



Reference: AHC105925
Date: 27/04/2007

Your details

Trust self-declaration:

Organisation name:	Royal Devon And Exeter NHS Foundation Trust
Organisation code:	RH8

General statement of compliance

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>The board of directors has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 01 April 2006 to the 31 March 2007 with the exception of insufficient assurance for standard C4d (medicines management) and not met for standard C7e (discrimination, equality and human rights).</p> <p>The Trust had action plans in place in 2006-07 to meet standards C4d and C7e and has concluded that, from 30th September 2006, these standards have been met. However, as the declaration reflects the whole of 2006-07, the Trust has declared as above.</p> <p>The board of directors has received comments from all 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.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>The Royal Devon & Exeter NHS Foundation Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections (the hygiene code). As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at the Trust.</p> <p>The measures in place to ensure that the provisions of the Hygiene Code are observed reflect those required within the Department of Health Saving Lives Self Assessment and Action Planning Tool. The Trust was one of the first to sign up for the Saving Lives initiative and</p>
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	has been assessing its progress regularly since April 2006 via the Saving Lives Steering group, chaired by the Medical Director. Steady improvement has been made against the key challenges contained within Saving Lives, culminating in compliance with the provisions of the Code at 31st March 2007.
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Safety domain - core standards

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
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
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	Compliant

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	managed.	
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Insufficient assurance
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

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4d, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust has a range of policies and procedures in place to address medicines safely. The process for monitoring these policies, action planning deviation and reporting to the Trust needed to be developed to provide the necessary assurance of compliance.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>1. Operations director to establish a medicines management committee to oversee operational issues with medicines safety across the Trust May 2006: COMPLETED</p> <p>2. First report and associated action plan from the medicines management committee to be produced by the chair of the committee by the 30th September 2006 addressing issues to include:</p> <p>Audit of safe custody of medicines across the Trust - COMPLETED</p> <p>Audit of compliance with policies on controlled drugs - COMPLETED</p> <p>Review of staff competence with regard to medicines management - COMPLETED</p> <p>Review of actions from MHRA alerts, NPSA safe practice notices - COMPLETED</p>

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	<p>3. The medicines management committee to complement the working of the drugs and therapeutic committee. This will be achieved by having key staff on both committees - COMPLETED</p> <p>4. The drugs and therapeutics committee will produce an agreed annual report on activities undertaken for the Trust with an associated action plan for any outstanding issues: Chair of the drugs and therapeutics committee: September 2006 - COMPLETED</p>
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Safety domain - developmental standard

Please supply the following information:

Your level of progress in relation to developmental standard D1	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The comparative information was a useful tool in allowing the Trust to come to a decision on how to score itself against the developmental standard. It was also helpful to have the information before the assessment needed to be undertaken. More information of this kind would be useful.
Your highest local priorities for improvement relating to developmental standard D1	Introduce a more systematic approach to the monitoring of patient and staff safety indicators in order to ensure safety improvements to both patients and staff.

Clinical and cost-effectiveness domain - core standards

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
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care	Compliant

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	organisations to ensure that patients' individual needs are properly managed and met.	
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Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Good
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	The comparative information was a useful tool in allowing the Trust to come to a decision on how to score itself against the developmental standard. It was also helpful to have the information before the assessment needed to be undertaken. More information of this kind would be useful.
Your highest local priorities for improvement relating to developmental standard D2a	Further improve current monitoring arrangements to enable more robust tracking of progress against all national service frameworks.

Governance domain - core standards

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.	Not met
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	Compliant

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	which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	
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
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
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
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
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
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
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

Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C7e, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
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<p>End date of non-compliance or insufficient assurance (planned or actual)</p>	<p>30/09/2006</p>
<p>Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>The Trust was unable to demonstrate full compliance in the following areas of this standard:</p> <p>a. Area 1 Equality</p> <p>The ethnic monitoring and annual publication of data for staff who: receive training</p> <p>benefit or suffer detriment as a result of performance assessment procedure</p> <p>are involved in grievance procedures</p> <p>are subject of disciplinary procedures</p> <p>cease employment</p> <p>Disability monitoring: Monitoring of ethnicity and gender in relation to service provision and service improvements is current practice but did not include the routine monitoring of disability. As a result the Trust was unable to demonstrate how relevant data is used to inform service improvements.</p> <p>b) Area 2 Human Rights (Act)</p> <p>The Trust had no formal arrangements (e.g. a policy or framework) in place that demonstrates how we comply with the Act. This includes protecting individuals from unlawful detention, promoting equality and respect for human rights and the relevant screening of training programmes.</p> <p>c) Area 3 Service provision and unlawful discrimination</p> <p>The Trust had no formal process for completing race, disability and sex discrimination Impact Assessments for all services and policies.</p>
<p>Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>The race equality scheme action plan will be expanded to address each of the areas highlighted above. Head of recruitment and retention: May 2006: COMPLETED</p> <p>This will be supported by the development and integration of a Disability Scheme. Patient liaison manager: November 2006 - COMPLETED</p> <p>The delivery of the action plan, which will include the development of relevant policies and processes to ensure that all practices are mainstreamed into Trust and directorate activities, will be led and monitored via the Diversity Steering group. Director of Human Resources: September 2006: COMPLETED</p>

Patient focus domain - core standards

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
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
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
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	Compliant

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	and, where appropriate, inform patients on what to expect during treatment, care and after care.	
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Accessible and responsive care domain - core standards

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

Care environment and amenities domain - core standards

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

Public health domain - core standards

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	Compliant
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	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.	
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
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
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

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Ms	Angela Ballatti	Chairman
2.	Mrs	Angela Pedder	Chief Executive

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	Dear Angela Annual Health Check: Comments on Core Standards Declaration As you will be aware all organisations are required to submit to the
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	<p>Healthcare Commission a final declaration on compliance with core standards by midday, Tuesday 1 May 2007.</p> <p>The Strategic Health Authority is invited to provide comments on the performance of an organisation against the 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.</p> <p>Please find below the Strategic Health Authority comment on the performance of your organisation against core standards which you should include with the final declaration.</p> <p>"On the basis of the evidence available to the new Strategic Health Authority, there is no reason to disagree with the assessment made by the organisation in its declaration with regard to maintaining core standards."</p> <p>You should now finalise your arrangements for completing the final declaration to ensure you meet the deadline of 1 May 2007.</p> <p>If you should require any further assistance please do not hesitate to contact your Associate Director of Commissioning and Performance.</p> <p>Yours sincerely</p> <p>Bill Shields Director of Finance and Commissioning</p>
<p>Patient and public involvement forum comments</p>	<p>RD&E'S PUBLIC AND PATIENT INVOLVEMENT IN HEALTH FORUM (PPIF) ANNUAL HEALTH CHECK COMMENTARY 2006-2007</p> <p>Introduction</p> <p>The PPI Forum for the RD&E is a statutory body with specific duties and powers. Its role is that of 'an independent critical friend' of the hospital trust. The Forum's purpose is to consider health issues and to monitor the services provided by the trust together with those of organisations that the trust pays to provide services for patients e.g. transport and catering, etc.</p> <p>During 2006/7 the Forum has been primarily concerned with six matters:-</p> <ul style="list-style-type: none"> * Hospital hygiene and healthcare-acquired infections * Carers' issues particularly feeding arrangements for elderly patients and hospital discharge procedures. * Waiting times and waiting lists. * The transfer of breast screening services to the private sector and referrals by Lister InHealth to the hospital. * Spiritual care and the position and work of the chaplaincy. * Restricted treatment for patients suffering from macular degeneration. <p>The Forum's observations and comments on the RD&E's self-appraised</p>

Healthcheck for 2006/7, are set out below. In so doing the Forum is mindful of the very large number of patients that this 900+ bed hospital treat during the course of a year i.e. over 112,000 inpatients, in excess of 250,000 outpatients, more than 62,000 A&E attendances and some 28,000 emergency admissions. Furthermore, nearly 3,000 babies are born in the hospital every year. On any given weekday the RD&E attends to about 980 outpatients and 60 daycases. This is in addition to the 775 or so inpatients and 75 emergency admissions. It is considerably responsible workload.

1. Domain 1 Safety

1.1 Prompted by the National Patients' Safety Agency's (NSPA) announcement that some 180,000 NHS patients a year in the UK are harmed as a result of errors in drug prescriptions, inadequate training and missing or faulty equipment, the Forum raised this issue with the RD&E management. From the documentation seen and the assurances given, the Forum is satisfied that the RD&E has sufficient safeguards in place to minimise any such occurrences and to learn from them should any happen.

1.2 With two-thirds of the NHS hospitals failing to achieve high standards of cleanliness, one of the Forum's continuing priorities has been to monitor the RD&E's hygiene and cleanliness regime alongside recorded incidents of healthcare-acquired infections (HAIs). Desk research indicates that the Norwalk virus (aka winter vomiting virus) is a greater problem for the hospital than MRSA.

1.3 When the RD&E was built in the 1980s, the recommended space width between beds was 2.5 metres. Current NHS dimensions state that this should be 3.6 metres. In order to try to minimise the spread of HAIs, the Forum suggests that, wherever possible, the space between beds at the RD&E should be widened to conform to the new recommendations.

1.4 The Forum supports the RD&E's ongoing campaign to improve hospital cleanliness and in particular the management's decision to restrict visiting times. The change to ER-style 'scrub' uniforms and an increase in the number of such uniforms issued to nursing and support staff from three to five was welcomed.

1.5 The public is unhappy that uniforms are being worn outside of the hospital. The perception is that this practice is increasing the risk of HAIs. Forum members would like to see the implementation of a strict policy to discourage medical staff from wearing their uniforms outside the hospital.

1.6 The obligation to continually maintain staff and visitor awareness of the need for improving hospital cleanliness and upholding good hygiene standards is stressed and the Forum hopes that in-house promotions will continue to be run at the RD&E on a regular and frequent basis.

1.7 The Forum would like to see the Trust ensure that all clinical, nursing and auxiliary staff adhere strictly to hand washing policies.

2. Domain 2 Clinical & Cost

	<p>Effectiveness</p> <p>2.1 HAIs lead to ward closures and cancelled operations which have a detrimental effect on waiting lists and costs. On average, each outbreak delays a patient's discharge by eleven days and costs over 3000 GBP. A loss of public confidence is also a factor.</p> <p>2.2 Safety lapses of the kind described in 1.1 that lead to patients suffering adverse effects can also result in longer hospital stays, sometimes by as much as an extra eight/nine days. This again impacts on finance and public confidence.</p> <p>3. Domain 3 Governance</p> <p>3.1 The Forum trusts that in their resource planning the RD&E's directors and governors are taking into account the demographics of the hospital's catchment area and the differences from the position nationally. Compared to England and Wales as a whole, in the RD&E catchment area there is a lower percentage of children and people of working age and a higher percentage of older people.</p> <p>3.2. The management is congratulated on having been able to move from financial deficit to one of having a small surplus.</p> <p>3.3. The Forum notes that whilst nurse numbers at the RD&E have risen by 15% in recent years, staff shortages in certain areas has meant that some very expensive specialist equipment is not being used to full capacity. This can have an adverse effect on waiting lists and waiting times.</p> <p>4. Domain 4 Patient Focus</p> <p>4.1. The half-yearly PALS reports are informing and useful. The number of enquiries sent to PALS has increased steadily since the service was introduced in 2001/2002 and show the continuing need for such a service. Common themes and trends have begun to emerge which, if acted upon by management, should lead to further improvement in the services the RD&E offers.</p> <p>4.2 The Forum doubts very much whether the NHS Chaplaincy framework formula for calculating the ratio of patients and staff to the number of chaplains needed in an acute hospital is being applied at the RD&E. If this is the case then it is reasonable to assume that the religious and spiritual needs of patients today are not being met as well as they used to be at the RD&E.</p> <p>Budgetary constraints, shorter hospital stays (4.9 days on average) and an over-zealous interpretation of the Data Protection Act 1998 have combined to put an end to the daily computer print-outs that show the hospital chaplains the faith and ward location of patients. Since April 2002 this has meant that the chaplains have not been able to fulfil their pastoral duties as effectively as they would wish.</p> <p>BEM patients, whether Anglicans, Catholics, Jews, Orthodox Church members or Free Church members are all being caught up in this which is not fostering good community relations in the increasingly multi-cultural, multi-faith society in which we live. Furthermore, it hardly accords with the RD&E's BEM Action Plan. How the chaplains are</p>
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	<p>expected to find particular patients in a fast-moving, multi-sited, 41-ward, 900-bed hospital without a daily faith/location computer print out to direct them is both a puzzle and a concern. The PPI Forum has not been informed of the results of improved admission arrangements to include spiritual needs and patient requests</p> <p>5. Domain 5 Accessible and Responsive Care</p> <p>5.1 The treatment of carers, when they or the people they are caring for come into contact with the RD&E, is a priority matter for the Forum. Of particular concern are hospital discharge procedures and the transfer of patients into the care of the PCT or, for some, the onward transfer into the care and responsibility of Social Services.</p> <p>6. Domain Care Environment & Amenities</p> <p>6.1 The Forum is pleased to report that communication and co-operation continues to be cordial between itself and the RD&E.</p> <p>6.2 Since the introduction of restricted visiting times (1.4), the RD&E has felt more like a hospital and less like a railway terminal. This has to be better for both patients and staff.</p> <p>7. Domain 7 Public Health</p> <p>7.1 It has been noted that many of the goods sold in the franchised United News shop on the ground floor concourse come under the heading of 'junk food' and are not compatible with the promotion of a good diet and sensible eating habits. The amount of shelf space devoted to sweets, chocolates, salt-laden crisps and sugary drinks compared to that given to fresh fruit hardly underscores the message that the RD&E is serious about reducing obesity and increasing public awareness of the benefits of nutritious food and healthier lifestyle.</p> <p>The Patient & Public Involvement (PPI) Forum for the Royal Devon & Exeter Hospital March 2007</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

Comments	<p>Devon County Council Health Overview/ Scrutiny Committee</p> <p>Healthcare Commission Commentary 2006/07</p> <p>Royal Devon & Exeter NHS Foundation Trust</p>
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1.0

Introduction

1.1 The Devon County Council Health Overview/ Scrutiny Committee (OSC) has determined that the commentary provided in relation to Royal Devon & Exeter NHS Foundation Trust (RDEFT) will be restricted to the Healthcare Commission's Standards C16 and C17.

1.2 Standard C16 refers to the accessibility of information to patients and the public on the Trust's services

1.3 Standard C17 refers to the involvement of patients and public in designing, planning, delivering and improving services.

1.4 All references in this commentary relate to the reporting period 1st April 2006 to the date of this statement and pertain only to the Trust's relationship with the OSC.

2.0 Royal Devon & Exeter NHS Foundation Trust

Standard C16

2.1 RDEFT has a well developed and extremely comprehensive website, which details all of the services provided by the Trust. The site also provides, among other things, good quality information for members of the public who may be required to attend at the hospital as inpatients/ outpatients. There is also a substantial section that relates to 'Specialist Centres' operated by the Trust.

2.2 The site provides links to the Patient Advice and Liaison Service, and details relating to the, on site, Health Information Centre.

2.3 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

Standard C17

2.4 During the past year, RDEFT has consistently and effectively engaged with the Devon County Council Health OSC, keeping the Officer updated with relevant information.

2.5 Representatives of the RDEFT have provided assistance and information to the OSCs Waiting List Task group, during a recent investigation.

2.6 A positive and robust relationship exists between RDEFT and the Devon County Council Health Overview/Scrutiny Committee.

2.7 The OSC is of the opinion that, during the relevant period, the RDEFT has complied with the requirements set out in Standard C17.

Stuart Barker
Chairman
Devon County Council Health Overview/Scrutiny

	Committee Date: 15th March 2007
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Board of governors' comments

Please enter the comments from the board of governors in the box below:

	<p>RE: ASSESSMENT OF CORE HEALTHCARE COMMISSION STANDARDS - ANNUAL DECLARATION 2006-07</p> <p>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 felt able to report on all seven Domains.</p> <p>First Domain - Patient safety</p> <p>Annual reports detailing the progress against standards are received from the Director of Nursing & Midwifery, Director of Facilities and the Medical Director. There is extensive guidance to staff, patients and visitors to minimise the risk of hospital acquired infections.</p> <p>It appears that there are adequate processes and protocols in place to ensure patients' physical safety. Certainly our constituency meetings tend to confirm this. Where there are incidents, they are reported and analysed thereby enabling staff to learn and implement changes where necessary.</p> <p>The Foundation Trust has a wide range of notices and warning notices to alert patients and visitors to any potential hazards, including signage to meet the needs of disabled groups, all designed to ensure patient safety is not compromised.</p> <p>Second Domain - Clinical & Cost Effectiveness</p> <p>Taking into account the financial constraints placed on the service, it is difficult to balance value for money with the meeting of patient clinical need. By assessing research evidence the Trust ensures effective clinical outcomes. Certainly there is an acceptance of the NICE approval of new drugs but there are times when this can be restrictive as well as facilitative.</p> <p>Every effort is made to write the discharge summary on the day of discharge to facilitate the continuity of care by the GP or by other health care centres.</p> <p>Third Domain - Governance</p> <p>The Royal Devon & Exeter NHS Foundation Trust was founded on a sound base of clinical and corporate governance that enables staff to maintain and improve the quality of health care delivered.</p> <p>There are carefully devised systems to ensure not only the quality of care but also to enable an openness of ideas leading to innovation and changes in practice.</p> <p>The Trust has a system for recognising good service across the full</p>
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spectrum of staff and this is seen in the annual Chairman's Awards.

The Governors have during the past year updated and implemented a revised Rules of Procedure, completed a revision of the Constitution and taken part in a range of standing committees. One new Non-Executive Director has been appointed. The Board of Directors and the Governors have also worked together to take forward a Service Development Strategy. The Senior Independent Director has been appointed and has met with Governors. Regular reports are received from the Chief Executive, the Medical Directors, Director of Finance and other Directors which enable Governors to question progress on a wide range of issues. Governors are pleased to recognise the positive outcome of last year's financial statement and look forward to a continued improvement.

Governors have been involved with the membership via constituency meetings and although they are of variable attendance in rural areas they have proved to be worthwhile. Efforts continue to alter days and times of these meetings to encourage greater membership involvement. A membership survey has been undertaken by the Trust, asking members their views on the Trust's priorities. There was a response rate of 46%.

Progress has continued on the National Governors Forum. This has now been formally established and has had its first meeting.

Release of certain staff for non-mandatory training can be difficult due to the pressure of work.

Fourth Domain - Patient focus

The climate within the RD&E is one where patients and relatives are treated with care and consideration and in a manner that enables them to understand the information given to them. Care is taken to ensure that those with specific requirements have a communication booklet or video tape that facilitates their understanding.

There are systems in place that ensure that if a patient or visitor wishes to comment or complain they can do so within the PALS framework. All comments and complaints are responded to within a specified time period of 20 working days.

This year a new system of food preparation and distribution has been introduced and several Governors were involved in the procedure of choosing the supplier. It is too early to comment on this innovation.

Fifth Domain - Accessible and responsive care

The Trust's patients do receive their treatment within the required targets except for the cancer 62-day referral to treatment target. The number and sophistication of investigations required does sometimes lead to a delay but the advantage to the patient is possibly a more precise diagnosis.

Choice is available within the existing protocols although outside variables do influence the number of choices that can be given. Choose and Book is currently being implemented.

The reorganisation of the Emergency Department has been very successful in meeting targets. However an increase in the number of

patients attending has been noticed due, at least partly, to cut backs in local Minor Injury Units and less use of GP out-of-hours service.

Sixth Domain - Care environment and amenities

Patients are involved in ward design, in particular to considerations of privacy and safety. Recently patients, including a number who are disabled, have been involved in the siting of ward and hospital notices. The ideas of groups of young people are also used to enable equal access to treatment and services. The Trust has implemented a smoke free policy.

Health service staff meet regularly with a range of outside groups, including those from different cultures to help them access care if needed.

Seventh Domain - Public Health

The Trust works co-operatively with stakeholders and health and social care organisations. It is anticipated that the local PCT changes will aid joint working where three PCTs have become one.

Contracts are made with local and county councils and their communities, also with a range of voluntary bodies in health and social care.

The Trust has policies on food, nutrition and health and has an occupational health service and a lone worker policy. There is an encouraging low turnover of staff, which has a positive influence on the Trust.

There are also a number of services relating to public health such as cardiac rehabilitation, osteoporosis service and cancer service peer review.

There is the required "Emergency Disaster Plan" which is updated regularly and practiced, including using outside assessors.

Conclusion

Overall, the Governors feel 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