



Webforms Output: Core standards declaration 2007/2008  
May 2008

Generated 09/05/08  
FRM-12, FRR-694

\* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

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

Organisation Name:

Royal Devon And Exeter NHS Foundation Trust

Chief Executive's First Name:

Angela

Chief Executive's Surname:

Pedder

Chief Executive's Email:

[angela.pedder@rdehc-tr.swest.nhs.uk](mailto:angela.pedder@rdehc-tr.swest.nhs.uk)

Organisation Code:

RH8

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If your organisation is any of the following please select the option PCT or Community Trust:

PCT  
Community Trust  
PCT with Mental Health  
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health  
Learning Disability  
Care Trust with Mental Health

\* Please enter your type of organisation

Acute

- Mental Health/Learning Disability
- PCT
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

### General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

#### 1. General statement of compliance

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

#### 2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

#### 3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

**Compliant** - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

**Not met** - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

**Insufficient assurance** - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

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

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

**Start date** - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

**End date (planned or actual)** - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

**Issue** - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

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

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

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

#### 4. Sign off

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- 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

#### 5. Comments from specified third parties

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

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

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

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

### General statement of compliance

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

Following on from work carried out throughout the year and assurance from an internal audit of all core standards, the Board of Directors has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 01 April 2007 – 31 March 2008.

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.

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

**Statement on measures to meet the Hygiene Code**

\* Please enter this statement in the box provided. There is no word limit on this answer.

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). The Trust's arrangements for infection prevention and control have been reviewed and the Board is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at the Trust.

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 infection control programme of work undertaken during 2007/8 has further strengthened our previous compliance with the provisions of the Code at 31st March 2007.

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

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

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

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

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

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

Standard C7f is assessed through the existing targets component of the annual health check.

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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

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

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

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

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

**compliant**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

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

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\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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



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

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

Standard C19 is assessed through the existing targets component of the annual health check.

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

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

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

**compliant**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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

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

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

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

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

**compliant**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

\* 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**

not met

insufficient assurance

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

## Electronic sign off page

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

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

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

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

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

	Title:	Full name:	Job title:
1	Ms	Angela Ballatti	Chairman
2	Mrs	Angela Pedder	Chief Executive
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

**Comments from specified third parties**

Please enter the comments from the specified third parties below.

\* Please enter the name of the strategic health authority that has provided the commentary

South West Strategic Health Authority

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

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

\* Please enter the name of the patient and public involvement forum that has provided the commentary

The Patient & Public Involvement (PPI)  
Forum For the Royal Devon & Exeter  
Hospital

\* Patient and public involvement forum comments. There is no word limit on this answer.

The Patient & Public Involvement (PPI) Forum  
For the Royal Devon & Exeter Hospital

RD&E's ANNUAL HEALTH CHECK 2007-08

**Introduction**

The PPI Forum for the RD&E is a statutory body with specific duties and powers. Its role is to be 'an independent critical friend' of the hospital trust. The Forum's purpose is to monitor the services provided by the trust together with those of organizations that the trust pays to provide services for its patients.

During 2007/8 the Forum has been primarily concerned with five matters:-

- Hospital Hygiene and Healthcare Associated infections (HAI's)
- Food and Feeding
- The transfer of breast screening services to the private sector and referrals by ListerInHealth to the RD&E.
- Carer's issues, particularly feeding arrangements for elderly patients and hospital discharge procedures.
- Spiritual care and the RD&E's support for the Chaplaincy.

The Forum's observations and comments on the RD&E's self-appraised Health Check for 2007/8 are set out below. In so doing the Forum is mindful of the very large number of patients that this 900+ bed hospital treats during the course of a year, i.e. over 117,000 inpatients and day cases, in excess of 250,000 outpatients, nearly 70,000 A&E attendances and over 28,500 emergency admissions. Furthermore, nearly 3,000 babies are born in the hospital every year. On any given weekday the RD&E attends to about 1,000 outpatients and day cases. This is in addition to the 775 or so inpatients and 80 emergency admissions. It is a heavy and responsible workload.

**1. Domain 1 – Safety**

1.1 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-Associated Infections (HAI's) particularly with regard to Norovirus, Clostridium difficile and MRSA. The Forum notes that the RD&E was obliged to close admissions to 11 wards in three months (October-December 2007) due to an outbreak of the norovirus infection.

The Forum is concerned that two successive inspections by PPIF teams have expressed concern at the Health and Safety procedures which allow flammable and possibly toxic material to be stored in stairwells.

1.2 The 2005 guidance is that the minimum bed space standard in a multi-bed area, recommended in HBN 40 vol. 2 is a width of 2.7m and a depth of 2.9m. When beds are opposite each other there should be a space of 7.1m to allow a walking passage when curtains are drawn.

1.3 When the RD&E was built in the 1980's, 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 minimize the spread of HAI's the Forum recommends 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 last year to have protected meal times and restricted visiting. The change to ER-style 'scrub' uniforms and an increase in the number of uniforms issued to nursing and support staff was a welcome development.

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 HAI's. Forum members would like to see the implementation of a strict policy to discourage 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 hand washing promotions will continue to be run at the RD&E on a regular and frequent basis.

**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.

**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 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.

#### 4. Domain 4 – Patient Focus

4.1 The half-yearly PALS reports are informing and useful. Over 1,100 enquiries are now made to PALS every year and underscore 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 provides.

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 not the case then it is reasonable to assume that the religious and spiritual needs of patients today are not being met 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 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 they would wish.

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 our increasingly multi-cultural, multi-faith society. Furthermore, it hardly accords with the RD&E's BEM Action Plan. How the chaplains are 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 mystery and a concern. The PPI Forum has still not been informed of the results of improved admission arrangements to include spiritual needs and patient requests.

#### 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 a priority for the Forum. Of particular concern are hospital discharge procedures and the transfer of patients into the care of the Primary Care Trust or, for some, the onward transfer into the care and responsibility of Social Services.

#### 6. Domain 6 – Care Environment & Amenities

6.1 Communication and co-operation between the Forum and the Hospital continues to be cordial.

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.

#### 7. Domain 7 – Public Health

7.1 The Forum notes the good service provided by the Hospital's 'The Oasis' restaurant for staff and visitors.

7.2 It has also 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 underlines the message that the RD&E is serious about reducing obesity and increasing public awareness of the benefits of nutritious food and healthier lifestyle. The shop does not sell cigarettes or alcohol and there is no reason for it to sell sugar-laden drinks or heavily salted crisps.

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

Devon Local Safeguarding Children Board

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

Dear Angela,

Royal Devon & Exeter NHS Foundation Trust – Annual Declaration 2007/08

Thank you for your letter of 15 April, 2008 requesting a view in relation to the Trust position against the core healthcare standards.

In response to Standard C2 I would make the following comments:-

1.The RD&E make a valuable contribution to the core CP function. There is a well established protocol for paediatric involvement in CP investigations. The Trust provides a reliable and fast tracked examination and assessment response to children who need medical examination and treatment following allegations of abuse. This is followed up with attendance of appropriate Trust staff at formal CP meetings or the submission of a report.

2.The Trust has well established and effective internal CP procedures. Generally staff are aware of the need to refer cases of concern to the investigative agencies. Their own internal thresholds for this are well understood by Trust staff.

3.The Trust are a well established partner agency on the Devon LSCB, there is regular attendance by at least one Trust representative with additional involvement in relevant sub groups of the LSCB. It also contributes appropriately to the LSCB Budget.

4.The Trust endeavours to engage as many of its staff as possible in the multi-agency training programme. It contributes trainers to the LSCB college of trainers to present training courses and also contributes to the LSCB training budget.

5.The Trust has assisted in the development of a number of initiatives and protocols in support of the LSCB. In particular it has been significantly involved in establishing the statutory Child Death Screening and Rapid Response Functions of the LSCB.

Best wishes

Yours sincerely

Anne Whiteley  
Director of Children and Young people's Services

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## Overview and scrutiny committee comments

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

- 1  
 2  
 3  
 4  
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 6  
 7  
 8  
 9  
 10

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## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Devon County Council Health & Adult  
Services Overview / Scrutiny Committee

Comments. There is no word limit on this answer.

Royal Devon & Exeter NHS Foundation Trust

### 1.0 Introduction

1.1 The Devon County Council Health & Adult Services 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 2007 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 presented personally, and have provided valuable assistance and information to the OSC in relation to the recent proposal to move Upper Gastro-Intestinal Cancer services from the RD&E to Derriford Hospital, Plymouth (Minutes for the OSC meeting, held on 29th October 2007 refer).

2.6 Throughout the reporting period, the RD&E has proven itself to be committed to the concept of partnership working with the OSC. This can be evidence by the quality, and unbiased nature, of information provided to the OSC and the willingness of RD&E management to meet with OSC Members and Officers in order to discuss/ explain current issues, when requested to do so.

2.6 A positive and robust relationship exists between RDEFT and the Devon County Council Health & Adult Services 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 February 2008

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

RE: ASSESSMENT OF CORE HEALTHCARE COMMISSION STANDARDS – ANNUAL DECLARATION 2007- 08

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.

First Domain – Patient safety

C1

An evaluation loop has been established for all reportable incidents, including those under the Health and Safety regime. This evaluation has been operating for some time. All incidents are evaluated with operational information being fed back to staff. Information is regularly placed in the public domain for the public to view and act upon. This includes through the RD&E website, local media and via the Governors. Health and safety forms a central core for all hospital activities.

Information on incidents is evaluated and considered at the most appropriate level, including the executive level if required. By way of an example, there is planning to increase the number of single rooms which will help in the reduction and control of infections. These changes are in response to operational and patient feedback.

C2

Child protection policies and procedures have been developed within the organisation. A strategy has been put in place to guide staff and inform their actions. Child protection policies and procedures will be developed in the light of operational experiences within the RD&E.

C3

NICE guidelines are followed. The medical Directors ensure that all those responsible for medical interventions are assessed and developed in line with NICE recommendations.

C4

There has been considerable effort on the part of the RD&E to reduce hospital acquired infections. A reduction has been achieved by management focus and performance monitoring. There are targeted specialist cleaning teams, supported by communications for staff and visitors, new furniture. Staff have worked hard to reduce infections.

All medical devices are 'type approved' and acquired through 'official' suppliers'. All use is regulated, with staff trained in equipment use.

Medical devices that are reused are decontaminated using approved techniques. Each stage of the process is actively managed.

Medicines are locked and secured in locations and devices approved by the RD&E. Only staff who are authorised, are permitted access.

The Trust takes the management of waste seriously. All aspects of waste management are considered and approved. Implementation of any changes is done on a corporate basis.

Most staff are already in scrub suit style uniforms, including junior doctors. All clinical staff are aware of the 'naked forearms' approach to make hand hygiene easier.

Second Domain – Clinical & Cost effectiveness

Generally speaking, the Governors who considered Domain 2 are satisfied with the Trust's approach to clinical and cost effectiveness. The clinical care is of a high standard and financial resources are well utilised. These have enabled the provision of modern beds and other valuable equipment; this has helped to improve the already high standard of clinical care. This reflects well on the leadership who have a sound understanding of the clinical and financial needs of the entire hospital.

The Trust works within the NICE guidance on the approval of new drugs, but there are times when this can be restrictive as well as facilitative.

A pilot scheme has been set up to investigate the 'Releasing Time to Care' initiative on a number of wards, looking at uniformity of equipment and uniformity of positioning of equipment as well as streamlining of paperwork. There has also been investment in new IV pumps and resuscitation trolleys. For resuscitation trolleys in particular this has improved consistency of usage, in terms of positioning in each clinical area, and stocking of all necessary equipment, so that staff moving around different clinical areas are able to work most effectively.

Governors receive reports from the Medical Director on the Annual Clinical Services Overview.

Third Domain – Governance

The Royal Devon & Exeter NHS Foundation Trust continues to apply the principles of sound clinical and corporate governance. Internal audit reveals the Trust's governance arrangements are compliant with the majority of Monitor's Code of Governance and can provide explanations for non-compliance. A Governance Committee with widespread representation scrutinises and reviews the systems in place that ensure and improve the quality of healthcare provided to patients. It reports quarterly to the Board of Directors (BoD).

Proposals to institute Executive Walkabouts whereby Executive Directors conduct regular 'walkarounds' or visits to a variety of areas across the

Trust are welcomed. The importance of managers being in the front line and seeking views of staff at the workplace cannot be overstressed.

The Trust continues to show a year end financial surplus enabling the setting up of a Strategic Investment Fund to be used for improving the quality of care for patients and the development and welfare of staff. In the current year all hospital beds have been upgraded and an improved design of patients' gowns introduced.

Progress in human resources continues on many fronts including electronic staff records, screening of new doctors and encryption of laptops. A 'Work Observation Week' for local schoolchildren was successful. The disruptive effect of Modernising Medical Careers both on individual doctors and the staffing of the hospital has been kept to a minimum.

Policies have been put in place for the appraisal of the Chairman (by the Senior Independent Director) and Non-Executive Directors (by the Chairman). Two new NEDs have been appointed by the Governors in the past year. Appraisal of Governors has started with the formation of an Attendance Committee responsible for monitoring Governors attendance at a range of meetings. An Engagement Policy has been agreed for the unlikely event of disputes between the Council of Governors and Board of Directors. The attendance of NEDs at Council Development Days fosters mutual respect and the flow of information.

The role of members continues to exercise the Governors. Participation in focus groups has been good, but attendance at Constituency meetings continues to be variable. Other methods for feedback from members are being explored.

#### Fourth Domain – Patient focus

##### C13

The Trust has policies on privacy and dignity and chaperoning of patients, as well as spiritual, cultural and religious guidelines. The Matrons' Charter has been implemented and privacy and dignity of patients has been audited by nurses.

The Trust currently makes use of the 'Liverpool care pathway' for patients who are terminally ill and dying in about 80% of wards, introduced in conjunction with staff from Hospiscare, and has secured resources to implement this in the remaining 20% of wards by April 08. The use of the pathway has been audited and benchmarked favourably nationally, via a National Care of the Dying Audit conducted by the Marie Curie Palliative Care Institute Liverpool in collaboration with the Royal College of Physicians.

The Trust has a system of 'flagging' patients with particular needs with a range of symbols displayed at the bedside with patient consent. This highlights problems with hearing for example, so all staff approaching the patient, are immediately aware and able to respond.

The various patient consent forms are in plain English and patients have the opportunity to take their consent form away from their out-patients appointment to consider at home, as well as meeting with the appropriate health care professional on a one-to-one basis to discuss any issues they have. All information is available in other languages if needed.

The Trust abides by confidentiality and data protection rules and legislation, which is externally audited. Appropriate exceptions are made, for example in relation to child protection and vulnerable adults. Any breaches are fully investigated internally and resolved to prevent recurrences.

##### C14

If patients have concerns about their care they are directed to use the PALS service. Some wards have suggestions boxes, others have notice-boards on which patients write their suggestions, with changes implemented then written up by staff in response. There are plans to extend this approach.

Governors have access to board reports detailing PALS and complaints issues, though are not involved in dealing with the detail of such reports, so, are not in a position to comment specifically.

##### C15

Since the introduction of the pre-prepared 'cook-freeze' meal service patients can indicate the portion size they want, and there is the option for both vegetarian and meals and special diets to cater for religious needs. The Trust has introduced a system of colour coded trays to assist with identifying patients who need help eating.

#### Fifth Domain – Accessible and responsive care

The Governors considering this Domain feel that the Trust is meeting the criteria laid down for the Domain and evidence can be referenced and demonstrated in the following ways:

##### C17

- Focus Groups
- Patient surveys
- Membership surveys
- Constituency Meetings
- Council of Governor meetings
- Contribution to LINKs

As part of the Trust's work to update strategic directions, foundation trust members have been involved in a survey to identify the Trust's 'top five priorities', and have attended focus groups to contribute their ideas and suggestions.

The Trust also uses patient surveys to gain the views of users, and the Patient and Public Involvement Steering Group receives reports on the range of ways in which the Trust involves users.

As a foundation trust the RD&E holds quarterly Council of Governors and member's constituency meetings both open to members and the public. The Governors receive regular reports about the progress of the Trust and updates are also included in the membership newsletter.

Although the new LINKs system is still to be implemented and its potential liaison with the Trust and the Council of Governors is not yet fully understood, the Trust has made efforts to contribute to the local debate.

##### C18

The Trust works with Devon PCT to offer services in local communities, as well as offering the full range of services on the main site in Exeter. An example of this joint working is the establishment of additional outreach centres for dialysis patients in local communities.

At the time of writing this report the Trust is meeting all its national targets relating to access to care.

#### Sixth Domain – Care environment and amenities

This year has seen the opening of the Centre for Women's Healthcare. The design including the layout was subject to patient and public involvement. The process provided a pattern for future developments.

There is a five year plan to re-configure the hospital ward layout with the aim of providing more single rooms and the assurance of single sex bays throughout. At present we continue to have mixed sex wards, but every ward has single sex bays and every attempt is made to have separate bathroom facilities.

The process of removing all carpets from wards and corridors is complete. This contributes to a cleaner, safer environment for patients, staff and visitors.

Another aspect of the strategic directions focuses on the refurbishments of the main concourse, including the public toilets.

All cleaning provision has been reviewed and improved and separation of cleaning functions from food serving established. As well as the annual PEAT (Patient Environment Action Team) inspection, the housekeeping team and senior nursing staff conduct regular cleaning audits and inspections.

Safety and security is well provided for by a resident police constable and security team and by policies that enable frontline staff such as those in the Emergency Department to feel supported. Also staff are being trained in conflict resolution.

Seventh Domain – Public Health

Whilst public health priorities and preventive health actions are a statutory responsibility of the PCT, we believe that a significant corpus of knowledge and expertise in these areas lies within the RD&E and the associated Peninsula Medical School. It is in the interests of the population we serve to ensure that the PCT, RD&E and the Medical School engage in active collaboration to ensure that the public health of the Region is improved by informed, evidence-based, knowledge driving effective preventive health plans.

The Trust has a series of 'Medicine for Members' meetings planned for the forthcoming year.

#### Conclusion

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

Yours sincerely

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

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