

# Quality account



April 2020 – March 2021

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# Welcome

Welcome to Northern Devon Healthcare NHS Trust's (NDHT) quality account for 2020/21. 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 2021/22 and review our progress against the priorities we set out in the 2020/21 quality account.

Over the next few pages, you can read all about some of the improvements staff have made and those we are yet to make, and we 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. Staff wellbeing
2. Falls and bone health
3. Ensuring clinicians see and act on results as a priority

Examples of improvements include:

- ◆ In our most recent staff survey, NDHT scored above average in most aspects of the survey. We ranked first in the country for support from immediate managers compared to other similar trusts for the second year in a row and scored above average in 9 of the 10 survey themes, with one theme equalling the average score.
- ◆ The MySunrise app launched to support Northern Devon cancer patients and their families. Accessible on a smartphone or tablet, the app provides complete and up to date information, from the moment of diagnosis all the way through treatment. It was developed with funding from the Peninsula Cancer Alliance.
- ◆ While the volume of Friends & Family Test (FFT) responses is yet to recover to its pre-pandemic levels, the overall FFT score Trust-wide for the period December 2020 to February 2021 was very positive with 97.2% of respondents saying that they 'would recommend'.

- ◆ Work began on a new drive-through outpatients facility at North Devon District Hospital (NDDH) in December and is now open, and the first patients have been using it. Cardiology patients now have the ability to collect heart-monitoring equipment and have spirometry tests (which measures how much air you can breathe out in one forced breath) without having to leave their cars.

- ◆ 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.

Throughout 2020/21 the NHS and NDHT was significantly impacted by the unprecedented COVID-19 pandemic. As we continued to follow national guidance and managed the significant impact of the disease on our population our performance was adversely affected. Despite this we have delivered a significant amount of service transformation in a short space of time during the pandemic, such as non-face-to-face outpatient appointments.

You can find information about all of our quality and performance measures on the website:  
[www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk)

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



James Brent  
Chairman



Suzanne Tracey  
Chief executive officer

June 2021

# Statement of directors' responsibilities in respect of the quality accounts

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

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

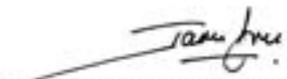
In preparing the quality account, directors are required to take steps to satisfy themselves that:

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

Date: 14 June 2021

Signed .....  
  
Chairman

Date: 6 June 2021

Signed .....  
  
Chief Executive Officer

# Driving quality improvements in 2020/21

The families of seriously ill patients at NDDH who were unable to visit because of COVID-19 were able to talk to their loved ones remotely, using iPads.

NDHT was given a number of iPads by Over and Above, the Trust charity, to enable loved ones to make video calls to patients using video conferencing. This was especially welcomed by families with loved ones in the intensive care unit.

Teamwork from the outreach and resus, patient experience and IT teams saw the two devices being made secure and ready to use within 48 hours.



The rheumatology team at NDHT won a national award for its work pioneering virtual video appointments for patients, which are now in use at the Trust more than ever before due to the coronavirus pandemic.

The team's video appointment work won the Best Practice Award from the British Society for Rheumatology in partnership with charity Versus Arthritis; these celebrate innovative projects that make a difference to the lives of rheumatology patients.



Angela Walter, admiral nurse at NDHT, adapted her role to support people with dementia at the Trust and their families, as well as ensuring coordination amongst local services to keep people well at home, reducing the chance of hospital admission.



The drop-in cervical screening service re-opened at NDDH giving women more options for getting this quick and important test done. It had been closed earlier in the year owing to COVID-19.

In June a video was launched to show the changes made for patients using the Seamoor Unit at NDDH, to protect them from COVID-19. In the video, matron for cancer services, Dawn Gray, and the rest of the team showed viewers the unit at NDDH, where chemotherapy and other day treatments such as blood transfusions are delivered.



The Roborough Ward team was nominated and went on to win in the surgical nursing category of the prestigious Nursing Times Awards.

The team was praised for its early nurse-led mobilisation and discharge in elective enhanced recovery initiative. Their work involves the early mobilisation of hip and knee joint replacement patients, now within a few hours of returning from their surgery, which has always historically been carried out by physiotherapists the following day.



Along with the nurse-led discharge this has helped in the facilitation of an improved patient pathway achieving fantastic outcomes for patients, thereby improving the whole patient experience.

NDHT's leg ulcer service was highly commended in a prestigious competition run by the Health Service Journal (HSJ). The HSJ Value Awards recognise and celebrate outstanding improvements in care quality and efficiency made by NHS staff, highlighting the best examples of the NHS and its partners 'adding value' – whether that is through financial savings or improved services for patients.

The leg ulcer service earned 'highly commended' in the primary care or community service redesign initiative category. Community teams at NDHT took over delivery of this service in 2018, it was previously provided in GP surgeries, and outcomes for patients have improved greatly since.

The 12-week healing rate target for simple ulcers set by NHS Devon Clinical Commissioning Group is 12% and just prior to the outbreak of COVID-19 the NDHT leg ulcer service was achieving 92%. For the service overall NDHT was achieving a 78% heal rate.



Losing a baby is undoubtedly one of the hardest experiences a family can go through. In November, to help bereaved parents during this difficult time, a new bereavement suite was opened in the maternity unit at NDDH. The suite has been designed to provide women and their families with a dedicated area away from the rest of the maternity unit to spend time together while they begin to grieve.

Cardiology patients now have the ability to collect heart-monitoring equipment and have spirometry tests (which measures how much air you can breathe out in one forced breath) without having to leave their cars. Patient Bob Barnard, from Northam, was one of the first patients to use the drive-through facility, to collect a heart monitor. He said he had used the facility before, to collect items for his brother. He welcomed the introduction of the drive-through. "Anything which means you don't have to actually go into the hospital is a good thing," he said.



The breast care team at NDHT won a British Journal of Nursing Award. The NDHT team was successful in the Oncology Nurse of the Year category for its entry entitled "Stepping up to maintain the triple assessment breast cancer clinics in the absence of a breast surgeon".



Breast cancer services experienced a reduction in consultant capacity and rather than close the symptomatic breast service, the team of experienced nurse specialists, some with existing advanced level skills, took on the two-week wait triple assessment clinics, running a diagnostic and follow-up breast service.

The breast care team was also one of two NDHT teams to be nominated in the HSJ Value Awards for its entry – implementing a nurse led recovery package programme for breast cancer patients in a symptomatic rural unit.

Despite its small size, the team set out to provide best practice and equity for patients diagnosed with breast cancer. This included offering an appropriate stratified follow-up nurse-led recovery package with open access availability which would enhance the patients' breast cancer follow up journey, and benefit both primary and secondary care.

The other team shortlisted to the final was the pharmacy department, for its entry which involved working with the multidisciplinary team in orthopaedics to reduce variation in medication use amongst elective hip and knee replacement patients.



# How we decided on the content of this report

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

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

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

To ensure these projects are prioritised and monitored at the highest possible level within the organisation we have chosen them as the Trust's improvement priorities for 2021/22.

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

We will ensure these projects are prioritised throughout 2021/22 to ensure we meet our improvement goals. These priorities will be reflected in the quality strategy and other Trust-wide improvements alongside the collaborative working with the Royal Devon and Exeter NHS Foundation Trust.

# Priorities for Improvement in 2021/22

## Priority one – patient experience

### What we want to achieve

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

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

Patient experience can only be improved by finding out what matters to patients and their patient groups.

### What we will do

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

### How we will monitor

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

## Priority two – Just culture

### What we want to achieve

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

### What will we do

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

### How we will monitor

Quarterly report to the Trust governance committee:

- ◆ Patient safety strategy gap analysis Q1
- ◆ Patient safety strategy implementation plan Q2
- ◆ Readiness for patient safety strategy implementation Q4
- ◆ People team quarterly surveys to better understand our staff and how we can support them
- ◆ Evaluate the training to support managers with change/ challenges and culture development in Q3 (Being developed at the people, workforce planning and wellbeing (PWPW) committee)

## Priority three – Pressure ulcers

### What we want to achieve

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

### What will we do

#### Acute:

- ◆ Focus on the early identification of category one pressure damage and ensure that the appropriate preventative action is taken promptly to reduce the incidence of category two pressure damage and above.

Using a quality improvement methodology enables teams to demonstrate measurable improvements to the quality of pressure area care and an improvement in patient harm.

#### Community:

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

### How we will monitor

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

## Review of services

During 2020/21 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

Between April 2020 and March 2021, 38 national clinical audits and five national confidential enquiries covered the NHS services that Northern Devon Healthcare NHS Trust provides. During that period NDHT participated in 37 national clinical audits of the national clinical audits enquiries which it was eligible to participate in.

National confidential enquiries were suspended.

The national clinical audits and national confidential enquiries that Northern Devon Healthcare NHS Trust participated in and for which data collection was completed between April 2020 and March 2021, 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.

However, the NCEPODs were suspended in 2020/21 due to the COVID-19 pandemic.

# Participation in clinical research

2020/21 has been an exceptional year for research within the Trust as our capacity and focus has been directed to COVID-19. At the start of the year we were asked to stand down all non-essential research by The National Institute for Health Research (NIHR) to enable the research workforce to concentrate capacity on the urgent public health projects that were being prioritised and we rapidly opened six of these. This research has proved to be a 'game changer' in the national and global response to COVID-19.

One of these important studies has been the RECOVERY trial (Randomised Evaluation of COVID-19 Therapy) which in June was the world's first study to show that the low-cost steroid dexamethasone cut the risk of death by a third for COVID-19 patients on ventilators and by one fifth for those on oxygen treatment. Later in the year tocilizumab, an anti-inflammatory rheumatoid arthritis treatment was also shown to reduce the risk of death, length of hospital admission and the risk of patients requiring mechanical ventilation. This study has been unprecedented in the pace of providing evidence that is then adopted into standard practice. As a small district general hospital it required involvement from all disciplines including GP trainees, consultants and pharmacists, with the research team enabling those at the bedside to be research active.

The SIREN study has also given us significant outcomes; it aimed to find out whether healthcare workers who have evidence of prior COVID-19, compared to those who do not have evidence of infection are protected from future episodes of infection. The results have given us information on how long people who have been infected are protected against reinfection, and also how the virus is transmitted when infected. We had our first dedicated research space on site at NDDH and significant support from the Trust meant we have been able to recruit specific SIREN research staff including supporting a former project plus student into an administrators role. SIREN has demonstrated that collaboration with Trust service support departments including phlebotomy and pathology is fundamental to the quality and success of research.

As evidence had been established and the incidence of COVID-19 started to reduce, it was time to look at other research and this process was called RESTART. From September 2020 we began to open studies that had been on hold and currently we have 78% of our pre-pandemic projects open against a national target of 80%. The way we conduct research, like other healthcare delivery, has changed and we are using different ways of working to support our patients. We are adopting more virtual technology in engaging with our research community and are pleased to be able to offer a mix of environments to facilitate our participant's research journey.

COVID-19 has raised the profile of research in healthcare locally, nationally and internationally. As a Trust we have promoted our research participation through social media, press releases, staff stories and local engagement with our staff, patients and teams; which has culminated into one of our most successful years with 865 people participating in research.

## Goals agreed with commissioners

A proportion of NDHT's income in 2020/21 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.

Due to the pandemic, there was a national instruction that contracts would not be negotiated between commissioners and providers and that block payments would be made to providers. As a result, there were none of the usual quality 'goals agreed with commissioners' as all provider efforts were to be concentrated on the pandemic response, there were no CQUINs for 2020/21. Responding to quality objectives in collaboration with our commissioners remains a priority to ensure high quality services are delivered.



# 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 Adult & Children)
- ◆ Bideford Medical Centre (Bladder and Bowel Children)
- ◆ Culm Valley Integrated Centre for Health (Health Promotion Devon & Bladder & Bowel Children)
- ◆ Crown Yealm House (Bladder and Bowel Adult)
- ◆ Exeter Whipton Children's centre (Bladder and bowel children)
- ◆ Exmouth Hospital (Sexual health services, Bladder and Bowel Children, Dental )
- ◆ Hawthorne House, Plymouth (Sexual Assault Referral Centre)
- ◆ Okehampton Hospital (Bladder and Bowel, Dental and Sexual Health Services)
- ◆ Paignton Hospital (Bladder and Bowel Children & Adults, Devon Sexual Health)
- ◆ Stratton Hospital, Bude (Ophthalmology, Audiology, Gynaecology & Orthopaedic)
- ◆ Truro Health Park (Sexual Assault Referral Centre)
- ◆ Tiverton & District Hospital (Bladder and Bowel Adults & Children, Sexual Health Services, Dental)
- ◆ 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 2020/21.

The Trust has not had a full core service inspection since 2019, although the Trust did participate in core service assessments in two of the areas inspected in 2019 – Emergency Department and Maternity.

## Ratings for the whole Northern Devon Healthcare Trust:

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

## Ratings for the combined Northern Devon Healthcare Trust:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019
Community	Requires improvement ↔ Aug 2019	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Overall trust	Requires improvement ↔ Aug 2019	Good Sept 2014	Good Sept 2014	Requires improvement Sept 2014	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				
Community end of life care	Requires improvement Sept 2019	Good Sept 2014				
Community urgent care service	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019				



# Data quality

The Trust's data quality in respect of external reporting has been maintained at a high standard. This has been achieved alongside the challenges of the COVID-19 pandemic, a proposed integration with Royal Devon and Exeter NHS Foundation Trust (RD&E), and the decision to replace the current electronic health record system.

The Trust is implementing the full roll out of an electronic health record. This will ensure all users share one definitive source of patient information for all clinical activity. This will see a new state-of-the-art solution available within 18 months to two years, which will benefit both staff and patients. This would include community activity but a number of niche systems would still remain outside the new electronic health record such as sexual health and dental.

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 the data warehouse continued during 2020/21 with the application being successfully migrated to a new server environment.

The planned integration with RD&E will focus efforts during the coming year in ensuring the highest possible data quality as there will be one shared electronic health record across both Trusts and many of the systems outside of the primary electronic health record will also need to be merged. This will generate a huge data migration exercise over the next year as the two Trust's data is merged into single applications.

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. outpatient reports that have not been outcomed.
- ◆ 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 also fed back to the information analyst responsible for the data production.

## Data quality metrics

For 2020/21, the latest published data submitted to the NHS Digital Secondary Uses Service was for December 2020, as follows:

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

# Information governance toolkit attainment level

Due to COVID-19 the 2019/20 toolkit submission was submitted in September 2020 and our attainment level was 81% - an improvement of 6% over the 2018/19 score. Improvement plans have been developed and agreed with NHS Digital and these will be monitored locally by the information governance steering group.

Nationally the submission date for the toolkit has moved from March to June. There has also been a further focus on cyber security issues which have now been recognised as a significant threat to the integrity and efficiency of NHS digital resources.

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



# 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 4.9 procedure classifications.

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

The department 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 few years, 2020/21 continued to be a challenge for the department with more changes to staff, structures and processes, alongside the impact of COVID-19 and lockdown. Due to the nature of the work carried out, the department were unable to work remotely and continued to work on site throughout.

The department have achieved 100% of activity coded within five working days of month end throughout, which has been a significant achievement and ensures that the Trust continues to meet all mandatory national reporting deadlines.

In spite of the challenges highlighted earlier, 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	98.5%	>=90%	>=95%
Secondary Diagnosis	97.2%	>=80%	>=90%
Primary Procedure	96.9%	>=90%	>=95%
Secondary Procedure	94.1%	>=80%	>=90%

This demonstrates that the department has exceeded the coding standards in all of the four areas (this equates to the previous IG Toolkit Level 3) during a challenging period.

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.

The high performance of the clinical coding team has been formally acknowledged by both the chief executive officer and medical director in the period leading up to year end.

# 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 2020 and March 2021.

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

Between April 2020 and March 2021, 679 patients died in hospital. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- ◆ 146 in the first quarter
- ◆ 160 in the second quarter
- ◆ 193 in the third quarter
- ◆ 180 in the fourth quarter

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

494 case record reviews are underway on deaths which have been counted in item 1. Four of these reviews have had both structured judgement review (SJR) and serious incident (SI) investigations, three of which are ongoing. Another four have had investigations conducted one of which has been deescalated from an SI, the other three are ongoing.

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

- ◆ 112 in the first quarter
- ◆ 121 in the second quarter
- ◆ 112 in the third quarter
- ◆ 16 in the fourth quarter

A total of 361 including seven SI investigations one of which was de-escalated, the remaining six are ongoing.

Reviews of deaths which occurred during 2020/21 will continue during 2021/22 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 the 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 2020/21, 11 deaths were judged to have received poor care or have had SI investigations started, which equals 1.62% of total deaths.

- ◆ one representing 0.68% for the first quarter
- ◆ four representing 2.50% for the second quarter
- ◆ three representing 1.55% for the third quarter
- ◆ three representing 1.67% 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 3.05%.

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 (either because cases are rated as poor, or because other review findings indicate that issues may have arisen), follow up reviews are undertaken and cases are discussed at specialty mortality and morbidity 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 2020/21.

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

#### Quality of care

Hogan Quality of Care Score	Excellent	Good	Adequate	Poor	(blank)	Grand Total
Q1	27	78	6	1		112
Q2	22	90	5	4		121
Q3	20	83	5	3	1	112
Q4	7	4	2	3		16
<b>Grand Total</b>	<b>76</b>	<b>255</b>	<b>18</b>	<b>11</b>	<b>1</b>	<b>361</b>

#### 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

Two SI investigations that were concluded during the year were related to the deaths of patients in 2020/21. Both were fully investigated. Whilst one identified there was some minor learning identified there were no significant issues or lapses in care identified.

Duty of candour was undertaken. The patient's family were invited to be part of the investigation and the report was shared once concluded and the patient was aware of the risk.

For the second SI, a number of lapses in care were noted relating to the monitoring of blood glucose levels and actions have been identified for both the nursing and medical teams.

Duty of candour was undertaken. The patient's family were invited to be part of the investigation and the report was shared once concluded.

The end of the year status of 2020/21 mortality reviews (taken on 1 April 2021), included 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 nine areas of care were highlighted. These are shown in the table below.

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

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

In addition to learning from SIs and cases rated as poor, themes and learning have been identified from complaints and investigations of particular patient groups.

##### Learning from SIs

The second SI investigation described above resulted in learning around the monitoring of blood glucose levels for patients on steroids and the handover process between medical teams.

##### Learning from mortality reviews identifying 'poor' care

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

- ◆ Building work on a new CT scanner suite and MRI refurbishment works have started
- ◆ The April 2020 'Lessons Learned Newsletter' was distributed to staff with learning from a case with a delayed diagnosis. Key messages included ensuring effective concise communication through structured handovers either verbally, written, or digitally
- ◆ To ensure easy access to guidelines for doctors, the Trust has now implemented a 'Microguide app'. Microguide includes a host of useful features, including:
  - ◇ searches across all downloaded guides
  - ◇ bookmarking frequently used pieces of guidance
  - ◇ links to external Trust pages/documents e.g. when to get tested for symptoms of COVID-19
  - ◇ a growing catalogue of easy to use summaries of NDHT guidance
  - ◇ a note writing feature
  - ◇ a desktop version

## Ongoing care

A presentation to staff on gentamicin prescribing was given at the Trust's 'Big Gov' meeting.

## End of life care

- ◆ The supportive and palliative care team (SPCT) have been working closely with ward staff to support them in completing the 'Priorities of Care Integrated Record' for dying patients. The SPCT continue to take opportunities to feed back to ward staff about patient specific issues in the hope of generating change in practice at an individual learner level. This includes reporting of end of life care issues via Datix
- ◆ An online evening seminar was held in October 2020 with a guest speaker, entitled 'Dying is everyone's business and Advance Care Planning'
- ◆ A case relating to the recognition of dying was shared in the Trust's 'Lessons Learned Newsletter' reminding staff of the need for all to consider when a treatment escalation plan (TEP) form may be appropriate at any stage of a patient journey to empower patients to have an end of life discussion with their GP prior to even arriving at hospital and enable patients to have a more dignified death.

## Learning from complaints

Two complaints concerning end of life care and one concerning communication with a patient's family in their final admission, have been shared with the staff/teams involved to maximise learning. The family's story will form the basis of future training about the importance of keeping in contact with next of kin. Following a reported concern about a patient who was discharged with a cannula in situ, a checklist has been created for patients being discharged from the emergency department (ED) which includes checking that cannulas have been removed.

## Learning from stillbirths and perinatal deaths

The learning from three perinatal mortality reviews has been shared with staff. The issues covered related to EPAC scans, uterine monitoring for IUFD/VBAC, risk assessments, complex care, documentation of fundal height, mobilisation following regional anaesthesia and induction of labour in women who experience late foetal loss. A fourth perinatal mortality review highlighted the good care provided.

The NDDH maternity bereavement suite became fully operational in 2020/21. The suite is a service development intended to enhance support for women and families during a baby loss. Named the 'Beaches Room', it is situated next to the labour ward but with separate access. The room can be accessed before entering the labour ward and has been sound proofed to provide a supportive environment whilst having specialist services on hand. The room has a double pull down bed, a fridge, TV, music station, tea and coffee making facilities and a bathroom/wet room. The suite was co-designed with SANDS (stillbirth and neonatal death charity). Funds were also given by SANDS and other charities.

## Learning from deaths of patients with COVID-19

A review of patients who died with probable and definite healthcare-acquired COVID-19 was undertaken during Q4 by the Trust's head of quality and safety and associate medical director (medicine). Appropriate investigations are underway in line with current national guidance. Duty of candour has been undertaken with patients and families.

## Learning from emergency weekend deaths

Emergency weekend admissions have been in alert for over 12 months. Mortality review findings for this group have been assessed on two occasions during this period.

In Q4, an in-depth analysis of weekend mortality rates, excluding COVID-19 activity, was undertaken by the interim Trust lead for mortality and advanced performance analyst. Early review of this information indicates a number of recommendations. The Trust's mortality review group is to consider and agree actions.

## Medical examiner (ME) service developments

In April 2020, the Trust's first medical examiner came into post. A further ME has since been appointed along with two medical examiner officers.

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

A wide variety of measures have been taken in response to issues raised by the mortality review process with investment and training directed towards the evidence-based interventions set out above. 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.

The new maternity bereavement suite will enable staff to care for bereaved parents in a quiet and comfortable space and parents will be able to spend time with their baby after a late miscarriage, still birth or neonatal death. Parents will be given the time to say goodbye to their baby when they are ready to do so.

The new medical examiner (ME) service adds a new layer of independent scrutiny to all deaths in the Trust including both clinical review and discussion with families to detect problems which may have arisen in care. Where concerns exist, cases are referred to the SJR process for review.

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

115 inpatient and ED deaths from the previous reporting period (2019/20) had reviews and investigations carried out following the completion of last year's Quality Account.

85 inpatient deaths and 30 ED deaths in the department. Of the inpatient deaths one inpatient death received both review and serious incident investigation.

In all there were 674 inpatient and ED deaths last year recorded at the Trust, 521 (77.30%) 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 was one SI in 2020/21 which was also judged as poor care at review.

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

To broaden learning from cases where patients die in hospital, as outlined in 27.3 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 in item 8.**

1.62% is the revised estimate of the number of total deaths in (2019/20) with problems of care and is based on the one patient identified in question 27.8, and three patients identified in last year's quality account.

Quality of care overall rating:

Hogan Quality of Care Score:	Excellent	Good	Adequate	Poor	Very Poor	(blank)	Grand Total
<b>Grand Total</b>	118	366	22	3	1	11	521

The one new case of 'poor' care from 2019/20 related to possible issues with response to deterioration and tracheostomy management. The case was investigated through the incident management process, initially as an SI but was subsequently downgraded. A number of actions for improvement were identified including the development of an overarching tracheostomy pathway.

Investigations of three SIs relating to 2019/20 deaths concluded in 2020/21, details as follows. All were fully investigated.

The first investigation did not find any lapses in care. The learning and actions identified were as follows:

Duty of candour was undertaken. The patient's family were invited to be part of the investigation and the report was shared once concluded. The SI report was significantly delayed due to waiting for the post mortem conclusions.

The second investigation had learning identified in relation to falls prevention. The learning and actions identified were as follows:

- ◆ To complete the ongoing review of sensor mat use and act on findings – this has concluded and sensor mats are no longer in use within the Trust
- ◆ To complete the ongoing quality improvement project to review and evaluate falls prevention interventions in the community hospital – work ongoing
- ◆ To consider instituting multi-disciplinary falls champions at our community hospital and on acute wards
- ◆ To set up a planned care of the elderly and frailty steering group to develop a strategy and oversee the implementation of frailty pathways and services – this is a system wide piece of work which is currently on hold
- ◆ To review and update nursing documentation in order to promote the translation of thorough assessment into individualised care planning and meaningful evaluation – the nursing documentation has been amended as a response to COVID-19
- ◆ For the Trust falls lead to review the falls resources available on the Trust intranet in order to update them and centralise access. Falls practitioner post was recruited to and started in early November 2020

Duty of candour was undertaken. The patient's family were invited to be part of the investigation and the report was shared once concluded.

A third investigation was conducted by the Healthcare Service Investigation Branch (HSIB). There were no safety recommendations noted for the Trust arising from the investigation.

Duty of candour was undertaken. The HSIB involved the patient's family in the investigation and the report was shared by them once concluded.



# How we performed last year: key quality information

## Mortality rates

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

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

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

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

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

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

## Palliative Care

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

Period	%
2019/20	23
2018/19	20.0

## Patient-reported outcome measures

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

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

Period	Procedure	Adjusted average health gain – EQ-5D index TRUST	Adjusted average health gain – EQ-5D index ENGLAND
April 2019 – March 2020	Hip Replacement – primary	0.401	0.467
	Knee Replacement – primary	0.386	0.342
April 2018 – March 2019	Hip Replacement – primary	*	0.475
	Knee Replacement – primary	*	0.349
April 2018 – September 2018	Hip Replacement – primary	Too few to quantify	0.488629
	Knee Replacement – primary	Too few to quantify	0.345079

## Readmissions to hospital

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

Period	Children of ages 0 – 15 (NORTH DEVON)	Children of ages 0 – 15 (England)	Adults of ages 16 years + (NORTH DEVON)	Adults of ages 16 years + (England)
2019/20	12.3	12.5	14.9	14.7
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. As a Trust we are assured that assessments are taking place and that patients are not coming to harm. However there are some digital challenges with collation of the data which will improve with the implementation of a full electronic health record across the Trust.

Period	VTE risk assessment (TRUST)	VTE risk assessment (ENGLAND)
Qtr 3 2019/20	71.59%	95.33%
Qtr 4 2018/19	76.64%	95.74%
2018/19	80%	95.60%

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

## Clostridium difficile infection

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

Period	Rate – Total cases (TRUST)	Rate – Total cases (TRUST)	Rate – Total cases (ENGLAND)	Rate – Total cases (ENGLAND)
2019/20	25.500	21	23.500	13177
2018/19	26.087	21	21.900	12275
2017/18	51.847	45	23.911	13299

## Patient safety incidents

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

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)
2019/20	Oct 2019 – Mar 2020	All	All	71.7
2019	Apr – Sep 2019	All	All	81.7
2018/19	Oct 2018 – Mar 2019	All	All	76.7
2018	Apr – Sep 2018	All	All	74.3
2017/18	Oct 2017 – Mar 2018	All	All	65.3
2017	Apr – Sep 2017	All	All	58.6
2016/17	Oct 2016 – Mar 2017	All	All	51
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)
2019/20	Oct 2019 – Mar 2020	Severe or death	All	0.10
2019	Apr – Sep 2019	Severe or death	All	0.36
2018/19	Oct 2018 – Mar 2019	Severe or death	All	0.32
2018	Apr – Sep 2018	Severe or death	All	0.54
2017/18	Oct 2017 – Mar 2018	Severe or death	All	0.39
2017	Apr – Sep 2017	Severe or death	All	0.51
2016/17	Oct 2016 – Mar 2017	Severe or death	All	0.18
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
2019/20	Oct 2019 – Mar 2020	3,081	6
2019	Apr – Sep 2019	3,205	14
2018/19	Oct 2018 – Mar 2019	3,084	13
2018	Apr – Sep 2018	2,867	21
2017/18	Oct 2017 – Mar 2018	2,877	17
2017	Apr – Sep 2017	2,533	22
2016/17	Oct 2016 – Mar 2017	2,278	8
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	69.1	67.1
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.'*

Period	Agree (TRUST)	Strongly agree (TRUST)	Agree – Combined acute and community (TRUST)	Strongly agree – Combined acute and community (TRUST)
2020	54	25	52%	21%
2019	50	26	49	22
2018	50	23	49%	21%
2017	48	23	48%	20%

## Would patients recommend the Trust?

Patient Friends and Family Test.

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

Period	Response rates			
	Inpatients (TRUST)	A&E (TRUST)	Inpatients (ENGLAND)	A&E (ENGLAND)
Feb 2020	22.8%	1.7%	23.7%	12.1%
Jan 2020	20.7%	1.9%	24.0%	11.7%

Period	% recommend			
	Inpatients (TRUST)	A&E (TRUST)	Inpatients (ENGLAND)	A&E (ENGLAND)
Feb 2020	98%	95%	96%	85%
Jan 2020	99%	86%	96%	85%

No new data since Feb 2020, collections suspended due to COVID-19.

## Staff survey

The national NHS staff survey 2020 questionnaires achieved a response rate of 55.4% from staff. This is on par with the previous year's response rate of 55.5% and can be compared to the overall response rate for acute and acute & community trusts, which is 45.4%.

This should be considered a fantastic achievement, given the difficult and challenging environment in which the 2020 survey was conducted.

Our 2020 staff survey reflects the difficult year that we have had and shows a decline across eight out of the 10 themes and 70% of questions, compared to 2019. However the remainder of the questions show improvements or no change, and some of these are in key areas. Crucially too, it is important to note that the initial reports show that NDHT's scores are above the comparator score for all but five questions (93%) and nine theme scores are above the benchmarking average score, with one equal to the average score.

Our overall staff engagement score has seen a decrease in 2020, however this is in line with the position for other trusts nationally and we continue to score significantly higher than the average score within our acute and acute & community benchmarking group.

Key findings from the survey include:

- ◆ NDHT ranks first in the country for support from immediate managers compared to other similar trusts for the second year in a row.
- ◆ NDHT scores above average in nine of the 10 survey themes, with one theme equalling the average national score.
- ◆ Declines have been seen across 70% of questions when compared to 2019, reflecting the challenges that NDHT, and the NHS as a whole, has and continues to experience.
- ◆ Overall, NDHT scores around health and wellbeing have increased, with more staff reporting that they feel the organisation takes positive action on health and wellbeing.
- ◆ NDHT scores have declined in other areas around staff wellbeing, with more staff reporting work related stress (41.5% vs 39.0% in 2019) and musculoskeletal problems as a result of work related activities (31.0% vs 27.7% in 2019).
- ◆ NDHT has seen an increase in staff thinking about leaving the organisation, with greater numbers of staff considering retiring (11.8% v's 9.9% in 2019).
- ◆ For the second year running, even more staff would recommend the Trust as a place to work (74.9% v's 74.3% in 2019) and more staff are reporting that they would be happy with the standard of care if a friend or relative needed treatment (78.5% v's 76.8% in 2019).
- ◆ The amount of staff putting themselves under pressure to come to work has declined significantly in 2020, from 52.4% in 2019 to 39.8% in 2020.

# Review of quality performance in 2020/21

This section sets out the improvements we have made in the priority areas we set for 2020/21 in our last quality account.

1. Staff health and wellbeing
2. Falls and bone health
3. Ensuring clinicians see and act on results as a priority

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. Staff health and wellbeing

Our patients deserve the best care; we must therefore ensure we offer our staff the support they need to provide this.

Staff expect to feel valued and supported. We must ensure we all act with civility towards each other and be kind to ourselves.

### What did we say we would do?

We set out a number of things we needed to do to support staff health and wellbeing during 2020/21 including providing breastfeeding facilities, increasing activity at work for our sedentary workers, taking part in the PHE healthy weight NHS declaration, piloting a staff dietician and implementing a staff network for staff with caring responsibilities.

### How did we get on?

Due to the COVID-19 pandemic all planned activity was paused as priorities immediately changed in March 2020.

Keeping staff safe by providing PPE, putting in place social distancing measures in work areas, supporting staff working from home, creating rest spaces, developing risk assessments and ensuring staff were aware of the support available to them became the priority.

We performed well in all these areas to ensure the safety of our colleagues. Staff vaccinations began at NDDH in December 2020.



## 2. Falls and bone health

As a Trust we recognise we have a responsibility for the assessment, prevention and management of falls and bone health.

### What did we say we would do?

We said in 2020/21 we would:

- ◆ Ensure 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 community.
- ◆ Trial "Falls in 15" approach for wards involving a live 15 minute interdisciplinary discussion/learning opportunity on each ward.
- ◆ Plan a falls workshop/conference for 2020.

### How did we get on?

COVID-19 has impacted the ability to undertake all the outlined actions; however work has progressed in other formats. From reviewing the harmful falls and their action plans from September 2019 it became apparent that despite actions having been completed, the same themes still occur which indicates that further work is required to ensure processes remain fit for purpose and that learning is fully embedded.

Work has been undertaken to improve the ward level documentation which has included ensuring that lying and standing blood pressures are recorded, this work remains ongoing to ensure it is embedded in practice. Work to create a 'falls forum' has not progressed and is incorporated into the work plan for the next year.

It was also recognised that from September 2019 to September 2020 there were 12 harmful falls (moderate or above) and 607 inpatient falls; so the organisation is predominantly undertaking falls learning from 1.97% of our falls.

Also if we compare the total number of falls against the total number of admissions (26,269 for over 24 hours) 2.3% of inpatients fall. Therefore over the same period 97.7% of inpatients did not fall. We will take on the principles of 'Learning from Excellence' to increase our understanding of what has gone right with these patients and to share learning across the organisation. We are committed to learning from both, when things go right and when they have not gone well.

Based on this we have updated the falls action plan and it still incorporates the above priorities.

The CCG paused the fracture prevention service scoping work in February 2020. The Trust will re-engage with this when it recommences.

Alongside COVID-19, we have spent time improving our insight into falls within the organisation. We know that predominantly it is staff that stop people falling in hospital. The patient safety team need to understand how staff stop falls and ensure documentation and the policy supports staff to stop falls and aligns with the Royal Devon and Exeter NHS Foundation Trust (RD&E).

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

As a Trust we identified that a small number of incidents related to results from radiology, and some blood results were not being seen or acted upon by clinicians.

#### What did we say we would do?

We ran a task and finish group to look at this issue and we said we would set up CRIS Communicator to email clinicians with critical or unexpected findings.

We said we would review our systems for clinicians to see blood results.

#### How did we get on?

COVID-19 has impacted the ability to undertake all the outlined actions however work has progressed.

The task and finish group was delayed but has now undertaken the scoping and work required.

CRIS Communicator is in the process of being set up for alerting clinicians by email of urgent or unexpected radiology findings this has been a significant piece of work.

For inpatients we have identified that the Medical Assessment Unit is a high risk area with a high through put of patients. Work has been undertaken with the clinical teams to mitigate the risks with support from the ward clerks and clinical secretaries. We have confirmed that there are improved systems to match results with the appropriate clinicians who can then be sent appropriate results and reduce patient safety concerns.

For outpatients consultant secretaries have set up tracking systems for results in order to mitigate the risk.

We will continue to publicise to clinicians the importance of this issue.

We will be highlighting the need for electronic requesting and results for virology and microbiology. This will involve working with RD&E on systems, and this should be enabled by the adoption of EPIC IN 2022.

Work is still in progress and will be monitored via the incident review group



# Review of patient safety programme 2020/21

This section sets out the improvements we have made in the patient safety programme we set for 2020/21 in our last quality account.

1. Delirium – recognition, documentation and review
2. Getting medicines right: developing medicines safety
3. Pressure ulcer care: earlier identification, care planning and reduction in harm

These areas will continue to be monitored in the years ahead as part of the process of continuous quality improvement.

## 1. Delirium – recognition, documentation and review

Delirium is a sudden change in a person's mental state; delirium can lead to increased confusion, disorientation or difficulty with concentration, and can come on very quickly. It can occur when someone is medically unwell and can be caused by a variety of things such as infection, pain, dehydration, poor appetite, constipation, polypharmacy, sensory impairment, change of environment, hip fracture, post operatively and those at end of life. It can have a significant impact on the way a person behaves and functions, especially if they also have dementia. It can be very distressing for both the patient and the family.

Delirium is a treatable condition and may co-exist with dementia. Delirium can last for a few days, weeks or even months and for some groups of people the recovery may take longer, such as those living with dementia.

In hospital approx. 20-30% of older people on medical wards will have delirium and up to 50% of people with dementia. Between 10-50% of people having surgery can develop delirium. Older people with delirium and dementia have been found to have to stay longer in hospital; be at an increased risk of falls, accidents or pressure ulcers and be more likely to be admitted to long-term care placement.

### What did we say we would do?

A task and finish group was to be developed to ensure delirium training is an integral component of registered nurses and junior doctor training.

A clear and robust process for auditing compliance with delirium screening on admission and throughout the admission.

### How did we get on?

COVID-19 has impacted the ability to undertake all the outlined actions. The past year the COVID-19 pandemic has proven to be an enormous challenge to the patients who are at most risk of delirium; those who have dementia.

To enable a more robust and supportive approach the admiral nursing team has temporarily expanded to include a part time band 6 RN, thus allowing the continuance of a service that aims to provide a supportive and caring nursing role. The pandemic, even though it appears to be easing, has left a deep void and legacy of gaps in the provision of care, increased need for carer support and the need for continued expansion of a service such as the admiral nursing team in continuing with such measures. Work remains ongoing to complete actions required while providing much needed support to those that require it.

## 2. 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.

### What did we say we would do?

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.

We are 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.

### How did we get on?

The Trust pharmacy team has worked throughout the pandemic to encourage patients to bring their medicines into hospital with them, whenever they attend the hospital. This has been delivered in a number of different ways:

- ◆ A staff and patient 'Getting Medicines Right' awareness campaign in September 2020, celebrating World Pharmacist Day
- ◆ Fast-track development of a medicines management pathway for patients admitted to NDDH suspected of having or diagnosed with COVID-19, encouraging patients to bring their medication with them

- ◆ Review of the 'information about your medicines' patient information leaflet, to include information about bringing medicines into hospital during the pandemic
- ◆ The Trust has reduced the percentage of 'high risk' medicines omitted unintentionally from 0.65% in April 2020 to 0.1% in March 2021 (based on a sample of ten patients per acute ward, audited one day per month)
- ◆ The Trust has secured central funding for the rapid implementation of electronic prescribing and medicines administration (EPMA)

NDDH pharmacy is progressing well towards the aim of providing a full seven day service, and has increased pharmacy opening and service provision from a five-day to a six-and-a-half-day service, including clinical ward cover, provided over seven days.

The Trust has recruited and employs a pharmacist to work with care homes, to improve the management of medication as part of the patient journey. In line with national guidance, the pharmacist is based within the local primary care network (PCN) to provide these services as part of their role.

As part of the Trust's safety culture and learning from incidents, work to standardise the ward discharge process has recently started, to improve the accuracy of medicines information provided to patients or their carers on discharge; The Trust has also worked with ward and the community nursing teams to develop and implement a safety checklist for medicines being administered intra-venously in the community setting.

The pharmacy department has also been working closely with community pharmacy colleagues to establish secure communication links to support patients with medication changes or newly started medication at the point of discharge. The recently introduced NHS discharge medicines service (DMS) which aims to support the safe and effective use of medicines to enable the best possible outcomes by ensuring that:

- ◆ Changes in medication made whilst a patient is admitted to hospital are communicated promptly on discharge, to ensure that the patient's GP record can be updated within a week of the patient being discharged to primary care;

At the point of discharge, NDDH pharmacy communicates medication information to a patient's nominated community pharmacy, when a patient moves from one care setting to another; this work stream, for targeted groups of patients, has started and will continue throughout 2021/22.

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

Pressure ulcer prevention remains a key patient safety issue for NDHT. The focus was to ensure early identification, care planning and an associated reduction in harm.

#### What did we say we would do?

We said we would be working to support teams via the Trust wide action plan. Which would involve changing ways of working to promote increase level of ward based support.

We said we would undertake a quality improvement project with the clinical matrons to look at improvements. In addition to this we said we would set up a task and finish group to look at nursing documentation.

#### How did we get on?

COVID-19 has impacted the ability to undertake all the outlined actions however work has progressed in other formats.

As a result of COVID-19, work to review the inpatient documentation rapidly happened with the quality improvement PDSA (Plan, Do, Study, Act) approach being taken working with the clinical teams. There has been revised and streamlined documentation which has resulted in improved care plans. This work remains ongoing.

It is noted that in areas where there has been focused support combined with engagement from teams, pressure ulcer incidence has reduced.

With community teams we have been delivering 'back to basics' training. This is yielding results in improved care planning and documentation and is prompting a review of policies and processes to ensure they are fit for the community teams.

We devised a targeted and easier to complete rapid investigation template prompting the focus on what went wrong to ensure better learning and more appropriate local action plans. Continued review and validation of pressure ulcer incidents by the tissue viability team are also undertaken.

Development of a pressure ulcer workbook took place and was trialled with preceptors, this is evaluating well.

Across the acute setting there continues to be low reporting of category 1 pressure ulcers with category 2 pressure ulcers remaining higher. It has not been established if this is because staff are failing recognise category 1 or are simply not reporting them.

There remain a reasonably low number of category 3 ulcers reported and there have been some months where zero category 3 ulcers have been reported. We have not reported any category 4 healthcare acquired pressure ulcers within inpatient areas since June 2018.

Overall numbers of healthcare acquired pressure ulcers reported by community nursing have risen across all categories. It is likely that COVID-19 has impacted this and may continue to do so. That being said, when we review and validate the incidents, we have noted that we are escalating fewer for investigation. Reasons predominantly are that care plans are appropriate when reviewed and no possible gaps in care have been identified or patients' concordance with care plans and advice has been the major contributory factor.

This is a challenge for community nurses where they are not responsible for delivering the care plan and don't have 24 hour oversight or care of their patients.

# Statements from our stakeholders

## NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group (CCG) would like to thank Northern Devon Healthcare NHS Trust (NDHT) for the opportunity to comment on its quality account for 2020/21. 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 2020/21 period.

The 2020/21 period has been a year like no other with the COVID-19 pandemic affecting all parts of the health and social care system. Despite this, the quality and safety of services provided throughout this period has remained at the forefront of everyone's mind and remains key as organisations move into ongoing recovery, ensuring patients are seen in a timely manner and those who have to wait are supported appropriately. It is recognised the pandemic will have affected all organisations plans for 2020/21 yet at the same time facilitate and recognise other areas for potential quality improvement, utilising potential new ways of working and alternative methods of delivery.

The swift and adaptable nature of NDHT's response has been exceptional. NDHT are committed to system working with representation in appropriate work streams, ensuring that patients receive care in a timely manner and those waiting are supported appropriately. With Devon becoming an integrated care system (ICS) in April 2021 this continued input into system working is welcomed. Working as an ICS will allow for early discussion and support key strategies such as the patient safety strategy over the coming year.

The CCG recognises that during 2020/21, like other System partners, there have been a number of challenging issues for NDHT, several of which have been created or exacerbated by COVID-19, such as long waiting times for diagnostics and planned treatment. Despite these challenges the CCG would like to recognise the support and adaptability the Trust have demonstrated in supporting the Devon response to COVID-19, for example in the redeployment of staff to other areas such as The Nightingale Hospital Exeter (NHE) and the COVID-19 vaccination programme.

We recognise the work undertaken by the Trust to reduce long waiting times once the COVID-19 pandemic pressure began to reduce. This work has positively impacted on waiting times and continues to be a priority for the Trust.

In respect to joint working with Royal Devon and Exeter NHS Foundation Trust (RD&EFT) the CCG would like to highlight the proactive and mutually beneficial joint working relationship between these two trusts, exemplified by the joint response to the COVID-19 pandemic.

The quality account highlights the key objectives for 2020/21. Despite the impact of COVID-19 progress has been made in the below areas:

- ◆ Staff health and wellbeing - staff were kept safe and supported during COVID-19 through a number of practical and pastoral initiatives, showing a strong culture of valuing and supporting staff. Staff support is also reflected in positive staff survey results and the CCG recognise ensuring staff are happy and well-supported leads to improved patient care.
- ◆ Falls and bone health - reflective practice has shown that learning from incidents could improve further; this has been highlighted by NDHT as an area of improvement moving into the coming year. Additionally, there is to be a focus on learning and sharing from good practice - where falls have not occurred due to appropriate assessments and interventions.
- ◆ Ensuring clinicians see and act on results as a priority - NDHT are looking to the future and the use of electronic requesting throughout the Trust in collaboration with RDEFT. Immediate actions undertaken include improving systems within high risk areas.

Additional areas of positive work include the introduction of medical examiners and the proactive in-depth reviewing of, and learning from, deaths of patients including those who had a positive test for COVID-19. This structured method of review allows for a timely assessment of care received, and improved communication with family and carers following the death of a loved one. Additionally, they allow the Trust to learn at both a local level but also feed into wider system learning and development.

### Priorities for Improvement in 2021/22

The Trust aspires to continuous quality improvement, as evidenced within this quality account. We can confirm it reflects our experience as commissioner. The three quality priorities for 2021/22 - patient experience, just culture and pressure ulcers demonstrate this commitment.

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

Care Quality Commission (CQC) involvement: The Trust did not participate in any special reviews or investigations by the CQC during 2020/21.

Darryn Allcorn  
Chief Nursing Officer  
NHS Devon Clinical Commissioning Group

## Healthwatch Devon, Plymouth & Torbay (HWDPT)

HWDPT welcomes the opportunity to provide a statement in response to the quality account produced by Northern Devon Healthcare NHS Trust (NDHT) for the year 2020/21. 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.

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

### Priority 1: Staff wellbeing

The pandemic has put the wellbeing of staff involved in the care and treatment of patients at the forefront of the public's mind and whilst noting the priority change to reflect the effect the pandemic had on staff and services, HWDPT recognise the flexibility in the initiative which allowed the Trust to support staff during this period.

### Priority 2: Falls and bone health

HWDPT is encouraged that despite the restrictions imposed by the pandemic that progress has been made and adjustments were incorporated into this initiative to ensure the learning from falls was made more effective.

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

Because of the pandemic the Trust experienced difficulties in undertaking the outlined actions within this initiative, however, HWDPT is pleased to read that progress has and is still being made to complete the actions required and support continues to be provided to those who require it.

### Priorities for 2021/22

HWDPT looks forward to reviewing the progress on the priorities for the coming year as the NDHT starts to return to business as usual and the Trust and the communities it serves learn to live with COVID-19.

Healthwatch in Devon, Plymouth & Torbay is keen to further the relationship with the Trust by liaising directly around patient experience to ensure that the patient voice is heard at service design and decision-making level.

## Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Northern Devon Healthcare NHS Trust's Quality Account for the year 2020/21. All references in this commentary relate to the reporting period of 1 April 2020 to 31 March 2021 and refer specifically to the Trust's relationship with the scrutiny committee.

The scrutiny committee commends the Trust on a comprehensive quality account for 2020/21 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 2020/21 Members appreciate the work undertaken by the Trust in improving discharge effectiveness. Members also particularly applaud the Trust's focus on staff wellbeing, ranking first in the country for support from immediate managers compared to other similar trusts.

The committee fully supports the Trust's quality priorities for improvement in 2021/22 and expects that the Trust will continue to safeguard patients and provide the very best quality care the Trust can.

The committee also supports the Trust's continuing attention to patient experience with the development of a joint strategy with the Royal Devon & Exeter NHS Foundation Trust. Members welcome the focus on decreasing in hospital acquired pressure ulcers.

The committee is very grateful for the Trust's continuing hard work in the face of the COVID-19 pandemic and recognise that managing the significant impact of the disease on the population has adversely affected performance. Members are hopeful that the Trust can continue to make good progress in terms of service transformation.

Members anticipate that regular information on the progress of the Trust's 2021/22 goals will be shared by the Trust.

The committee welcomes a continued positive working relationship with the Trust in 2021/22 and beyond to ensure the best possible outcomes for Northern Devon residents.

# Independent auditors' limited assurance report

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

The Trust was advised that auditor assurance work on quality accounts and quality reports for 2020/21 is not required.

Therefore there is no limited assurance report available for inclusion in the 2020/21 quality account.



## Annex A: participation in clinical audits

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in between April 2020 and March 2021 are shown below in table 1:

**Table 1**

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2021
Antenatal and newborn national audit protocol 2019 to 2022	✓	✓	FASP Standard 7 (100%) IDPS Standard 5 (100%) Figures not yet available
<b>BAUS Urology Audits</b>			
BAUS Bladder Outflow Obstruction Audit	✓	✓	Nine cases submitted
BAUS Renal Colic Audit	✓	✓	Seven cases submitted
British Spine Registry	✓	✓	46 cases submitted
Case Mix Programme (CMP) (ICNARC)	✓	✓	392 (100%)
Elective surgery (National PROMs Programme)	✓	✓	Awaiting confirmation on number of cases submitted. Provisional number for period of April 2020 to December 2020 is 210.
<b>Falls and Fragility Fractures Audit Programme</b>			
National Audit of Inpatient Falls	✓	✓	Six falls qualified for this audit (100%)
National Hip Fracture Database	✓	✓	Number of cases submitted for period – 327
Fracture Liaison Service Database	✓	✓	Trust did not participate
Fracture Liaison Service Database/Vertebral Fracture Sprint Audit	✓	X	Trust did not participate
Fractured Neck of Femur (RCEM Royal College of Emergency Medicine's national Quality Improvement Projects (QIPs) 2020/21	✓	✓	100%
Infection Control* (RCEM Royal College of Emergency Medicine's national Quality Improvement Projects (QIPs) 2020/21	✓	✓	100%
Learning Disabilities Mortality Review Programme (LeDeR)	✓	✓	Inpatient deaths of patients with learning disabilities are notified to LeDeR as they arise. The LeDeR programme of mortality review work is undertaken externally.
Major Trauma: The Trauma Audit & Research Network (TARN)	✓	✓	86%
<b>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)</b>			
Perinatal Mortality Surveillance	✓	✓	100% of cases submitted. Figures not yet available.
Perinatal morbidity and mortality confidential enquiries			
Maternal Mortality Surveillance and mortality confidential enquiries			
Maternal morbidity confidential enquiries			
Myocardial Ischaemia national audit project (MINAP)	✓	✓	100%

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2021
<b>National Asthma and COPD Programme (NACAP)</b> Paediatric Asthma Secondary Care Adult Asthma Secondary Care COPD Secondary Pulmonary Rehabilitation	✓	✓	Continuous data collection 100% Continuous data collection 100% Continuous data collection 100% Continuous data collection 100%
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	NABCOP does not directly collect patient data, instead it uses existing sources of patient data collected by national organisations.
National audit of Cardiac Rehabilitation	✓	✓	Awaiting confirmation of number of cases submitted
National Audit of Care at the End of Life (NACEL)	✓	✓	Audit suspended for 2020-21
National Audit of Dementia	✓	✓	Awaiting confirmation of number of cases submitted
National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	0 (0%)
National Cardiac Arrest Audit	✓	✓	Continuous data collection. 17 cases (100%)
National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	25 cases (100%)
<b>National Diabetes Audit – Adults</b> National Diabetes Foot Care Audit (NDFA) National Diabetes Inpatient Audit (NaDIA) National Pregnancy in Diabetes Audit (NPID) Harms – reporting on diabetic harms in England National core diabetes audit	✓	✓	NaDIA - Audit did not run 2020/21 NPID – 17 (100%) Harms – 1 (100%) 469 100% (DOB & NHS Numbers only as data provided by Primary care)
National Emergency Laparotomy Audit (NELA)	✓	✓	74 cases applicable, 59 completed (80%)
National Gastro-intestinal Cancer Programme	✓	✓	100%
National Joint Registry	✓	✓	477 (100%)
National Lung cancer Audit (NLCA)	✓	✓	100%
National Maternity and Perinatal Audit	✓	✓	Awaiting confirmation of number of cases submitted.
National Neonatal Audit Programme - Neonatal and special care (NNAP)	✓	✓	153 (100%)
National Ophthalmology Database Audit	✓	✓	Unable to obtain end of financial year details until end of project year.
National Paediatric Diabetes (NPDA)	✓	✓	Continuous data collection. 87 cases (100%) covering 2019-20 period submitted during 2020-21.
National Prostate Cancer Audit	✓	✓	100%
Pain in Children (RCEM Royal College of Emergency Medicine's national Quality Improvement Projects (QIPs) 2020/21	✓	✓	100% so far, data collection finishes 10/2021
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	✓	Awaiting confirmation of number of cases submitted.
Surgical Site Infection Surveillance Service	✓	✓	37/37 (100%) (for 2019/20 – numbers for 2020/21 are not yet available)
UK Cystic Fibrosis Registry 1059	✓	✓	Specialist centres only
UK Renal Registry National Acute Kidney Injury Programme	✓	✓	4356 (100%)

TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	Nos INCLUDED – status 31/03/2021
Mandatory Surveillance of HCAI	✓	✓	The following numbers have been submitted: MRSA Bacteraemia: 0 cases MSSA Bacteraemia: 39 cases E coli Bacteraemia: 159 cases Klebsiella Bacteraemia: 36 cases Pseudomonas Bacteraemia: 3 cases C.difficile: 30 case
<b>BAUS Urology Audits</b>			
Cystectomy	X	X	We do not provide these services at NDDH.
Cytoreductive Radical Nephrectomy	X	X	
Nephrectomy	X	X	
Percutaneous Nephrolithotomy	X	X	
Female stress urinary Incontinence	X	X	
Radical Prostatectomy	X	X	
Urethroplasty Audit	X	X	
Cleft Registry and Audit Network (CRANE)	X	X	Specialist centres only
Inflammatory Bowel Disease programme	X	X	Trust not participating.
Mental Health Clinical Outcome Review Programme (NCISH)	X	X	Applies to mental health trusts only.
<b>National Asthma and COPD Audit Programme (NACAP)</b>			
Asthma Primary Care (Adult & Paediatric)	X	X	Only applies to primary care.
Chronic Obstructive Pulmonary Disease (COPD) Primary Care	X	X	Only applies to primary care.
National Audit of Anxiety and Depression	X	X	Does not apply to NDDH.
National Cardiac Surgery Audit Programme (NCAP)	X	X	Does not apply to NDDH.
National Comparative Audit of Blood Transfusion Programme – 2020 Audit of the management of perioperative paediatric anaemia	X	X	Audit suspended for 2020-21
National audit of Pulmonary Hypertension	X	X	Only eight designated centres take part.
National Bariatric Surgery Registry	X	X	We do not provide this service at NDDH.
<b>National Audit of Psychosis</b>			
Core audit EIP Spotlight	X	X	Does not apply to NDDH.
Out of Hospital Cardiac Arrest Outcomes (OHCAO) Registry	X	X	Not relevant to NDHT
Endocrine and Thyroid National Audit (BAETS)	X	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.
NHS provider interventions with suspected/confirmed carbapenemase producing Gram negative colonisations/infections	X	X	Project closed in March 2020 due to COVID-19 restrictions
Paediatric Intensive Care	X	X	Not applicable to the Trust.
Perioperative Quality Improvement Programme (PQIP)	✓	X	Trust did not participate.
Prescribing Observatory for Mental Health	X	X	Applies to mental health trusts only.
Society for Acute Medicine's Benchmarking Audit (SAMBA)	X	X	Did not participate due to COVID-19

The national confidential enquiries that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2020 to March 2021 are shown below in table 2:

NCEPOD STUDY TITLE	TRUST ELIGIBLE	TRUST PARTICIPATED	No's INCLUDED
Child Health Clinical Outcome Review Programme – all audits were suspended for 2020/21 due the COVID-19pandemic			
Medical and Surgical Clinical Outcome Review Programme – all audits were suspended for 2020/21 due the COVID-19pandemic			
National Confidential Inquiry into Suicide and Safety in Mental Health – Suicide by female nurses report (NCEPOD)	✓	✓	Report only

