2). Our joint medical directors, Vaughan Pearce and Iain Wilson replaced him.

Steve Jupp *human resources director.* Joined the RD&E in 1995 having previously worked in the private sector and the NHS locally.

Marie-Noelle Orzel *director of nursing and service improvement.* Trained as a nurse in A&E and paediatrics and worked in London, Oxford and Portsmouth before joining the RD&E in January 2002.



The following board directors do not have voting rights

Linda Hall *director of facilities.* A qualified occupational therapist, has worked in the NHS since 1980. Became director of facilities in January 2001.

Elaine Hobson *director of operations.* A trained nurse, she became director of operations in December 2000.

Nigel Walsh *planning director.* Became general administrator for the RD&E Hospitals in 1980, then planning director for the capital redevelopment programme at Wonford.

Other RD&E committees
 The audit committee meets four times per year to review the work of the internal and external auditors. It is made up of the trust's non-executive directors, not including the chairman.

The remuneration committee meets once a year to review the performance of the chief executive and other executive directors and to set senior managers' pay. All non-executive directors are members.

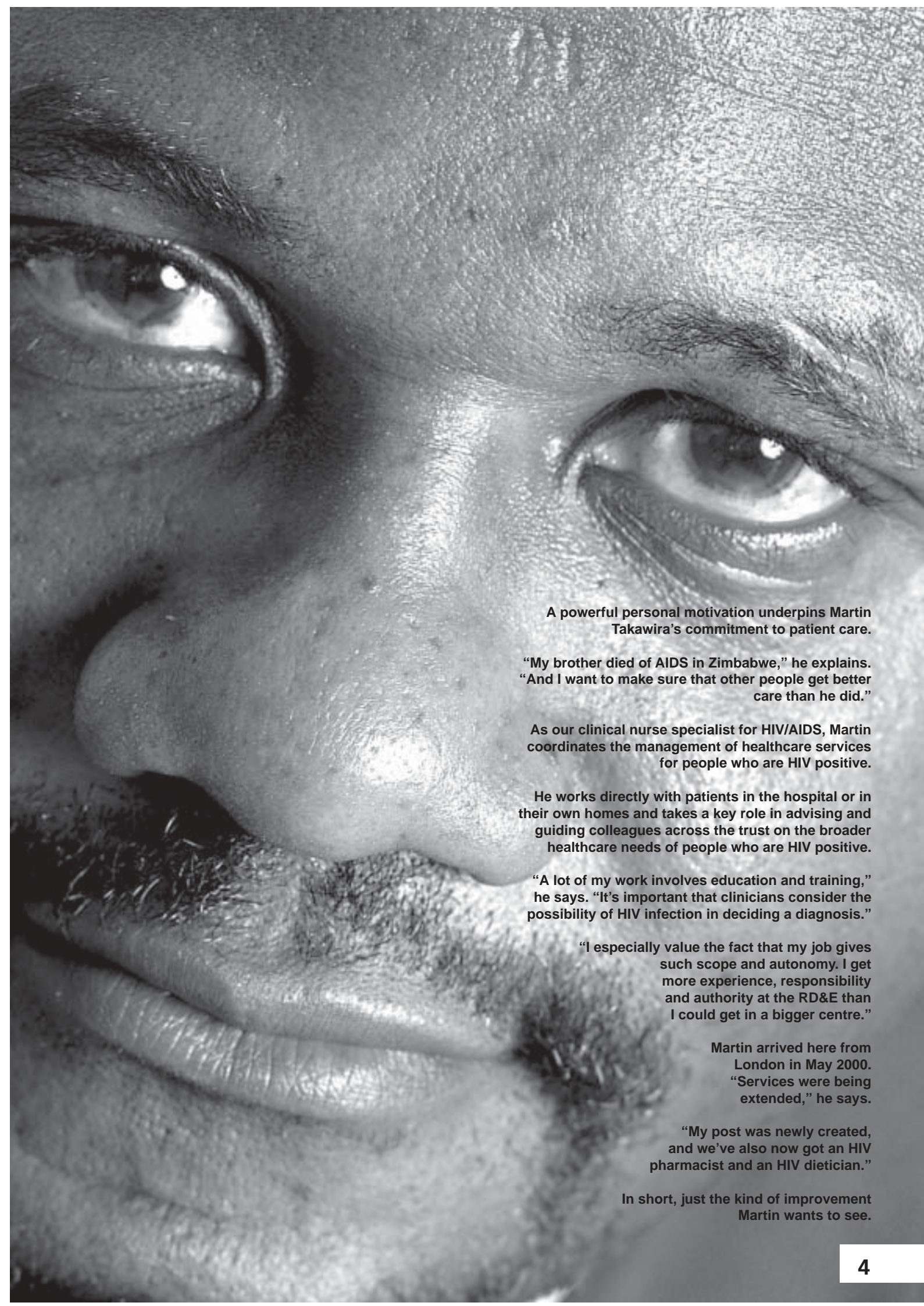
The clinical governance committee oversees the trust's compliance with clinical governance arrangements.

Directors' interests
 You can see the register of directors' interests during office hours at the chief executive's department at the RD&E hospital at Wonford. We follow government guidance on corporate governance and any board member with outside interests which may conflict with their role are excluded from discussions and decisions on matters affecting those interests. Under that guidance the interests of the following board members are declared:

Professor Ruth Hawker *chairman* pro-chancellor of the University of Exeter.

Richard Smith *vice-chairman* share-holder in Midas Group Ltd; managing director of Brimley Investments Ltd.

Gerald Sturtridge *non-executive director* non-executive director of County Environmental Services; trustee of Hospiscare; chairman of the Island Trust; director of St David's Research Ltd; treasurer of the University of Exeter.



A powerful personal motivation underpins Martin Takawira's commitment to patient care.

"My brother died of AIDS in Zimbabwe," he explains. "And I want to make sure that other people get better care than he did."

As our clinical nurse specialist for HIV/AIDS, Martin coordinates the management of healthcare services for people who are HIV positive.

He works directly with patients in the hospital or in their own homes and takes a key role in advising and guiding colleagues across the trust on the broader healthcare needs of people who are HIV positive.

"A lot of my work involves education and training," he says. "It's important that clinicians consider the possibility of HIV infection in deciding a diagnosis."

"I especially value the fact that my job gives such scope and autonomy. I get more experience, responsibility and authority at the RD&E than I could get in a bigger centre."

Martin arrived here from London in May 2000. "Services were being extended," he says.

"My post was newly created, and we've also now got an HIV pharmacist and an HIV dietician."

In short, just the kind of improvement Martin wants to see.

Teledermatology project scoops national award

A pioneering service using the latest technology to treat skin problems has won two national awards.

We worked with the East Devon primary care trust to set up the teledermatology pilot project with generous support from the local League of Friends and this has just scooped the diagnostic category and overall prize in a national award scheme run by the Community Hospitals' Association.

The teledermatology service enables an East Devon patient with a routine skin problem like eczema or psoriasis to see a specially-trained nurse at one of six local centres rather than having to come to Exeter for treatment.

If there is doubt over their diagnosis then photographs of the condition are transmitted electronically to a skin specialist at the RD&E who will then review the image and recommend the best form of treatment.

If necessary, they will arrange to see the patient at the hospital.

Early survey results showed that nearly half of patients did not need to come to the RD&E at all and two-thirds were saved at least one journey.

This means they were seen more quickly and closer to their home, which is more convenient for them and allows the RD&E's skin specialists to concentrate their time on more pressing cases.

The service is now funded on a permanent basis.

Phase four looking good

Plans to move maternity, gynaecology and neonatology from Heavitree to a new £18 million centre at the main RD&E hospital at Wonford are gathering pace.

The new centre (see artist's impression) will offer top-class facilities to women and their families. Construction work is due to start in 2004 and should be completed by the end of 2005.

This will complete the fourth stage of the RD&E's redevelopment programme by which all our acute services are being brought to Wonford.



New outpatient department at Heavitree

Our new outpatient department at Heavitree opened in September 2002 following a £420,000 refurbishment and refit.

"A former geriatric ward has been transformed to provide superb accommodation for patients and staff alike in rooms that are well-equipped, spacious, bright and fresh," says director of operations, Elaine Hobson.

"This helps ease the pressure at our main Wonford site, so we can see more patients more quickly."

The new department has nine new consulting suites and new rooms for ultrasound and counselling.

Outpatient clinics are offered in areas such as audiology, gynaecology and rheumatology.



A teaching session in progress in our cytology department using a multi-headed microscope.

Leading the way on research

Extra cash for our research and development (R&D) programmes and 192 papers published in the year by our clinicians underline the vitality of the RD&E's research activities.

Our approach to research management has received regional recognition and has been widely adopted by other NHS trusts.

We recruited 278 patients into cancer clinical research trials in 2002/03, contributing 50 per cent of all patients entering into clinical trials within the Peninsula Cancer Research Network. Our recruitment represented 17 per cent of all cancer patients referred to our oncology centre - the national target is 10 per cent.

A terrific example of how our research work is geared towards national and local health priorities was a follow-up study of 325 patients who had received a replacement hip joint. This showed that none of the joints had loosened over time, confirming both the quality of the Exeter replacement hip joint - originally developed here more than 30 years ago and now used around the world - and the skill of our surgical teams.

The treatment of shoulder disorders and a new research programme on knee replacements - the second most commonly replaced joint after the hip - have also gained widespread interest.

Major strengths

We lead the way in research into the causes and treatments of diabetes and our work commands national and international recognition.

Thanks to a genetic research programme we've become the leading centre internationally providing DNA testing to identify rare types of diabetes that do not require insulin and we've shown that genetic testing should influence patient's treatment.

The work of the molecular genetics research group is a good example of current activity. The team has developed techniques of gene analysis in leukaemia, lymphoma, diabetes, gastroenterology and blood coagulation. Our molecular genetics laboratory now provides national and regional services for many of these genetic disorders.

We've also pioneered retinal screening techniques for diabetic patients allowing early diagnosis and intervention to preserve vision. Diabetes is the biggest cause of sight loss amongst people of working age and our work influenced the development of the retinal screening programme that went nationwide earlier this year.

Our teams have also studied the influence of diet and exercise on diabetes and the psychological impact of the condition.

Our research is now organised into eleven research programmes. Each covers a different research area and we lead on programmes covering such areas as fetal genetics and childhood development, the genetics of Type 2 diabetes, empowering service users and carers and cardiovascular disease.

Working in partnership

Partnership working underpins our research and our key partners include the universities of Exeter and Plymouth and the newly established Peninsula Medical School, the NHS healthcare trusts in Torbay and Barnstaple and our local primary care trusts.

We also get invaluable support from local charities including the Northcott Medical Foundation, FORCE (for cancer), DIRECT (for diabetes), the Exeter Leukaemia Fund and the Kidney Unit Development Fund. These links help ensure our research work leads directly to improved services for patients.



EMC passes 30th anniversary milestone in style

Local celebrity chef Michael Caines and acclaimed author and mountaineer Norman Croucher helped our Exeter Mobility Centre (EMC) celebrate its 30th anniversary in June 2002.

Michael and Norman have both overcome limb amputation to score success in their chosen fields.

They appeared as guest speakers at the EMC open day to help raise awareness of the vital support and services the centre offers to thousands of disabled people across Devon and Somerset.

Specialists at the Exeter Mobility Centre focus on:

- Orthotics, where we assess the need for and apply a device directly to the body to support, correct and compensate for a physical weakness;
- Prosthetics, where we assess the need for and supply an artificial limb after amputation or the congenital absence of a limb;
- Wheelchairs and special seating, where we use equipment to maximise independence, enable mobility and promote good posture.

The photograph shows EMC prosthetist Steve Gallichan at work.



Modernisation makes a difference

Many of our successes in recent years reflect the national drive to modernise the NHS and put the patient at the heart of everything we do.

This means things like speedier care, better treatment for cancer, stroke and heart disease, cleaner wards and better food.

As part of our modernisation commitment we now give patients more choice over the time and date of their appointment in areas such as gynaecology, oral surgery, ophthalmology, urology, orthopaedics and thoracics.

This is better for them and it means fewer wasted appointments when patients don't turn up.

To cut the number of operations we have to postpone on the day of surgery we've overhauled the ways we manage our operating theatres and do more pre-assessment work with patients. This enabled us to hit the target of rebooking such operations within 28 days.

Our project to improve the process for acute emergency admissions has gained national praise. We reviewed and streamlined the stages a patient goes through to be admitted as a medical emergency and can now admit them more quickly.

Cataract unit opens in style

Former Health Minister David Lammy, MP, opened our new cataract unit during a trip to the Southwest in July 2002.

His visit coincided with NHS Week marking the 54th anniversary of the NHS and celebrating its achievements and values.

Our cataract unit was refurbished using extra resources from the Department of Health. Three new consulting rooms were created and the patient waiting area was improved.

The cataract service was also overhauled and now offers a better, quicker service for patients. For example, opticians can refer patients directly to the unit, so they no longer have to come via their GP, saving time for them and their doctor, too.

Nurses at the unit have also extended their role and now do pre-operative and post-operative assessment work, offering a quicker service and allowing doctors to focus on more complex cases.

"Our cataract service is a superb demonstration of how the NHS is becoming more efficient yet more patient-friendly," explains Nicky Lavender, modern matron at the RD&E's West of England eye unit.

"Now our patients - who are mostly elderly - need to make fewer visits, so there's less inconvenience and disruption for them."

Latest figures show that 97 per cent of cataract removal at the RD&E is done on a day case basis.



Consultant ophthalmic surgeon Tony Quinn (right) tests the minister's eyes.
Picture: Mark Gawthorne.

Another busy year

The number of patients we see grew again in 2002/03 – and emergency admissions again hit record levels.

We were badly hit by the vomiting and diarrhoea virus that was widespread for many months in 2002. On many occasions when patients came to us with the virus we were forced to close wards to additional patient admissions to limit the spread of infection around the hospital. This in turn forced us to postpone a number of non-urgent operations.

Despite this – and the extra clinics and surgery sessions we had to run to catch up - we were able to balance our budget and hit our year-end targets for both inpatient and outpatient waiting times at the end of the financial year.

Some key numbers:

Inpatients and day case:	100,507
Outpatients:	242,853
Emergency admissions:	24,951
Emergency dept attendances:	56,965
Babies born:	2,760



From routine inquiries to emergencies such as a cardiac arrest, the RD&E's switchboard takes more than 600,000 calls a year. Caroline is one of a team of operators who work around the clock, day in day out. A recent upgrade of the system will help us to cope with the ever increasing number of calls we receive.

Here to help if things go wrong

Our PALS manager, Kathryn Taylor, is here to help if things go wrong.

The patient advice and liaison service - PALS for short - was set up because patients want someone on the spot in the hospital to give advice and deal with any problems.

"I want to provide a friendly and sympathetic point of contact for patients and their relatives and carers," explains Kathryn, who launched PALS at the RD&E in 2002.

"PALS offers practical support and advice about the RD&E and points people in the right direction for the information or services they need.

"And if people are worried, anxious or angry I can be a link between them and the trust to help resolve issues quickly.

"By responding quickly and sensitively we can often deal with a situation to the satisfaction of all concerned.

"This can avoid the need for our formal complaints process, though that's always there for patients if they prefer.

"I also feed the views of patients back into the system at the RD&E. We need to see things from the patients' perspective and improve services in response to their feedback."

The PALS helpdesk is based at the health information centre in the main entrance to the RD&E hospital at Wonford, although PALS staff are also happy to see patients on any ward or at any of the RD&E sites.

To contact PALS you can:

- Visit our health information centre.
- Telephone 01392 402093.
- Email PALS@rdehc-tr.swest.nhs.uk

Six years later

When Alf Nield was here at the RD&E after a bad fall in November 2002, his wife Edith recalled the day that a team led by RD&E consultant surgeon John Thompson carried out emergency surgery to save Alf's life six years earlier.

Edith wanted John to know the strength of the appreciation they feel. So she sent him a copy of a poem she wrote that captured her thoughts beautifully.



Six Years Later

*"Goodnight my love, I love you," she said
To the empty pillow beside her in bed.
But he was in another place
Where tubes and masks surround his face.
"He may not make it through the night,"
They said. But she had so much faith
She knew next morning he'd be there.
He wouldn't leave her. She wouldn't dare
To think about it, and in her prayers
She pleaded for more time to care
For him. More time to share
Their laughter and their tears.
And in His mercy he gave them
Six more years.*

Listening to you

In 2002/03 we received 383 formal complaints, up from 338 in 2001/02. We also saw more patients over this time and the number of complaints remains a tiny fraction of overall activity.

The letters of commendations we got in 2002/03 also went up from 8,349 to 8,814. On average we get 23 letters of appreciation and thanks for each formal complaint.

Just over 90 per cent of complaint letters were acknowledged within two working days; 67.7 per cent were responded to within 20 working days and 84 per cent within 25 working days. We didn't do as well as last year in this respect because of the time we lost as we recruited a new complaints manager.

We meet face-to-face with complainants more often, especially to try to resolve the more complex complaints. Eighteen meetings were held in 2002/03, compared with eight in 2001/02.

We received nine requests for independent review over the year. Of these:

- One did not go forward, as the complainant supplied no written statement.
- Two complainants were advised that there would be no benefit in convening a panel. No further action was taken on one, the other has said they will refer their case to the independent Ombudsman.
- Six are on-going. One of these is delayed at the complainant's requests, one has been returned for local resolution.

We strive as well to learn from complaints and change the way we work where this is appropriate.

Some of the improvements made last year in response to complaints include:

- Revising the patient discharge arrangements in our Emergency Department.
- Increasing the number of auxiliary nurses in the maternity unit.
- Acknowledging directly to the patient when we get referral letters to our audiology service.



Consultant spinal surgeon Mr Christopher Weatherley (left) with spinal fellow Dr Imran.

Striving to be a good place to work

At the end of March 2003 5,169 people worked for us full-time or part-time. This is equivalent to more than 3,500 people full-time and we remain the biggest employer in the Exeter area.

We launched a new induction programme in December 2002 to introduce all new staff to the trust and ensure they have completed all mandatory and essential training before they start work.

To express our positive commitment to offer employment opportunities to disabled people we pledge to:

- Interview all applicants with a disability who meet the minimum criteria for a vacancy and consider them on their abilities.
- Ask disabled employees every year what can be done to ensure employees can develop and use their abilities at work.
- Make every effort when employees become disabled to ensure they stay in work.
- Act to ensure that key employees are aware of the needs of disabled people.
- Ensure they review achievements towards making the workplace welcoming and accessible for disabled people and plan ways to improve.

We have policies in place to be fair in all aspects of a staff member's employment with us and have a diversity steering group to review the extent to which we are a fair employer.

We actively promote staff involvement in planning and running services. This means we encourage managers and supervisors to see the importance of staff involvement to the Improving Working Lives (IWL) agenda and to help them run meetings and groups in ways that promote joint decision-making on matters that affect individuals directly as employees as well as the services they help deliver.

Our learning and development service continues to support the HR in the NHS plan and is developing the plan's skills escalator to ensure learning for all and maximise the use of NVQ and Learning Account funds.

We work closely with our community partners such as the local primary care trusts to develop an e-learning strategy, and this will be enhanced by the development of www.devonlearning.net and our becoming a first wave partner of the NHS University.

All our job vacancies can be seen on www.nedevonhealth.nhs.uk

Saluting the unsung heroes

We saluted the unsung heroes who offer exceptional service to our patients at our annual chairman's award ceremony in January 2003.

Each award recipient received a crystal bowl inscribed with their name in recognition of their hard work and dedication.

"All our staff do their best for our patients," says trust chairman, Ruth Hawker.

"But there are some who regularly and routinely go that extra mile. Whose commitment and dedication can only be described as exceptional.

"More than fifty names were put forward and all were good examples of staff commitment, so it was difficult to narrow the field down to 13 award recipients.

"The chairman's award seeks to celebrate them and thank them for their dedication. They are truly the unsung heroes of the RD&E."



Chefs special

RD&E chefs scooped gold at the Hospital Caterers' Association Salon Culinaire competition in Southampton in October 2002.

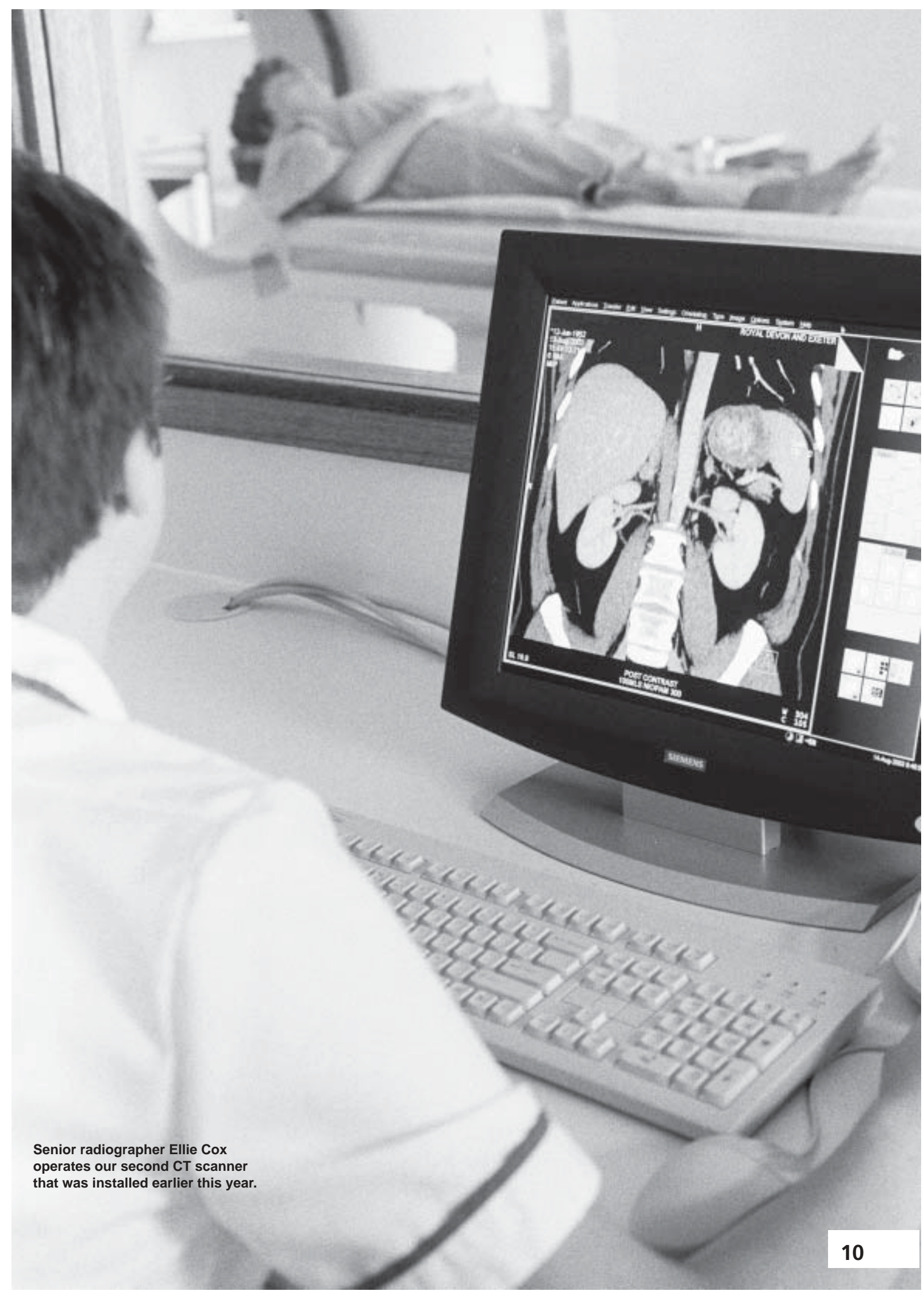
Head chef Stewart Wall and chef David Haynes (photo left) together won the gold in the live class team event whilst diet chef Michael White was a double gold winner in the afternoon tea and beverage service classes.

Michael also won a certificate of merit in the cold dessert class as did chef Neil Cheriton in the platter of meat class.

Chefs from the RD&E have been entering the competition since 1997, but last year's performance was their best yet.

Double gold medal winner Michael says: "It's a good way to sharpen your skills and a great incentive for the catering team as a whole, especially the younger trainees."

The RD&E was the first acute hospital trust nationwide to go live with the Better Hospital Food programme and this latest success reinforces the catering team's reputation for quality and service.



Senior radiographer Ellie Cox operates our second CT scanner that was installed earlier this year.