

Northern Devon Healthcare Trust
Raleigh Park
Barnstaple
North Devon
E31 4JB
Tel: 01271 322 577

Thank you to all the people who helped in
putting this report together

Clinical Governance Report 2005/6

Contents

- 2 Directors Introduction**
- 3 Background**

Safety

- 4 Incident Management**
- 6 CNST Maternity**
- 7 Nursing Round-up**
- 9 Child Protection**
- 11 Medical devices, Decontamination & Infection control**

Clinical Cost & Effectiveness

- 12 Clinical Audit & Effectiveness**

Governance

- 17 Clinical Governance**
- 20 Risk Management**
- 21 Staff education, Training and Development**
- 23 Information Governance**

Patient Focus

- 25 Consent Awareness**
- 26 Complaints**
- 27 Patient Advice & Liason Services**
- 29 Hospital Food**
- 30 Patient Information Leaflets**

Accessible & Responsive Care

- 31 Patient Involvement Activity**
- 32 Access to Services**

Care Environment & Amenities

- 33 Care Environment**
- 34 Hospital Cleanliness**

Public Health

- 35 Public Health**

Directors introduction

Dr Andy Latham: Medical Director

Carolyn mills: Director of Nursing



North Devon Hospital is committed to providing the highest standards of care for our patients. Achievement of good levels of Clinical Governance is one of the fundamental ways we seek to ensure ourselves of, and improve, clinical quality. To do this we need to know we have good systems and processes in place, that employees are appropriately trained and skilled, and that we can learn from best practice elsewhere.

Standards for Better Health provide the core standards which all healthcare organisations must meet. These standards are divided into a number of domains or groupings and form the basis for the Trust objectives and Clinical Governance Framework. They cover:

- **Safety**
- **Clinical and cost effectiveness**
- **Governance**
- **Patient focus**
- **Accessible and responsive care**
- **Environment and amenities**
- **Public Health**

In 2005/06 the Trust was very honest in assessing itself against these standards; highlighting areas that needed further work to become fully compliant. However, significant achievements were made during this time and the following report looks at some of the key improvements made. These are grouped under the Standards for Better Health headings and form the basis of this report.

Background

Northern Devon Healthcare Trust is a small district general hospital serving a core catchment population of 163,000, North Devon increases by about 1% each year which is expected to continue. The beautiful landscape of North Devon makes it a popular retirement area and therefore the number of elderly people in the area continues to rise, remaining high compared with the national average. Each year the Trust continues to meet the unpredictable demands of holidaymakers, which in North Devon can double the local population during the summer months.

From the public health perspective there are a number of areas of deprivation, where partnership working across organisations and agencies is vital. Also, some very rural areas which have no access to services by public transport and may be 50 miles or more from the nearest specialist hospital.

The Trust employs approximately 1600 staff and has an operating budget of £80m. The Trust has a financial deficit of £7.9 million and is currently putting in an enormous effort to return the Trust to re-current financial balance.

Incident Management

In accordance with national guidance the Trust operates an integrated incident reporting system, which captures all type of, and severity of incident. An incident is classed as an event, which has actually or potentially caused harm or loss. This broad definition ensures financial, clinical and organisational issues can be reported and learned from.

There has been an increase in the number of reports raised every year since the launch of the Incident Reporting system in 2000. The table shows the small increase last year.

	2004/5	2005/6
Minor	1214	1458
Moderate	1705	1482
Serious	183	257
Total	3102	3197

Over the last 5 years a pattern of reporting has become established, which includes the following:

- **Number of reports raised**
- **Types of issues**
- **Professional groups using the system**
- **Severity of the issues raised**
- **Location.**

There have not been any exceptional changes in these patterns in 2005/6, in that the most frequently reported incidents relate to patient slip, trips and fall, nurses report the most incidents, mainly minor or moderate incidents are reported and finally incidents mainly relate to ward areas.

It is important, however that Trust members challenge norms and reflect on the efficacy of previous years efforts to learn from and correct matters arising through the system.

Type of Incident Most Frequently Reported

Patient, slip trips and falls	645
Health and Safety	413
Violence and Aggression	247
Lack of staff	197
Medication Error	172
Medical Equipment problems	169
Medical records No	112
Manual Handling	48

Which employees report?

Admin staff	99
Consultants	36
Estates staff	84
Healthcare Assistants	75
Imaging staff	80
Midwives	203
Nurses	931
Pharmacy staff	41
Senior House Officers	10
Staff Grade	3
Technical/Scientific staff	162
Porters	8
Ward Manager	168
Total	1900

Top 10 locations for reporting

Alex	249
Theatres	216
Capener	210
Glossop	161
Fortescue	160
A&E	141
KGV	134
Staples	133
Budd	128
Imaging	120

Actions and Improvements
Arising from Incident Reporting
2005/06 (some examples)

Clinical

Changes to consent practice is gynaecology

- Review and changes to heparin administration
- Review and changes to patient checks
- Introduction of a communication tool on Petter
- Audit of drug charts against Trust's Medicine Policy
- Patient falls assessment included on revised Nursing Assessment Record (draft)
- Completion of a skill mix review
- Development of Management of Nursing and Midwifery staffing policy

Manual Handling

- Introduction of the XL slide sheets

Fire & Security

- On-site Police Officer now trained to deliver Counter Fraud & Security Management Services conflict resolution training
- Exclusion Policy has been implemented successfully
- CCTV has been put in
- Safer Parking Scheme has been introduced
- A Response Team for Level 5 has been set up

Improvements made to the Incident
Reporting System 2005/06

- Mapped to NPSA National Reporting Learning System and electronic reporting commenced
- Some Specialist Advisers trained to direct access the system
- Directorates supplied with full list of codes used on the system and weekly/monthly reports amended to show coding for accuracy
- Further coding created to reflect obstetric incidents

Improvements to be made to the
Incident Reporting System 2006/07

- Improve feedback to staff and public
- Explore viability of introducing electronic reporting, introduce if possible
- Under the Trust Clinical Governance arrangements work with medical leaders to identify barriers to Doctors reporting and work up solution
- Continue with risk and incident reporting/ investigation training
- Reinstate incident management data/ information into performance management arrangements for Trust.
- Full review of Trust policy and procedure to ensure reflects most up to date guidance
- Make the Governance Support Unit responsible for overseeing, monitoring and external reporting of Serious Untoward Incidents.
- Strengthen the role and reporting arrangements of the claims, incidents, complaints and Inquest group

Clinical Negligence Scheme for Trusts: Maternity

In response to the high cost of, and number of obstetric claims being initiated, the NHSLA (National Health Service Litigation Authority) introduced a separate risk management assessment for maternity services in 2003.

This initiative was also taken in support of the Department of Health's document 'An Organisation with a Memory', which set the objective of reducing risk in obstetrics by 25% by 2005.

The CNST Maternity Clinical Risk Management Standards (April 2005) are endorsed by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. Like the CNST General Standards, the Maternity Standards are set at three levels.

The standards focus on systems and processes that support good quality and safe care for mothers and babies. The type of things reviewed include the departments arrangements for producing and updating clinical guidelines, learning from incidents and the type of clinical skills training provided and attended.

In November 2005 Maternity Services at Northern Devon Healthcare NHS were reviewed in line with CNST Level II Standards. In order to be deemed eligible for assessment at Level II, Maternity Services had to demonstrate continued and sustained compliance at Level I. With this complete the Service, with support from the Trust's Clinical Governance Manager were assessed against the eight core standards over a two day assessment process, (22 & 23rd November 2005).

Confirmation of successful compliance was formally received from the NHSLA in December 2005:

**'The maternity service's commitment to clinical risk management has been displayed through this achievement and is demonstrated by the high scores awarded during the assessment. The scores reflect the obvious time and effort put into the presentation and preparation of the assessment and the service can be assured that it has many effective systems and processes in place to minimise and treat any risks it may be presented with'.
Kim Smith, NHSLA/CNST Trust Assessor.**

Nursing round-up

The nursing establishment forms the largest employee group in the NHS and in Northern Devon Healthcare Trust.

Nationally some of the trends we need to be aware of include:

- **An ageing population, placing greater demands on the health care system**
- **A general move toward care in the community**
- **Increasing emphasis on health education - 'prevention is better than cure'**
- **Greater determination to understand patients as individuals rather than just a collection of symptoms**

A number of key actions occurred in 2005/6 that ensure nurses working in Northern Devon Healthcare Trust continue to provide good quality, safe care and professionally develop to meet health needs in the future. These are:

Development of competencies to support nursing practice

Competence can be defined as the state of having the knowledge, judgement and skills to respond adequately to the demands on ones professional responsibilities. In the last 12 months a clear competency framework and action plan for developing clinical competencies for qualified nursing staff has been developed. To date the following competencies identified as being central to effective performance; administration of oral, intramuscular, subcutaneous and topical medications, parental therapy administration, suction techniques. Work books/competency assessments have been completed, ratified and are now being used by existing staff, newly qualified and unqualified staff recruited to the Trust.

Setting safe nursing staffing levels

A nursing establishment and skill mix review within ward areas in Northern Devon Healthcare Trust was undertaken over a 3 month period, using a triangulated approach to data collection. The nursing establishment and skill mix review demonstrated that the current capacity of the nursing workforce is sufficient. The report identified several areas for action.

Performance monitoring of nursing

To start to monitor staffing levels against the amount of care delivered and the outcomes the Trust has introduced, a system to monitor nurse sensitive indicators by ward (new isolates, medication errors, slips, trips & falls, complaints related to nursing, pressure sore incidence), and staffing variables (staff in post [WTE], vacancy rates [% of establishment & WTE], bank/agency usage, nurse:bed ratio, staff turnover, skill mix [trained:untrained]) on a quarterly basis. There have been some data collection issues around the availability of some of the variable data, due to IT systems. This information is a key part of monthly performance meetings between the Director of Nursing and Senior Nurses.

Essence of care

The NHS Plan (2000) reinforced the importance of 'getting the basics right' and of improving the patient experience. The Essence of Care, launched in February 2001, provides a tool to help practitioners² take a patient-focused³ and structured approach to sharing and comparing practice. It has enabled nurses in NDHT to work with patients to identify best practice and to develop action plans to improve care. Over the last year work has focused on developing an annual plan for: external validation of local assessment against the benchmarks, developing actions plans detailing changes that need to be made at both a local and Trust wide level and monitoring delivery against these.

Management of Nursing and Midwifery staffing policy

The above policy was introduced to ensure a transparent and consistent approach to decisions regarding the use of temporary staff/overtime

Monitoring the use of temporary staff

Performance monitoring of temporary staffing usage has been commenced on a weekly basis. The report details by ward amount of hours of temporary staffing used (qualified/unqualified) and the reasons for use (qualified/unqualified), hours not covered. This allows closer performance monitoring/control over the use of temporary staff, and allows any areas of risk/poor usage to be challenged and addressed as appropriate.

Child protection

Local Safeguarding Children's Board

On 1st April 2006 Devon Area Child Protection Committee (ACPC) became the Local Safeguarding Children's Board (LSCB) is made up of representatives from agencies and bodies that have regular contact with children, or responsibility for services to them in the local area. Devon's Director of Children and Young Peoples' Services, chairs the Board.

The core focus is to co-ordinate local policies and procedures in the Committee and to:

- **Ensure the effectiveness of work to safeguard and promote the welfare of children, both in multi-agency work and in the work of individual agencies. This will involve playing a part in local self-evaluation and the new arrangements in sections 20 – 24 of the Children Act 2004 for the inspection and assessment of children's services and the way in which services are working together to improve outcomes for children.**
- **Establish a system for reviewing and investigating child deaths (child death review teams). From 2008 all unexpected child deaths will have to be reported and investigated by the LSCB.**
- **Ensure interagency co-operation in safeguarding and promoting the welfare of children who are privately fostered.**

To function effectively LSCBs need to be supported by adequate and reliable resources from all agencies that are involved in the Board and all agencies will be contributing financial support.

The representatives for Northern Devon Healthcare Trust on Devon LSCB are the General Manager for Women's & Children and the Child and Family Protection Advisor who is also Northern Devon Healthcare Trusts' member for Cornwall's LSCB.

Joint Safeguarding Children's Board

A Joint Safeguarding Children's Board with representatives from Northern Devon Healthcare Trust and North Devon Primary Care. Terms of Reference were produced and areas of work identified. The group meets three monthly and has a robust action plan.

Local Multi-agency Working.

Regular meetings are now held between the Police, Social Services (now known as Children and Young People's Services), ward staff and the named doctor and nurse for Child Protection. Cases are discussed and action plans made. These meetings have been extremely beneficial in identifying areas of work that need addressing and enabling a clearer understanding of agencies' roles in Child Protection. Alison Allen continues to represent Northern Devon Healthcare Trust on various forums including Local Children's Trust Forum and the North Devon Child Protection Forum.

CRB Checks

Improvement relating to CRB checks for staff has been, and continues to be, addressed.

Training

This has been an area of concern due to the lack of training manpower. This was an area identified within the Children's Hospital Services Improvement Review Action Plan. Northern Devon Healthcare Trust and North Devon Primary Care Trust commissioned a Child Protection video. The Child and Family Protection Advisor were involved in the production. Education and Training have a monitoring programme to make sure all staff see the video and this should cover all these groups. The capture analysis and reporting of training attendance data has been improved and included the introduction of a training matrix.

All staff continue to be able to access the one day in-house training. There is capacity for 100 staff to access this yearly. Staff who work with children are now able to access the multi-agency Child Protection foundation course for free. This is because a multi-agency College of Trainers has been set up with Health being part of the College. There are a number waiting to access higher level Child Protection courses because of resource implications but this should be eased by the introduction of free places. The training budget for 2006-2007 has also been increased.

Medical devices, decontamination & infection control

A project looking at the total management of medical devices from purchase through to decommissioning has resulted in the introduction of a robust and effective system which has cut the risks to patients and staff.

Part of this new system includes the development of competencies for the main medical devices used within the trust. These are used to ensure staff are competent to use the equipment before they are able to use it in practice. The Trust has also addressed standardising the purchase of equipment and is providing a number of training courses.

Medical devices and instruments must be decontaminated effectively in order to prevent the risk of infection or cross infection. The latest national guidance requires that a decontamination services should be developed which meets European standards. Northern Devon Healthcare Trust and Primary Care Trust have signed up to a collaboration with Trusts in Dorset and Somerset to look at several options to comply with these standards, including commissioning state-of-the-art sterile services.

The Trust has also taken other steps to minimise the risk of healthcare acquired infection to patients, which takes into account national guidance including 'Winning Ways' and 'Clean your Hands' Campaigns.

Clinical Audit and effectiveness

What Clinical Audit is (and isn't)...

Clinical Audit was introduced to the NHS in 1993. The 1997 White Paper The New NHS reinforced the position of Clinical Audit as an essential element of professional practice in the Health Service.

An accepted definition of Clinical Audit is:

“a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”

Principles for best practice in Clinical Audit (2002, NICE/CHI)

In layman's terms, Clinical Audit is all about the quality of care given to patients. It involves asking questions such as:

- **Did we give the best available treatment?**
- **Did we give that treatment in the best possible way?**
- **Did our treatment benefit or harm the patients?**

Clinical Audit is not the same as research; neither is it just about counting things

The following Clinical Audit Activity in Northern Devon Healthcare Trust in 2005/06

Activity by directorate

Clinical and Support Services

Specialty	Projects		Total
	beginning /ongoing	implemented/ completed	
Dietetics	1	0	1
Microbiology	3	0	3
Outpatients	0	1	1
Pathology	2	0	2
Pharmacy	1	0	1
Radiology	6	3	9
ALL	13	4	17

Governance Support and Information

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Clinical Coding	0	1	1
ALL	0	1	1

Human Resources

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Vocational Training	0	1	1
ALL	0	1	1

Medicine and A&E

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
A&E	3	2	5
Care of the Elderly	6	3	9
Chemotherapy	1	0	1
CCU	0	0	0
Dermatology	2	1	3
Diabetology	0	1	1
General Medicine	7	4	11
Haematology	5	2	7
Lung Cancer	2	1	3
Neurology & EEG	1	0	1
Oncology	1	3	4
Palliative Care	3	0	3
Respiratory Medicine	0	1	1
Rheumatology	1	3	4
ALL	32	21	53

Nursing

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Infection Control	0	1	1
Intra-vascular fluid management	2	2	4
Nursing	0	1	1
ALL	2	4	6

Surgery

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Anaesthetics	7	2	9
Breast Care	1	1	2
Colorectal	5	1	6
Day Surgery	0	2	2
ENT	0	0	0
Endoscopy	2	1	3
General Surgery	5	5	10
ICU	1	1	2
Maxillo Facial Surgery	0	0	0
Ophthalmology	2	0	2
Orthodontics	0	0	0
Orthopaedics & Trauma	1	0	1
Theatres	0	0	0
Upper GI	1	0	1
Urology	1	2	3
Vascular Surgery	1	0	1
ALL	27	15	42

Trust-wide

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Trust-wide	2	2	4
ALL	2	2	4

Womens and Childrens

Specialty	Projects		Total
	beginning/ ongoing	implemented/ completed	
Gynaecology	0	1	1
Gynae-Oncology	2	1	3
Midwifery	3	32	35
Obstetrics	4	1	5
Paediatrics	2	1	3
SCBU	0	0	0
ALL	11	36	47

Clinical Documentation Audit Tools

These have now been updated. There are tools for use by all clinicians and also ones designed specifically for Midwifery/Obstetrics staff.

The Trust has a Clinical Audit and Effectiveness Group (CAEG) which works to the following Terms of Reference

1. Support and facilitate the continued development of clinical audit and evidence-based clinical practice.
2. Support and facilitate any relevant educational or training activities for clinicians that relate to clinical audit and effectiveness.
3. Liaise with relevant staff on other governance groups to ensure effective, co-ordinated clinical audit activity.
4. Where necessary, raise with the Governance Committee any strategic issues relating to audit activity.
5. Compile an annual audit programme for approval by the Governance Committee.
6. Review audit activity and outcomes to ensure the audit process is completed appropriately and any shortfalls or other problems are identified and addressed.
7. Implement the Trust clinical effectiveness strategy as devised in conjunction with the Governance Committee.
8. Receive reports from Directorate Governance Groups and monitor Directorate clinical audit activity via those groups.
9. Ensure clinical audit activity occurs where necessary to support the clinical effectiveness agenda.
10. Ensure the confidentiality and appropriate use of all audit data.
11. Receive the minutes of Governance Committee meetings.
12. Receive the minutes of the Clinical Audit and Effectiveness Department's Team Meeting minutes.
13. Forward CAEG minutes to the Governance Committee.

Membership

Chairman	Dr Jim Rhymer (Consultant Radiologist)
Clinical Audit Manager	Doug Lowe
Clinical Effectiveness representative	Paul Cooper (Director of Pharmacy)
Clinical Governance Manager	Mark Elster
Patient Forum representative	Peter Joy
Directorate representatives:	<p>Julia Drury (Head of Midwifery Services)</p> <p>Mr David Harvey (Consultant General Surgeon)</p> <p>Dr Alex Moran (Consultant Physician)</p> <p>Dr Guy Rousseau (Consultant Anaesthetist)</p> <p>Kate Ogilvie (Information & Performance Officer, Medicine and Critical Care)</p> <p>Jim Sarjant (Pathology Business Manager)</p> <p>Dr Gail Speirs (Consultant Microbiologist)</p> <p>Gillian Taylor (Assistant General Manager, Critical Care & Paediatrics)</p>

Members' Roles and Responsibilities

1. Undergo appropriate training re: clinical audit and effectiveness.
2. Attend every CAEG meeting or, if unable to attend, arrange for an appropriate representative as a replacement.
3. Encourage clinical audit activity and evidence-based clinical practice within their directorates/specialities/departments/wards/professions.
4. Promote multi-professional involvement in audit activity wherever possible.
5. Raise clinical audit and effectiveness issues at any other meetings/bodies attended, wherever relevant.
6. Facilitate and promote adherence to the Trust clinical effectiveness strategy.
7. Raise with colleagues anything relevant to them concerning clinical audit and effectiveness.
8. Raise with colleagues anything relevant to them concerning current NICE HTAs/guidelines as identified by the Clinical Audit and Effectiveness Department.
9. Raise any issues regarding clinical audit and effectiveness identified by colleagues.
10. Identify any audit-related education or training needs brought to their attention by colleagues.
11. Represent all their Directorate's clinicians.

Clinical Effectiveness

National Institute for Health and Clinical Excellence (N. I.C.E.)

During this year a new policy and process for the Trust-wide dissemination and implementation of N.I.C.E. guidance was devised. This is linked to Standards for Better Health requirements whereby the Trust has to ensure it is providing services that are clinically and cost effective.

The Medical Director leads the new process which engages the Clinical Directors, Director of Pharmacy, and Cancer Lead. Clinical Leads, who are informed of relevant guidance and encouraged to discuss implementation with their colleagues.

The Clinical Audit and Effectiveness Department now provides administrative support for the process. The Clinical Leads respond to departmental requests for key information about implementation, the reasons why guidance hasn't been implemented and whether subsequent audit activity is required. All relevant information is periodically collated and presented to the Clinical Audit and Effectiveness Group (CAEG) as a progress report.

The CAEG is responsible for initially monitoring compliance and addressing where possible low key issues of non-implementation. The CAEG provides assurances about N.I.C.E guidance to the Clinical Governance Committee (CGC). The CGC addresses any non-implementation issues forwarded to it by the CAEG. Where necessary it puts these on the Trust risk register and forwards the information to the Trust Board

Care Pathways

The Clinical Audit & Effectiveness Department has been involved, in an advisory capacity, with the development of the following care pathways:

- **Acute Myocardial Infarction**
- **Deep Vein Thrombosis**
- **Diabetes in pregnancy**
- **Fractured neck of femur**

Single Assessment Process nursing documentation

The Clinical Audit & Effectiveness Department has contributed to the development of a new nursing document designed to be used throughout the Trust.

Clinical Documentation Audit Tools

These have now been updated. There are tools for use by all clinicians and others designed specifically for Midwifery/Obstetrics staff. All the tools can be downloaded from Tarkanet.

Peninsula Cancer Network

A member of the Clinical Audit and Effectiveness Department represents the Trust's audit function in the Cancer Network. The Network's groups have overlapping membership to facilitate communication between the groups and the five member Trusts

The Clinical Auditor from NDHT attends the Cancer Working Group and the Cancer Care Committee to appraise staff of any developments in the Network and to provide audit advice and liaison for Cancer Services staff in North Devon.

Training Provided

Certificate in First Line Management (VRQ Course).

Data Presentation; Data Analysis and Questionnaire Design.

Return to Practice Nurses Audit Training.

Post Graduate Nurses Audit Training.

Clinical Governance

The team offers advice and support for initiatives to improve patient care and satisfaction. This is open to all staff and covers everything from planning and project design to implementing change.

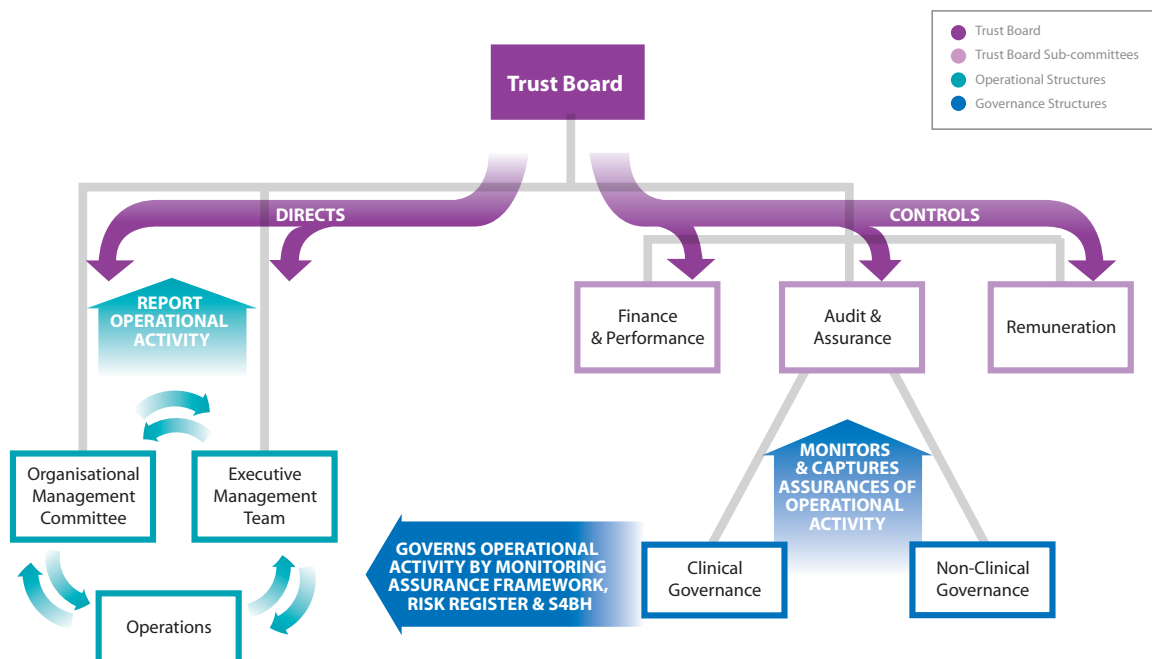
Developing a Clinical Governance Framework requires members of the Trust to continuously focus on activities involved in delivering high quality care to patients.

We want to consistently demonstrate we are an organisation committed to the continuous improvement of clinical care.

Northern Devon Healthcare Trust recognises that a quality service is built by:

- Being open about the strengths or weaknesses of what we do.
- Being determined to improve by adopting and sharing the best practice we can find.
- Making our own contribution more valuable through continuous personal development.
- Comparing ourselves with the very best.
- By listening to the people we serve.

NDDH: Trust Committee Structure



Clinical Governance Developments

Changes to the Trust Committee Structure

Towards the end of 2005 and following the publication of the Audit Handbook in 2005, a review of the current systems for Governance and Assurance took place. Following this the separate Audit and Governance Committee(s) were joined to form a new, Non Executive Audit & Assurance Committee. With representation from the Trust Executive as appropriate.

New Executive Clinical and Non-Clinical Governance Committees were established, to govern trust business and clinical care. These two committees provide information and assurance to the Audit and Assurance Committee and ultimately Trust Board. Integration is achieved through shared minutes and some overlap in membership.

The expectation is that by having a 'clinical' governance committee a clear strategic vision for Clinical Governance will be achieved.

The Trust's Committee Structure as agreed at Trust Board November 2005.

Clinical Governance and the Assurance Framework.

Good governance is partly achieved by integrating systems of internal control. This has been achieved in North Devon not only by the linking of the Assurance Framework with Standards for Better Health but also including the wider Clinical Governance Agenda and Risk Management arrangements. This helps manage the governance agenda cohesively and simplifies the use of the various systems by Trust staff. As well as providing comprehensive evidence we are doing are best.

Further work is needed in 2006/7 to ensure upgrading and implementation of all systems around governance is achieved throughout the Trust from Clinical service to Trust Board.

Clinical Governance Strategy:

Work commenced towards the end of 2005/2006 on the development of a Clinical Governance Strategy. The purpose of which was to ensure there is provision of effective quality driven healthcare within Northern Devon Healthcare NHS Trust.

The implementation of the Strategy will ensure that the Trust's expectations and systems for delivering Clinical Governance are clearly communicated to

all those engaged in the planning, delivery and monitoring of patient care and service delivery, (including clinical and non-clinical staff, partnership organisations and patients and carers).

The Strategy document has been endorsed by the Clinical Governance Committee following review by the National Clinical Governance Support Team.

Clinical Governance Development Plan/Standards for Better Health: The Annual Health check'.

As stated in the introduction, in July 2004, the Healthcare Commission published the Standards for Better Health across the NHS in England in order to set in place the foundations for consistent high quality healthcare.

The new system, (referred to as 'Assessment for Improvement') has replaced the old 'Star Ratings' process for all NHS organisations. These standards fulfil a responsibility placed on the Secretary of State for Health under the Health & Social Care (Community Health and Standards Act) 2003.

Two Types of Standards:

Core

The Core Standards are intended to establish a level of quality of care, which can be expected by all NHS patients, regardless of where they are treated. In the first instance Northern Devon Healthcare NHS Trust is working towards meeting the Core Standards.

Developmental

These standards have been developed to enable the NHS to meet the continuous improvement agenda and to provide a framework for NHS bodies to plan the delivery of services which continue to improve in line with increasing patient expectations.

The core and developmental standards are grouped into seven Domains.

- **Safety.**
- **Clinical & Cost Effectiveness.**
- **Governance.**
- **Patient Focus.**
- **Accessible & Responsive Care.**
- **Care Environment and Amenities.**
- **Public Health.**

It is clear that there is considerable overlap with regards to the Standards for Better Health and Clinical Governance Development Plans.

In 2006/07 the Trust's Clinical Governance Development Plans will be implemented in line with the requirements of the Annual Health check.

Clinical Governance Training:

Since the appointment of the Clinical Governance Manager the following training sessions have been either been successfully implemented or fully revised and re-launched:

Corporate Induction:

Until September 2005, the Trust did not provide new members of staff joining the organisation with information regarding Clinical Governance issues. As a result of this identified gap the Clinical Governance Manager developed and implemented the Trust's Clinical Governance Corporate Induction session, covering general principles of Clinical Governance and focusing on four key main aspects, clinical risk, incident reporting, consent awareness and the NHS complaints process.

Junior Medical Staff Induction:

At the request of the Clinical Governance Manager, the Clinical Governance Induction session is now also provided to the new Junior Doctors at both summer and late winter intake, (August and February) and is part of the formal induction curriculum.

Clinical Governance Directorate Development Days:

In order to ensure a consistent message is given across the entire organisation, the newly developed Corporate Induction session was also provided to Women's and Children's, Surgery and Medicine & A&E Directorates as part of their ongoing Clinical Governance programmes. Clinical & Support Services do not currently undertake a Clinical Governance Development Day; however this is to be given further consideration during 2006/2007, with a view to the first day being held late autumn.

Governance Review: Newsletter.

In March 2005 the Governance Support Unit's new-look newsletter: Governance Review was launched. It is a recognised fact that newsletters often fail to engage with the intended audience due to issues of both available reading time and length of document.

'Governance Review' is a of two sides of A4 in length occasional publication covering one main or key theme/aspect of the overall Governance Agenda, (including Clinical Governance, Information Governance and Research Governance topics).

Added to each themed edition is a series of useful further information, details of training opportunities or further material in support of the main/key theme.

At time of writing, four issues have been published throughout the organisation, with further issues in draft, covering topics such as Complaints Handling and Investigation, Consent Awareness, Clinical Risk and Clinical Audit and Effectiveness.

Appointment to the post of Clinical Governance Manager.

In August 2005, the Trust appointed Mark Elster, as Trust Clinical Governance Manager. Mark has experience of developing and supporting Clinical Governance systems within Acute, Mental Health, Community and Primary Care setting, he is currently involved in promotion of Clinical Governance and risk issues in wound care and has presented on this topic at a National and International Level. Many of the achievements stated above where achieved by Mark.

Risk Management

In 2004 the Trust developed a risk register pathway which stated responsibilities for ownership and authority levels to manage a risk. These reflected the Trust's scheme of delegation. The pathway showed communication flows and introduced a corporate challenge.

To ensure the revised risk systems were understood and implemented at all levels, the Trust Management Board supported a training programme for lead clinical staff and line managers. This is where most risk activity was focused during 2005/06. The Training covered:

- **Principles of Integrated Governance**
- **Risk assessment skills**
- **What staff need to contribute to the linked risk register**
- **Incident investigation based on the National Patient Safety Agency, root cause analysis work**
- **Complaint handling**

108 staff were targeted and 120 attended. Analysis of course evaluations show:

All 120 attendees rated the course as Excellent or Very Good, with the vast majority considering the objectives had been met, that the subject met their needs around risk management and would recommend the course to others.

Overall the achievements around achieving a linked risk register beyond departmental level were limited due to the absence of the governance manager for most of the year and significant changes to Trust Board members. However the new systems were piloted in maternity and assessed during maternity CNST level 2 in November 2005 and met the required standard.

Further work is needed to fully utilise datix which forms part of the risk management objectives for 2005/06.

Staff education, training and development

Ensuring that staff have the appropriate levels of skill and competence to practice safely and support clinical improvement is key to providing quality care.

In 2006 the Trust developed a programme for Clinical Induction to complement existing corporate induction. This is aimed at new clinical staff and staff changing role i.e. unskilled or to refresh. This is a one day programme and was set up in January.

One of the Trust's biggest achievements for 2005/06 was the implementation of the knowledge and skills framework (KSF). This is part of a national NHS initiative to introduce and define the set of competencies for every post in the NHS against which staff can be inducted and have their annual appraisal. This is part of the Agenda for Change.

Northern Devon Healthcare NHS Trust has developed a number of competencies to ensure that a clinically effective service is provided for patients under our care. One of these is the Clinical & Medical Devices Competencies. This has been developed to improve the safety and competence in the use of medical devices in the organisation including development of policy and procedures. It covers a competent range of safety aspects including standardised purchasing of equipment, identifying competencies for each individual piece of equipment training, assessing against these competencies and ensuring that managers have up to date training needs analysis for their staff.

Individual practitioners are professionally accountable for their own ongoing development and competence to practice, with competence being fundamental in supporting autonomy and accountability. Demonstration of competence is essential to evidence safe and effective practice. Assessment of competence will assist in identifying personal development needs and can be used as evidence to support an individual's knowledge and skills framework (KSF).

The development of new competency workbooks has been undertaken to support the delivery of safe clinical skills within the Trust. These have included injection techniques, suction therapy and drug administration. Further workbooks are planned for 06/07. The workbooks are part of the new improved access to flexible and e-learning opportunities for existing post holders. Out-of-hours training, although historically offered, does not attract many students. Managers have indicated that within hours cover is easier to support and this, along with the development of a growing range of flexible and e-learning opportunities, helps ensure equal access for all staff. Another local initiative has been the production of a CD Rom jointly with PCT colleagues to support workbased training on child protection.

A new Skills for Life procedure has been implemented with support from the Strategic Health Authority and partnership agreement with North Devon College. This encompasses screening of staff and the provision of learning opportunities for skills for life, i.e. improvement of numeracy and literacy for a range of staff. As part of this initiative, eight members of the Trust staff undertook NVQ training to become 'Sign Posters' enabling them to identify members of staff who may need additional support in these basic skills

Approximately 500 training places are offered and taken up in-house per month. This includes the full range of statutory training, training classed as essential to safe practice and a range of developmental opportunities. All in-house opportunities are widely advertised to all staff through an in-house prospectus, awareness at induction and annual appraisal, and through the Trust intranet.

The Trust has an academic partnership arrangement with Plymouth University to supply accredited courses locally to benefit the organisation. This means that for some access, staff do not have to travel great distances to the University, but can still gain credits towards diploma and degree qualifications.

Specialist staff and departments within the organisation also run continuous training and development opportunities throughout the year. There are also workbased Clinical Educators appointed in Midwifery, ITU (Intensive Care Unit) and A&E (Accident & Emergency). There are some opportunities for multi-professional training and development in specialist fields such as stroke care, palliative care, and respiratory care. Clinical skills are taught to a range of professionals using the same competency templates.

The Trust has this year offered short sessions aimed at managers and leaders to ensure they are aware of new human resource policies and procedures. These 'bite size' courses are being run at lunchtimes so that these sessions are accessible and achievable.

Leadership and management development is offered at a range of levels from senior staff on Masters Programmes to in-house training. The Trust is as an accredited ILM (Institute of Leadership & Management) course provider. Offering a level 2 full certificate in team leading and a full level 3 certificate in First Line Management courses. Other management and leadership training is supported through a variety of external providers.

The Trust has developed a set of core IT competencies in support of the National Programme for IT (NPfIT). The core competencies are to be achieved by all staff through an on line test. A range of in-house IT training is offered to meet skills gaps for all staff.

The Trust has also provided a successful Healthcare Cadet programme offering students the opportunity to develop experience at a foundation level qualification enabling them to go on and access professional training.

The Trust is a well established centre for National Vocational award (City and Guilds). External verification visits demonstrate a consistently high level of quality and achievement for a range of NVQ's in Care and Customer service. The Trust has also supported 11 Medical Secretaries to successfully achieve the British Society of Medical Secretaries Diploma.

Over 220 NHS Learning Accounts were accessed by trust staff during 2005/2006. NHS Learning Accounts are offered to healthcare staff who do not have a clinical professional qualification to support learning opportunities which ultimately improve skills, confidence and job satisfaction.

Information Governance

The past year has seen a consolidation of the work of the previous two years. The Trust has maintained its performance rating in the Information Governance Toolkit, remaining just inside the green (highest) band with a score of 71%.

The Toolkit looks at how NHS organizations hold, obtain, record, use and share information. It does this by asking over a hundred pertinent questions about information quality assurance, confidentiality, security and Data Protection, records management and Freedom of Information. Evidence is collected to back up the assessments of how the organization is handling the Information Governance agenda and preparing for the national IT Programme (Connecting for Health). The Information Governance Manager (IGM) has continued to support the activities of the Caldicott Guardian and the Caldicott Guardian Group which meets once every two months to consider recent breaches of confidentiality, best practice, and new developments. The Group is a joint arrangement with the local PCT (to be reviewed in the light of reorganization).

In addition, there is an Information Governance Group for the North and East Devon Health and Social Services Community which meets on a quarterly basis, mainly to discuss aspects of data protection, freedom of information and information sharing protocols. These protocols include agreements with Devon & Cornwall Constabulary and with Social and Children's Services.

Freedom of Information

The IGM is also part of the South West Peninsula Network Group, mainly concerned with FOI issues and training. General Right of Access to information was introduced on 1st January 2005. During 2005/06 the Trust received 41 requests under FOI. On average, these were answered within 10 consecutive days (less than half the statutory deadline of 20 working days). It is encouraging that almost half of the requests were from members of the public. This suggests promotion of the service has spread further than just to the media and commercial companies as originally anticipated.

There were four written expressions of thanks for prompt reply and no indications of dissatisfaction. Information was limited by exemption in only one case and no charges were levied.

Reporting on FOI progress to senior management has been on a half yearly basis (set to increase to quarterly). The reports provide an insight into the concerns of the local population as well as reflecting topics of national interest.

Training and Awareness

The IGM has used Trustlink to keep staff informed and articles in Pulse magazine to promote information governance issues. Posters and leaflets have also been produced and distributed to inform people of their rights in respect of their own personal information and to facts about the operations and services of the Trust. Training has been delivered through presentations to groups including new intake medical and IT staff, and the IGM has attended conferences involving experts from the Information Commissioner's Office, the National Archives, the Campaign for Freedom of Information and the legal profession.

Policy

The four main IG documents (Information Governance, Freedom of Information Policy and Procedure, and the Records Management Framework) were reviewed in February 2006 and approved by the Trust Board. One significant change was the addition of a standard format for response to requests for information. The review cycle is annual but the RM Framework will be revisited in September 2006 because the NHS released a new Code of Practice in April.

Support and Development

The IGM has also assisted work of the Governance Support Unit by contributions to the Risk Governance Newsletter and compiling of information on committees of the Trust. The minutes & Terms of Reference of all the main groups now appear and are updated on Tarkanet. This task was required in preparation for Standards for Better Health

The role of the IGM is extending into the areas of management of and access to healthcare records. Demand for information under FOI has increased to more than one request per week and more efficient records management needs to be developed within the Trust.

Policy

The four main IG documents (Information Governance, Freedom of Information Policy and Procedure, and the Records Management Framework) were reviewed in February 2006 and approved by the Trust Board. One significant change was the addition of a standard format for response to requests for information. The review cycle is annual but the RM Framework will be revisited in September 2006 because the NHS released a new Code of Practice in April.

Support and Development

The IGM has also assisted work of the Governance Support Department through contribution to the Risk Governance Newsletter and compiling of information on Committees of the Trust. The minutes & Terms of Reference of all the main groups now appear and are updated on Tarkanet. This task was required in preparation for Standards for Better Health. The IGM also mounted a display in the Medical Education

Centre, advising on good practice for arranging meetings and minute taking and committees in general.

The role of the IGM is extending to the areas of management of and access to healthcare records. Demand for information under FOI has increased to more than one request per week. Records management needs to be developed within the Trust to ensure that information can be accessed more quickly and efficiently. The Electronic Staff Record is already in operation and the Electronic Patient Record is fast approaching. It must not be overlooked that existing paper records will still need to be managed and maintained for some time to come. The IGM has started to look at space utilisation throughout the trust and assess the potential for reorganizing areas where records are stored. Records which no longer support the needs of the organization need to be disposed of in a controlled manner. This will require co-ordination and co-operation with all departments throughout the Trust.

Consent awareness

The NHS Plan identified the need for changes to the way in which patients are asked to give their consent to treatment, care or research, in order to ensure that the process becomes properly focused on the rights of individual patients and their relatives.

The importance of patient-focused consent procedures also emerged as a key theme in the Bristol Royal Infirmary Inquiry Report. The Department of Health have produced a reference guide and model policy document for consent to examination or treatment, which summarises the current law on consent to treatment.

In line with the national agenda, Northern Devon Healthcare NHS has in place a Consent Awareness Training Session covering the following key areas:

- **General principles.**
- **Background to the NHS consent process.**
- **A review of the types of consent/consenting groups.**
- **Refusal to consent.**
- **Record keeping and Professional Accountability.**
- **Staff are also given the opportunity to discuss specific issues and problems they have encountered.**

Consent Awareness has been incorporated into the Trust In-house Training Prospectus for 2005/2006.

For 2006/2007 this training will also be available as a reduced 'bite-size' session to be run directly with staff within their place of work. At time of writing, this session has been very successful with over sixty members of staff attending giving good feedback

Complaints

Patients or their representatives can make a complaint against NDHT in writing, in person, by email or by telephone. The Trust undertakes an investigation into the complaint, known as local resolution, in accordance with the Trust's NHS complaints policy, and following national complaints guidance.

Each point raised by the complainant is investigated by the Trust Complaints Manager who then supports the Chief Executive Officer in writing a letter of response to the complainant. Most complaints to the Trust are resolved at the local resolution stage.

However, if the complainant remains dissatisfied with the outcome of the response provided to them, they are invited to return to the Trust with any further concerns or queries. Complainants may also contact the Healthcare Commission, (HCC) as the next stage of the complaints procedure.

In 2005/06 345 formal complaints were received by the Trust which is an overall annual increase of 20%. Of those responded to formally 62% were reached within the twenty working day target. The remaining formal complaints were delayed for various reasons.

These include delays due to staff annual leave, delays in obtaining access to the patient's medical records and the receipt of additional queries from the complainant.

The HCC reviews all complaints which have not been resolved locally and may conduct an independent review of the complaint. Of the 365 complaints received in 2005/06 16 were referred to the HCC for independent review and 1 to the Healthcare Ombudsman.

Service improvements arising from Complaints

- **Improvement to waiting list systems including systems to 'follow up'**
- **Training for doctors on obtaining and providing patient information**
- **Development of a new electronic system for discharge letters**
- **Managing group convened to manage the risks arising from moving patients from one ward to the other**

Complaints Service Review

In Feb 2006 the Trust systems for complaint handling were reviewed to ensure compliance with Trust policy and national guidance. The review led to a number of immediate actions which included:

- **Further development of the Trust's web-based information**
- **Improved level of performance monitoring**
- **Improved level of complaint training**
- **Provision of Increased managerial supervision**

Patient Advice and Liaison Services

The NHS Plan set out plans to establish a new system of patient and public involvement (PPI) replacing Community Health Councils in England as part of the modernisation programme. The system is also designed to respond to the Bristol Royal Inquiry report, which recommended representation of patient interests “on the inside” of the NHS and at every level.

About Patient Advice and Liaison Services (PALS)

PALS are a central part of the new system of PPI in England. They are available in all trusts.

PALS provide:

- **confidential advice and support to patients, families and their carers**
- **information on the NHS and health related matters**
- **confidential assistance in resolving problems and concerns quickly**
- **Information on and explanations of NHS complaints procedures and how to get in touch with someone who can help. More information can be found from the Complaints policy section of the DH website (see link below).**
- **Information on how you can get more involved in your own healthcare and the NHS locally (see link Make Time for Health below).**
- **a focal point for feedback from patients to inform service developments**
- **An early warning system for NHS Trusts, Primary Care Trusts and Patient and Public Involvement Forums by monitoring trends and gaps in services and reporting these to the trust management for action. More information on Patient and Public Involvement Forums is available from the Commission for Patient and Public Involvement in Health or Make Time for Health websites (see links below).**

PALS act on behalf of their service users when handling patient and family concerns. They liaise with staff, managers and, where appropriate, other

relevant organisations, to negotiate speedy solutions and to help bring about changes to the way that services are delivered. PALS will also refer patients and families to local or national-based support agencies, as appropriate. PALS is a joint service covering both the Acute and Primary Care Trusts in North Devon. Many of the issues raised involve both Trusts so to ensure data consistency is logged by the Trust which has the greatest involvement. This report reflects only those matters concerning the North Devon Healthcare Trust.

Reasons for Contact

Many contacts result in issues being raised that need investigation and cannot be resolved at the initial contact. Issues for resolution form the main workload for PALS officers. The PALS team are mainly accessed by phone, before they escalate. The contact issues most commonly raised (in highest logged order) are:

- **Information, Communication and Choice**
- **Access and Waiting**
- **Safe High Quality Care**
- **Building Relationships**
- **Clean Safe Place to Be**

Type of Referral

We are now able to record accurately how clients are referred to PALS. Staff, leaflets and publicity (events and presentations) are the main ways that the PALS clients were made aware of PALS. Data shows most referrals arise because of information contained in leaflets or through staff.

Method of Referral

The telephone continues to be the main method of contacting PALS, which may be because PALS is based in Barnstaple Health Centre and not on the North Devon District Hospital site. There has been

an increase in the number of requests being received from staff to go up to the NDDH to meet with both in-patients and out-patients. An agreement has been made between the Complaints Manager at the Hospital that any issues that are presented as complaints but that could be dealt with quicker by the PALS will, with consent of the client be passed to the PALS team.

PALS Development

PALS Electronic Information Library contains information gathered during the work undertaken to resolve PALS client's issues.

The information is in various formats i.e. down loaded Internet pages, copies of Trust information, press releases about service changes and contact numbers for various government and voluntary groups

Training for PALS staff

PALS staff undertook 2 days of excellent training at St Rita's in Honiton, which was support by the SHA. They came back refreshed and motivated with a better understanding of mediation and had renewed contacts with other PALS Services in the region.

Diversity

PALS staff are part of the joint work being undertaken by the PCT and the NDDH to identify and work with Ethnic Minority Groups, travellers and additionally with CT Lesbian, Gay, Bisexual and Transgender groups.

The number of travellers contacting PALS is slowly increasing, as the benefits of contacting us are passed on by word of mouth amongst the travellers.

Working jointly with the NDDH Ethnic Minority Action Group the PALS co-ordinator has identified some larger employers in North Devon that have amongst their workforce some foreign nationals. The PPI Support Officers and PALS will continue to liaise with these companies for the benefit of all staff. PALS was also involved with the North Devon College Diversity week events.

Feedback

Emails, letters, cards and verbal thanks continue to be passed onto the PALS team. Examples of the thanks are:

- **Client rang to express her thanks following communication difficulties with client's GP practice 'I want to express my thanks to PALS – I do not know what I would have done without them'**
- **Client said 'she was very grateful and appreciative, and wanted to say how much this information would help her, that we obviously went to considerable lengths to get this. So, thank you from the bottom of her heart!'**

Training for Trust staff

- **PALS continues to present at induction days for new staff**
- **Presentations to Cadet Nurses**
- **Presentations to NVQ groups**
- **A Programme is being planned to revisit all wards and department on the NDDH site to update existing staff and train new staff about PALS**

Hospital food

The Trust continues to offer patients a choice of food in line with the requirements of a balanced diet and in accordance with the six key requirements of the Better Hospital Food Programme (NHS Estates 2001).

These are that:

- Food services are available 24 hours a day
- A range of meals are offered to patients
- The Trust has in place the standard design format of the NHS Menu
- Snack boxes are provided.
- The main meal of the day is provided in the evening. (In the case of the NDDH following feedback from patient surveys, the preference is to keep the main meal at lunch times)
- Leading chef's menus are adopted.

In addition, this year we have introduced two further menus. A separate menu is now available for patients requiring a gluten-free diet. For patients needing 'soft' food e.g. patients who have suffered a stroke, we now offer a modified texture menu which consists of 'soft' foods that are reformed to look like actual food e.g. carrots.

The Malnutrition Universal Screening Tool (MUST) was implemented at ward level for all adults. This aims to identify any risk that exists of malnutrition and is linked to patient care plans.

The Trust achieved a rating of 'Excellent' for its Patient

Environment Action Team inspection and also attained green light status for its Better Standards for Health Audit for food services. These scores reflect results from a patient's satisfaction survey which was carried out on food quality which also showed food services to be rated very highly.

We continue to strive to provide further improvements to our food services and will be re-launching protected meal times in the near future. In October we will be introducing a new procedure for menu completion and a system to identify patients who require assistance with accessing and eating food when it is delivered at meal times.

Patient information leaflets.

Patient information leaflets help remind patients about information that has been given to them in face to face discussion with their health professional. It helps remind them of the risks and benefits associated with treatment and any advice or instruction given. They can then consider these at home and talk it through with other people. It is better if the leaflet is written simply and accessible to patients from diverse backgrounds. Patient information leaflets are a vital part of ensuring a patient has had information to properly consent to any treatment.

This year the Trust produced 20 new patient information leaflet covering a range of topics such as 'A&E' transport, 'Discharge Advice after a Head Injury', and 'Hospital Macmillan Nurses'.

Regular features on patient information appeared in Pulse, which is the Trusts quarterly newspaper for the local community. The features led to a further expansion of the 'readers panel' who help make sure the information given is useful and understandable and covers everything the patients want to know.

Plans are now underway to ensure the patient leaflet library is available through the Trust website.

Patient involvement activity

2005/06 Feedback Surveys and Questionnaires

The Healthcare Commission places great emphasis on seeking feedback from users of our services to ensure we keep in touch with their views. We are fortunate in North Devon that our clients are willing to help us with this and our response rates to surveys are usually very good.

This year patient satisfaction surveys have started in Anaesthetics, Parkinson Service, Radiology, Gynaecology, Breast Care and Theatres. In Cancer Care a new generic questionnaire for everyone to use has been developed with the help of the North Devon Link Group. This patient group is active in influencing Cancer Service provision. Each tumour site team can add their own specific questions to the core survey as they need them.

Carers have been surveyed by the Palliative Care Team for this first time this year.

Our Peninsular-wide Breast Care survey was repeated again and showed that high levels of satisfaction with the service have been maintained, this despite the fact that for part of the year there was only one Breast Care Nurse.

The Endoscopy Unit and the Day Case Unit carried out surveys for the first time and showed that patients were very happy with the services they received. Some changes were made in Endoscopy as a result of the feedback they were given by patients.

Feedback given by patients and their carers living with lung cancer enabled the Lung Cancer Team to improve communications with RD&E and therefore give better support to patients returning from treatment there.

The Customer Care Vocational Trainer for the whole Trust interviewed visitors to the hospital and incorporated what she was told into her training plans.

The existing group of volunteer readers, set up by the PPI Facilitator, to check patient information leaflets have very kindly agreed to review questionnaires too. This means that we can be assured that our surveys are easy to complete, which will help to keep the response rates high.

There are plans afoot to re-design and re-launch the comment card system which enables anyone to make comments on the service whenever they want to. There are some feedback schemes in use now, some are working well and some aren't. The best of these will guide the design of the new system. Also, comment cards for particular aspects of nursing have been designed as part of Essence of Care and will shortly be in use on the wards.

The Patient/Carer Involvement Group continues to meet every two months to oversee and monitor PPI and receives quarterly reports on survey activity.

Access to services

Improvements to the Accident and Emergency Department

In February, work began on structural changes to North Devon District Hospital, Accident and Emergency Department. The aim was to create a department with a centrally placed doctor's and nurses' station which helps maintain patient flow through the department and help resolve patient delays.

The Accident and Emergency department has been successful over the past year in meeting the 4 hour target for patients to be seen, treated and either admitted or discharged from A/E. However with approximately 10 per cent more A&E attendances every year (which means an additional 3,500 patients) the Trust needs to continue to remain vigilant.

Care environment

A patients treatment and recovery can be affected by the environment in which they are cared for. Northern Devon Healthcare Trust seeks to provide the best possible hospital facilities it can, by attending to the design of new builds or upgrades and good standards of ongoing maintenance and cleaning.

In 2005/06 the first phase of improvements to medical wards on level 5 of North Devon District Hospital was completed. Improvements included rewiring, redecoration and being re-equipped to provide a much fresher environment for everyone who uses the facilities.

Other developments include daylight lighting systems to help reduce fatigue, improvements to the bathrooms and disabled toilets as recommended in the in the 2005 Patient Environment Access Team (PEAT) cleanliness audit.

From a clinical perspective there is a newly designed treatment area and further computer points. To help minimise health, safety and security risks there is designated storage for electrical equipment, drug and medical supplies.

The League of Friends also provided the funds for 30 sets of new curtains for each bed in Glossop ward.

There has also been significant progress against phase 1 of North Devon's mental health project, which allows Devon Partnership NHS Trust's mental health facilities at North Devon District Hospital to be completely upgraded and modernised. The development will bring together mental health services at the hospital site together in one dedicated area. As a result Brownlees, the current ward will no longer be used for psychiatric care and provide extra space for use by another department.

Hospital cleanliness

Sodexo staff who are contracted to provide the Trust with their house-keeping staff picked up two prestigious awards at the UK Award ceremony. The North Devon team picked up the following awards:

Employee of the year – Awarded to Graham Oakes: Information Desk Supervisor. This role is relatively new and was introduced when the foyer of the North Devon District Hospital was redesigned in 2000 and an information desk was created. Graham is the first point of contact for patients and visitors coming into the hospital and is a mine of information, answering a wide variety of queries. These can be anything from how to use the car park meter to where a specific ward or department is situated.

Housekeeper of the Year – Awarded to Linda Lewis: Housekeeper. This role includes the supervision of 150 domestic and housekeeping staff. Linda has an innovative way of working, demonstrating a commitment to excellence which makes a direct contribution to the cleanliness of wards and has good working relationships with nursing and other staff she deals with.

Sodexo Way Award – Awarded to North Devon District Hospital Sodexo team. This award recognises the continual high standards in working practices of the cleaning, portering, and catering teams at the North Devon District Hospital. It also recognising the positive partnership working agreement which Sodexo operates jointly with Northern Devon Healthcare Trust. Various audits of the North Devon District Hospital have repeatedly found very high standards here, and the patient Environment Action Team (PEAT) reports rated the North Devon District Hospital highly. PEAT audits every aspect of hotel services, to ensure that cleanliness, catering and the general environment is of a good standard.

Public health

Improving health and reducing health inequalities have been at the forefront of the national agenda over the last year. National TV and radio coverage have continued to reflect the public awareness of healthy living and healthy lifestyles with programmes such as 'the big challenge, 'the big smoke,' 'you are what you eat' and Jamie Oliver's campaign to improve school dinners and child nutrition.

The Government published the Public Health White Paper "Choosing Health" in November 2004 and the Choosing Health Delivery Plans in March 2005. Since then, considerable effort has been made to implement this approach.

Northern Devon Healthcare Trust works in many different ways to support public health. Most of our clinical contacts with patients include an element of health promotion, for example; advice on smoking prior to admission for an operation, or advice about diet, exercise and smoking after admission for and treatment of a heart condition. Much of this information is also reinforced by inclusion in patient information leaflets. The purpose is to provide information so people can make an informed choice about their health and factors affecting it.

There are also a number of Local Implementation Groups focusing on specific health issues, for example sexual health. This group works in partnership across the different organisations and services involved in the provision of sexual health services and has a public representative from the local Patient and Public Involvement Forum. The group has agreed a local Sexual Health Strategy, which will be implemented over the next three years.

The North Devon Stroke Group has been hugely successful this year and was short listed for the National Health and Social Care Awards 2005, in recognition of their value added care and dedication to local people who have suffered a stroke. Again this group works across organisational boundaries and includes the voluntary sector and members of the public.

The Trust has also introduced a policy about smoking on Trust premises. This is in response to one of the 6 key priorities set within the aforementioned white paper "Choosing Health".

The Trust also needs to work in partnership at a strategic level around the public health to ensure a preventative approach to improving healthcare is used. To this end the Trust works closely with the Oversee and Scrutiny Committees for North Devon, Devon County and Cornwall and is a member of The Way Forward Group and Local Strategic Partnership.