



QUALITY ACCOUNT

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WELCOME

Welcome to Northern Devon Healthcare NHS Trust's (NDHT) quality account for 2021/22. The quality account gives us the opportunity to review what we have been doing to improve the quality of care we provide.

Within this document, we set out our priorities for improvement in 2022/23 and review our progress against the priorities we set out in the 2020/21 quality account.

Over the next few pages, you can read all about some of the improvements staff have made and those we are yet to make, and I hope this captures the spirit of NDHT staff and their ongoing commitment to quality improvement.

We have made significant progress with last year's improvement priorities and we thank staff for their hard work and dedication in achieving this. The priorities were:

1. Patient experience (joint with RD&E)
2. Just culture (joint with RD&E)
3. Pressure ulcers

Examples of improvements include:

- On our most recent staff survey, NDHT scored above average across all survey themes. NDHT has the best score compared to similar trusts nationally for staff reporting that they have personally experienced discrimination at work from manager / team leader or other colleague.
- Work began in March on a new £1.9 million ward at North Devon District Hospital that will help reduce the waiting time for patients needing planned orthopaedic surgery. The modular ward provides 10 beds that are set aside for planned orthopaedic surgery, such as knee and hip operations.
- Patients in North Devon now have access to some of the very latest diagnostic equipment in the UK, as two new CT (computed tomography) scanners open at North Devon District Hospital (NDDH) in Barnstaple. £3m has been invested in the project, which includes £2.3m of Government funding.

- We became the first NHS Trust in England to gain accreditation to a new standard which supports people with extra communication needs. The Trust is now entitled to display the Communication Access symbol to show it has reached the standard required in accessible communication.

Throughout 2021/22 the NHS and NDHT continued to be significantly impacted by the ongoing COVID-19 pandemic. As we continued to follow national guidance and manage the significant impact of the disease on our population our performance was adversely affected.

Despite this, our staff and volunteers have continued to demonstrate unparalleled professionalism, dedication and flexibility. We remain incredibly proud of all that we've achieved together, and we are confident that with this same spirit, we will continue to do the very best for the communities we serve. And so, on behalf of the Board, we would like to thank each and every one of our colleagues, who all make such a huge a difference to the lives of our patients and local communities.

This is our last quality account for Northern Devon Healthcare NHS Trust, as the organisation integrated with the Royal Devon and Exeter NHS Foundation Trust on 1 April 2022. This report sets out priorities for next year for our newly merged organisation and we look forward to reporting back as the Royal Devon University Healthcare NHS Foundation Trust in 2023.



Suzanne Tracey
Chief executive

June 2022

HOW WE DECIDED

ON THE CONTENT OF THIS REPORT

Each year we set annual quality priorities to help us to achieve our long-term quality goals. The Trust identifies priorities for improvement on an ongoing basis, in partnership with service users, carers, staff and partners from their feedback, as well as information gained for incidents, complaints and learning from the Care Quality Commission findings and recommendations.

Listening to views and suggestions is an important part of the journey towards excellence, which is embedded in our Trust values. We aspire to demonstrate compassion in all that we do, striving for excellence, respecting diversity, act with integrity and continue to listen and support others.

Some improvement projects were identified through reviewing issues, key themes and findings from incidents, complaints and investigations. These areas were identified as priorities for improvement and large complex projects are in place to improve the processes, procedures and patient pathways involved around these issues.

To ensure these projects are prioritised and monitored at the highest possible level within the organisation we have chosen them as the Trust's improvement priorities for 2022/23. As this is the last quality account for NDHT, the 2022/23 improvement priorities have been decided jointly to form one set for the Royal Devon University Healthcare NHS Foundation Trust.

Each step we take in the process of improvement will require testing the proposals and be challenged to ensure it achieves the intended benefits. Ensuring learning is taken from incidents and investigations and shared Trust-wide. The improvement process will be monitored through the established processes the Trust currently uses, such as national and local surveys, audits, complaints, audits, incident and investigations and meetings with partner organisations and regulators.

Progress of these projects and implementation of the actions will be monitored through the governance structure of the Trust from specialty governance through to governance committee. The Trust Board will be kept fully up to date on the projects and will receive regular reports to enable accurate monitoring and escalation where necessary.

We will ensure these projects are prioritised throughout 2022/23 to ensure we meet our improvement goals. These priorities will be reflected in the quality strategy and other Trust-wide improvements as the newly formed Royal Devon University Healthcare NHS Foundation Trust.

DRIVING QUALITY IMPROVEMENTS

IN 2021/22

June 2021

Patients in Northern Devon now have access to some of the very latest diagnostic equipment in the UK, as two new CT scanners opened at North Devon District Hospital (NDDH) in Barnstaple.

£3m has been invested in the project, which includes £2.3m of Government funding. Northern Devon Healthcare NHS Trust used the funding to build a scanning suite, replacing an old CT scanner and installing a second CT scanner, and to provide the necessary infrastructure for the Trust.



July 2021

Eye patients at Bideford Community Hospital will now enjoy a greatly enhanced service thanks to a generous £30,000 donation from the hospital's League of Friends.

The donation has enabled the hospital to buy an ocular coherence tomography-angiography (or OCTA) machine. This equipment takes pictures of the back of the eye, and is a key diagnostic tool for diagnosing a number of conditions.



December 2021

NDHT's Maternity and Neonatal services successfully passed their Baby Friendly Initiative Stage 2 assessments in November 2021.

The Baby Friendly Initiative is a worldwide, evidence-based, staged accreditation programme of the World Health Organisation and UNICEF. It was established to support health services to transform their infant feeding care. Evidence shows that Baby Friendly accredited hospitals have better outcomes and better experiences for parents and their babies.



March 2022

The neonatal department at North Devon District Hospital took delivery of a very special piece of equipment a tiny mannequin of a pre-term 25-week old baby, known as 'Premature Anne' funded by the charity New Life Special Care Babies.

It will be used in the specialist training of staff working with premature babies. When babies are born prematurely they require specialist care, interventions and often surgery from specially trained medical staff. These critical skills must be taught and practised to optimise results.



March 2022

Work began on a new £1.9 million modular ward at North Devon District Hospital that provides 10 beds that are set aside for planned orthopaedic surgery, such as knee and hip operations, and help to reduce the waiting time for patients.



REVIEW OF QUALITY PERFORMANCE IN 2021/22

This section sets out the improvements we have made in the priority areas we set for 2021/22 in our last quality account.

1. Patient experience (joint with RD&E)
2. Just culture (joint with RD&E)
3. Pressure ulcers

We have made good progress in these areas in the last year. These areas will continue to be monitored in the years ahead as part of the process of continuous quality improvement.

Patient experience (joint with the RD&E)

Rationale and past performance

We will develop a joint patient experience strategy across NDHT and the RD&E which recognises:

- Patient experience is equally as important as patient safety and should have equal focus at organisation and Board level
- Everyone, in any role, helps shape patient experience
- Patient experience is impacted on more by the relational aspects of care than functional aspects of care
- Patient experience is impacted on by the whole of the patient's journey / interface with healthcare. Therefore, through partnership working we will focus across organisational boundaries to improve patient experience
- Patient experience is improved when people have more control over their care and the ability to make informed choices about their treatment, with what matters to them being key
- Patients and their patient groups (significant people in their lives) should have an experience of accessing healthcare that is inclusive for all and recognises the diverse communities that we serve with the same quality of services accessible to all.
- Patient experience can only be improved by finding out what matters to patients and their patient groups.

What will we do?

- Develop a joint Patient Experience Strategy that is overseen by the Boards and ensure that systems and processes place people at the centre of what we do and makes patient experience everybody's business
- Implement the "what matters to you" concept which will increase understanding of what matter to patients
- Ensure we have a range of processes that allow us to measure patient experience and identify themes that drives improvement in patient experience, particularly in hard to reach groups

Measurable target/s for 2021/22

- Quarterly report to the Governance Committee
- Work plan for the production of the joint patient experience strategy
- Monitoring of milestones related to the work plan
- Evidence of meaningful patient engagement and involvement
- Example of improved patient, carer and stakeholder engagement

How progress will be monitored

- Quarterly Reporting to the Governance Committee
- This work will be monitored via the site-specific Patient Experience Operational Groups (PEOG), who will oversee the local delivery plans to achieve the outcomes of the strategy.

Board sponsor

Chief Nursing Officer

Implementation lead

Director of Nursing NDHT

Progress to date

The Joint Patient Experience Strategy Working Group has continued to develop the draft strategy with the support of the chief nursing officer. This strategy has now reached the final consultation stage, and the latest iteration is planned to be shared with all staff, accompanied with a survey to collate qualitative feedback on the priorities of the strategy (24 March 2022). The survey will be open for two weeks. Once the consultation is complete, the strategy will be ratified at Governance Committee and a work plan to support implementation will be developed with relevant stakeholders.

The Governance arrangements for patient experience have continued to progress and with both Trusts having established their Patient Experience Operational Groups. The RD&E Operational Group commenced in August 2021 and has met on three occasions and the NDHT Operational Group held their initial meeting in November 2021.

The Joint Patient Experience Committee held its initial meeting on 25 November 2021. The Committee approved the patient experience reports for both Trusts and ratified the PEOG Terms of Reference.

The revised patient experience metrics are now fully imbedded into the Integrated Performance Reporting (IPR) schedule, and are presented to the Joint Trust Board at each meeting of the Board. A reporting schedule is currently under development through the newly established patient experience governance framework.

Although the strategy is undergoing final consultation, the RAG rating remains amber until ratified.

RAG rating



Just culture (Joint across NDHT & the RD&E)

Rationale and past performance

To work in partnership with colleagues in the people team to implement and embed the 'just culture' concept and methodology. This complements the Trust commitment to implement the national patient safety strategy.

What will we do?

- Develop a national patient safety strategy implementation plan
- Implement the 'just culture' concept into all clinical incident responses by amending our processes and training our staff.
- Develop a local training programme for staff involved in leading clinical incident responses to ensure consistency of approach
- Work to understand the needs of our staff and how we can better support them in creating psychological safety
- Increase the focus on learning from clinical incidents across professional groups and services

Measurable target/s for 2021/22

- Quarterly report to the Governance Committee
- Patient safety strategy gap analysis Q1
- Patient safety strategy implementation plan Q2
- Readiness for patient safety strategy implementation Q4
- People/team quarterly surveys to better understand our staff and how we can support them
- Evaluate the training to support managers with change /challenges and culture development in Q3. This will be developed by the People, Workforce, Planning and Wellbeing (PWPW) Committee

How progress will be monitored

This work will be monitored by the Trust respective Patient Safety Groups. The strategy gap analysis is likely to also identify the need for a working group to manage the implementation of the patient safety strategy, which would also pick up elements of this priority.

Board sponsor

Chief Nursing Officer / Chief Medical Officer

Implementation lead

Director of Nursing RD&E

Progress to date

The Patient Safety Specialists continue to be actively involved in the national and regional meetings. The Patient Safety Incident Response Framework (PSIRF) is planned to be published in May/June 2022 and they expect it will take 12 months of preparation prior to transitioning to PSIRF. They will be publishing a preparation guide alongside the publication of the new framework.

Ahead of the launch of PSIRF, a new training supplier framework has been developed to support organisations to develop skills around learning from patient safety incidents. This has just been published.

Work on ensuring 'just culture' in incident investigations continues with an update below:

- **Virtual Conference @ 'Civility Saves Lives' with Dr Chris Turner**

This was booked for 14 March 2022. Unfortunately, due to operational pressures it had to be postponed. We had 165 members of staff registered across NDHT and the RD&E. There was a good response to our online questionnaire which we linked to the conference.

Some of the key themes highlighted were that many staff do not feel comfortable to challenge rudeness from colleagues. Staff feel it is often hierarchical and staff have moved roles and considered leaving the organisation.

- **Growing a safer culture together, for all**

Building on the interest from the Civility Saves Lives talk, plans are underway for a series of safety culture online events to run monthly.



- **Understand and explore how staff feel about the investigation process**

This work continues and has been opened up to all staff and is providing a really valuable insight into areas that can be improved and feed into the planning and implementation of PSIRF. After the survey has been closed and all data collated; myth busting sessions will be planned.

- **Continued education of Civility & Just Culture education**

This will remain ongoing and embedded into the preceptorship programme and for our new starters.

- **Learning from Excellence**

This continues to be promoted and worked on collaboratively. It is recognised that it is important that NDHT & the RD&E learn from what goes well and amplifies this across both organisations.

RAG rating



Pressure ulcers

Rationale and past performance

We want to achieve:

- An overall decrease in hospital acquired pressure ulcers (acute)
- An increase in reporting of category one pressure ulcers and a subsequent reduction in category two pressure ulcers (acute)
- Evidence of the high quality completion of pressure ulcer documentation (acute and community)

What will we do?

Acute:

- Focus on the early identification of category one pressure damage and ensure that the appropriate preventative action is taken promptly to reduce the incidence of category two pressure damage and above.
- Using a quality improvement methodology enables teams to demonstrate measurable improvements to the quality of pressure area care and an improvement in patient harm.

Community:

- Recognising that community nursing teams do not provide 24 hour care, we will develop a deeper understanding of the pressure ulcer challenges within the community setting.
- Implement strategies bespoke to community services to develop and implement pressure ulcer prevention strategies.
- Using a quality improvement methodology enables teams to demonstrate measurable improvements to the quality of pressure area care and an improvement in patient harm.

Measurable target/s for 2021/22

- Monitoring and review of Trust-wide action plan – via the patient safety group
- Completion of a quality improvement project resulting in measurable pressure ulcer improvements (acute and community – linked to the action plan).
- Completed thematic analysis of pressure ulcer challenges in the community setting leading to bespoke improvement strategy (community) Q2
- Review of data (monthly) with prompt sharing of learning with clinical divisions

How progress will be monitored

Progress will be monitored via the Patient Safety Group.

Board sponsor

Chief Nursing Officer

Implementation lead

Lead nurse for tissue viability

Progress to date

- Pressure ulcer quality improvement (QI) project with one community nursing (Torrington) team continues. The initial QI data collection has been completed and work is still ongoing regarding the next step. Progress with this work has been limited due to the significant operational pressures and staffing capacity.
- Back to basics training has been completed with all community teams. Progress against the next steps has not progressed due to capacity challenges within the tissue viability (TV) team (lead nurse on secondment from November 21 – May 22) alongside operational and staffing challenges with community teams.
- Targeted support ongoing with Glossop and Capener to identify staff knowledge in recognising category 1 pressure ulcers to increase risk and early identification. Initial basic data has been collected but did not identify any recurring or key themes. Ward based support by the TV team continues with staff in these areas but this has been challenging due to operational and staffing issues and reduced capacity within the TV team (as above).
- The pressure ulcer action plan continues to be presented to the Patient Safety Operational Group (PSOG). It was due to be presented to PSOG in February 2022 but the meeting was stood down due to operational pressures.
- Ongoing review of monthly pressure ulcer data reported via Datix to monitor any trends/concerns.
- Work has started with the TV team at RD&E to align and harmonise Datix reporting processes and the pressure ulcer prevention and management policy.

RAG rating



We have given this a Red rating as the outcomes identified have not been achieved in full.

PRIORITIES FOR IMPROVEMENT IN 2022/23

1

Priority one: Improving learning from incidents

The 2015 Serious Incident Framework created a rigid approach to how incidents should be investigated. The Patient Safety Strategy (2019) allows Trust's to develop a Patient Safety Incident Response Plan, designing how it will respond to specific incidents.

- We will revise our approach to responding to highest frequency incidents, pressure ulcers and patient falls.
- We will take learning to the bedside or patients' home.
- We will trend and theme our learning to develop high impact actions which lead sustainable improvement.

This priority will be monitored through our Safety and Risk Committee.

2

Priority two: End of life care – digital enablement

With the planned implementation of Epic in Northern services, this year will provide the opportunity to maximise how we can use our digital infrastructure to drive quality for patients who are entering the final part of their lives.

- We will work with our End of Life Steering Group to identify the opportunities arising from our digital platforms.
- We will support the development of required best practice advisories or Workflows as part of Epic optimisation.
- We will work with the Patient Portal Steering Group to explore the potential of patients being able to identify their end of life wishes via MY CARE.
- We will identify appropriate flags and alerts to ensure that people brought to hospital in an emergency are not admitted if it is against their end of life wishes.

This priority will be monitored through our End of Life Steering Group.

Priority three: Building a safety culture

The implementation of PSIRF has been described by early implementors as being a revolution rather than a change. We will build on the just culture work which was prioritised last year, with a structured and inclusive approach to safety education and training for all staff.

- We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety).
- We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice).
- We will provide training to our directors, non-executive and executive directors for patient safety, to support their strategic oversight of patient safety.
- We will revise our patient safety intranet pages and communications to increase their accessibility and profile in the organisation.

This priority will be monitored through our Safety and Risk Committee.

Priority four: Learning from our successes

Traditional approaches to safety try and learn from incidents. Most of the people we serve never experience an incident or any harm in our care. The introduction of the Learning from Patient Safety Events (LFPSE) platform, which will replace both NRLS and StEIS allows for national reporting of positive practice and learning from things going well (Safety II).

The Trust has invested in Datix Cloud IQ, which is fully compatible with the LFPSE, and supports reporting when things go well.

- We will roll out Datix Cloud IQ to all areas of the Trust, and provide support for staff on how to report a positive occurrence.
- We will consolidate our current approaches to Learning from Excellence, maximising the potential to recognise and learn from excellence.
- We will develop a learning from excellence quality improvement project to ensure that staff in every part of our organisation are able to report good practice.
- We will build safety II into our Governance arrangements for patient safety, in preparation for opening these forums to patients and carers as our patient safety partners.

This priority will be monitored through our Safety and Risk Committee.

Priority five: Embedding best practice in communication

The Trust has successfully gained accreditation by Communication Access Standards UK. This provides us with the opportunity to improve our communication culture, raise our staff's knowledge of different forms of communication and gain cultural competence in the experience of people who, for whatever reason, communicate differently or require assisted communication to be heard.

- We will implement a training programme for all staff on fundamentals of good communication.
- We will develop a communication task and finish group to prioritise a Trust-wide communication work-plan.
- We will work with Epic optimisation to maximise our digital support to communication.

This priority will be monitored through our Patient Experience Operational Groups.

REVIEW OF SERVICES

During 2021/22 Northern Devon Healthcare NHS Trust (NDHT) provided and/or sub-contracted more than 30 acute and 10 community services. NDHT has reviewed all the data available to it on the quality of care in all 40 of these NHS services.

The income generated by the NHS services reviewed represents 82% of the total income generated from the provision of services by Northern Devon Healthcare NHS Trust.

PARTICIPATION IN CLINICAL AUDITS

During April 2021 – March 2022, 45 national clinical audits and three national confidential enquiries covered the NHS services that Northern Devon Healthcare NHS Trust provides. During that period NDHT participated in 43 national clinical audits of the national clinical audits enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that NDHT participated in, and for which data collection was completed during April 2021 – March 2022, are indicated alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2021 – March 2022 are shown in Annex A.

PARTICIPATION IN CLINICAL RESEARCH

Over 600 participants joined a research study this year; the majority of these have been into COVID-19 studies. 320 inpatients with COVID-19 were enrolled into ISARIC (Clinical Characterisation Protocol for Severe Emerging Infection, an observational study), the data from this study directly links into SAGE and Public Health England, which has generated several publications and informed national policy.

24 patients were enrolled into RECOVERY (Randomised Evaluation of COVID-19 therapy treatment trial). This is now the largest COVID-19 treatment trial in the world enrolling over 47,000 participants. This has provided evidence on how to treat this group of patients by demonstrating dexamethasone, tocilizumab, Ronapreve and Baricitinib as effective drugs to support the treatment of COVID-19, whilst simultaneously eliminating several ineffective drug treatments.

The GENOMICC study has enrolled six patients and has recently reported some key genetic differences that influence the immune responses of COVID-19 patients, improving the overall understanding of the disease and how our patients should be treated.

The PQIP (Perioperative Quality Improvement Programme) study opened this year and has recruited 53 patients. The aim of the study is to improve the outcomes of patients undergoing major non-cardiac surgery by reducing variation in processes of care and supporting implementation of best practice. By participating in this study the clinical team have access to their own data and this will resource will grow as the project continues, allowing local interrogation and sharing of data.

Allied health professionals (AHP) research activity

30% of the open studies are being led by an AHP and this group are keen to become more research active.

The HERO (Home-based Extended Rehabilitation of Older people) study was actively recruiting this year; which evaluated the effectiveness of the Home-based Older People's Exercise (HOPE) programme as extended rehabilitation for older people with frailty discharged home from hospital or intermediate care services after acute illness or injury. This study required the support of both acute and community Physiotherapists team during a particularly challenging time for the NHS which was acknowledged by the study team as North Devon have a "winning formula". The Trust's target was 28 participants, but final recruitment by the team was 39 (140% of target). The follow up for this study is still in progress and we should have the results in 2023.

Following a successful trial in 2019, Becky Fox has been appointed as the "Therapy Research and Innovation Lead" for the Therapy Department. This role provides strategic leadership for the development and integration of research, innovation and clinical effectiveness into practice across the therapy professions.

Commercial studies

We opened our two commercial studies and both recruited their first participant within days of opening.

The MEDTRONIC Product Surveillance Registry (PSR) study investigating the Dextile anatomical mesh for inguinal hernia surgery opened in the United Kingdom in January 2022, and is led at our Trust by Mr John Findlay, Chief Investigator, Consultant Surgeon at the North Devon Comprehensive Hernia Centre, Academic Department of Abdominal Wall and Upper GI Surgery, and Honorary Associate Professor at the University of Exeter. The PSR is an on-going and detailed record of the experience from people around the world treated with a Medtronic product and its performance. This particular registry offers our North Devon patients having laparoscopic surgery for an inguinal hernia an opportunity to contribute to this international registry study.

The EVOLUTION-HF study, which is a non-interventional observational study program of patients with heart failure and initiated on dapagliflozin, opened in March 2022 and is led by Dr Ashok Tahilyani, Principal Investigator and Consultant Cardiologist. This study focuses on the collection of real-world evidence of patients who have been initiated on dapagliflozin, a treatment that has been recently recognised as effective for heart failure with reduced ejection fraction.

Patient experience and research champion

A research champion role was established this year, this supports the planning of patient and public involvement and engagement (PPIE) initiatives including acting as a practice participant in walk-through activities undertaken for study set up. The results of the participant research experience survey (PRES) were positive and demonstrated that patients felt well informed and that the research team were accessible if they had any queries. This is an annual nationally standardised survey used to collect adults and children's views and experiences of participating in National Institute for Health and Care Research (NIHR) supported research.

GOALS AGREED

WITH COMMISSIONERS

NDHT's income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework as a result of the national suspension of the payment framework for all providers in order to support the NHS response to COVID-19.

QUALITY SCHEMES

Due to the national suspension of the payment framework for all providers in order to support the NHS response to COVID-19 the Trust did not partake in quality schemes during 2021/22.

STATEMENTS FROM THE CARE QUALITY COMMISSION

NDHT is required to register with the CQC and its current registration status is registered with no conditions.

The Trust did not participate in any special reviews or investigations by the CQC during 2021/22.

During 2021/22 the Trust underwent two targeted inspections:

Sexual Assault Referral Centre Paediatric Service in March 2021. Services were assessed as requiring no action for the safe, effective, caring and responsive domains. With an improvement notice issued for the Well Led domain. A comprehensive action plan (which all actions completed shortly after the inspection) has been submitted and approved by the CQC.

Medical care was inspected in July 2021. The overall rating was 'requires improvement' with the caring domain being rated as outstanding and good for the responsiveness domain. A comprehensive action plan is in place with many of the actions completed. The remaining actions are being monitored through to completion by the Safety and Risk Committee and Governance Committee (a subcommittee of the Board of Directors).

Ratings for the whole Northern Devon Healthcare Trust:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Requires improvement →← Aug 2019	Requires improvement →← Aug 2019	Requires improvement →← Aug 2019

Ratings for the combined Northern Devon Healthcare Trust:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Requires improvement →← Aug 2019	Good ↑ Aug 2019	Requires improvement →← Aug 2019
Community	Requires improvement →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019
Overall trust	Requires improvement →← Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Requires improvement →← Aug 2019	Requires improvement →← Aug 2019	Requires improvement →← Aug 2019

DATA QUALITY METRICS

For 2021/22, the latest published data submitted to the NHS Digital Secondary Uses Service was for February 2022, as follows:

- (a) The percentage of records relating to admitted patient care which includes the patient's
 - (i) Valid NHS number is 100%, and
 - (ii) General medical practice code is 100%
- (b) The percentage of records relating to outpatient care which includes the patient's
 - (i) Valid NHS number is 100%, and
 - (ii) General medical practice code is 100%
- (c) The percentage of records relating to emergency patient care which includes the patient's
 - (i) Valid NHS number is 99.8%, and
 - (ii) General medical practice code is 100%

INFORMATION GOVERNANCE TOOLKIT

ATTAINMENT LEVEL

The 2020/21 Data Security and Protection Toolkit submission was submitted to NHS Digital in June 2021. Our attainment level for the 109 assertions was 91.8% - an improvement of over 10% from the 2019/20 score. Improvement plans were developed and agreed with NHS Digital and these were monitored locally by the Information Governance Steering Group. The submission for NDHT due in June 2022 will be included as part of the submission for the new merged Trust.

Due to the impact of COVID-19 and Log4J NHSD monitoring of improvement plans was stopped at December 2021. The Trust is now rated as Approaching Standards.

The toolkit has seen an increased focus on cyber security issues that are recognised as a significant threat to the integrity and efficiency of NHS digital resources.

It was recognised that there were resourcing issues related to achieving the target of 100% compliance with the toolkit and additional staff have been recruited to address this.

CLINICAL CODING

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into codes that can then be used to record morbidity data for operational, clinical, financial and research purposes. It is carried out using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.9 (OPCS 4.9) for procedural capture.

The department has an establishment of 16 members of staff in a variety of roles – from the Head of Clinical Coding, two NHS Digital Terminology and Classifications Delivery Service Registered Auditors, ten clinical coding analysts at various stages of their careers (from trainee through to qualified), and clerical support staff. Seven members of the team have achieved Accredited Clinical Coder status (the profession's recognised qualification), with five members of the team in trainee positions, alongside a further three that are awaiting the results of the National Clinical Coding Qualification. The achievement the ACC qualification provides assurance that the coding of the clinical information is being carried out to a high standard.

A robust and structured programme of clinical coding audit is carried out by the Registered Auditors to measure and demonstrate compliance with national coding standards and to ensure that the information and data produced as a result of the clinical coding process is fit for purpose.

Following the pattern of the past few years, 2021/22 continued to be a challenge for the department with more changes to staff, structures and processes, alongside the impact of COVID-19 and lockdown. Due to the requirements of the role, the department were unable to work remotely and continued to work on site throughout.

The department continued to achieve all mandatory reporting deadlines which in turn ensured the Trust was able to meet statutory national reporting requirements.

In spite of the various challenges faced by the team, the Trust and wider community should be reassured that the data reported at NDHT is accurate and reflects the activity that is taking place, and in order to demonstrate this, the 2020/21 DSPT clinical coding audit submission achieved the following percentages of accuracy:

	Trust Score	Standards Met	Standards Exceeded
Primary Diagnosis	94.00%	>=90%	>=95%
Secondary Diagnosis	92.83%	>=80%	>=90%
Primary Procedure	96.43%	>=90%	>=95%
Secondary Procedure	94.39%	>=80%	>=90%

This demonstrates that the department continues to maintain the excellent quality of coding that is has achieved over the last few years.

LEARNING FROM DEATHS

The Trust is required, as part of the quality account, to report on a number of key statistics relating to mortality between April 2021 and March 2022.

RESPONSE 1. The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

Between April 2021 and March 2022, 748 patients died in hospital. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 164 in the first quarter
- 172 in the second quarter
- 207 in the third quarter
- 205 in the fourth quarter

RESPONSE 2. The number of deaths included in 1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.

From April 2021 hospital deaths have been reviewed by the Medical Examiners (ME) Service. During the financial year 2021/22 the ME's have carried out 673 reviews or 90.11% of the deaths reported in quarter one.

- 117 in the first quarter
- 161 in the second quarter
- 191 in the third quarter
- 204 in the fourth quarter

In addition to the ME reviews structured judgment reviews (SJR) and serious incident (SI) investigations have been started on 218 deaths included in the first question. 215 have completed SJR's and three SI's which are ongoing. ME's refer a number of deaths into the SJR and SI process others have been identified based on diagnoses of interest or through the Trust incident reporting system.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 85 in the first quarter
- 83 in the second quarter
- 43 in the third quarter
- 7 in the fourth quarter

A total of 218 including three ongoing SI investigations.

Reviews of deaths which occurred during 2021/22 will continue during 2022/23 and be reported in next year's quality account.

RESPONSE 3. An estimate of the number of deaths during the reporting period included in item 2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

In line with the Royal Devon and Exeter NHS Foundation Trust (RD&E) reporting, the Trust now focuses on cases scored as poor care in mortality reviews using the Hogan quality of care scales.

During 2021/22, nine deaths were judged to have received poor care or have had SI investigations started, which equals 1.20% of total deaths

- 6 representing 3.66% for the first quarter
- 1 representing 0.58% for the second quarter
- 0 representing 0.00% for the third quarter
- 2 representing 0.98% for the fourth quarter

If the percentage is calculated against the total number of SJR and SI reviews carried out in the year the cases of poor care increases to 4.13% however if the nine cases of poor care is calculated against the ME reviews the percentage of poor care is 1.34%.

Cases of poor care are identified through the Trust's mortality review process in which all cases now receive ME scrutiny but some cases of patients who die within the Trust are subject to an additional review. The subset is made up of cases flagged for review by the Medical Examiner and additional cases prioritised for review in line with Learning from Deaths guidance. The reviews are undertaken using an adapted version of the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

If problems are identified in the initial reviews, follow up reviews are undertaken, and cases are discussed at specialty mortality and morbidity (M&M) meetings to extract learning and identify any appropriate actions. Review findings are reported at the Trust's Mortality Review Group which reports to the Safety and Risk Committee, a sub-committee of the Trust Board. During 2021/22 capacity to undertake initial and follow up review work within the Trust has been impacted by clinical and staffing pressures arising from COVID-19 infections.

The table below shows the quality of care ratings for all reviews undertaken on the cases of patients who died in 2021/22.

Further cases of poor care are identified through the Incident Investigation process. Any case with a serious incident with issues linked to a death has been included.

Quality of care

Hogan Quality of Care Score	Excellent	Good	Adequate	Poor	Unscored	Grand Total
Q1	18	58	2	6	1	85
Q2	10	68	4	1		83
Q3	7	26	10	0		43
Q4	3	2	0	2		7
Grand Total	38	154	16	9	1	218

RESPONSE 4. A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 3.

Problems/learning themes identified in care

Two SI investigations that concluded during the year concerned patients who died in 2021/22 following diagnosis delays.

The end of the year status of 2021/22 inpatient mortality reviews (taken on Friday 1 April 2022), included six cases with indications of ‘poor’ care. Three have been followed up through incident/complaints processes and three are due to be subject to a follow up review. Across the six cases, a total of 12 areas of care were highlighted. These are shown in the table below with learning themes.

Type of problem/learning theme	Stage of care			
	Non-inpatient care	Admission and initial assessment	Ongoing care	End of Life care
Problem in assessment, investigation or diagnosis	1	3		1
Problem in treatment (including treatment planning or providing treatment as planned)		2	1	3
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)				
Problem in communicating with patient and/or family and carers				1

RESPONSE 5. A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 4).

In addition to learning from SIs and cases rated as poor, themes and learning have been identified from other review work, and from investigations of particular patient groups, for which actions have been implemented.

Actions from SIs

Since the incidents described in section four above the Computerised Radiology Information System (CRIS) communicator module has been introduced. This will link in with the new electronic patient record system (My Care in EPIC) which is due to be rolled out in 2022. Following the investigation the findings have been shared with staff and additional training recommended.

Actions related to themes identified from mortality reviews

Although final conclusions have not been drawn for all of the possible cases of poor care identified through mortality review, a number of actions have been taken over the last 12 months which are related to the broad themes identified in these and other reviews.

Early reviews

- Two new computed tomography (CT) scanners have opened at NDDH.
- A Same Day Emergency Care (SDEC) has been launched at NDHT. It is expected that the service will improve patient flow by enabling appropriate patients to be assessed and treated in SDEC instead of in the Emergency Department.
- A presentation on an incident of a delayed diagnosis was given at the Trust's 'Big Gov' meeting in February.
- The Trust's 'Internal Professional Standards' document has been updated and promoted via the staff intranet.
- The use of Careflow for referrals between specialties has been extended.

Ongoing care

- The May 2021 'Lessons Learned' newsletter highlighted learning on monitoring blood glucose levels; escalation between nursing and medical teams; handovers to out of hours teams; and timely intervention and escalation of concerns about deteriorating patients
- The heart failure team used 'Heart Failure Awareness Week' to offer teaching and resources to areas in the Trust where heart failure patients are routinely seen.
- A 'Big Gov' presentation published on the staff intranet provided guidance on escalation (in response to incident where a patient review was delayed)
- A further 'Big Gov' presentation was given about the findings of an SI summarised in last year's Quality Account concerning the care received by an elderly patient. The presentation highlighted the actions identified for both the nursing and medical teams.
- During the course of the year an SJR flagged an issue concerning a patient transfer. This is being addressed with a new guidance document.
- From the end of October 2021, the outreach service at NDDH extended its hours to run seven days a week 8am – 6.30pm. The Outreach Team assess and review all patients with high early warning scores and other patients that staff are concerned about. They offer advice regarding the prevention of further deterioration or facilitate a multi-professional approach to decisions regarding the on-going management of deteriorating patients.

End of life care

- Promotional work was carried out in the Trust for 'Dying Matters Awareness Week'. Links to resource packs and information leaflets were shared.
- The End of Life Care Lead has been working with a 'Frailty Group' looking at the prevention of inappropriate hospital admissions and the use of Advance Care Plans. The Frailty Group includes a GP from Barnstaple.
- A case presentation focusing on End of Life Care was scheduled for the June 'Big Gov' meeting.
- A GP training session has been given.
- An end of life care nursing post has been filled and a palliative care consultant post continues to be advertised.
- Education on palliative and end of life care has been delivered to hospital staff in one-to-one sessions, at a Surgical Governance meeting, and at an 'Essential Skills' workshop.
- An interactive webinar took place with Dr Kathryn Mannix on Tackling Sensitive Conversations

Actions from perinatal mortality reviews

The actions arising from perinatal mortality review work in 2021/22 included the review of an antenatal care pathway and guideline.

Actions from the review of deaths of patients with COVID-19.

A review of patients who died with probable and definite healthcare-acquired COVID-19 was undertaken. Findings are reported in section nine below.

Actions from the review of emergency weekend deaths

Mortality rates for emergency weekend admissions continued to be monitored during 2021/22. The Specialist Palliative and End of Life Care Team looked into the potential for increasing their involvement with this group of patients while working more generally to increase patient contacts and activity recording.

RESPONSE 6. An assessment of the impact of the actions described in item 5 which were taken by the provider during the reporting period.

A wide variety of measures have been taken in response to issues raised by the mortality review process with investment and training directed towards the evidence-based interventions set out above. While it is too early to meaningfully assess the outcome of most of these measures, work undertaken by the End of Life Care Team has resulted in a substantial rise in recorded patient contacts.

RESPONSE 7. The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 2 in the relevant document for that previous reporting period.

151 inpatient and ED deaths from the previous reporting period (2020/21) had reviews and investigations carried out following the completion of last year's Quality Account: 140 inpatient deaths and 11 ED deaths in the department.

In all there were 680 inpatient and ED deaths last year recorded at the Trust, 484 (71.18%) of which had investigations or reviews carried out.

RESPONSE 8. An estimate of the number of deaths included in item 7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.

There were four SI investigations in 2020/21 not included in the previous reporting period. These patients were all part of an investigation into hospital acquired COVID-19 the outcome of which is given in answer to question nine.

All deaths and stillbirths receiving serious incident reviews have been included in this count regardless of resulting investigation.

RESPONSE 9. A revised estimate of the number of deaths during the previous reporting period stated in item 3 of the previous reporting period, taking account of the deaths referred to in item 8.

2.21% is the revised estimate of the number of total deaths in (2020/21) with problems of care and is based on the four patients identified in question eight, and 11 patients identified in last year's quality account.

Hogan Quality of Care Score:	Excellent	Good	Adequate	Poor	Very Poor	Unscored	Grand Total
Grand Total	91	353	23	15	0	2	484

Learning from SIs

Investigations of five SIs relating to 2020/21 deaths concluded in 2021/22. Four of these related to individual patients and relevant actions specific to the cases were identified as a result of the investigations.

The fifth investigation concerned the deaths of seven patients from hospital acquired COVID-19 between October 2020 and January 2021. A robust review and investigation was undertaken using a number of experts from relevant specialties.

This review concluded the following:

- Following review of the case it is evident that this was an ever changing challenging time with all working in uncharted territory. National guidance was received almost daily, which required rapid action from the Trust. The Trust had a robust mechanism for analysing and interpreting the information and then sharing with the clinical and operational teams.
- Increased community prevalence coupled with likely staff to patient and patient to staff transmission led to a number of outbreaks in which already vulnerable patients contracted COVID-19. The Trust was rapidly adapting and changing practice following each outbreak. Service delivery has changed rapidly with staff working differently and more flexibly in order to maximise safety of patients.
- There has been extensive rapid learning which continues to ensure that the Trust can adapt rapidly in order to maintain safety.

The investigation report recommendations were:

- Communication mechanisms and involvement of staff and patients are regularly reviewed and adapted to meet needs.
- Ensure patients receive care on the ward that best meets their individual needs first time,
- Infection Prevention and Control (IPC) must continue to be everybody's business with PPE, distancing and other safety requirements still necessary to prevent the spread of the COVID-19.
- Increased availability of IPC specialist nurses to support the clinical areas.

SEVEN-DAY SERVICES

On Saturday 28 March 2020 and Tuesday 26 January 2021 NHS Trusts received letters from Amanda Pritchard, Chief Operating Officer, NHS England & NHS Improvement (Publications approval reference: 001559) titled 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic'.

This letter confirmed 'During this challenging period NHS England and NHS Improvement is committed to doing all it can to support providers and commissioners, allowing them to free up as much capacity as possible and prioritise their workload to be focused on doing what is necessary to manage the response to the COVID-19 pandemic'.

These letters provided confirmation that the requirements for Seven Day Hospital Services Assurance was suspended and there was no requirement for completion of the Seven Day Hospital Services Board Assurance Framework Self-certification process.

As such, the most recent Seven Day Services Board Assurance Process was completed in Autumn 2019.

Once revised guidance is received that the Seven Day Hospital Services Board Assurance Framework is reinstated, we will continue to actively engage with and participate in this requirement.

HOW WE PERFORMED LAST YEAR

KEY QUALITY INFORMATION

Mortality rates

The Summary Hospital-Level Mortality Indicator (SHMI) is the NHS' standard measure of the proportion of patients who die while under hospital care and within 30 days of discharge.

It takes the basic number of deaths, and then adjusts the figure to account for variations in factors such as the age of patients and complexity of their conditions, so the final rates can be compared.

The resulting SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the expected number based on average England figures, given the characteristics of patients treated at the Trust.

The expected SHMI is one, though there is a margin for error to account for statistical issues.

Summary Hospital-Level Mortality Indicator (SHMI) – deaths associated with hospitalisation, England (NHS Digital national benchmarking):

Period	Value	SHMI banding
2020/21	1.0306	2 (as expected)
2019/20	1.0424	2 (as expected)
2018/19	1.015	2 (as expected)

Palliative Care

The number of patients who died after being coded as under palliative care – relief of symptoms only – is collated nationally. This can affect mortality ratios, as palliative care is applied for patients when there is no cure for their condition and they are expected to die.

Period	%
2020/21	39.0
2019/20	23
2018/19	20.0

Patient-reported outcome measures

Patient-reported outcome measures (PROMs) are based on patients' own experiences. People are asked about their health status and quality of life both before and after four types of surgery – hip replacement, knee replacement, varicose vein and groin hernia.

The scale runs from zero (poor health) to one (full health). The 'health gain' as a result of surgery can then be worked out by adjusting for case-mix issues, such as complexity and age, and subtracting the pre-operative score from the post-operative score.

Period	Procedure	Adjusted average health gain - EQ-5D index	Adjusted average health gain - EQ-5D index
		TRUST	ENGLAND
2020/21	Hip Replacement - primary	0.509	0.472
	Knee Replacement - primary	0.301	0.315
2019/20	Hip Replacement - primary	0.401	0.467
	Knee Replacement - primary	0.386	0.342
2018/19	Hip Replacement - primary	*	0.475
		*	0.349
April 2018 - September 2018	Hip Replacement - primary	Too few to quantify	0.488629
	Knee Replacement - primary	Too few to quantify	0.345079

Readmissions to hospital

Large numbers of readmissions to hospital after treatment might suggest patients had been discharged too early. Rates are therefore monitored nationally. The published 28 day readmission rate for the Trust is:

Period	Children of ages 0 - 15	Children of ages 0 - 15	Adults of ages 16 years +	Adults of ages 16 years +
	- NORTH DEVON	- ENGLAND	- NORTH DEVON	- ENGLAND
2020/21	10.7	11.9	14.6	15.9
2019/20	12.3	12.5	14.9	14.7
2018/19	13.9	12.5	16.4	14.6
2017/18	14.7	11.9	16	14.1
2016/17	13.1	11.6	12.2	13.6

Assessing people's risk from blood-clots

Venous thromboembolism (VTE) is a clot in the deep veins of the leg, which can break off and clog the main artery to the lungs. Known as a pulmonary embolism, this can be serious, or even fatal.

It is therefore particularly important to make sure patients do not develop VTE in hospital, where the risk is often greater because people tend not to move around as much, making the legs more vulnerable to clotting. Patients therefore need to have their VTE assessed, so drugs or stockings can be used to reduce the risks.

The target is for at least 95% of patients to be assessed. As a Trust we are assured that assessments are taking place and that patients are not coming to harm. However there are some digital challenges with collation of the data which will improve with the implementation of a full electronic health record across the Trust.

Period	VTE risk assessment - TRUST	VTE risk assessment - ENGLAND
Qtr 4 2021/22	70.21%	
Qtr 4 2020/21	75.34%	
Qtr 3 2019/20	71.59%	95.33%
Qtr 4 2018/19	76.64%	95.74%
2018/19	80%	95.60%

Last data on the national website was updated in June 2019 as collections were suspended due to COVID-19.

Clostridium difficile infection

Clostridium difficile (C.difficile) is a dangerous infection, which can cause serious symptoms and even death. Although naturally present in some people, it can spread quickly in a confined environment like a hospital, where people are already unwell. The Trust has been working hard to combat this infection using different infection control techniques to keep patients safe. The most recent available data is published below demonstrates the rate of cases for the Trust dropped in the last financial year and has halved since 2017/18. Although our number of cases remained at 21 the number of cases nationally increased, our total case rate remains marginally above the national rate.

Period	Rate - Total cases	Count - Total cases	Rate - Total cases	Count - Total cases
	TRUST	TRUST	ENGLAND	ENGLAND
2020/21	40.600	30	22.200	12503
2019/20	25.500	21	23.500	13177
2018/19	26.087	21	21.900	12275
2017/18	51.847	45	23.911	13299

Patient safety incidents

An incident may be defined as an event that has given rise to actual or possible harm such as injury, patient dissatisfaction, property loss or damage. The Trust actively encourages staff to report all such incidents, so lessons can be learned and shared, and returns one of the highest incident reporting rates in the NHS. Only a very small minority of incidents are at the top end of the scale, causing severe harm or death. These trigger the most rigorous of investigations. The rates detailed below are per 1,000 bed days.

NDHT is committed to delivering quality patient care, ensuring high standards of health and safety, and minimising loss by providing a system of incident reporting which allows all staff to record any incident which causes harm, damage or loss or has the potential to do so.

Incident reporting presents an important opportunity to learn from past events and ensure steps are taken to minimise recurrences.

There is overwhelming evidence that NHS organisations with a high level of incident reporting are more likely to learn and subsequently increase safety for patients, staff and visitors.

The Trust ensures the right level of investigation is implemented whenever an incident is reported. The report into the investigation will ensure that local and organisational learning is taken and fed back to the relevant staff to ensure mitigation actions are put in place to prevent any recurrence.

Patient safety incidents reported:

Year	Period of coverage	Degree of harm	Type of incident	Indicator value (rate)
2020/21	Apr 2020 - Mar 2021	All	All	83.1
2019/20	Oct 2019 - Mar 2020	All	All	71.7
2019	Apr - Sep 2019	All	All	81.7
2018/19	Oct 2018 - Mar 2019	All	All	76.7
2018	Apr - Sep 2018	All	All	74.3
2017/18	Oct 2017 - Mar 2018	All	All	65.3
2017	Apr - Sep 2017	All	All	58.6
2016/17	Oct 2016 - Mar 2017	All	All	51

Safety incidents involving severe harm or death:

Year	Period of coverage	Degree of harm	Type of incident	Indicator value (rate)
2020/21	Apr 2020 - Mar 2021	Severe or death	All	0.26
2019/20	Oct 2019 - Mar 2020	Severe or death	All	0.14
2019	Apr - Sep 2019	Severe or death	All	0.36
2018/19	Oct 2018 - Mar 2019	Severe or death	All	0.32
2018	Apr - Sep 2018	Severe or death	All	0.54
2017/18	Oct 2017 - Mar 2018	Severe or death	All	0.39
2017	Apr - Sep 2017	Severe or death	All	0.51
2016/17	Oct 2016 - Mar 2017	Severe or death	All	0.18

Total number of incidents vs number leading to severe harm or death:

Year	Period of coverage	Total number of incidents reported	Number leading to severe harm or death
2020/21	Apr 2020 - Mar 2021	6,142	19
2019/20	Oct 2019 - Mar 2020	3,081	6
2019	Apr - Sep 2019	3,205	14
2018/19	Oct 2018 - Mar 2019	3,084	13
2018	Apr - Sep 2018	2,867	21
2017/18	Oct 2017 - Mar 2018	2,877	17
2017	Apr - Sep 2017	2,533	22
2016/17	Oct 2016 - Mar 2017	2,278	8

The Trust achieved its highest rate of incident reporting in 2021/22 with an indicator value of 83.1. The Trust has been actively working to promote a positive culture, of incident reporting, and had previously been noted to be one of the highest reporters of incidents in its reporting cluster (acute non-specialist trusts – there are 136 trusts in this cluster). This demonstrates an excellent reporting culture in the Trust and staff who are open and transparent in their work. The reporting cluster is set by the NLRS (National Reporting and Learning System).

We have noted earlier in this report the learning from Serious Incidents where the outcome has been death. All deaths are now subject to Medical Examiner scrutiny.

Responding to the personal needs of patients

The Trust collects information on its responsiveness to patients' personal needs, augmenting the feedback collected as part of the national inpatient survey and Friends and Family Test. Patients are asked five questions in order to compile an overview:

- Were you as involved as you wanted to be?
- Did you find someone to talk to about worries and fears?
- Were you given enough privacy?
- Were you told about medication side-effects to watch for?
- Were you told who to contact if you were worried?

Period	Indicator value - TRUST	Indicator value - ENGLAND
2019/20	69.1	67.1
2018/19	68.6	67.2
2017/18	72.3	68.6

*No new data available

How do patients rate the Trust?

PATIENT FRIENDS AND FAMILY TEST

'Overall, how was your experience of our service?'

Period	% positive			
	Inpatients TRUST	A&E TRUST	Inpatients ENGLAND	A&E ENGLAND
Feb-22	99%	100%	94%	77%
Mar-21	100%	99%	95%	87%

The positive percentages are based on responses received from 209 inpatients and 88 patients attending A&E in March 2021, and from 159 inpatients and nine patients attending A&E in February 2022.

We are proud of the high scores which show that those patients who did respond evaluated their experience as positive.

Staff survey

The national NHS staff survey 2021 questionnaires achieved a response rate of 51% from staff. Whilst this is lower than the previous year's response rate of 55%, it is, however still 5% higher than the national average for acute and acute and community trusts, which was 46%.

All NHS organisations take part in the NHS Staff Survey and staff are asked to anonymously share their views about their workplace and job satisfaction. It is an important indicator of how staff feel about working for their particular NHS trust. This year has seen the most significant changes to the survey in over a decade, and the questions are now aligned to the NHS People Promise

Key findings from the survey this year:

- NDHT scored above average in all of the seven people promise elements and the staff engagement and morale themes.
- Reduced scores have been seen across nearly 70% of questions when compared to 2020, reflecting the challenges that NDHT, and the NHS as a whole, has and continues to experience.
- Overall, the scores for NDHT on questions about health and wellbeing remain positive, with 60% of staff reporting that their organisation takes positive action on health and wellbeing (3% higher than average).
- A 2% improvement has also been seen in staff reporting that they have experienced musculoskeletal problems as a result of work.
- However work related stress continues to rise, with a further 3% decline seen in 2021.
- NDHT has the best score compared to similar trusts nationally for staff reporting that they have personally experienced discrimination at work from manager / team leader or other colleague.
- For the first time in two years, a decline can be seen in the advocacy scores, with less staff reporting that they would recommend the Trust as a place to work (68% versus 74% in 2020) or that they would be happy with the standard of care if a friend or relative needed treatment (73% versus 79% in 2020).
- Staff reporting that the organisation acts fairly with regard to career progression/promotion has increased positively by 2%
- After seeing a significant improvement in 2020, the amount of staff putting themselves under pressure to come to work has risen in 2021, from 40% in 2020 to 49% in 2021, which is mirrored nationally within the acute and community benchmarking group.

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNTS

The directors are required under the Health Act 2009 to prepare a quality account for each financial year.

The Department of Health has issued guidance on the form and content of annual quality accounts, which incorporates the legal requirements of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended by the National Health Service (Quality Accounts) Amendments Regulation 2011.


In preparing the quality account, directors are required to take steps to satisfy themselves that:

- the quality account presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the quality account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review

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

By order of the Board

Date: 8 June 2022


Chief executive

STATEMENT FROM OUR STAKEHOLDERS

NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group (CCG) would like to thank Northern Devon Healthcare Trust (NDHT) for the opportunity to comment on the quality account for 2021/22. NDHT is commissioned by NHS Devon CCG to provide a range of acute, secondary and integrated services across Devon. We seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is a positive one.

As Commissioners we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2021/22 period.

While managing the ongoing impact of COVID-19 and the challenges presented by the impact on emergency and planned care, Devon health services have worked closely together to share expertise and good practice, as well as providing mutual aid and testing new ways of working.

Despite the pressure on staff and services, this Quality Account has highlighted a number of positive results against key objectives for 2021/22. These include:

- **Patient Experience** – The Joint Patient Experience Strategy has progressed to the final consultation stage, following this the strategy will be ratified at Governance Committee and a work plan to support implementation will be developed with relevant stakeholders. The Governance arrangements for patient experience have continued to progress, both Trusts have established their Patient Experience Operational Groups.

The revised patient experience metrics are now fully embedded into the integrated performance reporting schedule and are presented to the Joint Trust Board at each meeting of the Board. A reporting schedule is currently under development through the newly established patient experience governance framework. The strategy is undergoing final consultation, the RAG rating remains amber until ratified.

- **Just Culture** – The Trust has taken an active involvement in national and regional Patient Safety meetings ahead of the PSIRF launch in the coming months and making use of a new training supplier framework that intends to support organisations to develop skills around learning from patient safety incidents. Work on ensuring Just Culture in incident investigations continues with a Virtual Conference ‘Civility Saves Lives’ with Dr Chris Turner. Growing a Safer Culture together for all enabled through online learning events.

Understanding how staff feel about the investigation process is in progress and will enable an informed and tailored approach to embedding the just culture, alongside the training offer and through induction and preceptorship programmes. Moving forward as one Trust, NDHT and RD&E are working collaboratively and sharing learning and good practice.

- **Pressure Ulcers** – Progress across the work streams to improve pressure ulcers is evident, although the pace of this work has been challenged by the staffing and operational pressures during this period. Ongoing areas of work are the QI project on Pressure Ulcers, where initial data collection has been completed in readiness for the next stage of the project. Back to basics training has been completed with all community teams. And targeted support with Glossop and Capener is ongoing to identify staff knowledge in recognising category 1 pressure ulcers to increase early identification. Ward based support by the TV team continues with staff in these areas. The CCG remains interested and supportive of NDHT progressing quality improvement actions focused on Pressure Ulcers.

Additional areas of improvement have been the opening of two new CT scanners at North Devon District Hospital, meaning patients in North Devon have access to the very latest diagnostic equipment in the UK. Eye patients at Bideford Community Hospital will now enjoy a greatly enhanced service thanks to a generous £30,000 donation from the hospital’s League of Friends.

NDHT’s Maternity and Neonatal services successfully passed their Baby Friendly Initiative Stage 2 assessments in November 2021. The Baby Friendly Initiative is a worldwide, evidence-based, staged accreditation programme of the World Health Organisation and UNICEF.

In March 2022 work began on a new £1.9 million ward at North Devon District Hospital that will help reduce the waiting time for patients needing planned orthopaedic surgery. A modular ward is being installed at the hospital in Barnstaple, which will provide 10 beds that will be set aside for planned orthopaedic surgery, such as knee and hip operations.

Priorities for Improvement in 2022/23

The Trust aspire to continuous quality improvement, as evidenced within this Quality Account. We can confirm it reflects our experience as commissioner. The five quality priorities as set out below for 2022/23 demonstrate this commitment.

- Priority one - Improving learning from incidents
- Priority two - End of life care – digital enablement
- Priority three - Building a safety culture
- Priority four - Learning from our successes
- Priority five - Embedding best practice in communication

The CCG looks forward to working with RDUHPT in the coming year, in continuing to make improvements to the quality of the services provided to the people of Devon. .

On review of this Quality Account, NDHT’s commitment to continually improve quality of care is evident. The CCG looks forward to working with NHDT in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

Healthwatch Devon, Plymouth & Torbay (HWDPT)

Healthwatch Devon, Plymouth & Torbay (HWDPT) welcomes the opportunity to provide a statement in response to the quality account produced by the Northern Devon Healthcare NHS Trust for the year 2021/22.

During the last 12 months the COVID-19 pandemic has continued to affect the day-to-day delivery of NHS and Social Care services and the experience of patients awaiting treatment. During this period, we have witnessed the challenges faced by the Trust as the level of Covid cases within Devon fluctuated and variants of the virus were identified. Each wave of the virus has brought its own challenges not only for service delivery but also for staff who have been under consistent pressure for a long period.

Whilst reviewing last year's priorities we acknowledge that the pandemic has had a significant impact on the services provided by NDHT and recognise that this may have affected the progress of the priorities set by the Trust.

Priority 1 - Patient Experience (Joint with RD&E)

As the Trust moved forward with its plan to merged with Royal Devon & Exeter Foundation Trust, it made sense to develop a joint patient experience strategy to enable shared learning and improve patient experience across all sites. We acknowledge that there is still further process to be ratified but are encouraged by the work so far.

Priority 2 - Just culture (Joint with RD&E)

The Just Culture concept and methodology complements work to implement the national patient safety strategy. Whilst staff focused, the concept is firmly aimed at improving patient safety and experience. We note that not as much progress has been made over the year due to operational pressure but would hope that what has been achieved is built upon over the next 12 months.

Priority 3 - Pressure Ulcers

Because of the operational pressure caused by the pandemic the Trust have experienced difficulties in undertaking the outlined actions within this initiative that covers both the acute and community setting. HWDPT is pleased to read that progress has and is still being made to complete the actions identified.

Priorities for 2022/23

HWDPT notes the priorities for 2022/23 and looks forward to hearing about the progress made during the coming year.

Healthwatch in Devon, Plymouth & Torbay look forward to developing our relationship with Royal Devon University Healthcare Foundation Trust moving forward by liaising directly around patient experience to ensure that the patient voice is heard at service design and decision-making level.

Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Northern Devon Healthcare NHS Trust's Quality Account for the year 2021/22. All references in this commentary relate to the reporting period of 1 April 2021 to 31 March 2022 and refer specifically to the Trust's relationship with the Scrutiny Committee.

Based on its knowledge, the Scrutiny Committee believes that the Quality Account provides a and fair reflection of the services offered by the Trust. It commends the Trust on a comprehensive Quality Account for 2021/22.

Members appreciate the positive work that has been carried out by the Trust in reference to the 2021/22 priorities. In particular, the Committee welcomes the investment and work on a new ward at North Devon District Hospital to reduce waiting times for planned orthopaedic surgery. The Scrutiny Committee also congratulates the Trust on being the first in England to gain accreditation to a new standard supporting those with extra communication needs.

The Committee also welcomes the procurement of high-quality diagnostic equipment, including two CT scanners open at North Devon District Hospital. Members see this as a positive sign that investment is being used in the right areas to ensure a high level of care for patients.

The Scrutiny Committee welcomes the Priorities for Improvement in 2022/23. It views these priorities as comprehensive and wide-ranging as has confidence in the Trust to act according to these priorities in ensuring excellent delivery of services and care to patients and staff.

Members note the ongoing difficulties surrounding COVID-19 and the impact that the pandemic has had on service delivery. The Committee appreciates transparency around these difficulties and thus has confidence that the Trust will continue working to improve performance in an honest and reflective manner.

The committee welcomes a continued positive working relationship with the Trust in 2022/23 and beyond to ensure the best possible outcomes. The Committee notes the Trust will be reporting back next year as the Royal Devon University Healthcare NHS Foundation Trust after having merged with the Royal Devon and Exeter NHS Foundation Trust and hopes that this will prove beneficial to patient outcomes and service delivery.

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT

Updates have been provided by NHS England and NHS Improvement to NHS accounts timetable and year-end arrangements. These updates were issued in light of the continuing impact of the COVID-19 outbreak.

The Trust was advised that auditor assurance work on quality accounts and quality reports for 2021/22 is not required.

Therefore there is no limited assurance report available for inclusion in the 2021/22 quality account.

ANNEX A: participation in clinical audits

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in between April 2021 and March 2022 are shown below in Table 1.

Table 1

Title	Trust Eligible	Trust Participated	Nos included –status 31/03/2022
British Spine Registry	✓	✓	37 (100%)
BTS Respiratory Audits National Outpatient Management of Pulmonary Embolism	✓	X	Trust did not participate
Case Mix Programme (CMP) (ICNARC)	✓	✓	Awaiting final figures
Elective Surgery (National PROMs Programme)	✓	✓	Awaiting final figures
Emergency Medicine Quality Improvement Projects (QIPs) 2021/22 Pain in Children (Care in Emergency Departments)	✓	✓	100% so far, data collection finishes October 2022
Falls and Fragility Fractures Audit Programme National Audit of Inpatient Falls National Hip Fracture Database Fracture Liaison Service Database	✓ ✓ ✓	✓ ✓ X	100% Awaiting final figures Trust did not participate
Learning Disabilities Mortality Review Programme (LeDeR)	✓	✓	Inpatient deaths of patients with learning disabilities are notified to LeDeR as they arise. The LeDeR programme of mortality review work is undertaken externally.
Major Trauma: The Trauma Audit & Research Network (TARN)	✓	✓	Awaiting final figures
Maternal, Newborn and Infant Clinical Outcome Perinatal Mortality Surveillance Perinatal confidential enquiries Maternal Mortality Surveillance and mortality confidential National Perinatal Mortality Review Tool	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	100% of cases submitted. Figures not yet available.
National Asthma and COPD Programme (NACAP) Paediatric Asthma Secondary Care Adult Asthma Secondary Care COPD Secondary Pulmonary Rehabilitation – Organisational and Clinical Audit	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	Continuous data collection 100% Continuous data collection 100% Continuous data collection 100% Continuous data collection 100%
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	NABCOP does not directly collect patient data, instead it uses existing sources of patient data collected by national organisations.
National Audit of Cardiac Rehabilitation	✓	✓	326 (100%)
National Audit of Care at the End of Life (NACEL)	✓	✓	40 cases (100%)

Title	Trust Eligible	Trust Participated	Nos included –status 31/03/2022
National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	0 (0%)
National Cardiac Arrest Audit	✓	✓	27 cases (100%)
National Early Inflammatory Arthritis Audit (NEIAA)			38 cases (100%)
National Diabetes Audit – Adults			
National Diabetes Foot Care Audit (NDFA)	✓	✓	103 (100%)
National Diabetes Core Audit (CORE)	✓	✓	CORE: 100% (DOB & NHS Numbers only as data provided by Primary care)
National Pregnancy in Diabetes Audit (NPID)	✓	✓	NPID – (100%)
National Inpatient Diabetes Audit, including National Diabetes in-patient Audit - HARMS	✓	✓	National Inpatient Audit did not run in 2021/22 - Harms 100%
National Cardiac Surgery Audit Programme (NCAP)			
National Audit of Cardiac Rhythm Management	X	X	NACRM not relevant to Trust
Myocardial Ischaemia national audit project (MINAP)	✓	✓	Awaiting final figures
National Adult Cardiac Surgery Audit	X	X	NACSA not relevant to Trust
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	X	X	PCI not relevant to Trust
National Heart Failure Audit (NHFA)	✓	✓	Awaiting final figures
National Congenital Heart Disease	X	X	NCHD not relevant to Trust
National Child Mortality Database (NCMD)			100%
National Emergency Laparotomy Audit (NELA)			117 (100%)
National Gastro-intestinal Cancer Programme			
National Oesophago-gastric Cancer	✓	✓	100%
National Bowel Cancer Audit	✓	✓	
National Joint Registry	✓	✓	Awaiting final figures
National Lung cancer Audit (NLCA)	✓	✓	100%
National Maternity and Perinatal Audit	✓	✓	1269 (100%)
National Neonatal Audit Programme - Neonatal and special care (NNAP)	✓	✓	119 (100%)
National Ophthalmology Database (NOD)	✓	✓	Number of cases unknown as automatically uploaded (100%)
National Paediatric Diabetes (NPDA)	✓	✓	Continuous data collection. 83 cases for 2021-22 (100%) due for submission later in the year
National Prostate Cancer Audit	✓	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	Awaiting final figures
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	✓	9 (100%)
UK Cystic Fibrosis Registry	✓	✓	100%
Chronic Kidney Disease Registry	✓	✓	(100%) Awaiting confirmation of numbers

Title	Trust Eligible	Trust Participated	Nos included –status 31/03/2022
BAUS Urology Audits			
Cystectomy	X	X	
Cytoreductive Radical Nephrectomy	X	X	We do not provide these services at NDDH
Nephrectomy	X	X	
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	X	X	
Cleft Registry and Audit Network (CRANE)	X	X	Specialist centres only
Inflammatory Bowel Disease programme	X	X	Trust not participating.
Mental Health Clinical Outcome Review Programme (NCISH)	X	X	Applies to mental health trusts only
National Comparative Audit of Blood 2021 Audit of Patient Blood Management & NICE Guidelines 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	X	X	Audit suspended for 2021-22
National Audit of Pulmonary Hypertension	X	X	Only 8 designated centres take part.
National Audit of Psychosis EIP Spotlight	X	X	Does not apply to NDDH
National Audit of Dementia	X	X	Did not run in 2021/22
National Audit of Cardiovascular Disease Prevention	X	X	Does not apply to NDDH.
Out of Hospital Cardiac Arrest Outcomes (OHCAO) Registry	X	X	Not relevant to NDHCT
National Vascular Registry	X	X	Does not apply to NDDH
Neurosurgical National Audit Programme	X	X	We do not provide this service at NDDH
Paediatric Intensive Care	X	X	Not applicable to the Trust
Prescribing Observatory for Mental Health Prescribing for depression in adult mental health services Prescribing for substance misuse: alcohol detoxification	X	X	Applies to mental health trusts only
Society for Acute Medicine's Benchmarking Audit (SAMBA)	X	X	Did not participate due to Covid
Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	X	X	Not applicable to the Trust

The national confidential enquiries that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2021 to March 2022 are shown below in Table 2:

Table 2

NCEPOD Study Title	Trust Eligible	Trust Participated	No.s Included
Child Health Clinical Outcome Review Programme			
Transition from child to adult health services	✓	✓	Organisational only completed, no patients relevant to criteria
Medical and Surgical Clinical Outcome Review Programme			
Epilepsy Study Organisational Questionnaire	✓	✓	Still in progress
Epilepsy: Hospital attendance	✓	✓	Still in progress

