

# Quality Account

2014/2015

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Presented to Parliament as part of the 'Annual Report and Accounts 2014/15' pursuant to the National Health Service (Quality Accounts) Regulations 2010 and Schedule 7, paragraph 25(4) of the National Health Service Act 2006

# Introduction

Northern Devon Healthcare NHS Trust (NDHT) operates across 1,300 square miles, providing care for people from Axminster to Bude and from Exmouth to Lynton.

The Trust offers both **acute services**, centred on North Devon District Hospital (NDDH), and **integrated health and social care community services**, which encompass a network of 17 community hospitals and 9 health and social care teams across Torridge, North Devon, East Devon, Exeter, Mid Devon, Teignbridge and West Devon.

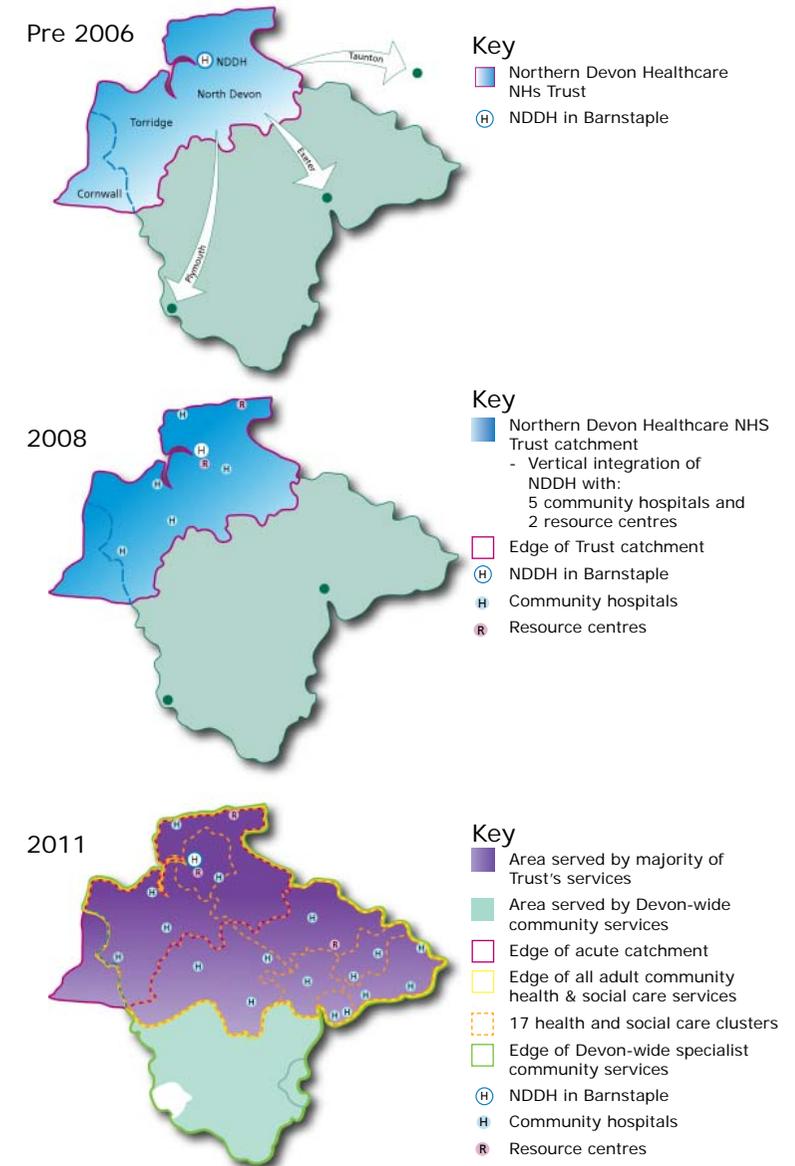
Our community-based and specialist health and social care staff work from local bases and, increasingly, in people's own homes. This is in line with the national priority of making sure treatment and care are as accessible as possible, with hospital stays reserved for those who have more serious conditions.

Integration - a 'joined up' approach – is essential to this way of working. The Trust was one of the first in England to integrate acute and community health and social care services.

These multi-disciplinary community teams now support close to 7,000 Devon residents to live independently and healthily in their own homes, often with quite complex illnesses.

At any one time, the Trust supports 7,000 patients in their own homes and 600 people in hospital beds. It employs more than 4,300 staff and serves a population of around 484,000, with a budget of £227 million.

From its headquarters in Barnstaple and Exeter, the Trust is responsible for the management of, and services provided from, the following bases:



## North Devon District Hospital, Barnstaple

In 2014/15, staff at North Devon District Hospital treated 46,237 inpatients, saw 192,949 outpatients and delivered 1,626 babies.

The populations of Torrridge and North Devon account for 94 percent of patients admitted to North Devon District Hospital, with the remaining six percent coming from residents from the Cornish and Somerset borders or tourists to the area.

North Devon District Hospital provides a 24/7 accident and emergency service. In 2012 it was designated as a trauma unit within a trauma network serving the whole of Devon and Cornwall. This ensures that residents of northern Devon have access to trauma services.

The Trust offers a range of general medical services including cardio-respiratory, stroke care and gastro-enterology. General surgical services include orthopaedics, vascular and colorectal specialties. NDDH is recognised by the Royal College of Surgeons as having one of the highest rates of surgery performed as a day case in England.

The Trust also runs very successful ophthalmology services, which use the latest procedures and techniques to treat glaucoma and macular degeneration.

The Trust has a strategy to repatriate appropriate services to northern Devon to meet the needs of the local community, so fewer people have to travel out of the area for treatment. Wet, age-related macular degeneration is one real success story as we brought the service to NDDH from South Devon. The team at NDDH now secures some of the best outcomes for eye patients in the South West.

The Trust offers patients a choice of local, specialist services and invites consultants from other neighbouring trusts to hold clinics in the area. The Trust works with Taunton on a vascular network, Derriford on a neonatal network and Royal Devon & Exeter (RD&E) on a cancer network.

## Highlights in 2014/15

- ▶ We opened England's first purpose built dementia ward in an acute hospital.
- ▶ The new Chemotherapy and Day Treatment centre; the Seamoor Unit, opened at NDDH. This cost of this new unit was entirely fundraised by the efforts and support of the local community.

As well as acute and community services, the Trust has a range of intermediary services which aim to control and facilitate the flow of patients to and from the acute hospital.

Our pathfinder team at NDDH and our onward care team at the RD&E liaise with the wards in both acute hospitals to organise timely and safe discharges for patients who require ongoing care or support after leaving hospital. As members of the local health and social care teams, the pathfinder and onward care teams develop and arrange any care packages that are required to ensure the patient can leave hospital, with the right support to live independently at home.





## Specialist community services

The Trust is the main provider of specialist community healthcare services across North, East, Mid and South Devon, including audiology, podiatry and sexual health.

We also provides stop-smoking and bladder and bowel care services in these areas.

The Trust runs two walk-in centres in Exeter, based in Sidwell Street and at the RD&E. These services are led by specialist nurses who can provide treatment for minor injuries or illnesses such as sprains, cuts and minor infections.

### Healthy Teeth Devon

[www.healthyteethdevon.nhs.uk](http://www.healthyteethdevon.nhs.uk)



[www.thecentresexualhealth.org](http://www.thecentresexualhealth.org)



[www.healthpromotiondevon.nhs.uk](http://www.healthpromotiondevon.nhs.uk)

**More information on the Trust's services is available on the website: [www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk) or on [www.nhs.uk](http://www.nhs.uk)**

## Trust vision and strategy

We will deliver integrated health and social care to support people to live as healthily and independently as possible, recognising the differing needs of our local communities across Devon.



\* The Electronic Health Record will support us in delivering high standards of seamless patient care and improved levels of patient safety, recognising the Trusts Vision, Objectives and Strategies.

# Statement on quality from the Chief Executive and Chairman

Welcome to the Northern Devon Healthcare NHS Trust's Quality Account for 2014/15, which represents both our opportunity to explain what we are doing to improve the quality of care of our patients as well as a means by which you can hold us to account.

It sets out our four priorities for 2015/16 (part 1) and shows our progress against the priorities contained within the 2014/15 Quality Account (part 3).

For example, we have made excellent progress over the last year in reducing noise at night to aid patients' rest and recovery, and have worked to improve nutrition and hydration, a key factor in healing.

We recognise that there is still work to do in improving the information we provide to patients whilst they are in hospital about medication side effects, but are pleased that some progress has been made in this area over the last year.

The priorities for 2015/16 were chosen from a long list that reflected issues identified by our staff, patients and the public.

## What does 'quality' mean?

For the Trust, quality means that:

1. Our services are safe. We keep our patients free from avoidable harm or infection.
2. The care we provide is effective. We provide good clinical outcomes for patients.
3. The experience of patients meets their expectations. We explain what is going to happen and treat patients with compassion and respect at all times.

The four priorities with the most votes are described in Part 1 of the Quality Account.

We have selected these four areas for improvement following consultation with the public, our staff and other stakeholders and by reviewing what our patients tell us through feedback.

However, we can assure you that just because a particular issue is not contained within the Quality Account, it does not mean that we will relax our efforts on other important issues. It simply means there is a particular focus on the four chosen areas to bring rapid improvement and demonstrate real change that we can all see. The information on other quality and performance can be found in our monthly performance board reports at [www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk)

We look forward to updating you next year on our progress.



**Alison Diamond**  
Chief Executive



**Roger French**  
Chairman

June 2015

# Statement of directors' responsibilities in respect of the Quality Account

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 in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 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; and
- ▶ the Quality Account has been prepared in accordance with Department of Health guidance.

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

.30/06/2015. Date ..... Chairman



.30/06/2015. Date ..... Chief Executive



# Part 1 - Priorities for improvement in 2015/16

## One:

### Care in the chair – preventing pressure damage when a patient is out of bed

Applies to:

Acute and community care

#### What is the issue?

A pressure ulcer, (which you may previously have known as a 'bed sore' or 'pressure sore') is a localised area of damage to the skin and / or underlying tissues.

Pressure ulcers may appear to be minor, causing symptoms such as redness, but can develop into something more serious developing from a blister to an open wound, which could affect deeper tissue or even bone. If untreated, pressure ulcers can deteriorate further and seriously affect general health and / or delay a patient's recovery.

Pressure ulcers can develop in a relatively short time, therefore, it is important to prevent them or notice and recognise early signs of damage. They can be caused by unrelieved direct pressure, such as sitting in one position for too long, or by resting heels on the floor or a footstool without moving for long periods.

#### Why is it a priority?

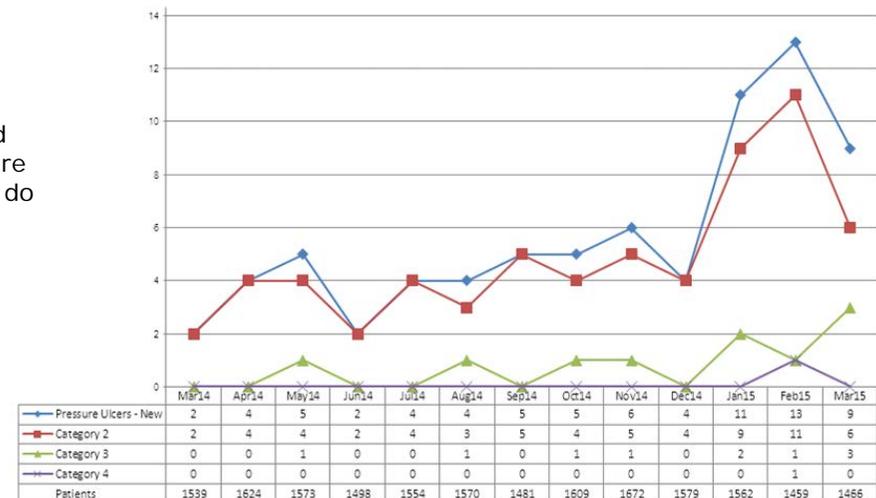
When in a sitting position in a chair or wheelchair, we know that there are particular parts of the body that are at an increased risk of developing pressure damage if we do not take the appropriate actions. These are the sacrum (or tailbone), shoulder blades, backs of the knees and, particularly, the heels. Pressure ulcers can be painful and take a long time to heal and we want to ensure that we are putting the correct actions into place with our patients to do everything we can to avoid pressure damage occurring.

#### How did we do in 2014/15 for this topic?

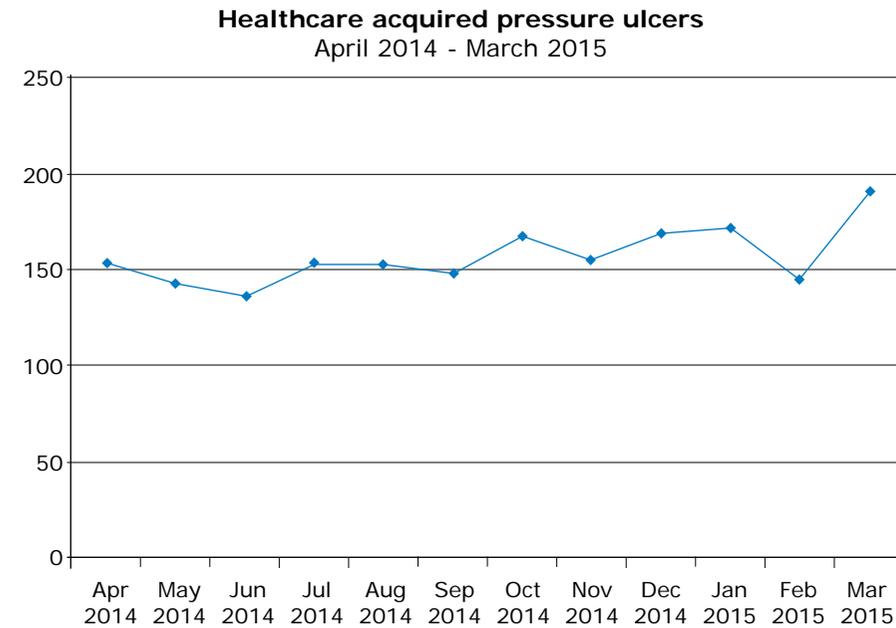
By reviewing the data captured in the monthly NHS Safety Thermometer report (which is a point prevalence survey capturing data on one day of the month, every month), we know that there has been an increase in the number of pressure ulcers developing in our patients over the past year. The significant increase we saw in December, January, and February 2015 occurred in a time of increased ED attendances, admissions and activity generally. We can also see a similar picture when reviewing our incident reporting data, which is captured through our electronic incident reporting system (Datix).

Whenever a grade three or four (the two most serious categories) pressure ulcer occurs, we undertake a thorough investigation. We know that a significant number of these occurred whilst patients were sitting in chairs or wheelchairs, and because patients were not encouraged to move or relieve pressure frequently, or were not advised of the risks of, for example, resting their heels on a bar underneath a table.

**NHS Safety Thermometer Report**  
March 2014 to March 2015



### Incidents reported via the Trust electronic incident reporting system (Datix)



### What do we aim to do in 2015/16?

We will aim to eliminate grade three and grade four pressure ulcers, and will reduce the number of grade two pressure ulcers by 30%. We will ensure that those caring for patients, whether in hospital or in their own homes, will have the skills and knowledge to put care into place that significantly reduce the risk of pressure damage occurring. We will also ensure that patients are aware of their risk of developing pressure damage and what they can do to help prevent this harm.

### How will we monitor progress?

We will continue to review both reported incidents and NHS Safety Thermometer data at various groups and committees, including the Strategic Tissue Viability Group, the Patient Safety Operational Group, and the Safer Care Delivery Committee. We will specifically monitor the rate of grade three and four pressure ulcers, and will develop action plans in areas that do not demonstrate incremental improvement in the number of pressure ulcers developing in patients they care for.

## Two:

### Better communication with our patients

Applies to:

Acute and community care

#### What is the issue?

The Parliamentary and Health Service Ombudsman reported in November 2014 that three out of every 10 complaints about the NHS relate to communication. Our Trust data also demonstrates that communication is a significant cause of complaint for our patients and their families.

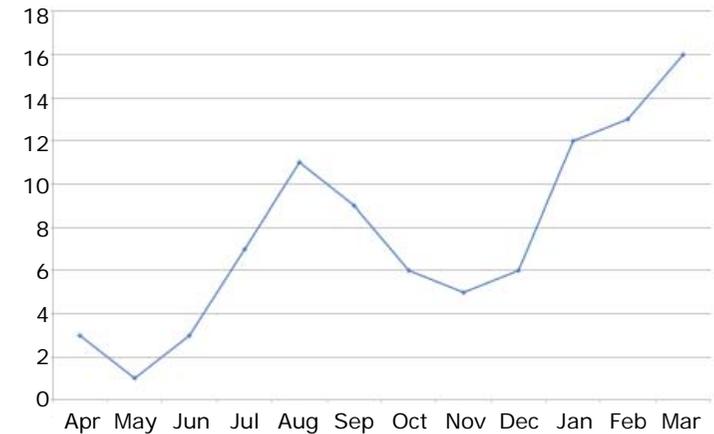
#### Why is it a priority?

We know that good, effective, and clear communication by staff has many benefits, including:

- ▶ Reducing misunderstandings and the likelihood of patients making complaints or raising concerns
- ▶ Increases patient safety by ensuring everyone is aware of any risks or anxieties
- ▶ Ensures that we get accurate and relevant information from our patients in a timely way
- ▶ Enables patients to take more responsibility for their own care and treatment
- ▶ Enables patients to have a better understanding of the roles of all the different staff involved in their care
- ▶ Makes better use of our time with patients
- ▶ Leads to greater patient satisfaction and better outcomes for patients

#### How did we do in 2014/15 for this topic?

The number of complaints where communication was an issue has increased over the last year.



#### What will we aim to do in 2015/16?

By undertaking a 'deep dive' of all of the complaints where communication is a factor in why the patient or their family complained, we aim to develop a more in-depth understanding of which specific aspects of communication that people complain about, and put actions into place to help staff improve the way in which they talk to patients.

Ultimately, we aim to reduce the number of complaints that include communication as a factor.

We will make sure that frontline staff understand the behaviours expected of them; know how to handle complaints; and are equipped with the skills to defuse more challenging behaviour if this occurs.

#### How will we monitor progress?

We will report the findings of the deep dive to the Learning from Patient Experience Group and to the Quality Assurance Committee, which is a sub-group of the Trust Board. Through the Learning from Patient Experience Group, we will also continue to monitor the number of complaints that include communication as a cause for concern.

## Three:

### Improving pain management for patients

Applies to:

Acute, community and home care

#### What is the issue?

Healthcare providers have a responsibility for ensuring that patients are offered the best level of pain relief that can safely be provided, but international research continues to demonstrate that pain is often underestimated and under-treated. Additionally, pain management in a population with increasing diagnoses of dementia can be challenging for staff.

#### Why is it a priority?

Although pain can protect us by forcing us to rest an injury or to stop doing something, the experience of being in a state of pain can have a profound effect on our quality of life. Uncontrolled pain has the potential to:

- ▶ Delay healing
- ▶ Decrease appetite
- ▶ Increase stress
- ▶ Disrupt sleep
- ▶ Cause anxiety and depression

all of which can have a significant impact on the health outcome for patients.

#### How did we do in 2014/2015 for this topic?

During their most recent inspection, the Care Quality Commission (CQC) told us that we needed to improve the way in which we assess patients' pain, and that we should consider including pain assessment as part of our comfort rounding. We also have some anecdotal evidence that suggests we do not always support patients in helping to manage their pain effectively. We do know that we do not always document our assessment of a patient's pain, particularly when they are accessing our minor injuries units. We have introduced a new care plan to support nurses in assessing pain levels and developing a plan of care to manage these, but feel that we could still do more.

People living with dementia or with cognitive issues could find describing their pain more difficult, so they would require additional tools for assessment.

#### What do we aim to do in 2015/2016?

We will review our current pain assessment tools to ensure that they are fit for purpose and will work with patients to ensure they help develop their pain management plans, and are aware of what pain relief is available to them, and how they can help in the pain management process. We will also revise our documentation to allow assessment of pain / pain scores to be recorded more frequently. We will also ensure that discussions about patients' pain levels are included in bedside handover and safety briefings.

#### How will we monitor progress?

We will carry out regular audit of pain assessment and pain management and, where we see gaps, will work with wards and teams to help them improve the way they manage patients' pain. We will report on the progress of this aim through the Patient Safety Operational Group and the Senior Nurse Forum.

## Four:

### Improving dementia care in inpatient wards

Applies to:

Acute and community care

#### What is the issue?

It is estimated that patients with dementia occupy up to 40% of inpatient beds, but that only half of these have a diagnosis of dementia before admission. The demographic profile of Devon suggests that the proportion of patients with dementia is higher locally, and will increase in line with our ageing population. By 2021, we expect the population of 60-80 year olds to increase by 40%.

#### Why is it a priority?

Being admitted to hospital is an anxious and potentially frightening experience for anybody. For older people who may already have a degree of impairment of their memory, perception, or judgement; admission may result in agitation, disorientation and distress. Dementia can lead to these feelings and is a prime cause of confusion in hospital, though not the only one; other forms of cognitive and sensory impairment can also cause confusion. As set out above, the challenge will increase as the population ages. We have made significant improvements in the way in which we care for patients with dementia, and will continue to build upon this solid foundation.

#### How did we do in 2014/15 for this topic?

Over the last year, we have

- ▶ Refurbished wards to ensure environments are dementia friendly
- ▶ Improved the way in which we screen, assess and diagnose dementia
- ▶ Created over 560 of our staff in all roles in the organisation as dementia friends

#### What do we aim to do in 2015/16?

Over the next year, we will

- ▶ Review and implement, where practicable, the aims of John's Campaign, which supports the rights of carers to stay with people with dementia when they are admitted to hospital
- ▶ Develop dementia specific activities across the Trust, based on excellent work already ongoing in Tiverton and District Hospital
- ▶ Reviewing the provision of 'finger food' for patients in our care
- ▶ Improve information and education for patients carers and staff about Delirium which is related to dementia and presentations of confusion

#### How will we monitor progress?

We will monitor progress through the Dementia Steering Group and the Learning from Patients' Experience Group.

## Part 2 - Statements of assurance from the Board

### Review of services

During 2014/15, Northern Devon Healthcare NHS Trust provided and/or sub-contracted 30 acute and 20 community services.

Northern Devon Healthcare NHS Trust has reviewed all the data available to it on the quality of care in all 50 of these NHS services.

The income generated by the NHS services in 2014/15 represents 93% of the total income generated from the provision of services by the Northern Devon Healthcare NHS Trust for 2014/15.

### Participation in clinical audits

During April 2014 – March 2015, 32 National Clinical Audits and 2 National Confidential Enquiries covered the NHS services that Northern Devon Healthcare NHS Trust provides. During that period Northern Devon Healthcare NHS Trust participated in 25 (78%) National Clinical Audits and 2 (100%) National Confidential Enquiries of the National Clinical Audits and National Confidential Enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2014 – March 2015 are shown below.

The national clinical audits and national confidential enquiries that Northern Devon Healthcare NHS Trust participated in, and for which data collection was completed during April 2014 – March 2015, 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.

<b>NATIONAL CLINICAL AUDITS</b>				
<b>REF</b>	<b>TITLE</b>	<b>TRUST ELIGIBLE</b>	<b>TRUST PARTICIPATED</b>	<b>Nos INCLUDED</b>
HRT004	Cardiac Rhythm Management (CRM)	N	N	
HRT003	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	N	N	
HRT005	Coronary Angioplasty	N	N	
MTH003	Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	N	N	
WCH001	Paediatric Intensive Care (PICANet)	N	N	
-	Prescribing Observatory for Mental Health (POMH)	N	N	
-	Pulmonary Hypertension (Pulmonary Hypertension Audit)	N	N	
-	Renal Replacement Therapy (Renal Registry)	N	N	
HRT002	National Adult Cardiac Surgery Audit	N	N	

NATIONAL CLINICAL AUDITS				
REF	TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED
LTC009	Chronic Kidney Disease in primary care	N	N	
-	British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	Y	N	
-	Adult Community Acquired Pneumonia	Y	N	Due to the number of other pneumonia-related audits the Trust participates in, a decision was taken not to participate in this audit to avoid duplication of data.
LTC004	Inflammatory Bowel Disease (IBD)*	Y	N	The Trust plans to participate in this audit when the IBD nurse commences.
	Fitting child (care in emergency departments)	Y	N	Too few cases to present.
-	Mental health (care in emergency departments)	Y	N	Department has completed another year long audit relating to mental health.
-	Older people (care in emergency departments)	Y	N	
-	Pleural Procedure	Y	Partial	We entered organisational data for this audit but not patient data due to the small numbers.
HRT001	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Y	Y	299/299 (100%)
CAN001	Bowel Cancer (NBOCAP)	Y	Y	142/142 (100%)
-	Case Mix Programme (CMP)- ICNARC	Y	Y	377/377 (100%)
ACU001	National Joint Registry (NJR)			
	HIPS	Y	Y	442/442 (100%)
	KNEES	Y	Y	310/310 (100%)
	ANKLES	N	N	Not performed here
	ELBOWS	Y	Y	1/1 (100%)
	SHOULDERS	Y	Y	39/39 (100%)
	No of Primaries			765
	No of Revisions			27 (from PAS)

NATIONAL CLINICAL AUDITS				
REF	TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED
LTC002	Diabetes (Adult) includes: National Diabetes Inpatient Audit (NADIA) NPID NDFA	Y	Y	No IP audit 2014 NPID=5/6 (83%) NDFA=51/56 (91%)
LTC005	Diabetes (Paediatric) (NPDA)	Y	Y	69/69 (100%) submitted to 2013-14 audit in July 2014
-	Elective surgery (National PROMs Programme)	Y	Y	991/1180 (84%)
WCH002	Epilepsy 12 audit (Childhood Epilepsy)	Y	Y	16/16 (100%) entered in to Round 2 in May 2014
OLP009	Falls and Fragility Fractures Audit Programme (FFFAP)	Y	Y	245 (NHFD)
	Head and neck oncology (DAHNO)	Y	Y	9/9 (100%)
CAN002	Lung cancer (NLCA)	Y	Y	112/112 (100%)
-	Major Trauma: The Trauma Audit & Research Network (TARN)	Y	Y	135/135(100%)
WCH006	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Y	Y	7/7 (100%)
-	National Audit of Intermediate Care	Y	Y	64/64 (100%)
-	National Cardiac Arrest Audit (NCAA)	Y	Y	Data 01/04/14 to 31/12/14 only. Not yet validated or sent to the Prevention and Resuscitation Group for approval. 52 calls for cardiac arrest of these 24 inpatients
LTC007	National Chronic Obstructive Pulmonary Disease (COPD)  Audit Programme*	Y	Y	13/19(68%) Pulm Rehab 59/66(89%) Second care
-	National Comparative Audit of Blood Transfusion programme	Y	Y	8/8 (100%)
ACU003	National Emergency Laparotomy audit (NELA)	Y	Y	59/99 (60%)

<b>NATIONAL CLINICAL AUDITS</b>				
<b>REF</b>	<b>TITLE</b>	<b>TRUST ELIGIBLE</b>	<b>TRUST PARTICIPATED</b>	<b>Nos INCLUDED</b>
HRT007	National Heart Failure Audit	Y	Y	282/282 (100%) Few cases still to be added. All cases of HF considered to be captured
CAN006	National Prostate Cancer Audit	Y	Y	197/197 (100%)
HRT008	National Vascular Registry* Angioplasty Carotid Lower limb bypass Major amputation	Y	Y	2 9 50 19
WCH004	Neonatal Intensive and Special Care (NNAP)	Y	Y	186/186(100%) episodes 166/166(100%) babies (2014 cases)
CAN005	Oesophago-gastric Cancer (NAOGC)	Y	Y	48/48 (100%)
LTC008	Rheumatoid and Early Inflammatory Arthritis*	Y	Y	55/55 (100%)
OLP008	Sentinel Stroke National Audit Programme (SSNAP)*	Y	Y	414/414 (100%)

<b>NATIONAL CONFIDENTIAL ENQUIRIES</b>				
<b>REF</b>	<b>NCEPOD STUDY TITLE</b>	<b>TRUST ELIGIBLE</b>	<b>TRUST PARTICIPATED</b>	<b>Nos INCLUDED</b>
ACU002	Sepsis Study	Y	Y	5/16 (31%)
	Acute Pancreatitis Study	Y	Y	5/38 (13%)

The reports of 10 National Clinical Audits were reviewed by the provider in April 2014 – March 2015 and Northern Devon Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

<b>NATIONAL CLINICAL AUDIT REPORTS</b>		
<b>REF</b>	<b>NATIONAL CLINICAL AUDIT REPORT TITLE</b>	<b>ACTIONS TAKEN</b>
-	Diabetes (Adult) Inpatients 2013	The purpose of this audit was to highlight areas where diabetes care for inpatients is good, and where improvements still need to be made, so hospitals can make changes to improve their overall standards. Actions resulting from this audit included the implementation of a policy in the overall injectable therapies standard operating procedure and the promotion of medication and insulin safety via e-learning. Provision of education for nursing and medical staff - during study days, clinical governance days and F1 training was also identified. New prescription charts are to be introduced, and these need to be used correctly along with charts for glucose monitoring and those used to determine 'appropriate days'.
-	Diabetes (Adult) NPID	The purpose of this on-going audit is to measure performance against NICE clinical guidelines and quality standards and peer units. As a result of this audit, actions that have been determined involve the creation of an interface for diabetes care across primary and secondary care which supports continuing training and education. There is also a requirement to engage with GPs, practice nurses and pharmacists regarding care of patients with diabetes. There is the need to ensure delivery of pre-pregnancy counselling and assessment to women with diabetes by the diabetes team with a particular focus for women with Type 2 diabetes.
LTC005	Diabetes (Paediatric) (NPDA)	Overall, our results in the report of 2013 data were in line with, or better than, combined results for England as a whole. Significantly more children and young people in our unit had an HbA1c of less than 58 mmol/mol. (Adjusted: Eng: 19%, SW: 20%, NDDH: 30%) and this result was an improvement on last year. However, in line with the national picture, there were gaps in the provision of key care processes and additional disease screening. There were also gaps in recording of some outcomes. Additional consultant input for clinics and MDT meetings has been arranged, and actions have been taken to improve data capture. A number of other improvements are planned. It is hoped that a Paediatric Diabetes Team office can be created, co-locating medical and nursing staff, to improve care co-ordination.
LTC004	Inflammatory Bowel Disease (IBD) programme	The purpose of this audit is to improve the quality and safety of care for all IBD patients throughout the UK. The audit highlighted the need for an IBD nurse, and a business case was drafted. A nurse has been appointed, and the actions resulting from the recommendations in the national report will be determined in consultation with her.

<b>NATIONAL CLINICAL AUDIT REPORTS</b>		
<b>REF</b>	<b>NATIONAL CLINICAL AUDIT REPORT TITLE</b>	<b>ACTIONS TAKEN</b>
-	National Comparative Audit of Blood Transfusion programme	The purpose of this audit was to establish if patient information and consent is being carried out according to SaBTO recommendations. Actions resulting from this audit were to review our policy for patient information and consent, and ensure that indication for transfusion is documented in the patient records in all cases as a minimum requirement. This is being monitored via an online audit tool developed in-house to monitor compliance.
ACU003	National Emergency Laparotomy Audit (NELA)	NELA reported on the Organisational audit in May 2014. NDHT was shown to be similar to other small acute Trusts. We provide a 24/7 service for diagnostics and surgery even though we are not able to have a four-tier surgical rota. Mortality and morbidity reviews are being re-launched across the Trust. Year one of patient data collection has been successfully completed, with all surgeons signed up to including their cases, and the report is awaited. We are participating in the second year of patient audit data collection and are showing green for case ascertainment on the latest NELA update.
WCH004	Neonatal Intensive and Special Care (NNAP)	In comparison to the previous report, there were big improvements in Retinopathy of Prematurity (ROP) screening and consultations with parents/ carers by a senior member of the neonatal team within 24 hrs of admission. Actions previously put in place will be continued to maintain performance in these areas. The number of two year follow-ups undertaken requires improvement and a plan is being created to address this issue during the financial year 2015/16.
-	Paediatric Asthma	Most NDHT data was in line with national findings. There was an improvement in the provision of discharge information compared to the previous year. Further improvements could be made through greater use of the discharge stamp checklist and staff have been advised to this effect. A new system of telephone follow up is under consideration to ensure that positive outcomes are being achieved.
WCH002	Epilepsy 12 audit (Childhood Epilepsy)	A key action for improvement, is the appointment of an Epilepsy Specialist Nurse. A business case for an ESN is currently being prepared. Improvement in our tertiary input is also planned, with an increase in paediatric neurologist - led clinics currently under negotiation. It is hoped that an improvement in levels of expertise locally will be achieved through training, shadowing and clinical networking. We also need to ensure access to Video Telemetry / Ambulatory EEG.
-	Sentinel Stroke National Audit Programme (SSNAP)	The purpose of the 2014 organisational data collection was to audit against national guidelines, compare with other Trusts and establish the level of improvement since the 2012 audit. The action from this has been to incorporate the recommendations from this report into the Trust's wider Stroke action plan.

The reports of a number of local Clinical Audits were reviewed by the provider in April 2014 – March 2015 and Northern Devon Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided.

<b>LOCAL CLINICAL AUDIT</b>		
<b>REF</b>	<b>PROJECT TITLE</b>	<b>ACTIONS TAKEN</b>
1535	NPSA/2010/016 - Failure to recognise post operative deterioration in patients undergoing laparoscopic procedures	<p>The Senior Nurse in the Surgical Division planned to review any unscheduled re-admissions for patients who had undergone laparoscopic surgery to assess whether any re-admissions were avoidable.</p> <p>Over a six month period no patients were found who had been re-admitted under these circumstances. The Safety Alert Group decided that this represents sufficient assurance that the Early Warning Score is safeguarding patients from inappropriate discharge. The Safety Alert Group signed off this project on 16th April 2014.</p>
1560	Patient Safety Climate: Staff Survey	<p>The purpose of the survey was to assess any change in staff opinion since the last survey in 2012 and to:</p> <ul style="list-style-type: none"> <li>▶ Identify areas where there has been sustained good practice.</li> <li>▶ Find out where there is potential for improvement.</li> </ul> <p>The survey tool was reviewed and updated and provided both online via BOB and on paper copies which were sent to Wards and Departments. Key findings included:</p> <ul style="list-style-type: none"> <li>▶ 85% of staff think senior members of their team listen to them and care about their concerns.</li> <li>▶ Clinical leadership was rated as “Good” by over 70% of staff.</li> <li>▶ More than 90% of respondents know who to ask for advice if they need it.</li> <li>▶ 74% of respondents think any suggestions they make to improve patient safety would be acted upon.</li> <li>▶ 81% of staff say they receive appropriate supervision and support.</li> <li>▶ Respondents from clinical disciplines agree that patient safety is a priority in their working practice.</li> <li>▶ 93-95% of respondents would feel safe being treated and would recommend the Trust to others.</li> </ul> <p>Areas that show potential for improvement were:</p> <ul style="list-style-type: none"> <li>▶ Staff perceptions that Senior Managers are listening to them and acting upon suggestions for improvements to patient safety.</li> <li>▶ All areas where it is appropriate having regular safety briefings.</li> </ul> <p>The findings from this staff survey will be addressed in clinical areas by the Patient Safety Walkaround programme across the whole Trust.</p>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1620	Torus fracture management re-audit and patient/parent feedback	<p>This project is a re-audit following an initial audit which showed poor compliance with the recommended pathway for these children and young people. Compliance was again shown to be sub-optimal and a formal pathway has been written to further encourage compliance.</p> <ul style="list-style-type: none"> <li>▶ Where patients accessed the helpline it was found to be effective and staff were shown to be helpful with good listening skills and respect for callers. However, there was limited awareness of this facility among patients.</li> <li>▶ Awareness of the pathway among ED staff is to be promoted and a new Plaster Clinic initiated which will reduce the need for patients to return for follow up.</li> <li>▶ Awareness of, and access to, the telephone helpline for patients and parents of patients will enable queries and problems to be dealt with appropriately without additional unnecessary hospital attendances.</li> </ul>
1715	Warfarin - one stop clinic for oral surgery	<ul style="list-style-type: none"> <li>▶ The point of care team accepted that an INR machine was needed and this was brought into action in July 2014, with 5 nurses trained to use it.</li> <li>▶ The management of patients on warfarin requiring dental extractions at NDDH met all the standards of best practice in 100% of occasions. No intervention is required to improve current practice.</li> <li>▶ Current standards to be maintained.</li> </ul>
1723	Diabetic Ketoacidosis in Adults Management	<p>The Joint British Diabetes Society published guidelines in 2010 for the management of DKA in adults. The evidence based guidelines aim to reduce errors in the management of DKA and importantly reduce the significant morbidity and mortality associated with DKA.</p> <p>We have produced our own pathway here at NDDH from the updated JBDS guideline (2013). The overall aim of the pathway is to better manage patients admitted with DKA, reducing the length of stay in hospital.</p> <ul style="list-style-type: none"> <li>▶ The audit showed good compliance with the majority of the standards set in the guidelines.</li> <li>▶ Improvements were made to the layout of the pathway documentation.</li> <li>▶ Ongoing education for ward staff delivered by the Diabetes Team has been implemented.</li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1772	Prescribing of adult oral nutritional supplements (ONS) in community	<p>An audit regarding prescribing of oral nutritional supplements (ONS) to adult patients at Bideford Medical Centre, was carried out by a dietician in July 2014. Results showed very little information on identification or management of malnutrition was being noted when initially prescribing ONS. This could lead to malnourished patients being treated inappropriately and would have implications to patient outcomes and cost effectiveness.</p> <p>Recommendations include employing dietetic staff in North Devon to work with community teams to identify and treat malnutrition effectively.</p>
699	NPSA PSA/2011/002 - Reducing the harm by misplaced Nasogastric Tubes	<p>Following this NPSA alert Northern Devon Healthcare Trust introduced a sticker to be put into patient notes when a nasogastric tube is inserted, to prompt the correct information to be recorded.</p> <p>It also introduced a bedside chart to document repeat pH tests to confirm correct nasogastric tube position, and a decision tree to aid decision making in nasogastric tube placement.</p>
1539	NPSA/2011/RRR001 - Essential care after an inpatient fall	<p>Cases of moderate or severe harm sustained by patients as a result of a fall whilst an inpatient over a period of four months were reviewed by a member of the Patient Safety Team.</p> <ul style="list-style-type: none"> <li>▶ Compliance with the guidance issued by the National Patient Safety Agency was found to be variable, being between 0% and 86%. Documentation was considered to be sub-optimal.</li> <li>▶ The post-fall checklist was updated and the new version was uploaded to BOB as well as being circulated to all Ward Managers to enable a raising of awareness of the importance of this aspect of care among ward staff.</li> </ul>
1678	Intravenous gentamicin for neonates NSPA/2010/PSA001 - reaudit	<p>Following previous audits of NPSA/2010/PSA001, and the release of new NICE guidance, an updated local policy was written in March 2014: 'Paediatric and Neonatal Gentamicin Guideline V3.0 10Mar14'. An audit undertaken in October 2014 found there had been improvements in meeting the NPSA requirements:</p> <ul style="list-style-type: none"> <li>▶ Nurses have received further reminders to aim for 'no interruptions' when administering gentamicin.</li> <li>▶ Gentamicin prescribing is on the training programme for new medical staff.</li> <li>▶ There will be a re-audit later in 2015.</li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1695	MDA 2013/073 Pressure relieving air mattresses and overlays	<p>Asked by the Trust Safety Alerts Group to provide a report on the implementation of the Alert.</p> <ul style="list-style-type: none"> <li>▶ all relevant services made aware of the notice.</li> <li>▶ all leads provided assurance that in situations where patients who smoke in the domestic environment are encountered by staff, patients are consistently advised not to smoke in bed.</li> <li>▶ in some circumstances risk assessments are carried out.</li> </ul> <p>Report provided to SAG</p>
1467	Nocturnal Enuresis (NICE Guidance 111)	<p>This audit demonstrated there was incomplete documentation of parental coping difficulties and of the need for support of parents.</p> <ul style="list-style-type: none"> <li>▶ discussions regarding the needs and motivation of the children were not always documented.</li> <li>▶ better documentation of discussions is required in the areas of fluid intake and treatment.</li> <li>▶ in non-responders there should be clear documentation regarding onward referral or a discharge plan.</li> </ul> <p>These findings have resulted in an action plan which has been accepted at Divisional level and required to be implemented by the end of February 2015. A review date of January 2016 has been stated by the project lead.</p>
1563	Management of Neutropenic Sepsis in paediatric patients (age up to 19 years)	<p>The purpose of this project was to audit and evaluate the management of neutropenic sepsis in North Devon District Hospital during 2012/13, in line with recently updated NICE guidance and NDHT guidelines.</p> <ul style="list-style-type: none"> <li>▶ As a result of this project, new guidelines have been published on BOB which include specifying a urine dip and undertaking a respiratory panel.</li> <li>▶ New procedures have been introduced around documentation: <ul style="list-style-type: none"> <li>◇ Using a sticker to record parental telephone calls and then placing this in the notes.</li> <li>◇ The guidelines also specify that review by a doctor is required.</li> <li>◇ A re-audit commenced in March 2015.</li> </ul> </li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1546	Safeguarding Children Liaison Process	<p>During the period audited:</p> <ul style="list-style-type: none"> <li>▶ Large numbers of Safeguarding Children Liaison Forms (SCLF) were submitted and processed effectively.</li> <li>▶ There were some unexplained variations in numbers between MIUs across the Trust.</li> <li>▶ Referrals made appeared to be broadly in line with policy, but there was a degree of overlap with the Multi-Agency Safeguarding Hub (MASH) referrals.</li> <li>▶ There appeared to have been some delays in feeding back outcomes to referring staff.</li> <li>▶ Management data was difficult to extract from the SCLF records.</li> </ul> <p>The Safeguarding Children Lead has introduced the following:</p> <ul style="list-style-type: none"> <li>▶ Additional staff training and supervision to improve the consistency of referrals between clinical areas across the Trust.</li> <li>▶ Improved feedback directly to staff to highlight when inappropriate submissions are made.</li> <li>▶ Improved timeliness of feedback following referral.</li> <li>▶ The guidance for SCLF submission is being reworded.</li> <li>▶ The spreadsheet recording submissions has been restructured and some automatic alerts are being tested. In the longer term a database solution will be considered.</li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1655	Contraception and Sexual Health Service: Patient Experience Survey	<p>People attending Contraception and Sexual Health Services have been surveyed in the past using a questionnaire, the answers to which did not directly map to the service standards for the specialty. This project was therefore approached slightly differently with a new survey tool developed by the clinical staff in collaboration with the Clinical Audit Department to provide:</p> <ul style="list-style-type: none"> <li>▶ Assurance of compliance with the Faculty of Sexual and Reproductive Healthcare Service Standards.</li> <li>▶ Information to contribute to service improvement.</li> <li>▶ An opportunity for patients to express their views.</li> </ul> <p>Both the Exeter and Barnstaple Teams participated in the survey and good response rates were achieved in this difficult to reach client group. Key findings included:</p> <ul style="list-style-type: none"> <li>▶ Some respondents had not received written information to support what clinical staff had told them.</li> <li>▶ There are issues involving a lack of space in the waiting room leading to a lack of privacy at reception in the Exeter Clinic.</li> <li>▶ A small minority of patients report have some difficulty with waiting for appointments.</li> </ul> <p>The patients' rating of the care they received in either clinic was extremely positive.</p> <p>In response to these comments:</p> <ul style="list-style-type: none"> <li>▶ More information leaflets are being supplied to ensure they are always available.</li> <li>▶ Improved reception area with information boards showing times of clinics and delays when they occur.</li> <li>▶ Efforts are being made to recruit more staff to ease the pressure on appointments.</li> </ul>
1738	Safeguarding - Adoption of Safeguarding Checklist 2014	<p>The Emergency Department attendance record (ED Card) contains a checklist of items for assessing and acting on child safeguarding concerns. Following a revision of the format of the ED card, there were concerns that the checklist was no longer being accurately completed. These concerns were borne out by the results of the current audit.</p> <ul style="list-style-type: none"> <li>▶ A New ED card has been introduced with the checklist featuring more prominently.</li> <li>▶ A re-audit is planned.</li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1740	HIV Service Patient Survey	<p>A web-based tool was provided to the staff of the HIV clinic to enable patient opinion to be sought within their clinic visit using questions devised nationally. Thirty patients kindly agreed to participate.</p> <ul style="list-style-type: none"> <li>▶ Participants reported that they are treated with respect by all the staff they encounter and their privacy is always respected in clinical areas, although there are some concerns about confidentiality in the reception area. Plans have been put in place by additional staff training and some improvement of facilities to address these concerns.</li> <li>▶ Patient opinions about their interactions with clinicians, the information and explanations they are given and the attitudes of staff are all positive.</li> <li>▶ The administrative aspects such as waiting times, ease of access to the clinic and sufficient time being given for their appointments were also positive.</li> <li>▶ Nearly all the respondents felt that treatment near to home from clinicians they know, and who know them, is better than attending large regional centres.</li> <li>▶ Most respondents prefer to attend the HIV clinic rather than their GP's surgery for their HIV-related needs.</li> <li>▶ The overall rating of care received was "Excellent" 83% and "Very good" 17%.</li> </ul>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1761	Evaluation of impact of Medicines Management interventions by Exeter Cluster Pharmacists	<p>An evaluation of the Exeter Cluster Pharmacy Service was requested by the CCG to inform decisions regarding future funding. The evaluation was carried out using a range of data collection methods. The overall conclusions of the project were as follows:</p> <ul style="list-style-type: none"> <li>▶ The ECP Service provides a patient-centred service to vulnerable older adults with comorbidities in their own homes.</li> <li>▶ The patients have complex and changing medicines management needs.</li> <li>▶ The team's referrals and follow up work demonstrate integrated working within the wider community Health and Social Care Service, contributing to the delivery of a seamless service.</li> <li>▶ The team's skill mix is used to provide a differentiated service based on complexity of care.</li> <li>▶ A broad range of pharmaceutical interventions are delivered.</li> <li>▶ Patients report that the education and advice provided by the team promotes self care and supports carers, indicating that the team help to maintain patients' independence.</li> <li>▶ A large proportion of contacts (initial and follow up) lead to proposals for changes to patients' medications, most of which are agreed with GPs.</li> <li>▶ The Service has a positive impact on patient safety and healthcare effectiveness: risks for patients are reduced and a significant number of admissions and their associated costs are avoided.</li> <li>▶ The Service is well regarded by patients and stakeholders.</li> <li>▶ Professionals report feeling supported by the Service. Their feedback indicates that the whole-system effects of any changes to service delivery would have to be considered.</li> </ul> <p>Following a review of the evaluation findings, the commissioners decided not to withdraw funding for the service. Further avenues for service development are to be explored in partnership with the CCG.</p>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1786	Exeter Cluster Pharmacy Service Evaluation - Patient Feedback	<p>Questionnaires were distributed to 66 patients over a 10 week period between September and November 2014.</p> <p>The response rate was high at 58%</p> <ul style="list-style-type: none"> <li>▶ Interventions provided by the ECP team were rated as helpful by 100% of patients who had received them.</li> <li>▶ 97% of patients felt that the Team had improved their understanding of what their medicines were for.</li> <li>▶ 97% of patients felt the Team had improved their knowledge of when and how to take their medicines.</li> <li>▶ 97% felt they managed their medicines better as a result of seeing the ECP Team.</li> <li>▶ The quality of the service and overall experience was rated positively by 97-100% of patients.</li> </ul> <p>Following a review of the evaluation findings as a whole, the Commissioners decided not to withdraw funding for the service. Further avenues for service development are to be explored in partnership with the CCG.</p>
1787	Exeter Cluster Pharmacy Evaluation - Staff feedback	<p>A web survey was distributed to 313 individuals/organisations/stakeholders in November 2014. 119 replies were received.</p> <p>Questions on ECP service delivery were answered with a positive rating by 86% or more of respondents.</p> <ul style="list-style-type: none"> <li>▶ Feedback on ECP input was largely positive (&gt;=90%) for providing a friendly response, useful advice, prompt assessments, and clear plans. In addition, 91% responded that the team's advice was usually followed.</li> <li>▶ Almost all respondents (&gt;=94%) rated the ECP's communication and liaison with patients, families and other professionals as 'good' or 'very good'. DPT staff were less positive than respondents from other working areas.</li> <li>▶ Ratings of the team's impact were almost unanimously positive (&gt;= 97%) in relation to optimising medicines management, maximising the benefits of medication, providing individualised care, and providing safer care.</li> <li>▶ In addition, 93% of respondents felt that the team had a positive impact on providing cost-effective care; 89% on reducing admissions, and 84% on enabling earlier discharge.</li> </ul> <p>Following a review of the evaluation findings as a whole, the Commissioners decided not to withdraw funding for the service. Further avenues for service development are to be explored in partnership with the CCG.</p>

LOCAL CLINICAL AUDIT		
REF	PROJECT TITLE	ACTIONS TAKEN
1801	Polyp detection rates during colonoscopy for two colorectal surgeons	Both consultants exceeded the national standard of >10% ADR, and the procedure time correlated with the number of polyps identified, removed and retrieved. Although we do not know the benefit of small adenoma removal, JAG guidelines of an 8 minute withdrawal should be routine to promote super-spotters and increase polyp detection.

## Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northern Devon Healthcare NHS Trust who were recruited in 2014/15 to participate in research approved by a research ethics committee was 690. Of these 690 patients, 126 were recruited into randomised controlled trials (RCTs) that test and offer the latest medical treatments and techniques. This is an increase in recruitment from 2013-2014 (when 470 patients were recruited) and is a reflection of the new processes involved in research study feasibility and the introduction of operational management group meetings. These meetings give the opportunity for clinical support services and research teams to discuss potential research studies and the hospitals capacity for conducting the study successfully.

The Trust actively collaborates with the life sciences industry and opened two new commercial studies in 2014/15 in oncology and respiratory specialities. The commercial research portfolio now has eight studies. A total of 22 research studies were opened in 2014/15, 20 of which are part of the National Institute Health Research CRN Portfolio.

In 2014/15, Northern Devon Healthcare NHS Trust was involved in conducting 149 clinical research studies in the following 23 medical specialty areas: dementia, diabetes,

coronary, gastroenterology, musculoskeletal, anaesthetics, dermatology, rheumatology, ophthalmology, orthopaedic, haematology, oncology, paediatric, stroke, podiatry, surgery, respiratory, intensive care, accident and emergency, tissue viability, occupational therapy, multiple sclerosis and urology. 60 Principal Investigators and their clinical teams participated in the delivery of the research.

The Trust's involvement in National Institute for Health Research (NIHR) and provision of data from patient recruitment to our sponsor sites has contributed to a number of publications, which demonstrates our commitment to transparency in research and a desire to improve patient outcomes and experience across the NHS.

Participation in clinical research demonstrates Northern Devon Healthcare NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest treatment possibilities, and active participation in research leads to successful patient outcomes.

The improvement in patient health outcomes in Northern Devon Healthcare NHS Trust (outlined under Participation in Clinical Audits) demonstrates that a commitment to clinical research leads to better treatments for patients.

## Goals agreed with commissioners

A proportion of Northern Devon Healthcare NHS Trust's income in 2014/15 was conditional on achieving quality-improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2014/15 and for the following 12-month period are available on request from Patient Safety and Quality Team:

By post: Patient Safety and Quality Team  
Northern Devon Healthcare NHS Trust  
North Devon District Hospital  
Raleigh Park, Barnstaple, EX31 4JB

By telephone: 01271 322577

## Statements from the Care Quality Commission (CQC)

Northern Devon Healthcare NHS Trust is required to register with the Care Quality Commission as a provider of health and adult social care services. The Trust has registered 23 locations to undertake various Regulated Activities to include:

- ▶ Diagnostic & Screening
- ▶ Family Planning
- ▶ Management of Supply of Blood and Blood-Derived Products
- ▶ Maternity & Midwifery
- ▶ Nursing Care
- ▶ Surgical Procedures
- ▶ Termination of Pregnancy
- ▶ Treatment of Disease, Disorder and Injury
- ▶ Nursing Care

The Trust has been registered since 2011 with no conditions on registration.

The Trust underwent a Chief Inspector of Hospitals Inspection in July 2014. As part of this inspection the Care Quality Commission provide a rating for Trusts which is published on their website.

The rating for Northern Devon Healthcare NHS Trust: Requires Improvement.

Ratings	
<b>Overall rating for this hospital</b>	Requires improvement 
Accident and emergency	Requires improvement 
Medical care	Good 
Surgery	Good 
Critical care	Good 
Maternity and family planning	Good 
Services for children and young people	Good 
End of life care	Requires improvement 
Outpatients	Good 

### Chief Inspector of Hospitals Inspection Visit

The Care Quality Commission's Chief Inspector of Hospitals Inspection requires a team of inspectors to visit the Trust and

The Trust was provided with a report of the inspection, which describes the judgement of the quality of care in the hospital. It was based on what they found when they inspected, information from the 'Intelligent Monitoring' system and information given to them by the public, the patients and other organisations.

Contained in the report were the details of the Inspection and the key findings, the areas of outstanding practice, the things the Trust 'must' do and the things the Trust 'should' do. The report also contained the overall rating the CQC applied to the Trust.

The action plan developed by the Trust to enable the services to be compliant was approved by the Executive Directors, agreed with the action leads and has been submitted to the Care Quality Commission. The action plan will be monitored through presentation to the Executive Directors Group on a fortnightly basis, any exceptions will be actioned by the Executive Directors. The action plan will be presented to the Trust Board until completed.

### **The report detailed areas of outstanding practice;**

#### **Areas of Outstanding Practice:**

- ▶ On Alex Ward, they had recently had a 'street party' for the patients there. Many of these patients were living with dementia and efforts had been made to use reminiscence to help them to enjoy the afternoon. Staff had dressed up in 1940s costume and appropriate music had been played. Photographs of this event were displayed in the ward and patients had clearly enjoyed themselves. This was evidence of outstanding, appropriate emotional support for the ward population. The nursing, medical, therapy and ward clerk staff on Alex went "all out" to deliver the street party. They planned it around their normal day to day work. Articles in the local paper showed very happy patients and staff who had dressed up and brought in specific reminiscence music for the occasion. Someone else made cakes.
- ▶ The acute paediatric team demonstrated excellent collaborative working providing end of life care for children in their own homes.
- ▶ Leadership and teamwork in theatre was exemplary, despite staff shortages.
- ▶ There was thoughtful and compassionate care for those patients living with dementia particularly on Alex Ward and Capener Ward where care was patient centred and holistic in its approach. A robust dementia policy that ensured the highest standards of personalised care using all therapeutic staff was put in place. There had been an investment in staff to develop dementia care practice.
- ▶ The nursing leadership of the acute stroke service was very highly regarded by medical, therapy and nursing staff. Staff felt valued and the service itself was very patient focused placing a high value on emotional support.
- ▶ The Trust's successful involvement with Project Search, an innovative scheme that supports young people with learning difficulties to find permanent work, was modelling excellent practice to local employers. The Trust had provided 12 month internships to seven young people, all of whom had successfully completed the programme and found permanent jobs, six of them with the Trust in areas such as medical records and catering.

The report contains the formal regulatory action the Trust is required to take in the form of compliance actions as well as recommendations in areas where the Trust MUST take actions to improve and SHOULD take actions to improve;

### **Compliance Actions**

#### **Outcome 21 Records: Regulated Activity - Termination of pregnancies**

- ▶ Completion of HSA1 (grounds for carrying out an abortion) and HSA4 (abortion notification) were not consistent and there was no guidance, or an identified system in place to ensure records were completed both accurately and consistently and, when required, forwarded to the Department of Health.

#### **Outcome 21 Records: Regulated Activity - Treatment of disease, disorder or injury**

- ▶ The CQC saw evidence of end of life decisions having been made without documentation of, or discussion with, patients. We viewed guidance on the use of treatment escalation plans (TEPs) that was unclear in relation to responsibilities with regard to this. TEPs that included do not attempt cardio-pulmonary resuscitation (DNA CPR) decisions were not consistently being completed appropriately.
- ▶ Mental capacity assessments were not consistently undertaken when capacity had been identified as an issue. Decisions about resuscitation were not consistently communicated to nursing staff.

#### **Outcome 4: Care and Welfare of People who use Service Regulated Activities - Surgical procedures/treatment of disease, disorder or injury**

- ▶ The policies and procedures for patients not being admitted to the most appropriate ward (outliers) were not consistent or supportive of patients or staff at all times.
- ▶ There was no hospital-wide protocol for the safe handover of patients to other wards and how and when this should, or should not be done.

#### **Outcome 10 Safety and Suitability of Premises: Regulated Activities - Diagnostic and screening procedures/treatment of disease, disorder or injury**

- ▶ Rooms in which antenatal sonographers carried out their work were not sufficient in size. They did not have curtains or screens to maintain privacy and dignity without the practitioner having to leave the room.
- ▶ There was no system in the rooms for calling for help if a woman fell ill, or the sonographer felt threatened.

#### **Outcome 8 Cleanliness and Infection Control: Regulated Activities - Treatment of disease, disorder or injury**

- ▶ Not all staff, in all areas, followed the hospital's 'bare below the elbows' policy. The availability of hand-washing facilities in the major treatment area of A&E was limited.
- ▶ Within A&E, alcohol gel was available for hand cleaning in patient bays, but there was only one dispenser for the rest of the treatment area.
- ▶ There had been no comprehensive infection control audits in A&E carried out in the last six months.
- ▶ There were no sluice facilities for non-disposable bedpans in A&E.
- ▶ There was no separate room in A&E for clinical waste, domestic waste or recycling.

The action plan is almost completed and the Trust will notify the Care Quality Commission when all actions have been implemented and the Trust is able to evidence compliance with all Standards. Once this notification is received by the Care Quality Commission they will arrange for another Inspection visit to look at those areas that required improvement and will make a judgement of compliance and the rating they will give.

## Data quality

The Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are then included in the latest published data.

Records are submitted to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics (HES). The latest published data (February 2015) is as follows:

- (a) the percentage of records relating to admitted patient care which include the patient's
  - (i) valid NHS number is 99.9%, and
  - (ii) General Medical Practice Code is 100%
- (b) the percentage of records relating to outpatient care which included the patient's
  - (i) valid NHS number is 99.9%, and
  - (ii) General Medical Practice Code is 100%
- (c) the percentage of records relating to accident and emergency care which included the patient's
  - (i) valid NHS number is 98.5%, and
  - (ii) General Medical Practice Code is 100%.

## How we will improve data quality

Northern Devon Healthcare NHS Trust is committed to ensuring the highest standards of data quality. Good data quality underpins the delivery of safe and effective clinical care. Plans have been formulated for an annual Data Quality review. The Trust currently participates in an annual audit of data generated from any hospital stay or outpatient appointment, internal coding audits of the quality of clinical coding to capture morbidity and mortality information, and data quality is reviewed by the Trust's Data Advisory Group. There is an annual Information Governance Audit that is undertaken as part of the Internal Audit Plan. This includes reviews of clinical coding and data quality errors. The Internal Audit Report will be available in July 2015 and will include a supporting action plan to mitigate any identified gaps. Audits are conducted by the Data Quality team based on information supplied to the Integrated Performance Report. This provides assurance that the data included in the Integrated Performance Report complies with the six dimensions of data quality. In June 2015, the Data Advisory Group will agree the processes for auditing data quality compliance including clear reporting lines and supporting action plans as required. The Trust will also be required to undertake a Waiting List data quality review during 2015/16 using an independent external consultant to comply with TDA delivery plans.

## Information Governance Toolkit attainment levels

Northern Devon Healthcare NHS Trust's Information Governance Assessment Report overall score for 2014/15 was 68%, and was graded 'satisfactory' in accordance with the IGT grading scheme. The Trust was given a green rating for this attainment level.

## Clinical coding error rate

The local audit programme for payment by results in 2014/15 focused on clinical coding for digestive procedures and disorders, and orthopaedic trauma procedures. Overall, 172 spells of care were audited. The error rate and financial impact of these is shown in the tables below.

FZ: [Digestive procedures and disorders] (selected from an analysis of reference costs where issues may be caused by underlying data)

HA: [Orthopaedic trauma procedures] (selected from benchmarking intended to identify issues with coded data)

### Coding audit finding

Area	Spells tested	% of spells changing payment	Clinical coding						Other data items	
			% of spells changing HRG	% clinical codes incorrect	% diagnoses incorrect		% procedures incorrect		% spells with other data items incorrect	% other data items incorrect
					Primary	Secondary	Primary	Secondary		
FZ	85	4.7	4.7	6.8	8.0	4.0	8.0	22.2	0.0	0.0
HA	87	10.3	10.3	10.2	7.0	6.4	19.7	34.5	0.0	0.0
<b>Total</b>	<b>172</b>	<b>7.6</b>	<b>7.6</b>	<b>8.7</b>	<b>7.5</b>	<b>5.4</b>	<b>13.2</b>	<b>29.1</b>	<b>0.0</b>	<b>0.0</b>

### Financial impact of errors

Area	FZ	HA	Total
Spells tested	85	87	172
% spells changing payment	4.7	10.3	7.6
Pre audit payment	£90,613	£208,640	£299,253
Post audit payment	£93,387	£191,902	£285,289
Gross change	£3,516	£23,294	£26,810
% gross change	3.9	11.2	9.0
Net change	£2,774	-£16,738	-£13,964
% net change	3.1	-8.0	-4.7
Episodes unsafe to audit	0	0	0

## How we performed last year: Key quality information

This section looks at a range of data on the quality and safety of our services during 2014/15. Trusts across the NHS are including the same data in their quality accounts.

### Mortality rates

The Summary Hospital-level Mortality Indicator (SHMI) is the NHS's standard measure of the proportion of patients who die while under hospital care. It takes the basic number of deaths, 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 expected mortality ratio is 100, though there is a margin of error to account for statistical issues.

The data made available to the Trust by the Health and Social Care Information Centre with regard to the value and banding of the SHMI for the Trust for the reporting period:

Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, July 2013 - June 2014, experimental statistics:

Value = 0.936  
Banding = 2

### 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.

The data made available to the Trust by the Health and Social Care Information Centre with regard to:

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period:

Percentage of deaths with palliative care coding, July 2013 - June 2014:

Combined rate = 18

### 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.

The latest available data, for the 6 months of April 2014 – September 2014, shows the average case-adjusted health gain for the Trust's patients was:

- ▶ Hip replacement (primary) – 0 (national average – 0.442)
- ▶ Knee replacement (primary) – 0 (national average – 0.328)
- ▶ Varicose vein – too few patients to quantify (national average – 0.1)
- ▶ Groin hernia – 0.067 (national average – 0.081)

Aggregated data for all procedures is not available.

### Readmissions to hospital

Large numbers of readmissions to hospital after treatment might suggest that patients had been discharged too early. Rates are therefore monitored nationally.

For 2014/2015, the 28-day readmission rate for the Trust was:

- ▶ 8.32% for patients aged 0-14 compared to a national average of 10.01%
- ▶ 11.04% for patients aged 15-plus compared to a national average of 11.45%

## 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. 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?

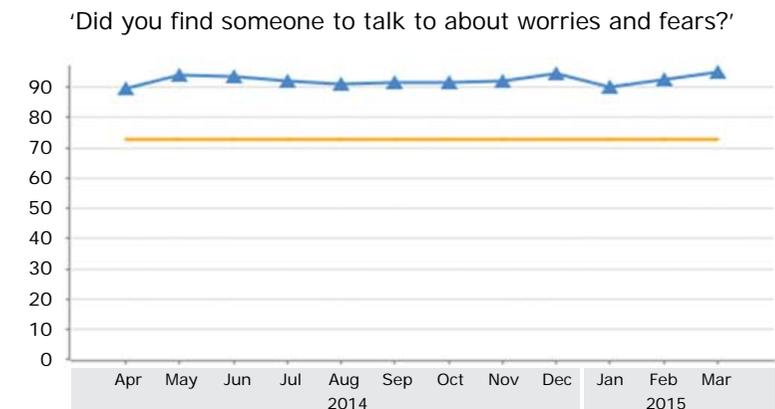
The graphs on the next page show the changes in response from patients during last year, with a marked upward trend and consistent performance above target levels in four out of five areas. The exception involved side-effects of medication, though the values recovered towards the end of the year.

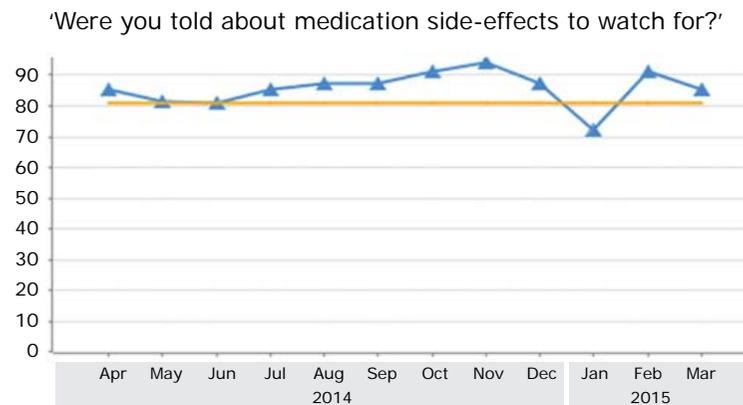
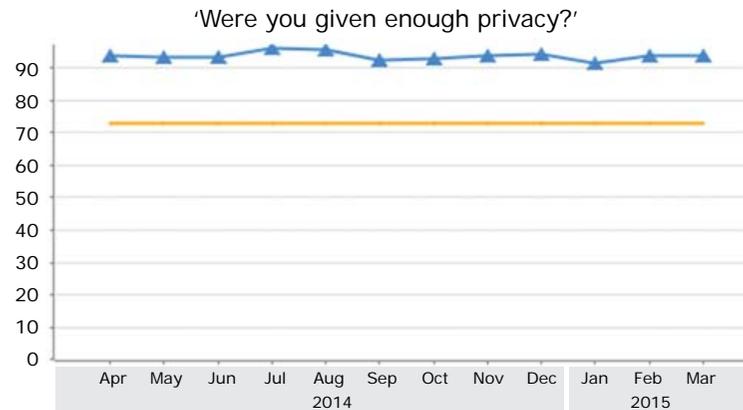
## Patients' responses to the five questions, 2014/15

Average weighted score of 5 questions relating to responsiveness to inpatients' personal needs (Score out of 100):

Indicator value = 72.8

National value = 68.7





### Would staff recommend the Trust?

Friends and Family Test – Question 12d – Staff – The data made available by NHS by the Health and Social Care Information Centre:

'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'

Trust = 75.63% - Agree or Strongly Agree

National = 67% - Agree or Strongly Agree

### Would patients recommend the Trust?

Friends and Family Test – Patient – the data for February 2015:

'How likely are you to recommend our ward to friends and family if they need similar care or treatment?'

Inpatient response rates	A&E response rates	Combined response rates	Inpatient scores	A&E scores	Combined FFT score
37.4%	35.9%	36.4%	96	86	89

### 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 risk assessed, so drugs or stockings can be used to reduce the risks.

The target is for at least 95% of patients to be assessed. During 2014/15, the average percentage of patients assessed was 95% (please note that this is what was reported to UNIFY2. NHS England currently states 95% with a source of UNIFY2 – this is currently being revised).

## 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. This year the Trust has further reduced the number of cases acquired in the Trust (resulting in a lower number this year) and kept within the challenging external target.

There were 11 C. difficile cases reported by the Trust in 2014/15 (9 x Acute, 2 x East Community Hospitals and 0 x North Community Hospitals). There were a total of 193,697 bed days available including maternity and community hospitals. This gives a rate of 5.68 per 100,000 bed days.

**Number of C.Diff cases 2014/15**

	Monthly Totals												YTD 2014/15
	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	
C.Difficile over 3 days:													
NDDH	2	0	0	3	0	1	0	0	2	1	0	0	9
Total Eastern Comm Hosps	0	1	0	0	0	0	0	1	0	0	0	0	2
Total Northern Comm Hosps	0	0	0	0	0	0	0	0	0	0	0	0	0

The numbers for acute and community inpatient areas are shown above. National reporting is only required for acute services; however we do monitor healthcare acquired infections in community hospitals and report these to the Clinical Commissioning Group every month.

*\* It is important to note that the National Reporting and Learning System (NRLS) has changed the grouping of organisations last year. The Northern Devon Healthcare NHS Trust was grouped in the small acute trust cluster. This year, the Northern Devon Healthcare NHS Trust is included in the acute non-specialist sector. Hence, there are significant increases in the average, highest and lowest number and rate of patient safety incidents in the cluster in which the Northern Devon Healthcare NHS Trust is included.*

## 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.

April 2014 – September 2014: rate per 1,000 bed days was 74.96. Of the total of 3,795 incidents, 55 (1.4%) led to severe harm or death.

Data for small, acute trusts\* is only available for the six months from April 2014 to September 2014:

Number of incidents:

- ▶ National average: 4,226
- ▶ Highest trust: 12,020
- ▶ Lowest trust: 35

Rate per 1,000 bed days:

- ▶ National average: 35.1
- ▶ Highest trust: 74.96
- ▶ Lowest trust: 0.24

The Trust is noted to be the highest reporter of incidents in its reporting cluster. This demonstrates an excellent reporting culture in the Trust and staff who are open and transparent in their work.

## Part 3 - Review of quality performance in 2014/15

The Trust has made good progress in all four areas identified for improvement in last year's Quality Account. However, these topics are part of a process of continuous quality improvement and, as such, will continue to be monitored in the years ahead.

This section sets out how we have fared in tackling four priorities in 2014/15:

1. Reducing noise at night and increasing restful sleep
2. Ensuring nutrition and hydration helps promote healing
3. Ensuring compassion is provided in every aspect of care
4. Improving the information we provide to patients whilst they are in hospital about medication side effects

### 1. Reducing noise at night and increasing restful sleep

#### What was the issue?

Noise at night is an issue that frequently crops up in our real-time inpatient experience surveys. Patients and their carers tell us that they would like wards to be quieter and darker at night, which would enable them to get more rest. We know, from clinical research, that restful sleep helps reduce anxiety and pain, and increases healing for those who are in hospitals and recovering from surgery or ill health.

Our staff can contribute to creating an environment in which a restful sleep can occur by

- ▶ reducing unnecessary and avoidable noise,
- ▶ providing appropriate lighting, and
- ▶ preparing patients for sleep effectively by offering a warm drink, appropriate medication (if required) and making the patient comfortable in bed.

#### What we did in 2014/15

We have an ongoing campaign called SHUSH, which focuses on the actions needed to promote a restful nights' sleep. Feedback indicates that noise at night has been significantly reduced since the launch of the campaign.

#### What will we aim to do in 2015/16

In addition, we plan to assess all clinical areas at night to clarify that they are promoting the right environment for a restful sleep. Areas will be awarded the 'SHUSH gold standard' where good practice is identified.

The facilities team will be working with clinical leads to ensure wards have the right door closures and lighting to reduce brightness and noise at night as required. We will also seek advice from the infection prevention and control team to help identify equipment, such as bins and hand washing facilities that are as quiet as possible for use at night.

Staff will be reminded that footwear needs to be as quiet as possible.

This work will be overseen by the Matrons Charter group.

A standard operating procedure (noise and lighting) has been developed which identifies good practice at night to enhance patients' rest and or sleep in a safe, calm and relaxing environment and aims to improve patients' personal experiences whilst they are in our care.

### *How we will continue to improve and monitor quality*

We assess the effectiveness of this quality improvement initiative via the Listening to Patients' Experience Group, which is chaired by the Director of Nursing. We will measure the effectiveness of this work using a night-time audit, undertaken by clinical teams and leaders, by out of hours walkrounds undertaken by Matrons and Senior Nurses, and by listening to patients' feedback.

## 2. Ensuring nutrition and hydration helps promote healing

### *What was the issue?*

Effective nutrition and hydration is an important part of a patient's care that affects many other aspects of their health and wellbeing. It is important for us to understand how well we are managing this aspect of care to ensure we continue to provide safe, effective and personal care.

### *What we did in 2014/15*

We took part in the national Nutrition and Hydration week. An area on the Trust's intranet was developed to highlight the importance of maintaining good nutrition and hydration, and specific arrangements for provision of food for patients with dementia were implemented as part of the dementia strategy.

Use of the nutritional assessment tool (called the MUST) was audited by the multi-disciplinary teams, and plans put into place to support teams in improving practice where the audit highlighted performance below expected standards.

The nutritional steering group and the facilities team have worked together to implement revised menus across the Trust, including those for patients who require special diets.

Information about food allergies has been developed and is published on the Trust's intranet.

Following feedback we have implemented insulated bowls for hot desserts, which have been rolled out to all wards at North Devon District Hospital. Photo menus have been rolled

out across the Trust, and 24-hour menus are now available for patients who may have missed a meal or who have been admitted late in the day

### *What will we aim to do in 2015/16*

In 2015/16, we aim to

- ▶ develop patient and staff information leaflets about how good nutrition and healthy eating help wound healing
- ▶ improve and monitor our performance against the Hospital Foods Standards Panel's Report on standards for food and drink in NHS hospitals, and against the Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services
- ▶ evaluate the results of the nutritional assessment tool (MUST) audit and work with the multi-disciplinary teams to continue to implement any improvements required

### *How we will continue to improve and monitor quality*

We will continue to collect and gather patient feedback via surveys, complaints, and comments and will develop and agree some performance indicators in order to monitor our care. Existing record keeping audits and the matron's walkround tool have been reviewed to ensure better quality data is being collected to measure performance. Monitoring will also continue through patient safety walkrounds and PLACE inspections.

### 3. Ensuring compassion is provided in every aspect of care

#### *What was the issue?*

Compassion in all aspects of someone's experience whilst they are in our care is, quite correctly, what patients, their families, and carers expect. Most of the focus in relation to this issue, has, nationally and locally, focussed on clinical staff, but we recognise that all staff, regardless of their role, have a key part to play in delivering care with compassion.

#### *What we did in 2014/15*

We sought the views of patients and carers who use our services in relation to the compassion they experience when in the care of the many different groups of staff working for Northern Devon Healthcare NHS Trust. This information was shared with clinical teams, and with members of the Learning from Patient Experience Group.

To ensure staff were given time (away from their normal day to day role) to consider what compassion means to our patients, we rolled out facilitated workshops called 'Compassion Circles'. These events were attended by a wide range of staff and the feedback received was that staff found them useful and allowed them to consider how care is delivered.

#### *What will we aim to do in 2015/16*

We will continue to gather and analyse patient and carer feedback through surveys, complaints and comments received via our patient advice and liaison service.

Matrons' walkrounds and patient safety walkrounds will also continue to capture information in relation to compassionate care. Where there are concerns about the delivery of compassionate care senior nurses and matrons will work with their teams to ensure that patients feel that the care they have experienced is compassionate.

In addition, the issue of communication has been identified as an area for renew and improvement for 2015/16. Please refer to page 11 for further information.

#### *How we will continue to improve and monitor quality*

We will continue to monitor and report information relating to compassion in care through the Learning from Patient Experience Group.

### 4. Improving the information we provide to patients whilst they are in hospital about medication side effects

#### *What was the issue?*

It is extremely important that patients are aware of the side effects of their medication. The NHS Outcome Framework supports us to ensure that people have a positive experience of care, and an awareness of medication side effects which ensures that patients are aware of what medicines they are taking, and why. It is important to ensure that patients have had the opportunity to discuss any concerns about their medicines with nursing and medical staff.

#### *What we did in 2014/15*

In 2014/15 we continued to make incremental progress in embedding this aspect of improving the quality of care with our staff, however in January and February 2015 there was a slight reduction in the percentage of patients reporting that doctors and nurses had talked to them about their medication side effects.

Since March 2015 ward based pharmacy technicians have now been introduced in some areas, with the aim of supporting the nursing and medical staff in medicines management, and by increasing patient involvement in this aspect of their care. There are plans to extend this scheme later in the year to all inpatient wards.

### How we will continue to improve and monitor quality

We will continue to actively seek feedback from patients and provide targeted training to staff to ensure they are able to inform patients about medication side effects in areas where patients tell us we need to improve.

Progress will be monitored and reported through the Learning from Patient Experience Group.

### Survey results

Have the doctors and nurses talked to you about medication side effects?

		Monthly Totals											
	Target	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value
Acute hospital	73	76.7	73.3	72.9	76.8	78.4	78.6	82	84.9	78.8	64.8	82	76.9
Community hospitals (East)	73	47.4	70.5	78.8	79.5	75.9	65.6	82.1	77.8	82.1	70	42.3	81.3
Community hospitals (North)	73	90	66.7	100	80	75	94.4	75	78.6	75	70	NIL RETURN	75

These figures represent a composite measure based on a series of responses to questions. The target score is 73.

## Statements from our stakeholders

### Northern, Eastern and Western Devon Clinical Commissioning Group

We would wish to thank the Trust for sharing with NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) the Quality Account for 2014/15 and for providing the Commissioner with the opportunity to comment. Please find below our statement:

#### Introduction:

The NEW Devon CCG has an integrated and devolved governance and patient safety structure with centrally managed staff embedded into the Locality Commissioning function.

The Northern Locality Board, who have delegated authority and responsibility for commissioning services from Northern Devon Healthcare NHS Trust, continue to work in partnership with the provider to support on-going continued delivery of high quality, effective and efficient services that meet the local needs of the Devon community.

Throughout the year we engage with the Trust across the range of Performance and Quality related issues. We regularly meet with them to review information and seek assurance that safe systems are in place through the Integrated Provider Assurance Meeting (IPAM) process. In all cases, as commissioners, NEW Devon CCG monitors progress and seeks appropriate assurances from the Trust that the key principles of Quality, namely safe, effective healthcare that offers a positive experience to all patients served by the Trust.

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 2014/15 period.

NEW Devon CCG supports Northern Devon Healthcare NHS Trust's commitment to high quality, safe and effective care that provides a positive experience for the patient and expects that this commitment will continue to be strengthened in the coming year.

#### Priorities for Improvement: 2015/16

**The management of pressure ulcers:** Previously, the Trust has demonstrated excellent progress in relation to pressure ulcers; we have shared the Quality Account with our Healthcare Acquired Infections Lead Nurse who has confirmed that the Trust has clearly identified their rising trends and have been open and transparent and committed to further improvement which should be applauded.

The Trust are also to be commended for maintaining their commitment to the provision of care for patients with leg ulceration in the Barnstaple Leg Club. This social model of care has been demonstrated to enhance patient experience by working collaboratively with volunteers, and is viewed favourably as one potential method of improving future service delivery for lower limb disease clients.

Looking to 2015/16; it is important that the Trust look to further clarify the different service structures across North and East Devon and the impact that this will have on pressure ulcer management and prevalence. We welcome further opportunities to pursue this further in the coming year.

**Better Communication with Patients:** The Trust has been open and has noted the increase in complaints relating to issues of communication during the year. The Trust has confirmed a series of actions to be undertaken to ensure that patient experience is a key element in the Trust's Statement on Quality.

We welcome the Trust undertaking a 'deep dive' approach to the issues raised through patient complaints and the steps they propose to take to ensure that staff are better able to support people in raising concerns and having those concerns fully addressed.

**Improving Dementia Care in Inpatient wards:** Each year the number of people living with dementia is growing and this number is expected to double during the next 30 years. It is estimated that 40 percent of people aged over 65 in general hospitals will be living with dementia and most of the people living in care homes will likely have dementia or cognitive problems.

In particular, hospital stays are recognised to have detrimental effects on people with dementia who have longer lengths of stay and poorer outcomes.

Providing an environment that supports patients living with dementia to live well is utterly appropriate and we commend the Trust for the initiatives already put in place during 2014/15 to support this. The pressure on all healthcare providers to do more to support this patient group is a national issue, and we again commend the Trust in taking this challenging requirement forward in 2015/16 for the people of North and Eastern Devon.

### Quality Performance in 2014/15:

We note progression on the priorities undertaken by the Trust in 2014/15:

- ▶ The SHUSH quiet and restful environments at night campaign across both acute and community inpatient settings. We look forward to hearing more about the achievements that the Trust made against this priority in more detail as a year-end position has not been provided in the Quality Account.
- ▶ Nutrition and hydration are an important part of patient care, helping to promote healing. We look forward to gaining a further understanding of both the outcome and impact of the work cited in the previous year's Quality Account regarding supporting care homes to improve hydration and nutrition).

- ▶ **Compassionate Care:** feedback will be sought from patients about the compassion of care delivered to them by as many different staff as possible. As Commissioners we continue to recognise the importance of this work as part of the Trust's ongoing commitment to the improvement of patient experience and staff engagement and reflective practice and would wish to better understand how this priority has positively impacted on the patient experience.
- ▶ **Informing patients of potential medication side effects:** This remains an important national and local priority, supporting and empowering patients to challenge and question treatment plans. We note that the Trust is still working to address aspects of this priority and will continue to do so into 2015/16 and we look forward to the further expansion of the ward based pharmacy technicians scheme into all inpatient areas.

**Care Quality Commission (CQC) involvement:** We welcome and support the Trust's open and transparent communication of their involvement with the Care Quality Commission during 2014/15 in this Quality Account.

We can confirm that as a Commissioner, we have worked closely with the Trust during 2014/15 and will continue to do so in respect to all Care Quality Commission reviews undertaken in order to receive the necessary assurances that actions have been taken to support continued, high quality patient care.

**Patient Incidents:** We note the Trust's inclusion of incident reporting data within the Quality Account and would wish to further observe that the organisation is a high reporter of incidents and a positive contributor to the National Reporting and Learning Scheme (NRLS). We expect the Trust to continue to further strengthen their internal processes in order to provide a greater level of assurance for the timely reporting of Serious Incidents Requiring Investigation (SIRI) reportable incidents. The Commissioner will continue to monitor positive progress in this area during 2015/16.

We are happy that the presented Quality Account demonstrates an on-going, high level of commitment by the Trust to patient care and quality in a broad sense.

The NEW Devon CCG is pleased to commission services from NDHT, we recognise that 2014-2015 has been in some parts challenging for the organisation in respect to performance against several key national targets and local service delivery pressures.

We welcome the Trust's continued effort to work with us to address those areas of challenge and again look forward to continue working in partnership and developing further relationships to help deliver our vision of healthy people, living healthy lives, in healthy communities.

## Healthwatch Devon

Healthwatch Devon welcomes the opportunity to provide a statement in response to the Quality Account produced by NDHT this year. Our response is based on our involvement with and knowledge of the Trust and its work, as well as on the feedback we receive about the quality of the services they provide, to all that come into contact with them.

With reference to progress made in respect of last year's priority areas for improvement, it is clear that the Trust has worked well to introduce a range of initiatives and actions to improve service delivery in respect of; less noise at night, nutrition and hydration, compassionate care and provision of medication information. Whilst we acknowledge that there is still work to do in these areas, we commend that the Trust will continue to work on and monitor delivery in these areas through patient feedback processes and improved auditing.

Healthwatch Devon notes the Trust's priorities for improvement for the coming year, which include; preventing pressure ulcers, better communication with patients, improving pain management and improving dementia care for those in an inpatient setting. As such, we will be mindful of these priority areas when engaging with people about their experiences, both in hospital and community care settings that are managed by NDHT.

In respect of patient experience, we are encouraged that the Trust recognises that there is a need to improve communication with patients, relatives and carers. Healthwatch Devon has identified this as a theme emerging from the evidence we hold in respect of service delivery, in particular when a patient is discharged from hospital and in complaints handling. We note the Trust's next steps to carry forward work to improve communication and we hope that the patient experience data that we have shared directly with the Trust in respect of communication and delivery of information, will help to inform improvement work in this area.

A key function for Healthwatch Devon is to collect people's views and experiences of their local health and care services and for these to be shared with those who commission, provide and regulate services on a regular basis. We also have a role in demonstrating to the public that the community voice is being heard and responded to, particularly where key issues are identified through our engagement work on topics such as hospital discharge. As such, Healthwatch Devon is keen to develop a dialogue with the Trust's Learning from Patients' Experience Group, so that the experiences and views that we capture can be systematically used to inform work that is being undertaken to improve services for people now and in the future.

## Health and Wellbeing Scrutiny Committee

Devon County Council's Health and Wellbeing Scrutiny Committee has been invited to comment on the Northern Devon Healthcare Trust Quality Account 2014/15. All references in this commentary relate to the reporting period 1st April 2014 to 31st March 2015 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee commends the NDHT on a comprehensive Quality Account 2014/15 and believes that it provides a fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge. The committee notes the review of quality performance in 2014/15 which includes:

- ▶ Reducing noise at night & increasing restful sleep.
- ▶ Ensuring nutrition & hydration helps promote healing.
- ▶ Ensuring compassion is provided in every aspect of care.
- ▶ Improving the information we provide to patients whilst they are in hospital about medication side effects.

The Committee welcomes the progress made against quality performance from last year and welcomes the detailed local clinical audit and corresponding focus on specialist areas such as epilepsy & unscheduled re-admissions post-surgery. Whilst there is a significant increase in pressure ulcers from December 14 to February 15, this might indicate that they are being picked up more swiftly. The committee further welcomes the drive to increase the support of Pharmacists, Practice nurses and GPs and commends the decision to maintain funding for the pharmacy service.

The Trust has been an active presenter at the committee, presenting more than any other provider on the topic of community hospitals, specifically those in Torrington and Axminster. The enduring challenge from the Francis Review provoked to scrutiny has been to look for improvement in healthcare through critical friend challenge. In the climate of austerity this rigor becomes even more vital. The committee welcomes a continued positive working relationship with the Trust in 2015/16 and beyond to continue to ensure the best possible outcomes for the people of Devon.

## How we decided on the content of this report

We were very keen to engage as many individuals and groups as possible in determining our priorities for improvement in the coming year. The areas covered in this Quality Account were decided after extensive consultation with staff, Trust members and the public.

A long list of contenders for inclusion was drawn up which were derived from three sources: the Trust's performance over the past year against its quality and safety indicators; national or regional priorities; and 'horizon-scanning'.

We felt that the list of contenders for 2015/16 needed to be in areas:

1. Where the Trust genuinely had a desire or need to drive improvement
2. Where there were known improvement strategies so that the Trust could deliver tangible improvement in a defined timeline
3. Where there were measures either in place or in development
4. That were capable of historical or benchmark comparison

The list, plus the rationale for selection were then discussed and consulted on extensively with groups of internal and external stakeholders, through a number of meetings and through targeted questionnaires which were made available through our Trust website and our intranet.

The feedback helped determine the shortlist of priorities on which we will focus our attention in the coming year, and which are included in this document.

# Independent auditors' limited assurance report

We are required to perform an independent assurance engagement in respect of Northern Devon Healthcare NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- ▶ percentage of patients risk-assessed for venous thromboembolism (VTE);
- ▶ percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

## Respective responsibilities of directors and auditors

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 in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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; and
- ▶ the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- ▶ the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- ▶ the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 ("the Guidance"); and
- ▶ the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- ▶ board minutes for the period April 2014 to June 2015;
- ▶ papers relating to quality reported to the Board over the period April 2014 to June 2015;
- ▶ feedback from the Commissioners dated 11 June 2015;
- ▶ feedback from Local Healthwatch organisations dated 12 June 2015;
- ▶ the Trust's complaints report for 2014/15 published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- ▶ feedback from other named stakeholders involved in the sign off of the Quality Account;
- ▶ the latest national patient survey for 2014;
- ▶ the latest national staff survey for 2014;
- ▶ the Head of Internal Audit's annual opinion over the Trust's control environment dated June 2015;
- ▶ the annual governance statement dated 2 June 2015;
- ▶ the Care Quality Commission's Intelligent Monitoring Report dated May 2015; and
- ▶ the results of the Payment by Results coding review dated January 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Northern Devon Healthcare NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Northern Devon Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- ▶ evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- ▶ making enquiries of management;
- ▶ testing key management controls;
- ▶ analytical procedures;
- ▶ limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- ▶ comparing the content of the Quality Account to the requirements of the Regulations; and
- ▶ reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Northern Devon Healthcare NHS Trust.

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- ▶ the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- ▶ the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- ▶ the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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25 June 2015

## Your feedback

We want our Quality Account to be a dialogue between Northern Devon Healthcare NHS Trust and our patients, members of the public and other stakeholders.

To let us know what you think of the account, or to tell us what you think we should be prioritising, please contact us in one of the following ways:

Via our website: [www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk)

By email: [sarahjames2@nhs.net](mailto:sarahjames2@nhs.net)

By post: Patient Safety and Quality Team  
Northern Devon Healthcare NHS Trust  
North Devon District Hospital  
Raleigh Park  
Barnstaple  
EX31 4JB