



Royal Devon and Exeter
NHS Foundation Trust



Quality Report 2021/22

Royal Devon and Exeter NHS Foundation Trust



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Chief Executive's Introduction

Welcome to the Royal Devon and Exeter NHS Foundation Trust (RD&E) 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 we hope this captures the spirit of RD&E staff and their ongoing commitment to quality improvement.

Despite the many challenges we have faced as a result of the COVID-19 pandemic, we have made significant progress with last year's improvement priorities:

1. Patient experience (joint with NDHT)
2. Just culture (joint with NDHT)
3. End of Life Care
4. My Care Patient Portal (Governor priority)
5. Reducing our elective waiting lists

We have made many improvements in these areas, including:

- Scoring well in this year's national NHS Staff Survey, achieving higher than average in nine of the 10 key themes when compared to other Trusts.
- Re-purposing the NHS Nightingale Hospital Exeter to provide a range of services to patients living across Devon, helping to reduce orthopaedic, ophthalmology and diagnostics waiting lists.
- Beginning a major programme of work which brings significant improvements to our Emergency Department. This includes expanding the current capacity for children and increasing the number of resuscitation bays.
- Opening a discharge lounge to help ensure that patients are treated in the right place and by the right staff. This supports us to prevent discharge delays and provide a higher standard of care to our patients.

Throughout 2021/22, the NHS and the RD&E was significantly impacted by the unprecedented COVID-19 pandemic. As we continued to follow national guidance and manage the significant impact of the disease on our population, our performance was adversely affected.

Despite this, our staff, volunteers and Council of Governors have continued to demonstrate unparalleled professionalism, dedication and flexibility. We remain incredibly proud of all that we've achieved together, and we are confident that with this same spirit, we will continue to do the very best for the communities we serve. And so, on behalf of the Board of Directors, 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 the Royal Devon and Exeter NHS Foundation Trust, as the organisation integrated with Northern Devon Healthcare NHS 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.

To the best of my knowledge, the information we have provided in this Quality Report is accurate. We hope that this report provides you with a clear picture of how important quality improvement, patient safety and experience are to us at the RD&E.



Suzanne Tracey
Chief Executive
June 2022

Progress on our 2021/22 Priorities

Governor Priorities

Governor Priority 1	MY CARE Patient Portal
Rationale and past performance	The introduction of Epic in October 2020 was intended to provide significant improvements for patients. One of the key planned improvements was access to the MY CARE Patient Portal. This allows patients to have easy and secure access to key elements of their medical record and provides a quick way of finding out test results. As the Trust optimises the Epic system, the potential for patient interaction through the portal will also increase.
What did we say we would do?	<p>We will measure the uptake of the patient portal and the level of patient satisfaction with the system. We will achieve this by:</p> <ul style="list-style-type: none"> ● Monitoring the number of patients who have signed up to access the patient portal. This will tell us how many people are able to use the system. ● Monitoring the number of interactions with the patient portal. This will provide an indication of how much the system is actually being used. ● Monitoring the functionality of the patient portal, and the mechanism for highlighting changes to service users. ● Monitoring feedback relating to the patient portal, including complaints and compliments.
Measurable target(s) for 2021/22	<ul style="list-style-type: none"> ● Actual number of patients who have signed up to the patient portal by month. ● Actual number of interactions with the system by month. ● Feedback.
How progress was monitored	<ul style="list-style-type: none"> ● Quarterly report to the Trust Governance Committee. ● Monitoring of key performance indicators through the Patient Portal Steering Group. ● Highlighting any changes to functionality via the portal through the Patient Portal Steering Group. ● Highlighting any feedback concerns or compliments discussed through the Patient Portal Steering Group.
Board sponsor	Chief Nursing Officer
Implementation lead	Clinical Information Officer and Assistant Director of Nursing, Digital

Progress to date

With support from project managers we are now developing and improving the functionality of the Portal. Currently we are delivering:

- Patient’s being able to self-register for the patient portal through the website if they match ID held on their medical record.
- Direct messages to specialties – reducing unnecessary follow ups and supporting planned admissions.
- Remote monitoring of post COVID patients with wearable devices.
- Patient questionnaires for pre and post appointments or admissions – supporting efficiencies in outpatients.

The Trust are looking to make further developments in the future. This includes:

- ‘Fast Pass;’ to support short notice appointments.
- Using kiosks in outpatients to sign up patients to My Chart.
- Direct booking of appointments by patients.
- Plans to link into all specialties to support the transformation of how services are delivered to patients and care is managed.

In parallel, there is an urgency to ensure that the benefits of the portal are strategically marketed to a range of stakeholder groups to increase sign ups significantly. This is the subject of a larger piece of work that is well underway, and staff training will also be developed so that patients, visitors and family members/carers can be supported to sign up to the system.

Current User and Login data

The number of patients who are registered to use MY CARE has continued to grow:

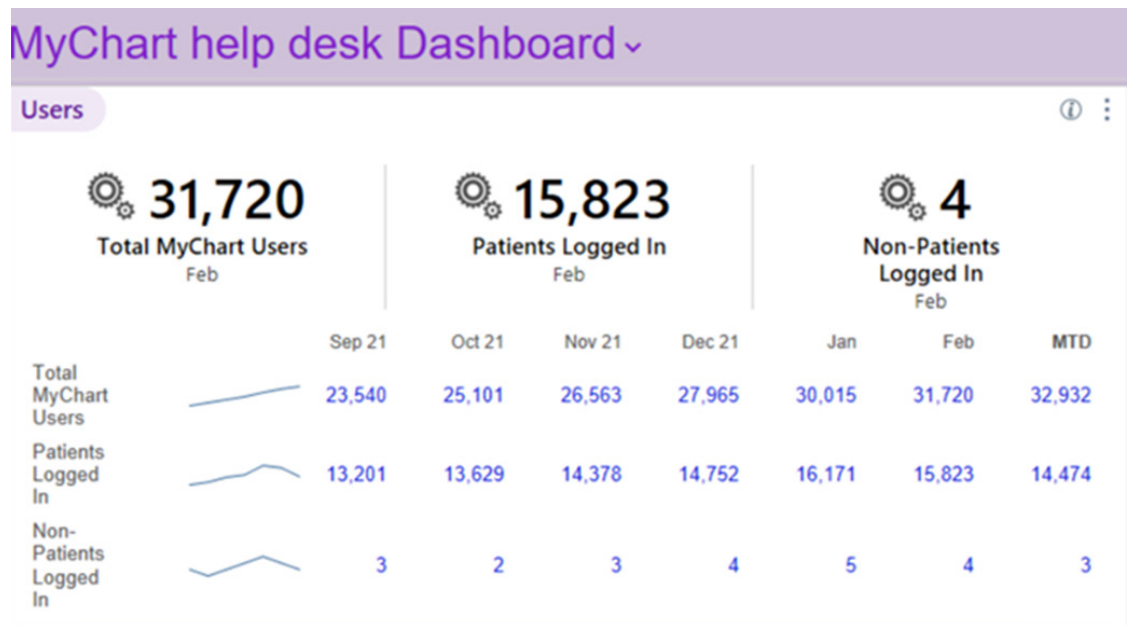


Chart 1- Help Desk Dashboard

At the end of March (YTD/Q4) there were 31,720 registered users of MY CARE, showing a steady increase in growth through the year.

There has also been an increase in the number of registered users logging into MY CARE, as demonstrated in Chart 2 (please refer below).



Chart 2 – Number of registered user logins into MY CARE

Approximately 47% of users are actively accessing the system. This appears to be tracking the number of users consistently; and reflects that there will be times when registered users are not accessing Trust services, as there is no benefit to logging in.

Responses to patient feedback

- Patients were confused by receiving after visit summaries for telephone calls they missed from the hospital due to staff incorrectly using the system. Comms and changes to the system are helping to prevent this.
- The Helpdesk receive many calls around the availability of test results in the portal. Initially these were being referred to the system analyst. However, helpdesk staff have now been trained to see if tests are available and when they are due to be released and can help patients directly.
- Patients have reported how impressed and relieved they are to see after clinic letters and some results available to them within a day or two, much faster than previously.
- Positive feedback received on the customer service offered by the helpdesk

RAG rating



Governors Priority 2	Waiting Times
Rationale and past performance	<p>The impact of the NHS' COVID-19 pandemic response has resulted in increased waiting times nationally. This is due to a number of factors including:</p> <ul style="list-style-type: none"> ● Non urgent work reducing so that resources can be diverted to the pandemic response and urgent care. ● Patient's declining planned treatment due to concern about COVID-19 or self-isolation. ● Reduction in availability of staff due to shielding, self-isolation or COVID-19 infection. <p>As services step up and the Trust moves into a recovery phase there will be patients who continue to experience delayed treatment pathways. Through this objective the Governors would like visibility on the actions being taken to reduce waiting times and how this is being communicated to patients.</p>
What did we say we would do?	<p>The Trust will implement an initiative which supports long waiting patients, to ensure that support and communication is available to people experiencing delays in their pathway.</p> <p>We will work with partners across the Devon Health System to ensure that communication with patients is delivered consistently and compassionately in regard to treatment delays.</p> <p>We will work across the Devon Health System to maximise capacity as part of system restoration.</p>
Measurable target(s) for 2021/22	<ul style="list-style-type: none"> ● Progress against the delivery plan for the initiative to support long waiting patients ● Quarterly trend information from Datix on: <ul style="list-style-type: none"> ■ Number of Treatments/ appointments declined due to concerns around COVID-19. ■ Number of identified patient harms due to treatment delays caused by the pandemic response. ■ Number of complaints and concerns recorded related to treatment delay and waiting times.
How progress was monitored	<p>A delivery group will be established to:</p> <ul style="list-style-type: none"> ● Create an implementation plan ● Set key delivery objectives ● Deliver against plan and report progress through the Patient Experience Group. ● Complaints and incident data related to long waiting patients to be reported through the Patient Experience Group. ● Quarterly updates to the Safety & Risk Committee. ● Quarterly assurance to the Governance Committee.
Board sponsor	Chief Operating Officer
Implementation lead	Director of Operations RD&E

Progress to date	<p>Patient communications</p> <ul style="list-style-type: none"> ● Added information to our website which signposts to Devon My Health website and other resources to support long-waiting patients ● Added an open letter to our website which was written in collaboration with our clinicians. It apologises for the delay, explains why our waiting lists are longer than normal, promotes the patient portal and signposts to additional support. ● A tailored version of the open letter is being sent to 25,000 patients on our outpatient waiting lists, and the first was sent out in November. ● The partial booking letter that people receive has been re-written to align to the open letter, so that patients are provided with further advice and support. All new referrals receive this letter and this is in place now. ● We are proactively working with other teams across our acute and community services to ensure that all letters referencing delays align to our new narrative and provide patients with updated information and support. <p>Primary care communications</p> <ul style="list-style-type: none"> ● The open letter has also been shared with Primary Care Network Clinical Directors ● Practice Managers have been sent the open letter/info from our website so that GP surgeries can add to their own websites/waiting room/noticeboards etc. <p>Staff communications</p> <ul style="list-style-type: none"> ● We continue to share progress updates in the all-staff email, all-staff webinars and Heads of Department meetings. ● A package of resources has been shared with booking teams and administrative colleagues to provide more information about elective recovery and to support them to handle enquiries from long waiting patients <p>Validation</p> <ul style="list-style-type: none"> ● The validation questionnaire & community support program for long waiters is underway since October and 641 people have been contacted so far. This has been piloted at 50 patients per week. ● Of the first 641 patients: <i>(please note – we have started with our longest waiting patients - 78+ weeks)</i> <ul style="list-style-type: none"> ■ 267 patients have completed the survey. 275 haven't, and we still have all 3 methods of communication to try with these patients. 99 not complete having tried all three methods. ■ 60 patients want to be removed from the waiting list ■ 207 patients want to remain on the waiting list ■ 54 have asked to be referred to Living Options Devon for non-medical support ■ 45 have asked for a discussion with a clinician
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Voluntary sector delivery model

- We are working with a number of voluntary sector agencies to provide wellbeing support for patients experiencing long waits, including:
 - disAbility: Cornwall and Isles of Scilly
 - The Hope programme
 - Living Options Devon
 - POP+
 - Torbay Community Development Trust
 - Wolseley Trust

There has also been signposting to other organisations for additional support including:

- Back to clinical provider (2 people)
- RNIB
- Pain management support (2 people)
- U3A Sidmouth
- Dietician
- HOPE online information
- DCC for Blue Badge
- Yes Brixham (handyperson scheme)

Patient survey support key aims

- Identify any patients who no longer want or need to be on a waiting list (patient validation)
- Ensure patients are empowered to seek appropriate help from the health system when needed
- Refer any identified patients that need further community support to local voluntary sector organisation(s)

Independent sector

- Since June, 6095 patients have been contacted, reviewed, and offered transfer as part of the independent sector process

Current progress

- Business case has been approved for direct access community support line. Funding agreed by the CCG, in the process of being established. This will be managed by the voluntary sector to guide patients to potential support available whilst they wait.
- The survey programme increased from 50 to 175 patients per week in February 2022
- Work has attained a business as usual approach with reporting to Trust Board through the IPR. This report includes any identified harm resulting from delays to treatment.

Next Steps

- Waiting times widget pending go live approval from NHSI
- Increase survey to 500 patients per month from April 2022

RAG rating

Progress on our 2021/22 Priorities

Trust Priorities

Priority 1	Patient Experience (Joint across NDHT & the RD&E)
Rationale and past performance	<p>We will develop a joint patient experience strategy across NDHT and the RD&E which recognises:</p> <ul style="list-style-type: none"> ● 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 did we say we would do?	<ul style="list-style-type: none"> ● Develop a joint Patient Experience Strategy that is overseen by the Boards and ensure that systems and processes 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
Measurable target(s) for 2021/22	<ul style="list-style-type: none"> ● Quarterly report to the 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
How progress was monitored	<ul style="list-style-type: none"> ● Quarterly Reporting to the Governance Committee ● This work will be monitored via the site-specific Patient Experience Operational Groups (PEOG), who will oversee the local delivery plans to achieve the outcomes of the strategy.
Board sponsor	Chief Nursing Officer
Implementation lead	Director of Nursing NDHT

Progress to date	<p>The Joint Patient Experience Strategy working group has continued to develop the draft strategy with the support of the Chief Nursing Officer. This strategy has now reached the final consultation stage, and 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 (24/03/22). The survey will be open for 2 weeks. Once the consultation is complete, the strategy will be ratified at Governance Committee and a work plan to support implementation will be developed with relevant stakeholders.</p> <p>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.</p> <p>The Joint Patient Experience Committee held its initial meeting on 25 November 2021. The Committee approved the patient experience reports for both Trusts and ratified the PEOG Terms of Reference.</p> <p>The revised patient experience metrics are now fully imbedded into the Integrated Performance Reporting (IPR) schedule, and are presented to the Joint Trust Board at each meeting of the Board. A reporting schedule is currently under development through the newly established patient experience governance framework.</p> <p>Although the strategy is undergoing final consultation, the RAG rating remains amber until ratified.</p>
RAG rating	

Priority 2	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 did we say we would do?	<ul style="list-style-type: none"> ● 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
Measurable target(s) for 2021/22	<ul style="list-style-type: none"> ● Quarterly report to the 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. This will be developed by the People, Workforce, Planning and Wellbeing (PWPW) Committee

How progress was monitored	<ul style="list-style-type: none"> 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	Chief Nursing Officer / Chief Medical Officer
Implementation lead	Director of Nursing RD&E
Progress to date	<p>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.</p> <p>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.</p> <p>Work on ensuring ‘just culture’ in incident investigations continues with an update below:</p> <ul style="list-style-type: none"> 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. <div data-bbox="954 1122 1214 1375" style="text-align: center;"> </div> <ul style="list-style-type: none"> 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. 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. Continued education of Civility & Just Culture education. This will remain ongoing and embedded into the preceptorship programme and for our new starters. 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 goes well and amplifies this across both organisations.
RAG rating	

Priority 3	End of Life Care
Rationale and past performance	<p>End of life care is a key priority for the Trust. The CQC rated our end of life care as good, but also identified areas for improvement which we need to embed into practice. Learning from Structured Judgement Reviews has also demonstrated improvements are needed in our end of life planning. Through this quality objective the RD&E will continue to improve the quality of care for patients who are at the end of their life, including:</p> <ul style="list-style-type: none"> ● making the patient the centre of our care and regarded as a partner in the delivery of end of life care ● ensuring staff who treat patients and those close to them, do so with sensitivity, courage and compassion
What did we say we would do?	<ul style="list-style-type: none"> ● Promote and support good communication between and within our services ● Develop a means of monitoring the quality of care for patients on an end of life pathway ● Work to understand the needs of our patients and families and continue to develop responsive services that are informed by what they have told us ● Increase awareness and training on end of life care for all staff ● Develop improved links across our communities to facilitate seamless pathways for patients and carers
Measurable target(s) for 2021/22	<ul style="list-style-type: none"> ● Complete and launch the End of Life strategy ● Develop work plan to implement the strategy and monitoring of milestones through the End of Life Steering Group ● Report examples of improved experience for families and staff
How progress was monitored	<ul style="list-style-type: none"> ● Agreed work plan to implement the strategy and monitoring of milestones through the End of Life Steering Group ● Quarterly updates to the Safety & Risk Committee. ● Quarterly assurance to Governance Committee.
Board sponsor	Chief Nursing Officer
Implementation lead	Medical Director and Director of Nursing
Progress to Date	<ul style="list-style-type: none"> ● End of Life Steering Group: the steering group has been established, Terms of Reference agreed and monthly meetings have taken place. These will revert to bi-monthly from April 2022 with robust reporting in place for the End of Life Working Group to provide regular updates ● End of Life strategy (adults): completed and launched. Will need to be revisited with NDHT colleagues in 2022 ● End of Life policy: reviewed and approved ● Children's End of Life Strategy: being developed as a standalone strategy with colleagues from the RD&E and NDHT. The Children's Palliative Network will be going live very soon so it has been agreed we will wait for them to reach out before undertaking any further scoping. We understand it is expected that the network will pick up the NICE guidance and strategy to review as a Peninsula and review all pathways within it

- **Detailed work programme:** the programme is delivered by the End of Life Working Group. Clear reporting infrastructure for 2022 and highlight reports from the End of Life Working Group to the End of Life Steering Group. The focus will continue to be the patient pathway and key delivery milestones to implement the strategy
- **End of Life training plan:** the Education and Training Project Group are developing a system-wide education plan to be presented to End of Life Steering Group in April 2022
- **Palliative Care Consultant provision:** the business case, risk assessment and Capital and Revenue Investment (CRIC) have been reviewed. We are awaiting final financial sign off, then recruitment will commence
- **Reporting examples of improved experience for families and staff:** confirmed to be part of dashboard and quality metrics; patient and relative survey is also part of National Audit of Care at the End of Life (NACEL) audit. Other examples of improving the experience for patients, families and staff include:
 - following feedback from a Datix review, we have worked closely with the relative of a deceased patient to create an End of Life visitor card. This was piloted on Yeo and Yarty wards in February 2022. Similar cards have been developed for relatives to accompany patients to clinics or treatment in exceptional circumstances. Piloted in Cherrybrook, Yarty day case and Oncology outpatients in February 2022
 - Bereavement service with Marie Curie has been running for a year, from January 2021 to 2022. A survey has been undertaken to review the service as funding is due to come to an end
- **Epic optimisation and dashboard:** joint working with NDHT to review End of Life elements such as work flow, developing quality metrics for dashboard, Advanced Care Plans (ACP) and Treatment Escalation Plans (TEP). Also reporting tool to enable automated NACEL patient noted for 2022 audit. Epic development work is being led by the End of Life Working Group with regular updates to the End of Life Steering Group. Epic and EOL dashboard to be prioritised to ensure we are capturing the relevant data to provide us with assurance that we are meeting the 5 priorities of care as we will be benchmarked against these for CQC. We will also ensure the proposed dashboard and quality metrics is based on a pathway perspective with data relevant for both community and hospital services
- **Band 4 pilot:** this post is working across the Trust identifying patients in their last year of life working with the ward team to consider ACP
- **Band 5 secondment opportunity:** created to upskill ward based band 5s and to enhance end of life provision at ward level. The post will work alongside the SPCT and Hospiscare.

RAG rating

Improvements to Quality and Safety 2021/22

Nosocomial COVID-19 Infection

From the start of the UK's second wave of COVID-19 in October 2020 to the height of the third wave in January 2021, the Royal Devon and Exeter NHS Foundation Trust, treated 1,161 patients with COVID.

361 inpatients tested positive and met the definition for hospital acquired COVID-19 following a swab taken either because of symptoms or as part of routine surveillance in ward areas.

The volume and timing of outbreaks combined with the number of patients and staff affected by COVID-19 was a significant factor in escalating a staffing crisis that led to a critical incident being declared by the Trust in December 2020. These circumstances met the reporting criteria set out in the Serious Incident Framework and the Chief Medical Officer & Chief Nursing Officer commissioned a serious incident investigation.

At the beginning of January 2021, an investigation team was assembled to manage all incidents reported as hospital acquired COVID-19 between October 2020 and the end of January 2021; this was later extended to include the review of cases up to May 2021.

The work undertaken by the team was extensive and made more challenging by the volume of cases, continued operational pressures and changing national policy. However, it was greatly enhanced with the ability to easily access and review information held in Epic, the Medical Examiner service and Structured Judgement Reviews (SJR) processes that support the scrutiny of all deaths.

Early emergent trends and themes from the qualitative analysis were presented to clinical teams in June 2021 and on the 5 July 2021 formed the basis of a COVID-19 Reflection and Learning workshop chaired by the Chief Nursing Officer, in partnership with the Infection Prevention and Control team.

The key emergent themes were:

- **Patient movement:** Patients experienced multiple ward moves as the hospital managed both the surges of COVID-19 patients, and the need to maintain flow through the hospital.
- **Identification of the clinically vulnerable:** There was no standardised system / flag which would identify extremely clinically vulnerable patients on admission to hospital.

- **Theatres, diagnostics and imaging:** There were common areas which patients needed to access which were working as potential vectors.
- **Emergency Department (Hot):** Initially patients attending ED (Hot - COVID positive) were not identified when subsequently placed as an inpatient.

Work continued to reflect the ongoing changes in clinical management and this enabled an early response to the key issues identified as follows:

- The development of a patient placement policy to minimise bed moves when not clinically indicated.
- A consistent process in place to identify the clinically vulnerable and their 'journey' through their care.
- A flag system in Epic that highlights risk factors with vector sites and prompts mitigations to reduce the risk of transmission.

The investigation team were in a position to retrospectively review care provided during a prolonged period of extreme crisis. There were occasions where this care fell short and was not what the Trust would have wished for its patients and their families, however, there were also many examples of good practice that should not go unrecognised.

One of the biggest insights the team gained from COVID-19 was that like many other organisations; the Trust has proven its ability to adapt, learn quickly and demonstrated agility in dealing with complexity. While the investigation did identify factors that possibly contributed in the spread of hospital acquired COVID-19, due to the intensity and volume, the outbreaks that occurred could not have been detected any earlier. These were responded to swiftly and actions immediately implemented from the learning gained by the outbreak reviews.

Service delivery has changed rapidly, staff have worked differently and more flexibly, and have gone above and beyond expectations to care for patients and to maximise safety. Decision-making has been accelerated and doing what is right for patients, their families and staff has always guided decision-making, even in the most difficult of circumstances. However, the human element has been expressed through the feedback from the patients and families who have received apologies from the Trust. This learning will endure as part of our organisational memory, and the Trust is absolutely determined to reflect and

learn, and to make and embed the necessary changes in memory of all those who have had their lives changed by the acquisition of COVID-19 whilst under our care in hospital.

Learning from Excellence

In the NHS, developments in patient safety have focused on learning from errors. This approach neglects the opportunity to learn from the abundant examples of excellent practice. 'Learning from Excellence' (LfE) is a contemporary initiative which advocates a system to report excellence.

We sought to increase LfE reports by 100% in one year within the Trust by forming an alliance with the foundation school Quality Improvement Academy (QIA).

The Trust LfE team formed a partnership with QIA. We recruited a group of junior doctors to run a multi-faceted quality improvement project which aimed to increase excellence reporting at the Trust.

The team conducted two complete PDSA cycles, one which focused on ward-based interventions and the other which focused on Trust wide interventions. Interventions included presenting LfE at local meetings, creating a promotional video advertised across the Trust and engaging the Chief Executive to lead a 'twitter takeover'. The team analysed progress by studying nomination run charts.

- In 6 months, we observed a five-fold increase in the monthly LfE nominations across the Trust.
- An organised and systematic approach to the quality improvement project, involvement of appropriate stakeholders and regular task-focussed meetings sustained the momentum and maintained the rate of success of this project.
- Using a multi-faceted cumulative approach, improved project outcomes and sustained change. Furthermore, an important outcome of this project was the creation of a group of motivated LfE champions who are committed to future LfE implementation and sustained change within the Trust and across the South West.

Discharge Lounge

Throughout the year the Trust continued to experience extremely high demand for services in conjunction with the ongoing demands of the pandemic. In this context it was extremely important that patients were being treated in the right place by the right staff with the right skills if we were to provide care of the highest possible standards.

At times of prolonged operational pressures, one of the barriers to getting people to the right place for their care is delayed discharges. The process of discharging a patient can at times be slow, causing possible discomfort or inconvenience to the person ready to go home and delaying the admission of a critically ill person to an appropriate bed.

To address these issues the Trust created a Discharge Lounge (initially as a three-month pilot) as an area where people can wait in comfort for any medications or for transport.

The Discharge Lounge is now available Monday – Friday, 8am-8pm. The lounge is situated close to the main entrance, in an area designed to be tranquil. It is a quiet room with a range of comfortable seating available and it has access to outdoor space. A light meal, snacks and drinks are available for patients while they wait.

The lounge is staffed by both registered and unregistered nursing staff. The team can assist with finalising discharge plans, ensuring patients received the correct medication, ordering transport and contacting family members.

The Gastroenterology Big Room

The 'Gastroenterology Big Room' project in Devon connects physical and mental health services to improve the experience of gastroenterology patients. The team's aim was to join up the physical treatment with the way mental health needs were detected and managed; as well as addressing the long waiting times for psychological therapy for gastroenterology patients.

The team used a screening tool to assess the mental health of their gastroenterology patients. On average 36% of all new RD&E referrals had clinically significant depression and anxiety symptoms, and this rose to 46% in patients with functional irritable bowel syndrome presentations.

Dr Joanna Bromley, Clinical Director and Liaison Consultant, Devon Partnership NHS Trust (DPT) explains: "It is well evidenced that many gastroenterology patients with chronic and functional conditions also suffer from emotional and mental health problems. However, it is rare that patients who undergo gastroenterology assessment or investigation have their mental health needs or psychological wellbeing considered or screened for.

With this in mind, the project focused its efforts on creating a much more holistic approach to the treatment of gastroenterology conditions, making

sure that patients and staff better understand the link between mental and physical health and to ensure that essential mental health support is more readily available to the patients that need it.”

Vida Cairnes, Lead Inflammatory Bowel Disease Nurse Specialist, added: “The collaboration between mental health and the inflammatory bowel disease nursing teams in particular has demonstrated a tangible shift in practice, where provision of teaching to improve understanding of available psychological treatments and establishing new referral pathways, has been pivotal in the evolution of IBD patient care locally. Talking openly about mental health and psychological distress with our patients and colleagues has benefited patients and staff, increasing confidence, boosting morale, and building trusted relationships.”

The Devon team’s approach is being shared and celebrated across the Flow Coaching Academy network as well as other hospitals in Devon to improve healthcare outcomes and patient experience. The integrated physical and mental health screening tool has now been adapted into an electronic form and shared widely. This means that from now, any patients that are referred to the RD&E by their GPs for gastroenterological issues will be assessed using the new holistic approach, with the intention for other hospitals to adopt this approach.

This ground-breaking collaboration between the RD&E and DPT has been named the Mental Health Initiative of the Year, at the 2021 HSJ Patient Safety Awards.

NHS Nightingale Hospital Exeter

The NHS Nightingale Hospital Exeter created a significant asset across the whole healthcare system in Devon and beyond. In just 57 days, 2,500 people worked together to transform a former retail unit into a state-of-the-art hospital facility for patients with COVID-19, including NHS organisations across Devon, BAM Construction, and hundreds of workers and volunteers from across the South West.

Suzanne Tracey, Chief Executive, RD&E said: “The Nightingale project brought together different organisations and agencies who built a hospital in less than 2 months. As well as caring for nearly 250 patients with COVID-19 from across three counties in the height of the pandemic, the site has been used to provide over 6,000 important diagnostic scans to local people, supported the delivery of two COVID-19 vaccine studies and hosted overseas nurse training for three local NHS Trusts.

Workers and volunteers from across hundreds of trades created an exceptional facility that was much needed to manage COVID-19 demand, and we are delighted that this work has been recognised and celebrated. On behalf of the NHS in Devon, I would like to thank all those who helped to plan and build the NHS Nightingale”

This achievement has been recognised at the ICE South West Awards 2021, where the Nightingale project team won the “Collaboration of the Year” category. The awards are designed to showcase the achievements of civil engineers across the region. The team was also Highly Commended in the “Refurbishment Project of the Year” category at the Healthcare Estates IHEEM Awards 2021, which recognise excellence in the latest innovations in the healthcare sector.

Work has now been completed to re-purpose the NHS Nightingale Hospital Exeter, to provide a range of services to patients living across Devon to help reduce our significant waiting lists.

Services provided from the Nightingale include:

- **Centre of Excellence for Eyes** - a high volume cataract and diagnostic hub for ophthalmology
- **Southwest Ambulatory Orthopaedic Centre** - two operating theatres for day case and short stay elective orthopaedic procedures
- **Devon Diagnostic Centre** - a community diagnostic hub

As waiting lists continue to grow, particularly for our orthopaedic and ophthalmology services, and as an off-site elective facility supporting non-COVID patients; the Nightingale will allow us to care for an increased number of people and pilot the separation of elective services from our hospital sites to better protect elective care across Devon.

In addition to being a test bed for clinical improvement and practice, in conjunction with Devon’s Trusts, the Nightingale will trial a number of improvements for our staff, including how staffing models can be transformed to enhance professional development and better support colleagues.

Reducing Moderate Level Pressure Damage in the Community

Moderate level and above pressure damage occur for 0.8% of the community nursing caseload. Although the numbers of pressure damage can be life-changing for those patients affected and it takes a huge resource to investigate each incident. Pressure

Ulcer investigations for the previous two years had demonstrated that the people who developed pressure damage in the community were all people who were dependent upon a wheelchair or other support for mobility.

In addition, there were three consistent themes:

- Changes to patient’s weight – usually weight loss; planned or unplanned
- Changes to patient’s general health
- Changes to the patient’s continence

The team launched a monthly multidisciplinary (MDT) pilot with Community Nursing & Therapy colleagues to review and discuss all patients dependent on a wheelchair or other support for mobility, on their caseload. The pilot identified:

- Tissue Viability input is sought for patients with any type of reported skin damage or for those who decline clinical advice regarding off-loading.
- any reported changes to the weight of a person dependent on a wheelchair or other support for mobility will trigger a new seating assessment and referral to a community dietician to ensure the patient has optimal circumstances to maintain healthy skin.
- we built an Epic report to indicate that the patient is dependent upon a wheelchair or other support for mobility to help our staff review these patients to check nutritional status, moving & handling plans, and care plans are reviewed within expected dates.
- clinical teams have stopped using the term “only on the caseload for catheter care”, as patients are on the caseload as a whole person, even though it may be with minimal clinical intervention.

- people dependent upon a wheelchair or other support for mobility, who are not seen regularly by community teams need to be contacted monthly (via telephone) in order to ask about any changes in general health, weight or continence and escalate for a visit if there has been change.

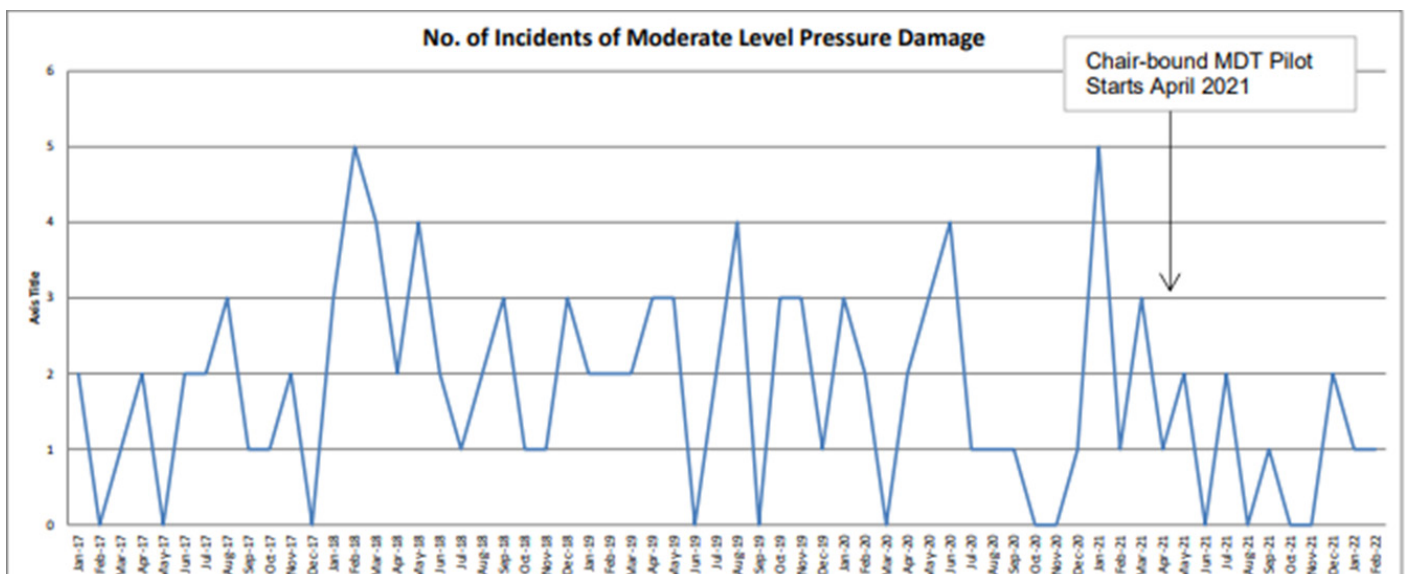
The results since implementing the MDT pilot show the incidents of moderate level pressure have reduced as follows:

Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem)

The RD&E’s maternity and neonatal teams have been involved with the PERIPrem project over the past year. This project, which was coordinated by the South West Academic Health Science Network, aims to improve outcomes for the most vulnerable babies who are born prematurely. Prematurity is a leading cause of neonatal death and long-term disability, so optimising the care for these babies can have huge benefits not only for the babies and their families but also for the wider health service.

At the RD&E, we chose to focus on delayed cord clamping (or optimal cord management) and early breastmilk, as these interventions are where we felt we could make the most improvements to the care provided.

Maternity, neonatal and theatre staff worked closely together to introduce measures that would enable the umbilical cord to remain unclamped for one minute after the Caesarean birth of preterm babies. A simulation was filmed and shared with staff to help them realise what was possible. Our results show that before the project, 42% of preterm babies benefitted from optimal cord management but we were able to increase this to 100% in June 2021. Between



September 2020 and June 2021, 43 babies were able to benefit from optimal cord management.

Optimal cord management for preterm infants can decrease mortality by almost a third. Preterm infants receiving their first breast milk within six hours can reduce the risk of Necrotising Enterocolitis (NEC) by two thirds.

The PERIPrem project has been shortlisted for an HSJ Patient Safety Award which is fitting recognition for an initiative which has the potential to change the lives of many families for many years. The Trust is proud to have been part of the project and are especially proud that these evidence-based interventions have been incorporated into our normal care for preterm babies to ensure that we give the best possible care to our smallest patients.

Our Priorities for 2022/23

Governor Priorities

The Council of Governors have agreed not to set any specific Quality Priorities for 2022-2023. This is in recognition of:

- The ongoing operational pressures which have affected the Trust since March 2020 and throughout the pandemic response;
- The ongoing integration programme in the coming year as the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust join to become the Royal Devon University Healthcare NHS Foundation Trust on 1 April 2022;
- The need to prioritise service recovery, and address the impact of delayed treatments in 2022-2023.

Trust Priorities

The Trust is planning to implement the following Quality Priorities for 2022 – 2023. These are intended to support our new organisation, the Royal Devon University Healthcare NHS Foundation Trust.

Priority 1: Improving learning from incidents

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

- We will revise our approach to responding to highest frequency incidents, Pressure Ulcers and Patient Falls
- We will take learning to the bedside or patients' home
- We will trend and theme our learning to develop High Impact Actions which lead to sustainable improvement.

This priority will be monitored through our Safety and Risk Committee

Priority 2: End of Life Care – Digital Enablement

With the planned implementation of Epic in Northern Services, this year will provide the opportunity to maximise how we can use our digital infrastructure to drive quality for patients who are entering the final part of their lives.

- We will work with our End of Life Steering Group to identify the opportunities arising from our digital platforms
- We will support the development of required Best Practice Advisories or Workflows as part of Epic Optimisation
- We will work with the Patient Portal Steering Group to explore the potential of patients being able to identify their end of life wishes via MY CARE
- We will identify appropriate flags and alerts to ensure that people brought to hospital in an emergency are not admitted if it is against their end of life wishes.

This priority will be monitored through our End of Life Steering Group

Priority 3: Building a Safety Culture

The implementation of the Patient Safety Incident Response Framework (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.

- We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety)
- We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice)
- We will provide training to our Directors, Non-Executive and Executive Directors for Patient Safety, to support their strategic oversight of patient safety
- We will revise our patient safety intranet pages and communications to increase their accessibility and profile in the organisation.

This priority will be monitored through our Safety and Risk Committee

Priority 4: Learning from our successes

The traditional approach to safety is to 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, will replace both the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS). LFPSE allows for national reporting of positive practice and learning from things going well (Safety II), in addition to our current traditional approach of learning from incidents. The Trust has invested in Datix Cloud IQ, which is fully compatible with the LFPSE, and supports reporting when things go well.

- 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
- We will consolidate our current approaches to Learning from Excellence, maximising the potential to recognise and Learn from Excellence
- We will develop a Learning from Excellence QI project to ensure that staff in every part of our organisation are able to report good practice

- 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

Priority 5: Embedding best practice in Communication

The Trust has successfully gained accreditation by Communication Access Standards UK. This provides us with the opportunity to improve our communication culture, raise our staff knowledge of different forms of communication and gain cultural competence in the experience of people who, for whatever reason, communicate differently or require assisted communication to be heard.

- We will implement a training programme for all staff on the fundamentals of good communication
- We will develop a communication Task and Finish Group to prioritise a Trust wide Communication workplan
- We will work with Epic Optimisation to maximise our digital support to communication.

This priority will be monitored through our Patient Experience Operational Groups

Duty of Candour

The Trust remains committed to being open and honest with patients and their families when things go wrong. We have implemented a process for Duty of Candour from August 2013 which was communicated and led through our Governance system.

Monitoring of compliance of Duty of Candour happens at different levels with the use of an electronic incident reporting system (Datix) to oversee the Duty of Candour requirements and compliance monitored through the Trust's Incident Review Group. Compliance is also reported to the Safety and Risk Committee.

In 2021/22 our Duty of Candour compliance was 97%

In the 3% of cases (n=3) where Duty of Candour was not completed all efforts were undertaken to identify a relevant person as defined in regulation 20; unfortunately, this was not possible.

This is identified as an exception for Duty of Candour under regulation 20 section 5. We are declaring non-compliance with these three cases for transparency and no Breach in Duty of Candour has occurred.

Quarter	Total Number of incidents (Actual Impact of Moderate, Major and Catastrophic)	Patient Harm: Duty of Candour required	Duty of Candour completed	Duty of Candour Not completed
Quarter 1	31	24	24	0
Quarter 2	41	32	32	0
Quarter 3	42	33	31	2
Quarter 4*	30	21	20	1

**Please note this quarter have not been approved and validated by IRG and could potentially change impacting on the overall compliance rate*

Learning from deaths

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

During 2021/22, 1,699 patients receiving care from the Royal Devon and Exeter NHS Foundation Trust died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 345 in the first quarter;
- 455 in the second quarter;
- 473 in the third quarter;
- 426 in the fourth quarter.

Response 2. The number of deaths included in response 1 which the provider has subjected to a case record review and 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.

By 13/04/2022, all 1,699 deaths had case record reviews. 380 deaths had investigations of the deaths included in Response 1. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

	Case record review (ME scrutiny)	SJR investigation	Incident investigation	Her Majesty's Coroner (HMC) investigation	Total deaths with an investigation
Q1 21/22	345	20	6	71	89
Q2 21/22	455	16	5	91	104
Q3 21/22	473	25	17	84	105
Q4 21/22	426	12	4	71	82

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care
21/22 Q1	1	3	8	6	2
21/22 Q2		5	6	4	1
21/22 Q3	1	6	5	12	1
21/22 Q4		2	5	3	2
Total	2	16	24	25	6

Response 3. An estimate of the number of deaths during the reporting period included in response 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.

The Trust has adopted the Royal College of Physicians' National Mortality Case Record Review (NMCRR) Programme methodology known as the 'Structured Judgement Review'.

The Royal College of Physicians (RCP) has stated that "SJR methodology does not allow the calculation of whether a death has a greater than 50% probability of being avoidable" and, further, that "The NMCRR programme, supported by the RCP, does not endorse the comparison of data from the SJR between Trusts."

As such, the Trust can only present the data available which is summarised below:

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care	Total
21/22 Q1	1	3	8	6	2	20
21/22 Q2		5	6	4	1	16
21/22 Q3	1	6	5	12	1	25
21/22 Q4		2	5	3	2	12
Total	2	16	24	25	6	73

Problem in care identified

	Admission and initial assessment	On-going care	Care during procedure	End Of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	0	7	0	0
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)	0	4	0	0
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP))	1	1	0	0
Problem related to operation / invasive procedure (other than infection control)	0	0	0	0
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	0	8	0	3
Problem with infection management	0	1	0	0
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	2	2	0	0
Problem of any type not fitting the categories above (including communication and organisational issues)	1	3	0	0

Response 4. A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above in response 3.**Anticoagulant Prescribing**

The Epic system which holds the Electronic Patient Record (EPR) is efficient and automatically calculates weight-based dosing therefore there were no conscious decisions or process stops differentiating treatment from prophylactic dalteparin when placing an order for administration. Prior to the implementation of Epic, the dose would have needed to be calculated and a much more conscious process, more prone to dosing errors due to calculation errors.

Consultant-Delivered Care

Early and frequent Consultant-delivered care was often associated with meaningful decision-making, tangible action in relation to treatment, the establishment of realistic goals for treatment and timely palliation where appropriate. However, there were a small number of examples in which delayed or infrequent Consultant review prompted negative judgements from reviewers about the quality of care.

Symptom Control and Multidisciplinary Involvement

Many of the patients reviewed presented with multiple health needs and a mixture of treatable and non-treatable conditions. Under these conditions, the effort required to coordinate appropriate medical care can be significant and may displace attention to the symptoms experienced by the patient during their admission. It was evident that teams were able to maintain focus on symptom control and manage symptoms effectively as they evolved. Additionally, the effective coordination of care from different disciplines was frequently mentioned as indicative of excellent care. There were a small number of cases where there was evidence of 'siloed' multidisciplinary involvement in care that resulted in a suboptimal continuity of care.

Advanced Care/ Treatment Escalation Plans (ACP/TEP)

An overwhelming majority of negative comments identified in the SJRs related to the lack of timely advanced care or treatment escalation plans. In many cases this was felt to contribute to poor end-of-life care and a delay in the timely provision of palliative care focussed entirely on symptom control.

Nosocomial COVID-19 Infection

Full details of the learning from the review of cases of hospital acquired COVID-19 infection have been identified in the Improvements to Quality and Safety section of the report (please refer to page 20).

Response 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 response 4).

Anticoagulant Prescribing

Further development of the Epic system configuration has provided additional safety barriers in anticoagulation prescribing. When ordering a prescription, a table showing prescribing information of recent anticoagulant prescribing appears, this includes details such as dosage and relevant blood results. Thus, promoting optimisation of dosage prescribed.

A hard stop in the system now questions the prescriber to confirm that the prescribed dose is required, and that renal impairment has been considered regarding any dose adjustments.

Advanced Care / Treatment Escalation Plans

Improvement in Advanced Care Planning (ACP) and the utilisation of Treatment Escalation Plans continue; the Trust is supporting an initiative where senior nurses can now have the conversations with patients. In addition, there has been further development of Epic to include greater visibility of the ACP in the EPR.

The above actions will further improve the quality of the discussions with patients as well as the completion of the relative documentation, while it is acknowledged that often the acute setting is not the appropriate place for a full ACP discussion; this new programme of work will allow for coordination across the system pathway. Within the Community setting an advanced nurse practitioner has been recruited to facilitate leadership of this work.

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

Over the next year the long term impact and benefits of the actions identified in response 5 will be assessed, however the initial short term indications reflect a positive response.

Response 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 response 2 in the relevant document for that previous reporting period.

- 0 in the first quarter; - 0 SJRs
- 13 in the second quarter; - 13 SJRS
- 56 in the third quarter; - 56 SJRS
- 57 in the fourth quarter. – 57 SJRS

Response 8. An estimate of the number of deaths included above in response 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.

As outlined in response 3, the Trust has adopted the Royal College of Physicians' National Mortality Case Record Review (NMCRR) Programme methodology known as the 'Structured Judgement Review'.

The Royal College of Physicians (RCP) has stated that "SJR methodology does not allow the calculation of whether a death has a greater than 50% probability of being avoidable" and, further, that "The NMCRR programme, supported by the RCP, does not endorse the comparison of data from the SJR between trusts."

As such, the Trust can only present the data available which is summarised below:

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care	Total
20/21 Q1	0	0	0	0	0	0
20/21 Q2	0	0	0	0	0	0
20/21 Q3	0	6	15	23	5	49
20/21 Q4	1	5	16	18	3	43
Total	1	11	31	41	8	92

Problem in care identified

	Admission and initial assessment	On-going care	Care during procedure	End Of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	1	1	0	0
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)	0	2	0	0
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP))	1	1	0	0
Problem related to operation / invasive procedure (other than infection control)	0	0	0	0
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	1	4	0	0
Problem with infection management	0	0	0	0
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	0	2	0	0
Problem of any type not fitting the categories above (including communication and organisational issues)	1	4	0	1

Seven Day Services

On 28 March 2020 and 26 January 2021, NHS Trusts received letters from Amanda Pritchard, Chief Operating Officer for NHS England & NHS Improvement (Publications approval reference: 001559) titled 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic'. This letter confirmed *'During this challenging period NHS England and NHS Improvement is committed 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'*.

These letters provided confirmation that the requirements for Seven Day Hospital Services Assurance was suspended and there was no requirement for completion of the Seven Day Hospital Services Board Assurance Framework Self-certification process.

As such, the most recent Seven Day Services Board Assurance Process was completed in Autumn 2019. This demonstrated that we continued to be compliant with the four priority Clinical Standards: Time to First Consultant Review; Access to Diagnostics; Access to Key Interventions and Ongoing Review.

Once revised guidance is received that the Seven Day Hospital Services Board Assurance Framework is reinstated, we will continue to actively engage with and participate in this requirement.

NHS Staff Survey Results for Indicators Question 15 and 14c

Staff Survey question:	2019 (random sampling)	2020 (census)	2021 (census)
Q15 - Percentage of staff believing that the organisation acts fairly: career progression	82.7%	83.2%	86%
Q14c - Percentage of staff not experiencing harassment, bullying or abuse from staff in the last 12 months	61.3%	58.7%	60.2%

Freedom to Speak Up and Whistleblowing

Following the recommendations made by Sir Robert Francis in the Mid Staffordshire NHS Foundation Trust Public Enquiry, the Trust appointed a number of Freedom to Speak Up Guardians (FTSUG) in January 2017. During 2021/22, the Trust has retained five Guardians (Catering Manager, two Senior Nurses, Clinical Lead Occupational Therapist and Consultant Emergency Physician) all of whom are available for all staff employed by the Trust across all sites.

The Guardians act in a genuinely independent and impartial capacity, to support staff who raise any concerns (patient safety, quality of care, harassment and bullying etc.) and they have direct access to the Chief Executive, Chair of the Trust, and Chair of the Governance Committee as required. The Guardians report to the Governance Committee twice a year, and onwards to the Board of Directors.

The Guardians have been working alongside the Senior Leadership Team and the Human Resource Department to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up. The success and impact of our Freedom to Speak Up Guardians will be measured through a variety of internal and external mechanisms; including our quarterly People Pulse survey, and through the annual NHS Staff Survey.

The Guardians have continued throughout the COVID-19 pandemic making themselves available face to face, via the phone and via MS Teams to suit individual needs and requests.

The Lead Guardian completes and submits regular data reports to the National Freedom to Speak Up Guardians Office. The data supporting these returns is discussed at monthly meetings between the FTSUGs and the Director of Governance to ensure that appropriate advice and action has been provided to staff who access the service, in a way that is appropriate to the individual (confidentiality and anonymity are crucial) and also to identify any themes which may require Trust wide action.

At the time of providing this update the Trust has just appointed a totally dedicated Lead Freedom to Speak up Guardian who will work across both the RD&E and NDHT. Priority areas for the Lead Guardian will be to visit every site across both Trusts to further raise awareness of the service and to recruit more Guardians, with a focus on the recruitment of individuals with protected characteristics and staff from under represented staff groups, thereby making the service more accessible to all staff.

The Trust has a well-established, robust formal route for raising concerns through our Whistleblowing Policy and process. The Director of Governance works with the Chief Executive, the Chair of the Trust and Chairs of the Joint Governance Committee (JGC) to ensure that all concerns raised through the Whistleblowing Policy are acknowledged, investigated and reported through the JGC. The JGC's role is to ensure that the process has been followed, that actions have been undertaken, learning is shared Trust wide and more importantly that any staff who do speak up do not suffer detriment.

Review of Services

During 2021/22, the Royal Devon and Exeter NHS Foundation Trust provided and/or sub-contracted 69 relevant health services.

The Royal Devon and Exeter NHS Foundation Trust has reviewed all the data available to them on the quality of care in 69 of these relevant cases.

The income generated by the relevant health services reviewed in 2021/22 represents 100% per cent of the total income generated from the provision of relevant health services by the Royal Devon and Exeter NHS Foundation Trust for 2021/22.

Participation in Clinical Audit

During 2021/22, 51 national clinical audits and 4 national confidential enquiries covered relevant health services that the Royal Devon and Exeter NHS Foundation Trust provides.

During that period the Royal Devon and Exeter NHS Foundation Trust participated in 86.3% (44) national clinical audits and 100% (4) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal Devon and Exeter NHS Foundation Trust was eligible to participate in and actually participated in during 2021/22 are listed in Annex F.

The national clinical audits and national confidential enquiries that the Royal Devon & Exeter NHS Foundation Trust participated in, and for which data collection was completed during 2021/22 are listed alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered by the terms of that audit or enquiry in Annex F.

Participation in Clinical Research

As we continue to adapt and respond to the ongoing challenges presented by the global pandemic, clinical research has continued to deliver a broad and varied portfolio of studies across twenty-seven clinical specialties, led by a growing variety of clinical roles. Organisational changes have heralded a new chapter in the development of the Research Service, as teams from North Devon and Exeter have been working together to develop joint processes which will ultimately lead to a single service across the new organisation.

Work continues in supporting COVID-19 treatment and vaccine studies alongside the more traditional portfolio. The Trust continues to make a significant contribution to clinical research for the benefit of patients in the South West Peninsula and wider population, recruiting over 3200 participants to 167 individual research studies between research sites at North Devon and Exeter.

The Patient Recruitment Centre (PRC) has successfully followed up 545 Novavax COVID-19 vaccine trial participants right through to study end. The vaccine has recently been approved by the MHRA for use in the national vaccine programme and all follow-up visits have now been completed. It is credit to the PRC in that they have managed to retain 85% of all consented participants right through to trial completion, despite the stresses involved with participation through the pandemic.

We have been proud to support the world's largest study of the genetics of COVID-19 GenOMICC, recruiting a total of 150 participants to date and so providing vital information about the most severe form of the disease. At the Exeter site, this important study is currently led at the Trust by Senior Research Nurse Lily Zitter who acted as the Non-medical Investigator. The study has helped to establish a deep understanding of COVID-19 which has led to a big step forward in finding more effective treatments.

CLARITY IBD is a multisite study led by researchers from the Exeter IBD Research Team at the RD&E alongside collaborators from Imperial College London and the University of Hull. CLARITY IBD is recognised in many countries as a triumph in clinical trial delivery. It recruited over 7000 participants with inflammatory bowel disease in 12 weeks across 92 sites and rapidly answered key questions on the impact of immunomodulator and biologic therapies on COVID-19 immunity following infection and vaccination - and all that during a pandemic.

Trimaster was a multisite study led by Professor Andrew Hattersley and the team at the NIHR Clinical Research Facility (CRF), sponsored by the Trust and with support from the Trials Pharmacy Team. It was the biggest study of its type recruiting 525 participants at 24 research sites across the UK. Aiming to improve understanding of why some diabetes medicines work better for some people, the study has provided important information about the use of clinical indicators to predict how a drug is likely to work and will inform further planned work to develop a support tool to provide tailored treatment advice to patients with type 2 diabetes.

We have established an annual programme of Chief Nurse Research Fellows within the organisation for clinical staff new to research. They are seconded one day per fortnight for a year and undertake a bespoke training programme including undertaking a project to improve patient care. This initiative has been extended across the SW Peninsula with funding secured to support future cohorts across all Trusts.

The Trust's first Embedding Research In Care (ERIC) unit was launched in April 2021 in the Respiratory Department. The initiative designed to support the integration of research into care has to date identified 14 clinical challenges which are progressing as service evaluation, audit or research and is supported with a research facilitator as well as having patient representatives as integral members of the oversight team.

Research delivery at the North Devon site particularly benefits from proactive engagement from Allied Health Professionals, with 30% of studies led by a health professional from this staff group. The HERO (Home-based Extended Rehabilitation of Older people) study, led by Daniel Stephens, Physiotherapist, looks to evaluate the effectiveness of a home-based exercise programme as extended rehabilitation for older people with frailty discharged home from hospital or intermediate care services after acute illness or injury. This study required the support of both acute and community Physiotherapists team during a particularly challenging time for the NHS which was acknowledged by the study team as North Devon have a "winning formula." The Trust's target was 28 participants, but final recruitment by the team was 39 (140% of target).

Following a successful trial in 2019, Becky Fox has been appointed as the "Therapy Research and Innovation Lead" for the Therapy Department. This role provides strategic leadership for the development and integration of research, innovation and clinical effectiveness into practice across the therapy professions.

Goals Agreed with Commissioners

Royal Devon and Exeter NHS Foundation Trust'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.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered in full without conditions.

During 2020/21, the Trust underwent a routine announced CQC inspection as part of the CQC's Winter Inspection programme of our Infection, Prevention and Control measures. The CQC did not rate this inspection but found that we had effective processes in place to support standards of infection prevention and control, including managing cleanliness and creating a suitable environment. Staff received training in safe infection prevention and control procedures in line with national guidance and were aware of the Trust's IPC policies. Additionally, we were focused on learning from mistakes and continuously improving IPC practices. Two minor actions were identified. These will be monitored by the Joint Governance Committee until completion.

The Trust underwent a planned, routine, announced CQC inspection in January and February 2019. The report was published on 30 April 2019. The Trust was rated overall "Good".

The inspection identified 13 "Must Take" actions and 76 "Should Take" actions. The detailed action plans were presented to the Governance Committee (GC) on 7 June 2019 and progress reports have been presented on a quarterly basis since that time. The GC will continue to monitor progress of the action plans through to completion.

Below is a breakdown of the ratings for the Trust.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					
* Where there is no symbol showing how a rating has changed, it means either that:					
<ul style="list-style-type: none"> • we have not inspected this aspect of the service before or • we have not inspected it this time or • changes to how we inspect make comparisons with a previous inspection unreliable. 					

Ratings for the whole trust

Ratings for the whole trust					
Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.					

Rating for Acute Services/Acute Trust

Rating for acute services/acute trust						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Devon and Exeter Hospital (Wonford)	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019
Honiton Hospital	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Mardon Neuro-rehabilitation Centre	Good ↑ Feb 2019	Good →← Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Overall trust	Requires improvement →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for Community Health

Ratings for community health services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community health inpatient services	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community end of life care	Requires improvement Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for primary medical services

Ratings for primary medical services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Castle Place Practice	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

Ratings for Royal Devon and Exeter (Wonford)

Ratings for Royal Devon and Exeter Hospital (Wonford)						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
Surgery	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Critical care	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Maternity	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Services for children and young people	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019
Renal Services	Good Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019
Overall*	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

NHS Number and General Medical Practice Code Validity

The Royal Devon and Exeter NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data April 2021 - February 2022

- Which included the patient's valid NHS number was:
 - 100% for admitted patient care
 - 100% for outpatient care
 - 98.5% for accident and emergency care
- Which included patient's valid General Medical Practice Code was:
 - 99.2% for admitted patient care
 - 97.2% for outpatient care
 - 83.3% for accident and emergency care

Information Governance

The 2021/2022 annual Data Security and Protection Toolkit assessment has now been moved to a completion date of 30 June 2022. The initial baseline was published on 28 February 2022, with a second baseline publication on the 4 March 2022 to evidence current cyber security compliance. Work is progressing for full submission in June 2022, which will be for the new Royal Devon University Healthcare NHS Foundation Trust.

On 29 June 2021, the RD&E published the annual Data Security and Protection Toolkit assessment, which had been delayed by NHS Digital due to COVID-19. The return included 105 out of 109 mandatory evidence items and 36 of the 40 assertions. The RD&E completed 3 of the 4 remaining evidence items in December 2021, with one outstanding item delayed by COVID-19, and is currently rated as "Approaching Standards" by NHS Digital.

Clinical Coding

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 record morbidity data for operational, clinical, financial and research purposes. It is carried out using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.9 (OPCS 4.9) for procedural capture.

The department has an establishment of 26 members of staff in a variety of roles – One Clinical Coding manager, One Deputy Coding manager, two NHS Digital Terminology and Classifications Delivery Service Registered Auditors (one is also the manager), one NHS Digital Terminology and Classifications Service Registered Trainer, one Epic certified EPR Lead/Senior Coder, sixteen ACC qualified coders and five trainee coders. Twenty-one members of the team have achieved Accredited Clinical Coder status (the profession's recognised qualification), with four members of the team in trainee positions, alongside a further one who is awaiting the results of the National Clinical Coding Qualification. The achievement in the ACC qualification provides assurance that the coding of the clinical information is being carried out to a high standard.

A robust and structured programme of clinical coding audit is carried out by the Registered Auditors 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.

2021-22 proved to be a challenge for the department with MY CARE rollout and optimization alongside the impact of COVID-19 and lockdown. MY CARE has resulted in slower processes although there has been a significant improvement in the quality of clinical information to code from. All of the team are able to work from home.

The department was unable to achieve the usual 4th working day following month of discharge due to the impact of MY CARE however we have achieved the second flex/freeze deadline of completion by end of month following discharge. This ensured the Trust was able to meet statutory national reporting requirements.

In spite of the various challenges faced by the team, the Trust and wider community should be reassured that the data reported at RD&E is accurate and reflects the activity that is taking place, and in order to demonstrate this, the 2021-22 DSPT clinical coding audit submission achieved the following percentages of accuracy: -

	Trust Score	Standards Met	Standards Exceeded
Primary Diagnosis	96.00%	>=90%	>=95%
Secondary Diagnosis	92.00%	>=80%	>=90%
Primary Procedure	97.00%	>=90%	>=95%
Secondary Procedure	94.00%	>=80%	>=90%

This demonstrates that the department continues to maintain the excellent quality of coding that it has achieved previously.

Core indicators

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 1 - Preventing people from dying prematurely	Summary Hospital-level Mortality Indicator (SHMI)	<p>SHMI</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.</p> <p>SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 - higher than expected', '2 - as expected' or '3 - lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected. Trusts are advised to use the banding descriptions i.e. 'higher than expected', 'as expected', or 'lower than expected' rather than the numerical codes which correspond to these bandings. This is because, on their own, the numerical codes are not meaningful and cannot be readily understood by readers.</p>	<p>December 2020 - November 2021</p> <p>SHMI: 0.948 (as expected)</p> <p>(11 trusts higher than expected, 196 as expected, 39 lower than expected)</p>	<p>December 2019 - November 2020</p> <p>SHMI: 0.986 (as expected)</p> <p>(9 trusts higher than expected, 102 as expected, 13 lower than expected)</p>	<p>The SHMI values are comparable (0.97) to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system.</p> <p>(checked 28/04/2022)</p>	<p>The national publication scheme represents a lag in real time values and the Trust actively seeks ways to identify areas of concern.</p> <p>The Trust actively monitor changes through the use of Alerts for key clinical diagnoses groups as presented by the use of the HED tool.</p> <p>In addition to the SHMI data, the Trust also monitors mortality rates using HSMR indexes which are also sourced from HED.</p> <p>The Trust monitors this data regularly via the Patient Safety Group, Safety & Risk Committee and the monthly Board Report.</p> <p>A Medical Examiner (who is a senior doctor - usually a consultant, working for the National Medical Examiners System, and hosted by RD&E) independently scrutinises all deaths that occur at the RDEFT (including community hospitals Sidmouth, Exmouth, Tiverton), and raises concern as appropriate to the Mortality Service within the Trust either by incident reporting, request for structured judgement review, or informal feedback.</p> <p>A Medical Examiner attends the Mortality Review Group monthly, and provides a report to that group, providing an update of their service, and identifying themes of concern and for learning.</p>	<p>Internal Audit 2021/22</p> <p>Rated Green - no recommendations</p>	NHS Digital Indicator Portal	National Definition
		<p>Palliative Coding</p> <p>The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care. However, in order to support the interpretation of the SHMI, various contextual indicators are published alongside it, including indicators on the topic of palliative care coding. Reported here, is the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.</p>	<p>December 2020 - November 2021</p> <p>Palliative Coding Spells:38% (Highest 64%, Lowest 11% National average 40%)</p> <p>The Trust is not a specialist centre for palliative care unlike those with the highest values.</p>	<p>December 2019 - November 2020</p> <p>Palliative Coding Spells:40% (Highest 59%, Lowest 8% National average 37%)</p> <p>The Trust is not a specialist centre for palliative care unlike those with the highest values.</p>	<p>1. There is a nine month cross over between each reporting period.</p> <p>2. The coding rates are comparable to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system.</p> <p>3. Palliative care coding continues to increase from the previous year following completion of specific interventions intended to improve recording.</p>	<p>The Trust monitors this data regularly via the Patient Safety & Mortality Review Group.</p>	<p>The Trust has two clinical coding auditors who are certified to audit Trust activity - ongoing process of continual review and improvement.</p> <p>Also covered as part of the SHMI Internal Audit 2021/21</p>	NHS Digital Indicator Portal	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	PROMS; patient reported outcome measures	<p>Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves; reported at NHS Trust / independent sector provider and CCG level as scores for:</p> <p>(i) Groin hernia surgery (ii) Varicose vein surgery (iii) Hip replacement surgery (iv) Knee replacement surgery</p> <p>The casemix-adjusted average health gain scores are:</p> <ul style="list-style-type: none"> The EQ-5D™ Index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value, comparing pre- and post-operative scores. EQ VAS is a simple and easily understood 'thermometer'-style measure based on a patient's self-scored general health on the day that they completed their questionnaire, but which provides an indication of their health that is not necessarily associated with the condition for which they underwent surgery and which may have been influenced by factors other than healthcare comparing pre- and post-operative scores. Oxford Hip Score/ Oxford Knee Score - contains 12 questions on activities of daily living that assess function and residual pain in patients - comparing pre- and post-operative responses to condition-specific questions The AVVQ allows patients to self-assess the severity of their varicose veins via a 13-item measure covering all aspects of their varicose veins including physical symptoms such as pain, ankle oedema, ulcers, the effect on daily activities, and cosmetic issues. 	<p>April 2020 - March 2021</p> <p>Hip replacement primary EQ-5D: 0.57 (England 0.47, Lowest 0.39, Highest 0.57) EQ-VAS: 19.69 (England 15.12, Lowest 9.55, Highest 20.79) Oxford Hip Score: 25.61 (England 22.98, Lowest 17.33, Highest 25.70)</p> <p>Hip replacement revision EQ-5D: N/A* (England 0.33, Lowest 0.25, Highest 0.41) EQ-VAS: N/A* (England 7.83, Lowest 8.40, Highest 8.40) Oxford Hip Score: N/A* (England 15.44, Lowest 13.33, Highest 17.32)</p> <p>Total Hip replacement EQ-5D: 0.57 (England 0.46, Lowest 0.39, Highest 0.57) EQ-VAS: 18.89 (England 14.76, Lowest 9.72, Highest 20.59) Oxford Hip Score: 26.08 (England 22.59, Lowest 17.45, Highest 26.29)</p> <p>Knee replacement primary EQ-5D: N/A* (England 0.31, Lowest 0.18, Highest 0.40) EQ-VAS: N/A* (England 7.43, Lowest -0.69, Highest 13.69) Oxford Knee Score: N/A* (England 16.88, Lowest 11.91, Highest 20.25)</p> <p>Knee replacement revision EQ-5D: N/A* (England 0.29, Lowest 0.20, Highest 0.22) EQ-VAS: N/A* (England 4.20, Lowest -3.04, Highest 0.71) Oxford Knee Score: N/A* (England 13.49, Lowest 8.70, Highest 12.42)</p> <p>Total Knee replacement EQ-5D: N/A* (England 0.31, Lowest 0.17, Highest 0.40) EQ-VAS: N/A* (England 7.27, Lowest -4.31, Highest 13.11) Oxford Knee Score: N/A* (England 16.71, Lowest 11.79, Highest 20.15)</p> <p>* N/A refers to values that have been suppressed due to low patient numbers or non-submission</p>	<p>April 2019 - March 2020</p> <p>Hip replacement primary EQ-5D: 0.508 (England 0.459, Lowest 0.352, Highest 0.538) EQ-VAS: 16.081 (England 14.234, Lowest 5.926, Highest 20.073) Oxford Hip Score: 25.203 (England 22.686, Lowest 17.059, Highest 25.546)</p> <p>Hip replacement revision EQ-5D: N/A* (England 0.306, Lowest 0.238, Highest 0.358) EQ-VAS: N/A* (England 7.987, Lowest 4.155, Highest 11.817) Oxford Hip Score: 16.130 (England 14.065, Lowest 10.648, Highest 16.130)</p> <p>Total Hip replacement EQ-5D: 0.502 (England 0.452, Lowest 0.344, Highest 0.528) EQ-VAS: 15.726 (England 13.966, Lowest 7.586, Highest 19.524) Oxford Hip Score: 25.394 (England 22.315, Lowest 15.664, Highest 25.394)</p> <p>Knee replacement primary EQ-5D: 0.352 (England 0.335, Lowest 0.215, Highest 0.419) EQ-VAS: 7.909 (England 7.888, Lowest 0.458, Highest 13.215) Oxford Knee Score: 18.386 (England 17.485, Lowest 12.621, Highest 20.687)</p> <p>Knee replacement revision EQ-5D: N/A* (England 0.295, Lowest 0.168, Highest 0.393) EQ-VAS: N/A* (England 5.518, Lowest -4.643, Highest 10.409) Oxford Knee Score: 12.321 (England 13.840, Lowest 8.650, Highest 16.384)</p> <p>Total Knee replacement EQ-5D: 0.356 (England 0.333, Lowest 0.221, Highest 0.409) EQ-VAS: 7.636 (England 7.805, Lowest 1.253, Highest 12.390) Oxford Knee Score: 18.078 (England 17.356, Lowest 12.875, Highest 20.732)</p> <p>* N/A refers to values that have been suppressed due to low patient numbers or non-submission</p>	NHS England continue to monitor the hip and knee surgery PROM collections.	<p>The data is reviewed regularly by the Surgical Services Division through their Governance structure.</p> <p>PROMs are useful tools in obtaining data on patients' perceptions of their health and experiences whilst receiving care and can be subjective in response.</p> <p>To reduce any bias the questionnaires are completed in the patient's home environment in their own time.</p>	No	NHS Digital Indicator Portal	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
	Patients readmitted to a hospital within 28 days of being discharged	<p>The percentage of patients readmitted to any hospital in England within 28 days of being discharged from hospital after an emergency admission during the reporting period; aged::</p> <ul style="list-style-type: none"> ● 0 to 15 ● 16 or over 	<p>HED:</p> <p>Period: November 2020 - October 2021</p> <p>(i) 0 to 15: 11.23% (National 9.96%, Lowest 3.25%, Highest 16.14%)</p> <p>(ii) 16 or over: 6.02% (National 8.93%, Lowest 4.63%, Highest 12.89%)</p>	<p>HED:</p> <p>Period: November 2019 - October 2020</p> <p>(i) 0 to 15: 11.24% (National 9.6%, Lowest 3.25%, Highest 16.19%)</p> <p>(ii) 16 or over: 7.0% (National 8.82%, Lowest 4.82%, Highest 12.72%)</p>	<p>1. Worse than the national average</p> <p>2. Better than the national average</p> <p>Although NHS Digital no longer report this indicator, the data is available from HED using the following report:</p> <p>https://www.hed.nhs.uk/portal/Module.aspx?ReportID=516</p>	<p>Whilst no longer nationally reported - readmission data is monitored by Divisions through their Governance structures and Trust wide in the monthly Board Report.</p> <p>The Trust is aware that changes in NHS working practices such as streaming patients into ambulatory care settings and the transfer of community inpatient services and the subsequent recording on Patient Systems can have a detrimental effect to a reported figure. National work is ongoing to identify a metric definition and recording for ambulatory care, that means they will not negatively affect what is an inpatient based figure.</p>	No	NHS Digital Indicator Portal	National Definition
Domain 4 - Ensuring people have a positive experience of care	Responsiveness to the personal needs of patients	<p>The Trust's score with regard to its responsiveness to the personal needs of its patients during the reporting period (score out of 100).</p> <p>The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.</p>	<p>April 2020 - March 2021</p> <p>74.7 (England 74.5, Lowest 67.3 Highest 85.4)</p>	<p>April 2019 - March 2020</p> <p>70.4 (England 67.1, Lowest 59.5, Highest 84.2)</p>	<p>The Trust continues to ask these questions as part of the care quality assessment tool (a real time audit).</p>	<p>The Patient Experience Committee reviews the full report and oversees any actions required.</p> <p>The 2021/22 Survey has been completed and is being compiled nationally. Results will be available in August 2022.</p>	<p>Internal Audit 2021/22</p> <p>Rated Green - no recommendations</p>	NHS Digital Indicator Portal	National Definition
	Staff who would recommend the Trust to their family or friends	<p>The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.</p>	<p>2021 Staff Survey</p> <p>78.4% (All Trusts 67.8% Combined Acute & Community Trusts 67.8%)</p>	<p>2020 Staff Survey</p> <p>84.2% (All Trusts 74.2%, Combined Acute & Community Trusts 74.3%)</p>	<p>Picker Institute that oversaw the 2020 staff survey are an approved Survey Contractor having met the necessary data quality standards. They have expertise in this field as the organisation that runs the survey co-ordination centre which oversees survey programmes for acute, mental health and primary care for the Care Quality Commissions.</p>	<p>The Trust Communications & Engagement Team have several workstreams at Corporate, Divisional and local levels including leadership training and staff engagement meetings.</p>	<p>Internal audit 2013/14</p>	NHS England	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 5 - Treating and caring for people in a safe environment	Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	VTE Submissions were paused early 2020 due to the COVID pandemic. As such no Q4 figures are available at present. It is not known when these figures will be available.	VTE Submissions were paused early 2020 due to the COVID pandemic. As such no Q4 figures are available at present. It is not known when these figures will be available.	The focus has been on sustaining performance against this target. This has been achieved through a relentless focus by ward clinical teams to ensure that all eligible patients are risk assessed in a timely manner.	On-going work with clinical teams to strive for 100% risk assessment. Monthly performance is reviewed at ward level through the ward to board framework and at Divisional level through the Performance Assurance Framework meetings. As working practices change and patients move into ambulatory care settings, cohort groups are reviewed to check for relevance.	Review is currently in progress of the VTE Assessment by Clinical Teams through the MY CARE programme. Internal Audit 2021/22	NHS Improvement	National Definition
	Rate of C.difficile infection	The rate per 100,000 bed days of Trust apportioned cases of C. difficile infection that have occurred within the Trust amongst patients aged 2 or over during the reporting period.	April 2020 - March 2021 9.1 (England 15.79, Lowest 0, Highest 80.6) Figure represents Hospital Onset cases only	April 2019 - March 2020 10.845 (England 13.649, Lowest 0, Highest 51.005) Figure represents Hospital Onset cases only	The Trust has continued to implement effectively measures proven to reduce the risk of C.difficile infection, namely: <ul style="list-style-type: none"> • Antimicrobial Stewardship • Environmental hygiene including an annual deep clean programme • Hand hygiene • Isolation of symptomatic patients • Rapid laboratory diagnostics • Provision of written guidance and policy supported by education 	The Trust now also reports internally via Trust Board papers the number of Community (Healthcare associated) cases each month in addition to the number of Hospital Onset cases.	Internal Audit 2021/22 Rated Green - no recommendations	Public Health England	National Definition
	Patient safety incidents and the percentage that resulted in severe harm or death	The number and where available, rate of patient safety incidents that occurred within the Trust during the reporting period, and the percentage of such patient safety incidents that resulted in severe harm or death. A patient safety incident is defined as 'any unintended or unexpected incident(s) that could have, or did, lead to harm for one or more person(s) receiving NHS funded healthcare'.	October 2020 - March 2021 Total Incidents: 8149 % resulting in severe harm or death: 0.86% (Apr 2020 - Mar 2021 - England 0.40%)	October 2019 - March 2020 Total Incidents: 7,817 % resulting in severe harm or death: 0.01% (Apr 2018 - Mar 2019 - England 0.30%)	The data is directly uploaded from Datix and subject to vigorous data quality checks by the Trust and NRLS. The increased rate of severe harm or death is directly attributable to deaths from Nosocomial COVID-19	The Trust has targeted areas of lower reporting to ensure a consistent open reporting culture across all areas. This work is ongoing. It also publishes internally regular reports on 'Learning from Deaths'.	Internal audit 2013/14	NHS Digital	National Definition

Quality Account Part 3 Indicators

Indicator for disclosure (limited to those that were included in Single Oversight Framework (SOF) for 2017/18)	2021/22	2020/21	Source of Measure	Definition	Audited?	
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	50.0%	52.2%	NHS England	National Definition	KPMG 2017/18 Internal Audit 2021/22	
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	● Trust position	65.7%	76.2%	NHS England submission	National Definition	KPMG 2018/19
	● Eastern Devon System includes Tiverton/Okehampton/Exmouth MIUs	72.8%	81.1%			
All cancers: 62-day wait for first treatment from:	● urgent GP referral from suspected cancer	75.10%	75.80%	NHS Digital	National Definition	KPMG 2018/19 Internal Audit 2013/14
	● NHS Cancer Screening Service referral	60.00%	66.70%	NHS Digital	National Definition	PWC 2012/13
Maximum 6-week wait for diagnostic procedures	60.50%	66.40%	NHS England	National Definition		
C.difficile: variance from plan (hospital acquired)	+4 (35 cases, 31 plan)	-4 (27 cases, 31 plan)	Public Health England	National Definition	Internal Audit 2021/22 Rated Green - no recommendations	

Statement from the RD&E Council of Governors:

Annex A

I write this statement on behalf of the Council of Governors (CoG) and as a member of the Patient Safety and Quality Working Group (PSQWG). It reflects the continued effects of COVID-19 for patients and NHS staff with an increased waiting list for care. COVID-19 infections continue, but with a reduced patient acuity, high staff absences as staff isolate because of either being COVID-19 positive or being in close social contact with someone who has tested positive for the virus.

The continued restrictions have impacted on Governor activities and some of the ways we fulfil our role, as guidance to NHS Trusts has meant that face to face activities have not recommenced and meetings continue to be virtual.

This year has also seen the Royal Devon and Exeter NHS Foundation Trust (RD&E NHSFT) continue to plan for a proposed merger with the Northern Devon Healthcare NHS Trust (NDHT).

This statement sets out the different ways in which the Council of Governors fulfilled their role during 2021/2022.

Our Governor Quality Priorities 2021/2022

Governors made a proposal which was subsequently agreed to continue with the Priorities set in 2020/2021. These were still relevant to 2021/2022 and the Council of Governors did not have an opportunity as previously for a face-to-face report and discussion on how these priorities were being met by the Trust. These priorities were:

Waiting Times: We were aware of the impact of the increase in waiting times caused by the COVID-19 Pandemic on our communities and wanted a detail response to the questions we asked about the increased waiting times. This remains a challenge across the NHS and continues to be of concern to us. We are pleased to see some of the initiatives reported to us in the governance reports and discussed in the Integrated Performance Reports of the RD&E NHSFT Board. Some assurance is also gained through hearing the patient stories at the monthly Board of Directors meetings. We have been assured by the challenge undertaken by Non-Executive Directors of the Executive Directors on the increased waiting list at Board meetings.

Some of the initiatives we were pleased to know about are the Waiting Well initiative and the evaluation of potential harm to patients by a clinician which may be caused by a delay in treatment. We are pleased to see the use of the Nightingale Hospital Exeter, by the RD&E NHSFT and Devon to reduce the waiting times/list in diagnostics, ophthalmology and orthopaedics.

MY CARE Patient Portal: This is the Electronic Patient Record System that was introduced at RD&E NHSFT in October 2020. We wanted to know the patient and staff experience of using this new system and assurance that it was being monitored and evaluated. The Governance Reports provides an assurance that this is being done and we look forward to a more formal discussion about this.

Fulfilment of the Governor's Role and Duties

The duties of the CoG as stated in the Constitution of the Royal Devon and Exeter NHS Foundation Trust (2018 p10) are:

- 'to hold the Non-Executive Directors individually and collectively to account for the Board of Directors and;
- to represent the interest of the members of the Trust as a whole and the members of the public'.

We are members of our local communities along with members of staff (Staff Governors), an Appointed Governor from the University of Exeter, and an Appointed Governor from Devon County Council. Our meetings have largely remained virtual apart from a face-to-face meeting when recruiting the new Chair for the Trust. Members of the Nominations Committee which has a majority of Governor members were able to meet candidates face-to-face using COVID-19 safe precautions.

A successful election was run for Governors during 2021/2022 with all constituencies being recruited to.

We fulfilled our role as a Council of Governors by attending meetings in which we were able to participate/observe the performance of the NEDs. These meetings are detailed below, and all meetings were virtual.

- Attendance at the monthly Board of Directors meeting where Governors were able to observe the Non-Executive Directors holding the Executives to account. Virtual meetings saw more Governors attending.
- A Governor being an observer member of the Audit Committee. This Committee is chaired by a Non-Executive Director (NED). A report is received by the CoG from the attending Governor.
- Governors being members of the Nominations Committee, which appoints NEDs and the Chair of the Trust. This has been a particularly busy during 2021/2022 with the recruitment of two new NEDs and the new Chair of the Trust. This appointee will be the Chair for the proposed merged Trust from 1 April 2022 should the merger be approved.
- Governor representatives being members of the NED Remuneration Committee. This committee approves the remuneration of NEDs and the Chair of the Trust.
- A Governor being a member of the Integration Programme Board for the proposed merger. This Board is chaired by a NED.

Other Activities

Governors continued to support the closer working between the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust. Governor representatives were involved in the working group for the naming of the proposed merged Trust. Some Governors were also actively involved in the drafting of the new Constitution for the proposed merged Trust.

Council of Governors meetings and Council of Governors Development Days continued virtually and received and discussed draft documents for the proposed merged Trust such as its Constitution. We received regular updates and draft documentation for the proposed merger such as the Full Business Case and the Post Transaction Integration Plan. This provided opportunities for discussion and assurance that what was planned was in the best interest of patients, the community, and staff.

Things that Challenged Us

During this year the effect of a loss of face-to-face contact began to be felt by Governors. The building of a relationship with the newly recruited Governors was lost although some opportunities were created for this to happen virtually. In the past informal

conversations over coffee had allowed Governors to begin to get to know each other and get to know the NEDs, this was solely missed during 2021/2022. Reduced connectedness and a reduced confidence to volunteer for roles such as chairing of groups has been impacting the CoG and is something we are hoping will be better soon. New Governors received an induction to their role and have had opportunities to volunteer and attend NHS Providers development activities, but human contact continues to be missed.

Representing the patient's voice and the communication of the patient experience has also been a challenge. A patient experience strategy is being developed and Governors have been consulted on it along with the public and the wider community of the proposed new Trust. Governors look forward to this being reported on.

Things that the Trust have done well

The Trust has been agile in the reuse of Nightingale Hospital, Exeter. Following the reduction in seriously ill COVID-19 patients, the facility has been used for COVID-19 vaccinations, training and has been refurbished to offer diagnostics, ophthalmology services, and orthopaedic day surgery. This initiative aims to reduce the number of patients on the increased post COVID-19 waiting lists. Patients are reporting the benefits of this initiative and we congratulate the Trust and Devon on the use of this facility and feel proud of it.

The importance of staff wellbeing and looking after 'our people' has been important and the initiatives, such as the lounges and open spaces available to support staff is commendable.

Finally

The Council of Governors recognise that this has been a challenging year and that the increased workload has continued. James Brent, Chairman of the RD&E NHSFT and the CoG, came to the end of his term of office at the end of March 2022. We were able to thank him virtually for his leadership of the Trust and placing patients at the heart of his work. We would like to thank the Board of Directors and staff for their continued hard work, and dedication to a high standard of patient care.

Faye Doris

Public Governor and Member of the Patient Safety and Quality Working Group

Statement from the NHS Devon CCG: Annex B



Devon
Clinical Commissioning Group

Royal Devon and Exeter Foundation Trust Quality Report Commentary 2021/2022

NHS Devon Clinical Commissioning Group (CCG) would like to thank Royal Devon and Exeter Hospital Foundation Trust (RD&E) for the opportunity to comment on the quality account for 2021/22. RD&E is commissioned by NHS Devon CCG to provide a range of secondary, planned and urgent care and integrated community services across Devon. 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 2021/22 period.

While managing the ongoing impact of COVID-19 and the challenges presented by the impact on emergency and planned care, Devon health services have worked closely together to share expertise and good practice, as well as providing mutual aid and testing new ways of working.

Despite the pressure on staff and services, this Quality Account has highlighted a number of positive results against key objectives for 2021/22. These include:

- **Patient Experience** – The Joint Patient Experience Strategy has progressed to the final consultation stage. Following this the strategy will be ratified at Governance 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 both Trusts have established their Patient Experience Operational Groups.

The revised patient experience metrics are now fully embedded into the integrated performance reporting schedule and are presented to the Joint Trust Board at each meeting of the Board. A reporting schedule is currently under development through the newly established patient experience governance framework. The strategy is undergoing final consultation, the RAG rating remains amber until ratified.

- **Just Culture** – alongside NDHT the Trust has taken an active involvement in national and regional Patient Safety meetings ahead of the PSIRF launch in the coming months and are collectively 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. The CCG welcomes the outcomes of the staff review of incident processes.

- **End of Life Care** – the CCG is pleased to see the progress made in this specialist area. The CQC rated End of Life care as good, whilst also identifying areas for improvement to put the patient at the centre of care and staff treating patients and those close to them with sensitivity, courage and compassion. Completion of the End of Life Strategy and launch alongside staff training and communication links is overseen by the End of Life Steering Group.

Additional areas of improvement include the Emergency Department Redesign, a significant programme of work to improve the overall capacity, particularly within Children's and resuscitation bays, and are set to continue for 18 months. In response to delays in discharge and addressing barriers experienced when under operational pressure, a Discharge Lounge was created for patients to wait in comfort for medications and transport.

Following alliance with the foundation school Quality Improvement Academy (QIA) and the Promotion of Learning for Excellence (Lfe) a quality improvement project was created to improve reporting. In the first 6 months, Lfe champions were identified for targeted project implementations to support sustained change.

The RD&E maternity and neonatal teams have instigated a project titled Perinatal Excellence (to reduce injury in premature birth). Identified aims are to improve outcomes for the most vulnerable babies who are born prematurely. Under the project statistics show in September 2020 42% of pre-term babies benefited from optimal cord management increasing to 100% in June 2021.

Trust Governors' priorities:

- MY CARE System Patient Portal for patients to access to key elements of their medical records and test results. In March 2021 31,720 MyChart users had accessed the system.
- The Waiting Well initiative was created to ensure support and communication is available to those waiting in their care pathway.

Both priorities are RAG rated as green reflecting progression.

The NHS Nightingale Hospital Exeter maintains its clinical role providing capacity for elective care and was recognised at the ICE South West Awards 2021. Additionally, The Nightingale Team won the 'Collaboration of the Year' award to showcase achievements and received 'highly commended' in the 'Refurbishment Project of the Year' at the Healthcare Estates IHEEM Awards 2021.

Priorities for 2022/23

The CCG also notes and welcomes the 2022/23 priorities outlined by RD&E in their Quality Account, and will look forward to seeing achievements outlined as they aspire for continuous quality improvement. As Commissioners we continue to support these priorities. Each of these programmes will continue to evidence and improve quality and safety for the benefit of patients, families, carers and staff building on the lessons learned from 2021/22.

The below priorities are set out for 2022/23:

- Priority 1 – Improving learning from incidents
- Priority 2 – End of Life Care – digital enablement
- Priority 3 – Building a Safety Culture
- Priority 4 – Learning from our successes
- Priority 5 – Embedding best practice in communication

The CCG also notes the comprehensive details under the following areas of quality and safety as described in the report:

- Duty of Candour
- Learning from Deaths
- 7 Day Services
- NHS Staff Survey Results
- Freedom to Speak up and Whistleblowing
- Clinical Audit (participated in 46)
- Clinical Research

Care Quality Commission (CQC) involvement

As Commissioners, we have worked closely with RD&E during 2021/22 and will continue to do so in respect to all current and future CQC reviews undertaken, in order to receive the necessary assurances that actions have been taken to support continued, high quality care.

During 2021/21 the Trust underwent a routine announced CQC inspection as part of CQC's Winter Inspection Programme of the Infection Prevention and Control Measures. Although the inspection was not rated, the feedback indicated effective processes were in place. The most recent report was published in April 2019 following an announced inspection and gave an overall rating of 'Good' with 12 'must take' and 76 'should take' actions outlined. Under 'Safe' the CQC rated the Trust as 'requires improvement' referred to all community health services, surgery and maternity. Progress reports are presented quarterly to the Joint Governance Committee and shared with the CCG.

On review of this Quality Account, RD&E's commitment to aspire to continually improve quality of care is evident. The CCG looks forward to working with RD&E in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

Statement from Healthwatch Devon: Annex C



2021-22 Response to Royal Devon & Exeter Foundation Trust Quality Account

Healthwatch in Devon, Plymouth & Torbay (HWDPT) welcomes the opportunity to provide a statement in response to the quality account produced by the Royal Devon & Exeter NHS Trust (RD&E) 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 have witnessed the challenges faced by the Trust as the level of Covid cases within Devon fluctuated and variants of the virus were identified. Each wave of the virus has brought its own challenges not only for service delivery but also for staff who have been under consistent pressure for a long period.

Reviewing last year's priorities, we acknowledge that the pandemic has had a significant impact on the services provided by RD&E and recognise that this may have affected the progress of the priorities set by the Trust. However, we acknowledge all the work undertaken in the priority areas to improve the patient journey and experience.

Governor Priorities 2021-22

Priority 1 – MY CARE Patient Portal

The introduction and increase use of digital systems by NHS Services to provide support to patients is welcome and the work undertaken by the Trust in both introducing the system and reacting to patient experience and comment is acknowledge as is the increase of use by patients. Whilst welcoming digital technology to support both services and patients, it should be remembered that not all patients have the access or wish to access services this way and more traditional communication routes also need to be maintained and improved where necessary.

Priority 2 – Waiting Times

The pandemic has increased national waiting times for elective procedures. Along with other initiatives, the Trust has established a 'Waiting Well' initiative with 7 work streams to support patients as they

await treatment, and we support this activity. Healthwatch look forward to waiting times reducing over the coming year

Trust Priorities 2021-22

Priority 1 – Patient Experience (Joint across NDHT & RD&E)

As the Trust moved forward with its plan to merged with North Devon Hospital Trust, it made sense to develop a joint patient experience strategy to enable shared learning and improve patient experience across all sites. We acknowledge that there is still further process to be ratified but are encouraged by the work so far.

Priority 2 – Just culture (Joint across NDHT & RD&E)

The Just Culture concept and methodology complements work to implement the national patient safety strategy. Whilst staff focused the concept is firmly aimed at improving patient safety and 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 – End of Life Care

End of Life Care is important for patients and their families at a time of emotional upheaval and to know that they are not alone on this journey and that support is available is a comfort. End of Life Care was a Governor's priority in 2020-21 and it is pleasing to see that work established then continues to be developed to improve the quality of care for patients who are at end of life.

Governor & Trust Priorities 2022-23

HWDPT note the priorities for the coming year and support the decision to reduce the overall number of priorities for 2022-23 given the enormous pressure that the Trust and its staff have been under since the start of the Covid-19 pandemic.

Healthwatch 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.

Statement from the Health and Adult Care Scrutiny Committee: Annex D



COMMENTARY ON THE ROYAL DEVON AND EXETER NHS FOUNDATION TRUST QUALITY ACCOUNT 2021/22

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Royal Devon and Exeter NHS Foundation Trust Quality Account for the year 2021/22. All references in this commentary relate to the reporting period of the 1st of April 2021 to the 31st of March 2022 and refer specifically to the Trust's relationship with the Scrutiny Committee.

It is the view of the Scrutiny Committee that the Quality Account provides a comprehensive account and fair reflection of the services offered by the Trust, based on the Scrutiny Committee's knowledge.

Members appreciate the positive work that has been carried out by the Trust in reference to the 2021/22 priorities, particularly welcoming green RAG ratings regarding waiting times and end of life care. The Committee also notes the amber RAG rating of patient experience remaining as such until a final strategy is ratified and welcomes this approach. That there has been success across all Governor and Trust priorities is promising.

The Committee also welcomes the highlighted improvements relating to: Emergency Department Redesign, including capacity expansions for children and increased number of resuscitation bays; the promotion of the Learning from Excellence (LfE) framework which it is noted has resulted in better outcomes across the Trust; and reduced injury in

premature birth. The Trust's continued proactive response to the Care Quality Commission (CQC)'s February 2019 visit and the regular involvement of the Governance Committee to ensure progress on "Must Take" and "Should Take" actions is also commended by Members.

The Committee notes the absence of Governor Priorities and the reasoning behind this, and fully supports the five Trust Priorities for 2022/23 in their entirety. Members expect the Trust to continue its high-quality work in ensuring patients and staff receive the best support possible. Members also appreciate the significant work involved in response to the pandemic and are extremely thankful for the Trust's approach to the difficulties of providing a high level of service in the face of such difficulties. The Committee notes that this is an ongoing consideration and welcomes the Trust's transparency in highlighting the unique challenges that COVID-19 poses.

The Committee notes the Trust will be reporting back next year as the Royal Devon University Healthcare NHS Foundation Trust after having merged with the Northern Devon Healthcare NHS Trust and hopes that this will prove beneficial to patient outcomes and service delivery. It welcomes the prospect of a continued positive working relationship with the Trust.

Statement of Directors' Responsibilities for the Quality Report: Annex E

The directors are required under the Health act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2021/22 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2021 to March 2022
 - papers relating to quality reported to the board over the period April 2021 to March 2022
 - feedback from commissioners dated 23 May 2022
 - feedback from governors dated 25 May 2022
 - feedback from local Healthwatch organisations dated 24 May 2022
 - feedback from Health and Adult Care Scrutiny Committee dated 23 May 2022
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated January 2021
 - the national patient survey 2021
 - the national staff survey 2021
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated 6 May 2022

- CQC inspection report dated April 2019
- The Quality Report presents a balance picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm that, to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Report.

By order of the Board



6 June 2022
Chair



6 June 2022
Chief Executive

Clinical Audit:

Annex F

The national clinical audits and national confidential enquiries that the Royal Devon and Exeter NHS Foundation Trust participated in, and for which data collection was completed during 2021-22 are listed below 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 (where known).

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
MEDICAL SERVICES DIVISION				
National Cardiac Audit Programme Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	640*	
National Cardiac Audit Programme Cardiac Rhythm Management (CRM)	Yes	Yes	1294	
National Cardiac Audit Programme Percutaneous Coronary Interventions (PCI)	Yes	Yes	816*	
National Cardiac Audit programme National Heart Failure Audit	Yes	Yes	302*	
National Cardiac Audit Programme Adult Cardiac Surgery	No	N/A	N/A	
National Cardiac Audit Programme National Congenital Heart Disease (CHD)	No	N/A	N/A	
National Audit of Cardiac Rehabilitation	Yes	Yes	1026*	
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100 % (828)	
National Audit of Pulmonary Hypertension	No	N/A	N/A	
Out-of-Hospital Cardiac Arrest Outcomes Registry	No	N/A	N/A	
Inflammatory Bowel Disease (IBD)	Yes	No	N/A	Non-participation due to New EPR system data issues
National Asthma and COPD Audit Programme -COPD	Yes	Yes	428*	
National Asthma and COPD Audit Programme -Adult Asthma	Yes	Yes	26*	
National Outpatient Management of Pulmonary Embolism (BTS)	Yes	Yes	100% (12)	
National Smoking Cessation 2021 Audit (BTS)	Yes	No	N/A	Non-participation-COVID-19 & Operational pressures
National Gastro-intestinal Cancer Programme -National Oesophago-gastric Cancer (NOGCA)	Yes	Yes	115*	
National Diabetes Core Audit	Yes	Yes	100%	DOB & NHS Numbers only, data provided by Primary care
National Diabetes Inpatient Safety Audit	Yes	Yes	100%	
National Pregnancy in Diabetes Audit	Yes	Yes	17*	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
Renal Audit -UK Renal Registry	Yes	Yes	100%	
National Audit of Dementia	Yes	Yes	30	
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Yes	716*	
Royal College of Emergency Medicine Pain in Children	Yes	Yes	109*	Audit closes Oct 2022
Falls & Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls	Yes	Yes	100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	78*	
National Clinical Audit of Psychosis	No	N/A	N/A	
Prescribing Observatory for Mental Health (POMHUK)	No	N/A	N/A	
Mental Health Clinical Outcome Review Programme	No	N/A	N/A	
SURGICAL SERVICES DIVISION				
National Joint Registry (NJR)	Yes	Yes	679	
Case Mix Programme (CMP) ICNARC	Yes	Yes	893*	Data issues due to New EPR system
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%	
BAUS: Cytoreductive Radical Nephrectomy	Yes	Yes	100%	
BAUS Management of the Lower Ureter in Nephroureterectomy Audit (Lower NU Audit)	Yes	Yes	N/A	Awaiting final data
Elective Surgery (National PROMs Programme)	Yes	Yes	270	
National Vascular Registry (NVR)	Yes	Yes	307*	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	43*	Data issues due to New EPR system
Falls & Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database	Yes	No	N/A	Did not participate
Falls & Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database	Yes	Yes	614	
National Early Inflammatory Arthritis Audit	Yes	Yes	2*	Data issues due to New EPR system
Neurosurgical National Audit Programme	No	N/A	N/A	
Cleft Registry and Audit NETwork Database	No	N/A	N/A	
SPECIALIST SERVICES DIVISION				
National Gastro-intestinal Cancer Programme National Bowel Cancer Audit	Yes	Yes	340*	Data issues due to New EPR system
National Lung Cancer Audit (NLCA)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
National Prostate Cancer Audit	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Care at End of Life (NACEL)	Yes	Yes	100%	
UK Cystic Fibrosis Registry	Yes	Yes	Adults 136* Children 63*	
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%*	
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100% (230)	
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	
Paediatric Intensive Care (PICANet)	No	N/A	N/A	
National Audit of Seizures & Epilepsies in Children & Young People- Epilepsy12	Yes	Yes	12*	
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) <ul style="list-style-type: none"> ● Perinatal Mortality Surveillance ● Perinatal confidential enquiries ● Maternal Mortality Surveillance and mortality confidential 	Yes	Yes	100%	
National Perinatal Mortality Review Tool (MBRRACE-UK)	Yes	Yes	100%	
National Child Mortality Database	Yes	Yes	100%	
National Asthma & COPD Audit Programme – Paediatric Asthma Secondary Care	Yes	Yes	46*	
National Comparative Audit of Blood Transfusion – 2021 Audit of the Perioperative Management of anaemia in children undergoing elective surgery	N/A	N/A	N/A	Audit did not run
National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management & NICE Guidelines	Yes	Yes	100%	
Serious Hazards of Transfusion (SHOT)	Yes	Yes	100%	
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
COMMUNITY SERVICES DIVISION				
National Diabetes Foot Care Audit	Yes	Yes	538	Includes Community & Acute
National Asthma & COPD Audit Programme – Pulmonary Rehabilitation	Yes	No	N/A	Non-participation due to COVID-19
NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME & DEATH (NCEPOD)/ REVIEW PROGRAMME				
Child Health Clinical Outcome Review programme <ul style="list-style-type: none"> Transition from child to adult health services 	Yes	Yes	100%	
Medical and Surgical Clinical Outcome Review Programme <ul style="list-style-type: none"> Community acquired pneumonia Crohn's disease Epilepsy study 	Yes	Yes	100%	

* Provisional, data not yet finalised/cleansed/data submission on-going