

Core standards assessment final declaration



Reference: CSA92769
Date: 05/05/2006

Trust self-declaration:

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

Please supply the following information:

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 2005 – 31 March 2006 with the exception of insufficient assurance for standard C4d (medicines management) and not met standard C7e (discrimination, equality and human rights). Action plans have been developed for these standards in order to ensure that the Trust is compliant with them as soon as possible.</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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Please indicate 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)	Compliant

Core standards assessment final declaration

	interventional procedures guidance.	
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 managed.	Compliant
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

Please complete the details below for standard C4d for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx.	The Trust has a range of policies and procedures in place to address medicines safety. The process for monitoring these policies, action planning deviation and reporting to the Trust needs to be developed to provide the necessary assurance of compliance.

Core standards assessment final declaration

200 - 250 words or half a side of A4 typed)	
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>1. OPERATIONS DIRECTOR to establish a Medicines Management Committee to oversee operational issues associated with medicines safety across the Trust – MAY 2006.</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</p> <p>Audit of compliance with policies on controlled drugs</p> <p>Review of staff competence with regard medicines management</p> <p>Review of reported medicines related clinical incidents</p> <p>Review of actions from MHRA alerts, NPSA safe practice notices</p> <p>3. The Medicines Management Committee to complement the working of the Drugs and Therapeutics Committee. This will be achieved by having key staff on both committees. ON-GOING.</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.</p>

Please indicate 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 organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Core standards assessment final declaration

Please indicate 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 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
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

Core standards assessment final declaration

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

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

Standards C7f and C19 are picked up through our assessment of existing targets. Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Please complete the details below for standard C7e for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>The Trust is currently 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:</p> <ul style="list-style-type: none"> -receive training -benefit or suffer detriment as a result of performance assessment procedures -are involved in grievance procedures -are the subject of disciplinary procedures -cease employment. <p>Disability monitoring – Monitoring of ethnicity and gender in relation to service provision and service improvements is current practice but does not include the routine monitoring of disability. As a result the Trust is unable to demonstrate how relevant data is used to ‘inform service</p>

Core standards assessment final declaration

	<p>improvements’.</p> <p>There is no central point for the collection and analysis of equalities data</p> <p>b) Area 2 – Human Rights (Act)</p> <p>The Trust has 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 has no formal process for completing race, disability and sex discrimination Impact Assessments for all services and policies.</p>
<p>Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)</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.</p> <p>This will be supported by the development and integration of a Disability Scheme. PATIENT LIAISON MANAGER – Nov 2006.</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.</p>

Please indicate 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	Compliant

Core standards assessment final declaration

	discriminated against when complaints are made.	
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 and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Please indicate 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

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

**Standards C7f and C19 are picked up through our assessment of existing targets
Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.**

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

C20a	Healthcare services are provided in	Compliant
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Core standards assessment final declaration

	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	
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

Please indicate 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 C22c 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
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	Compliant

Core standards assessment final declaration

	to incidents and emergency situations, which could affect the provision of normal services.	
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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. There is no requirement for a paper copy of the final declaration to be signed and returned to the Healthcare Commission.

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. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums 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

Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	2
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Electronic sign off – details of individual(s)

	Title	Full name	Job title
	Professor	Ruth Hawker	Chairman
	Mrs	Angela Pedder	Chief Executive

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

Strategic health authority commentary	The Royal Devon and Exeter is currently the only Foundation Trust hospital within the South West Peninsula. The hospital achieved Foundation Trust status in April 2004 having sustained a 3 star rating since
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Core standards assessment final declaration

	<p>00/01.</p> <p>The Trust has more than 30 wards, 20 operating theatres, around 850 inpatient beds and more than 60 daycase beds. Over the year 2004/05 the Trust saw around 120,000 inpatients and day case patients, and 260,000 outpatient attendances. There were around 65,000 emergency department attendances and 30,000 emergency admissions and some 2,900 babies were born.</p> <p>The successes of the Trust for 05/06 include:</p> <p>Making significant progress on delivering cancer service targets during 2005/06, only narrowly missing the December 05 target on 62 days referral to first treatment, however the Trust has achieved the 31-day target of diagnosis to treatment.</p> <p>Achieving access targets for out patients and in patients for all specialties at 31st December 2005.</p> <p>Achieving 100% booking targets at December 2005, and contributed to the Choose and Book programme through implementation of its Directory of services.</p> <p>Delivering the Accident and Emergency four hour waits has been consistently managed and achieved by the Trust throughout the year</p> <p>Achieving the Agenda for change target of passed to payroll for January 06. Consistently achieving good performance in managing delayed discharges.</p> <p>As you are aware compliance against the core standards has been a regular discussion at monthly performance review meetings, as well as through regular policy leads network meetings. We have also been in close liaison with internal audit. Through this process the SHA has been assured of the following:</p> <ul style="list-style-type: none"> · A robust process for assessment of compliance has been implemented throughout the trust · Achievement of compliance against core standards <p>I am therefore writing to confirm our support for your draft declaration and would welcome inclusion of this letter as part of your submission to the Health Care Commission for the beginning of May.</p>
<p>Patient and public involvement forum commentary</p>	<p>Introduction</p> <p>Having studied the Healthcare Commission’s seven domains and the core standards and development standards relevant to each of them, the Forum, in its official role as the RD&E’s independent ‘critical friend’, makes the following observations and comments on the hospital’s 2005/6 declaration. In doing so, the Forum is mindful of the fact that, on average, the RD&E treats some 1700 patients every day (about 840 inpatients, day cases and emergency admissions as well as around 860 outpatients and A&Es).</p> <p>1. Domain 1 – Safety</p> <p>1:1 Prompted by the National Patients’ Safety Agency’s (NSPA)</p>

announcement in July 2005 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.

On average the RD&E receives 23 legal claims each year for clinical negligence. Nationally, over 80% of claims are either abandoned or settled out of court.

1:2 With two-thirds of NHS hospitals failing to achieve high standards of cleanliness, one of the Forum's priorities in 2005 was to monitor the RD&E's hygiene and cleanliness regime alongside recorded incidents of hospital-acquired infections (HAIs).

Desk research indicated that the Norwalk virus (aka winter vomiting virus) has been a greater problem for the hospital than MRSA. The C-Difficile s.027 outbreaks at the RD&E, which came to light in June 2005, were serious with 614 cases identified in a 19-month period, an average of one new case every day. This coupled with the rise in MRSA cases in the six months April-September 2005 compared with the previous six months (26:19) shows that there is still much to be done in this respect. Nationally, C-Difficile is nearly seven times more common than MRSA.

1:3 When the RD&E was designed 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 As potential harbourers of viruses etc the Forum trusts that normally re-useable items such as Christmas decorations are not stored from one year to the next at the RD&E, but are destroyed once they have been taken down/used.

1:5 The Forum supports the RD&E's ongoing campaign to improve hospital cleanliness and in particular the management's recent initiatives to restrict visiting times; to change the style of hospital uniforms; and to increase from three to five the number of uniforms issued to nursing and auxiliary staff.

1:6 The Forum is greatly concerned by reports they have received regarding uniforms being worn outside of the hospital. Forum members would like to see the implementation of a stricter policy to discourage medical staff from wearing their uniforms outside of their working environment.

1:7 Hygiene inspections – see paragraph 6:3.

1:8 To continually maintain staff and visitor awareness of the need for improving hospital cleanliness and upholding good hygiene standards, the Forum hopes that promotions such as 'Think Clean Day' (held 28 February 2005) will continue to happen at the RD&E on a regular and frequent basis.

1:9 The Forum would like to see all medical staff adhering to hand washing policies.

2. Domain 2 – Clinical & Cost Effectiveness

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. A loss of public confidence is also a factor.

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.

3. Domain 3 - Governance

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 & Wales as a whole, in the RD&E catchment area there is a lower percentage of children and people of working age (81.5%: 76.0%) and a higher percentage of older people (18.5%: 24.0%).

In the popular coastal towns of East Devon the percentages of elderly people are even higher: Budleigh Salterton (48.6%), Exmouth (28.5%), Seaton (44.8%) and Sidmouth (46.4%).

3:2 The brought forward deficit of £7.3 million from 2004/05 into this year's accounts is a concern in case the corrective financial measures that will have to be taken to rectify last year's overspend impacts adversely on patients' treatment and care in 2005/6. The hope is that ward closures and the cancelling of operations have not been necessary to achieve this.

3:3 The Forum notes that whilst nurse numbers at the RD&E have risen by 15% in the three years since 2001/2 (1,294: 1,524 FTEs). Staff shortages in other key areas have meant that some very expensive specialist equipment is not being used to full capacity. This applies especially to cancer treatment machines and the osteoporosis scanner. This has an adverse effect on waiting lists and waiting times. It is also to the detriment of patients and is a frustration to the charities who work so hard raising money to buy the latest technology for the hospital.

3:4 Internecine disputes are pervasive and damage public confidence as well as staff morale. The Forum was relieved when, after six months wrangling, an accommodation was reached between the Royal College of Nursing, the Royal College of Midwives, UNISON and the RD&E about the way to resolve the unions' dispute with the hospital's management about plans to restructure its nursing establishment. The aims of the proposals being to reduce the number of nurses on senior pay grades and to require 225 nurses to re-apply for their jobs.

4. Domain 4 – Patient Focus

4:1 The half-yearly PALS reports are informing and useful. The number

of enquiries sent to PALS has tripled since the service was introduced in 2001/2 and shows the continuing need for such a service. Common themes, if not trends, are beginning to emerge which, if acted upon by management, should lead to further improvement in the services the RD&E provide.

4:2 Long waiting lists and waiting times increase patient anxiety and the Forum had a special meeting with the Trust in mid-December 2005 to discuss this. Forum members were pleased to be informed that the RD&E was now meeting most, if not all, of the government's targets. It was noted that at the end of May, there were 5854 on the hospital's waiting lists, 454 of them for more than six months. The one-year wait for MRI scans is a particular worry.

4:3 There have been problems with the RD&E's breast screening service for women in the 50-69 age group for several years now and according to press reports (Express & Echo 20 August 2003 and 10 June 2005) the situation worsened between August 2003 when the waiting time was twelve months and June 2005 when this had risen to five years. The national shortage of radiographers and radiologists notwithstanding, the service commissioning PCTs decided that this situation could not be allowed to continue. Consequently, from 1 May 2006, the responsibility for offering breast screening facilities to 23,000 women a year in the 50-69 age group for the Exeter, East Devon, Mid-Devon and the North Devon PCTs is being transferred from the RD&E to the Buckinghamshire-based private healthcare provider, Lister InHealth.

The RD&E has informed the Forum that the hospital will be working closely with Lister InHealth to ensure a seamless transfer of responsibilities, x-rays and records.

The NHS breast-screening programme prevents 1400 cancer deaths in England each year and lessens the chances of women needing mastectomies.

4:4 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.

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 showed 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.

B&ME patients, as well as Anglicans, Catholics, Jews, Orthodox Church members and 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 B&EM Action Plan. How the chaplains are expected to find particular patients in a fast-moving, multi-sited, 41-ward, 850-bed hospital without a daily faith/location computer print out to direct them is both a puzzle and a concern.

5. Domain 5 – Accessible and Responsive Care

5:1 The treatment of carers when they or the people they are caring for come into contact with the RD&E is also a priority matter for the Forum. Of particular concern are hospital discharge procedures and the transfer of patients into the on-going care of a PCT or, for some, the onward transfer into the care and responsibility of Social Services.

5:2 Since 2002/3, the number of patients treated in the A&E Department has increased, on average, by 5.0% per annum (59,965: 61, 858: 62,772). The Forum trusts that these steady annual increases are being taken into account by the RD&E management when allocating money and manpower to this front-line department. The public's perception of a hospital's effectiveness and efficiency is often shaped by the way that patients are treated in A&E.

Recent research findings indicate that, nationally, illegal drug use is a growing problem for A&E departments; 7% of A&E visits to inner-city A&E units are now drug-related.

6. Domain 6 – Care Environment & Amenities

6:1 The Forum is pleased to report that communication, co-operation and collaboration between itself and the RD&E improved markedly during 2005.

6:2 In this regard the Forum held useful and informative meetings with RD&E management representatives to discuss: hospital-acquired infections (2:1), waiting lists and waiting times (4:2) and breast screening services and treatments (4:3).

6:3 The Forum participated in several pre-arranged hygiene inspections during the year but in December 2005 conducted its own unannounced inspection of two wards, which gave much cause for concern. A second inspection was undertaken three days later and members observed that measures had been taken to correct the problems found regarding the cleanliness of wards and equipment, which they felt demonstrated that the previous levels of cleanliness and hygiene had been well below acceptable standards. The Forum believes that that it should not have taken members of the Forum and the public to draw the attention of the Trust to these shortcomings. A detailed report of these two inspections has been submitted to the RD&E. Further unannounced inspections are intended.

6:4 Since the introduction of restricted visiting hours (1:5), 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.

7. Domain 7 – Public Health

7:1 It has been noted that many of the food products 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 a healthier lifestyle.

Core standards assessment final declaration

How many overview and scrutiny committees will be commentating on your trust?	1

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

Overview and scrutiny committee 1 - commentary

Overview and scrutiny committee commentary	<p>1.0 Introduction</p> <p>1.1 The Devon County Council Health Overview/ Scrutiny Committee (DCC OSC) has determined that the commentary provided in relation to Royal Devon & Exeter NHS Foundation Trust (RD&EFT) will be restricted to the Healthcare Commission's Standard C17.</p> <p>1.2 In formulating this statement, the views of the relevant district OSC have been sought and taken into account.</p> <p>1.3 All references relate to the reporting period 1st April 2005 to the date of this statement.</p> <p>1.4 Standard C17 refers to the involvement of patients and public in designing, planning, delivering and improving services.</p> <p>2.0 Royal Devon & Exeter NHS Foundation Trust</p> <p>2.1 Although the RD&EFT has engaged with the Devon County Council OSC Members in relation to a number of matters during the relevant reporting period, there have been no issues, which have required any presentation to be made to the OSC during that time.</p> <p>3.0 Additional Comments:</p> <p>3.1 The RD&EFT has consistently provided Trust meeting notices and agendas to the OSC Chairman and Health Scrutiny Officer.</p> <p>3.2 Matters required to be brought to the attention of the Committee have been reported in good time and, where appropriate, guidance has been sought from the OSC.</p> <p>3.3 The RD&EFT consistently involves the OSC in discussion/ presentations relating to topical issues and a positive relationship exists between the OSC and the RD&EFT.</p> <p>3.4 The RD&EFT has consistently complied with all requests made by the OSC for data and information.</p>
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Core standards assessment final declaration

Governors' comments

Governors' comments	<p>RE: ASSESSMENT OF CORE HEALTHCARE COMMISSION STANDARDS – ANNUAL DECLARATION 2005-06</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. The Governors would like to comment on the specific domains. However, for the second domain we agreed that there was insufficient information, also for the seventh domain we felt it too early to comment.</p> <p>First Domain – Patient safety</p> <p>Information about critical incidents, such as clostridium difficile, was reported to the Governors and improvements have definitely been made, though the condition is not yet completely controlled. MRSA and Norwalk are included in the infection control statistics provided to the Governors and the Governors are regularly updated on these critical issues.</p> <p>There was a report from the PPI about two wards, which was received approximately two months after the inspection. Governors were reassured by the Chief Executive that action had been taken on the recommendations and that checks on hospital cleanliness are in place. Governors understand the emphasis on cleanliness is to be maintained.</p> <p>Statistics are provided regularly for Governors but it would be helpful for Governors to have more information on falls and other such incidents.</p> <p>Third Domain – Governance</p> <p>Governors were impressed by the frank and honest approach to them by the Trust senior management, which has enhanced their confidence in the organisation and accelerated their understanding and effectiveness as Governors.</p> <p>The Governors have had good information and support which is easily accessible.</p> <p>A number of Non-Executive Directors and a new Chairman have been appointed by the Governors. During this time, a document on the role of the new Chairman was produced (Appointment of a Foundation Trust Chairman – A Good Practice Guide). To assist in the appointment process the Nomination Committee were helped by a session on interview techniques. This facilitated the process, leading to a satisfactory appointment. Early on in our work, a Governor was elected to serve on the committee appointing the auditors. Governors also worked on devising and updating the Constitution, the Code of Conduct and the Rules of Procedure.</p> <p>Governors have been given the opportunity to meet other Governors at national conferences. This has been helpful in giving them a wider understanding of their role.</p> <p>Regular constituency meetings are held where members can discuss issues and members are informed on issues of concern. These are attended by Governors and RD&E staff, with an increasing role played in public awareness by Governors.</p> <p>Fourth Domain – Patient Focus</p>
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	<p>Healthcare is provided in conjunction with patients and their carers and relatives in partnership with other organisations, especially those whose activities influence patient well-being.</p> <p>Fifth Domain – Accessible and responsive care</p> <p>Some concerns were expressed over the delay in routine breast screening and the possible privatisation of the service to reduce waiting times. Work is still being undertaken in this area of concern.</p> <p>Governors have received regular reports on the service development strategy and the hospitals progress towards meeting targets and appropriate measures taken to improve the services.</p> <p>Individual Governors visited the Emergency Department and were impressed by the significant improvements in performance, facilitated by extensive refurbishment and development in the department.</p> <p>Sixth Domain – Care environment and amenities</p> <p>As mentioned under the first domain, Governors received an adverse report on ward cleanliness and were reassured immediate action was taken and that continuing vigilance was needed.</p> <p>The Governors have kept up-to-date with improvements in building and facilities which will enhance the patients' and carers' environment.</p> <p>Conclusion</p> <p>Finally, the Governors wish to say how much they appreciate the commitment and enthusiasm of the Senior Managers. They have made various presentations demonstrating real grasp of their own subject, while also conveying the fact that they are all working as part of a collaborative team in the interests of the Foundation Trust.</p>
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