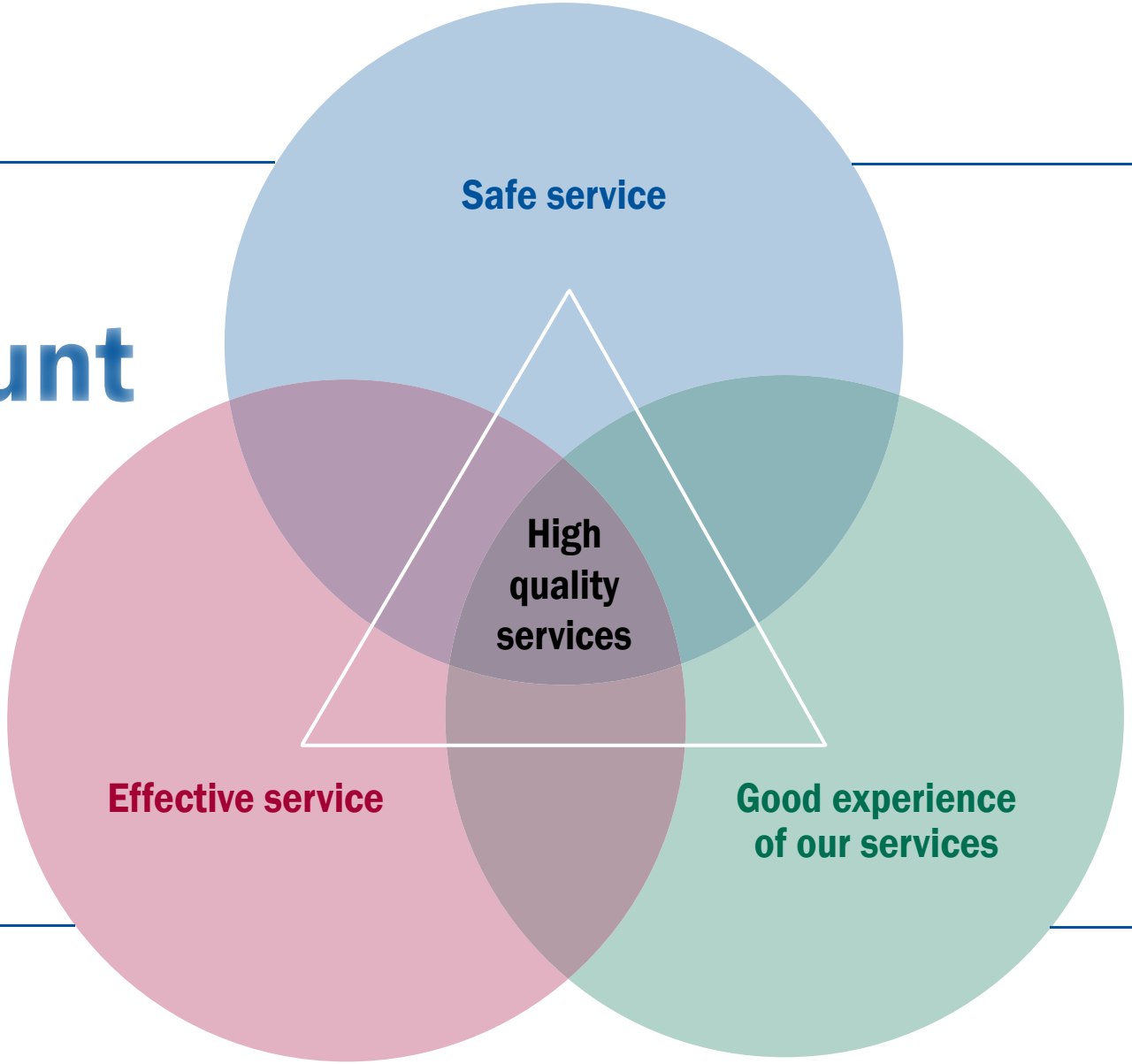
Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

Quality Account
2011 - 2012



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Presented to Parliament as part of the 'Annual Report and Accounts 2010-11' pursuant to the National Health Service (Quality Accounts) Regulations 2010 and Schedule 7, paragraph 25(4) of the National Health Service Act 2006

Introduction

The Northern Devon Healthcare NHS Trust serves three clearly defined catchment populations:

- Local acute services provided at North Devon District Hospital to the population of Northern Devon and North Cornwall. Population served circa 165,000
- Community health and social care services across Exeter, north, east, mid and parts of west Devon. Includes a network of 17 community hospitals and 17 complex care teams serving a population of approximately 490,000
- Devon-wide specialist community services (podiatry, sexual health, health promotion) serving the whole of the Devon County Council boundary (population circa 1.3million)

The Trust has an operating budget of £209million and employs just under 4,500 staff.

Trust at a glance

Budget: £211 million

Staff: 4498 staff (3438 wte)

Acute beds

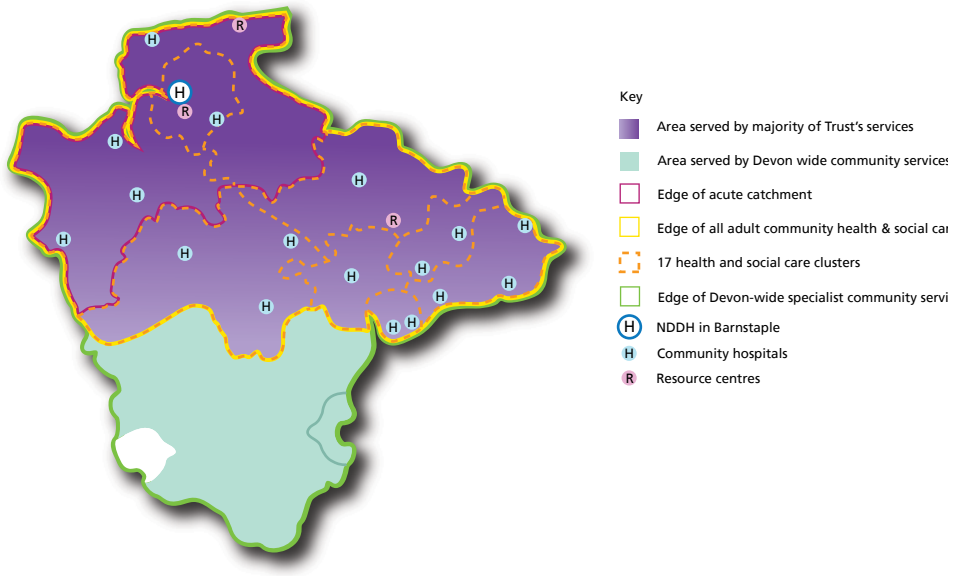
316 at North Devon District Hospital

Community beds

342 across 17 community hospitals

17 complex care teams

12 Devon-wide specialist community services (podiatry, sexual health etc)



It is our vision to be recognised for delivering care of the highest quality, measured in terms of clinical effectiveness, patient safety and the patient experience.

We are truly an integrated Trust whose focus is on delivering quality services as locally as possible, but with strong service links with the local acute hospitals to ensure care is delivered seamlessly.

Patients will access more and more of our services in their local community, either via our network of complex care teams and community hospitals or by health professionals in their own homes.

For more information on our services and future plans, please visit our website www.northdevonhealth.nhs.uk

Statement on Quality from the Chief Executive and Chair

Welcome to our 2012 Quality Account. We value the opportunity to explain the progress we made last year and the priorities we have chosen for this coming year. We hope that this Quality Account provides an interesting read and is a useful tool with which you can hold us to account to continually strive to improve our services.

For us, quality means three things.

It means that our services are delivered **safely**. Did we do all we could to keep our patients safe from avoidable harm or infection whilst in our care?

It also means that the care we provided was **effective**. Are we using the most effective clinical and administrative means of delivering care which improves the outcome for patients?

And lastly, it means that the **experience** of patients in our care met their expectations? Did we explain what was going to happen and treat you with compassion and respect at all times?

As a Board, we are committed to fulfil our statutory duty to hold our organisation to account for improving the quality and responsiveness of services, and to demonstrate this accountability to our local communities. This year we want to push ourselves to go even further because we pride ourselves on providing services of a high quality and we would like to be able to prove this to you.

The priorities for 2012/13 were nominated by staff, patients and stakeholders and cover every service provided by the Trust: across hospital beds, community wards and in the patient's own home.

Those with the most votes are described in part one of this Quality Account. This doesn't mean that we will relax our efforts on other equally important issues such as infection control, but it does mean that these nine chosen priorities get an accelerated drive to improve quickly and demonstrate real change that we can all see.

As you will see from reading part three of this Quality Account, we made very good progress last year in a number of key areas to improve the quality of service offered to patients. Namely nutrition, fewer ward moves, reducing falls and pressure ulcers amongst others. We know these improvements made a huge difference to the experience and outcomes of patients using our services last year. We will continue to prioritise these areas so we don't lose the momentum to continually improve our services.

Jacqueline Kelly
Chief Executive

Roger French
Chair

June 2012

Part 1 - Priorities for Improvement Next Year (2012/13)

One:

Being open with patients when things go wrong

Being open with patients when things go wrong

Openness when things go wrong is fundamental to the partnership between patients and those who provide their care. There is strong evidence to show that when something goes wrong with healthcare, the patients who are harmed, their relatives or carers want to be given information about what has happened. And often they want someone to say sorry.

Being open about what has happened and discussing the problem promptly, fully and compassionately can help patients cope better with the after effects when things have gone wrong.

What is the issue?

The Trust has a Being Open Policy and fully support the principles of being open with patients when things go wrong, we want to improve the quality and consistency of communication when patients are involved in an incident by ensuring that if things go wrong the patient and/ or their carer will be given an opportunity to discuss what happened, receive an apology and to be informed of the action the Trust will take to prevent it happening again.

Why is it a priority?

Being open with patients when things go wrong is part of a wider strategy to improve patient safety. It is integrated with the development of other risk management procedures and is designed to promote a culture of reporting and learning from patient safety incidents to reduce levels of harm.

Openness has clear benefits for patients and staff, and lessons can be learned and shared organisation-wide.

This will include satisfaction that communication with patients and carers has been handled in the best way; developing a good relationship for handling a difficult situation and improving understanding of the patient's point of view. Openness is also beneficial in maintaining the good reputation of the Trust.

Of equal importance is that openness about what happened and discussing patient safety incidents promptly, fully and compassionately can help patients and their families and/or carers to cope better with the after-effects.

Promoting a culture of openness when things go wrong in healthcare is therefore essential to ensure we are improving patient safety, the experience of our patients when they are using our services, and the quality of our healthcare systems.

How did we do in 2011/12 for this topic?

The principles of being open with patients when things go wrong were being applied in 2011-12 and have become an essential part of everyday practice in some areas of the Trust. However, practice has not been consistent which means that not all patients are fully informed when things go wrong, receive an apology and are informed of the action the Trust will take to prevent a similar incident happening again.

What we will aim to do in 2012/13

- The principles of being open with patients when things go wrong are recognised and applied across the Trust;
- The quality and consistency of communication when patients are involved in an incident is improved;

- The process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/ or their carers is embedded throughout the organisation; and
- The process for acknowledging, apologising and explaining when things go wrong becomes part of everyday practice.

How we will monitor progress

We will see an increase in the number of times that patients or relatives are informed when a significant event has happened and in which aspects of their care was involved.

Previously, we have not held accurate records of whether patients or families were informed when we had concerns about their care.

Two:

Protecting vulnerable people by improving our staff's understanding of mental capacity assessment and consent

Protecting vulnerable people by improving our staff's understanding of mental capacity assessment and consent

What is the issue?

Consent - patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery.

Mental capacity - means the ability to make decisions for oneself. In England and Wales mental capacity issues are covered by the Mental Capacity Act (MCA) which came into force in 2007. People with serious mental health problems, people with learning disabilities and people with dementia may lack the capacity to make many decisions for themselves. In order to find out if a person has the capacity to make a decision the process for assessing capacity described in the Mental Capacity Act must be followed.

The key issue in practice is to ensure, where appropriate, staff both obtain AND document consent for care/treatment or a given intervention. Or, if the patient is unable to consent due to mental incapacity staff undertake AND document a mental capacity assessment.

Why is it a priority?

In addition to patients having a fundamental legal and ethical right to determine what happens to their own bodies, consent to care and treatment is also an essential Care Quality Commission (CQC) standard. Therefore as a registered body the Trust MUST be able to provide evidence of compliance with what is set out in this standard in order to maintain its registration.

Through their inspections of the Trust the CQC have highlighted previous concerns with documentation particularly around consent. Furthermore, an internal audit last year (Aug 2011) found that there was a general lack of awareness of how to access support and advice around the Mental Capacity Act and that documentation did not always reflect the care provided or decisions made for those patients who may lack mental capacity. Therefore MCA related issues were incorporated into the safeguarding adults work plan and monitored via the Safeguarding Adults Group.

How did we do in 2011/12?

Following the above concerns that were raised via the CQC and MCA audit, improvements were put in place. The consent policy has been revised and harmonized across the Trust, which clarifies when and how consent should be obtained in addition to where and how it should be documented. This policy also sets out what should be done in cases where the patient lacks capacity and how to record the outcome.

Consent is now also monitored on a weekly basis via a documentation audit in the acute and community hospitals. The Trust has also agreed a CQUIN target with the commissioners of 90% for documented consent, which the Trust is currently close to achieving within hospitals.

What we will aim to do in 2012/13

There are already two existing objectives in the Safeguarding work plan which relate to MCA; to embed the MCA in day to day practice and to improve documentation and recording around Mental Capacity and Best Interest decision making. The following actions will support these objectives.

- Revise and harmonise existing Trust MCA policy
- Review MCA documentation and ensure it is fit for purpose
- Link NDHT documentation and guidance with multi-agency MCA practice guidance
- Develop MCA 'resource file' to include flowcharts, checklists, cases examples etc.
- Use professional forums and networks to promote awareness and disseminate
- Follow up staff audit on MCA to assess competence for whole Trust

How we will monitor progress

The number of patients who are unable to consent due to lack of capacity who have documented evidence of a mental capacity assessment will increase.

Three:

Reducing the number of infections after surgery

Reducing the number of infections after surgery

What is the issue?

A surgical wound infection occurs after surgery when germs from the skin or the environment enter the incision (cut) that the surgeon makes order to carry out the operation. A surgical wound infection can develop at any time from two to three days after surgery until the wound has healed (usually two to three weeks after the operation). Very occasionally, an infection can occur several months after an operation.

Surgical wound infections are uncommon. Most surgical wound infections are limited to the skin, but can spread occasionally to deeper tissues. Infections are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut. Procedures involving the lower abdomen may present a higher risk of the patient developing an infection.

Why is it a priority?

A surgical site infection can have a significant impact on a patient's quality of life, and can extend the length of time a patient needs to stay in hospital after an operation. The patient may require additional treatment, such as antibiotics or further surgical procedures.

How did we do in 2011 / 2012?

A small survey undertaken in 2011 suggests that between 5.6% to 18.2% of inpatients developed a post-operative wound infection following bowel surgery.

What do we aim to do in 2012 – 2013?

Reduce the number of patients who develop a surgical site infection following abdominal surgery.

How will we monitor progress?

Reduce the number of patients who develop a surgical site infection following a surgical procedure involving their abdomen.

Four:

Improving care for patients with dementia

Improving care for patients with dementia

What is the issue?

It is our stated vision to 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.

Nationally, it is estimated that up to a quarter of inpatient beds are occupied by patients with dementia, increasing markedly with the age of the patient. The demographic profile of Devon makes it likely that this proportion is much higher locally, and predicted to increase in line with our ageing population: by 2021: we expect the population of 60-80year old to increase by 40%.

To recognise the differing needs of dementia patients we are developing the tools and services to tailor services to patients and families.

The work to improve services for patients with dementia requires us to look not only at individual services, but at how services integrate with each other, whether our staff are trained to support these patients and their families and whether our services can be accessed easily by patients.

Why is it a priority?

We believe that all people admitted to a general or community hospital, or those being cared for in their own homes by community teams, should receive services which are sensitive to their needs, respect their dignity and support their onward care to a suitable setting, where that is required. As a Trust we are committed to improving the quality of care offered to patients with dementia, and this includes the training and education delivered to staff, which will increase awareness of dementia.

For dementia patients, an admission to hospital can often worsen their condition and cause undue anxiety and confusion. One of the key aims of the project will be to identify ways in which admission can be prevented and, if unavoidable, how the impact can be minimised.

Staff in different teams 'know' the healthcare needs of our dementia patients, regardless of whether they have an official diagnosis or not. Our challenge is to ensure all teams know this patient, so that acute, community and complex care teams can access a joint care plan which assists us in promoting independent living as quickly as possible.

As previously outlined, the Trust has a unique configuration which makes assuring ourselves of the quality of all our services (in terms of safety, patient experience, clinical effectiveness and service performance) a challenge. This requires particular consideration for dementia patients.

Caring for patients with cognitive impairment can be difficult and we seek to support staff by developing multi-disciplinary teams with the skills and education required to safely manage this cohort of patients in all care settings.

How did we do in 2011 / 2012?

We developed, approved and launched a Trust-wide Dementia Strategy in conjunction with key stakeholders including Devon Partnership Trust.

We significantly increased the number of staff that have undertaken dementia training.

We invited patients and carers to a focus group to understand their experience of our service. The outcome of these focus groups was a Trust-wide action plan and staff training DVD using patient and carer stories.

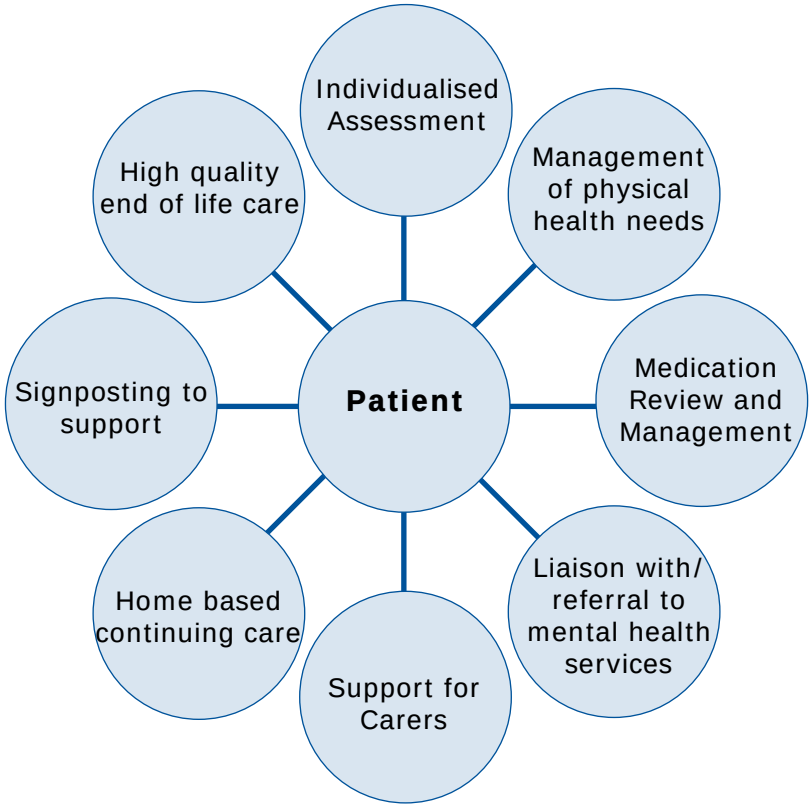
The feedback from the focus groups was that we were doing well with:

- Good support in the community setting
- Specific wards were praised for the care given

- Needs of individual patients were catered for in the care experience
- Support from the Trust's PALS service was highlighted as good
- Individual members of staff were highlighted as positively contributing to patient experience

The areas we need to improve are:

- Communication – particularly listening to carers and directly to patients
- Quality of discharge and related documentation
- Assessment of capacity and safeguarding



- Consistent standards of care for patients with dementia
- Quality of the environment and activities undertaken to stimulate patients
- Information and signposting

What do we aim to do in 2012 – 2013?

In addition to the action plan following the focus groups, we will implement the Trust's Dementia Strategy, which was developed in partnership with the local mental health provider, Devon Partnership Trust. The strategy identifies that key component elements of the Trust's dementia services will be focused around individual patient need, being responsive and flexible incorporating carer involvement, as detailed in the diagram.

Underpinning the care provided is the principle of ensuring people with dementia are treated with dignity and respect by an appropriately trained workforce.

Our aspirations are as follows:

- Patients with dementia are proactively and safely managed in their usual place of residence
- Clear understanding of the services required to support patients/carers in primary care
- Patients are only admitted when it is absolutely necessary and all other care options have been exhausted
- Patients admitted to secondary care (acute or community hospital) are identified early and bring information with them which will improve their safety and enhance their experience
- Carers are, and feel, involved in clinical decisions and care
- Staff across the care experience have the necessary skills and training to safely manage patients with dementia

- Services across the care experience are seamless and co-ordinated
- Patients with dementia do not remain in hospital any longer than they need to by ensuring that the healthcare system works to support timely and safe discharge

We aim to provide more than 80% of staff with face to face and breakaway training, particularly focusing on those who have daily/weekly contact with dementia patients.

How will we monitor progress?

We will monitor progress through staff and patient experience feedback, as well as attendance records at specific dementia staff training sessions.

Five:

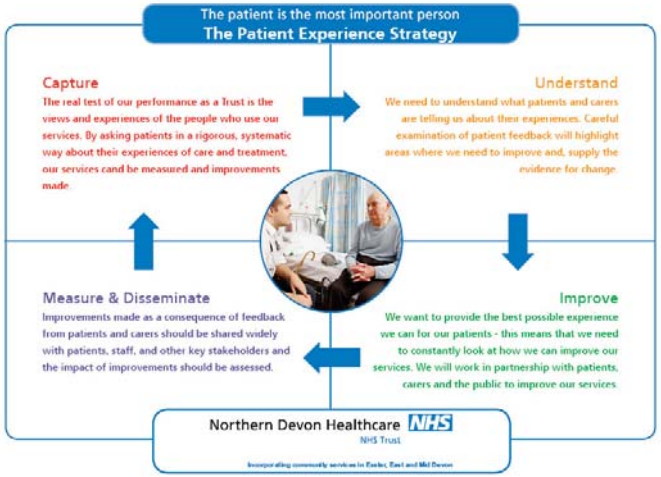
Doing more with the feedback we receive from patients

Doing more with the feedback we receive from patients

What is the issue?

The fourth domain of the 2012/13 NHS Operating Framework sets the target of ensuring patients have a positive experience of care. This signals an important shift in focus which sees patient experience as of equal importance to patient safety, performance and clinical effectiveness.

The Trust recognises the importance of listening and responding to patient feedback and to use the feedback to improve the future experience of patients receiving our services.



Whilst there has been significant effort and commitment to collecting the patient feedback, there has been insufficient attention given to demonstrating change as a result of feedback and ensuring consistency across all services and settings. This is not a unique problem for this Trust as the NHS has been slow to adopt the proven marketing tools to gather intelligence from patient experience and use it to understand and improve services.

Why is it a priority?

Responding to and using patient feedback is a key way of ensuring our services continually evolve to meet the needs of patients. In an era of increased patient choice, demonstrating a high quality of service which evolves to meet the needs of patients is essential to maintaining community and public support for the services we provide.

How did we do in 2011/12?

In 2011/12, we published a Patient Experience Strategy which clearly sets out a framework for the effective capture of patient feedback, of gaining clear insights from that feedback, acting to improve the service as a result of feedback and monitoring that the change happened and measure the benefits to patients.
This strategy also contains a programme of patient experience exercises to ensure that we are capturing experiences from all services, be they in a ward, clinic or patient's own home.

Our Involving People Steering Group, which has representatives of many local organisations has continued to meet and provide valuable input on many development projects, including the redevelopment of women's and children's services. Actions taken as a result of patient experience are shared with this group, so that they are aware of the impact that patient experience has had.

Following patient feedback about the level of information we provide patients in hospital, we have installed television screens in the main outpatient departments at NDDH. These screens display content on health promotion, infection control and patient information DVDs such as Coming into Hospital, and the daycase procedures. They also provide an update on the actions we have taken to improve patient experience, i.e. telephone reminder schemes for outpatients. This is a tool we plan to develop further in 2012/13.

What we will aim to do in 2012/13

To develop a system for obtaining robust and regular (monthly) data on patient experience by team, department and ward to support the delivery of local and organisational improvements in specific areas of service delivery.

How we will monitor progress?

Measures of patient satisfaction continue to improve both on a local level and are benchmarked positively against national data. Our services will score well in the 'friends and family test' where patients, carers and family members are asked whether they would recommend the service to their friends and family.

Six:

RUOK? Using regular 'comfort rounds' to help prevent falls and pressure ulcers

RUOK? Using regular 'comfort rounds' to help prevent pressure ulcers and falls

What is the issue?

Falls in hospital are a major cause of disability and mortality for older people in the UK, with 208,000 falls reported in acute hospitals every year, and 38,000 in community hospitals. Even minor falls can cause distress, pain, injury, loss of confidence and loss of independence, as well as the anxiety caused to patient's carers and relatives.

The reasons why patients fall in hospital are complex, but patients can be particularly vulnerable because of side effects of medication, problems with balance, strength, or mobility, and because of their medical condition. Patients can also be vulnerable to falling while making urgent journeys to the toilet.

Pressure ulcers can occur in any patient, but more are likely in high-risk groups, including people who are obese, elderly, and malnourished or have underlying conditions such as diabetes. Pressure ulcers are caused when pressure is placed on a particular part of the body and interrupts the blood supply. The body's natural defence against pressure ulcers is to keep moving, something which patients can't always do independently.

Why is it a priority?

Whilst it is not possible to prevent every single patient fall whilst in hospital, we want to be sure that we have done everything possible to prevent patients falling and injuring themselves whilst in our care.

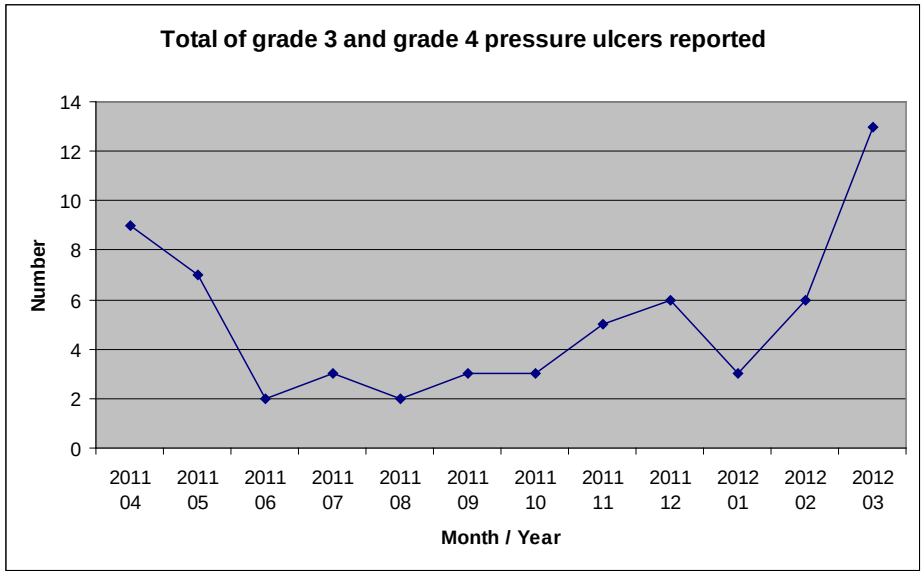
Doing a comfort round for all patients on the ward aims to provide better than expected care by giving each patient a regular and individualised check-up whilst they are in hospital.

Comfort rounds also aim to address the risks we know patients face when they are in hospital. By asking patients, “R U OK?” we aim to keep our patients safe from harm. The rounds will help to reduce the risk of falls and pressure ulcers by ensuring patients get regular support with moving, or going to the toilet. It will also ensure patients don’t get dehydrated whilst in hospital and are kept pain-free.

How did we do in 2011 / 2012?

Falls: The Trust saw 53 medium and high-level incidents recorded across the Trust last year, where patients fell and injured themselves whilst in hospital.

Pressure ulcers: 46 medium and high severity pressure ulcers were reported to have been developed by patients in 2011 – 2012.



We have extensively reviewed our processes for risk assessment and care planning for all patients in our care during 2011 – 2012, and, whilst our record keeping has improved significantly, we know we can improve further.

We note the rise in number of grade 3 and grade 4 pressure ulcers in March 2012. These incidents are being investigated, but early feedback indicates that at least four were considered unavoidable. This rise coincides with an awareness campaign with our community teams to focus them on increasing the consistency of reporting incidents of pressure ulcers, and this raised awareness may have had an impact on the number reported in March.

What do we aim to do in 2012 – 2013?

We aim to ensure that 90% of eligible patients, i.e. those assessed as at risk of developing pressure damage or of falling, receive regular comfort rounds in inpatient areas.

How will we monitor progress?

- Improvement in the percentage of eligible patients that receive comfort rounds.
- Reduction in hospital acquired pressure ulcers.
- Reduction in harmful falls.

Seven:

Making sure patients are cared for on the right ward for their clinical condition

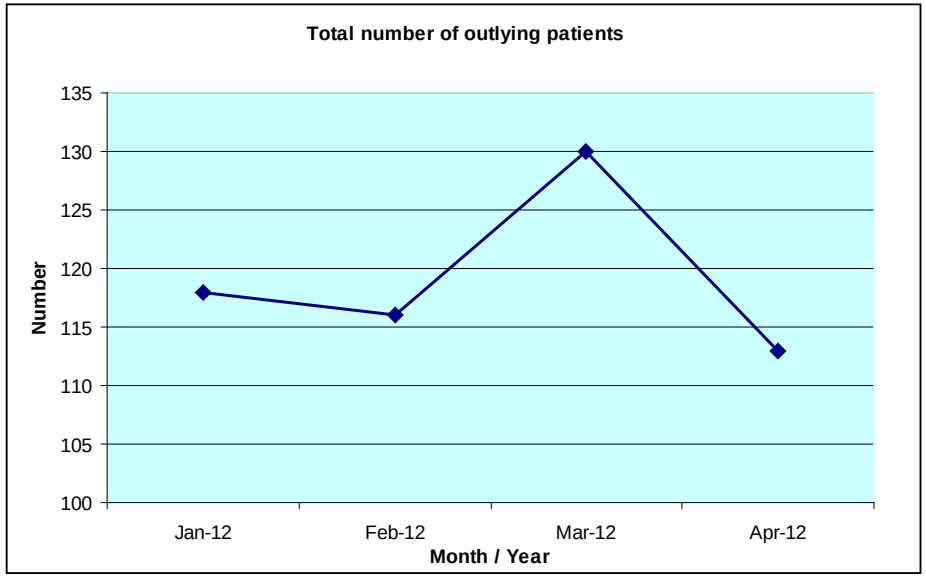
Making sure patients are cared for on the right ward for their clinical condition

What is the issue?

This priority develops the theme from last year's Quality Account of reducing the number of times a patient is moved between wards during their stay in hospital.

When a patient is transferred to a clinical area outside of their specialty, this is called outlying, and is recorded as a number of outliers.

The Northern Devon Healthcare NHS Trust seeks to make every effort to minimise the numbers of patients who are placed as outliers, but recognises that at times, when emergency admissions are high, decisions to place that patient as an outlier may be necessary. Our efforts this year will be focussed on ensuring a smooth patient flow to ensure that the majority of our patients are cared for in the right ward for their clinical condition.



Why is it a priority?

There is emerging evidence of a correlation between increased mortality rates and the practice of outlying patients (NHS Institute of Innovation and Improvement). In addition, the risks of healthcare associated infection (HCAI) are greatly increased by extensive movement of patients within the hospital, by very high occupancy rates and by an absence of suitable isolation facilities (DH 2003, Winning Ways; DoH 2005 Saving Lives). It is also a risk that outlying increases length of stay which in its turn then blocks capacity. It is imperative that all actions are focused on reducing the numbers of patients who are placed in outlying wards whilst in our care.

It is the clear intention of the Trust to over time remove the need for outlying patients wherever possible.

How did we do in 2011 / 2012?

The graph opposite shows that there is an average of 15 outliers each month, however there are significant variations between the months, which suggest the number of outliers can be linked to the times when we are busy.

What do we aim to do in 2012 – 2013?

We seek to reduce the number of patients that are not cared in the right ward for their clinical condition.

How will we monitor progress?

The number of patients that are cared for in the right ward for their clinical condition increases from the 2011 baseline.

Eight:

‘Home by lunchtime’ – improving the timeliness of discharge for patients

Home by lunchtime – improving the timeliness of discharge for patients

What is the issue?

Currently the way that discharge in the hospitals is co-ordinated means that the majority of discharges occur after 1600hrs. This creates a backlog in the hospital and also means that patients may have to wait longer in the emergency department than is necessary.

Why is it a priority?

It is a priority because the delays in discharge create backlog in the system which results in delays in admission to an inpatient bed for some patients and also delays in the emergency department in seeing and treating patients.

How did we do in 2011 / 2012?

The data evidence to support this is very limited as we do not record the actual time of discharge, just the date. However, we know from national and local patient surveys, and reports from patient groups such as LINk Devon and the Patient Association that patients and their families have the perception that they waited an extended length of time from being told that they could go home to the time that they were able to leave the hospital.

What do we aim to do in 2012 – 2013?

We aim to:

- Ensure the drugs to take home are prescribed and delivered the day before discharge is planned
- Ensure that ward rounds are undertaken early in the day to allow the maximum time to plan a timely discharge
- Ensure that if transport is required it is booked for early in the day

How will we monitor progress?

The number of patients discharged before lunchtime will increase. Patient experience feedback via national and local surveys will show an improvement in regard to the delays in their discharge.

Nine:

Making sure patients on high risk medications don't miss their doses

Making sure patients on high risk medications don't miss their doses

What is the issue?

The National Patient Safety Agency (NPSA) has stated that missing doses of high risk medications can result in an increased risk of harm. One in every 200 reported missed doses results in death or severe harm to patients. High risk medications include antibiotics, cardiac medicines, blood-thinning drugs, anti-Parkinsons and anti-epileptic medicines, can result in an increased risk of harm, with one in every 200 reported missed doses results in heath or severe harm to patients.

Why is it a priority?

A reduction in missed doses of high risk medications is likely to save lives and reduce harm.

How did we do in 2011 / 2012?

Last year 83 incidents were reported of patients missing doses of high risk medication, although the outcome for most patients was little or no harm.

What do we aim to do in 2012 – 2013?

We aim to eliminate the incidence of patients experiencing one or more missed doses of high risk medications in 2012 – 2013, whether this is because the drug is unavailable or has been withheld by staff, for example, prior to surgery. This will involve ensuring all staff follow Trust policies and procedures in relation to medication administration, by encouraging the ordering of drugs immediately once it is noticed they are required. We will also ask our ward based pharmacists to review medication charts specifically to identify instances of missed doses of high risk medications.

How will we monitor progress?

By a reduction in the number of incidents that are reported via the Trust's incident reporting system related to missed doses of high risk medications.

Progress of all nine priorities will be reported to and monitored by the Safer Care Delivery Committee on a bi-monthly basis.

Part 2 - Statements of assurance from the Board

Review of services

During 2011/12, Northern Devon Healthcare NHS Trust provided and/or sub-contracted 30 acute and 20 community NHS services (at discrete specialty level).

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 2011/12 represents 92.79 per cent of the total income generated from the provision of NHS services by the Northern Devon Healthcare NHS Trust for 2011/12.

Participation in clinical audits

Between April 2011 and March 2012 there were forty national clinical audits and nine confidential enquiries covering NHS services which are provided by Northern Devon Healthcare Trust.

Northern Devon Healthcare participated in thirty-two (80%) national projects and all nine (100%) national confidential enquiries. Twelve reports were issued, some examples of the actions taken are shown below.

1. National Clinical Audit Projects

Project category	Project title	NDHT took part	Completed	Cases (% of possible cases)	Suggested number of cases
Children	Paediatric pneumonia (British Thoracic Society)	Yes	Yes	9 (90%)	10
	Paediatric asthma (British Thoracic Society)	Yes	No	8 (100%)	8
	Pain management (College of Emergency Medicine)	Yes	Yes	45 (90%)	50
	Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	No	32 (100%)	32
	Diabetes (RCPH National Paediatric Diabetes Audit)*	Yes	No	72 (100%)	72
Peri-and Neo-natal	Perinatal mortality (MBRRACE-UK)	Yes	No	Not available	Not available
	Neonatal intensive and special care (NNAP)	Yes	No	Not available	Not available

Acute care	Emergency use of oxygen (British Thoracic Society)	No			
	Adult community acquired pneumonia (British Thoracic Society)	Yes	No	94	94
	Non invasive ventilation -adults (British Thoracic Society)	Yes	No	20 (100%)	20
	Pleural procedures (British Thoracic Society)	No			
	Cardiac arrest (National Cardiac Arrest Audit)	Yes	No	9 (100%)	90
	Severe sepsis & septic shock (College of Emergency Medicine)	Yes	No	19 (63%)	30
	Adult critical care (ICNARC CMPD)	Yes	Continuous data collection	363	363
	Potential donor audit (NHS Blood & Transplant)	Yes	No	3 (100%)	3
	Seizure management (National Audit of Seizure Management)	No			
Long term conditions	Diabetes (National Adult Diabetes Audit)	No	No		
	Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	No	42 to date	
	Chronic pain (National Pain Audit)	No			
	Ulcerative colitis & Crohn's disease (UK IBD Audit)	Yes	Yes	6 (100%)	6
	Parkinson's disease (National Parkinson's Audit)	No			
	Adult asthma (British Thoracic Society)	Yes	Yes	20 (100%)	20
	Bronchiectasis (British Thoracic Society)	Yes	No	12 (100%)	12
Elective procedures	Hip, knee and ankle replacements (National Joint Registry)	Yes	Continuous data collection	684 (100%)	684
	Elective surgery (National PROMs Programme)	Yes	Continuous data collection	511	Not available

	Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	Continuous data collection	114 to date	Not available
	Carotid Intervention Audit Round 3 Round 4 ongoing	Yes	Yes	26 to date	Not available
Cardiovascular disease	Acute Myocardial Infarction & other ACS (MINAP)	Yes	Continuous data collection	561 (100%)	561
	Heart failure (Heart Failure Audit)	Yes	Yes	257 (102%)	253
	Acute stroke (SINAP)	Yes	No	329 (100%)	329
Cancer	Lung cancer (National Lung Cancer Audit)	Yes	Continuous data collection	117 (100%)	117
	Bowel cancer (National Bowel Cancer Audit Programme)	Yes	Continuous data collection	162 (100%)	162
	Head & neck cancer (DAHNO)	N/A	N/A	No	(ND patients reported via RDE)
	Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	Currently on hold until April 2012	19 (100%)	19
Trauma	Hip fracture (National Hip Fracture Database)	Yes	Continuous data collection		
	Severe trauma (Trauma Audit & Research Network)	Yes	No	138 (100%)	138
Blood transfusion	Bedside transfusion (National Comparative Audit of Blood Transfusion)	Yes	Yes	40 (100%)	40
	Medical use of blood (National Comparative Audit of Blood Transfusion)	Yes	No	26 (100%)	26
Health promotion	Risk factors (National Health Promotion in Hospitals Audit)	No			
End of life	Care of dying in hospital (NCDAH)	Yes	Yes	178 (100%)	178

2. National Confidential Enquiries

Project title	NDHT took part	Report issued in time period	Cases (% of possible cases)	Suggested number of cases
National Review of Asthma Deaths	Yes	No	-	-
Subarachnoid haemorrhage (NCEPOD)	Yes	No	9 (100%)	9
Peri-operative Care (NCEPOD)	Yes	Yes	5	5
Alcoholic Liver Disease (NCEPOD)	Yes	No	3 (100%)	3
Paediatric Surgery (NCEPOD)	Yes	Yes	0	0
Bariatric Surgery (NCEPOD)	Yes	No	0	0
Cardiac Arrests (NCEPOD)	Yes	No	3 (100%)	3
CEMACE Maternal Mortality Surveillance - long term data collection	Yes	Continuous data collection	Not available	Not available
CEMACE Perinatal Mortality Surveillance - long term data collection	Yes	Continuous data collection	Not available	Not available

3. Local Clinical Audit and Effectiveness Projects

Division	Projects in progress	Audits completed	Surveys completed	Providing assurance	Service improvement
Anaesthetics, Theatres and Critical Care	32	20	6	15	11
Diagnostics and Therapeutics	8	5	8	2	11
Medicine and A&E	33	23	0	9	14
Specialist Services	3	0	0	0	0
Surgery	29	6	4	3	7
Womens and Childrens	38	26	1	1	26
Trustwide projects	18	5	1	0	6

- A total of 105 projects were completed within the period from April 2011 and March 2012
- Seventy-five (71%) were reviewed and action planned for quality improvement.
- Thirty (29%) provided assurance of best practice in the area of care being assessed and no action was necessary.

Examples of actions taken after review:

Physiotherapy Out-patients: Patient feedback survey (local audit)

- Explanation of risks forms part of consent procedure for all patients
- All clinicians reminded to explain fully the risks of treatments to all patients.
- Appointments are scheduled so any waits are only of short duration
- All staff reminded to keep patients informed of the reasons if any delays occur
- Staffing levels reviewed across the district and compared to referrals received to each locality and resources better distributed
- Reviewed admin support

Management of Acute Pain: Staff Knowledge and Attitudes (local audit)

Pain Resource files extended to medical wards and community hospitals

- Funding for folders & laminating sheets (12 required)
- Nominated nurse/individual to contact to update, monitor and maintain folders

Face to face training

- Face/face teaching and/or e-learning specifically designed for medical/community settings
- Agreement with clinical areas to allow study time
- Resources (rooms, personnel, time) agreed with workforce development

Safeguarding children - Documentation and Discharge Care Planning (local audit)

Emergency Department to inform Paediatrics Department of previous attendances

- Communication process put in place
- Child Protection documentation requirements incorporated into standard ward documentation
- Ensure that all doctors have name stamps provided for those who do not have them

Refractive outcomes of cataract surgery (local audit)

- Doctors, nurses and all members involved in journey of cataract patient from pre-assessment to follow-up actively participate in data entry.
- Department to look into funds/business plan for a minimum of auto-refractor +/- IOL master in operating theatre

IOL formula to be used during cataract surgery:

- For Axial Length < 22: mm Hoffer Q, for all other Axial Length : SRK-T

Biometric measurements should be repeated

- If 1st eye Prediction Error >/=1.0 D: Needs to be flagged at the post op visit.
- Axial length is <21.20 mm or >26.60 mm
- Mean corneal power is <41D or >47D for corneal topography.
- Delta K is >2.5D
- Difference in axial length between fellow eyes of >0.7mm
- Difference in mean corneal power of >0.9 dioptres

Imaging in acute stroke. NICE Clinical guideline CG68 (national audit)

- Improved documentation of the time of onset of symptoms
- Acutely confused patients will be scanned earlier once other cause for confusion excluded
- Earlier review by senior medical staff

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northern Devon Healthcare NSH Trust in 2011-2012 who were recruited during that period to participate in research approved by a research ethics committee was 1,090. Of the 1,090 patients one hundred and sixty-six were recruited into randomised controlled trials (RCTs) that test and offer the latest medical treatments and techniques. In 2010-2011 ninety-nine patients were recruited to RCTs, demonstrating a substantial increase in the support the organisation dedicated to complicated activity and patients consenting to these trials.

Northern Devon Healthcare NHS Trust was involved in conducting 101 clinical research studies (86 of which are on the National Institute Health Research CRN Portfolio) in the following nineteen medical specialty areas: dementia, diabetes, coronary, gastroenterology, musculoskeletal, anaesthetics, dermatology, maternity, rheumatology, ophthalmology, orthopaedic, haematology, oncology, paediatric, stroke, podiatry, obstetrics and gynaecology, multiple sclerosis and clinical genetics. There were 54 Principal Investigators, their clinical teams and additional 18 visiting researchers participating in the research. The Trust's involvement in NIHR research and providing data from patient recruitment to our sponsor sites has contributed to a number of publications, which demonstrates our commitment to transparency and desire to improve patient outcomes and experience across the NHS. The Trust requires annual and final project reports from Chief Investigators, which is stipulated as a condition for Trust approval and in the Clinical Trials Agreements.

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 possible 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 2011/12 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 2011/12 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 and its current registration status is licensed to carry out the following activities:

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

Northern Devon Healthcare NHS Trust has no conditions on registration.

The Care Quality Commission did not take enforcement action against Northern Devon Healthcare NHS Trust during 2011/12.

Northern Devon Healthcare NHS Trust participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2011/12.

CQC unannounced inspection of NDDH in March 2011.

CQC unannounced inspection of NDDH in July 2011 to investigate allegations about the care of vulnerable adults. The CQC's investigation found these allegations to be unfounded.

CQC unannounced inspection of NDDH in November 2011 to monitor our progress against the action plans developed following the previous two visits. Improvements were required in NDDH theatre documentation and compliance with the World Health Organisation checklist.

CQC unannounced inspection in December 2011 to investigate a patient complaint about staffing levels at Tiverton and District Community Hospital. The CQC found no grounds for the complaint.

CQC unannounced inspection in April 2012 to monitor implementation of the theatre documentation action plan. The CQC considered the Trust to have made huge progress and "NDDH was meeting all the essential standards of quality and safety inspected".

CQC special review in March 2012 of NDDH into clinics or providers offering termination of pregnancy.

These reviews were national CQC reviews and not specific to the Trust.

The Trust is not subject to any periodic reviews by the CQC.

The Special Review for Stroke produced a national report which the Trust will review its current Stroke Service against. Any nationally recommended improvements will be managed as a Devon-wide improvement project. The report for the Support for Families with Disabled Children will be published in spring 2011.

Data quality

The Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are then included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number are:

99.7% for admitted patient care (up from 99.2% last year)

99.8% for outpatient care (up from 99.3% last year)

92.8% for accident and emergency care (down from 96.6% last year)

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

100% for admitted care (up from 99.9% last year)

100% for out patient care (up from 99.7% last year)

99.9% for accident and emergency care (slightly down from 100% last year)

Information Governance Toolkit (IGT) attainment levels

Northern Devon Healthcare NHS Trust's Information Governance Assessment Report overall score for 2011/12 was 68% and was graded 'not satisfactory' in accordance with the IGT grading scheme.

Clinical coding error rate

The error rates reported in the last published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary diagnoses incorrect: 2.5% (last year 10.7%)
- Secondary diagnoses incorrect: 8.0% (last year 12.9%)
- Primary procedures incorrect: 2.1% (last year 30.7%)
- Secondary procedures incorrect: 2.9% (last year 12.2%)

The Trust was subject to a clinical coding audit by the Audit Commission during the reporting period.

Part 3 - Review of quality performance 2011/12

1. Nutritional assessment and care planning
2. Reducing the number of pressure ulcers acquired in hospital
3. Reducing the number of falls that occur in hospital
4. Improving continence care and reducing catheter-associated infections
5. Improving the standard of record keeping
6. Improving our care of adult patients who require safeguarding
7. Fewer moves between wards
8. Improving care for patients and their carers for patients with dementia
9. Developing new ways of feedback back to patients actions taken as a result of their feedback

1. Nutrition

What was the issue?

Estimates put the cost of malnutrition in the UK (NHS and social care) at over £13 billion, while evidence suggests that 28% of patients admitted to UK hospitals are malnourished or “at risk of malnutrition”.

Therefore, it is essential that we quickly establish whether a recently admitted patient is at risk of malnutrition, so we can tailor their care accordingly.

People who are malnourished are also in hospital 1.4 days longer than those who are better nourished. There are clear benefits in identifying people at risk of malnutrition, especially those with long-term conditions such as stroke, pressure ulcers or falls injuries.

By quickly establishing who is at risk of malnutrition, we can make sure they have a care plan in place with clear actions to manage that risk.

What we achieved last year?

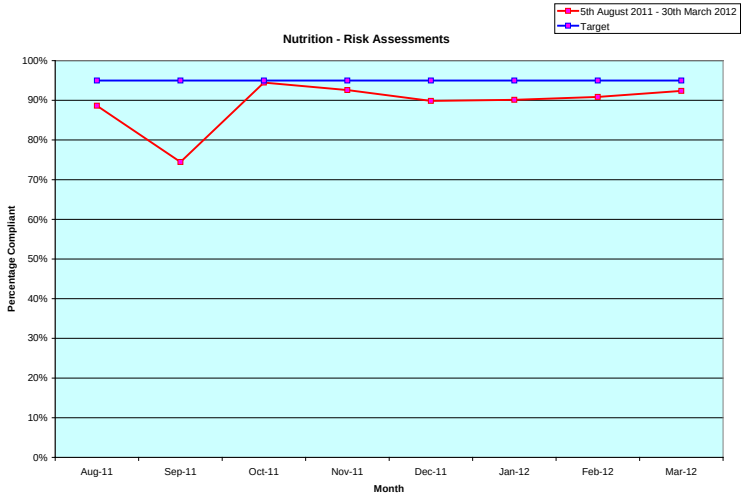
Aim: We aimed to ensure that at least 95% of patients being cared for in a ward have a nutritional assessment shortly after being admitted, and have a care plan in place which reflects the actions coming out of the assessment.

Progress is monitored through weekly audits, and the figures are reviewed by the Executive Directors and as part of the Quality and Patient Safety Improvement Programme to the Patient Safety Operational Group.

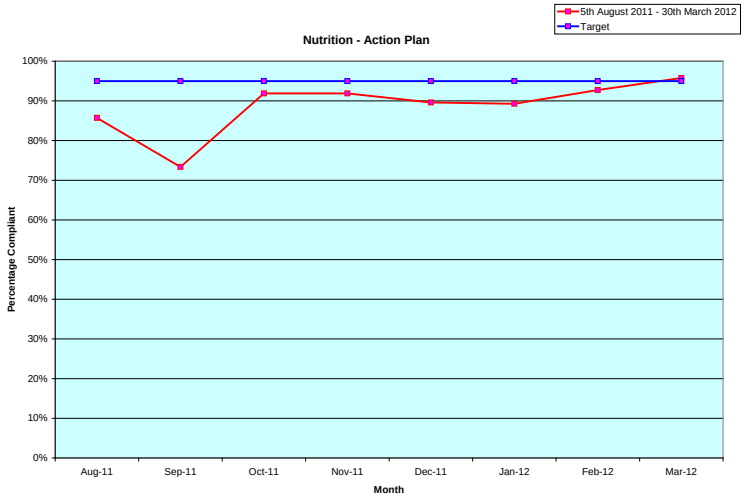
We have reviewed our risk assessment tool and care plan to ensure it is easy for staff to complete and continue to listen to feedback from staff on how to continue improving the tools we use.

Outcome:

Completion of nutritional risk assessments:



Completion of nutritional care plans:



How we will continue to improve and monitor quality:

We will continue to monitor the number of patients being risk assessed soon after admission and those at risk of malnutrition who have a care plan in place, on a weekly basis. Senior Nurses will work closely with ward staff to help them continue to improve, and the weekly audits will be monitored by the Trust Board.

2. Reducing the number of pressure ulcers acquired in hospital

What was the issue?

Pressure ulcers can occur in any patient, but more are likely in high-risk groups, including people who are obese, elderly, and malnourished or have underlying conditions such as diabetes. Pressure ulcers are caused when pressure is placed on a particular part of the body and interrupts the blood supply. The body's natural defence against pressure ulcers is to keep moving, something which patients can't always do independently.

What we achieved last year?

Aim: To reduce grade three and four pressure ulcers by 40% of the total reported per month in inpatient areas. We are increasing awareness of pressure ulcer reporting amongst our community nursing teams and therefore expect community incidents to rise as reporting increases.

Outcome: Introduction of comfort rounding (northern locality hospitals) tool, which focuses on falls and pressure ulcer prevention

Introduced a new risk assessment booklet (Northern locality hospitals) containing PU risk assessment tool – incorporating clear instructions on frequency of completion

Monitored use of risk assessment tool every month with data reported to Patient Safety Operational Group (PSOG) (northern locality hospitals)

Reported pressure ulcer trend data to PSOG monthly

Provision of core care plans for PU prevention (northern and eastern localities).

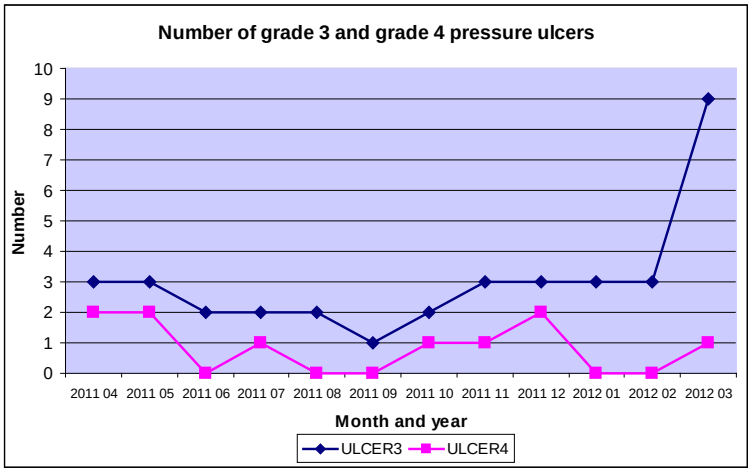
Agreement and release of revised PU prevention and treatment policy – included clarifications on when to do risk assessment, definitions of avoidable/unavoidable PU and how to distinguish between PU and similar appearing lesions of other causation.

Investigated all grade 3 & 4 PU and made action plans – system changed in March 2012 from tissue viability department lead governance to Corporate Governance through the Investigations Manager

Provided classroom and on-ward based training opportunities on PU prevention and grading of ulcers

Reviewed data provided to the Trust from Dr Foster system – determined accuracy of this data by a casenote review, found that some of this data was incorrectly attributed to hospital acquisition.

Made heel PU prevention devices available on web basket supplies system.



We note the rise in number of grade 3 and grade 4 pressure ulcers in March 2012. These incidents are being investigated, but early feedback indicates that at least four were considered unavoidable. This rise coincides with an awareness campaign with our community teams to focus them on increasing the consistency of reporting incidents of pressure ulcers, and this raised awareness may have had an impact on the number reported in March.

How we will continue to improve and monitor quality:

Roll out of newly agreed PU risk assessment tool which will replace the previous tools in use in northern and eastern localities.

Monitor compliance of use with new PU risk assessment tool.

Educate to new policy in particular introduce new heel prevention device algorithm and ensure equipment is available for immediate use when risks identified.

Continue to improve the robustness and organisational transparency of the investigation of all grade 3 & 4 PU – Corporate Governance team will ensure investigations (Serious Event Audit - SEA) are undertaken within 5 working days, that tissue viability nursing dept provide expert commentary for execs to guide escalation decision making, and that action plans which emphasise future prevention strategies are recorded and actions completed.

Continue to report trend data to the monthly PSOG.

Continue to verify data of all grade 3 & 4 ulcers and where possible all grade 1 & 2 ulcers – by tissue viability dept checking datixweb and incident form entries – accurate data is essential to monitoring for improvements or deterioration.

Undertake bed and mattress replacement in eastern locality hospitals.

3. Reducing the number of falls that occur in hospital

What was the issue?

Some 208,000 falls are reported in English and Welsh acute hospitals every year, and 38,000 in community hospitals.

Even minor falls can cause distress, pain, injury, loss of confidence and loss of independence, as well as the anxiety caused to patients' carers and relatives.

The causes of falls are complex. Hospital patients are particularly vulnerable because there are many side effects to their medication, because they may have problems with their balance, strength or mobility, and because of their medical condition, such as delirium, or cardiac, neurological or muscular-skeletal conditions.

Problems such as poor eyesight or memory can create a greater risk of falling because the patient is out of their normal environment on a hospital ward and they are less likely to be able to spot and avoid any hazards.

Patients are also vulnerable to falling while making urgent journeys to the toilet.

In hospital, falls can also indicate that a patient's underlying medical condition may have deteriorated, and might merit urgent medical review regardless of injury.

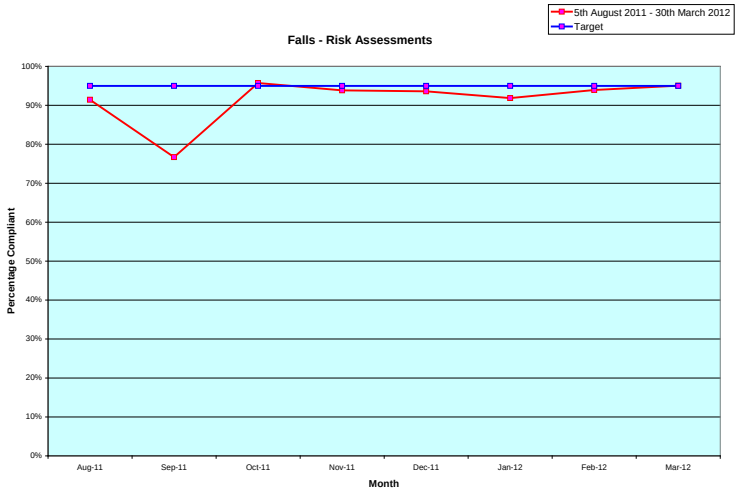
What we achieved last year?

Aim: We further implemented a system of 'comfort rounding' on our wards. 'Comfort rounds' ensure that those patients who have been assessed as having a higher risk of falling on our wards are checked at regular intervals (one or two hourly, depending on their individual needs) to check whether they are in pain, or needed the toilet, for example.

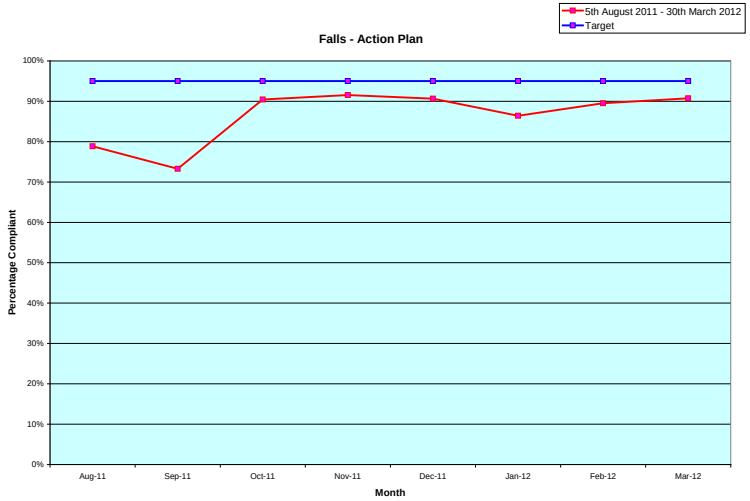
Outcome: The Trust saw a total of 53 incidents of medium and high level falls where patients fell and injured themselves this year. This total includes all 17 community hospital and the acute hospital.

Additionally, we have developed an e-learning training package for staff, and have improved the tools staff use for risk assessment and care planning.

Completion of falls risk assessments



Completion of falls care plans



How we will continue to improve and monitor quality:

Weekly ward-level audits of documentation, which includes measuring the completion of falls risk assessments for all patients and care plans for those patients assessed to have a higher risk of falling. We are introducing a system of colour coding mobility aids, such as walking frames and crutches, so that all staff are immediately aware of the level of assistance a patient needs to mobilise safely.

Whilst it is not possible to prevent every single patient fall whilst in hospital, we want to be sure that we have done everything we can to prevent patients from falling and injuring themselves in our care.

4. Improving continence care and reducing catheter-associated infections

What was the issue?

National evidence suggests that patients are often given catheters when there are other treatment options. This leads to high rates of infection, with substantial attributed morbidity and mortality.

We recognise that some of our patients develop infections because of having a catheter. The infection can be unpleasant for patients as it means they need antibiotics and can increase the time they have to stay in hospital.

What we achieved last year?

Aim: To reduce the number of catheters in use, and to reduce infections by 50% over two years.

Outcome: Establish a baseline of the number of infections associated with urinary catheters has been difficult to establish, and we are currently unable to determine whether we have reduced the number of infections that occur in the last year.

However, we have now determined how we can:

a) Understand how many patients who have a catheter also have an associated infection, and

b) Agree how we can measure whether a catheter was required

We have recently started to collect this information, and will now be able to report on these measures for inpatient areas.

1. Agreed audit criteria for establishing rates of catheterisation. 2. Agreed audit criteria for establishing need for catheter. 3. Revised catheter policy encompassing primary and secondary care. 4. Develop an educational programme.

How we will continue to improve and monitor quality: We will use the data that we have started to collect as a baseline measure, and will aim to reduce the number of catheter associated urinary tract infections by 50% over the next two year. We also aim to reduce the number of patients who have a catheter, by educating staff on the appropriate use of these devices.

We will monitor admission rates with a diagnosis of catheter-associated urinary tract infection, and will work closely with our community nursing teams and local GPs to ensure that we are using catheters appropriately when patients are being cared for at home.

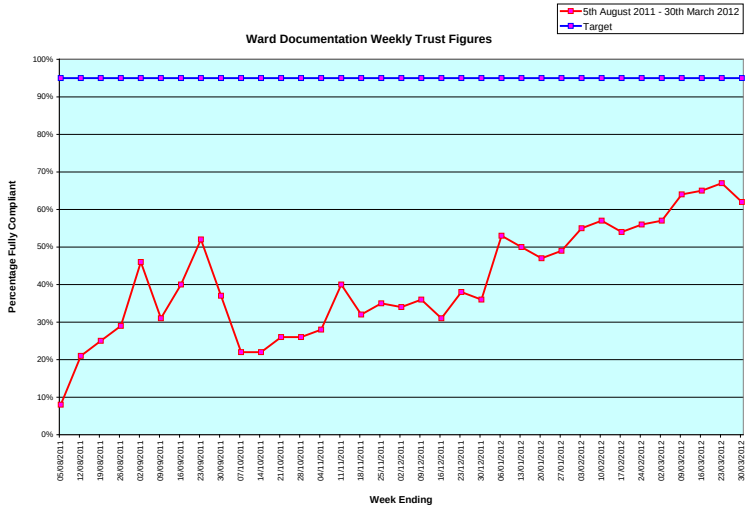
5. Improving the standard of record keeping

What was the issue?

Patient notes are used to record medication, diagnosis, previous treatments, care plans, risk assessments, and the result of any tests.

In their perfect form, patient notes should record every medical intervention, observation and conversation that we have performed on the patients behalf in our care.

We use patient notes to improve the care we provide and aid communication between clinical teams, Doctors and Nurses, and to demonstrate that the quality of care provided is excellent and safe, that care must be fully recorded in the notes.



What we achieved last year?

Aim: We wanted to continue working towards excellent clinical record keeping.

Outcome: We conduct weekly documentation audits and the results of these are shared widely across the Trust with clinical teams and ward staff, as well as at various groups and committees such as the Patient Safety Operational group.

We have made steady and consistent improvement in the standard of our record keeping since we commenced weekly audits.

How we will continue to improve and monitor quality:

We aim to continue the significant improvements made this year by continuing to audit patient's notes weekly, and by supporting staff with training days and supervision.

Where wards require additional support to improve documentation, Senior Nurses and the Workforce Development team work to support those staff. Additionally, Ward Managers provide regular supervision to help staff improve their standards of record keeping.

We have redesigned the nursing documentation used on the wards, with significant input from all levels of staff, making it easier for staff in following the process of assessment, care planning and evaluation of care. This has improved communication about patients plan of care and progress between ward staff and ensures every patient has an individualised plan of care.

6. Improving our care of adult patients who require safeguarding

What was the issue?

A commonly used definition of a vulnerable adult is: 'someone aged 18 or over who is, or maybe, in need of community care services because of mental or other disability, age or illness and is unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

It is everyone's responsibility to protect vulnerable adults, but as healthcare professionals providing care we are in an unique position and have a responsibility to recognise and report any suspicion or abuse or neglect.

The duty of care for vulnerable adults is enshrined in law. Healthcare professionals should have the skills to recognise and manage situations where they suspect a person in their care is at risk of harm, abuse or neglect, including as a result of poor practice.

What we achieved last year?

Aim: For 80% of our staff to complete training in the mental capacity act, Deprivation of Liberties Safeguards, Safeguarding Adults and dementia care.

Outcome: Significant work was undertaken to target all staff who hold a case load or have contact with patients, to ensure they have a level of knowledge appropriate to that role in respect of:

Mental Capacity Act. Training has been delivered in a variety of ways from elearning, taught session and case reviews. We have currently achieved 70.2% as of the end of December 2011 which is an increase of 51% from April 2011.

Deprivation of Liberties Safeguards again has been delivered in a variety of ways including elearning, face to face and multi agency training. We have currently achieved 65.4% as of the end of December 2011 which is an increase of 47.5% from April 2011.

Safeguarding Adults has been delivered in a variety of ways including elearning, face-to-face and work based training, in partnership with other NHS organisations. We have currently achieved 93.2% as of the end of December 2011 which is an increase of 75% from April 2011.

Dementia awareness this has been focussed on those areas where patients with dementia are usually admitted and this is being delivered in a phased approach due to complexities of care and to ensure our staff get the right level of training for their role and environment. There has been an increase by 32% since April 2011 and currently, 34% of Registered Nurses have been trained to the appropriate level. There are plans in place to continue increasing the number of staff trained, and this is being monitored weekly. The trust has a target of 85% of appropriate staff to be trained by the end of March 2012.

How we will continue to improve and monitor quality:

Progress will continue to be monitored through use of the Electronic Staff Record and monthly reports, with demonstrates how many staff have been trained according to their role. These reports are circulated monthly and will continue to be reviewed by the Strategic Workforce Development Committee and Joint Safeguarding Adults Board.

7. Fewer moves between wards

What was the issue?

Moving patients between wards is sometimes necessary so we can provide the correct medical and nursing cover.

We try to admit patients when they arrive either via A&E or for a planned operation. Unfortunately, sometimes there are no beds available in the most suitable ward. The patient still requires our care, so we will admit them to a different ward, but with immediate plans in place to transfer them to the most appropriate ward as soon as a bed becomes free.

We knew that we could do a lot more to reduce the number of times that we transfer patients between wards, for non-clinical reasons.

What we achieved last year?

Aim: We aimed to ensure that no patient was moved more than once without a legitimate reason.

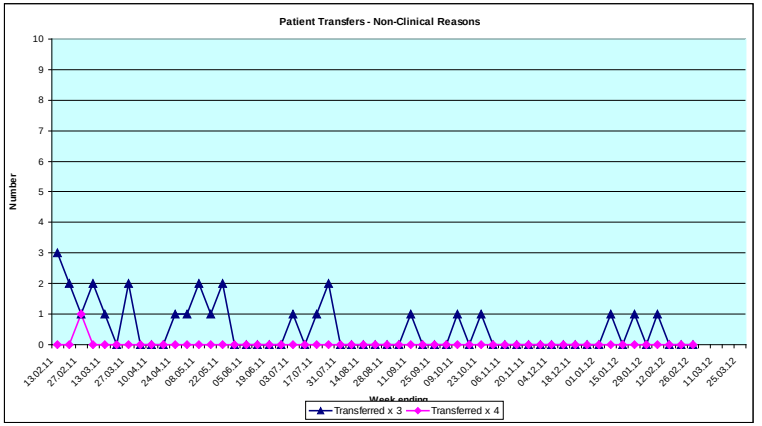
Staff understand the risks associated with patients being move frequently, and worked hard to reduce the number of times patients were moved for non-clinical reasons.

Outcome: Progress is monitored weekly and is reviewed by the Executive Directors, Trust Board and at the Safer Care Delivery Committee. A small number of patients are still moved more than once, but we have achieved a significant improvement in the number of patients who are moved two or three times, and we have seen no patients transferred four times this year.

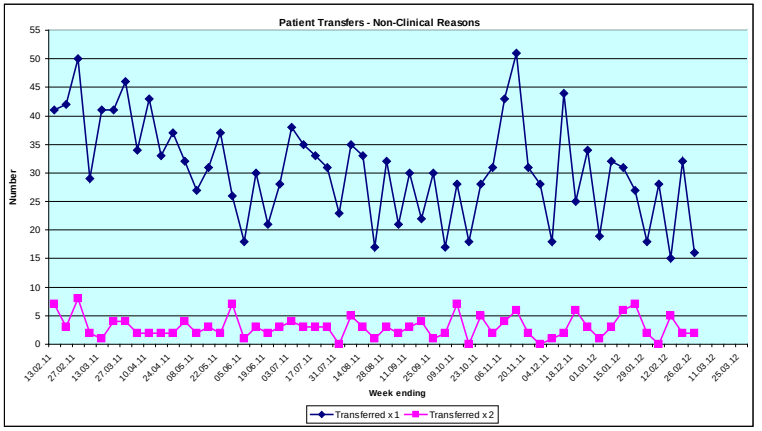
How we will continue to improve and monitor quality:

The clinical teams will continue to work closely with Doctors and Nurses to ensure that patients are not moved without a legitimate reason and, on the small number it is necessary to do this, that the most appropriate patient is transferred. This will continue to ensure that care is delivered safely and, wherever possible, in the most appropriate setting. We will monitor the number of patients, on a daily basis, who have temporarily been cared for in wards outside of their specialty and will always have a plan in place to transfer them to the ward most appropriate for their clinical needs.

This graph demonstrates the number of patients moved three or four times during their stay.



This graph demonstrates the number of patients moved once or twice times during their stay.



8. Improving care for patients and their carers for patients with dementia

What was the issue?

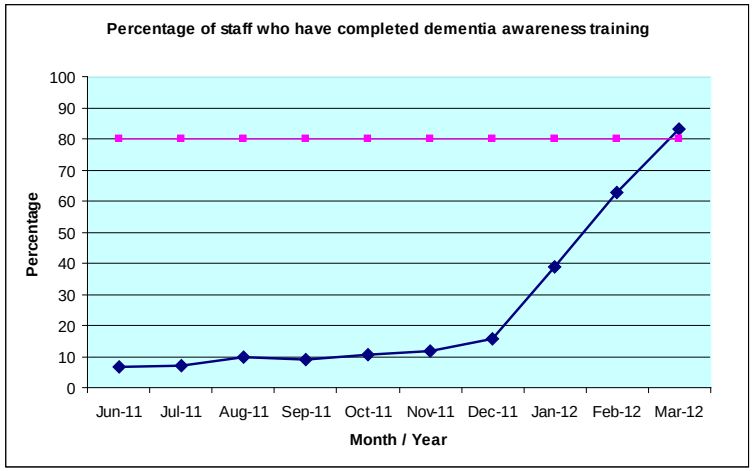
Up to a quarter of in-pateint beds are occupied by people with dementia, with incidence rising markedly with age. Within Devon it is likely that the proportion is higher because of the demographic profile of out population. For example, Devon has an ageing population, with an expected 40% increase in the 60 – 80 year old age group by 2021. Whilst there is a general, icorrect belief that dementia is a natural consequence of ageing, there is provedn correlation between prevalence of dementia and age.

What we achieved last year?

As an integrated Trust that provides acute, community and social care, we take seriously our role in ensuring that all staff within our services have a high awareness of dementia. We believe that all people having care delivered by Northern Devon Healthcare Trust should receive services that are sensitive to their needs, respect their dignity and support their onward care in a suitable setting.

Increasing staff awareness of dementia will prevent any discrimination in the treatment of patients with dementia and ensure that our dementia patients receive the best possible care.

In 2011 – 2012, we significantly increased the number of staff who received dementia awareness training, as demonstrated in the graph below.



How we will continue to improve and monitor quality:

We aim to provide more than 80% of staff with face to face and breakaway training, particularly focusing on those who have daily/weekly contact with dementia patients. We will monitor progress with this aim by reviewing staff training records and patient experience feedback.

9. Developing new ways of feedback back to patients actions taken as a result of their feedback

What was the issue?

Patients, service users and members of the public commented that they were not aware of actions we had taken as a result of what they had told us.

Receiving and acting on feedback is an essential element of improving our services to meet the needs of patients.

What we achieved last year?

A Patient Experience Strategy has been developed for the period 2012-2014. The strategy clearly sets out that the patient is the most important person and at the centre of all we. It sets out the elements of the strategy which focus on capturing and understanding the experience of patients, putting in actions to improve the experience based on that feedback and then measuring whether or not we have achieved our aims.

Our Involving People Steering Group, which has representatives of many local organisations has continued to meet and provide valuable input on many development projects, including the redevelopment of women's and children's services. Actions taken as a result of patient experience are shared with this group, so that they are aware of the impact that patient experience has had.

We now have television screens in the following departments, at North Devon District Hospital: the main foyer, the Outpatient departments A and C, orthopaedic clinic, audiology, ophthalmology. Day case area. The Exmoor Unit and fracture clinic. The screens provide a range of patient information and also provide information on actions that the Trust has taken in relation to patient experience. This is an area we plan to develop further in 2012-13. This information is also shared on the Trust's website.

Statements from our stakeholders

NHS Devon

Thank you for providing the opportunity to comment on your annual Quality Account 2011/12. You asked us to comment on the suitability and r elevance of your chosen indicators, and I have consulted the Northern Locality Commissioning team for their comments also. NHS Devon concurs with the indicators that you have selected in Part 1as areas where improvement is required and agree with the aspirations indicated in the account.

One specific piece of feedback which you may consider including is in regard to
4. Improving Care for patients with Dementia
I am aware that you had a peer review visit by The Strategic Health Authority (SHA) in 2011/12.

NHS Devon supports the statements where progress has been made in Part 3 of the account and will continue to work with you as you make further progress in these areas.

Specific feedback you may wish to consider including is re ference to 'Being Open' in Indicator
2. Reducing the number of pr essure ulcer s acquir ed in hospital.
Ihave not made any comments on the language etc as I understand that this is the draft and will be amended again.

I look forward to continuing to work with you to improve the quality of care and patient experience for the population of Northern and Eastern Devon.

Angela Edmunds
Assistant Director Patient Safety Quality - Northern Locality
Cc Jenny Winslade NHS Devon
Carolyn Mills NDHT

Devon Overview & Scrutiny Committee

Devon County Council's Health and Wellbeing Scrutiny Committee has been invited to comment on the Northern Devon Healthcare Trust Quality Account 2011/12. All references in this commentary relate to the reporting period 1st April 2011 to 31st March 2012 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee's knowledge.

The Scrutiny Committee welcomes the progress made against the priorities for improvement over the last year the committee but would like to see greater evidence of performance compared with previous years. In particular the Committee would like to see demonstrable evidence showing a reduction in catheter-associated infections as well as the impact of initiatives on patient falls that occur in hospital. The Committee was pleased to note the high percentage of nutritional risk assessments and nutritional care plans completed.

The Scrutiny Committee is content with the level of patient involvement detailed in the Quality Account and welcomes the nine quality priorities for improvements 2012/13. The Committee looks forward to continued partnership working with The Northern Devon Healthcare NHS Trust.

Cornwall Overview & Scrutiny Committee

Cornwall Council's Health and Adults Overview and Scrutiny Committee (HAOSC) agreed to comment on the Quality Account 2011-2012 of the Northern Devon Healthcare NHS Trust. All references in this commentary relate to the period 1 April 2011 to the date of this statement.

The Committee was disappointed at the lack of information about provision for Cornish patients. In future we will look to examine more closely the commissioning and the relationship for patients from Cornwall receiving treatment from the Trust. There will also be a need to look at the commitment by the Trust to the priorities being set by the Kernow Clinical Commissioning Group.

Local Involvement Network Devon

LINk Devon's remit is to promote and support the involvement of people in the commissioning, provision and scrutiny of their local health and care services. To this end, LINk Devon welcomes the opportunity to respond to Northern Devon Healthcare NHS Trust's (NDHT) Quality Account for 2011/12. LINk Devon's response is set within the context of information LINk Devon has collected through engaging with patients and the public during the year 11/12 and of its involvement with and knowledge of the Trust to date.

LINk Devon commends NDHT's achievements to date based on last years priority areas and is encouraged that NDHT will continue to make improvements in these areas, by implementing further initiatives and monitoring progress. LINk Devon would highlight its involvement with NDHT in specific development projects it has undertaken during the year, such as the Dementia Care Focus Groups, the Patient Flow Group and also consultations and service development work undertaken through the Involving People Steering Group, all of which have included LINk representative participation.

For the coming year LINk Devon is particularly encouraged that NDHT will be focussing its priorities on improving communication and methods for feeding back to patients and carers, dementia care, reducing infections and timely hospital discharge as these are all areas that LINk regularly receives feedback about from participants in Devon.

LINk Devon highly commends NDHT's commitment to improving the quality of care for patients with dementia and their carers, as this is an area of concern that LINk Devon hears about regularly through listening to patients, carers, individuals and groups. LINk Devon participated in the dementia focus group meetings and circulated information through the LINk network to encourage participant involvement and feedback. LINk Devon is encouraged that this vital priority is

being addressed as a multi agency approach through the Dementia Strategy and supports the ongoing work and attention that is needed to ensure services are improved for patients and in particular addressing the needs of carers, who LINk hears from regularly about concerns such as a need for more respite care, not being listened to or concerns for the person they care for's quality of care being received.

LINk Devon welcomes NDHT's commitment to improving the process for discharging patients from hospital to avoid unnecessary delays. Concerns raised during LINks engagement for the Leaving Hospital Project included experiences of medication delays, long waits to be discharged and a need for better communication between staff, patients and other agencies. LINk Devon's Leaving Hospital report was well received by NDHT and recommendations made in the report prompted actions to be addressed through the Trusts Patient Flow Group. LINk Devon is represented on this group by an active participant. The LINk will be requesting an update on progress from NDHT in June. LINk Devon will also be able to assist with monitoring whether timeliness of discharge has been improved through the follow up work that will be carried out by the LINk Leaving Hospital Project Group. This could include use of the LINk enter and view function to gather real time experiences of patients due to be discharged.

LINk participants are about to undertake an engagement exercise in NDDH's outpatient departments and the findings will be reported to NDHT in the summer. The LINks enter and view function is a valuable resource in enabling LINk to gather real time experiences and people's suggestions for how a service could be improved and therefore LINk is encouraged that NDHT welcome this opportunity for participants to carry out this activity at the hospital.

Overall, NDHT's Quality Account highlights the Trusts ongoing efforts and commitment to improving the quality of the care it provides to its patients, their families and carers. LINk Devon would note that the document may not fully reflect the vision it has for the hospitals and services it manages in the community and the difference in the challenges these present to the acute care services of NDDH.

LINk Devon will continue to engage with NDHT through the Involving People Steering Group, The Patient Experience Team and other key work channels that may develop. LINk Devon will also continue to feed back comments it receives from patients and the public, relating to services provided by the Trust, on a regular basis. On doing so, LINk Devon would welcome ongoing feedback from NDHT as to what happens as a result of receiving feedback from the LINk. This can then be reported back to LINk participants and the public.

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, patients and the public, our Involving People Steering Group and LINk Devon.

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 2011/12 needed to be in areas which fulfilled most or all of the following criteria:

1. Where the Trust genuinely had a desire or need to drive improvement
2. Known improvement strategies so that the Trust could deliver tangible improvement in a defined timeline
3. Have measures either in place or in development
4. Capable of historic 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, our intranet and on paper.

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

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

By email: QUALITYACCOUNTS@ndevon.swest.nhs.uk

By post: Patient Safety and Quality Team
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