



QUALITY ACCOUNT



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WELCOME

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

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

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

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year's improvement priorities and we thank staff for their hard work and dedication in achieving this. The priorities were:

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

Examples of improvements include:

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

- z 5C @CA?KC RFC jPQR ,&1 2PSQR GL #L
gain accreditation to a new standard which supports people with extra communication needs. The Trust is now entitled to display the Communication Access symbol to show it has reached the standard required in accessible communication.

Throughout 2021/22 the NHS and NDHT AMLRGLSCB RM @C QGELGjA?LRJW GKN? ongoing COVID-19 pandemic. As we continued to follow national guidance and manage RFC QGELGjA?LR GKN?AR MD RFC BGQC? population our performance was adversely affected.

Despite this, our staff and volunteers have continued to demonstrate unparalleled NPMDCCQGML?JGQK BCBGA?RGML ?LB K We remain incredibly proud of all that we've ?AFGCTCB RMECRFCP ?LB UC ?PC AMLJB with this same spirit, we will continue to do the very best for the communities we serve. And so, on behalf of the Board, we would like to thank each and every one of our colleagues, who all make such a huge a difference to the lives of our patients and local communities.

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



Suzanne Tracey
Chief executive

June 2022



Each year we set annual quality priorities to help us to achieve our long-term quality goals. The Trust
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and partners from their feedback, as well as information gained for incidents, complaints and learning
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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.

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GLAGBCLRQ AMKNJ?GLRQ ?LB GLTCQRGE?RGMLQ 2FCQC ?PC?Q UCPC GBC
large complex projects are in place to improve the processes, procedures and patient pathways involved
around these issues.

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

Each step we take in the process of improvement will require testing the proposals and be challenged
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DRIVING QUALITY IMPROVEMENTS IN 2021/22

June 2021

Patients in Northern Devon now have access to some of the very

March 2022

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

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

Patient experience (joint with the RD&E)

Rationale and past performance

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

- z Patient experience is equally as important as patient safety and should have equal focus at organisation and Board level
- z Everyone, in any role, helps shape patient experience
- z Patient experience is impacted on more by the relational aspects of care than functional aspects of care
- z 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
- z 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
- z

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Progress to date

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

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



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

Rationale and past performance	To work in partnership with colleagues in the people team to implement and embed the 'just culture' concept and methodology. This complements the Trust commitment to implement the national patient safety strategy.
What will we do?	<ul style="list-style-type: none"> z Develop a national patient safety strategy implementation plan z Implement the 'just culture' concept into all clinical incident responses by amending our processes and training our staff. z Develop a local training programme for staff involved in leading clinical incident responses to ensure consistency of approach z Work to understand the needs of our staff and how we can better support them in creating psychological safety z Increase the focus on learning from clinical incidents across professional groups and services
Measurable target/s for 2021/22	<ul style="list-style-type: none"> z Quarterly report to the Governance Committee z Patient safety strategy gap analysis Q1 z Patient safety strategy implementation plan Q2 z Readiness for patient safety strategy implementation Q4 z People/team quarterly surveys to better understand our staff and how we can support them z Evaluate the training to support managers with change /challenges and culture development in Q3. This will be developed by the People, Workforce, Planning and Wellbeing (PWPW) Committee
How progress will be monitored	This work will be monitored by the Trust respective Patient Safety Groups. The strategy gap analysis is likely to also identify the need for a working group to manage the implementation of the patient safety strategy, which would also pick up elements of this priority.
Board sponsor	!FGCD ,SPQGLE -DjACP !FGCD +CBGA?J -DjACP
Implementation lead	Director of Nursing RD&E

Progress to date

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

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

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

z Virtual Conference @ 'Civility Saves Lives' with Dr Chris Turner

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

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

z Growing a safer culture together, for all

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



z Understand and explore how staff feel about the investigation process

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

z Continued education of Civility & Just Culture education

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

z Learning from Excellence

This continues to be promoted and worked on collaboratively. It is recognised that it is important that NDHT & the RD&E learn from what

RAG rating



Pressure ulcers

Rationale and past performance

We want to achieve:

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

What will we do?

Acute:

- z \$MASQ ML RFC C?PJW GBCLRGjA?RGML MD A?RCEMPW and ensure that the appropriate preventative action is taken promptly to reduce the incidence of category two pressure damage and above.
- z 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:

- z 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.
- z Implement strategies bespoke to community services to develop and implement pressure ulcer prevention strategies.
- z Using a quality improvement methodology enables teams to demonstrate measurable improvements to the quality of pressure area care and an improvement in patient harm.

Measurable target/s for 2021/22

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

How progress will be monitored

Progress will be monitored via the Patient Safety Group.

Board sponsor

!FGCD ,SPQGLE -DjACP

Implementation lead

Lead nurse for tissue viability

Progress to date

- z Pressure ulcer quality improvement (QI) project with one community nursing (Torrington) team continues. The initial QI data collection has been completed and work is still ongoing regarding the next
- QRCN .PMEPCQQ UGRF RFGQ UMPI F?Q @CCL JGKGR C
MNC P?RGML?J NPCQQSPCQ ?LB QR?DjLE A?NđàMĐÀđ à
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PRIORITIES FOR IMPROVEMENT IN 2022/23

1

Priority one: Improving learning from incidents

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

Priority three: Building a safety culture

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

- z We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety).
- z We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice).
- z We will provide training to our directors, non-executive and executive directors for patient safety, to support their strategic oversight of patient safety.
- z We will revise our patient safety intranet pages and communications to increase their accessibility
? L B N P M j J C G L R F C M P E ? L G Q ? R G M L

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

Priority four: Learning from our successes

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

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

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

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

reason, communicate differently or require assisted communication to be able to use different forms of communication and gain cultural competence in the experience. This has given us with the opportunity to improve our communication culture, raise our standards and ensure. The Trust has successfully gained accreditation by Communication Accreditation.

REVIEW OF SERVICES

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

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

PARTICIPATION IN CLINICAL AUDITS

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2021 – March 2022 are shown in Annex A. The national clinical audits that Northern Devon Healthcare NHS Trust provides. During that period NDHT participated in 43 national clinical audits of the national clinical audits enquiries which it was eligible to participate in.

The national clinical audits that Northern Devon Healthcare NHS Trust was eligible to participate in during April 2021 – March 2022, are indicated alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

Over 600 participants joined a research study this year; the majority of these have been into COVID-19 studies. 320 inpatients with COVID-19 were enrolled into ISARIC (Clinical Characterisation Protocol for

Commercial studies

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of opening.

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

The EVOLUTION-HF study, which is a non-interventional observational study program of patients with FC?PR D?GJSPC ?LB GLGRG?RCB ML B?N?EJGkMXGL MNCLCB GL +?PAF
Principal Investigator and Consultant Cardiologist. This study focuses on the collection of real-world CTGBCLAC MD N?RGCLRQ UFM F?TC @CCL GLGRG?RCB ML B?N?EJGkMXGL
recognised as effective for heart failure with reduced ejection fraction.

Patient experience and research champion

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

GOALS AGREED

WITH COMMISSIONERS

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

QUALITY SCHEMES

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

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

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

During 2021/22 the Trust underwent two targeted inspections:

Sexual Assault Referral Centre Paediatric Service in March 2021. Services were assessed as requiring

DATA QUALITY METRICS

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

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

INFORMATION GOVERNANCE TOOLKIT

ATTAINMENT LEVEL

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

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

2FC RMMJIGR F?Q QCCL ?L GLAPC?QCB DMASQ ML AW@CP QCASPGRW GQQ
RFPC?R RM RFC GLRCEPGRW ?LB CDjAGCLAW MD ,&1 BGEGR?J PCQMSPACQ

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

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into codes that can then be used to PCAMPB KMP@GBGRW B?R? DMP MNCP?RGML?J AJGLGA?J jL?LAG?J ?LB P 'LRCPL?RGML?J 1R?RGQRGA?J !J?QQGjA?RGML MD "GQC?QCQ ?LB 0CJ?RCB DMP BG?ELMQGQ A?NRSPC ?LB -DjAC MD .MNSJ?RGML !CLQSQ ?LB 1R?RGQ Procedures Version 4.9 (OPCS 4.9) for procedural capture.

The department has an establishment of 16 members of staff in a variety of roles – from the Head of

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

RESPONSE 1. The number of its patients who have died during the reporting

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

z GL RFC jPQR OS?PRCP

z 172 in the second quarter

z 207 in the third quarter

z 205 in the fourth quarter

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

PT @ QSDQKXÄAQD @ JCNVMÄNEÄSGDÄ @ MMT @ KÄÆFTQD

From April 2021 hospital deaths have been reviewed by the Medical Examiners (ME) Service. During

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

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

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

z PCNPCQCLRGLE ! %À TÄDR C Q `E VREQ TP? Rp À z173.9res.2 J 0 o Q8%(incllitysichh tient

RESPONSE 4. A summary of what the provider has learnt from case record

QDUHDVRÄ@MCÄHMUDRSHF@SHNMRÄBNMCTBSDCÄHMÄQDK
item 3.

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

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

Early reviews

- z Two new computed tomography (CT) scanners have opened at NDDH.
- z A Same Day Emergency Care (SDEC) has been launched at NDHT. It is expected that the service will be available from the Emergency Department.
- z A presentation on an incident of a delayed diagnosis was given at the Trust's 'Big Gov' meeting in February.
- z The Trust's 'Internal Professional Standards' document has been updated and promoted via the staff intranet.
- z 2 FC SQC MD !?PCKMU DMP PCDCPP?JQ @CRUCCL QNCAG?JRGCQ F?Q @CC

Ongoing care

- z The May 2021 'Lessons Learned' newsletter highlighted learning on monitoring blood glucose levels; escalation between nursing and medical teams; handovers to out of hours teams; and timely intervention and escalation of concerns about deteriorating patients
- z The heart failure team used 'Heart Failure Awareness Week' to offer teaching and resources to areas in the Trust where heart failure patients are routinely seen.
- z A 'Big Gov' presentation published on the staff intranet provided guidance on escalation (in response to incident where a patient review was delayed)
- z DSPRFCP > GE %MT NPCQCLR?RGML U?Q EGTCL ?@MSR RFC jLBGLEQ M Quality Account concerning the care received by an elderly patient. The presentation highlighted RFC ?ARGMLQ GBCLRGjCB DMP @MRF RFC LSPQGLE ?LB KCBGA?J RC?KQ
- z in the RFC AMSPQC MD "SP-À@ ?•ÜFQS?PRGj K?1' RFCS PRS"SQ MD MDR
- z week' advice regarding; and timely

Actions from perinatal mortality reviews

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

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

PCTGCU MD N?RGCLRQ UFM BGC B UGRF NPM @?@JC ?LB BCjLGRC FC?JRF A undertaken. Findings are reported in section nine below.

Actions from the review of emergency weekend deaths

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

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

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

RESPONSE 7. 3GDÄMTLADQÄNEÄB@RDÄQDBNQCÄQDUHDVRÄNQÄ the reporting period which related to deaths during the previous reporting period but were not included in item 2 in the relevant document for that previous reporting period.

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

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

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

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

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

On Saturday 28 March 2020 and Tuesday 26 January 2021 NHS Trusts received letters from Amanda
. P GRAF ? P B ! F G C D - N C P ? R G L E - D j A C P , & 1 # L E J ? L B , & 1 ' K N P M T C K C L R . S @
001559) titled 'Reducing burden and releasing capacity at NHS providers and commissioners to manage
the COVID-19 pandemic'.

2 F G Q J C R R C P A M L j P K C B > " S P G L E R F G Q A F ? J J C L E G L E N C P G M B , & 1 # L E J ? L B
to doing all it can to support providers and commissioners, allowing them to free up as much capacity
as possible and prioritise their workload to be focused on doing what is necessary to manage the
response to the COVID-19 pandemic'.

2 F C Q C J C R R C P Q N P M T G B C B A M L j P K ? R G M L R F ? R R F C P C O S G P C K C L R Q D M P
was suspended and there was no requirement for completion of the Seven Day Hospital Services Board
Q Q S P ? L A C \$ P ? K C U M P I 1 C J D A C P R G j A ? R G M L N P M A C Q Q

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

Once revised guidance is received that the Seven Day Hospital Services Board Assurance Framework is

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.

'R R?ICQ RFC @?QGA LSK@CP MD BC?RFQ ?LB RFCL ?BHSQRQ RFC jESPC R ?Q RFC ?EC MD N?RGCLRQ ?LB AMKNJCVGRW MD RFCGP AMLBGRGMLQ QM

The resulting SHMI is the ratio between the actual number of patients who die following FMQNGR?JGQ?RGML ?R RFC 2PSQR ?LB RFC CVNCARCB LSK@CP @?QCB ML characteristics of patients treated at the Trust.

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

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

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

Palliative Care

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

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

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.

Patient safety incidents

L GLAGBCLR K?W @C BCjLCB ?Q ?L CTCLR RF?R F?Q EGTCL PGQC RM ?ARS
patient dissatisfaction, property loss or damage. The Trust actively encourages staff to report all such

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

Year	Period of coverage	Total number of incidents reported	Number leading to severe harm or death
2020/21	Apr 2020 - Mar 2021	6,142	19
2019/20	Oct 2019 - Mar 2020	3,081	6
2019		6,442	19
			2019



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

All NHS organisations take part in the NHS Staff Survey and staff are asked to anonymously share their views about their workplace and job satisfaction. It is an important indicator of how staff feel about work over a decade, and the questions are now aligned to the NHS People Promise

NDHT scored above average in all of the seven people promise elements and the staff engagement and morale themes.

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NDHT has the best score compared to similar trusts nationally for staff reporting that they have personally experienced discrimination at work from manager / team leader or other colleague.

Overall, the scores for NDHT on questions about health and wellbeing remain positive, with 60% of staff reporting that their organisation takes positive action on health and wellbeing (3% higher than average).

A 2% improvement has also been seen in staff reporting that they have experienced musculoskeletal problems as a result of work.

However work related stress continues to rise, with a further 3% decline seen in 2021.

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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:

- z the quality account presents a balanced picture of the Trust's performance over the period covered
- z the performance information reported in the quality account is reliable and accurate

- z there are proper internal controls over the collection and reporting of the measures of performance working effectively in practice

- z the data underpinning the measures of performance reported in the quality account is robust and appropriate scrutiny and review

The quality account must meet the requirements in preparing the quality account.

By order of the Board

Date: 8 June 2022

Chief executive

STATEMENT FROM
OUR
STAKEHOLDERS

NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group (CCG) would like to thank Northern Devon Healthcare Trust (NDHT) for the opportunity to comment on the quality account for 2021/22. NDHT is commissioned by

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

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

- z **Pressure Ulcers** – Progress across the work streams to improve pressure ulcers is evident, although RFC N?AC MD RFGQ UMPI F?Q @CCL AF?JJCLECB @W RFC QR?DjLE ?LB M period. Ongoing areas of work are the QI project on Pressure Ulcers, where initial data collection has been completed in readiness for the next stage of the project. Back to basics training has been completed with all community teams. And targeted support with Glossop and Capener is ongoing

Healthwatch Devon, Plymouth & Torbay (HWDPT)

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

During the last 12 months the COVID-19 pandemic has continued to affect the day-to-day delivery of NHS and Social Care services and the experience of patients awaiting treatment. During this period, we only for service delivery but also for staff who have been under consistent pressure for a long period.

on the services provided by NDHT and recognise that this may have affected the progress of the priorities set by the Trust.

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

As the Trust moved forward with its plan to merged with Royal Devon & Exeter Foundation Trust, it made sense to develop a joint patience experience strategy to enable shared learning and improve are encouraged by the work so far.

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

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

Priority 3 - Pressure Ulcers

in undertaking the outlined actions within this initiative that covers both the acute and community setting. HWDPT is pleased to read that progress has and is still being made to complete the actions

Priorities for 2022/23

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

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

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Northern Devon Healthcare NHS Trust's Quality Account for the year 2021/22. All references in this AMKKCLR?PW PCJ?RC RM RFC PCNMPRGLE NCPGMB MD NPGJ RM +? the Trust's relationship with the Scrutiny Committee.

Based on its knowledge, the Scrutiny Committee believes that the Quality Account provides a and D?GP PCkCARGML MD RFC QCPTGACQ MDDCPCB @W RFC 2PSQR 'R AMKKCL Account for 2021/22.

Members appreciate the positive work that has been carried out by the Trust in reference to the 2021/22 priorities. In particular, the Committee welcomes the investment and work on a new ward at North Devon District Hospital to reduce waiting times for planned orthopaedic surgery. The Scrutiny !MKKGRRCC ?JQM AMLEP?RSJ?RCQ RFC 2PSQR ML @CGLE RFC jPQR GL #LE standard supporting those with extra communication needs.

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

The Scrutiny Committee welcomes the Priorities for Improvement in 2022/23. It views these priorities as AMKNPCFCLQGTC ?LB UGBC P?LEGLE ?Q F?Q AMLjBCLAC GL RFC 2PSQR RM ensuring excellent delivery of services and care to patients and staff.

2FC L?RGML?J AMLjBCLRG?J CLOSGPGCQ RF?R ,MPRFCPL "CTML &C?JRFA?F
 participate in during April 2021 to March 2022 are shown below in Table 2:

Table 2

NCEPOD Study Title	Trust Eligible	Trust Participated	No.s Included
Child Health Clinical Outcome Review Programme			
Transition from child to adult health services	9	9	Organisational only completed, no patients relevant to criteria
Medical and Surgical Clinical Outcome Review Programme			
Epilepsy Study Organisational Questionnaire	9	9	Still in progress
Epilepsy: Hospital attendance	9	9	Still in progress

