

Quality account



April 2019 – March 2020

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Welcome

Welcome to Northern Devon Healthcare NHS Trust's (NDHT) quality account for 2019/20. The quality account gives us the opportunity to review what we have been doing to improve the quality of care we provide. Within this document, we set out our priorities for improvement in 2020/21 and review our progress against the priorities we set out in the 2019/20 quality account.

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

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

1. Promote patient involvement and feedback
2. Staff health and wellbeing
3. Discharge communication and effectiveness

Examples of improvements include:

- ▶ The number of patients waiting more than 40 weeks at the end of February had reduced from over 500 at any one time in 2018/19 to fewer than 200 in 2019/20. Due to the outbreak of COVID-19 In March 2020 the figure increased to 318, compared to 174 at the end of February. This is against a backdrop of activity that has been significantly higher than expected or planned for.
- ▶ The CQC published their inspection report in September 2019. The report recognised the significant positive changes we have made since the CQC's last inspection in 2017.
- ▶ Our 2019 NHS National Staff Survey response rate was 55.5%, which was a significant increase on the previous year and NDHT was the second highest scoring acute and community trust in the UK for morale and for team working and scored above average in all of the themes of the survey.
- ▶ In 2019/20 we achieved the target FFT response rate for inpatients and recorded an average response rate of 31.3%.
- ▶ We introduced an employee assistance programme (EAP) for all staff within the Trust and built on our staff benefits package, including expanding our bike and car benefits schemes for staff, as well as staff debt support services and loans.

- ▶ To improve discharge effectiveness there has been an increase in some specialities dictating discharge summaries at the end of ward rounds using handheld devices. Also staff, pharmacist and physicians associates have been upskilled to allow them to assist in completing elements of the discharge summaries.

2019/20 was a challenging year and it is important that we recognise our amazing staff. Thank you to everyone who has continued to go above and beyond to improve care under increasingly challenging conditions. We have taken some fantastic steps forward on our journey of continuous improvement this year, but we recognise that there is more to do to improve the quality of care our patients receive and we are committed to driving these improvements forwards.

You can find information about all of our quality and performance measures on the website: www.northdevonhealth.nhs.uk

We look forward to reporting back on our progress next year.



James Brent
Chairman



Suzanne Tracey
Chief executive

June 2020

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 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended by the National Health Service (Quality Accounts) Amendments Regulation 2011.

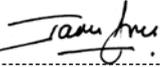
In preparing the quality account, directors are required to take steps to satisfy themselves that:

- ▶ the quality account presents a balanced picture of the Trust's performance over the period covered
- ▶ the performance information reported in the quality account is reliable and accurate
- ▶ there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice

- ▶ the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- ▶ the 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

.....4/6/2020..... Date
..........
Chairman

.....4/6/2020..... Date
..........
Chief executive

Driving quality improvements in 2019/20

Our pathology service maintained its ISO accredited status following a series of visits to assess our medical laboratories against international standards for quality.

The report highlighted that the service has a robust management and staffing structure, with a culture of continual quality improvement embedded across all staffing groups in the department.



We held a Patient Experience Framework Workshop, which was the first in the South West region and was facilitated by NHS England and NHS Improvement – South West. It was attended by a patient representative, staff and stakeholders. The workshop has supported us to conduct a diagnostic of where we are with patient experience and develop a plan for our future vision and improvement.

We have been looking at how we can use technology across our departments to improve the care and experience of our patients. We started a pilot of a self-check-in kiosk in the therapy outpatients department at North Devon District Hospital, which has been a success and is now in place permanently.



For the third year running, NDHT was recognised as a quality data provider by the National Joint Registry. The Department of Health set up the National Joint Registry (NJR) in 2002 to collect information on all hip, knee, ankle, elbow and shoulder replacement operations. The registry supports patient safety and monitors the effectiveness of treatments. This helps improve clinical standards and benefits patients, clinicians and the orthopaedic sector as a whole.



The team behind a project to reduce frequent attender visits to the emergency department at NDDH won an award for excellence in integrated working. A multidisciplinary team involving staff from various organisations in Devon won the Integration Award at Devon Partnership NHS Trust's Celebrating Achievement Awards. The project resulted in a significant reduction in ED attendance for the frequent attenders, and improved outcomes for these individuals.

We launched a new drop-in cervical screening service at North Devon District Hospital, giving women more options for getting this quick and important test done.

When they get their invitation, women can now choose to book an appointment with their GP or attend the Tuesday evening drop-in clinic at NDDH.



A new initiative helping patients with chronic heart failure launched in northern Devon during Cardiac Rehabilitation Awareness Week. The REACH-HF (Rehabilitation EnAblement in Chronic Heart Failure) service aims to improve the quality of life of people with heart failure.

It is delivered at home through a 12-week cardiac rehabilitation programme, which is designed by the person themselves and the cardiac rehabilitation team at Northern Devon Healthcare NHS Trust.

Our care homes team has gifted Mangar Elk Lifting Cushions to 38 care homes across northern Devon, helping staff in care homes assist residents who have fallen.

The portable cushions are designed to provide a safe, dignified lift for people who have fallen, whilst reducing the risk of injury to both staff and the person who has fallen.



The Snug on Lundy Ward turned one this year. The Snug is a regular side room that functions as a day-to-day acute hospital bed but can quickly transform into the Snug with a few simple changes.

It was created to give patients and their carers/families a more private, welcoming and dignified space when it is most needed – such as when patients are at the end of life, when patients with a dementia or a learning disability are admitted, or when people just need something a bit extra. 47 patients and families have been supported since it launched.

The Trust is considering how we take the idea of the Snug and roll it out across wards.

The fifth NDHT research and development symposium was held at NDDH. The day was a fantastic success and very well attended by staff from many disciplines and professions from across the Trust and beyond.

The highlight of the day was hearing from one of our patients, Jane Maynard, who has taken part in an oncology research study here at NDHT. She shared her perspective and delivered a very well-observed discussion of the pros and cons of being involved in research.



How we decided on the content of this report

Each year we set annual quality priorities to help us to achieve our long term quality goals.

The Trust identifies priorities for improvement on an ongoing basis, in partnership with service users, carers, staff and partners from their feedback, as well as information gained for incidents, complaints and learning from the Care Quality Commission findings.

Listening to views and suggestions is an important part of the journey towards excellence, which is embedded in our Trust values. We aspire to being inclusive and engaged with our service users and our workforce, and seek every opportunity to obtain their views of our services and care that we provide.

Some improvement projects were identified through reviewing issues, key themes and findings from incidents, complaints and investigations. These areas were identified as priorities for improvement and large complex projects are in place to improve the processes, procedures and patient pathways involved around these issues. To ensure these projects are prioritised and monitored at the highest possible level within the organisation, we have chosen them as the Trust's improvement priorities for 2020/21.

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

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

In 2018/19, the Trust Board established a hierarchy of priorities for the Trust which clearly sets out our focus to ensure our staff are fully supported and our patients receive excellent care. We will ensure these projects are prioritised throughout 2020/21 to ensure we meet our improvement goals. These priorities will be reflected in the quality strategy and other Trust-wide improvement projects going forward.



Priorities for improvement in 2019/20

1. Staff wellbeing

What are the issues?

Staff are our most valuable asset and they often work in challenging circumstances. For our staff to be able to deliver excellent care, they must feel supported and valued. Therefore, we must provide effective mental and physical health and wellbeing support in the workplace. We also need to ensure we all act with civility towards each other and be kind to ourselves. Nationally there is also work taking place to reduce incidents of physical violence towards staff from members of the public.

Why is it a priority?

- ▶ We want staff to work in an environment where they feel supported and valued. Treating others with mutual respect and kindness leads to a more comfortable and safer environment.
- ▶ Our patients deserve the best care; we must therefore ensure we offer our staff with the support they need to provide this.
- ▶ Trusts with higher engagement levels have lower levels of sickness absence and lower spends on agency and bank staff.

What do we need to do in 2020/2021?

In 2020/21 we will continue to build upon the work that is already underway, including the priorities identified by the staff health needs assessment questionnaire and the National Staff Survey results.

We are working towards developing additional support to new and expectant mothers, including providing breastfeeding facilities and support for staff. We are undertaking work around increasing activity at work, particularly for our sedentary workers. This is being delivered through a campaign targeting the culture of sitting and changing meetings to have an active element to them. We are undertaking a pilot with three teams around being active at work, including use of some exercise equipment and activities within their working day which will be evaluated and learning identified.

We will complete the work as a pilot for the healthy weight declaration and will pilot a staff based dietician as part of the occupational health team to evaluate whether this improves staff health and wellbeing.

We will be implementing a support staff network for staff with caring responsibilities, introducing a new debriefing process for staff to support them with traumatic incidents and increasing the number of and the level of training of all our staff health and wellbeing champions and mental health first aiders.

We want to attract and retain the best staff and provide a good place to work. We must use staff feedback and involvement to understand how we can do this. During 2020/21 we will be implementing the new people strategy to enhance staff experience and to continue to find effective ways to engage with our staff. We will continue work on improving staff health and wellbeing at work with initiatives such as staff menopause cafés, health check events and encouraging physical activity in the workplace.

We will continue to work on the health and wellbeing and staff engagement actions identified from the Trust health and wellbeing strategy and health and wellbeing group, which is part of the Trust's governance structure.

How we will monitor progress?

The Trust will monitor progress around this priority through the people, workforce planning and wellbeing group, which reports into the governance committee. This will be done using results of the National Staff Survey and other performance metrics, including leavers exit surveys, retention rates, sickness rates, occupational health feedback and pulse checks on staff engagement.

2. Falls and bone health

What are the issues?

As a Trust we recognise that we have a responsibility for the assessment, prevention and management of falls and bone health. We have developed a falls action plan to ensure that when falls occur and are investigated, any learning is not completed in isolation and there is wider learning across the Trust. We also recognise that improvement in the recording of lying and standing blood pressures is required and we must follow the Royal College of Physicians (RCP) guidelines. Scoping work is happening with the CCG to reduce the incidence and prevalence of fragility fractures in the older population by the implementation of a pathway that will identify those patients with fragility fractures and provide interventions that will support them longer term and hopefully prevent further complications.

Why is it a priority?

From auditing 250 sets of notes we know there are very low levels (around 5%) of documented lying and standing blood pressures for patients admitted who are over 65 years old and following the RCP guidelines.

Ensuring we have an effective fracture prevention service will contribute to a preventative approach. One in two women and one in five men over the age of 50 will sustain a fracture. The majority of these will be fragility fractures as a result of osteoporosis. The impact of hip fractures on health and social care services (and consequently on the health and social care economy) is huge. Notably, 50% of those presenting with a hip fracture have had a prior fragility fracture. This presents a missed opportunity to identify them and initiate an intervention that, evidence confirms, would have significantly reduced their risk of having a subsequent fracture.

We need to be following best practice guidance on assessment and interventions to minimise harm to patients at risk of falling in hospital and in their own home. Some patients may continue to fall and incur harm even when best practice is followed. In such cases we must ensure vigilant monitoring, re-assessment and where necessary, modifications to the plan of care and actions to minimise the risk of harm.

What do we need to do in 2020/2021?

We will be focusing on changing the culture and the way we think about falls by highlighting how making little changes in practice by everyone can deliver improvements for our patients.

Ensuring all appropriate staff can complete a lying and standing blood pressure check and record it appropriately.

Continue to work with the CCG and all relevant stakeholders to establish what northern Devon requires for a robust, sustainable fracture prevention service.

Formulate an effective falls forum for the acute and the community. We will trial a 'Falls in 15' approach for wards, which involves a live 15 minute monthly discussion/learning opportunity on each ward with an multi-disciplinary team (MDT) group to understand what is happening on wards regarding falls. These will be facilitated by our falls practitioner and learning shared across our acute and community settings. We will also work with the community and understand what approach will be most effective for their setting. We are also planning a falls workshop/conference for 2020.

We are also keen to engage with patients and hear their stories of the impact of a fall and listen to their ideas for improvement.

How we will monitor progress?

Using quality improvement methodology we will test our improvement ideas prior to scaling and will ensure we have clear measures on their effectiveness. We will look at levels of documented lying and standing blood pressures, capture staff and patient feedback, and continue to monitor falls and harm levels throughout the Trust.

The fracture prevention service will have clear performance indicators when it is clearer what is required in northern Devon. This priority will be monitored by the patient safety operational group that reports to the Trust safety and risk committee.

3. Ensuring clinicians see and act on results as a priority

What are the issues?

As a Trust we are constantly reviewing incident and complaint trends and themes to establish areas which require improvement. There have been a small number of incidents over the past year which have related to results from radiology and blood tests not being seen and acted upon in a timely manner.

Whilst there were only a small number of incidents, as a Trust we acknowledge that any delay could be significant for a patient, and therefore work to improve this position is key. Currently the Trust does not have an IT system that supports clinicians to ensure results are received and this requires updating to ensure that all results are flagged and acted upon in a timely manner.

Why is it a priority?

As a Trust we are keen to explore how we can understand the issue further and develop solutions to reduce the occurrence of such incidents. There is no immediate IT solution therefore we must explore what options and processes can reduce the risk of delay in the short to medium term.

It is essential that all clinicians are supported by the Trust and have a mechanism to monitor results although the medical legal responsibility remains with the clinician.

The Trust wants to ensure that results are acted upon in an efficient and timely manner.

What do we need to do in 2020/2021?

Initially we need to further scope the work that is required to improve our current systems ensuring that any changes are sustainable.

Radiology is in the process of setting up CRIS Communicator. This is an electronic way of flagging critical or unexpected findings to clinicians by email. The email requires acknowledgement by the clinician. If there is no acknowledgement within a specified timescale, a second email will be sent to the backup email associated with the referrer's account. Pilots are currently planned in general practice, respiratory medicine and urology. Although not without flaws, it is hoped this will go some way to reducing missed results.

For blood results there will be a trial of recording the results in an inpatient booklet and not using the paper copies. In addition to this a weekly report would be produced for specified critical blood results to ensure follow up has occurred. We believe this will ensure that results are acted upon much quicker.

By undertaking the above pilots it is anticipated that during 2020/21 we will be able to make significant steps to improve the process.

How we will monitor progress?

Incident data will continue to be monitored. In addition to this, radiology and pathology will be monitoring action on results following on from the proposed trials and further rollout. This priority will be monitored by the incident review group that reports to the Trust safety and risk committee.

Patient safety programme 2020/21

The Trust has an annual patient safety programme which is led by the chief nurse and delivered by the patient safety operational group (a sub group of the safety and risk committee), chaired by the head of quality and safety. The 2020/21 patient safety programme has been developed in consultation with clinical staff following a review of Trust data. The programme is supported by the Trust Board and was agreed at Board on 5 March 2020.

Delirium – recognition, documentation and review

Delirium is a clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. The prevalence of delirium in people on medical wards in hospital ranges from 10% to 31%, and up to 50% of people having surgery develop delirium. In long-term care the prevalence has been reported as 16%. People who develop delirium may need to stay longer in hospital or in critical care due to an increased incidence of dementia or more hospital-acquired complications such as falls and pressure sores. Early recognition, assessment, intervention and preventative strategies are essential in reducing the risk of harm and maintaining the safety of patients under our care.

Over the last 12 months the Trust has been working on strategies and actions developed by a multi-professional group to raise awareness of delirium, assessments, treatments and preventative strategies. In October 2019 the Trust launched its 'think delirium' event. This featured a personal account from a key note speaker, launch of delirium assessment tools and documentation within the medical assessment Pro Forma, together with educational information around the prevention, management and treatment of delirium. One hundred and twelve members of staff attended the event from across the Trust with excellent feedback. The admiral nurse also supports delirium across the Trust and has developed patients and carer information leaflets.

Raising the profile of delirium remains high on the agenda for 2020/21. A task and finish group has been developed to undertake continual work to ensure delirium training is an integral component of registered nurses' and junior doctors' learning alongside a more robust and clear process for auditing compliance with delirium assessment. Developing clear delirium guidelines will be a priority for 2020/21. We audit the compliance with delirium screening on admission and through any inpatient stay currently the screening rate is low. We will be looking to improve our screening rate to ensure early recognition and treatment. Targets for improvement will be set and monitored through audit committee.

Getting medicines right: developing medicines safety

In May 2017, the World Health Organisation (WHO) launched the WHO Global Patient Safety Challenge: Medication Without Harm. The initiative aims to reduce the level of severe, avoidable harm related to medication by 50% over the next five years globally.

In response to the WHO challenge, NDHT has developed a medicines safety pathway to get medicines right for patients in our care. We have worked with the South Western Ambulance Service to remind patients to bring their medicines into hospital with them to help medical and pharmacy staff to get an up to date medication record and to assist patients in getting their medicines on time. The Trust runs an annual campaign to encourage our patients to 'Talk About Your Medicines'. Providing it is safe to do so, the Trust is helping patients take their own medicines, or have their medicines administered by their carer, whilst in hospital.

The Trust has increased its pharmacy provision on the inpatient wards at the weekend, which has shown to improve medicines safety in other hospitals, by supporting prescribers and nursing staff, with the aim to have a full seven day pharmacy service by January 2021.

A pharmacist has joined the care homes education team to help the staff in care homes improve their management of medicines and improve the patient journey when they need to attend hospital.

This year, the Trust will be working to improve patient experience, by encouraging patients to make informed decisions and choices about medication needed to treat newly diagnosed long term conditions. We are also working with community pharmacies to transfer discharge information to a patient nominated pharmacy for patients with complex medicines needs. We will also be working to reduce the numbers of medications which are omitted at ward level. This will be monitored via the monthly pharmacy audits and incident data.

Pressure ulcer care: earlier identification, care planning and reduction in harm

Pressure ulcer prevention remains a key patient safety issue for NDHT. The Trust is pleased to report that there has been a slight reduction in the number of category 3 pressure ulcers reported. For category 2 pressure ulcers a reduction has not been seen, linked with the reduction in category 3 this would indicate that staff continue to appropriately identify pressure damage.

Within inpatient settings there remains a low number of category 1 pressure ulcers reported with higher numbers of category 2 reported, suggesting that staff are either not recognising category 1 as skin damage or are not taking preventative action until skin damage (category 2) has occurred. We are committed to ensuring the early identification of any pressure damage, notably category 1, to enable us to intervene and minimise risk of deterioration. The Trust tissue viability team will be looking to achieve this within their ongoing work plan

and through changing the way they work to provide an increased level of ward based support (within the acute Trust) by using an existing temporary vacancy to test a pressure ulcer prevention post.

Having explored themes from investigations, we now understand where gaps in care occur. Within community nursing a quality improvement project is being developed by the clinical matron with support from the tissue viability team to address this in their areas. A separate task and finish group addressing clinical documentation will predominantly focus on the acute site but will share outcomes with community nursing to enable common themes to be addressed. Incident data will be monitored to identify the numbers of incidents that require escalation, with a view to the numbers requiring a formal investigation reducing.

A Trust-wide action plan encompassing these work streams has been developed and is monitored via the patient safety operational group and will be escalated through to the safety and risk committee.

Review of services

During 2019/20 Northern Devon Healthcare NHS Trust (NDHT) provided and/or sub-contracted more than 30 acute and 10 community services. NDHT has reviewed all the data available to it on the quality of care in all 40 of

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

Participation in clinical audits

During April 2019 to March 2020, 53 National Clinical Audits and 5 National Confidential Enquiries covered the NHS services that Northern Devon Healthcare NHS Trust provides. During that period Northern Devon Healthcare NHS Trust participated in 46 National Clinical Audits and 5 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 participated in, and for which data collection was completed during April 2019 – March 2020, are indicated in Annex A 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.

As part of the new governance performance system introduced in January 2019, the clinical effectiveness committee requires that all National Clinical Audit reports published are reviewed by clinical leads who provide assurance to the committee of the report findings and actions (if any) to improve patient care.

Participation in clinical research

In 2019/20 we had over 35 open studies in several specialty areas, and we are on track to meet our target of 560 participants agreeing to take part in research. The research and development team actively supports the clinical teams to engage in research, from those considering taking their first steps to teams with ongoing projects whose patients have been in studies for over five years. We currently have 30 principal investigators in our Trust from a variety of professions, with 20% of those being non-medics. The allied health professional research fellow post came to an end in October. This post was very well evaluated and we are exploring options to support a similar post in the future. The nursing/midwifery and allied health professional strategy both strongly feature research and it is likely that this group will become more active in the coming year.

The Trust's involvement with the National Institute for Health Research (NIHR) and the recruitment of patients to studies adopted onto their portfolio has contributed to a number of publications. The Clinical Research Network is active in the region and supports the Trust directly by funding the majority of the research nurses/practitioners who work in the department. Research is promoted and celebrated at the Trust at the annual symposium and other events through the year. By supporting research, the Trust demonstrates its commitment to offering our patients the very best care possible and to improving knowledge for the benefit of the local population.

Our patient research experience survey showed that over 80% had a good experience from taking part in a study at this Trust. More and more evidence shows that clinically research active hospitals have better patient care outcomes, with studies demonstrating that even patients that are not involved in the trials themselves benefit from being in research active hospitals.

Goals agreed with commissioners

A proportion of NDHT's income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body we entered into a contract, agreement or arrangement with through the commissioning for quality and innovation (CQUIN) payment framework.

Instead of setting new goals, CQUIN highlighted evidence based good practice that is already rolled out across the country identifying the schemes benefits for patients and providers and allowing these to be spread more widely. This year's CQUIN prioritises deliverability with the factors focusing on proven, standard operational delivery methods, that support implementation of relatively simple interventions that form part of the wider national delivery goals that already exist.

More information about CQUIN is available at: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20

Further details on the agreed goals for 2019/20 and for the following 12 month period are available on request from the quality improvement team.

By post: Quality improvement 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

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

The Trust has 16 locations currently registered to undertake various regulated activities to include:

- ▶ Diagnostic and screening services
- ▶ Family planning
- ▶ Management of supply of blood and blood derived products
- ▶ Maternity and midwifery
- ▶ Surgical procedures
- ▶ Termination of pregnancy
- ▶ Treatment of disease, disorder or injury

The locations we have registered are:

- ▶ North Devon District Hospital
- ▶ Barnstaple Health Centre
- ▶ Bideford Community Hospital
- ▶ Dental Access Centre – Heavitree Hospital
- ▶ Franklyn House
- ▶ Hawkins House and Kew Court
- ▶ Holsworthy Community Hospital
- ▶ Ilfracombe Hospital
- ▶ Litchdon Medical Centre
- ▶ Lynton Resource Centre
- ▶ Newton Abbot Community Hospital
- ▶ South Molton Community Hospital
- ▶ Short Term Service, St Georges Road
- ▶ Walk-In Centre, Sidwell Street
- ▶ Torbay Castle Circus Health Centre
- ▶ Torrington Community Hospital

The Trust provides services at other locations:

- ▶ Royal Devon and Exeter Hospital
- ▶ Axminster Hospital (bladder and bowel children)
- ▶ Bideford Medical Centre (bladder and bowel children)
- ▶ Culm Valley Integrated Centre for Health
- ▶ Crown Yealm House (bladder and bowel adult)

- ▶ Exeter Whipton Children's centre (bladder and bowel children)
- ▶ Exmouth Hospital (sexual health services)
- ▶ Exmouth Withycombe Centre (bladder and bowel children)
- ▶ Hawthorne House, Plymouth (sexual assault referral centre)
- ▶ Okehampton Hospital (bladder and bowel and sexual health services)
- ▶ Paignton Hospital (bladder and bowel children)
- ▶ Rosebank Day Centre (leg ulcer clinics)
- ▶ Stratton Hospital, Bude (ophthalmology, audiology, gynaecology and orthopaedic services)
- ▶ Truro Health Park (sexual assault referral centre)
- ▶ Tiverton & District Hospital (bladder and bowel children and sexual health services)
- ▶ Wallingbrook GP Practice (leg ulcer clinics)
- ▶ Walk-in Centre, Sidwell Street (sexual health and HIV)

The Trust did not participate in any special reviews or investigations by the CQC during 2019/20.

The Trust underwent an announced core services and well-led inspection in May 2019. The inspection included five core services including urgent and emergency care, maternity services, end of life care, outpatient services and community inpatients. A well-led inspection took place in June 2019.

The overall rating of the Trust remained 'requires improvement' although improvement was identified and the ratings increased in the following areas:

- ▶ In urgent and emergency care, effective was rated as good, which had improved from requires improvement
- ▶ In maternity, well-led was rated as good, which had improved from requires improvement
- ▶ End of life care was rated as good overall which was an improvement from requires improvement in safe, effective and well-led
- ▶ Outpatients were rated as good overall which was an improvement from inadequate for safe, well-led and the overall core service rating
- ▶ Community inpatients was rated as good overall which was the same rating as previously inspected

Outstanding practice was identified across all areas inspected. Improvements in services were identified including:

Are services safe:

- ▶ In end of life care, staff were provided with training in key skills and understood their responsibilities to safeguard patients. The design and use of facilities kept patients safe. Equipment was safe. Staff completed risk assessments for each patient and had enough medical, nursing and support staff to avoid patient harm. Records were of a high quality. Incidents were managed well.
- ▶ In outpatients, infection control risks were managed well. Staff understood their responsibilities to safeguard patients and had good levels of mandatory training. Risk assessments were completed and there were detailed records of patients' care and treatment. Incidents were managed well.

Are services effective?

- ▶ In end of life care, care and treatment was provided in line with evidence based practice. Patients' nutritional needs were met, as was the management of pain. Staff monitored the effectiveness of treatment and were competent in their roles. Doctors, nurses and other healthcare professionals worked together to benefit the patient. The specialist palliative care team was available five days a week. Staff gave patients practical support to live well until they died.
- ▶ In outpatients, care and treatment was provided in line with evidence based practice. There were recorded outcomes in some outpatient areas and patients were provided with high quality information. Staff supported patients to make informed decisions. There were areas of specialist staff providing high quality care and treatment.
- ▶ In community inpatients, staff worked together as a multidisciplinary team and had the necessary skills, knowledge and experience to deliver effective care, support and treatment to patients admitted to the ward. Staff monitored and managed the pain experienced by patients and managed hydration and nutrition well. Consent to care and treatment was sought in line with legislation and guidance.

Are services caring?

- ▶ In urgent and emergency care, staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with were complimentary about the service. Staff provided emotional support to patients, families and carers to minimise their distress. Staff made sure patients and those close to them understood their care and treatment. Staff took time to listen to patients and answer questions from them or their relatives.

- ▶ In maternity services, staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients to minimise their distress.
- ▶ Staff involved patients and those close to them in decisions about their care and treatment. We always witnessed staff being polite and respectful. Friends and Family Test data for the beginning of 2019 showed that 100% of all respondents would recommend the department.
- ▶ In end of life services staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients, families and carers to understand their condition and make informed decisions about their care and treatment.
- ▶ In outpatients staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their needs. Emotional support was provided to families and carers to minimise distress. Staff supported and involved patients, families and carers to understand their condition.
- ▶ In community inpatient services, patients were treated with compassion, kindness, dignity and respect. Patients and those close to them were provided with emotional support when needed. Patients were involved in planning their care and treatment.

Are services responsive?

- ▶ In maternity, the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- ▶ In end of life care, the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Patients could access the end of life and specialist palliative care service when they needed it. It was easy for people to give feedback and raise concerns about care received.
- ▶ In community inpatient services, staff took account of patients' individual needs, including for patients who lived with dementia, learning disability or physical disability. Patients could access the right care at the right time within the community hospital. Complaints were listened to and taken seriously by the Trust.

Are services well-led?

- ▶ Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- ▶ Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- ▶ Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- ▶ All staff were committed to continually learning and improving services. There were pockets of quality improvement methods in the Trust and leaders encouraged innovation and participation in research.
- ▶ In maternity, leaders had the integrity, skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.
- ▶ In end of life care, managers had the right skills and abilities to run a service providing high-quality care. The service had reviewed and improved systems and processes for the care they delivered. The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements. The service collected, analysed, managed and used information well. The service engaged well with patients, staff and the public. The service was committed to improving by learning from when things went well and when they went wrong.
- ▶ In outpatients, leaders and managers understood the challenges to the service well and had the right skills and abilities to take action and make changes. The culture was supportive. There were good local governance systems to support the delivery of good care. The service engaged with patients, other staff, and the public well. Learning was encouraged.

Ratings for the whole of Northern Devon Healthcare NHS Trust

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

Ratings for Northern Devon Healthcare NHS Trust combined (acute and community):

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

Ratings for North Devon District Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↔ Aug 2019
Medical care (including older people's care)	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Surgery	Good Sept 2014	Good Sept 2014	Good Sept 2014	Requires improvement Sept 2014	Good Sept 2014	Good Sept 2014
Critical care	Good Sept 2014	Good Sept 2014	Good Sept 2014	Requires improvement Sept 2014	Good Sept 2014	Good Sept 2014
Maternity	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019
Services for children and young people	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
End of life care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Outpatients	Good ↑ Aug 2019	Not rated	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↑↑ Aug 2019	Good ↑↑ Aug 2019
Overall	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019

Ratings for community health services:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health service for adults	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health inpatient services	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019
Community end of life care	Requires improvement Sept 2019	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community urgent care service	N/A	N/A	N/A	N/A	N/A	N/A
Overall trust	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

Following the inspection by the Care Quality Commission (CQC), the Trust responded by providing a Trust-wide quality improvement plan to address a number of areas and to articulate our plan to move from 'requires improvement' to 'good' and beyond to 'outstanding'.

This is a new approach for the Trust. Historically we have worked to a responsive action plan identifying actions against Care Quality Commission requirements.

The Trust has developed an outcome based, sustainable, long term plan that will implement the processes and procedures required to improve services overall and ensure the improvements are maintained.

The plan is updated with progress and discussed at the relationship meetings held quarterly with the local CQC inspector. The plan is monitored by the safety and risk committee with regular reports and through any exception reporting.

Data quality

The Trust's data quality in respect of external reporting has been maintained at a high standard despite the ongoing challenges of the replacement patient administration system (PAS) and electronic health record (EHR).

One of the more challenging areas has been the ability of the application supplier to respond to new, mandated data requirements in a timely manner. One example is the requirement for the emergency care data set mandated from October 2018 which can only be collected in a future version of the application which is still in test and has failed acceptance testing so far.

Clinical coding throughput has also been impacted due to the additional tasks needed to code an episode within the embedded clinical encoder. Whilst this does not detract from the accuracy of the coding, it resulted in a large backlog of uncoded episodes. This backlog has now been cleared through considerable additional effort by the clinical coding team.

The Trust reviews data quality using dashboards available from NHS Digital and Dr Foster formally through its data quality assurance group on a monthly basis. Problem areas are identified, investigated and remedial action taken.

The Trust's current approach is to roll out the full electronic health record across the Trust. This would ensure all users share one definitive source of patient information for all acute activity.

The community system is used to capture activity data for the Trust's community-based services. A small number of niche applications are also deployed within specialist services where required e.g. dental and sexual health.

The Trust utilises data in operational scenarios for scheduling and booking appointments, recording episodes, managing waiting lists and outpatient attendances and a range of administrative tasks. Data is also exported to and integrated within the Trust's data warehouse.

The data warehouse forms the central repository for all Trust non-operational data requirements such as performance monitoring, clinical audit/research, contracting, commissioning and central returns.

Investment in information systems has been considerable since 2015 with a number of significant developments:

- ▶ Implementation of the electronic health record
- ▶ Implementation of the community health record
- ▶ Implementation of a medical notes tracking system

The Trust is reviewing all of the current information system developments in light of the closer working arrangements within the STP community to ensure the best possible care for patients, value for money and the sharing of data.

A user group oversees issues arising within the patient administration system to ensure staff can report data quality issues and that remedial training or other solutions can be identified and actioned to maintain data quality.

The data quality team also provides a range of internal reports to ensure teams are aware of the standard of data quality being achieved, identifying errors and taking remedial action to ensure data held on the patient administration system remains accurate and current.

Data quality is assured in a number of ways including:

- ▶ Validation by the application at entry level. If incorrect or non-valid data is entered, the application will alert the user.
- ▶ A range of reports are prepared and distributed by the data quality team for action e.g. unoutcomed outpatient reports.
- ▶ The performance team extensively reviews RTT data using a variety of data sources.
- ▶ High level data quality indicators are formally reviewed – Dr Foster, SHMI, SMR and DQMI dashboards and reports by the appropriate group or committee.
- ▶ Data quality and coding audits are undertaken regularly.
- ▶ Poor quality data is alerted to senior managers via the information governance steering and data quality assurance groups and there is Board scrutiny of these groups' minutes.
- ▶ The training department is alerted to data quality issues and remedial plans developed.
- ▶ Information governance training at induction emphasises the importance of good quality data and this is refreshed annually.
- ▶ Data being transferred to the Trust's data warehouse is validated during the transfer process in addition to the initial entry into the electronic health record system.
- ▶ Production of activity data for contracting and costing purposes contains an initial validation process undertaken by operational staff familiar with the data. Issues are fed back to the information analyst responsible for the data production.

Data quality metrics

For 2019/20, the latest published data submitted to the NHS Digital Secondary Uses Service was for September 2019, as follows:

- (a) The percentage of records relating to admitted patient care which includes 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 includes the patient's
 - (i) Valid NHS number is 100%, and
 - (ii) General medical practice code is 100%
- (c) The percentage of records relating to emergency patient care which includes the patient's
 - (i) Valid NHS number is 99.1%, and
 - (ii) General medical practice code is 100%

Information governance toolkit attainment level

The 2019/20 toolkit declaration has been deferred until September 2020 due to the COVID-19 outbreak and as such we are unable to include current assertions within this quality account. These will be reported in the 2020/21 quality account.

The Trust's toolkit declaration made last year on 29 March 2019 identified 25 assertions that had not been completed and our information governance assessment score is 75%. We have an improvement plan agreed with NHS Digital to resolve these. These deficiencies comprise five major areas of data protection and security:

- ▶ Information asset register [five]
- ▶ Data protection by design and default [two]
- ▶ Data protection impact assessments [three]
- ▶ Training and training needs analysis [seven]
- ▶ Software listing (incl. unsupported) [four].

Less significant areas include:

- ▶ Spot checks (cyber and IG teams) [two]
- ▶ Audit - pseud/anon/de-ident [two].

An action plan to tackle these deficiencies was presented to the information governance steering group in the week beginning 1 April 2019 with a view to reach 100% compliance by March 2020. The information governance steering group meets every two months and will review and oversee this action plan.

In addition the data protection officer will review progress at monthly intervals to ensure early identification and resolution of any issues.

Clinical coding

Clinical coding is used to record morbidity data for operational, clinical, financial and research purposes. It is currently carried out using ICD-10 diagnosis and OPCS 4.8 procedure classifications.

The department currently consists of 17 members of staff in a variety of roles – from the head of clinical coding through to clerical support staff – and of those, 11 have achieved accredited clinical coders (ACC) status (the profession’s recognised qualification), with four members of the team in trainee positions. Achievement of the ACC qualification provides assurance that clinical coding is being carried out to a high standard.

The department also has two NHS Digital Terminology and Classifications Delivery Service registered auditors. A structured programme of clinical coding audit is carried out to measure and demonstrate compliance with national coding standards and to ensure that the information and data produced as a result of the clinical coding process is fit for purpose.

Following the pattern of the past couple of years, 2019/20 continued to be a challenge for the department with more changes to staff, structures and processes which resulted in a continued significant backlog of activity. This backlog was known to be impacting the Trust’s ability to accurately report activity (both in-house and nationally).

Various tactical approaches were taken in dealing with the backlog including:

- ▶ using electronic source documents for a selected cohort of activity where no impact to HSMR/SHMI would result
- ▶ overtime
- ▶ contract coders
- ▶ increased use of senior staff to support coding activity when appropriate (without impacting quality, audit or BAU operation support).

With effect from early 2020, the department has successfully reduced the backlog so that the Trust is now able to meet all mandatory national reporting deadlines.

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

	Percentage achieved	Level of attainment	
		Standards met	Standards exceeded
Primary diagnosis	93.00%	>=90%	>=95%
Secondary diagnosis	92.90%	>=80%	>=90%
Primary procedure	94.60%	>=90%	>=95%
Secondary procedure	92.20%	>=80%	>=90%

As can be seen, the Trust is comfortably meeting the required levels of attainment in all areas, and exceeding the required levels in both secondary diagnosis and procedure coding. Both the primary diagnosis and primary procedure coding are close to exceeding the requirement standards. This shows a continued high standard of coding accuracy, especially when the department has remained under significant pressure.

The department continues to build on the links that it has made with clinicians for engagement in the coding process, other departments within the Trust to ensure that there is one true picture of the hospital activity and with other trusts across the region to learn and share best practice.

Mortality review

The Trust is required, as part of the quality account, to report on a number of key statistics relating to mortality between April 2019 and March 2020.

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

Between April 2019 and March 2020, 674 patients died in hospital. This comprised the following number of deaths which occurred in each quarter of that reporting period:

186 in the first quarter

135 in the second quarter

176 in the third quarter

177 in the fourth quarter

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

406 case record reviews and one serious incident investigations are underway on deaths which have been counted in item 1. One death has received a review and as a result an investigation is underway.

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

145 in the first quarter

101 in the second quarter

111 in the third quarter

49 in the fourth quarter

Reviews of deaths which occurred during 2019/20 will continue during 2020/21 and be reported in next year's quality account.

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

To broaden learning from cases where patients die in hospital the Trust has adapted its reporting this year in line with the Royal Devon And Exeter NHS Foundation Trust (RD&E) and now focuses on cases scored as poor care in mortality reviews using the Hogan quality of care scales.

During 2019/20, three deaths were judged to have received poor care or 0.45% of total deaths.

- ▶ 1 representing 0.54% for the first quarter
- ▶ 0 representing 0% for the second quarter
- ▶ 2 representing 1.15% for the third quarter
- ▶ 1 representing 0.56% for the fourth quarter

If the percentage is calculated against the total number of reviews carried out in the year, the cases of poor care increases to 0.99%.

Cases of poor care are identified through the Trust's mortality review process in which a sub-set of cases of patients who die within the Trust are subject to an initial review. The subset is made up of cases prioritised for review in line with learning from deaths guidance using an adapted version of the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

If problems are identified in the initial reviews, follow up reviews are undertaken and cases are discussed at specialty mortality and morbidity (M&M) meetings to extract learning and identify any appropriate actions. Review findings are reported at the Trust's mortality review group which reports to the safety and risk committee, a sub-committee of the Trust Board. The table below shows the quality of care ratings for all reviews undertaken on the cases of patients who died in 2019/20.

Further cases of poor care are identified through the incident investigation process. Any case with a Serious Incident [SI] with issues linked to a death has been included.

Quality of care

Hogan Quality of care score	Excellent	Good	Adequate	Poor	(blank)	Total
Q1	49	6	1	0	1	93
Q2	58	2	2	0	2	82
Q3	61	2	2	0	3	80
Q4	6	2	0	0	0	15
Total	174	12	5	0	6	270

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

Problems identified in care

One SI investigation concluded during the year that was related to the death of a 2019/20 patient. The SI was linked to a formal complaint from the family which was managed alongside this process, with elements incorporated into the investigation. The incident related to the prescription and administration of a blood-thinning medication (anticoagulant) for patient who was already on existing treatment. Expert review of the case identified missed opportunities to detect and rectify the prescribed treatment but concluded that it did not cause the patient's subsequent death.

The end of the year status of 2019/20 mortality reviews (taken on 14/04/2020), suggested that there were four cases with indications of poor care. All four are due to be subject to a follow up review and may be re-scored. Across the four cases, a total of seven areas of care were highlighted. These are shown in the table below.

2019/20	Admission and initial assessment	Ongoing care	End of life care
Problem in assessment, investigation or diagnosis	1	1	
Problem in treatment (including treatment planning or providing treatment as planned)		2	1
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)		2	

There were no COVID positive deaths in the time period covered by the 2019/20 quality account. COVID positive deaths will be prioritised for mortality reviews this year (2020/21).

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

Key actions from the SI described above were identified, some of which were linked to the investigation incorporating the complaint. Several actions related to compliance with emergency department (ED) processes such as: ensuring that staff use all the available information when taking the patient's history, engaging with relatives and carers, ensuring that a review of the ED patient safety checklist is undertaken, ensuring that refreshments are offered and that the call bell is explained to patients. An update and re-launch of the Trust's 'Integrated Care Pathway for Suspected Acute Coronary Syndrome' is also planned.

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

Early reviews

- ▶ Through audit work on pneumonia, it was identified that patients who came straight to the ward rather than via ED had a longer wait for X-rays. This is being addressed by the medical assessment unit and the radiology department.
- ▶ A new standard operating procedure (SOP) was launched in December 2019 which outlines the guiding principles and Trust-wide internal professional standards (IPS) for emergency patient flow as recommended by NHS Improvement (NHSI) and the Emergency Care Improvement Programme (ECIP). It has been written to ensure that NDHT provides a high quality emergency care pathway and to support a clear escalation process with specific triggers.
- ▶ The Trust participates in NHS England's '7 day hospital services self-assessment' which includes a review of the timings of initial consultant reviews and investigations among other measures. The Trust's seven day services task and finish group is focusing on ways of prioritising patients admitted the previous evening during morning ward rounds to enable them to be seen earlier. The group is also reviewing the current provision of diagnostics over weekends. The Trust is continuing with efforts to recruit to current vacancies within the medical specialties and has risk around this on the Trust corporate risk register.

Ongoing care

- ▶ The Trust's new 'Patients at Risk of Deterioration Policy' became available with guidance on using the new national early warning scoring system (NEWS2). The early warning score is a track and trigger system based on the patient observation chart which is used to identify patients at risk of cardio-pulmonary arrest. The 'Patients at Risk of Deterioration Policy' also contains guidance on the use of treatment escalation plans. These are signed orders setting out treatment parameters. They include a section on the resuscitation status of the individual.
- ▶ The CareFlow app has been introduced and is helping doctors on call by sending reminders for patients who need clinical review out of hours, and alerting doctors to which patients tests need reviewing.
- ▶ There has been a Trust-wide campaign on medicine safety encouraging staff to ensure that medicines are supplied, prescribed, and administered safely. The staff intranet, group presentations, and posters, have been used to promote the latest guidance on venous thromboembolism (VTE), sepsis – recognising symptoms, appropriate use of antibiotics, patient labels for pathology specimens and parenteral nutrition among many other topics.
- ▶ The Trust has developed an inpatient heart failure nurse service. It is hoped that this will lead to improvements in diagnostics, pathways, management advice, optimisation of drug therapy, and end of life care among other things. The development of this service will be phased, starting with one advanced clinical practitioner post.

End of life care

- ▶ New documentation to improve care delivered to end of life patients in community settings has been launched. The 'Priorities of Care for the Last Days of Life in the Community' document will be used by any healthcare professional involved in caring for the patient e.g. community nurses, hospice to home, domiciliary care agencies, GPs. It will record the care given and capture important conversations that have been had. It will also act as an aide memoire for health professionals to address the important areas of end of life care e.g. spiritual care, preferred place of death and lasting power of attorney.
- ▶ A presentation on the identification of dying and treatment escalation plan (TEP) completion was given at the February 'Big Gov' meeting by the deputy medical director.

- ▶ The palliative care team are working alongside ward staff to support them in completing the 'Priorities of Care' plans for dying patients. They will initially concentrate on the following issues: preferred place of death, keeping GPs informed, and spirituality.
- ▶ The end of life volunteer service was launched during 2019/20. The volunteers provide companionship and emotional support for people who are dying, their families and carers.

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

Evidence of wide ranging improvement in the quality of end of life care has been recognised by the Care Quality Commission in upgrading its rating to 'good' in the inspection report of September 2019. The work undertaken across disciplines and care settings has improved the consistency of understanding of patients' wishes at the end of life and the reliability of delivery of care that accords with those wishes.

A wide variety of measures have been taken in response to issues raised by the mortality review process with investment and training directed towards the evidence-based interventions set out above. Whilst it is too early to meaningfully assess the outcome of these measures, the ongoing focus on the consistency of care provision throughout the week remains under constant review.

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

138 inpatient and ED deaths from the previous reporting period (2018/19) had reviews and investigations carried out following the completion of last year's quality account on 25 April 2019.

Of the above 125 inpatient deaths were reviewed and 13 emergency department deaths were reviewed. Two inpatient deaths received serious incident investigations but no review.

In all there were 683 inpatient and emergency department deaths last year recorded at the Trust, 413 (60.47%) of which had investigations or reviews carried out.

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

There were two serious investigations during 2019/20.

All deaths and stillbirths receiving serious incident reviews have been included in this count regardless of resulting investigation. Any death receiving an adverse result following a Structured Judgement Review is automatically referred for a full investigation.

To broaden learning from cases where patients die in hospital, as outlined in item 3 the Trust uses an adapted version of the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

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

1.17% is the revised estimate of the number of total deaths in (2018/19) with greater than a 50% probability of being avoidable and is based on the two patients identified in item 7 and six patients identified in last year's quality account.

The tables below represent a summary of the quality of care for dying patients in the year 2018/19:

Hogan Quality of care score	Excellent	Good	Adequate	Poor	(blank)	Total
Number of cases	98	273	18	5	19	413

	Serious investigation	GCase note Review (SJR) & Serious Investigation	Case note Review (SJR)	ED review		Total
Type of review	6	2	392	13		413
Not reviewed					270	270
Total	6	2	392	13	270	683

Two cases for which mortality reviews were undertaken in 2018/19, which had initially indicated poor care, received follow up reviews in 2019/20.

For one case, issues were raised regarding appropriate monitoring, IV fluids, timing of the senior review and TEP form completion. The case was presented at a medicine mortality and morbidity meeting, at which staff were asked to ensure that patients have adequate fluid resuscitation, fluid balance monitoring and fluid therapy. The case was also investigated as an incident. Actions identified included requiring staff to complete the deteriorating patient competency, reminding staff of the importance of clearly documenting actions taken to support a deteriorating patient and discussing the issue of TEP completion at the oncology governance meeting. Trust developments that will improve care in the problem areas identified in this case include the following:

- ▶ Educational materials on IV fluid prescribing were made available on the Trust website at the end of 2018 as part of a Trust-wide project on improving care in this area.
- ▶ In early 2019 a new system was introduced for giving feedback to staff individually when a TEP completion appears to have been unduly delayed. Other developments in end of life care are noted above.

In the second case, issues regarding referrals to appropriate specialties were raised alongside concerns that the patient was not managed at home as they had wished. When the case was presented at a medicine mortality and morbidity meeting, the learning points that were emphasised were the importance of expediting appropriate referrals and liaising with the end of life and supportive palliative care teams to ensure that the patient's wishes are taken into account. There have been a number of initiatives to improve end of life care during 2019/20, some of which are noted in item 5 above.



How we performed last year: key quality information

Mortality rates

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

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

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

The expected SHMI is 1, though there is a margin for error to account for statistical issues.

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

Period	Value	SHMI banding
2019/20	1.015	2 (as expected)
2018/19	0.9977	2 (as expected)

Palliative care

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

Period	%
2019/20	20
2018/19	31.4

The percentages have reduced due to vacancies within the team. This has now been addressed and this number will now increase as a new palliative care consultant has joined the team. The coding has been reviewed and is in line with the national guidance.

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.

	Procedure	Adjusted average health gain – EQ-5D index TRUST	Adjusted average health gain – EQ-5D index ENGLAND
April 2019 – September 2019	Hip replacement primary	Too few to quantify	0.475
	Knee replacement primary	Too few to quantify	0.349
April 2018 – March 2019	Hip replacement primary	0.493961	0.468986
	Knee replacement primary	0.357688	0.340862

April 2018 – September 2018	Hip replacement primary	Too few to quantify	0.488629
	Knee replacement primary	Too few to quantify	0.345079

Readmissions to hospital

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

The published 28 day readmission rate for the Trust is:

Period	Children of ages 0 - 15 NORTH DEVON	Children of ages 0 - 15 ENGLAND	Adults of ages 16 years + NORTH DEVON	Adults of ages 16 years + ENGLAND
2018/19	14.9	12.5	16	14.6
2017/18	14	11.9	16.1	14.1
2016/17	12.9	11.6	11.1	13.6

Assessing people's risk from blood-clots

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

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

The target is for at least 95% of patients to be assessed.

Period	VTE risk assessment Trust	VTE risk assessment England
Qtr 1 2019/ 20	77.65%	95.63%
Qtr 2 2019/20	77.86%	95.45%
Qtr 3 2019/20	71.59%	95.33%
Qtr 4 2019/20	76.64%	95.74%
2018/19	80%	95.60%

There has been an extensive review of the VTE data over the past year. This has included reviewing the inclusion and criteria, which has been adjusted to ensure adherence to the guidelines. Spot check audits have taken place, which demonstrate that VTE assessments are being robustly undertaken; however this is not being translated on the electronic recording system. Work is ongoing with clinical and non-clinical teams to continue to improve this position.

Clostridium difficile infection

Clostridium difficile (C.difficile) is a dangerous infection, which can cause serious symptoms and even death. Although naturally present in some people, it can spread quickly in a confined environment like a hospital, where people are already unwell. The Trust has been working hard to combat this infection using different infection control techniques to keep patients safe. The most recent available data is published below.

Period	Rate – Total cases TRUST	Count – Total cases TRUST	Rate – Total cases ENGLAND	Count – Total cases ENGLAND
2019/20	22.239	21	Not available	Not Available
2018/19	26.087	21	22.070	12275
2017/18	51.847	45	23.911	13299

Patient safety incidents

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

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

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

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

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

Patient safety incidents reported

Year	Period of coverage	Degree of harm	Type of incident	Indicator value (rate)
2019	Apr – Sep 2019	All	All	81.7
2018-19	Oct 2018 – Mar 2019	All	All	76.7
2018	Apr – Sep 2018	All	All	74.3
2017-18	Oct 2017 – Mar 2018	All	All	65.3
2017	Apr – Sep 2017	All	All	58.6
2016-17	Oct 2016 – Mar 2017	All	All	51
2016	Apr – Sep 2016	All	All	71.8

Safety incidents involving severe harm or death

Year	Period of coverage	Degree of harm	Type of incident	Indicator value (rate)
2019	Apr – Sep 2019	Severe or death	All	0.5
2018-19	Oct 2018 – Mar 2019	Severe or death	All	0.32
2018	Apr – Sep 2018	Severe or death	All	0.54
2017-18	Oct 2017 – Mar 2018	Severe or death	All	0.39
2017	Apr – Sep 2017	Severe or death	All	0.51
2016-17	Oct 2016 – Mar 2017	Severe or death	All	0.18
2016	Apr – Sep 2016	Severe or death	All	0.60

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

Year	Period of coverage	Total number of incidents reported	Number leading to severe harm or death
2019	Apr – Sep 2019	3,205	14
2018-19	Oct 2018 – Mar 2019	3,084	13
2018	Apr – Sep 2018	2,867	21
2017-18	Oct 2017 – Mar 2018	2,877	17
2017	Apr – Sep 2017	2,533	22
2016-17	Oct 2016 – Mar 2017	2,278	8
2016	Apr – Sep 2016	3,620	30

The Trust is noted to be one of the highest reporters of incidents in its reporting cluster (acute non-specialist trusts – there are 136 trusts in this cluster). This demonstrates an excellent reporting culture in the Trust and staff who are open and transparent in their work. The reporting cluster is set by the NLRs (National Reporting and Learning System).

Responding to the personal needs of patients

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

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

Period	Indicator value TRUST	Indicator value ENGLAND
2019/20	91.2	Not available
2018/19	68.6	67.2
2017/18	72.3	68.6

Would staff recommend the Trust?

We are delighted with our results which show we are above the national average for the Staff Friends and Family Test.

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

	NDHT staff		Acute trusts	
	Recommend care	Not recommend care	Recommend care	Not recommend care
2018/19	85%	4%	82%	6%
2019/20	86%	6%	82%	6%

Would patients recommend the Trust?

Patient Friends and Family Test:

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

Period	Response rates			
	Inpatients – TRUST	ED – TRUST	Inpatients – ENGLAND	ED – ENGLAND
Feb-20	22.8%	1.7%	23.7%	12.1%
Jan-20	20.7%	1.9%	23.3%	11.7%

Period	% recommended			
	Inpatients – TRUST	ED – TRUST	Inpatients – ENGLAND	ED – ENGLAND
Feb-20	98%	95%	86%	85%
Jan-20	99%	86%	96%	85%

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

On reviewing the data extracted from the NHSI headlines tool, NDHT emergency department (ED) is not an outlier compared with our peers (like sized organisations) although the response rate is lower than we would want.

A number of methods have been introduced to address this, including a bespoke wall-mounted feedback centre and visiting FFT volunteer to support the data collection. The feedback centre combines three options for providing feedback: FFT cards with pens, a touchscreen device for electronic data capture and the option of a text reply service. This is accompanied by posters on display around the department and the development of a patient information leaflet detailing different methods for patients to leave feedback.

Staff survey

We have achieved excellent results across the board in this year's National NHS Staff Survey. This is fantastic news as evidence shows that having happy staff leads to a better experience for patients.

Questionnaires were sent to 3,201 members of staff, with 1,776 questionnaires returned, resulting in a response rate of 55.5%. This is a percentage increase of 46% on our 2018 response rate of 38% - a fantastic achievement for the Trust.

Key findings from the survey

- ▶ NDHT ranks first in the country for support from immediate managers compared to other similar trusts
- ▶ NDHT ranks second of all trusts in the country for morale
- ▶ NDHT ranks second in the country for team working and third for staff satisfaction with quality of care compared to other similar trusts
- ▶ NDHT scores above average in all areas of the survey, including for supporting staff health and wellbeing, having a strong safety culture, and creating a safe working environment free from bullying, harassment and violence
- ▶ For the second year running, even more staff feel patient care is the Trust's top priority, and more so than at other trusts
- ▶ NDHT scored very highly for overall staff engagement (7.4 out of 10). This is an improvement on the Trust's score last year and not far off the top score (7.6). NDHT's scores across the survey have significantly improved this year, with no scores significantly declining

We recognise that we can always do more to improve. The survey also helps us understand what our staff think we could be doing to improve their experience of working for the Trust.

Our scores were worse than other acute and community trusts for some specific questions:

- ▶ Have you put yourself under pressure to come to work?
- ▶ In the last 12 months, have you had an appraisal, annual review or development review?
- ▶ Were the values of your organisation discussed as part of the appraisal process?

Action plans are being developed, both at Trust level and more local levels to address these areas and we hope to see improvements in the next survey, in the areas where we did not perform so well this year.

Review of quality performance in 2019/20

This section sets out the improvements we have made in the priority areas we set for 2019/20 in our last quality account.

1. Promoting patient involvement and feedback
2. Staff health and wellbeing
3. Discharge communication and effectiveness

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

1. Promoting patient involvement and feedback

As a Trust we have recognised the need to increase the involvement of patients and carers. We want to build collaborative relationships with patients, service users, carers and the public. Increased patient involvement is a key enabler to helping the patient experience committees (PEC) ambition to achieve the Trust's vision, 'delivering high quality and sustainable services that support your health and wellbeing'.

The Trust's quality improvement plan recognises the importance of patient and carer involvement and feedback in supporting us to put patients at the centre of all we do.

We want to ensure we are shaping and developing our services in a way which meets the needs of our local communities, and learns from positive and negative experiences. We can only do this through ensuring we are taking every appropriate opportunity for patient involvement and feedback, and through ensuring that we are using this feedback in the best way to help inform us about how we need to develop our services.

What did we do in 2019/20?

A review of the patient experience and involvement activities across the Trust demonstrated that there are significant strengths in the Trust's approach, and this enabled us to focus our efforts on the priority areas requiring improvement.

The Trust has had a comprehensive programme of patient experience feedback collation since 2012 with the advent of the Friends and Family Test. Our team of volunteers collect regular, real-time feedback from each ward every week to give us a snapshot of patient experience. There are similar survey tools in use for the community services delivered in people's homes. However, there was still more improvement needed to embed this feedback as a service improvement tool. The FFT programme was paused in March 2019 due to the COVID-19 outbreak and will be restarted when it is deemed safe for our volunteers and patients.

In 2019/20 we achieved an average monthly FFT response rate of 29.8% for inpatients.

The Trust's engagement strategy is explicit that any service transformation starts with staff and patients, with a responsibility to involve patients and staff and ensure that their experience of the current service and ideas for future improvement are captured. There are numerous examples of where this has taken place really effectively but it has not always been consistent or joined-up. Therefore the aim of this priority in the quality account was to ensure a consistent and evidence-based approach to incorporating the systematic use of patient experience feedback into all quality improvement-led and corporately-led service transformation programmes.

To inform the review of our patient experience activities, the patient experience matron held a stakeholder forum to explore the areas of most importance across our services. With the support of NHS Improvement the Trust was able to benchmark its patient experience programme against that of others. The resulting work plan for 2019/20 prioritised these areas of focus:

- ▶ Involve carers in our care pathways and develop a carers' bundle
- ▶ Introduce patient experience training and education for staff
- ▶ Ensure the patient, family and carer's voice is heard and captured in all Trust documentation, reporting templates and at meetings
- ▶ Support staff to use feedback to drive quality improvement using a range of approaches such as always events and patient and family centred care (PFCC)
- ▶ Visibility of leadership supporting the patient experience agenda and triangulation of patient experience data for learning, improvement and reporting

These actions are underway and progress is being monitored via the patient experience committee (PEC) and terms of reference.

Also in 2019, and to fulfil a key requirement of the collaborative agreement with the RD&E, the Trust Board commissioned a review of hospital services in northern Devon. The purpose of this review was to determine the extent to which the current configuration of health services was meeting the health needs of the local population and determine whether a different organisational form was needed to support the clinical and financial sustainability of acute services in northern Devon.

To deliver these aims, the Board committed to a full programme of engagement with staff, patients and the general public to hear their views on what was important to them about local health services.

This programme was completed in two phases:

Phase one focused on wider stakeholder engagement in the purpose of the review to ensure a general and wide understanding of its aims and to ensure people felt able to engage with the Trust without worrying about service loss or reduction. During this phase we were clear on those areas people could influence by asking them what was important to them about local services.

Phase two focused on targeting those individuals with lived experience of the services being reviewed or hard-to-reach groups from whom we seldom receive feedback. We commissioned a specialist agency who contacted approximately 2000 patients/public through the following activities:

- ▶ A telephone survey with approximately 400 representative and demographically weighted local residents
- ▶ An online 'catch-all' version of the telephone survey for anyone who wishes to provide feedback (over 700 registered participants to date)
- ▶ Focus groups with representative members of public, covering a range of locations across northern Devon and demographics (young families, older families, over 65s, unemployed)
- ▶ Focus groups with existing patient support groups, with in-depth follow up interviews, i.e. Patient Voice

Supplementary engagement was also completed by the Trust's strategy team as follows:

- ▶ Significant engagement with operational and clinical service leadership teams to understand the drivers impacting their service and aspirations
- ▶ Specific engagement with GPs to understand their priorities for acute care provision
- ▶ Surveys of those clinicians that travel to NDDH to deliver care to understand their experience of delivering care in North Devon and what could be improved (e.g. visiting oncology consultants)
- ▶ General staff survey
- ▶ Ongoing engagement with wider staff and stakeholder groups
- ▶ Public meeting to share 'what matters to you' findings and update on the review process

Through the engagement, our staff and the community told us the following areas were important to them:

Access: including transport, waiting times, distance from care and carbon footprint

Infrastructure: delivering care in the right environment, supported by the best facilities and equipment

Equal outcomes: addressing health inequalities and improving general health

Future-proof: ensuring the long-term sustainability of services

Quality: safe, effective care which provides an excellent patient and staff experience

Achievable: is operationally feasible and practical to deliver

Workforce: including attracting more, developing local, changing models to ensure safe services

Partnership working: working with GPs and neighbouring hospitals, sharing clinical expertise across the community to support more people

Patient-focused: learn from patient feedback

Compatible with Devon's Long-term Plan

Affordable: is financially sustainable. Services are efficient with high productivity

These publicly-generated 'criteria' will be used to inform all future service improvements and reviews taking place at the Trust. Service leadership teams will be asked to demonstrate that they have thought of these criteria when approaching any service developments.

In the latter stages of the financial year, the patient experience committee agreed to receive a revised patient experience strategy in 2020 which sets out the ambitions for the Trust and how to embed the patient voice at speciality, divisional and Board level to ensure our community can influence the development and delivery of our services.

The strategy will also describe our internal expertise and tools to ensure we capture and respond effectively to patient experience feedback. These include national programmes such as experience-based design, patient and family centred care, quality improvement, qualitative and quantitative methods, as well as feedback received online, offline and via third parties.

This will enable the authentic triangulation of patient experience data with other quality and service metrics.

What will we aim to do in 2020/21?

During the next year we will be continuing to progress the work already underway.

The Trust is committed to reviewing how we use feedback effectively to drive quality improvement. The change in FFT guidance from 1 April 2020 to a greater emphasis on quality rather than quantity will encourage teams to focus on all opportunities to learn and improve from a variety of patient experience feedback including Care Opinion, complaints, compliments, surveys alongside FFT.

How will we monitor progress?

The Trust's patient experience committee will have oversight and responsibility for monitoring progress with this priority through their meetings and it will form part of their work plan for the year.

We will continue to monitor the feedback we receive and we will be analysing the information to ensure we use it to improve the experience of patients and carers using our services. Friends and Family Test response rates will be monitored at divisional level with reporting and oversight through the patient experience committee.

The patient experience committee will oversee the patient involvement activity taking place across the Trust, including the patient voices forums and any other activities.

2. Staff health and wellbeing

We recognise that staff are our most valuable asset and every day they are delivering excellent care in sometimes challenging situations. The 2018 National Staff Survey demonstrated that NDHT performed very well with staff feeling motivated at work and feeling able to contribute towards improvements at work. It did however identify that staff felt under pressure to come to work and there was a feeling that there were not enough staff to do their job properly.

This was a key priority for the Trust and we wanted to ensure the following:

- ▶ We want to ensure that all staff feel valued and well supported so they can undertake their job roles to the best of their ability
- ▶ We want to work with staff to learn from the staff survey results so we fully understand and develop the areas for improvement
- ▶ Ensuring we value our staff through meaningful engagement is a key component of the Trust's quality improvement plan

What did we do in 2019/20?

Our staff health and wellbeing work focussed on supporting staff who were experiencing the menopause. We introduced menopause at work guidelines and offered staff talks and online information. We also undertook a staff health needs assessment questionnaire asking staff what support they needed in the workplace, providing clear areas to focus our work on in 2020/21.

We introduced an employee assistance programme (EAP) for all staff within the Trust and built on our staff benefits package, including expanding our bike and car benefits schemes for staff, as well as staff debt support services and loans.

Extensive work took place on action planning from the 2018 NHS National Staff Survey to ensure staff engaged with the response and helped put local and divisional action plans in place, targeted not only at an organisational level but also a Trust level. We also undertook a piece of engagement work with staff trying to increase understanding and engagement levels for improvements in the 2019 staff survey.

Our 2019 NHS National Staff Survey response rate was 55.5%, which was a significant increase on the previous year and our results were extremely positive and above average. We saw an improvement in the scores for both health and wellbeing and engagement.

We introduced a new electronic system for the Staff Friends and Family Test and improved the leavers exit questionnaire process, making this process an electronic survey which is sent to staff to complete.

We were successful in being a pilot Trust for the Healthy Weight Declaration and are working towards the objectives of this declaration and have been successful in gaining support from NHSI & E around increasing Board commitment to health and wellbeing work already underway within the Trust.

What will we aim to do in 2020/21?

Staff health and wellbeing will remain a Trust priority. More detail can be found on page 10.

How will we monitor progress?

The Trust will monitor progress around this priority through the workforce governance committee, results of the National Staff Survey and other performance metrics, including leavers exit surveys, retention rates, sickness rates, occupational health feedback and pulse checks on staff engagement.

3. Discharge communication and effectiveness

Following a review of patient feedback, incident data and quality metrics, we identified improvements were needed in the communication between teams leading up to and after patients are discharged. Most notably, there is a delay in discharge summaries being written and shared with the patient and primary care.

This was a key priority for the Trust as we wanted to ensure the following:

- ▶ Timely exchange of information between acute and community services
- ▶ We support collaborative discharge planning between acute and community staff
- ▶ Information about the patient is up to date and accurate for other health professionals to use.

We recognised the need to improve communication with patients and carers at every interface with the organisation, with discharge summaries being a particular area of focus. We also recognise that we need to consider how we write to ensure we are writing for patients rather than clinicians.

What did we do in 2019/20?

Over the past three years there has been work undertaken to improve the Trust discharge summaries and communication with GPs. Due to limitations with the current electronic discharge process a new IT solution was explored. This system however required heavy financial investment and equally had its own limitations. As a Trust the gold standard would be that all discharge summaries are completed within 24 hours of a patient's discharge – our current rate is 65%.

Whilst there has been no technical solution to improve the timeliness of discharge summaries being produced, there have been a number of small interventions which are having a positive impact. There has been an increase in the some specialities dictating discharge summaries at the end of ward rounds using handheld devices. In addition to this, staff, pharmacist and physician associates have been upskilled to allow them to assist in completing elements of the discharge summaries.

We were also involved in the national Transfer of Care initiative which was aimed at improving communication between acute trusts and general practice. Unfortunately funding for this project was not approved in the 2019/20 financial planning. Despite this, work has continued at a local level to improve the transfer of information. This has also linked to ongoing work regarding medication safety.

What will we aim to do in 2020/21?

Work will continue to monitor the timeliness of discharge summaries and the quality of the information that is being provided. The specialities will be working to ensure that this area remains a priority.

Expansion of the medical and non-medical workforce who can complete discharge summaries is underway and should improve the number completed within 24 hours. The plan to move to a complete electronic medical record would also greatly facilitate the process and has been shown to be effective in other organisations.

How we will monitor progress?

The timeliness of discharge summary production will be monitored via the divisional performance meetings.

Patient feedback and incidents will also be monitored to identify any recurrent themes with regards to discharge communication.

Statements from our stakeholders

NHS Devon Clinical Commissioning Group

NHS Devon CCG (the CCG) would like to thank Northern Devon Healthcare NHS Trust (NDHT) for the opportunity to comment on its quality account for 2019/20. We seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is a positive one.

As Commissioners we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2019/20 period. The impact of COVID-19 on the last two months of the year is also recognised.

During 2019/20 we recognise that there have been a number of challenging issues for NDHT. These include mortality reviews, high rates of pressure ulceration and low reported rates of venous thromboembolism (VTE) assessment.

We recognise the work undertaken by the Trust to address issues of long waiting times for treatment. The number of patients waiting over 52 weeks and over 40 weeks for treatment has been significantly reduced over 2019/20 (up to the COVID-19 crisis), due to a number of successful initiatives.

In respect to joint working with Royal Devon and Exeter NHS Foundation Trust (RDEFT) the CCG would like to highlight the proactive and mutually beneficial joint working relationship between these two hospitals. This includes particularly the joint work on mortality review and alignment of mortality reporting.

The Quality Account highlights a number of positive results against key objectives for 2019/20. These include:

- ▶ Reduction of frequent attender visits to the emergency department (ED): The Trust have driven an innovative, award-winning project to create a multidisciplinary, multi-organisational team to work with patients who attend the ED frequently. This has both improved individual outcomes and reduced attendances in this cohort.
- ▶ Clinical coding backlog reduction: The Trust has put short, medium, and long term plans in place to support the clinical coding team and these have proven to be effective. This problem was appropriately addressed and monitored at an executive level once highlighted.
- ▶ Staff survey: Both the improved response rate and the high ratings for morale and team working should be highlighted. Additionally, the Trust have made staff health and wellbeing an improvement priority for 2020/21.

Care Quality Commission (CQC) involvement:

We welcome and support the provider's open and transparent communication of their involvement with the CQC during 2019/20 as part of this Quality Account and note the openness regarding improvement actions taken by the provider to address identified issues.

We can confirm that as a commissioner, we have worked closely with NDHT during 2019/20 and will continue to do so in respect to all current and future CQC reviews undertaken, in order to receive the necessary assurances that actions have been taken to support continued, high quality care.

We would like to congratulate the provider on the positive progress identified within the most recent CQC report. Although the rating remains as Requires Improvement, significant improvement work has been achieved through 2019/20 (inspection undertaken May-June 2019, report published 12 September 2019).

The Trust aspire to continuous improvement with quality being a 'golden thread' that runs through the organisation and as evidenced within this quality account. We can confirm it reflects our experience as commissioner.

The CCG looks forward to working with NDHT in their continuing collaboration with the Royal Devon and Exeter NHS Foundation Trust over the coming year. As our Devon system progresses the experiences of these organisations working together will continue to make improvements to the quality of the services provided to the people of Devon.

Lorraine Webber
Associate Chief Nursing Officer
NHS Devon Clinical Commissioning Group

Healthwatch Devon

Healthwatch Devon, Plymouth and Torbay (HWDPT) welcomes the opportunity to provide a statement in response to the quality account produced by the Northern Devon Healthcare NHS Trust for the year 2019/20. Our statement is based on our knowledge of the Trust and its services and the feedback we have received about the quality of the services NDHT provides.

Review of quality performance in 2019/20

Priority 1: Promoting patient involvement and feedback

HWDPT welcomes NDHT's efforts to want to build collaborative relationships with patients, relatives, service users, carers and the public. Greater involvement allows for those involved during a patient's care to have a better understanding of the care being provided as well as allowing for the Trust to provide high quality sustainable services.

Priority 2: Staff health and wellbeing

Recognising that staff are a valuable asset and the contribution they make to the high class care that's demanded on a daily basis is a good step in improving morale and HWDPT acknowledges the steps NDHT have made over that last year that contribute to its staff team's overall morale and wellbeing.

Priority 3: Discharge communication and effectiveness

Inter-team communications for any aspect of care is important and the timely exchange of information between acute and community services enhances the quality of care provided. HWDPT has noted the difficulties in achieving the gold standard of producing 100% discharge summaries in 24 hours and welcomes the continuing efforts within this priority.

Priorities for 2020/21

Healthwatch Devon, Plymouth, Torbay is looking forward to the service improvements that the three priorities for next year will provide:

Priority 1: Staff wellbeing

Priority 2: Falls and bone health

Priority 3: Ensuring clinicians see and act on results as a priority

Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Northern Devon Healthcare NHS Trust's Quality Account for the year 2019/20. All references in this commentary relate to the reporting period of the 1st of April 2019 to the 31st of March 2020 and refer specifically to the Trust's relationship with the Scrutiny Committee.

The Scrutiny Committee commends the Trust on a comprehensive Quality Account for 2019-20 and believes that it provides a fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2019-20 Members appreciate the work undertaken by the Trust in promoting Staff Health and Wellbeing, particularly through the Employee Assistance Programme. The Committee notes that the progress of the Trust in enhancing discharge communication and effectiveness has been positive but recognises that time is needed to make all the changes required.

The Committee appreciates the Trust's engagement with patient feedback and the Trust's ongoing work to improve patient experience.

Members also particularly applaud the Trust's notable work in reducing frequent attender visits to A&E and the Trust launching a new drop-in cervical screening service.

The Committee fully supports the Trust's Quality Priorities for Improvement 2020/21 and expects that the Trust will continue to safeguard patients and provide the very best quality care the Trust can. Members appreciate the Trust's focus on falls and bone health, particularly considering Devon citizens' older average age.

The Committee also supports the Trust's continuing attention to staff wellbeing. The goal of ensuring clinicians see and act on results as a priority is also greatly supported by members.

The Committee is very grateful for the Trust's continuing hard work in the face of the COVID-19 Pandemic.

Members anticipate that regular information on the progress of the Trust's 2020/21 goals will be shared by the Trust.

The Committee welcomes a continued positive working relationship with the Trust in 2020/21 and beyond to ensure the best possible outcomes for Devon residents.

Independent auditors' limited assurance report

to the directors of Northern Devon Healthcare NHS Trust on the annual quality account

On Monday 23 March NHS England and NHS Improvement provided a number of updates to NHS accounts timetable and year-end arrangements. These updates were issued in light of the impact of the COVID-19 outbreak.

The Trust was advised that auditor assurance work on quality accounts and quality reports should cease for 2019/20.

Therefore there is no limited assurance report available for inclusion in the 2019/20 quality account.



Your feedback

We want our quality account to be a dialogue between the 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: ndht.QIT@nhs.net

By post: Quality improvement team
Northern Devon Healthcare NHS Trust
North Devon District Hospital
Raleigh Park
Barnstaple
EX31 4JB

Annex A: Participation in clinical audits

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in between April 2019 and March 2020 are shown below:

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2017
Assessing Cognitive Impairment in Older People/Care in Emergency Departments (RCEM)	✓	✓	60/60 (100%)
Case Mix Programme (CMP) (ICNARC)	✓	✓	466 (100%)
Elective Surgery (National PROMs Programme)	✓	✓	Awaiting confirmation on number of cases submitted. Provisional number for period of April 2019 to September 2019 is 170.
Falls and Fragility Fractures Audit Programme			
National Audit of Inpatient Falls	✓	✓	3 falls qualified for this audit (100%) Number of cases submitted for period April 2019 – February 2020 is 271. Trust did not participate.
National Hip Fracture Database	✓	✓	
Fracture Liaison Service Database	✓	✓	
Fracture Liaison Service	✓	✓	
Database/Vertebral Fracture Sprint Audit	✓	✓	
Care of Children in Emergency Departments (RCEM)	✓	✓	Awaiting confirmation of number of cases submitted.
Major Trauma: The Trauma Audit and Research Network (TARN)	✓	✓	The report is with the service for review and to determine any actions arising.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)			
Perinatal Mortality Surveillance			Awaiting confirmation of number of cases submitted.
Perinatal Morbidity and Mortality Confidential Enquiries	✓	✓	
Maternal Mortality Surveillance and Mortality Confidential			
MaternalMorbidity Confidential Enquiries			
Mental Health – Care in Emergency Departments (RCEM)	✓	✓	100/100 (100%)
Myocardial Ischaemia National Audit Project (MINAP)	✓	✓	Ongoing data collection 21/04
National Asthma and COPD Programme (NACAP)			
Paediatric Asthma Secondary Care			26 (100% of cases) Continuous data collection (started June 19)
Adult Asthma Secondary Care	✓	✓	Continuous data collection 59 cases (100%)
COPD Secondary			Continuous data collection 198 cases (100%)
Pulmonary Rehabilitation			Continuous data collection 79 records (100%)

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2017
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	NABCOP does not directly collect patient data, instead it uses existing sources of patient data collected by national organisations
National Audit of Cardiac Rehabilitation	✓	✓	Awaiting confirmation of case numbers
National Care at the End of Life Audit	✓	✓	35 (100% of required cases)
National Audit of Dementia	✓	✓	50 patient notes (100%) 105 Staff Questionnaires (100%) 13 Carer Questionnaires (100%)
National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	Awaiting confirmation of case numbers
National Bowel Cancer (NBOCAP)	✓	✓	Awaiting confirmation of case numbers
National Cardiac Arrest Audit	✓	✓	33 (100% of required cases)
National Heart Failure Audit	✓	✓	Awaiting confirmation of number of cases.
National Congenital Heart Disease	✓	✓	The report is with the service for review and to determine any actions arising.
National Audit of Percutaneous Coronary Interventions	✓	✓	The report is with the service for review and to determine any actions arising.
National Audit of Rheumatoid and Early Inflammatory Arthritis	✓	✓	90 cases (100%)
National Diabetes Audit – Adults			
National Diabetes Foot Care Audit (NDFA)	✓	✓	DFA – 75 (100%)
National Diabetes Inpatient Audit (NaDIA)	✓	✓	NaDIA – 0 Harm submitted (100%)
National Pregnancy in Diabetes Audit (NPID)	✓	✓	NPID – 17 (100%)
Harms – reporting on diabetic harms in England	✓	✓	NDA – 1144 (100%)
National Core Diabetes Audit			
National Diabetes Transition			
National Emergency Laparotomy Audit (NELA)	✓	✓	58 cases applicable, 39 submitted (67%)
National Joint Registry	✓	✓	621 (100%)
National Lung Cancer Audit (NLCA)	✓	✓	Awaiting confirmation of number of cases submitted
National Maternity and Perinatal Audit	✓	✓	Awaiting confirmation of number of cases submitted
Neonatal Intensive and Special Care (NNAP)	✓	✓	Awaiting confirmation of number of cases submitted
National Oesophago-gastric Cancer (NAOGC)	✓	✓	The report is with the service for review and to determine any actions arising.
National Ophthalmology Audit	✓	✓	Unable to obtain end of financial year details until end of project year
National Paediatric Diabetes (NPDA)	✓	✓	Awaiting confirmation of number of cases submitted
National Prostate Cancer Audit	✓	✓	Awaiting confirmation of number of cases submitted

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2017
Paediatric Intensive Care	✓	✓	Not applicable to the Trust.
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	Awaiting confirmation of case numbers.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	✓	✓	12 incidents were reported to SHOT/SABRE: 7 of which were reported to both SABRE and SHOT, 2 to SHOT only and 3 to SABRE only. There are 2 other incidents submitted that were excluded from SABRE and withdrawn from SHOT.
Surgical Site Infection Surveillance Service	✓	✓	93/93 (100%)
UK Cystic Fibrosis Registry 1059	✓	✓	Unable to obtain end of financial year details until end of project year.
UK Parkinsons Audit	✓	✓	To update
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	✓	✓	The following numbers have been submitted: MRSA Bacteraemia: 0 cases MSSA Bacteraemia: 42 cases E coli Bacteraemia: 166 cases Klebsiella Bacteraemia: 27 cases Pseudomonas Bacteraemia: 5 cases C.difficile: 21 cases
National Clinical Audit of Seizure Management in Hospitals (NASH3)	✓	✓	31 cases were eligible and completed (100%)
BAUS Urology Audits Cystectomy Cystectomy Nephrectomy Percutaneous Nephrolithotomy Female Stress Urinary Incontinence Radical Prostatectomy	X	X	We do not provide this service at NDDH.
Inflammatory Bowel Disease Programme	✓	X	Trust not participating.
Reducing the Impact of Serious Infections (antimicrobial resistance and sepsis)	✓	X	Trust did not participate in 2019/20.
Mental Health Care Pathway – CYP Urgent and Emergency Mental Health Care and Intensive Community Support	X	X	Applies to mental health trusts only.
Mental Health Clinical Outcome Review Programme (NCISH)	X	X	Applies to mental health trusts only.
National Asthma and COPD Audit Programme (NACAP) Asthma Primary Care (Adult and Paediatric) Chronic Obstructive Pulmonary Disease (COPD) Primary Care	X	X	Only applies to primary care. Only applies to primary care.
National Audit of Anxiety and Depression	X	X	Does not apply to NDDH.
Psychological Therapies Spotlight	X	X	Applies to mental health trusts only.
National Cardiac Surgery Audit Programme (NCAP)	X	X	Does not apply to NDDH.
National Audit of Pulmonary Hypertension	X	X	Only 8 designated centres take part.
National Bariatric Surgery Registry	X	X	We do not provide this service at NDDH.

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2017
National Audit of Psychosis Core Audit EIP Spotlight	X	X	Does not apply to NDDH.
National Smoking Cessation Audit (BTS)	✓	X	Trust not participating as the service under the care of GP services.
Endocrine and Thyroid National Audit (BAETS)	✓	X	We do not provide this service at NDDH.
National Vascular Registry	X	X	Does not apply to NDDH.
Neurosurgical National Audit Programme	X	X	We do not provide this service at NDDH.
Perioperative Quality Improvement Programme (PQIP)	✓	X	Trust not participating.
Prescribing Observatory for Mental Health	X	X	Applies to mental health trusts only.
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓		
National Audit of Cardiac Rhythm Management	X	X	We do not provide this service at NDDH .

