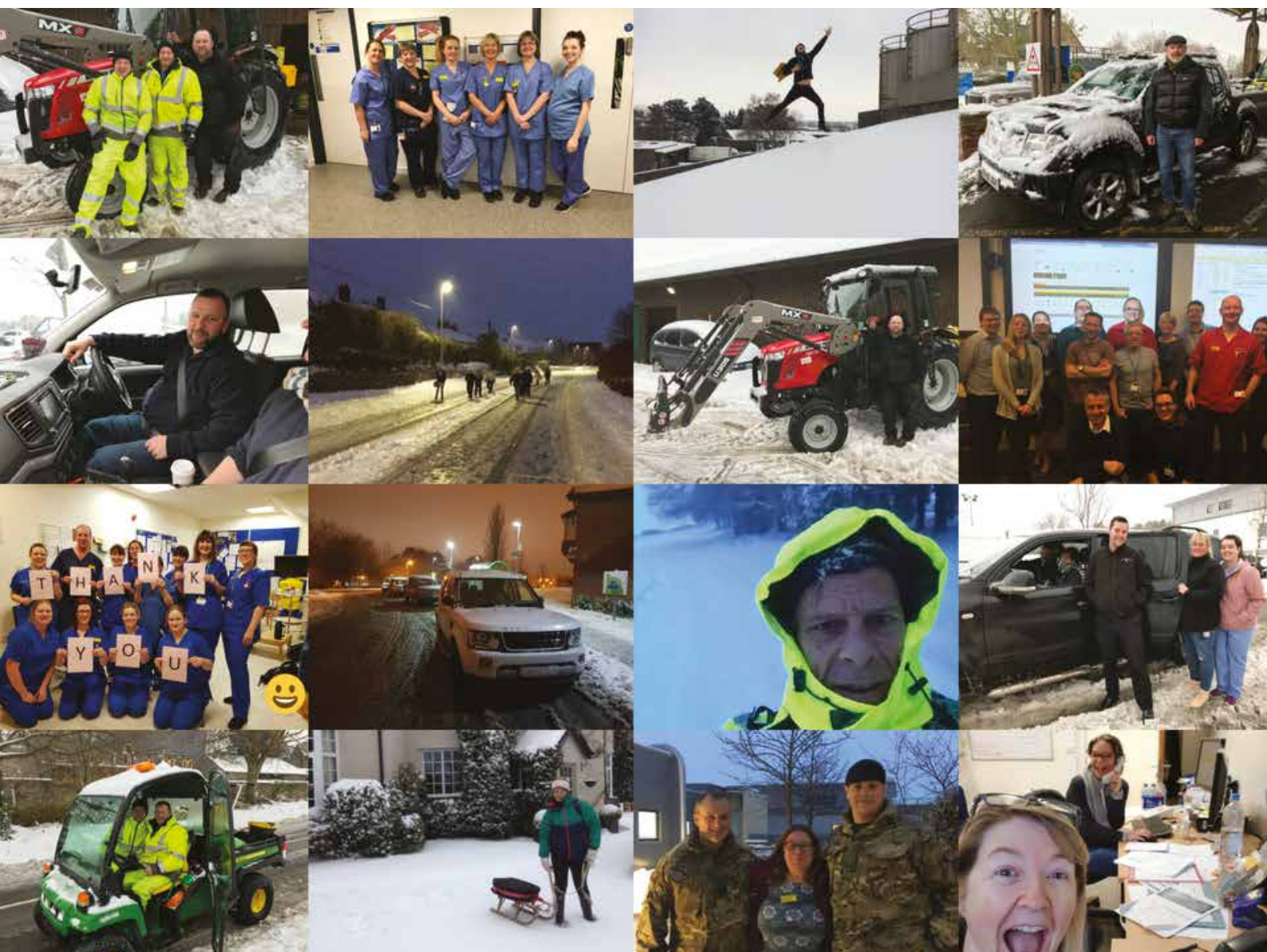


Annual Report and Accounts 2017/18

Royal Devon and Exeter NHS Foundation Trust



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CHAIRMAN'S INTRODUCTION

It is my pleasure to introduce our Annual Report, Quality Report and Accounts for 2017/18.

It was another very challenging year for the NHS across England. All the key access metrics showed significant declines both in emergency medicine (the 4-hour A&E target) and elective care (both for cancer and other care). While the measurement is numerical, the impact of each number is very human: more people are waiting without the care they require in the wrong care settings for longer than they should be.

And yet despite the NHS' failure to meet its operational targets, it has spent more money than was allocated by the Treasury. The aggregate deficit of the NHS Providers amounted to £931 million (forecast at the end of quarter 3): a worrying number if nationally we were delivering the service expected of us; much more concerning that, collectively, we are overspending to deliver less than is expected of us. This is clearly an unsustainable position for the NHS.

Is the NHS recovering its operational and financial position? Sadly not. In my view the single biggest issue we face is not money but our people. With a swipe of his pen, the Chancellor can give more money to the NHS immediately but this will not deliver more trained staff to deliver care. We are currently short of c. 190,000 trained staff....and many of these require many years of training. If this was not challenging enough, recruitment of overseas staff, upon which we have become so dependent to fill the gap, has become increasingly difficult as a consequence of Brexit and wider immigration concerns.

If the problem cannot be solved by revenue funding alone then how will it be solved? Like most complex problems, in my view, we need to look to several areas.

We need to fundamentally change our models of care. A change in focus, for example, from 'what's the matter with me' to 'what matters to me' and a resilient focus on supporting our communities to stay well for as long as possible and our patients to remain at home when safe rather than defaulting to institutionalised care. If we can make this change, then the type of people we employ will also change. We will still need to invest heavily in acute care, but the new models of care will mitigate the impact on services of a growing and ageing population with increasing acuities.

We need to invest in technology to support our staff to improve productivity. We have the ability to reduce bureaucracy, reduce error, improve patient experience and focus our clinicians on what they do best: providing wonderful compassionate and effective care to our patients. This needs to be enabled through investment in technology. The core RD&E patient records system is thirty years old; there no prospect of becoming more efficient and enhancing productivity using 30-year old technology.

We need to improve our forecasting and planning for people. We need to train the people we need, rather than those that we think we can afford. Furthermore, we need to be increasingly creative about how we recruit and retain staff. Our staff are ageing (alongside the communities we serve) and we need to adapt to accommodate and support them too. Our staff who come from overseas are, and will remain, a core part of our workforce. As a nation, we need to embrace them and express our gratitude for how the massive contribution they make.

So how is your trust performing?

We have continued to provide very safe and compassionate care, with good outcomes, to a growing number of patients. This care is not solely in the acute hospital but across our community hospitals and community nursing. This year we have also welcomed to the RD&E new GP colleagues from Castle Place in Tiverton. Close relationships with primary care are, and will continue to be, key to delivering safe, effective and efficient care to our communities, but the approach with Castle Place is just one option.

In line with the national picture, our performance against targets for access to our services has deteriorated. At the end of the year, we achieved 92.5% performance (including our Minor Injury Units) against the 95% 4-hour target for A&E waiting times; a very creditable performance in the circumstances. Similarly, in cancer care at the end of March we were achieving 7 of the 9 national cancer waiting time targets and the Board was assured that our patients in this category received good access to timely treatment.

Access to non-cancer elective care remains a significant challenge with 83% of these patients being treated within 18 weeks, compared with the target of 92%. While we are planning modest improvements over the next twelve months we will not recover the target within the resources available to us.

Our diagnostic waits have also been disappointing (at the end of March 93% of patients receiving their diagnostic tests within 6 weeks, relative to a target of 99%). This is an important target and your Board is very focused on recovering the position as quickly as possible.

A really positive note for the year was our staff survey. Our staff are not only important to us because of the wonderful people that they are but because happy and motivated staff are critical to delivering safe, compassionate and high quality services to our patients and communities. We recently held our 'Winners of Winners Extraordinary People Awards' and the stories of exceptional performance by our people were... truly extraordinary! I am delighted that over the last 6 years we have moved from being in the lowest 20% of organisations in terms of staff satisfaction to one of the top 20% of performers nationally. This is a real credit to our leaders at all levels throughout the RD&E.

On the face of it our financial performance was very strong. We ended the year with a surplus of £13.0m and cash in the bank of £23.5m and our use of resources was a '1' - the highest available. Sadly, while we achieved our underlying targets, the particularly rosy numbers reflected one-off exceptional items. The financial challenge for 2018/19 will be even greater than the current year.

Despite the challenges, your Board remains very positive. We are shortly to embark on a major IT project that will revolutionise the way we serve our patients and our communities. We are strengthening our relationships with our Universities and we are working increasingly closely with our partners across Devon to provide the best sustainable health and care services to our communities across the County and beyond.

Finally, I would take this opportunity to thank our staff, our volunteers, my Governor and Board colleagues and colleagues across the health and care system for their massive endeavours over the last 12 months. The performance summarised in this annual report shows what a great team can deliver even in very challenging circumstances. Thank you.



James Brent
Chairman

PERFORMANCE REPORT: Overview

The purpose of the Overview is to provide a short summary that provides readers with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Introduction by the Chief Executive

It is my privilege to be introducing this year's Annual Report and Accounts - my second as Chief Executive at the RD&E.

It is a requirement for Foundation Trusts to produce an Annual Report and Accounts and we are obliged, by our regulators, to follow a clear structure and to ensure we include certain mandated information that sets out how we have performed during the preceding financial year and how we have used the resources available to us. This is right and proper as an organisation that spends taxpayers money, that provides key services to the community we serve and because we should be held accountable by our members and our population as a Foundation Trust. We work hard to meet these requirements to ensure that we give a true and accurate account of our work over the year in this report.

For me though, there are other good reasons to pull together this overview of our last year in this way:

- Looking through the report, and the achievements we highlight and the stories we tell, reaffirms to me that, despite the very real and pressing challenges we face as an organisation and as a system, we continue to do amazing things and help people who need our assistance often in remarkable ways that couldn't be imagined just a few years ago as a result of medical breakthroughs and advances in technologies.
- The Annual Report offers the opportunity to pause and reflect on just a small handful of these positive achievements and to celebrate them. All too often, as we confront the next demand or manage the next issue, it can be too easy to focus on those things that have gone wrong or need urgent attention rather than the things that go right. As we transform what we do and how we do it, our organisation is adapting its culture and one of the ways it is beginning to do this is by understanding that there is much to learn from what works well and why, and the contribution that innovative and adaptable human beings make in ensuring continued success, as there is in working out why things didn't go to plan.
- The Annual Report and Accounts rightly focuses on our performance and on our finances as you would expect. However, while these facts and figures are important, what we must not forget is that every day at the Trust we are dealing with people often facing important or life changing moments, who may be fearful, who feel that they cannot cope, or who may be bringing new life into the world. Every day at the Trust there are a thousand and one stories – real human stories - that play out and it is important that we understand that beneath the figures and the statistics are people in need of high quality care delivered with compassion and kindness.
- In a similar vein, what shines out from the Annual Report is that we are truly fortunate to have inspirational and fantastic staff who work tirelessly to deliver safe, quality care but who also recognise that patient experience is paramount. Over recent years we have worked to develop a culture of excellence in which staff feel empowered, in control and operating to the very best of their ability; where they feel supported in their role, have opportunities to take part in on-going learning but also feel a real sense of accountability; where they are motivated, feel appreciated and can see how what they do on a daily basis, helps contribute to the bigger picture. This is important not just because better motivated staff deliver safer and better quality care but also because we know we need staff to embrace and drive the kind of transformational change required if we are to succeed in delivering a new model of care. What this report shows, is that our staff are not just capable of making big changes they are ready and keen to do more to shift the focus from illness to wellness, from focusing on what's wrong to what's strong and playing a key role in the development of a new model NHS.

- This report highlights many of our achievements over the year. We faced one of the severest winters for many years as we grappled with flu, norovirus and inclement weather. As always our staff responded brilliantly to all these challenges – working hard to get things done, working professionally together, and with good humour even at times of great pressure.

On a different theme, I also want to reflect on some of the changes we have seen in our community services during the year. The RD&E welcomed community services from Northern Devon NHS Healthcare Trust in October 2016 and soon after the NEW Devon Clinical Commissioning Group embarked on a consultation on the use of acute beds in Community Hospitals. The consultation around inpatient beds in some community hospitals was part of a much larger shift towards a model that emphasised more integrated, personalised and sustainable local services enabling people to remain as well and independent as possible. The outcome of the consultation resulted in a reduction from 143 to 72 beds with all community inpatient beds being closed in Seaton, Whipton, Okehampton and Honiton. Our own analysis showed that over 50% of patients already in beds in community hospitals did not need to be there and with the reinvestment from inpatient beds 817 staff complete over 10,700 visits daily for our local population. One year on from setting up Community Connect, we have seen a real focus on admission avoidance, a reduction in waits for those that do need a community bed and an 11% reduction in readmissions after 30 days. In addition, we know from patient feedback that the new model is working well: 90% felt that their concerns were listened to and actioned and 71% felt confident they knew about their next care steps. Qualitative data also underlines that this new focus is, on the whole, perceived positively by patients, families and carers.

I recognise that we are at the beginning of a much longer journey in rethinking the way that care is delivered but, one year on, amidst wide ranging changes, the signs are very encouraging that the focus on keeping people well and independent is working. As the model continues to develop and roll out and as we work more closely with communities to support their needs, there will undoubtedly be bumps along the road, but this is a very positive beginning. I want to say a particularly big thank you and well done to staff that transferred to the RD&E, who went through the Your Future Care consultation, and then implemented the outcomes of this consultation. Your tenacity, team spirit and focus on patient experience has been truly exceptional. There is more to do to integrate our acute and community services, a great deal to learn from each other, but I am encouraged that together we will end up stronger and fulfil our ambition of delivering better, more integrated care to the people who need it.

It would not be possible to think about this last year without recalling how we responded to the extreme weather events that took place during March – in what we ended up calling snow-mageddon. As a result of Storm Emma and cold air from the east, Exeter bore the brunt of a significant snowstorm in early March. As a result we called an internal critical incident to ensure we kept the hospitals running smoothly over the weekend and then on into the following week. The severe weather was uniquely difficult because so many of our staff could not physically reach either our hospitals or patients in the local community. This was extremely challenging for all staff, clinical and non-clinical, acute and community. Everyone played a big part in helping to keep our patients safe and our services running during this extremely challenging period. It was truly inspirational to see the lengths many people went to, to continue working and help the Trust operate its urgent and emergency services. Even those staff who couldn't get in continued, after the initial event to rally around and support each other as we caught up on missed activity. For me, the response to this event – and the one several weeks later – demonstrated in spades, everything that is good about the RD&E and its staff. It's full of people who value teamwork and dig deep in times of intense pressure, and who care deeply about our patients and each other.

As set out within our Annual Report, we continue to make solid progress in engaging with our staff and finding new ways of connecting with them. This was reflected in our continued success in maintaining our overall staff engagement score this year at a time when nationally this declined for the first time in several years. Our results in the staff survey were mirrored in the responses we received to the Staff Friends and Family test which showed that overwhelmingly, our staff would recommend the RD&E to their friends and family as a place to receive treatment. I am extremely proud that this is how our own staff view the care that is provided.

It would be possible, if you were to read the national news headlines, to assume that the NHS is in crisis, that patients are getting a raw deal and that the NHS is staffed by people who are chronically undervalued. While we do face real challenges, the reality is somewhat different as I have set out above. Building on what we have achieved together the Board of Directors has been reviewing and refreshing the Trusts' strategy over the last 12 months to ensure it aligns with system wide plans for the whole of Devon and is fit for the future of our local population. You can read more about this in this report. Our refreshed strategy captures our ambitions and purpose as an organisation in a way that I hope our staff, volunteers, governors and members can understand and support. I remain optimistic about the opportunities ahead for this organisation and proud of the care we deliver and I look forward to leading it as we embark on this journey together.

A handwritten signature in blue ink, appearing to read 'Suzanne Tracey', with a large, stylized loop at the end.

Suzanne Tracey
Chief Executive

About the Royal Devon & Exeter NHS Foundation Trust

The Royal Devon and Exeter NHS Foundation Trust provides integrated health and care services across Exeter, East and Mid Devon. With about 8,000 staff, it manages a large acute teaching hospital, twelve community hospitals and provides community services to a core population of over 450,000.

The Royal Devon and Exeter NHS Foundation Trust (RD&E) has a long and proud history dating back over 250 years. The Trust has earned an international reputation as a recognised provider of high quality healthcare services, innovation, research and education. The Trust is nationally and internationally recognised for excellence in a number of specialist fields including the Princess Elizabeth Orthopaedic Centre, the Centre for Women's Health (maternity, neonatology and gynaecology services), Cancer Services, Renal Services, Exeter Mobility Centre and Mardon Neuro-rehabilitation Centre.

As a teaching hospital, the RD&E delivers undergraduate education for a full range of clinical professions; is established as a leading centre for high quality research and development in the South West peninsula and is the lead centre for the University of Exeter Medical School. The RD&E became one of the first foundation Trusts in 2004 and this status, with accountability to local citizens through our membership and governors, is an important way of connecting with the people and communities we serve.

The Trust's strategy is focused on ensuring that it provides safe, high quality services delivered with courtesy and respect. This was reflected in the Care Quality Commission (CQC) inspection in November 2015 which praised the Trust's culture as "strongly focused on quality with patients being the absolute priority." Rated as good overall, the first in the South West, the CQC rated seven out of eight services at the Wonford site as either outstanding or good including outstanding for Caring Services (Trust wide), Urgent and Emergency Care and Critical Care.

The Trust has responsibility for Eastern Community Services and many of the services run in the Community Hospitals in East Devon. By bringing acute and community services under one organisation in Eastern Devon, we are able to offer more efficient and joined up 'integrated' care. Working together with health and care partners and local communities, we are better placed to meet people's needs to ensure a hospital stay is only when acutely necessary and instead keep more people well at home and supported within their community.

The integration of care services is part of a wider ambition to establish a place-based system of care which promotes independence, prevention and citizen wellbeing. This system places the needs of the individual firmly at the centre, supporting them to live the life they want to lead.

Our Year

Spring

South West leads nose bleed research study

Last spring, the Trust led fourteen NHS Emergency Departments (ED) in a new clinical research study which could transform the way serious nose bleeds are treated.

Emergency Medicine consultant Dr Adam Reuben was the Chief Investigator of the NoPac study, trialling the use of Tranexamic Acid to reduce the need for nasal packing to treat acute spontaneous nose bleeds.

Dr Reuben said: *"In most cases the bleed can be resolved by simple measures but if it cannot be stopped, patients usually undergo anterior nasal packing which is an extremely uncomfortable experience; can require a hospital stay of several days and can lead to complications. This procedure is tolerated only on the basis that there is at present little alternative ways to treat it."*

The NoPac trial successfully investigated the use of Tranexamic acid (TXA) to stabilise and stem blood clotting. Following a local study at the Trust, results suggested that TXA could provide a promising alternative treatment to the current nasal packing practice and greatly enhance the experience for patients in the future.

The National Institute for Health Research (NIHR) awarded the trial funding to enable EDs in hospitals across the South West to also conduct the study. The Research Design Service South West supported the evolution of the study design and the set-up of NoPac was greatly assisted by the Peninsula Clinical Trials Unit (PenCTU) at Plymouth University.

The Trust launches new campaign to end 'pyjama paralysis' and boost patient wellbeing

In June, the Trust launched a new campaign encouraging inpatients to keep active in hospital and swap their pyjamas for everyday clothes to promote their independence.

The 'Your Road to Wellbeing' campaign encouraged patients to stay physically and mentally strong during their stay in hospital to give them the best possible outcomes and encourage better recovery at home after they leave.

Frontline clinical staff worked with patients on six key areas: staying mobile and active, eating and drinking

well, taking medicines correctly, looking after mental health, communication and making a going-home plan as soon as possible.

As part of the campaign patients are encouraged to get out of bed, dress and keep mobile rather than staying in bed to avoid 'PJ paralysis': so-called because patients sometimes end up confined to bed in pyjamas when they don't need to be, increasing their risk of muscle deterioration and hospital-acquired infection. Patients are also encouraged to consume plenty of fluid and calories to build strength; to alert staff if they are feeling anxious or low and are given advice on how to take medicines correctly.

Professor Em Wilkinson-Brice, Deputy Chief Executive/Chief Nurse, said: *"Our patients' time is precious and we want to do all we can to help them return to the life they want to lead once we have addressed their acute medical needs. Encouraging our inpatients to look after their own physical and mental wellbeing in the time they are with us is vital to this. It helps keep them strong and positive in hospital and improves their chances of leaving more quickly to continue recovering at home, where surroundings, routines and faces are more familiar and they have much greater independence and control."*

Exeter's Centre for Women's Health celebrates 10th Anniversary

Staff from the Centre for Women's Health celebrated the building's 10th anniversary in June with a gathering of staff from past and present.

Since it opened its doors on 11th June 2007, over 490,000 patients have visited for an appointment or admission and 37,433 babies have been born at the Centre.

The new £31.5 million wing, which is now home to maternity, neonatal and gynaecological services, was built to replace aging facilities at Heavitree Hospital. Its opening transformed existing services for women and babies in Exeter and brought the space and potential for staff to provide state-of-the-art, high quality care.

To mark the event, staff gathered around in the centre for a celebratory cream tea. They also took the opportunity to view a new piece of artwork from Exeter Health Care Arts, entitled 'Blossom through the seasons', specially commissioned for the anniversary.

Tracey Reeves, Deputy Chief Nurse/Midwife, said: *"It's been wonderful to see staff, both old and new, come together to celebrate the last 10 years of care at*

the Centre for Women's Health. We can be so busy going about our day to day tasks, that it is important to reflect on how this place and the people who work in it have touched so many lives and to mark this moment in the RD&E's long history of caring for women and babies in Exeter."

Trust is joint top performing non-specialist Trust in CQC Adult Inpatient Survey 2016 for overall patient experience – published May 2017

The Trust was ranked as the joint best performing non-specialist Trust in the country for overall patient experience of care in the 2016 (published in May 2017) Care Quality Commission (CQC) Adult Inpatient Survey.

The Trust shared the top spot with University Hospitals Bristol NHS Foundation Trust, scoring 8.6 out of 10 for people's overall experience of inpatient services and was amongst the best performers in the survey.

The Trust scored highly across all indicators in the survey, with many areas scoring better than the national average. These included patients feeling well looked after by staff during their time in hospital (9.3), that there were enough nurses on duty to care for them (8.3), and that they were able to bring their own medication and take it when they needed to (7.9).

Chief Executive Suzanne Tracey said: *"Our amazing staff work tirelessly every day to provide safe and high quality care for our patients and I am really proud to see this effort reflected in these excellent survey results. Being in hospital is never easy and we are encouraged that our patients have rated their experience with us so highly. We will do whatever we can to maintain these high standards of patient experience and will listen to feedback on where we can make improvements for the future."*

Summer

FORCE cancer charity funds chemotherapy first in Tiverton

Cancer patients in Tiverton were able to receive chemotherapy treatment at Tiverton and District Hospital for the first time in July thanks to funding from FORCE Cancer Charity.

FORCE set aside money from a legacy to pay for the weekly service, funding specialist nurses from the Trust to administer some of the more straightforward treatments to patients, saving them the journey to Exeter whenever possible. They also funded a new van for the secure transport of drugs.

FORCE worked closely with Tina Grose, Trust Lead Cancer Nurse and Helen Daggar, Matron for Cherrybrook Day Case Chemotherapy Unit, to get the new chemotherapy service off the ground.

Tina said: *"It's been really exciting to work with FORCE to make this happen for our patients. It extends FORCE's already outstanding work to support local cancer patients and it's completely in line with one of the Trust's key objectives, which is to offer more of its clinical services in the community, closer to people's homes and lives."*

Following the successful pilot in Tiverton, FORCE was able to extend its chemotherapy outreach service to Okehampton Hospital in February 2018, enabling more patients to receive their treatment in their local community.

Devon's Trainee Nursing Associate start work towards pioneering new healthcare role

Last summer, dozens of trainees started an exciting new pilot programme in hospitals and care homes across Devon, training to become Nursing Associates.

The Nursing Associate position is a new role designed to bridge the gap between Health and Care Support Workers and graduate Registered Nurses, and offers opportunities for Health Care Assistants (HCA) to progress into nursing.

A total of 69 trainees took up positions with organisations across Devon, including within the Trust.

Nursing Associate Trainee Leanne Richards said: *"The role provides a fantastic opportunity to progress in my career. My ultimate goal is to qualify as a Registered Nurse and this could be the ideal route to achieving the career I have long aspired to."*

The pilot site is part of the wider Devon Sustainability and Transformation Plan (STP). Devon was selected by Health Education England after a bidding process. As part of its bid, Devon STP stressed the unique challenge it faces in attracting Registered Nurses due to its large rural area and shortage of supporting transport routes.

Professor Em Wilkinson-Brice, the Trust's Deputy Chief Executive/Chief Nurse said: "Nursing recruitment is a challenge nationally and particularly in Devon and we believe this new role will help to strengthen and diversify the nursing skill base across the county at a critical time of change for health and care services in the county. Creating these new Nursing Associate roles provides exciting opportunities for HCAs and a career pathway for nurses spanning basic to advanced practice aligned to the needs of patients."

Trust stroke service becomes first in region to achieve top score in national audit

In September, the Trust became the first acute hospital in the South West to achieve a grade 'A' score for its stroke care.

The A grade, awarded by the Sentinel Stroke National Audit Programme (SSNAP) for England, Wales and Northern Ireland for the period December 2016-March 2017, is given only to Trusts delivering the very highest standards of care from initial emergency scanning and drug treatment through to therapies and discharge home. Only 16% of stroke teams nationally achieved the top score and the audit programme refers to those achieving Grade A as 'world class' providers of stroke care.

Dr Nicky Mason, Consultant for Stroke Medicine and Healthcare for Older People, said: *"This is an extraordinary achievement for the Trust. The stroke team is made up of a dynamic and caring group of individuals who are passionate about their work. Achieving a grade A has only been possible through the persistence and determination of staff across many departments to achieve the best for all patients."*

Each year the Trust treats around 700 stroke patients. It provides emergency stroke care on Clyst Ward, with intensive rehabilitation on Clyst and nearby Yealm Ward.

Teenage Cancer Trust provides bright new room for local young cancer patients

Thanks to the fundraising efforts of local supporters, the Teenage Cancer Trust transformed a side room on

Yeo Ward with a bright new look for young people with cancer aged 16 – 24.

The revamp last summer created a more age-appropriate space, with brightly coloured walls, a TV and recliner chair. The addition of a sofa bed will allow visitors to stay overnight, to stop young people from feeling isolated.

The improvements were provided by the Teenage Cancer Trust as part of the roll-out of their new Nursing & Support Service in the area, and made possible by incredible fundraising support from the local community.

Nadia was diagnosed with Rhabdomyosarcoma aged 18, and was treated in the side room in Yeo Ward before the refurbishment. She said, *"It's so exciting to see the side room refurbished for other young people with cancer. It's bright, airy and inviting, and will really make a difference to young people like me receiving treatment in Exeter. Going through cancer will never be an easy experience, but there are many things that can help improve it, and providing spaces like these makes a huge difference to restoring a sense of normality."*

Autumn

Emergency Department wins top national award for its patient-centred care

In October, our ED won a top national accolade for the quality of its patient care. The Royal College of Emergency Medicine awarded the team first place in the 'patient experience' category of their inaugural annual awards. The team were also runners-up in the 'clinical team of the year' category.

The accolade comes after staff introduced a series of innovations designed to improve the safety, comfort and experience of patients. The team also focused on boosting staff morale and used a range of patient and staff feedback tools to drive improvements. As a result they have now helped to produce a guideline on ED care, comprising of 50 fundamental care standards, which has been adopted nationally by the Royal College.

Among the things introduced for patients are a meet-and-greet service by a senior doctor and nurse at the moment of arrival by ambulance allowing early access to pain relief and reassurance; regular updates and information for patients from admission to discharge; dementia-friendly facilities and Wi-Fi access throughout the department.

Lead ED Consultant Dr Lewis Jones said: *"Finding yourself in a busy and unfamiliar emergency*

department can be a hugely anxious time for patients and their families and it's easy to feel intimidated. We want to reduce this as much as possible and so we've worked hard to embed compassion and sensitivity into everything we do. Often it's the smaller things, such as a warm smile and reassurance that you're in good hands, that can make a big difference to patients' overall wellbeing."

Revolutionary UroLift® System launches at Tiverton offering the first UK community NHS treatment service

Innovative day-case surgery using the UroLift® system to treat enlarged prostate was introduced at Tiverton and District Hospital, making the Trust the first of its kind in the UK, to offer the service at a community hospital.

The UroLift system offers rapid relief for patients and often replaces invasive procedures such as Trans Urethral Resection of the Prostate (TURP) that typically requires a two-night hospital stay, followed by up to a month's recuperation. The treatment, requiring no cutting, heating or removal of tissue, is a new option for the estimated 300 men a year in the county who need surgery for a urological condition.

Consultant Urologist Mr Malcolm Crundwell, said: *"I believe the UroLift System is truly excellent news for men in Devon. It is really good for patients who haven't had to spend more than half a day in hospital. Unlike TURP, there's no removal of tissue, so less pain and significantly less recovery time, no overnight stay, no general anaesthetic - so there's less risk - typically no catheter, so less discomfort. The UroLift System is good for the NHS because we tie up fewer NHS resources. And we do these treatments using day case facilities, freeing up operating theatres and ward beds for more complex cases."*

Applications open for new course giving people the chance to join operating team

In October 2017, applications opened for a new course giving people the chance to become a key part of a hospital operating team.

The Trust and other NHS partners in Devon and Cornwall teamed up with Birmingham City University to launch a two-year Operating Department Practitioner (ODP) course.

ODPs are a crucial part of the operating department team, working with surgeons, anaesthetists and nurses to ensure that surgery is as safe and effective as possible, providing a high standard of care to patients throughout each stage of their operation.

Students joining the Diploma of Higher Education programme, which started in January 2018, are based in the Trust, but also carry out placements in hospitals across the South West.

Dave Thomas, Assistant Director of Nursing at the RD&E, said: *"We are delighted to be able to work in partnership with Birmingham City University and our fellow NHS Trusts across the South West to provide a locally delivered Operating Practitioner Course."*

"This partnership will help to secure a local workforce for the operating theatres across the region. To work with our NHS colleagues and with Birmingham City University is an exciting new venture that will benefit our patients in next few years."

World-renowned Orthopaedic centre celebrates 90th anniversary

The Princess Elizabeth Orthopaedic Centre (PEOC) celebrated its 90th birthday after being opened by royalty in 1927.

PEOC was opened by the Duke and Duchess of York on 16 November 1927 to help children with debilitating diseases such as tuberculosis and polio.

In the nine decades since, PEOC has transformed the lives of countless people and established itself as one of the UK's leading centres of orthopaedic excellence. The centre now achieves some of the best hip and knee patient outcome rates in the country, along with very low post-surgery infection rates.

It has received national and international acclaim for its ground-breaking research. Among its greatest innovations is the Exeter Hip – a replacement joint made of polished stainless steel, developed in 1969 and still in use today. The centre is also leading the way in other aspects of orthopaedic study such as shoulder research and ankle replacement design.

PEOC now performs around 8,000 operations and handles more than 38,000 outpatient appointments each year.

Professor Andrew Toms, Consultant Trauma and Orthopaedic Surgeon and Clinical Lead for the Knee Team, said: *"When PEOC opened in 1927 it was the only centre for elective orthopaedics within the South West. Since then it has grown to be a centre of excellence with a worldwide reputation."*

"I would like to publicly thank all the staff past and present for their commitment to patient care and helping to make this such a great unit to work in."

Winter

More than 10,000 people sign up to health research at Exeter

The Exeter 10,000 project reached a significant milestone this year when 10,000 people in Devon signed up to take part.

The project is run by the NIHR Exeter Clinical Research Facility, a partnership between the University of Exeter Medical School and the Trust, and is funded by NIHR.

The majority of participants also agree to be contacted again if their health or lifestyle profiles match the requirements of future research studies. This means researchers can move swiftly from identifying a specific health research question, to recruiting large numbers of people to take part in a study –transforming what is very often a slow and time consuming process that can hinder innovation.

Already, a wide range of studies benefiting from the Exeter 10,000 project have published results on areas including diabetes, obesity, addiction and genetic patterns in ageing.

Professor Adrian Harris, the Trust's Medical Director and Honorary Associate Professor at the University of Exeter Medical School, said: *"The Exeter 10,000 project is a brilliant way of quickly connecting research teams to real people so that potentially vital clinical studies and trials can get off the ground as soon as possible. I am thrilled it has reached its first key milestone and I hope many more people will join the project to help us improve healthcare for generations to come."*

Trust introduces more open visiting hours

Visiting friends and relatives in hospital became easier from February 2018 as the Trust opened up its visiting hours from 8am to 8pm every day.

The move to more flexible hours was introduced in a bid to make visiting patients in hospital easier and more accessible for friends, relatives and carers, who are now able to choose to visit at a time that is most convenient. It is hoped that it will also benefit patients, in particular the vulnerable and the elderly, to see familiar faces around more often when staying in hospital and will enable carers to support their relatives in every day care and activities.

A new Visitors' Charter has been developed by the Trust to support the change in visiting hours. The Charter gives further details about what visitors can expect from the Trust when visiting the RD&E, and also outlines how the public can help staff maintain a healing and calm environment for patients through responsible visiting.

Professor Em Wilkinson-Brice, Deputy Chief Executive/Chief Nurse said: *"I, like many clinical colleagues, believe that support from family, friends and carers is an integral part of our patients' recovery and I am therefore delighted to support this change."*

Trust Maternity services rated highly by local mums

Trust Maternity services were rated highly by mums in the 2017 National Maternity Survey. The Trust performed well across the survey published in January and has been rated as one of the top performing nationally.

The Care Quality Commission (CQC) survey asked women about their experience of antenatal care, care during labour and birth, and postnatal care. Responses were received from 155 mothers who were cared for by the Trust's midwives in Wonford, Tiverton, Okehampton and Honiton hospitals.

A score of 9.1, out of a maximum of 10, was given to questions about the mums' experiences of labour and birth. Trust staff were also rated highly at 8.9 and as was the care mums received after birth at 7.5.

The Trust was one of the highest performing in the country for mothers feeling that they had the opportunity to be more active when in labour, with 81% stating they were able to move around and choose a position that made them most comfortable. More women also reported having a water birth and far fewer women had to give birth lying down with their legs in stirrups. This reflects how the Trust promotes choice and supports women to adopt the positions following their natural birthing instincts in labour.

Our mums were also particularly impressed with the cleanliness of the wards and were pleased to be able to be discharged from hospital swiftly and without delay. Both indicators saw the Trust exceed the national average for these areas.

Staff give the Trust a positive report in the annual NHS Staff Survey - 2017

Staff gave the Trust yet another positive report in the 2017 NHS staff survey. Staff highly recommended the Trust as a place to work and in which to receive treatment, placing it above average of Acute and Community Trusts nationally (3.97 out of 5 compared to a median of 3.75).

Trust staff rated 21 out of the 32 Key Findings in the survey better than average for all Acute and Community Trusts in 2017. This included staff involvement in improvements at work; effective team working; support from immediate managers and placing the care of patients as the organisation's top priority. In all, 50.2% of our staff completed the survey in 2017: up by over 8% year on year.

The RD&E's overall staff engagement indicator has outperformed the average Acute and Community Trusts nationwide, following a programme of activities to transform our culture and to engage staff in change. The Trust scored 3.90 out of 5 putting it on par with its 2016 results and significantly above the national average.

Tracey Cottam, RD&E Director of Transformation and Organisational Development, said: *"Our staff are central to providing great care each and every day and the survey underlines that our people deliver kind and compassionate care, that we have a strong team ethos and that we are always seeking to improve our services. We will continue to focus on improving the way we engage with staff because we know that it is central to delivering high quality, safe care and better patient experience."*

Our Strategy

During the year, the Board refreshed the Trust's corporate strategy to ensure that it was fit for purpose and that it captured the strategic intent of the organisation in a rapidly shifting context. The driver for the refresh was to ensure that, in the midst of some pressing challenges, the Trust sought out the opportunities that existed to forge a new approach to meeting the health and wellbeing needs of the people we serve and to take a leading role in building a health and care system that delivers for all, now and into the future. In addition, the Board wanted to underline the organisation's strategic intent: namely, that we want to be at the forefront of change, informed by the best research and evidence-based practice, and working with and alongside our partners to make the big changes that now need to happen.

The challenges we all face

While the NHS performs well in comparison with other health systems globally, and the public is broadly satisfied with the care provided by the NHS, we recognised that radical change is necessary if the whole system in Devon is to be clinically and financially sustainable. The NHS faces numerous challenges including:

- Life expectancy: the success of the NHS and welfare systems, thanks in part, to the advances made in medical treatment over the last seven decades, mean that women and men live at least twelve years longer than they did in 1948. The result however, is that more people are living longer, but often with complex health issues, putting pressure on the NHS.
- Lifestyle choices: many health issues people confront are the result of the lifestyles they choose to lead which can result in long-term conditions. At the same time, peoples' expectations of the NHS have increased, placing a bigger burden on the service.
- Rising costs of healthcare and medical advances: rising costs coupled with funding that has not kept pace means that the NHS faces serious shortfalls in its funding.
- People: the most important asset for health and social care is the people who deliver it. Yet the NHS faces significant challenges in having staff who are developed and encouraged to continuously improve how care and services

are delivered; who have the right skills and are supported, motivated and empowered to use them effectively.

Taking into account these challenges, the refreshed Trust strategy pledges to fundamentally change the way that care is delivered now and into the future. Our refreshed strategy recognises the financial challenges we face have sharpened the need to make far-reaching change – but it also acknowledges that more money alone is not enough.

Our vision, mission and values

In refreshing the corporate strategy, consideration was given on whether there was a need to change the overriding organisational vision set a number of years ago. The Board agreed that the clarity of the statement remained valid and that the vision, "to provide safe, high quality care, delivered with courtesy and respect" should be retained. However, in its discussions, the Board wanted to ensure it was clearer about its strategic intent and was keen to set out greater clarity on how the Trust will position itself in reaching this vision: in effect setting out the Trust's mission. The agreed strategic intent of the Trust is as follows:

"We will be a leader in transforming the health and care system, working in partnership to connect people, services, communities and voluntary groups to meet the needs of the communities we serve. In doing so, we will continue to provide safe, high quality, seamless services delivered with courtesy and respect."

In addition, the Board considered whether there was a need to modify the Trust's agreed values, but agreed the values should remain constant:

- Fairness
- Honesty, openness & integrity
- Respect & dignity
- Inclusion & collaboration

The Board was keen to reemphasise that the Trust's values set out what is important to us and actively guide what we do and how we do it. They drive the way we work as a team, our recruitment, inform our decision-making and the way in which we treat each other and our patients. The strategy underlines that our values apply to all of us equally and underpin everything we do as we work together to provide care for our communities. Furthermore, the refreshed

strategy states that the Board expects to be challenged and will challenge itself, to bring these values to life every day and in everything we do.

Our distinctive qualities

In developing the refreshed strategy, we wanted to be able to better articulate our distinctive qualities - those factors that make the Trust a special place. In particular, we wanted to identify the ways in which the culture and history of the Trust had combined into something that was unique and special about the RD&E: the “golden thread” that connects what we do, who we are and what we stand for as an organisation and that is deeply embedded in our culture. We looked at a range of evidence including CQC reports, patient feedback, staff survey feedback and the citations used in our awards scheme, to try and pin down these distinctive qualities. We also held conversations with the Board and our Governors as well as holding a series of “Staff Say” meetings to consult with staff so we could better understand their views. Based on this work and the evidence we assembled, we identified three distinct qualities that, together, helped define the personality of the Trust as an organisation. In many ways, these three qualities are an expression of the Trust’s distinct culture that has grown up over time and reflects our unique history and position in Devon. The three key traits that make the Trust a special place were:

- **Kind and caring in all we do: that sense of personal connection with the people we care for and the warmth and friendliness we share.**
- Listening, demonstrating empathy, understanding and friendliness
- Always providing the human touch: a gesture and kind words in those moments that matter, or some ‘tough love’ when required
- Enjoying a strong connection with our communities and pride in our special place in Devon
- Creating a warm atmosphere, an air of positivity and optimism
- Caring for our staff as much as we do our patients
- Building a great place to work that nurtures and develops people

- **We know how to make teams work: staff, partners, patients and communities united by a common cause and a determination to get things done.**
- Uniting closely-knit teams behind a common cause to get the job done
- Generating positive engagement and ensuring everyone has a voice
- Supporting other team members when they need it and inspiring a sense of joy in what we do
- Demonstrating a strong leadership culture, encouraged at all levels, with development opportunities for all
- Celebrating and encouraging inclusion and diversity in our actions but also in our thought and style
- **We are always improving: seeking out new ways of providing the people of Devon with the care they need.**
- Striving for excellence, even at times of great pressure
- Always searching out better ways of providing care
- Working with partners to take the lead in new clinical practices, research and technologies
- Openly forging new relationships, collaborating with others around a shared purpose
- Having an openness and appetite for change including the use of new technologies
- Putting wellbeing as well as healthcare at the forefront of everything we do

These qualities come together in a unified statement “We work together”. This reflects what we see as our rare gift: to look out for each other, to break down barriers, link more people together and reach out to our staff, people and communities.

Our new Corporate Objectives

The Board considered whether its previous corporate strategies should stay as they were, given that they have helped shape our priorities over the last seven years. On balance the Board took the view that there was a need to rephrase the strategies to make them clearer and more compelling, whilst retaining their core meaning. To shape our work over the coming year, we set ourselves three guiding objectives. We will:

LISTEN to people and continually improve what we do.

We will do this by building on our track record of providing safe, high quality services delivered with courtesy and respect. We will:

- Ensure we maintain high quality services for the people and communities we serve
- Make sure that our services are safe as well as clinically and financially sustainable
- Keep improving at all levels - from using the latest technological advances through to the small but important changes to improve patient experience
- Recognise our responsibility to the community, which includes listening and responding to the views of our Trust Members and Governors and the public.
- Engage with people to co-design and deliver sustainable services
- Listen to our staff and engage them to collectively influence, design, shape and test new ways of working and organising ourselves

CONNECT people, communities and services so that we can work together to improve health and wellbeing for everyone

We will do this by focusing on wellness, prevention and ill-health management, seeing patients as people and empowering them to be in control of their own care. We will:

- Work better to identify the current and future needs of our local communities
- Aim to minimise the length of stay in hospital and maximise the potential for rehabilitation
- Shift our focus from “patients” to “people”,

and from “What is the matter with you?” to “What matters to you?”

- Increase delivery of outpatient and same-day services closer to where they are needed
- Work with social care and GPs to improve coordination and make services easier to navigate
- Help connect and support people, services, community initiatives and voluntary groups together within a local system of care

INNOVATE so we can continue to grow our world-class specialisms, working with partners and our patients to push forward the best medical research.

We know that patients have better outcomes by being involved in clinical trials. The Trust is already nationally and internationally recognised for excellence in a number of specialist fields such as Diabetes, Orthopaedics and Genomics. Thanks to our long-standing partnership with the University of Exeter and its Medical School (UEMS), we have developed first class training, research and development capabilities. These ensure we are able to embed and offer the latest clinical care, technologies and medicines to transform the lives of our patients and their families. We will meet this objective by:

- Building our research capability in order to enhance our clinical care as well as improve our reputation and our financial position
- Establishing academic departments where there is success in leading externally-funded research and develop staff to take part in research activities
- Increasing the numbers of patients taking part in clinical trials in all departments
- Strengthening our links between the Trust and the University of Exeter
- Using new technologies and practices to transform what we do

Our Way of Working

As a provider of integrated health and care services, it is vital that we align the development of our care model to our broader corporate strategy, the external context including developments and innovations in medicine, the partnership working developed with other organisations over a number of years and our ambition to grow our world-class specialisms and research. We will continue to focus on providing and continuously improving high quality, safe acute care to those who need it while at the same time working to fundamentally change the model of care.

The health and care system in Devon is making strides to shift its focus from ill health and hospital-based care to a new way of working that better manages the resources we have to meet the changing needs of our population and to keep us healthy. This new focus now needs to accelerate. This means a greater emphasis on:

- Preventing ill-health, keeping people well for longer and focusing on independence and wellbeing, including through the best evidence based practice and research
- Helping people manage their own care needs in the community and at home and providing more individualised support
- Working with and alongside communities and volunteers to support people
- Tailoring what we do better to meet the identified needs of towns and communities in Devon
- Harnessing technology including a new care record systems that empowers people through access to their own information

The Trust is learning to work with people and to shift the question we ask them from 'what's the matter with you?' to 'what matters to you?' This new approach involves:

- Better care coordination
- Social prescribing and reablement
- Improved partnership-working with social care, primary care, voluntary groups, communities and people
- Self-managed care
- Learning and innovating to inform and drive the best care.

For those who require acute care, the aim will be to ensure that they only remain in a bed that is not their own for as long as is beneficial to them. This means developing new ways of working together, enhanced by technological changes, to ensure that care is streamlined, timely and avoids delay and duplication.

Sustainability & Transformation Partnership

The NHS and local councils are developing and implementing shared proposals to improve health and care in every part of England. These are called Sustainability and Transformation Partnerships (STP) and during the next few years these will represent the biggest national move to join up care in any major western country.

The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system-wide approach across the NHS and local government. As a result, Devon is in a stronger position in which to further integrate health and care services for the benefit of its population. The collective work by leaders has helped us tackle the historical challenges we have faced, and, as a result, our financial and service performance has improved considerably.

The latest assessment by NHS England and NHS Improvement rates the Devon STP as one of 14 systems making real progress. The focus of working as part of an integrated health and care system in Devon, and as an STP, has been the driver for developing innovative new approaches, as well as some major successes:

- **'Best care for Devon':** improved performance against national NHS standards has seen Devon move into the top 25% nationally on urgent care and mental health.
- **Reducing delayed transfers from hospital:** joint work between the NHS and local authorities has seen delays fall from 6.6% to 5.6%. Devon is on track to reduce delays to target levels, freeing up 79 hospital beds and supporting winter plans. South Devon performance is already in the top 20% in England.
- **High-quality social care:** across Devon, 86% of adult social care providers are now rated by the CQC as either 'Outstanding' or 'Good'. This

exceeds the overall national average for England of 80%.

- **Ground breaking collaboration:** all four organisations providing acute hospital services have agreed a 'mutual support' approach to benefit patients. NHS England have highlighted it as an "exemplar of joint working". Our Acute Services Review has developed 'Best care for Devon' standards for Urgent and Emergency care, Stroke and Maternity services, with clinical recommendations to provide services at all four of Devon's major hospitals if these standards are met. This approach will be supported by new clinical networks.
- **'The best bed is your own bed':** We are enhancing community services to support thousands more people to live independently at home. This has led to a reduction in acute and community hospitals beds by 213 over the past two years whilst at the same time improving outcomes for people and service performance
- **No health without mental health:** Devon has many leading and innovative Mental Health services. These include Liaison Psychiatry in each ED to ensure people get the right help when they need it; psychological therapies for people with long-term conditions; specialist support for women with postnatal depression and a new specialist unit opening next year so women can stay near their families instead of having to travel outside the county.
- **All GP Practices in Devon rated 'Outstanding' or 'Good'** in the latest CQC assessment.
- **Innovative collaboration between the NHS and social care:** an award winning campaign, led by Devon County Council with support from the NHS, is having a positive impact on recruiting people to work in the health and care sector in Devon.
- **Managing service demand:** Devon has taken action to prioritise clinically appropriate referrals into hospitals. This has reduced elective activity last year by 5.37%, compared to a 1.25% increase nationally.

- **Both CCGs** have improved their ratings, as part of the annual assessment by NHS England.
- **Living within our means:** historical overspending has been reduced from £229million to £61million in the past two years. This includes saving £25million on agency spend. The Devon system is aiming for financial balance in 2019/20.

In addition, the STP has focused on driving clinical improvement as well as productivity, efficiency and sustainability. For example, STP leaders have signed up to the national Getting It Right First Time (GIRFT) programme, which is helping to improve the quality of care within the NHS by reducing unwarranted variations, bringing efficiencies and improving patient outcomes. We are also using the Model Hospital approach, ensuring that everything we do is based on best practice.

This commitment to driving clinical quality was the focus of our collective work to look at acute services, vulnerable services (such as Ophthalmology) and other developments, such as the Peninsula approach to Pathology, and our work as one of four national pilots for a Radiology network. The STP has also actively engaged with Healthwatch, MPs, local authorities' Overview and Scrutiny Committees, patients and the public. For example, Healthwatch representatives sit on our Clinical Cabinet, and patients and user groups were fully involved in the Acute Services Review and the group involved in developing improvements to Mental Health.

The Trust is a key partner within the STP, in recognition of the fact that we will only be able to make the significant changes in care pathways through a joined-up, partner-led approach.

What we are planning to do

The Trust is high-performing but we know that even if we continue to get better at what we are currently doing, it is not going to be enough to tackle the issues we, and the wider NHS system, face. That is why we have set out on a journey to reimagine health and care services in Devon: to make the bold and fundamental changes required.

This means continuing to focus on providing excellent acute clinical care using the latest innovations and cutting edge technologies, backed up by high quality research and evidence. However, we know that delivering excellent care in hospital is not enough on its own to address the complex issues we face.

Delivering our strategy will require:

- **a sea change in our practices, our ways of working and our culture**
- **a significant shift in the attitudes and expectations of the public.**

It will need to take into account that the causes of good and ill physical and mental health are often the result of wider issues concerning environment, housing, economic opportunities, underlining why the Trust cannot meet the challenges alone. Tackling the issues we face will involve working together in collaboration with, in particular, social services, local government, health organisations, GPs, the voluntary sector, as well as our people and communities.

The extent of the transformation we now need to put in place needs to be more radical and far-reaching than at any moment since the NHS first began in 1948. To achieve this transformation we will work together with our partners to “change the rules” across the whole health and care system, ensuring that we can continue to deliver excellent care to the communities we serve. This provides a real opportunity for the Trust to reshape what we do, resulting in ever better care, in the right place, for the people who need it.

Key issues and risks

The preceding sections provide an overview of the Trust's refreshed corporate strategy. As the Trust has developed its strategy, it is clear that there are a number of key risks and issues that it currently faces and will face in the future. The Trust's key strategic risks are captured in its comprehensive Board Assurance Framework (BAF) which is regularly updated and reviewed by the Board as part of its deliberations. The BAF identifies key risks to the Trust's three strategic objectives and what the organisation is doing to manage or mitigate the risks. The BAF is currently undergoing a more comprehensive refresh so that it remains both fit for purpose and so that it fully captures the risks associated with the revised strategic objectives.

Operational

Whilst the demand and capacity planning process is undertaken with the intention of delivering on all key national standards, there remain significant risks to the delivery originating from other areas. These include but are not limited to:

- Changes to service provision at local acute trusts which could result in increased demand on clinical services
- Unanticipated increases in General Practitioner or other referrals, particularly in Cancer specialties requiring urgent 2-week outpatient appointments and subsequent diagnostics
- Changes in the urgent care landscape, such as the provision of 111 services, Minor Injury Units (MIU), Walk-in Centres (WIC), access to primary care and support for patients with urgent mental health issues
- Severe adverse weather affecting capacity
- Major infection control outbreaks, such as the high levels of flu experienced in 14/15
- Unplanned workforce availability such as the junior doctors' industrial action during 14/15 and 15/16

In the event of events such as those listed above, further discussions with commissioners, providers and regulators will take place to minimise the risk to performance.

The Trust has systems in place to closely monitor capacity and demand. Any unanticipated excess capacity and demand constraints will be managed by an agreed health community process that involves the CCG's 'Planned Care Control Centre' implementing additional demand management initiatives and/or sourcing additional capacity.

Quality

Continued financial constraints and the delivery of CIP have the potential risk of impacting on the quality of services. The risk mitigation centres on the robust quality assurance framework which is in place, incorporating a balance of hard, empiric data and soft intelligence which alerts relevant levels of clinicians and managers throughout the Trust to any deterioration in quality.

Finance

The Trust's 2018/19 plan has been established in the context of the wider plan established for the whole Devon population, driven by the Devon Sustainability and Transformation Plan (STP). The STP for Devon seeks to respond to some of the key challenges facing the county, primarily the ability to continue to deliver financially and clinically sustainable services in the face of increasing demand from a growing and ageing population. The Devon STP aims to address the financial challenge whilst improving health outcomes for people in an equitable way through shifting our model of care to provide more effective joined up services in, or closer to, people's homes and thereby reducing reliance on bed-based care.

During 2017/18 the Trust achieved cost improvement savings of £21.9m (against a target of £21.6m), the highest the Trust has achieved. Due in part to the deficit position of the Devon STP, the requirement for 2018/19 is higher again at £23.3m (5.5% of patient income) which therefore represents a risk to achievement of the Trust's £6.3m surplus for 2018/19. The Board of Directors have approved a CIP approach for 2018/19 that combines divisional productivity targets and trust wide schemes. The trust approach to identifying schemes is to work with key stakeholders using benchmarking information where it is available. Once schemes have been identified, a Quality Impact Assessment is carried out to determine whether it is appropriate to proceed with the scheme, to ensure patient safety is maintained.

Included in the planned £6.3m surplus for 2018/19 is £12.2m of Provider Sustainability Funding (PSF)

from NHSI which is dependent on achieving both the financial control total and the A&E four hour waiting times trajectories. Failure to achieve these targets will result in the loss of up to £12.2m of funding.

The Trust has agreed a fixed financial contract with both North East & West Devon CCG and South Devon & Torbay CCG with assumed levels of patient referrals and activity growth. If the level of patient growth is higher than those planned levels, this could give rise to both operational and financial pressures.

Going Concern Statement

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future.

For this reason, they continue to adopt the going concern basis in preparing the accounts.

PERFORMANCE ANALYSIS

Performance Management and Assurance

The Trust Performance Assurance Framework (PAF) enables assurance to be provided that performance, including safety and quality indicators, is effectively monitored and reported, thereby supporting managers and clinicians to deliver the required targets. Monthly PAF meetings, chaired by the Chief Operating Officer, take place with each of the Clinical Divisions. At the meetings, divisional and specialty level dashboards are reviewed, covering a detailed set of indicators across safety and quality, performance, operational efficiency, workforce, finance and a wide array of supplementary information. The reports prepared for the meeting also support the Clinical Divisions to undertake their own assessments of performance, as well as providing an outline of actions to address any key issues. This is tested and challenged in the meetings.

At the heart of the Trust's PAF is the alignment of monitoring and performance from service line and ward level through to Board. The monthly Integrated Performance Report (IPR) to Board includes a wide range of national and local performance indicators grouped under the following themes:

- Clinical Effectiveness
- Finance
- Operational Effectiveness
- Patient Experience
- Safety and Safer Staffing
- Workforce

These are accompanied by a traffic light system (RAG) of historic and current performance, assessments of future risk, narrative commentary and remedial action plans as required. The integration of these indicators within a single report provides an opportunity for triangulation of indicators and themes that is made explicit within the accompanying narrative.

An appendix within the IPR each month includes the "Ward to Board" dashboard. This dashboard incorporates indicators relating to process and outcome measures which underpin the delivery of safe, high quality care, including pressure ulceration, falls, patient nutrition, complaints, venous thromboembolism and staffing levels. A detailed analysis of performance against each of these

metrics at divisional level is provided to the Board on a quarterly basis, with narrative provided where necessary at ward level in the event of any outliers. This thereby provides triangulation at a more granular level, minimising the risk that Trustwide performance could mask individual areas of concern.

The Trust continues to use the Connecting Care methodology to support the delivery of good performance. Connecting Care enables teams to work together in a more joined-up approach, supporting staff to find new and better ways of working, from making small changes that make a difference to much larger scale improvements. Connecting Care also provides a systematic way of working together using a set of continuous improvement tools and techniques that has been rolled out across the Trust over the last 3 years and is now used in all divisions.

NHS Improvement single oversight framework

A revised performance framework has been established by NHS Improvement to help ensure that Trusts meet NHS Constitutional Standards, with a particular focus on the 4-hour Emergency Department Waiting Time Standard. The purpose of the Framework is to identify where providers may benefit from, or require, improvement support across a range of areas. The Single Oversight Framework is closely aligned to the Care Quality Commission's (CQC) standards, and replaces Monitor's Risk Assessment Framework and the Trust Development Authority (TDA) Accountability Framework. It applies to both NHS Trusts and NHS Foundation trusts irrespective of their legal form, and is based on the principle of earned autonomy.

There is a new emphasis on the importance of leadership and improvement capability within NHS organisations, and an expectation that providers will engage constructively with local partners to build shared understanding of local challenges and patient needs, and to design solutions that will drive improvements in the care of the local population. Financial measures also play a key part in the Single Oversight Framework, and focus on sustainability, efficiency and control.

Many of the previous core performance metrics relating to access to services remain within the

framework, including Referral to Treatment access targets, 4-hour maximum waiting times within the Emergency Department, and waiting times for diagnostic tests. The previous Cancer Standards have been consolidated and now focus on the delivery of the 62-day wait for first treatment target. Performance improvement trajectories have been agreed between providers, commissioners and regulators for 2018/19.

The Integrated Performance Report was refreshed for 2017/18 to reflect the new reporting regime and ensure robust scrutiny of the key indicators within the Single Oversight Framework.

Overview of Performance in 2017/18

Although the Trust performance continues to compare favourably with other Trusts in the region, 2017/18 has remained challenging with regards to achieving performance targets, as demand has remained high, and in some areas continued to grow more quickly than the availability of resources.

Indicator	Measure	Standard/ target	2016/17	2017/18
Infection Control	Meet the C.Diff objective	31 (2017/18) 31 (2016/17)	16 (14 of which were agreed with the CCG as being unavoidable)	22 (20 of which were agreed with the CCG as being unavoidable)
Infection Control	Meet the MRSA objective	0 (2017/18) 0 (2016/17)	0	2
18-week RTT	% admission – incomplete pathways	92%	91.6%	88.0%
Cancer access	Urgent GP referrals seen within 2 weeks – all cases	93%	92.2%	93.7%
Cancer access	Breast cancer symptomatic referrals seen within 2 weeks	93%	75.6%	96.3%
Cancer access	Cancer treatment started within one month of diagnosis	96%	97.2%	98.0%
Cancer access	Cancer treatments started within 2 months of urgent GP referral	85%	79.7%	81.5%
Waiting times	A&E max waiting times of 4 hours (Trust)	95%	91.8%	90.9%
Waiting times	A&E max waiting times of 4 hours (Eastern Devon)	95%	N/A	92.8%

Infection Control: Clostridium difficile

The number of cases of Clostridium difficile for 2017-18 was 22 and is well within the target of no more than thirty one. Of these 22 cases, only two were determined to be avoidable.

Infection Control: MRSA

The number of cases of MRSA for 2017-18 until March 2018 was two. Post Infection Reviews (PIR) were undertaken for both bacteraemia. Opportunities for enhancements to the decolonisation process for patients previously known to have MRSA were identified from the review of the second patient. No deficits in care or learning points were identified for the first patient.

Considerable progress has been made over a number of years to reduce the risk of Health Care Associated Infection (HAI). HAI often results in prolonged hospital stays, increased resistance to antibiotics and unnecessary deaths. Staff across the hospital have worked together to achieve this progress. From the Infection Control and Prevention team and clinical staff on the wards to the domestic services team and the Board, everyone has pulled together to ensure that our patients receive safe, high quality and infection-free care.

ED Maximum Waiting Time of Four Hours from Arrival to Admission, Transfer or Discharge (excluding Walk in Centre activity), and Ambulance Handover Delays

In line with Providers nationally, the Trust remained challenged throughout the year to deliver the ED maximum waiting time of 4 hours target. This was due to a number of factors including:

- Increased ED attendances
- Bed capacity pressures caused by increased levels of emergency medical admissions and delays in discharging patients due to shortfalls in domiciliary care
- Medical and nursing staffing challenges within ED
- Continued pressure from high levels of patients attending ED with mental health needs requiring inpatient psychiatric beds

As a result of good management by the ED team, progress was made with regards to ED staffing during 2017/18, from having significant staffing shortfalls on a daily basis to all rotas being fully recruited to.

The Trust invested significant resources on uplifting staffing, with the addition of two consultants and a further six nursing staff. Other improvements included the provision of a senior nurse to cover all night shifts and the introduction of a senior physiotherapy role into the ED to help triage and treat patients.

A revised performance trajectory was agreed with commissioners and regulators, to support delivery of the national performance standard of 95% in March 2018. Comprehensive plans were developed and implemented, which were integrated with the Eastern Devon A&E Delivery Board and the Devon STP plans in order to optimise performance against this target. Mid-way through the year, new guidance was issued by NHS Improvement that resulted in the activity and performance data for Tiverton and Exmouth MIUs being included with the RD&E to create an Eastern Devon aggregate performance position. Despite performance which was significantly higher than many Trusts in the region, the Eastern Devon system narrowly missed the 95% target during March 2018, mainly due to the adverse weather experienced in the early part of the month, which resulted in wide-scale disruption to patient flow both locally and nationally.

The Trust continues to perform well against a number of the key cancer targets, with sustained strong performance against the 2-week wait and 31-day waiting times targets. Performance against the 62-day standard for patients to be treated following urgent GP referral improved from 79.7% in 2016/17 to 81.5% in 2017/18 and further improvements are planned going into 2018/19.

Average Number of Patients reportable as a Delayed Transfer of Care (DTOC)

DTOC are a significant pressure on NHS acute services and reducing their levels has been a significant focus of the Trust throughout 17/18. Good progress has been made for much of the year, with a particular focus on increasing the market provision for domiciliary care, as well as enhancing our community services. Levels of DTOC rose sharply over the winter period and contributed to operational bed capacity pressures. There was good progress in tackling this towards the end of the year however, with levels of DTOC being among the lowest levels recorded moving into 18/19.

18 weeks Referral to Treatment (RTT) Incomplete Pathways

In common with all local Trusts, overall compliance with the 18-week target deteriorated over 17/18, with Trust performance falling from 90.2% in April 2017 to 83.3% in March 2018. Challenges to delivering the 18-week RTT target increased markedly in 2017/18 as a result of a continued growth in both referrals and emergency activity particularly within Orthopaedics, General Surgery, Cardiology, ENT and Plastic Surgery. Detailed, specialty-level reviews of RTT performance, identifying key barriers and actions for improvement, continued to take place through the Operational Capacity and Access Groups. These actions helped to improve performance, with managers and clinicians focused on maximising performance against the RTT standard. . Addressing this important issue will be a significant focus for clinical and managerial teams during 2018-19.

Financial Performance

The Trust has achieved a £13.0m surplus for 2017/18, a significant improvement compared to the planned £0.5m deficit. This position has however benefitted from a number of non-recurring gains as set out in the table below which if removed would have resulted in a deficit of £0.5m, in line with the planned deficit.

Whilst non-recurring in nature, the additional benefits give a welcome boost to the Trust's cash position which has been declining over the past few years as a result of posting deficits. This cash will enable the Trust to make much needed investment in its estate and equipment which will benefit both patients and staff.

There has been much focus on improving the underlying deficit of the Trust during the year, which although much improved compared to 2016/17 still stands at around £14m. A major factor driving this underlying deficit, is the uncertainty around the Trust's share of the national Sustainability and Transformation Fund (STF), which for 2018/19 stands at £2.2bn. A review of the distribution of the STF funding is expected for 2019/20 which will hopefully give some more certainty to this income stream, which is worth up to £12.2m to the RD&E in 2018/19.

	2017/18 (£m)	2016/17 (£m)
Surplus / (deficit)prior to impairments	13.0	-2.3
Less non-recurring commercial income benefit	-4.5	0.0
Less non-recurring STF above plan	-8.1	-2.6
Less non-recurring Winter funding allocation	-0.9	0.0
Deficit after non-recurring benefits	-0.5	4.9
Less Planned STF	-8.7	-10.0
Less recurrent Cost improvement shortfall carried forward	-5.0	-7.6
Underlying deficit	-14.2	22.5

During 2017/18 the Trust has maintained a tight control on all expenditure including agency expenditure which remains well within the limit set by NHS Improvement.

The Trust continues to work closely with other organisations within the Devon STP across a number of work programmes to develop sustainable services over the STP footprint. The seven priority work programmes include:-

- Prevention
- Integrated Care Model
- Mental Health
- Children & Young People
- Acute Services Review
- Productivity (inc. Elective Care & Corporate Support Services)
- Enablers (including estates & IM&T)

Good progress has been made to achieve financial stability across the wider STP. During 2017/18, savings of £112m have been achieved in year, which has enabled the system deficit to be reduced to £54m.

Of the £112m of STP savings, the Trust has contributed £21.9m through a combination of increased efficiency and transformational change. This equates to circa 5% of overall running costs. Whilst the majority of these savings were made recurrently, some £5m was made non-recurrently, meaning that this shortfall is carried forward into 2018/19.

Capital expenditure for the year was £8.9m, £7.1m lower than planned in part due to slippage of a number of strategic schemes into 2018/19 as well as to the Trust opting to lease assets rather than an upfront purchase.

Expenditure in 2017/18 included Estates infrastructure (£3.1m), refurbishment of a cardiology catheterisation laboratory (£2.1m including leased equipment), with the remaining expenditure on smaller schemes (mainly equipment replacement).

Due predominantly to the much improved financial position in 2017/18, and the slippage on capital, the Trusts cash balance of £23.5m is significantly better than the planned position of £12.7m. The reducing cash balance over previous years has been a significant focus for the Trust Board to ensure that the Trust is not classified as a distressed provider which would have led to external controls being put in place with NHSI.

An NHS Finance and Use of Resources score of 1, the best achievable (out of 4) has been achieved for 2017/18 against a planned rating of 2.

For 2018/19, the Trust is planning for an operational income and expenditure surplus of £6.3m in line with the revised control total identified by NHS Improvement.

In order to achieve the control total the Trust will need to achieve a challenging CIP target of £23.3m for 2018/19 (5.6% of patient income, excluding STF) which is more than the Trust has ever achieved and is therefore the key financial risk for 2018/19.

The Board of Directors have approved a CIP approach that combines divisional productivity targets and trust wide schemes. The trust approach to identifying schemes is to work with key stakeholders using benchmarking information where it is available. Once schemes have been identified, a Quality Impact Assessment is carried out to determine whether it is appropriate to proceed with the scheme, to ensure patient safety is maintained.

Workforce Performance

We are fortunate to have a workforce that is in large part vocational in its motivation to work within health and social care and this has been seen particularly in their incredible response to the recent severe adverse weather and the more general engagement over the course of the year. This is despite the increasing pressures felt through both increasing demands on the service, the need to establish a different care model, the delivery of clinical and financial stability and the impact of staffing issues in some areas.

The last year has been challenging for the Trust in terms of recruitment and retention of staff. Nationally, there are currently around 45,000 clinical vacancies and this is reflected in our vacancy rate increase with, for example 143 registered nurse vacancies at year end. Considerable effort has been invested in reducing the overall turnover of staff and we have seen a reduction in overall turnover from 12.67% in January 2017 to 10.53% in January 2018. In addition, registered nurse turnover had reduced to 11.33% from a high of 15.45% in May 2017. The reasons for pressure on turnover are multifactorial and include a number of national issues such as falling numbers of students entering nurse training; the ongoing 1% pay awards, as well as local issues such as the opening of a major distribution centre. The recruitment drive to staff a new regional store for a well-known Swedish company in close proximity to the hospital is also already proving to be more attractive to many of our lower-banded staff.

In response to the national shortfall of registered nurses the Trust has invested in a number of projects to recruit internationally from both within the EEA and globally. These are at an early stage but the first recruits from these initiatives will begin to arrive from May 2018 onwards.

The focus on reducing agency spending has continued over the last year and the Trust ended the year with a total agency spend of £7.6m against an NHSI target of £9.3m. The international recruitment initiatives will provide the opportunity to further reduce agency spending whilst maintaining safe staffing levels.

The Trust recognises that there are increasing pressures on our staff and has taken a range of actions to help maintain the health and wellbeing of our people. Last year, training commenced for 40 Health and Wellbeing Champions to help create a healthy environment in departments across the Trust. More than 2000 staff completed the online health and wellbeing survey and the results are being used to drive the work plan for supporting staff over the next two years. Areas identified for action include mental health, musculoskeletal injury, physical activity, healthy eating and weight management, alcohol and smoking management. Mental health will be a focus over the next 12 months and we are extending and building on many of the support programmes started last year, including mental health first aid training, stress management and mindfulness courses. Sixteen Mental Health Champions have received training in Mental Health First Aid and we are working with colleagues from Devon Partnership Trust to provide joint training and rapid access to psychological and psychiatric services where required. A range of physical activity schemes for staff such as team sports, fitness classes, running clubs and team challenges have also been promoted to aid both physical and mental wellbeing.

The Trust continues to recognise the importance of effective leadership in enabling and supporting our frontline staff to consistently deliver safe services to the population we serve. Over the last year we have strengthened our leadership and management development programme, and have a portfolio of programmes which are accredited from levels 3 to 7 and are delivered in partnership with external educational partners. In addition, we have improved our approach to succession planning and developing future talent and this work will continue over the next year.

The integration of community services transferred in October 2016 has continued at pace and considerable work has been completed in defining the workforce needs for the effective provision of future services and continuing full integration of our acute and community teams. The Trust has worked with General Practitioners and the BMA to resolve the outstanding issue of in receipt of 'bed points' payments for providing care to patients in community hospitals. This was resolved with 68 having their bed points contracts terminated.

Within the context of the Devon Sustainability & Transformation Plan (STP), the Trust is continuing to play a leading role across the Devon system to design and establish a new model of care which supports the needs of the public and patients across Devon. The work being completed under the Corporate Shared Services Review is continuing and has delivered collective savings in excess of £5.2m across the STP during the 2017-18 financial year. As plans progress, this work will focus on translating the workforce implications of the future model of care and the design and delivery of a plan to migrate from old to new ways and places of service provision.

We are committed to working with and supporting our staff through any change in the way that we work.

Capital Programme

The Trust's capital programme has been limited to investment in essential capital assets to help support the Trust's cash liquidity. The value of capital expenditure continues to remain lower than the value of depreciation. A robust capital planning process has been undertaken, capital requests have been risk assessed and checked for consistency, linked to the Trust's strategy, with procurement and lead times being duly considered. Leasing arrangements will be further considered for larger schemes, to help support the Trust's cash liquidity.

Capital funding has been focused on replacing existing equipment and IM&T and for re-investment in the Trust's current estate.

Carbon/Sustainability update

As an NHS organisation, the Trust has an obligation to work in a way that has a positive effect on the communities for which we provide healthcare services. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. The Trust takes this obligation seriously and during the last year has dedicated resources to deliver several projects that will demonstrate its commitment and provide lasting social, economic and environmental benefits.

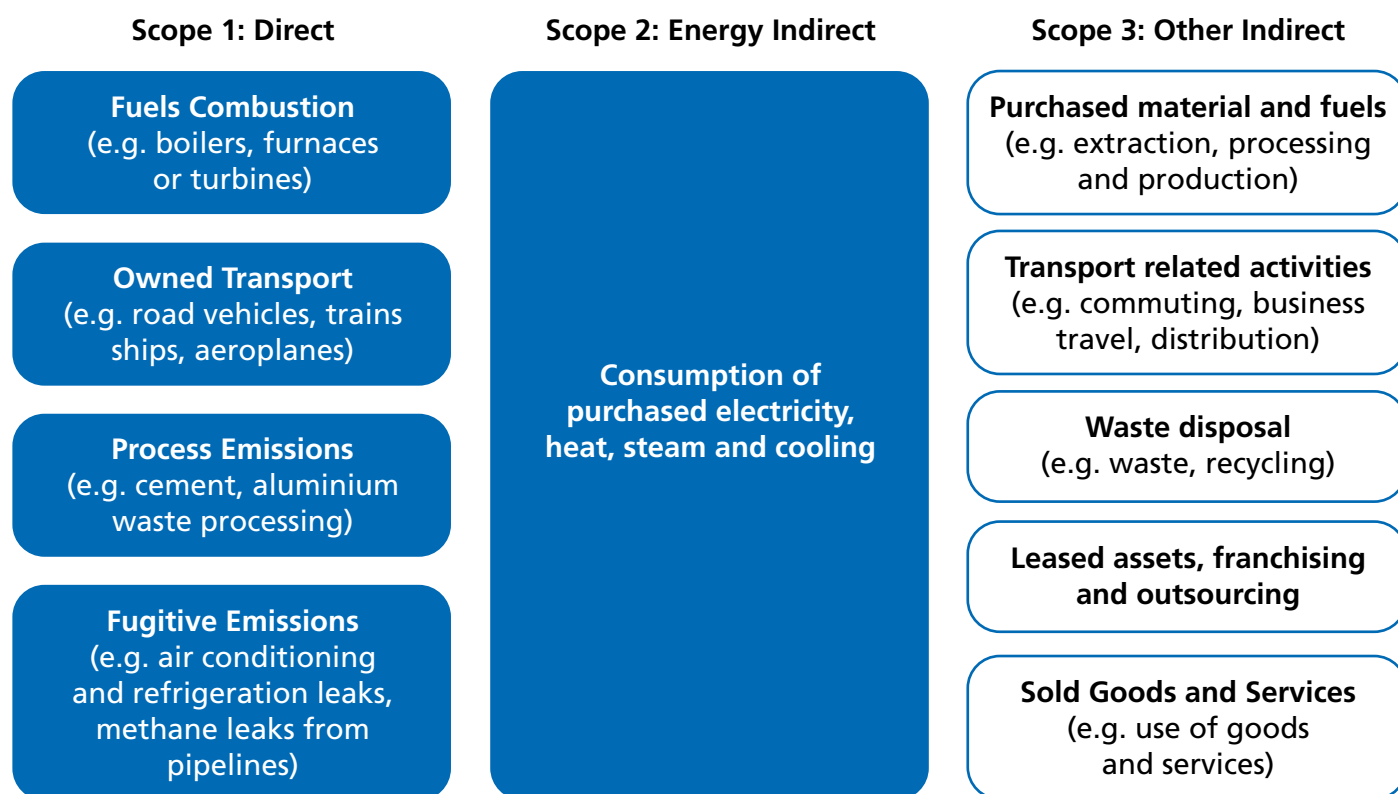
The Trust has prepared a Sustainable Development Management Plan (SDMP). The plan details how the Trust will:

- Reduce carbon dioxide emissions
- Make financial savings through energy and water conservation
- Make procurement processes more sustainable
- Reduce resource intensity
- Adapt buildings and services to a changing climate

Carbon reduction and resource use

The Trust has plans to reduce its carbon emissions overall. The key focus areas are those recommended in the NHS Sustainable Development Unit's (SDU) technical guidance note 9. Carbon emissions are reported as tonnes of carbon dioxide equivalent (tCO₂e), in line with SDU guidance.

The highlighted blue areas are the emissions which the Trust has set specific reduction targets, known as "output" targets.



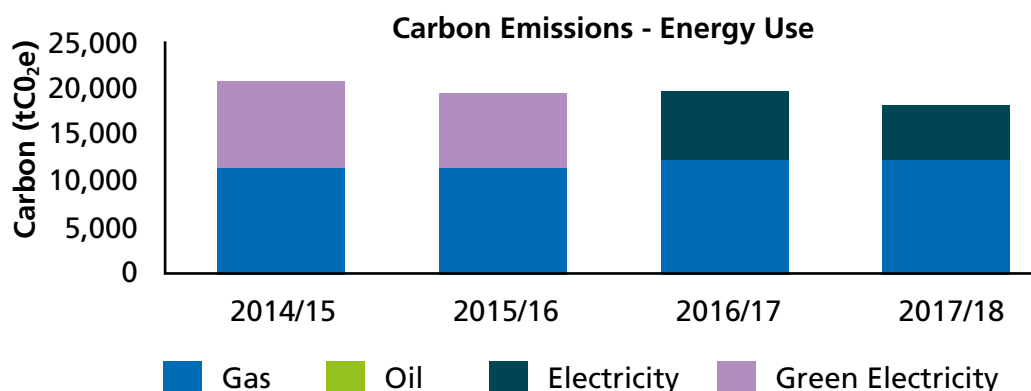
The areas which are not highlighted have "process" targets assigned to them. These are targets which are not currently quantifiable, but where applied there will be a benefit realised.

The Trust does not have any financial obligations under the Carbon Reduction Commitment.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the National target of reducing the carbon footprint of the NHS, public health and social care system. It is our aim to contribute to this by reducing our carbon emissions 28% by 2021 using 2013/14 as the baseline year. This year carbon emissions decreased due to a decrease in gas and electricity consumption. This was due to sustainable activity increasing in the Trust, a cooler summer but tempered by the two significant snow events in early 2018.

The graphs below show the Trust's emissions over the last four years:

Scope 1 and 2 carbon emissions:



Resource		2014/15	2015/16	2016/17	2017/18
Gas	Use (kWh)	52,980,456	52,984,297	56,724,151	54,291,845
	tCO ₂ e	11,115	11,089	11,855	11,511
Oil	Use (kWh)	495,645	494,308	453,814	533,889
	tCO ₂ e	159	158	144	174
Non-green tariff Electricity	Use (kWh)	17	0	13,400,371	13,297,144
	tCO ₂ e	0	0	6,925	5,927
Green Electricity*	Use (kWh)	14,224,744	13,916,659	895,915	907,786
	tCO ₂ e	8,789	7,967	435	381
On site generated electricity	Use (kWh)	7,113,000	7,856,817	7,571,765	7,373,798
	tCO ₂ e	0	0	0	0
Total Electricity	Use (kWh)	21,337,761	21,773,476	21,868,051	21,578,728
	tCO ₂ e	8,789	7,967	7,360	6,308
Total Energy CO₂e		20,063	19,213	19,358	17,993
Total Energy Spend		£3,987,215	£3,354,268	£3,230,576	£3,371,701

*Electricity bought on a green tariff and on site renewable generation

The Trust previously sought to buy all of its electricity from renewable sources “Green Tariffs” or generate it on site. Due to carbon accounting rules, the Trust has to account for green electricity carbon based on a grid average value, ie not carbon neutral. Unfortunately, as a result of Government policy changes, the RDE is no longer able to receive green electricity under its current, main, electricity contract which is why the green supply drops off in 2016/17.

Water		2014/15	2015/16	2016/17	2017/18
Mains Water	m3	242,643	225,480	215,577	203,440
	tCO2e	228	212	203	191
Water & Sewage Spend		£1,010,662	£901,172	£892,489	£942,163

Water consumption has been declining; this is for a number of reasons including: better leak detection and utilisation of more efficient equipment.

2017/18 Achievements

It is the Trusts target to reduce the annual utilities bill and address environmental performance via a variety of energy and water conservation measures. The Trust has progressed this year’s objective through the procurement of an Energy Performance Contract (EPC) which will identify the savings potential and investment required. This is still on track as forecast last year at a cost of circa £6M and an annual saving of £500,000.

The EPC Procurement has been through an OJEU compliant framework and the Trust is now undertaking a detailed Investment Grade Audit (IGA). This is to verify the savings and agree guaranteed energy and carbon savings.

The EPC also interfaces with the proposed District Heating Network (DHN) which the Trust continues working with local partners to develop a low carbon district heating network across the city. In 2017/18 Dextco, a company formed with the Trust, Exeter City Council, Devon County Council, Teignbridge District Council and the University of Exeter has made good progress with establishing the key principles and objectives of the procurement phase.

The Trust has invested the intended £200,000 in investment to reduce energy and carbon. The schemes included;

- Replacing aging lighting with LED lighting.
- Replacing old heating and hot water systems.
- Thermally insulating more hot water pipework.
- A cover for the Hydrotherapy Pool to lock in heat.
- Fitting new Steam Traps which stop the loss of steam into the atmosphere.
- Installing a new energy monitoring system to better target losses.

The Trust is in the early stages of implementing its internal energy and sustainability awareness campaign. It linked the launch of the campaign in March on National Sustainability Day. It is running a Green Team competition to establish and acknowledge sustainable practice in healthcare and it has established a new twitter feed for the good news stories.

Next steps

Continue with the Energy and Sustainability Awareness campaign which is forecast to deliver a 3% reduction in energy use and establish good practice in sustainability.

Move into the next phase of the EPC which will look at design and delivery of energy and carbon savings schemes over the next few years.

Through Dextco, move into the procurement phase of the DHN to provide district heating across the city.

Make a £160,000 investment in 2018-19 in energy infrastructure, including lighting improvements and steam efficiencies in the laundry.

Environment, Employee Matters, Social, Community and Human Rights Issues

As a public benefit corporation, the Trust takes its responsibilities towards the community it serves very seriously. We recognise the responsibility we have to:

- Meet the acute health needs of the population we serve as safely, effectively and efficiently as possible
- Ensure that in designing and delivering health services we fully take into account, and are influenced by, the views and opinions of our patients and patients to be. Our Members' Say events are a good example of where we listen and engage with members – who broadly correspond to the profile of the wider community - on important healthcare matters. In addition we undertake formal and informal consultation with patients when we need to redesign or improve services
- Take into account the impact we have on the environment because this will ultimately have an effect on the communities we serve. As we set out in the sustainability report section of this Report, we are committed to reducing our environmental impact
- Take into account our status as the largest employer in Exeter and surrounding area. This means that decisions we make may well have an impact on the local economy and the health and wellbeing not only of our staff but their families and communities as well
- Take into consideration our responsibilities, as an ethical organisation, to respect human rights and to ensure that our actions or decisions do not have an adverse impact on upholding human rights
- Uphold the tenets of the NHS Constitution which brings together in one place details of what staff, patients and the public can expect from the NHS
- Uphold the legal framework that exists to promote equality and diversity
- Take very seriously our commitment to ensuring that staff feel motivated, empowered and are

clear about the difference they are making to patient care and the pursuit of our strategic objectives. The section in this Report on "Our Staff" sets out some of the work we have done to improve staff engagement and motivation

- Ensure that the Trust is a positive place to work and that staff are supported appropriately. The Trust has a positive staff programme – engaging working lives – that brings together our approach to equality and diversity, support for health and wellbeing, staff benefits, staff engagement and training and development.
- Uphold the legal framework in terms of the Bribery Act 2010 by providing staff with a robust and detailed "Standards of Business Conduct" policy and on-going engagement, support and monitoring by Audit South West (Internal Audit, Counter Fraud and Consultancy Services).

Important Events

Since the end of the financial year, NHS Improvement, Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust have been exploring options to secure the long-term clinical sustainability of clinical services in North Devon. Discussions between NHS Improvement and the Boards of both Trusts have now begun on what the nature of the management and leadership support will be and over what time period. At the time of writing these discussions have not yet been concluded but if support arrangements are put in place then this could have a material impact on this Trust during the forthcoming financial year.

Signed:



Suzanne Tracey
Chief Executive

Date: 23 May 2018

ACCOUNTABILITY REPORT

Directors' Report

The RD&E is a NHS Foundation Trust that is constituted as a public benefit corporation. Its governance structure is founded on a constitution that is approved by the regulator, NHSI. The constitution sets out how the organisation will operate from a governance perspective and what arrangements it has in place, including its committee structures and procedures, to enable the Trust to be governed effectively and within the legislative framework. The Trust's constitution incorporates the legal and statutory requirements necessary to govern the Trust. In addition, Monitor (NHSI) has developed a Code of Governance which all Foundation Trusts must comply with (or explain if they choose not to comply). This details the necessary governance structures and processes that Foundation Trusts should have in place.

Essentially, there are three basic components to the RD&E's governance structure:

- The Membership
- The Council of Governors
- The Board of Directors

Members of the RD&E consist of members of the general public who choose to apply for membership and Trust staff (unless they opt out). Members are located in a defined number of constituencies.

Members elect Governors and can stand for election themselves.

The Council of Governors (CoG) consists of elected public Governors, staff Governors and appointed individuals from key stakeholder organisations (as defined in the constitution). Governors help bind the Trust to its patients, service users, staff and stakeholders. Governors are unpaid and volunteer part-time on behalf of the Trust. They are not Directors and therefore do not act in a directional capacity as their role is very different. The Trust Chairman is chair of both CoG and the Board of Directors.

Governors are the direct representatives of local communities. They collectively challenge the Board of Directors and hold them to account for the Trust's performance, as well as presenting the interests of Foundation Trust Members and the public and providing them with information on the Trust's performance and forward plan. Governors have a range of statutory powers as well as significant

influence over the Trust; they appoint the Chair and the Non Executive Directors and ratify the appointment of the Chief Executive.

The Board of Directors of the RD&E is ultimately and collectively responsible for all aspects of the performance of the Trust. The Board of Directors' role is to:

- Provide effective and proactive leadership of the Trust within a framework of processes
- Take responsibility for making sure the Trust complies with its Licence, its constitution, mandatory guidance issued by NHS I, relevant statutory requirements and contractual obligations
- Set the Trust's vision, values and standards of conduct and ensure the Trust meets its obligation to its members, patients and other stakeholders and communicates them to these people clearly
- Set the Trust's strategic aims at least annually, taking into consideration the views of the Council of Governors
- Be responsible for ensuring the quality and safety of healthcare service, education, Training and research delivered by the Trust
- Ensure that the Trust exercises its functions effectively, efficiently and economically
- Develop procedures and controls which enable risk to be assessed and managed.
- Take decisions objectively in the interests of the Trust
- Take joint responsibility for every decision of the Board, regardless of their individual skills or status
- Share accountability as a unitary Board
- Constructively challenge the decisions of the board and help develop proposals on priorities, risk, mitigation, values, standards and strategy

The Board of Directors has both Executive and Non-Executive Directors (NEDs). All Non-Executive Directors are independent. It is a unitary Board which means that both Executive and Non-Executive Directors share the same liabilities and joint responsibility for every decision of the Board. In so doing, Board members bear full legal liability for the operational and financial performance of the Trust. The Chief Executive is the nominated Accounting Officer and is responsible for the overall organisation, management and staffing of the NHS Foundation Trust, for its procedures in financial and

other matters, and for offering appropriate advice to the Board on all matters of financial propriety and regularity.

In carrying out their role, Directors need to be able to deliver focused strategic leadership and effective scrutiny of the Trust's operations, and make decisions objectively and in the interest of the Trust. The Board of Directors will act in strict accordance with the accepted standards of behaviour in public life, which include the principles of selflessness, openness, honesty and leadership (The Nolan Principles).

The Board of Directors is legally accountable for services provided by the Trust and is responsible for setting the strategic direction, having taken account of the views of the Council of Governors, and of the overall management of the RD&E.

The Board is led by the Non-Executive Chairman. There are six Non-Executive Directors who, together with the Chairman, form a majority on the Board. The six Executive Directors manage the day-to-day operational and financial performance of the Trust.

The Board normally meets to conduct its core business at least ten times a year. At these meetings it takes strategic decisions and monitors the operational performance of the Trust, holding the Executive Directors to account for the Trust's achievements.

Board Meetings

The papers for the monthly Public Board meeting and the approved minutes of the previous meeting are published on the Trust's website in advance of the Board meeting. In advance of the legislation compelling NHS Foundation Trusts to hold their Board meetings in public, the RD&E decided in June 2012 to move to public Board meetings that were accessible to the public. These are meetings that take place in the public arena rather than public meetings, although members of the public have the opportunity to ask questions at the end of the public section of the meeting. Items of a confidential nature are discussed by the Board in private in a monthly confidential meeting. The issues discussed in the closed sessions tend to be commercial in-confidence issues that may impede the conduct of the Trust's business if they were to be aired publicly. The 1960 Act on Admission to Public Meetings is used by the Board to help determine which topics are discussed privately and, over the course of the year, the Board has sought to discuss the majority of its business in the public session. In addition to its ten formal

Board meetings, the Board also holds a number of development and strategy sessions.

The framework within which decisions affecting the work of the Trust are made are set out in the Trust's published Standing Orders, Standing Financial Instructions and Scheme of Delegation, copies of which may be viewed on the Trust's website (www.rdehospital.nhs.uk) or on request from the Foundation Trust Secretary.

The composition of the Board is in accordance with the Trust's constitution and the Policy for the Composition of NEDs on the Board. The Board considers it is appropriately composed in order to fulfil its statutory and constitutional function and remain within NHSI's Licence. In consultation with Governors, it has, through its recruitment of NEDs, been able to maintain a good quality and effective Board that is appropriately balanced and complete.

There is a clear division of responsibility between the Chairman and the Chief Executive. The Chairman heads the Board, providing leadership and ensuring its effectiveness in all aspects of its role, and sets the Board agenda. The Chairman ensures the Board receives appropriate information to ensure that Board members can exercise their responsibilities and make well-grounded decisions. The Chief Executive is responsible for running all operational aspects of the Trust's business, assisted by the team of Executive Directors.

The Chairman and all Non-Executive Directors meet the independence criteria laid down in Monitor's / NHSI's Code of Governance (Provision A.3.1). The Board is satisfied that no direct conflicts of interest exist for any member of the Board. There is a full disclosure of all Directors' interests in the Register of Directors' Interest which is available on the Trust's website or upon request from the Foundation Trust Secretary. Directors and Governors may appoint advisors to provide additional expertise on particular subjects if required.

The Board of Directors is accountable to the membership via the COG. The Chairman informs the Council of Governors about the work and effectiveness of the Board at each Council Meeting.

The business of the Trust is conducted in an open manner and annual schedules of meetings for the Board of Directors and Council of Governors are published 12 months in advance.

Board Focus

Over the year the RD&E Board has led and governed the organisation successfully. Its focus has been on ensuring a sustainable and safe clinical financial service. A clear governance and management system is in place. The Board reviews in detail the Trust's safety, quality, financial and operational performance at every Board Meeting.

Some of the key issues the Board focused on during the year included discussions and debates on:

- Operational Performance
- Corporate Strategy
- Wider Devon Sustainability and Transformation Plan (STP)
- Workforce
- Junior Doctors
- Infection Prevention and Control
- Research and Development
- Operational Capacity
- Emergency Preparedness, Resilience and Response
- Board Assurance Framework
- Electronic Patient Records
- Board Development
- Referral To Treatment
- A&E Four Hour Target
- Nursing and Midwifery Establishment Review
- Staff Discrimination at Work
- Equality, Diversity and Inclusion
- Staff and Patient survey results
- Cancer

Outside Interests

The Board regularly updates its Register of Directors' Interests to ensure that each member discloses details of company directorships or other material interest in companies which may conflict with their management responsibilities. Board members also have an opportunity at the start of each meeting to declare any interests which might impede their ability to take part in discussions and Directors are aware that such a declaration would be permissible at any time during a meeting, dependent on the issue being discussed and the potential for any conflict to arise. The Directors' Register of Interests is available from the Foundation Trust Secretary (01392 404551) or on the Trust website:

www.rdehospital.nhs.uk/trust/ft/documents

and Directors can be contacted via e-mail at rde-tr.foundationtrust@nhs.net

Board Effectiveness and Evaluation

The Board continued to develop its effectiveness during the year primarily through its programme of "development days". Development days are seminar sessions that allow the whole Board to explore a range of issues and topics and develop and discuss ideas outside the formal setting of the Board. In addition, the Board held seminar and development sessions on the days in which the formal Board sessions took place.

These seminars and development sessions enable the Board to examine issues in more details, to explore key strategic issues as well as develop the capacities of the Board collectively. These sessions are vital to continuously improve the performance of the Board and to ensure that the Directors are able to discuss and debate key issues confronting the Trust in real depth. The issues discussed over the last year include:

- Corporate Strategy
- Equality, Diversity and Inclusion
- Integrated Care Exeter
- Fractured Neck of Femur
- Quality Improvement Academy
- Redesign of the Integrated Performance Report
- Mental Health

The Chairman undertook appraisals for all NEDs. The process used a system that was co-designed and agreed by the Appraisals Working Group, a group made up of the Chairman, the Senior Independent Director and the Governors who sit on the Nominations Committee. The process involved a questionnaire aimed at the specific role of Board members that was used as part of a 360 degree feedback by fellow NEDs, Executive Directors and Governors.

Feedback on the performance of the NEDs was considered by the Chairman and fed back to the NEDs in appraisal meetings. Feedback on the performance appraisals was provided in written form and verbally to the Nominations Committee and an overview of the appraisals was discussed with the COG. All the appraisals undertaken were favourable with all NEDs performing at or above the expected level. In the event of concerns being identified through the appraisal process, this would be managed in line with the appropriate Human Resource policy.

A similar process was undertaken for the Chairman. In this case there was a longer questionnaire linked to the specific role of the Chairman and the process was led by the Senior Independent Director. Feedback on the performance of the Chairman was provided to the Nominations Committee and a summary was provided to the full Council of Governors. This was also a very positive appraisal.

The Chief Executive undertook the appraisals of Executive Directors using a similar process including feedback from Non-Executive Directors, peers and other direct reports. Feedback on the appraisals was provided by the Chief Executive to the Executive Director Remuneration Committee (EDRC). The Chairman undertook an appraisal of the Chief Executive and the results of this were fed back to the EDRC.

Quality Governance Reporting

We have put in place a rigorous approach to governing the quality of our services. More details about these arrangements are included in our Quality Report as well as in the Annual Governance Statement (pages 107 to 116 of this report).

Well Led

The Trust's approach to Well Led is outlined within the Accountability Report, pages 43 – 46 and also within the Annual Governance Statement pages 107 – 116.

The last independent review of the Trusts Well Led Framework was undertaken by the Care Quality Commission as part of a full routine inspection in November 2015. The Trust received a "good" rating for Well Led and an overall rating of "good" for the full Inspection.

The Board of Directors undertook an assessment using the Well Led Framework guidance in May 2017 and concluded that the Trust has a robust Well Led framework.

In June 2017 the Care Quality Commission (CQC) published new guidance for NHS Trusts on Well Led, detailing that all Trusts would receive an annual Well Led Inspection. At the time of writing this report, the Trust can confirm that it has not been subject to a CQC Well Led Inspection. The Trust is currently undertaking a self- assessment against the new Well Led Key Lines of Enquiry.

Foundation Trust Code of Governance

The Royal Devon and Exeter Foundation Trust has applied the principles of the NHS Foundation Code of Governance on a comply or explain basis. The NHS Foundation Trust code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Signed:



Suzanne Tracey
Chief Executive

Date: 23 May 2018

Summary Board Attendance 2016/17

P = Public C = Confidential	Apr-17		May-17		Jun-17		Jun-17 extra		Jul-17		Aug 17	Sep-17	
	P	C	P	C	P	C	P	C	C	P	C		
Mr J Brent	P	P	P	P	P	P	P	P	P	P	P	P	P
Mr P Adey	P	P	P	P	P	P	P	P	P	P	A	P	P
Mrs J Ashman	P	P	P	P	P	P	P	P	P	P	P	P	P
Ms T Cottam	P	P	P	P	A	A	P	P	P	P	A	P	P
Mr P Dillon	P	P	P	P	P	P	P	P	A	A	P	P	P
Prof A Harris	P	P	P	P	A	A	P	P	P	P	A	P	P
Prof J Kay	A	A	P	P	P	P	P	P	P	P	P	A	A
Mr S Kirby												P	P
Dr S Knowles												P	P
Mr D Robertson	P	P	P	P	P	P	A	A	P	P	P	P	P
Ms M Romaine	P	P	P	P	P	P	P	P	P	P	P	A	A
Mr P Southard	P	P	P	P	P	P	P	P	A	A	P		
Mr C Tidman												P	P
Mrs S Tracey	P	P	P	P	A	A	P	P	P	P	P	P	P
Prof E Wilkinson-Brice	P	P	P	P	P	P	P	P	P	P	P	P	P

P = Public C = Confidential	Oct-17		Nov-17		Dec-17		Jan-18		Feb-18		Mar-18	
	P	C	P	C	P	C	P	C	P	C	P	C
Mr J Brent	P	P	P	P	P	P	P	P	P	P	P	P
Mr P Adey	P	P	P	P	A	A	P	P	P	P	P	P
Mrs J Ashman	P	P	P	P	P	P	P	P	P	P	P	P
Ms T Cottam	A	A	A	A	P	P	P	P	P	P	P	P
Mr P Dillon	P	P	P	P	P	P	P	P	P	P	P	P
Prof A Harris	P	P	P	P	A	A	P	P	P	P	P	P
Prof J Kay	P	P	P	P	A	A	P	P	A	A	P	P
Mr S Kirby	P	P	P	P	P	P	P	P	P	P	P	P
Dr S Knowles	P	P	P	P	P	P	P	P	P	P	P	P
Mr D Robertson	P	P										
Ms M Romaine	P	P	P	P	A	A	P	P	P	P	P	P
Mr P Southard												
Mr C Tidman	P	P	P	P	P	P	P	P	P	P	P	P
Mrs S Tracey	P	P	P	P	P	P	P	P	P	P	P	P
Prof E Wilkinson-Brice	P	P	P	P	P	P	P	P	P	P	P	P

Key: P = Present A = Apologies

Board of Directors

Non-Executive Directors



James Brent
Chair

James joined the Trust in May 2012 and is Chairman of both the Board of Directors and the Council of Governors. He was an investment banker for twenty-five years and established Akkeron Group which has key business activities in hotels, urban regeneration, retail and leisure (including Plymouth Argyle Football Club). He has combined his commercial ventures with a desire to contribute in a range of public sector settings as well, for example previously as Chairman of Plymouth City Development Company and now as Chairman of Plymouth University



Jane Ashman
Non-Executive Director

Jane joined the Trust in April 2014. A Social Worker by profession for the last 34 years and a passionate believer in the integration of Health and Social Care, Jane was a Director of Social Services for nine years until 2009. As well as her Non-Executive Director role at the RD&E Jane is the independent Chair of two Safeguarding Adult Boards and undertakes Serious Case Reviews and Domestic Homicide Reviews for other agencies when the need arises. Jane is the Chair of the Trust's Organ Donation Group and is a member of the Patient Experience and Governance Committees. Jane took over Chair of the Patient Experience Committee in September 2017.



Peter Dillon
Non-Executive Director

Peter joined the Trust in July 2013. After more than ten years with Deloitte, he now runs his own company advising businesses that require turnaround, stabilisation, cash management, budgeting, cost reduction or interim finance. In addition to the time he gives to the Trust, until November 2015 Peter was also a Non-Executive Director in the Devon & Cornwall Housing Group, a social and affordable housing provider. Peter chaired the Patient Experience Committee until September 2017 and took over the chair of the Audit Committees in October 2017.



Janice Kay
Non-Executive Director,
Senior Independent Director

Janice joined the Trust in April 2014. She is Provost of the University of Exeter and Deputy to the Vice Chancellor. She line manages the University of Exeter Medical School among other key roles. She holds a number of national positions in Higher Education, including the HEFCE Strategic Advisory Committee on Quality, Accountability and Regulation. Janice was appointed as Senior Independent Director (SID) in May 2017.



Steve Kirby, Non-Executive Director

Steve joined the Trust in September 2017. Following a period in the NHS, Steve worked internationally in health, running hospitals before moving into consulting. As a Partner at KPMG and then Ernst & Young, he has consulted on a wide range of Government and health organisations both in the UK and overseas. He has worked at all levels on a wide variety of health projects and programmes including large system reorganisations, regulatory issues for Development Banks lending into country wide programmes and "at the coal face" helping to develop services or dealing with failing organisations. He was one of the two EY partners who undertook the administration of Mid Staffs NHS FT.



Simon Knowles,
Non-Executive Director

Simon joined the Trust in September 2017. He has wide experience as a clinician and director in the UK and Australia, working in the public, academic and commercial sectors. Until recently he was a non-executive director to a Clinical Commissioning Group and a specialist advisor to the Care Quality Commission. He has a particular interest in using innovation and improvement science to help deliver "joined up" health and social care.



David Robertson **Non-Executive Director**

David joined the Trust in October 2010 and is a Fellow of the Institute of Chartered Accountants in England and Wales and a graduate in

Business Studies. He was Finance Director of Viridor Limited, the waste management subsidiary of Exeter based Pennon Group plc, until March 2011. He was with the Pennon Group for twenty years, prior to which he was with KPMG for fourteen years. He is also Chairman of South West Lakes Trust. David was Chair of the Audit Committee until his term of office came to an end in October 2017.

Michele Romaine



Non-Executive Director, Vice Chair

Michele joined the Trust in September 2012. She has held a number of senior roles in public sector organisations, including the

BBC as its Director of Production. Ten years ago Michele helped steer the course for the BBC in a time of significant change setting the vision for the technology, people and the process change necessary to modernise the BBC's production capabilities. Michele has more recently served for three years as a Non-Executive Director on the Board of Salisbury NHS Foundation Trust. She continues to travel internationally through her consultancy business. Michele took over the role as Chair of Governance Committee in September 2014, and is a member of the Audit Committee. Michele was appointed as Vice Chair in May 2017.

Executive Directors



Suzanne Tracey **Chief Executive**

Suzanne Tracey joined the Trust in 2008. Suzanne joined the NHS in 1993 having qualified as an accountant with Price Waterhouse.

She held the post of Director of Finance/Deputy Chief Executive at Yeovil District Hospital NHS Foundation Trust since 2002 before joining the Trust to take up the role of Director of Finance in 2008, subsequently progressing to Deputy CEO/Chief Financial Officer. She was appointed Chief Executive in 2016 (Acting from July 2016 and substantively appointed in November 2016). She is the Chair of the Provider Faculty Healthcare Financial Management Association (HFMA) and past President of the HFMA.



Pete Adey **Chief Operating Officer**

Pete qualified as a nurse in 1988, subsequently working at Hammersmith Hospital on a number of medical speciality wards prior to

progressing to Senior Nurse. He joined the Trust in 1995 and undertook roles as Divisional Manager in a number of services including Child and Women's Health, Cancer Services, Radiology and Pathology prior to his appointment as Deputy Chief Operating Officer in 2012. Pete was appointed as Executive Director of Operations in 2016, formally took up his position on the Board in March 2016 and from March 2017 has assumed the role of Chief Operating Officer.



Tracey Cottam **Executive Director of Transformation & Organisational Development**

Tracey joined the Trust in 2013, having worked in industry for

over 30 years in a variety of senior leadership and consulting roles. Since joining the Trust, Tracey has led the Trust wide Transformation Programme as part of the Trust's overall corporate strategy. Tracey works alongside her teams from Human Resources, the Programme Management Office, Service Development and Communication & Engagement to ensure the appropriate support is provided to the Trust to enable successful delivery of our strategic plans.



Adrian Harris **Executive Medical Director**

Adrian has been the Executive Medical Director at the RD&E since April 2015. Prior to his appointment as Executive Medical Director, Adrian

served as Associate Medical Director for the Surgical Services Division and previously held the role of Director of the Emergency Department, spanning 12 years. Adrian has seen healthcare from both a primary and secondary care perspective, having originally trained as a GP before spending the last 22 years as a consultant Emergency Physician. In his spare time, Adrian is a practicing sports physician and is the Head of Sports Medicine for the Exeter Chiefs Rugby Football Club and intermittently works for the English Rugby Football Union (RFU). He is an Honorary Associate Professor in Healthcare Leadership and Management at the University of Exeter Medical School.



Chris Tidman **Chief Financial Officer**

Chris joined the Trust in Sept 2017 as an experienced Chief Financial Officer, having worked in a number of senior NHS roles in the West Midlands across Acute, Mental

Health and Commissioning sectors and as Director of Delivery and Improvement for NHSI. After graduating in 1991, Chris took his first CFO position in 2005 at South Birmingham Primary Care Trust before joining Birmingham and Solihull Mental Health Foundation Trust as Director of Resources and leading them to FT status in 2008. Chris joined Worcestershire Acute in 2011 as Director of Resources / Deputy CEO. Chris has taken on strategic change projects, including major PFI hospital moves, EPR and IT change programmes, and developing strategic clinical partnerships with neighbouring providers. Chris has been part of the NHS Top Leaders programme and was also HFMA Chair for the West Midlands in 2015.



Em Wilkinson-Brice **Deputy Chief Executive/ Chief Nurse**

Em joined the RD&E in July 2010 after qualifying as a nurse in 1992 in Exeter. She subsequently

worked in Oxford specialising in Cardiology and high dependency care. A firm interest in facilities management alongside nursing resulted in Em taking the post of Director of Nursing and Facilities at Derby Hospitals NHS Foundation Trust prior to coming back to Exeter. During her time at the RD&E Em has undertaken numerous roles alongside the Chief Nurse including Chief Operating Officer for a time and lead for the Trust's five year Transformation Programme focused on delivering, in partnership with local agencies, a new model of care to facilitate population health and wellbeing. In recognition of the close working partnership between the Trust and Plymouth University, Em was appointed Associate Professor Faculty of Health and Human Sciences. She is also an Honorary Associate Professor in Healthcare Leadership and Management at the University of Exeter Medical School. Em was in the first cohort of the national NHS Leadership Academy Aspiring Chief Executive programme, completing it in February 2017.



Paul Southard **Acting Chief Financial Officer**

Paul started his career working in industry, before moving to the RD&E in 1991 to take up a role in Finance. Paul has held a number

of positions within the Finance Department, as well as undertaking a secondment in Operational management. Paul has worked as Deputy Director of Finance since 2006, and was appointed as Acting Chief Financial Officer in July 2016 until August 2017.

Non-Executive Director Appointments

The Chairman and Non-Executive Directors are appointed by the Council of Governors (CoG) acting on the recommendation of the Nominations Committee, which is a committee of the CoG.

The Chairman chairs the Committee when appointing Non-Executive Directors. Membership of the Committee can be found in the Governors section on page 121.

The Chairman and Non-Executive Directors are initially appointed for three year terms, as approved by the CoG. Re-appointments for a further three years can be made, subject to satisfactory appraisal and the approval of the Governors. Consideration of extension beyond six years is subject to rigorous review, in line with the agreed process.

During 2017 two NEDs, Andy Willis and David Robertson, reached the end of their term of office.

Non-Executive Director Remuneration Committee

The Non-Executive Director Remuneration Committee (NEDRC) comprises five elected Governors and is chaired by the Lead Governor. The Committee is supported by the Deputy Director of Transformation and Organisational Development.

Recommendations for any changes to remuneration for the Chairman and other Non-Executive Directors are made by the NEDRC for consideration by the Council of Governors at a general meeting. The Committee met in February 2018. The decisions set out that the NEDs would receive the National Pay Award for 2018/19 to be applied with effect from the 1st April 2018.

Membership of NEDRC

(as at 31 March 2018)

- Peta Foxall (Lead Governor and Chair of the NEDRC)
- Hazel Hedicker (Staff Governor)
- Alan Murdoch (East Devon, Dorset, Somerset and the Rest of England)
- Geoff Barr (Exeter and South Devon)
- Cynthia Thornton (Mid, North, West Devon and Cornwall)

Enhanced Quality Governance Reporting

Patient Care

The Trust is a public benefit corporation which is inextricably linked, through the Council of Governors, to our members. The demographic information we hold about our members suggests that there is a reasonable correlation with the demographics of our wider population. To this end, we have sought to involve and engage our members to seek their views on strategic direction, on service improvements or changes and on improving patient experience as a reasonable proxy for the broader population served by the Trust.

The Governors and Members contribute to the quality agenda as described in Page 38 of the Quality Report. Contributions come in a variety of ways, including:

- Three Governors as members of the Patient Experience Committee (PEC)
- Governors participating in the Patient-led assessments of care environment
- All Governors identifying yearly priorities with a quality slant

Performance Against Key Healthcare Targets

The Trust has continued to work towards delivering the key national health care targets relating to quality throughout 2017 / 18.

The Trust is monitored against a wider suite of metrics through its internally developed Ward to Board Framework. This incorporates process and outcome metrics across a range of domains relating to quality of care including pressure ulcerations, nutrition, infection control, falls, and delivery of harm free care.

On average, in 2017 /18 the Trust:

- Delivered harm free care within the hospital on 92% of occasions
- Achieved hand hygiene compliance rate of 89%
- Undertook risk assessments for the likelihood of:
- Developing pressure ulcers for 96% of patients
- Falls for 93% of patients
- VTE for 93% of patients and
- Nutritional needs for 91% of patients

Monitoring Improvement in Quality

The Trust approach adopts a balanced scorecard, presented through the Board's Integrated Performance Report (IPR). Governance and Performance are managed via the Governance Operations and Performance System, overseen by the Governance Committee which takes a comprehensive oversight of the quality and safety of care including all inpatient and outpatient areas.

The Trusts' Clinical Quality Assessment Tool (CQAT) forms part of the monthly Ward to Board framework where key quality and safety indicators are reported and monitored. Furthermore a quarterly drill down report is also presented to the Board of Directors where Divisions report by exception any ward/ department area that flags on the framework.

The Trust also uses the Performance Assurance Framework (PAF) to provide assurance that performance including safety and quality indicators are effectively monitored and reported to support managers and clinicians in delivering the required targets. Observations of care are secured through Chief Executive "back to floor" sessions, Deputy Chief Executive/Chief Nurse clinical work/presence, "Observe and Support" by Senior Leadership Team and Non-Executive Directors attendance on Safety Thermometer Day.

Service Improvements

Flu testing

Traditionally, over the winter period, flu testing increases from two runs a day to three runs. Each run provides results within four hours which impacts on patient flow and decision-making around the placement of flu positive patients. To help improve the patient flow and patient experience, a three month trial of point of care testing (POCT) for flu in the Acute Medical Unit (AMU) and the Emergency Department (ED) has been undertaken from January to March 2017. The Microbiology laboratory is still required to process the request, initial test, provision of results and any further tests that are required to provide more comprehensive testing. Through this trial, the results of the initial test are available in these areas within 30 minutes. This has been used over the winter to help diagnose patients with flu and enable them to be appropriately placed and treated in a timely way.

Renal Services

Over the last 12 months the Exeter Renal Unit has been growing and developing its service to increase the volume of people dialysing at home. A home haemodialysis nurse specialist post was created to work with the renal community team is improving education, promoting home haemodialysis and putting in place the infrastructure for the training and support of patients and staff. A home haemodialysis road show was organised to raise awareness with patients and staff and several satellite units in Devon were visited. Centre stage was an experienced home haemodialysis patient dialysing themselves in a camper van, giving visitors and staff opportunity to hear their experience.

Plastic Surgery – Hand Trauma Team

Changes have been made to the Hand Trauma pathway as some patients were waiting longer for treatment than British Society for Surgery of the Hand (BSSH) guidance and there were also patient cancellations on the day of surgery. Previously patients presenting in the Emergency Department (ED) or directly referred by their GP, Minor Injury Units or EDs in surrounding hospitals were being booked into the next available slot, without taking into account the urgency required in treating the specific injury. This led to some patients waiting for up to 10 days to be seen, or being booked to an inappropriate clinic for their specific need. The team introduced a process whereby all patients are added to a clinic pending list. The list is reviewed by a Consultant and team the following working day. All images and ED notes are reviewed and the patients booked to either a Hand Trauma clinic, a Hand Therapy clinic, a Consultant Hand clinic or booked directly to the theatre list within an appropriate time, dependant on the injury. This service improvement has reduced waiting times for clinics to 5 days or less. Clinics are planned appropriately and liaison with the Hand Therapy team has improved dramatically. In addition, emergency hand surgery has been moved to Heavitree Hospital where there is a protected Hand Trauma theatre list for three days each week thus reducing the time from assessment in clinic to surgery, the number of operations cancelled on the day and time patients are waiting for an operation.

Patient Surveys

Over the last year, a number of surveys have been reported, which demonstrate the effectiveness of our services. These include:

- National Cancer Survey Results
- National Maternity Survey Results

- National Children and Young Peoples Survey Results
- National Inpatient Survey Results

National Cancer Survey

The National Cancer Patient Experience Survey results were published in July 2017 and presented to the Trust's Patient Experience Committee in September 2017. Overall the Trust performed extremely well, coming third in the country (and continues to be the top provider in the Peninsula) with a patient rating score of 9 out of 10 for the quality of care, and highest nationally of the non-specialist hospitals.

What went well?

- 81% of respondents said they were involved as much as they wanted to be in decisions about their treatment and care.
- 92% were given the name of the Clinical Nurse Specialist who would support them through their treatment, and 90% confirmed that they found it easy or very easy to make contact with them.
- 90% of respondents said that overall, they were always treated with dignity and respect while they were in hospital.
- 97% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

What could be better?

- The Trust could improve on gaining views on cancer sites where less than 20 patients have responded. The Lead Nurse is continuing to work with the national team to explore a collective approach to the rarer tumours to gain views across the Peninsula; this mainly affects sarcoma and brain.
- The service is working to make improvements surrounding the Living With and Beyond Cancer (LWBC) agenda, to ensure care plans are in place and maintain the focus of patients having key workers.

National Maternity Survey Results

The National Maternity Survey is part of a national survey programme run by the CQC to collect feedback on the experiences of women using NHS maternity services across England. The survey looks at five periods of care:

- Care while you were pregnant
- Your labour and the birth of your baby
- Care in hospital after the birth
- Feeding your baby
- Care at home after birth

The Trust exceeded the national average by 10% in 6 of the questions.

What went well?

- 10% more women than in other Trusts said that they were able to move around and choose the position that made them most comfortable in labour.
- 80% of women said the hospital room or ward they were in was 'very clean' (national average 69%).
- 84% of women said 'I was 'definitely' or 'to some extent' given enough information about any emotional changes I might experience after the birth'. (national average 89%)
- 51% of women said they were given a choice about where their postnatal care would take place (national average 41%).

What could be better?

- Women reported they did not see the same midwife despite wanting to. The Maternity team has plans to introduce a buddy system so that midwives work in pairs and therefore the women should only see either of these 2 midwives or the Team Midwifery Support Worker for Postnatal Care.
- 15% more women than the average say they never tried to breastfeed their baby. All of the other responses about feeding were in line with other Trusts, including being given consistent advice, support and encouragement about feeding by midwives and other professionals. The survey did not ask mothers whether or not they had wanted to breastfeed. The Infant Feeding Coordinators are going to do an internal re-audit to understand this further.

National Children and Young Peoples Survey Results

The 2016 survey of children and young people used three different questionnaires, each one appropriate for a different age group: The 0-7 questionnaire; sent to patients aged between 15 days and 7 years old at the time of discharge (completed entirely by the parent or carer), The 8-11 questionnaire; sent to patients aged between 8 and 11 years old at the time of discharge (short section for child to complete and section for parent / carer), The 12-15 questionnaire; sent to patients aged between 12 and 15 years old at the time of discharge (short section for child to complete and section for parent / carer).

Of the 63 questions with a sufficient number of respondents, the RD&E was rated as a positive outlier in 17 areas and a negative outlier in 1. We have benchmarked well against other Trusts in the South West.

What went well?

- A score of 9.8/10 was given to 'If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?' (Child/Young person aged 12-15)
- A score of 9.3/10 was given to 'Did new members of staff treating your child introduce themselves?' (Parent/carer of child aged 0-7)
- A score of 9.8/10 was given to 'Before the operations or procedures, did a member of staff answer your questions in a way you could understand?' (Parent/carer of child aged 0-15)
- A score of 9.5/10 was given to 'Do you feel that the people looking after your child were friendly?' (Parent/carer of child aged 0-7)
- A score of 9.5 was given to 'Do you feel that your child was well looked after by the hospital staff?' (Parent/carer of child aged 0-7)
- A score of 9.6 was given to 'Were you treated with dignity and respect by the people looking after your child?' (Parent/carer of child aged 0-7)

What could be better?

- The results reported a lack of understanding of what would happen next when they left hospital. (Child/Young person aged 8-15). The paediatric department is working to produce some more child friendly information leaflets.
- Did hospital staff play with you or do any activities with you while you were in hospital? (Child/Young person aged 8-11) identified that some improvements are required in this area. The area is considering a school holiday club, as Bramble school is only open term-time. The playroom is to be more accessible at weekends with age-specific activity packs available.

National Inpatient survey results

The survey results were received in February (for 2017) and will be reviewed through the Patient Experience Committee. There was an overall response rate of 53% which compares well to last year (55%). There were twenty areas where we exceeded the average by more than 5%.

What went well

- Before and after an operation or a procedure patients reported that their questions were answered in a way that they could understand
- Patients confirmed that they had confidence and trust in the nurses treating them
- Patients reported that on the day of discharge that there were no delays

Even Better if?

- Patients reported that they felt they were on the waiting list for a long time before their admission to hospital
- Patients reported that they were not always told about what medication side effects to watch for when they went home?
- There was a slight reduction in the response to whether patients felt that there were enough staff on duty to provide care for them compared to last year.

Learning from Patient Feedback

The “Demonstrating the Difference” approach is one method used, where learning from patient and carer feedback is captured and used to demonstrate the changes that have been made in response to feedback. The information is reviewed in the monthly Divisional Performance Assurance Framework meetings, PEC and Board reports. The following examples demonstrate how the Trust has learnt from and therefore further improved patient experience based on feedback received.

Specialist Services

A need was identified for carers to have sleeping facilities if required and to support the national ‘John’s Campaign’ to help relatives of patients with Dementia. Chair beds were sourced by the Occupational Therapy team and funding was supported through the League of Friends on behalf of the Dementia Steering Group. There are now 3 chairs in place for use across the Trust.

Cancer Services

Feedback has been received from a patient and their family regarding the new Chevithorne family room on Yarty for End-of-Life patients requiring haematology. The patient was able to have their family and friends spend a significant amount of time with them. They reported how important it was for them to remain together as a unit as the patient neared the end of life, and how this positively impacted the support they were able to provide to the patient and to each other.

Rheumatology Physiotherapy outpatients

Following patient feedback it was highlighted that patients with long term conditions such as rheumatology out-patients were being given ‘routine’ follow up appointments for 6 or 12 months or their cases being ‘left open’ just in case they needed to come back. This did not address the needs of the patient and was not always required. The Specialist Nurses have now set up a self-referral system for known rheumatology patients ensuring that patients can access treatment or advice in a timely manner. This has reduced the overall number of patient appointments.

Teenagers and Young adults (TYA)

TYA described how they were anxious about having their treatment in a bay with other patients who may be of varying ages, have complex needs and be at different stages of their disease. Depending on the individual, this could sometimes increase anxiety levels and ability to cope with the hospital stay. The ward worked closely with the TYA clinical nurse specialist and the Teenage Cancer Trust to look at providing a side room for TYA patients that puts them at ease, gives room for family members to stay with them if necessary and provides an environment that is more homely and less clinical. The ward has been supported by the Teenage Cancer Trust to redecorate one of the larger side rooms to build on the work that has already been put in place to produce a family room for patients who stay on the ward for end of life care. Feedback from teenagers and a bereaved relative assisted with the design of this space. This room will now have a dual purpose – to be a family room or TYA room depending on the need. The room has a beautiful mural of a countryside landscape, fridge, sofa bed, tea and coffee making facilities and an outside courtyard.

Surgical Admissions Unit (SAU)

Patients who experienced a short stay on SAU were being discharged from the waiting room which had hard backed chairs, sometimes waiting a number of hours for relatives to collect them. The team decided that they should purchase a comfortable semi reclining chair so that patients could wait in comfort. This has improved patient experience following treatment when waiting to return home.

The Nutrition Support Team

The family of a younger patient found it very difficult to engage with professional support due to previous experiences. A procedure was required which involved several different teams due to the complexity of the patient's needs. The Nutrition Team was involved at an early stage and liaised with the relevant staff to ensure the procedure happened with adequate time for the patient. Since this procedure, the relationship between this family and the Nutrition Team has significantly improved. The Mother of the patient said "I really appreciated being listened to and felt relieved the procedure was arranged quickly." She expressed that she felt involved and part of the process and as a consequence felt that she had made a difference to her daughter's wellbeing.

Emergency Department

Following patient feedback regarding the length of wait experienced for treatments or investigations, the role of the waiting room nurse has been expanded to include the start or completion of any outstanding treatments. They will expedite the taking of bloods, the completion of echocardiographs, repeat observations and will commence oral fluid challenges for paediatric patients. This was initially trialled on the late shift and is now being trialled overnight.

Support for patients with a new stoma

A pilot was undertaken for giving extended teaching to newly formed stoma patients following patient feedback around confidence levels with stoma management following discharge. The pilot results showed:

- An increase in patient confidence
- Extension of quality 1-1 with Clinical Nurse Specialist / Health Care Assistant providing education and discharge advice from day 1 post-surgery
- Early promotion of independence

- Facilitation of prompt discharge from a patient and Trust perspective

Early feedback from the patients has been positive with comments including:

"Feeling so confident to manage the next part by myself after all your support and encouragement. I know there is always support available"

"I can now go home full of confidence. The care and attention was second to none"

An unexpected outcome from the pilot has been that there is more time to spend on giving problem-solving information prior to discharge. The patients are more aware to contact the stoma department as a first line after going home rather than attending ED and feel confident to do so.

Paediatric Diabetes Team

The Diasend Download System was introduced 2 years ago which enables all patients to download their Diabetes monitoring equipment at home, for the Diabetes Team to review in clinic. This provides accurate, current data for review by the Paediatric Diabetes Team via telephone consultations in addition to face to face clinic contact. As a result, we have been able to see significant improvements in patient clinical outcomes and in some young people a reduction in the risk of long-term complications reflected by significantly improved outcomes. The resource has been embraced by a variety of patients and their carers for whom previously, we would have had limited data to review between face-to-face interactions. It has also provided evidence where required to support the need for other agency involvement especially with regard to safeguarding children and young people. It enables patients and their carers to be empowered to review their own data and make more timely changes to treatment between clinic appointments. This has further helped optimise control and given ownership to patients for managing their long term-condition, every day. This is especially important when moving towards adulthood.

Gynaecology Oncology

In March 2017, FORCE kindly donated funds to the Gynaecology Department for the purchase of a new laparoscopic stack system called Pinpoint. The system and process makes staging of cervical and endometrial cancer much more accurate and with fewer side effects. It also subsequently saves many patients requiring radiotherapy unnecessarily. This system will improve patient care in some patients by reducing harm from treatment side effects, while

identifying those requiring extra treatment, thereby optimising their cancer prognosis. The system was first used in April 2018.

Neonatal Service

Following feedback from parents the department has purchased a second microwave through Trust funds enabling families to eat together.

X-Ray

In order to make the paediatric X-Ray room more friendly and welcoming for younger patients it has been given a submarine style makeover, complete with a deep sea diver mural, make-believe periscope, control panels and portholes looking out to sea from which tropical fish, turtles and even a whale can be spotted swimming by. Due to the campaign's success Agfa HealthCare, who supplied the room's new high-performance DR 600 X-ray machine, pledged to match the team's fundraising total of £5,000 and fund the total refurbishment of a second themed X-ray room which is currently underway. One of the first patients to see the completed room was an eleven year-old patient from Tiverton who had raised £1,270 for the campaign by riding 28 miles on the Tarka Trail in May after recovering following spinal surgery. He said: "In February I was allowed to ride my bike so I have been training to get fit enough to do the bike ride - it has been my goal since coming out of hospital. I wanted to do this because I've had a lot of x-rays here and they've always been really good with me so I thought I could get fit and help some of the people who helped me. I think the room looks a lot better now. It makes you think that you really are inside a submarine. It's a lot friendlier and less scary in here now so it was well worth the effort."

Fertility

Following patient feedback about the Centre's telephone line being either engaged or going to voicemail, the phone system has been changed from an options menu to a queue system managed by the Reception Team. This has resulted in a dramatic drop in both unanswered calls and negative responses from patients.

Bolham Ward

Following feedback from patients and relatives regarding the relatives' room, the ward has been refurbished using funds raised by a relative. It is now a relaxing, comfortable environment and there are reclining chairs for relatives who need to stay overnight.

Oncology

Noise levels in the oncology clinic rooms and privacy within the clinic rooms of the Oncology Centre had been raised as a concern by patients. One patient reported hearing bad news being given to another patient and felt it had impacted on them as they did not ask questions, because they wanted to avoid anyone hearing their diagnosis. This issue has been addressed by the doors being sound proofed.

Thyroid / Endocrine Surgical Team

An Enhanced Recovery model was introduced, involving a number of pre-operative, intra-operative and post-operative interventions such as:

- A rapid pre-assessment with a dedicated team of nurses who facilitate early referrals where necessary with regard to dental issues, smoking cessation etc.
- Admission on the day of the surgery
- New operating notes proforma, daily Consultant review and early Occupational Therapy assessment and discharge plan

This has resulted in:

- Reduction in length of hospital stay by 6 days
- Reduction in return to theatre by 16%
- Reduction in overall complications by 16%
- Reduction in disease recurrence by 17%

Supportive and Palliative Care

Saturday working for the Palliative Care Team commenced on 6th January, with a view to implementing Saturday and Sunday weekend working by March. The first Saturday working confirmed the important contribution the team was able to offer to patients, family and nursing staff. The first patient seen was someone the team had been supporting for complex symptom control and offering emotional support to during a progressive deterioration throughout their admission. On the Saturday morning the patient was the team's first priority to review. The ward was very busy and the support of the Palliative Team enabled optimisation of the patient's symptom control and a team member was able to sit with the patient.

Plastics / Oncoplastic Breast Reconstructive Surgery

Breast cancer patients are offered reconstructive surgery post-mastectomy, in compliance with National Institute for Clinical Excellence (NICE) guidance. These are long complex operations taking 2 to 3 sessions in theatre. The Trust is one of 50 centres in the country with a plastic surgery unit delivering microsurgery. To ensure this service is delivered effectively, by reducing time in theatre and increasing successful outcomes for patients, a dedicated team was set up. This team includes two Consultant Surgeons job planned to dedicated theatre lists; training for an Anaesthetist, Theatre Scrub and Nursing Team on the post-operative ward.

Therapy, Surgery, Mere Ward, Pain Team

Patients felt they were receiving limited information about chest wall injuries and rib fractures and were not sure what to do when experiencing pain and restricted movement. The Ward Matron, Pain Team and the Peri-Operative Consultant worked together to produce a chest wall injury patient information leaflet designed to give information about the injury, likely treatment, management and possible complications.

Speech & Language Therapy (SLT)

A patient with ongoing chest infections was having difficulties taking on board behavioural management strategies to help their swallowing. They highlighted memory issues and difficulties incorporating the strategies into practice. It was arranged for the SLT Assistant to visit the patient weekly at their day centre and home during mealtimes, using visual prompts. After 6 sessions reinforcing the strategies during mealtimes a review assessment showed prompting was no longer required and improvement was seen.

Improvement in Information for Patients /Carers

One of the main areas of concern for patients is where there is confusion around making appointments. To help address this issue a number of changes have been put in place over the last year. These include:

- Where appointments are cancelled and patients placed on a pending list, a checklist has been introduced for staff to ensure patients get a further appointment.

- A review of the appointment booking processes has been undertaken. Theatre lists will now only be filled where cover for annual leave has already been found, rather than trying to find cover for a list already filled. This should avoid lists being cancelled with short notice to patients.

Complaints Handling

The complaints and concerns performance shows an overall increase in the number of complaints and concerns by 5.4%. The improved acknowledgement rate has been maintained. The Trust results during this time (1 April 2016 to 31 March 2017), showed there were only 285 complaints received compared to 377 for 2015/16, a decrease of 24.5%, a significant improvement. This is due to the conversion of complaints to concerns which has increased by over 30% in comparison to the previous year and making the first contact count with the complainant. Continuing the focus on early contact with complainants remains a priority to ensure that the organisation is clear about the issues, specifically how the complainant wants the issue to be addressed. This has led to earlier resolution and an overall decrease in the number of written complaints.

Of the 802098 patients that were admitted or attended the hospital during 2016/17, 876 (0.11%) registered a complaint or concern with the Trust.

All feedback from patients and their families is used to help us to further improve our services. On a quarterly basis a detailed analysis on patient experience including complaints is reviewed by our PEC which has Governors as part of its membership. In this Committee we ensure that learning from complaints and Demonstrating Difference examples are shared.

The top complaint and concern themes were:

Lack of Communication

Complaints featuring communication often link with other themes such as providing and receiving of information, attitude of staff and length of wait for appointments. All complaints and concerns logged under this heading are reviewed and are often spread across a number of specialities. Any actions and/or learning from complaints featuring communication are shared with the clinical teams concerned so that they can reflect upon the experience of patients or their families/carers in order to improve the care of patients in the future.

Where appropriate, the member(s) of staff involved in a complaint is invited to meet with the respondent and the complainant's comments are explored. Where there is learning this is shared with the team through Comm cell and newsletters. Examples of actions that have been taken include:

- Provision of an Advanced Dementia Awareness course
- Feedback on not using jargon and speaking in plain English
- Acknowledgement where conflicting information is given and improving on this
- Transparency with patients about waiting times

Providing Information and Receiving Information

This theme is often linked with the lack of communication. Some examples of actions taken following issues being raised are:

- Staff to ensure that patients' details are correctly checked when booking in ED reception.
- Feedback was given to staff to ensure it is clearly communicated to clinicians that a patient is booked for a telephone consultation rather than face-to-face.
- Feedback was given to staff to confirm that queries regarding booking/cancelling of appointments should be directed to the booking office.
- A patient pathway re-design is underway in the Eye Unit. Once this is complete, patient appointment letters will be revised to accurately reflect timings within the unit to avoid confusion.
- The Computerized Tomography (CT) patient information leaflet is now available on the Trust website. This has been highlighted to the Administration team so that they can advise patients when bookings are made over the telephone.
- Following concerns raised with regard to the Cardiology administrative team a review of processes took place and a detailed action plan for improvement has been implemented.

Length of wait for review/treatment

Complaints within this theme typically focus on the experience of patients who have waited for treatment following a consultation. Within the Emergency Department complaints relating to waiting times originate predominately from the evening and night-time and reflect the marked increase in the number of attendances being seen at these times.

Some of the actions taken as a result of the issues raised under this heading are:

- ED staff are trialling the use of a 'waiting room' nurse in order to ensure care continues for these patients whilst they are waiting. This includes repeating patient observation, administering analgesia and responding to patient queries. This means that staff remain visible to patients in the waiting room and at present seems to be successful in reducing written complaints. This role however is dependent upon staffing levels and is actioned only when staff can be made available. In addition there is an overall Trust action plan in relation to the 4 hr. target which will eventually reduce the current pressure on the Emergency Department.
- The Cardiology Administrative Team have faced workforce issues which have been escalated and are being addressed. A recovery plan was implemented which resulted in a reduction in the backlog of clinic letters waiting to be typed.

The Trust also monitors compliments as part of our patient experience. Communication and attitude of nursing staff are the top two positive themes.

Stakeholder Relations

The Trust has developed its understanding of the central importance of stakeholder relations and the need to listen to people. Working with and alongside key partners and stakeholders is essential and this has been amplified during the year through the Trust's participation in the Sustainability and Transformation Partnership (STP).

The Trust has developed a positive on-going relationship with the Health and Wellbeing Scrutiny Committee of Devon County Council over recent years. The Trust continues to enjoy positive relations with local charities (FORCE and ELF) and it works together with Devon Health watch to improve services.

Disclosures

Statement as to Disclosure to Auditors

The Annual Report, Quality Report and Annual Accounts have been approved by each individual who is a Director at the time.

Disclosure to Auditors and Further Disclosures

So far as each Director is aware, there is no relevant audit information of which the RD&E's External Auditor is unaware. Each Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the RD&E's external auditor is aware of that information.

After making enquiries, the Directors have a reasonable expectation that the RD&E has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

If management wishes to use the services of the Trust's external auditor for any non-audit purposes, appropriateness has to be demonstrated. The Deputy Chief Executive/Chief Financial Officer will provide professional advice on the appropriateness of such an arrangement and the Audit Committee keep under review the level of non-audit services provided by the External Auditor taking into account relevant guidance. The safeguard is in place to ensure independence.

Income disclosures required by Section 43 (2a) of the NHS Act 2006

The Trust has complied with Section 43 (2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The Trust's income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Income generated from the provision of goods and services for any other purposes is used by the Trust to provide healthcare services.

Remuneration Report

The membership of the Executive Director Remuneration Committee (EDRC) consists of the Chairman and all the Non-Executive Directors. During the year, the Committee was chaired by Professor Janice Kaye as the Senior Independent Director. The Chief Executive and, as necessary, other Executive Directors were invited to attend the meetings in an advisory role but are excluded on issues directly relevant to them by the Chair of the Committee. The Committee is supported by Peter Oliver, Deputy Director of Transformation and Organisational Development.

There have been a number of changes to membership of the EDRC during 2017-18. Following the appointment of Mr Steve Kirby and Dr Simon Knowles as non-executive directors from 1 September 2017 they joined the Committee with effect from the meeting on 13 October 2017. Mr David Robertson resigned as a non-executive director on 31 October 2017 and his last meeting as a member of the Committee was on 25 October 2017.

The Committee's main purpose is to set rates of remuneration, terms and conditions of service for the Chief Executive, Executive Directors and their direct reports, i.e. those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. Since completion of the Senior Management Review in 2014 the role of the Committee has extended to include direct reports to the Executive Directors who moved to 'spot' salaries outside national terms and conditions within the review of the Trust's senior management arrangements.

Since the Chief Executives review of the Executive Team in February 2017 there has been only one change to the team. Mr Chris Tidman was appointed as Chief Financial Officer on 18 September 2017 at which time Mr Paul Southard who had been the Acting Chief Financial Officer since 1 July 2016 reverted to his previous role as Deputy Director of Finance.

Non-Executive Director and Chairman Remuneration is dealt with by the Non-Executive Director Remuneration Committee (NEDRC). The arrangements are set out on page 54.

In-year Remuneration Decisions

A 1% cost of living increase was authorised by the EDRC for all Executive Directors and their direct reports paid 'spot' salaries outside of the national Agenda for Change terms and conditions. This was consistent with the pay award made to all staff under the national pay award bodies and was payable from 1 April 2016.

The Chief Executive received increments to her salary on 21 May 2017 and 21 November 2017 taking her to the full salary as agreed on appointment. In accordance with HM Treasury guidance the Chief Executive Officer's contract includes a clause permitting 10% of salary to be clawed back if performance is not considered to be satisfactory.

Attendance at EDRC Meetings in 2016/17

Name	Apr 2017	13 Oct 2017	25 Oct 2017	Jan 2018
J Brent	P	P	P	P
J Ashman	P	A	A	A
P Dillon	A	P	P	P
J Kay	A	P	P	P
S Kirby		P	P	P
S Knowles		P	P	P
D Robertson	P	P	P	
M Romaine	P	P	P	A

Senior Managers Remuneration Policy

The EDRC have undertaken a review of the Remuneration Principles and Application at both the October and January meetings. These are currently in draft and are expected to be approved at the April meeting in readiness for the new financial year. The existing policy, as applied during the 2017-18 financial year, is included below.

The Trust adopts the principles of Agenda for Change terms and conditions when considering Senior Managers pay, remuneration is set on a spot salary basis. The spot salaries are based on market testing to identify the market rate. The experience of the candidate is also taken into account. The principles guiding the approach of the Committee's decision making approach are:

1. The Committee's approach to remuneration will seek to position the Trust in a way that it is able to attract, retain and motivate Executive Directors and their direct reports of sufficient calibre to maintain high quality, patient-centred healthcare and effective management of the Trust's resources.

2. The Committee understands that senior level positions in the Trust operate in a regional/national context and that remuneration for these positions is primarily determined by the market. In order to remain competitive and attract and retain high calibre staff, the salaries of senior staff must be regularly reviewed to ensure that they remain broadly competitive and that the salaries offered to incumbents do not denude over time so that they are out of line with comparable Trusts. Nevertheless, the Committee will avoid paying more than is necessary to recruit, retain and motivate Executive Directors and their direct reports and will take positions that are publicly defensible. Moreover, the Committee understands that its approach must strike an appropriate balance with the Committee's duty to ensure the effective stewardship of public resources.
3. The Committee will be rigorous in ensuring that potential conflicts of interest are recognised and avoided. Executive Directors and their direct reports will not be involved in deciding their own remuneration package.
4. On an annual basis, the Committee will consider the remuneration packages of all Executive Directors and their direct reports, bearing in mind the performance of the Executive Directors and their direct reports in fulfilling their duties and in regard to the overall performance of the Trust.
5. The Committee will use external comparison data on the pay and conditions of Executive Directors in comparator Foundation Trusts no less frequently than every two years. This work will be undertaken on behalf of the EDRC by a senior Human Resources adviser or competent and suitably qualified external organisation. The EDRC will identify a suitable comparator subset of Foundation Trusts and Trusts from which it wishes to derive data. The Committee will make judgements on where it wants to position its relative remuneration package for Executive Directors and their direct reports in any one year, in relation to comparison data from other Foundation Trusts. The EDRC will treat comparator data with caution not least so as to avoid undue pay inflation.
6. The Committee will seek to apply the principles fairly and transparently and on the basis of data and advice from competent external bodies/consultants or senior Human Resource adviser as necessary. The Committee understands that it will use the data it gathers and the framework set out in the principles to exercise the necessary judgment on pay and reward issues. The Committee will ensure that remuneration reflects the extent of the role and responsibilities of individual posts and their contribution to the organisation and will be based on judgements relating to:
 - Market rates for comparable roles in comparable organisations
 - Interpretation of the data from an agreed comparator group
 - The size and scope of the role in question
 - Advice from the Chairman of the Trust in relation to the Chief Executive
 - Recommendations from the Chief Executive in relation to the Executive Directors and their direct reports
 - Affordability
 - Other NHS pay settlements
 - Wider implications that may arise from setting the remuneration packages of Executive Directors and their direct reports in relation to pay levels determined through national agreements within the NHS;
 - Any other factors deemed appropriate
7. The Committee will seek to achieve broadly standardised terms and conditions, for example on notice periods for all posts which fall within the scope of the principles. The EDRC has resolved to move towards a situation in which there is a higher degree of conformity (a notice period of six months).
8. The Committee will be transparent in the application of its remuneration principles. It is a requirement that details of the remuneration package for Board Directors are recorded in the Trust's Annual Report.
9. The Trust recognises that the EDRC has the authorised responsibility to apply its independent judgement on matters within its remit within the wording and the spirit of the agreed principles. However, there may be times when a different approach is required which steps outside the scope of the principles and in these cases, particular care must be taken and clear justification must be given and recorded. Some circumstances which may require flexibility include temporary promotions; atypical employment

conditions; specific issues related to individuals etc. The Committee will reserve the right to recruit an Executive Director or a direct report on a salary below the market value in cases where a development plan would enable the employee to reach the minimum standards to undertake the role at a satisfactory level. The Committee also reserves the right to pay additional payments to Executive Directors and their direct reports when deemed necessary because of exceptional circumstances. The occasions when additional payments are required will be limited. When considering using additional payments, the EDRC will need to be able to fully justify and explain why it has opted to take this course of action. It would only normally consider such action on the basis of a clear business case. Special care must be taken to ensure that the use of additional payments is completely transparent and that consideration has been given to the impact on pay inflation among Executive Directors and their direct reports as well as to guard against accusations of bias or arbitrary practice.

The principles will apply to the pay, awards and terms of employment of the Trust's Chief Executive and Executive Directors and their direct reports and include the following components:

- The core salary
- Any supplementary payments to the Director over and above the core salary, in recognition of extraordinary factors such as matching market forces in recruitment; exceptional endeavour etc.
- Additional non-pay benefits over and above the core salary including pensions, vehicle/lease car issues, mobile phones and other such benefits
- The terms and conditions in regards to issues (such as notice periods, conditions attached at recruitment stage for professional development for example)
- Arrangements for termination of employment and other contractual terms

On an annual basis, the Committee will consider whether any issues have emerged which require consideration of any adjustments to existing remuneration packages such as:

- At the beginning of a process to recruit a replacement Executive Director or direct report
- When issues concerning inflationary uplifts within the NHS need to be considered – on an annual basis;

- When changes are made to the size and scope of Executive Director or direct report portfolios

The Chief Executive completes a formal annual performance review for all Executive Directors and the Chairman reviews the performance of the Chief Executive. These reviews are reported to EDRC and, whilst the Trust does not currently operate a performance related pay scheme, these reviews are considered as a part of the review of remuneration.

The Executive Directors are appointed on permanent contracts and have a six-month notice period.

The Trust follows Agenda for Change (AfC) principles in calculating severance packages for redundancy. The redundancy payment will take the form of a lump sum, dependent on the employee's reckonable service at the date of termination of employment. The lump sum will be calculated on the basis of one month's pay for each complete year of reckonable service, subject to a minimum of two years' continuous service and a maximum of 24 years' reckonable service being counted. Fractions of a year of reckonable service will not be taken into account.

In accordance with the Agenda for Change Terms and Conditions of Employment Executive Directors shall not be entitled to redundancy payments or early retirement on grounds of redundancy if:

- they are dismissed for reasons of misconduct, with or without notice; or
- at the date of the termination of the contract have obtained without a break, or with a break not exceeding four weeks, suitable alternative employment with the same or another NHS employer; or
- unreasonably refuse to accept or apply for suitable alternative employment with the same or another NHS employer; or
- leave their employment before expiry of notice, except if they are being released early; or
- they are offered a renewal of contract (with the substitution of the new employer for the previous NHS one); or
- where their employment is transferred to another public service employer who is not an NHS employer.

There were no new components of the remuneration package introduced during the year.

Future Policy Table

Element of pay (Component)	How component supports short and long-term strategic objective/ goal of the Trust	Operation of the component	Performance metric used and time period
Basic salary	<p>Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market and a need for a consistent approach to leadership.</p> <p>Stability, experience, reputation and widespread knowledge of local needs and requirements supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals.</p>	<p>Following market testing (undertaken every two years) which seeks to identify salary paid for similar role, individuals are remunerated by spot salary on a case by case basis. There is no predefined upper limit.</p> <p>In accordance with the NHSI Guidance on pay for very senior managers in NHS trusts and Foundation Trusts the Chief Executive Officer contract includes a clause permitting 10% of salary to be clawed back if performance is not considered to be satisfactory.</p>	<p>Pay is reviewed annually in relation to individual performance based on agreed objectives set out prior to the start of that financial year which runs between 1 April and 31 March. Increases are ordinarily in line with the wider NHS workforce as recommended by the NHS Pay Review Body.</p>
Benefits	N/A	N/A	N/A
Pension	Provides a solid basis for recruitment and retention of top leaders in sector.	<p>Contributions within the relevant NHS pension scheme. Details of the schemes currently in place can be found at:</p> <p>www.nhsbsa.nhs.uk/Pensions.aspx</p>	Contribution rates are set by the NHS Pension Scheme.
Bonus	N/A	N/A	N/A
Fees	N/A	N/A	N/A

Directors' Remuneration 2017/18

Name and Title	Salary and Fees (bands of £5000)	Taxable Benefits (Rounded to the nearest £100)	Pension related Benefits (bands of £2500)	Other Remuneration (bands of £5000)	Total (bands of £5000)
2017/18	£000	£	£000	£000	£000
J Brent	Chairman	-	-	-	45-50
J Ashman	Non-Executive Director	4,600	-	-	15-20
P Dillon	Non-Executive Director	1,400	-	-	15-20
J Kay	Non-Executive Director	-	-	-	10-15
S Kirby	Non-Executive Director (appointed 1 September 2017)	400	-	-	5-10
S Knowles	Non-Executive Director (appointed 1 September 2017)	-	-	-	5-10
D Robertson	Non-Executive Director (resigned 31 October 2017)	-	-	-	5-10
M Romaine	Non-Executive Director	3,200	-	-	15-20
A Willis	Non-Executive Director (resigned 31 March 2017)	900	-	-	0-5
P Adey	Chief Operating Officer	100	70.0-72.5	-	190-195
T Cottam	Executive Director Transformation and Organisational Development	-	27.5-30.0	-	145-150
A Harris	Executive Medical Director	300	12.5-15.0	-	190-195
P Southard	Acting Chief Financial Officer (resigned 17 September 2017)	-	77.5-80.0	-	135-140
C Tidman	Chief Financial Officer (appointed 18 September 2017)	-	-	-	75-80
S Tracey	Chief Executive	200	157.0-160.0	-	340-345
E Wilkinson - Brice	Deputy Chief Executive / Chief Nurse	100	42.5-45.0	-	205-210

There were no annual performance-related bonuses, long-term performance-related bonuses, golden hello or compensation for loss of office payments paid to any individual in the financial year. E Wilkinson-Brice's salary includes an additional payment for her role as Senior Responsible Officer for the STP.

The benefits in kind relate to the mileage allowance paid over and above the HM Revenue & Customs allowance for Executive Directors. For Non Executive Directors official mileage is paid under a Payment Settlement Agreement (PSA) with HMRC, and the Trust makes payments for Tax and NI based on Grossed up figures.

Pension related benefits for defined benefit schemes:

The amount included is the annual increase (expressed in £2,500 bands) in pension entitlement determined in accordance with the 'HMRC' method. The HMRC method derives from s229 of the Finance Act 2004, but is modified for the purpose of this calculation. In summary the increase in value is calculated as follows: $((20 \times PE) + LSE) - ((20 \times PB) + LSB)$ - employee contributions).

- PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year;
- PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;
- LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year;
- and LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year.

Ratio between highest paid director and median remuneration received by employees of the Trust

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the organisation in the financial year 2017-18 was £185k-190k (2016-17, £170k - £175k). This was 6.8 times (2016-17, 6.3 times) the median remuneration of the workforce, which was £27.6k (2016-17, £27.3k).

In 2017-18, eight (2016-17, 11) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £187k to £247k (2016-17, £175k-£224k).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

	2017/18	2016/17
Band of highest paid Director – as above	185-190	170-175
Median remuneration received by employees within the Trust	27.6	27.3
Ratio	6.8	6.3

Pension Benefits 2016/17

Name and Title	Real increase in pension at age 60 (bands £2,500)	Real increase in pension related sum at age 60 (bands £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Total accrued related lump sum at age 60 at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
P Adey	2.5 - 5.0	5.0 - 7.5	50 - 55	130 - 135	914	820	86
T Cottam	0.0 - 2.5	0.0 - 2.5	10 - 15	0 - 5	133	100	32
A Harris	0.0 - 2.5	5.0 - 7.5	55 - 60	170 - 175	1193	1087	96
P Southard	0.0 - 2.5	2.5 - 5.0	45 - 50	120 - 125	802	709	87
S Tracey	7.5 - 10.0	7.5 - 10.0	40 - 45	90 - 95	669	531	133
C Tidman	-	-	-	-	-	-	-

E Wilkinson-Brice	Deputy Chief Executive / Chief Nurse	framework prescribed by the Institute and Faculty of Actuaries.	0.0 - 2.5	0.0 - 2.5	55 - 60	145 - 150
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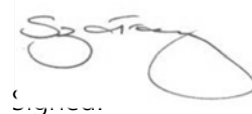
No Employer's contributions were made to stakeholder pensions held by Executives during the 2017/18 year.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Cash Equivalent Transfer Values (CETV) are not available for members that have reached the normal retirement age or who have commenced drawing their pension or are a deferred member.



Suzanne Tracey
Chief Executive

Date: 23 May 2018

Staff Report

The Trust recognises the exceptional work of all our staff and the Trust has created an environment and a range of ways through which the commitment and hard work of our dedicated workforce is recognised and supported through these challenging times. In addition to an increasingly comprehensive range of mental and physical health support for our staff we have also introduced an external Employee Assistance Programme that provides access to support 24 hours a day, 365 days a year.

Staff Numbers

Note 4.3 Average number of employees (WTE basis)	A09CY01	A09CY01P	A09CY01O	A09PY01	A09PY01P	A09PY01O	Maincode
	Total 2017/18	Permanent 2017/18	Other 2017/18	Total 2016/17	Permanent 2016/17	Other 2016/17	
	No	No	No	No	No	No	Subcode
Medical and dental	779	760	19	715	660	55	STA0370
Ambulance staff	0	0		0			STA0380
Administration and estates	1,531	1,447	84	1,392	1,333	59	STA0390
Healthcare assistants and other support staff	2,041	1,945	96	1,614	1,518	96	STA0400
Nursing, midwifery and health visiting staff	1,954	1,849	105	1,858	1,770	88	STA0410
Nursing, midwifery and health visiting learners	11	11		0			STA0420
Scientific, therapeutic and technical staff	681	670	11	806	792	14	STA0430
Healthcare science staff	194	194		183	183		STA0440
Social care staff	0			0			STA0450
Agency and contract staff	0			0		0	STA0460
Bank staff	0	0	0	0	0	0	STA0470
Other	0			0			STA0480
Total average numbers	7,191	6,876	315	6,568	6,256	312	STA0490
Of which:							
Number of employees (WTE) engaged on capital projects	0			1	1		STA0500

Staff numbers have increased again this year primarily as a result of transfers into the Trust. For example, the increase in Medical and Dental staffing is almost exclusively related to the transfer of GP Trainees from HEE to the Trust.

Staff Costs

Staff costs for 2017/18 and 2016/17 are summarised in the table below.

Note 4.2 Employee Expenses (Group after consolidation of charity)	A09CY01	A09CY01P	A09CY01O	A09PY01	A09PY01P	A09PY01O
	Total 2017/18	Permanent 2017/18	Other 2017/18	Total 2016/17	Permanent 2016/17	Other 2016/17
	£000	£000	£000	£000	£000	£000
Salaries and wages	243,265	242,046	1,219	221,750	220,389	1,361
Social security costs	21,880	21,880	0	19,516	19,516	0
Apprenticeship levy	1,191	1,191	0	0	0	0
Pension cost - defined contribution plans (employer's contributions to NHS pensions)	29,531	29,531	0	26,029	26,029	0
Pension cost - other	30	30	0	13	13	0
Other post employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	856	856	0	43	43	0
Temporary staff - external bank	0	0	0	0	0	0
Temporary staff - agency/ contract staff	7,641	0	7,641	6,952	0	6,952
NHS charitable funds staff	0	0	0	0	0	0
TOTAL GROSS STAFF COSTS	304,394	295,534	8,860	274,303	265,990	8,313
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	0	0	0	0	0	0
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0	0	0	0	0
TOTAL STAFF COSTS	304,394	295,534	8,860	274,303	265,990	8,313

Gender Equality

The Trust is committed to achieving equality and diversity in all that we do, for our staff and in the services they provide. The numbers of male and female employees at 31 March 2018 is reported in the table below.

	Female	Male	Total
Directors	6	7	13
Other Senior Managers	0	0	0
Employees*	6516	1733	8249

**The figure for employees is the total number of employees as opposed to the whole time equivalent reported in the staff number section above.*

Sickness Absence

The total number of days lost to sickness in 2017/18 has increased compared to 2016/17 and this is in proportion to the increase in staff numbers over the same period. As a consequence the average number of working days lost per whole time equivalent has remained the same.

Staff Sickness Absence	2017/18	2016/17
Total days lost	64,577	56,202
Total staff years	6872	6078
Average working days lost (per WTE)	9	9

Disability

The Equality Act 2010 defines disability and makes it clear that a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. The Trust Board has reviewed our approach to inclusion as described in the Equality, Diversity and Inclusion section of the Annual Report. The Trust is already taking a variety of actions to support both existing staff and applicants wishing to join the Trust.

The Executive Director of Transformation and Organisational Development is personally responsible for ensuring that the Trust complies with equality law and any relevant NHS standards for the promotion and assessment of equality. This reflects the importance placed by the Trust on the proper and equitable treatment of all applicants, workers and service users regardless of disability. All staff undergo equality and diversity training, raising awareness of personal and Trust responsibilities to those with any protected characteristic including disability, and through the Towards Inclusion Plan this training will be expanded in the future. The Executive Director of Transformation and Organisational Development will lead implementation of the workforce disability equality standard (WDES) later this year.

The core Trust Policy that applied during the financial year is the Equality and Diversity Policy. This policy gives full and fair consideration to applications for employment made by disabled persons relating to their particular aptitudes and abilities; for continuing the employment and arranging appropriate training for employees who have become disabled persons during the period and for the training and for career development and promotion of disabled employees is the Equality and Diversity Policy. This policy was subject to periodic review and was ratified by the Workforce and Governance Committee in May 2015.

The ultimate aim of the policy is to harness the individuality of every employee, so everyone is fully engaged in the work of the Trust and to protect all workers and service users from all forms of discrimination, harassment and victimisation on the basis of any protected characteristic.

We have been recognised as Positive about Disabled People, for our work supporting employees with disabilities and hold a number of accreditations demonstrating our supportive approach towards staff and applicants with both physical and mental health issues. Following funding changes the educational needs assessment provider that the Trust had been using has ceased trading and we are currently negotiating with a local education college to provide this support going forwards.

Recruitment

The Recruitment and Selection Policy is designed to ensure that recruitment is carried out in accordance with the Equality Act 2010. Its aim is to ensure that applicants feel that they have been dealt with professionally, fairly and that they feel that the Trust values its staff.

The Trust is accredited by Jobcentre Plus to use the 'Positive about Disabled People' symbol. This means that the Trust will:

- Interview all applicants with a disability who meet the minimum criteria for a position and consider them on their abilities
- Consult with employees with a disability about how the Trust can help develop their abilities
- Make every effort when employees acquire a disability to make sure they stay in employment
- Take action to ensure that all employees develop sufficient awareness of disability to make these commitments work
- Review these commitments and plan on ways to improve them.

All applicants for employment with the Trust complete a Health Questionnaire that is reviewed by the Occupational Health Service (OHS) as a part of the recruitment process. If issues are identified, the individual will be invited to attend the OHS where an assessment is completed and recommendations made so that whenever possible the person may be employed safely. Experts from both the Occupational Health Service and Human Resources are available to provide reasonable adjustment advice and guidance to managers during and after the recruitment process.

Staff Who Become Disabled

Whenever possible we support staff to either prevent or minimise the impact of any disability on the ability to work. Early referrals to the Occupational Health Service are encouraged so that action can be taken to aid rehabilitation and return to work following illness or injury, making any reasonable adjustments that can assist. Actions taken to assist staff who develop disability include provision of additional software, specially adapted hardware or larger screen to facilitate use of technology, adjustments to desks or chairs through to job redesign to enable a person to continue working. Over the last 12 months Sixteen Mental Health Champions have been appointed and have received two-day training in Mental Health First Aid. This is in addition to the mental health awareness briefings delivered for managers and two other Mental Health First Aid programmes for other staff.

The Stress Management: Prevention, Recognition and Support Policy is supported with an extensive Manager's Toolkit to help managers have a positive impact on the health and wellbeing of employees. A Health and Wellbeing Improvement Practitioner was appointed in 2017 and a significant part of her remit is to aid in the prevention of injury through an extensive programme of information, education and engagement events.

Mindful Employer

The Trust holds the Mindful Employer accreditation for the way we promote good mental health among our employees. The Mindful Employer scheme delivers against the following aims:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff who experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

Career Development and Promotion

The Trust is committed to the support and development of all our staff, irrespective of any disability, and this is supported by managers creating Personal Development Plans (PDPs) with their staff in order to identify any areas for them to learn and develop within their roles. These are then used in conjunction with our comprehensive Learning and Development Department and Professional Development Team who can offer a range of training from clinical skills and management skills training to customer care. Many of our training and development programmes are accessible through a range of training approaches including both face to face and e-learning giving staff the opportunity to learn in through the methodology best suited to their learning preferences and needs.

The key policy that guides all staff is the Recruitment and Selection Policy. It is designed to ensure that selection and promotion is carried out in accordance with the Equality Act 2010. A range of policies including Staff Development, Essential Learning, e-Learning and Study and Professional Leave are all designed to support staff equitably in their career development.

Countering Fraud and Corruption

The Trust is committed to countering fraud and corruption and achieves this by a maintaining a close working relationship with Local Counter Fraud Specialist (LCFS) and by raising awareness of the NHS Counter Fraud Authority Standard through both the internal intranet (HUB) and face to face presentations delivered to staff at both Divisional and Speciality Level.

The Trust has a number of policies to guide and support staff such as the Standards of Business Conduct and the Trust's Whistleblowing Policy. Staff access Trust policies via HUB and are encouraged to seek clarification direct from the policy author or through the Head of Governance.

The LCFS monitors and reports fraud to the Trust Board through the Audit Committee.

Staff Survey

Statement of Approach

Over the last 5 years, the Trust has consciously sought to improve staff engagement as part of a broader organisational development and culture change agenda. Based on overwhelming academic evidence that demonstrates a clear link between committed and motivated staff, improved patient outcomes and patient experience; the Trust has consciously sought to build a culture in which staff engagement is viewed as mission critical.

Research on staff-reported experience was carried out by Kings Fund and Picker (2018), and this confirmed a correlation with patient feedback, notably between staff perceptions of care quality and patient experience. Unsurprisingly their research also established that patient experience was negatively associated with workforce factors: higher spend on agency staff, fewer doctors and especially fewer nurses per bed and bed occupancy. A 2018 report by NHS Employers established:

“many factors of staff experience are important in predicting patient experience. High work pressure for staff, staff perceptions of unequal treatment, and discrimination against staff were all damaging for patient satisfaction, as was physical violence between staff. However, having the right conditions to deliver patient care is about more than the absence of negative experiences: it is about being able to work effectively together in effective teams, with well-designed jobs.”

Our approach focuses on:

- creating the necessary conditions to improve staff engagement
- promoting and facilitate two-way conversations with staff
- ensuring that our staff have consistent messaging and the right information to do their jobs
- setting out a clear expectation of behaviour changes incorporated into the Trust's culture.

Building on our achievements to date the Trust's staff engagement and communications approach is central to a comprehensive transformational organisational development approach. This tackles a range of factors that impact on staff engagement as well as focus on key workforce issues through our People Strategy and our Transformation Support Strategies. Our methodology is one that encompasses the whole organisation and is based on the understanding that all staff have a level of responsibility to consider and act on staff engagement and that engagement is a two-way process.

It is essential to equip staff with the optimal behaviours required to manage the level and scale of change required to deliver health and care differently into the future. Our integrated organisation aims to deliver more joined-up care for people out of hospital and this will only be realised if the culture and outlook of staff right across the organisation rapidly adapts. Our staff need to be at the heart of these changes as we lead the way in helping to innovate and transform services, to ensure that our current health system is fit for the future. In the context of the changes required, there is a need to address the entrenched cultural norms and ways of working in order to facilitate the new ways in which care will need to be delivered differently, now and into the future. We have already begun this process through cross learning between the acute and the community elements of our organisation. The different approaches taken to issues such as risk management, highlights the need to work towards a unified culture whilst recognising that different approaches will be relevant depending on the setting. We also recognise that more needs to be done to continue to build learning and understanding between the acute and community parts of organisation.

Approach and Key Activities

As noted above, the Trust takes an integrated and holistic approach to improving staff engagement. This section highlights some of our core activities designed to boost staff engagement levels.

Values and behaviours

The Trust's Values and its associated Values and Behaviours Charter continues to be central to the Trust's revamped Induction and Orientation day for new staff. Values and behaviours are also incorporated into the recruitment process followed by the process which means that the Trust actively seeks out those who share its corporate values. In addition, values and behaviours are a key part of the Trust's staff performance reviews ensuring that staff are accountable for their behaviours.

Staff engagement activities

- The Trust has continued to engage each division in developing and implementing a bespoke engagement plan, based on the evidence collated from the staff survey and other local/ anecdotal evidence. Supporting Divisional Directors and Managers, we developed and launched the Everyday Engagement Toolkit, guiding managers through their engagement planning. This approach has helped drive improvements in staff engagement and other relevant indicators. The sharing of the plans and support from the Communications and Engagement team to the Divisions has enabled best practice and cross fertilisation to take place. It has also enabled

bespoke support to be targeted at those parts of the workforce that have specific issues to tackle or where there is underperformance. Communication Cells continue to play a key role in cascading messages and engaging staff to identify and solve their own problems at different levels.

- During the year we have continued to use Executive Video Blogs to give an opportunity for staff to keep up to date with issues of strategic and operational importance in brief video messages by the Chief Executive and other executives. The blog sits alongside two of our existing communication products: Snapshot, which provides an at-a-glance overview of the Trust's key metrics and the Staff Briefing, a revamped product introduced during the year, which is a one side of A4 summary of key issues that all staff need to be aware of. Both products support the cascading of information at the Connecting Care communications cells, i.e. team or ward meetings.
- Our intranet (HUB) is the main way in which staff find out key information about the Trust, keep up-to-date with news, access vital policies and comment on key issues. A round-up of the weekly news on the HUB, 'HUB bites', is a popular way for staff to easily get an overview of the latest stories and updates. Internal surveys show that the intranet is the main way in which staff find out information and is the preferential way of receiving information for the majority of staff.
- Our award scheme – Extraordinary People – has continued to be a success during the year. The scheme, which is run three times a year, culminating in an end-of-year Winner of Winners event, regularly attracts on average over 80 entries each time it is run.
- We also undertake regular "Staff Say" meetings. These meetings provide a safe environment for staff to openly discuss issues of concern or anxiety and, through this process, anonymously raise issues with senior management.
- We have stepped up work on communicating and engaging with the Trust's Senior Leadership team over the last year but we recognise that more needs to be done to further engage with this important group.

Engaging with Community Colleagues

Following the changes to how community care is provided as a result of the Northern, Eastern and Western Devon CCG's Your Future Care consultation in mid-2017, the Trust has been undertaking a comprehensive programme of work to proactively

engage with communities in order to move towards a place-based system of care. Working in collaboration with providers, commissioners, GPs, third sector organisations and citizens, a key focus has been to help create the right conditions for communities to take the leading role in their own wellbeing. Across Eastern Devon, a number of Community Conversations have taken place to understand the needs of the local population and explore how best to collectively meet those needs. The conversations have provided an opportunity for genuine dialogue between communities and professionals on the basis of each having something to offer. Conversations in Okehampton, Tiverton, Honiton and Seaton have progressed well and these will be further rolled out during 2018/19. It is important to highlight that the Trust is just one of many partners involved in this work and crucially, it is the communities who are leading and driving this agenda forward.

Summary of Performance – Results from the NHS Staff Survey 2017

In 2017, the Trust, as part of its staff engagement strategy, undertook a full census survey of its staff. The response rate was 50.2% which was seven per cent higher than the national average for Combined Acute and Community (A&C) Trusts. For 21 out of 32 key findings the Trust performed better than average score amongst the 43 A&C Trusts and none worse than average.

The Trust has been rated highly nationally in the 2017 Staff Survey for the proportion of staff (84%) who would be happy with the standard of care provided by the Trust, compared to 69% for other A&C Trusts.

The overall 'staff engagement' indicator, assessed by combining the answers to nine key questions was maintained at 3.90 (out of 5) comparing to 3.78 nationally for A&C Trusts and places the Trust in joint fourth position nationally in the combined category.

Other areas in which the Trust does well and scores within the top five trusts nationally in the A&C category include:

- Percentage of staff feeling unwell due to work related stress (joint 2nd place)
- Percentage of staff attending work despite not feeling well enough due to pressure from their manager, colleagues or themselves (joint 2nd place)
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, the public or staff (joint 3rd place)
- Support from immediate managers (joint 4th place)
- Staff recommending the organisation as a place to work or receive treatment (5th place)

While the survey highlights key achievements it also identifies a number of areas with room for improvement, as highlighted below, with scores included in the table further down the page:

- Quality of appraisals
- Discussing organisational values in appraisals
- Appraisals/reviews helping staff to improve how they do their job
- % of staff appraised
- Staff reporting experiences of physical violence
- Receiving regular updates on patient/service user feedback in directorates or departments
- Using feedback from patients/service users to make informed decisions within the directorate or department

NHS Staff Survey – RD&E Summary table

	2016/17	2017/18		Trust improvement/ deterioration
Response rate	RDE Trust	RDE Trust	Combined Acute & Community average	
	42%	50%	43%	8% increase

Top 5 ranking scores	2016/17 (previous year)	2017/18 (current year)		Trust improvement/ deterioration
	RD&E	RD&E	Combined Acute & Community average	
KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months	32%	32%	38%	No change
KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	19%	22%	27%	3% increase
KF10 Support from immediate managers	3.83	3.85	3.76	0.02 point increase
KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	20%	21%	24%	1% increase
KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	49%	49%	53%	No change

Top 5 ranking scores	2016/17	2017/18		Trust improvement/ deterioration
	RD&E	RD&E	Combined Acute & Community average	
KF24 Percentage of staff / colleagues reporting most recent experience of violence	60%	65%	67%	5% increase
KF12 Quality of appraisals	2.98	3.08	3.11	0.2 point increase
KF11 Percentage of staff appraised in last 12 months	88%	86%	86%	2% decrease
KF 29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	91%	90%	91%	1% decrease
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.94	3.90	3.90	0.04 point decrease

2017 Priorities and Targets

Over the past year we have focussed Trust wide on addressing areas that were highlighted by staff in the previous year's (2016) NHS staff survey, these areas span across Health and Wellbeing, Communication and Learning and Development, including Appraisals. Updates for these areas are as follows:

Health and Wellbeing

Staff said: *"A large majority of managers take a positive interest in employee health and wellbeing; however more staff felt unwell due to work related stress in the last 12 months than in 2015".*

In response: The Trust has actively been expanding and enhancing wellbeing support as part of a refreshed Health and Wellbeing Plan – with priority areas such as prevention, intervention and protection. We now have a Health and Wellbeing Improvement Practitioner in place and we have trained Health and Wellbeing Champions from departments and community settings across the Trust to support in delivering our Health and Wellbeing strategy. We are focusing on reducing the stigma of mental health and encouraging staff to seek early support. We are also improving managers' training, increasing relaxation exercises, training Mental Health champions, delivering Mental Health events and campaigns and have updated our Mental Health intranet site.

We have actively requested staff feedback to shape our future activities and support, and gathered feedback via a Health and Wellbeing survey in March 2018. The survey results are being analysed, and in response, our Health and Wellbeing Plan will be updated to reflect the needs of our staff.

The Health and Wellbeing team have been improving the internal communication with staff via newsletters, Comm Cells/team meetings, study days and social media.

Enhance local level communications and problem solving

Staff said: *"Over the last couple of years the Trust has significantly improved how staff are involved in deciding changes that affect their work and how these changes are best delivered".*

In response: Staff Briefings are being produced when there is newsworthy information to go out to all staff and Executive video blogs are used alongside All Staff emails for key messages.

The Trust continues to work with teams through Connecting Care. The Transformation Programme Team have supported the implementation of an ambitious community roll out programme, so far training 270 colleagues in Connecting Care and Comm Cell across 13 community locations. We are building in the use of Comm Cells as one of the ways for keeping staff-up-to date on the work that will be taken forward over the next two years. Through Comm Cell briefings, teams can shape and influence how changes are delivered.

Local level engagement planning, aimed at strengthening manager communications and increasing staff inclusion and voice

Staff said: *"We feel more able to contribute towards improvements at work however staff also felt communication between senior management and staff could be improved".*

In response: All areas of the Trust have drafted their 2017 Engagement Plans, in response to localised feedback from the 2016 survey results. Following Staff Say feedback in February we are looking to deliver local survey results to the next level down, from the divisions – to individual departments), enabling more teams to develop engaging plans that are even more customized and relevant in order to improve the overall staff experience at the Trust.

Improve the Appraisal Process

Staff said: *"We need to improve our appraisal and PDR process, including better defining clear work objectives and discussing organisational values as well as providing support on training and development".*

In response: The Trust is well underway with changing the Personal Development Review (PDR) process. Throughout December and January workshops and a staff survey were completed inviting requesting individuals' feedback and ideas on how we can improve our current PDR. In line with this feedback, a new PDR process is now being designed and senior leaders are to provide feedback in April 2018. A new PDR will then be put in place in phases with the new proposed PDR policy, a simplified form and supporting tools to be implemented during quarter 2.

Better outline career development pathways, opportunities & talent management

Staff said: *“Training had helped me to do my job more effectively when provided, however fewer staff felt they had received training, learning or development in 2016 than in 2015”.*

In response: The new PDR process will have a section where all staff will be encouraged to discuss their personal aspirations. We are working with teams to create career development pathways and to improve how we use our apprentice development programmes. One of the first staff groups we are working with is our Admin and Clerical teams with others to follow. We also now have clear leadership and management pathways with our Chartered Management Institute (CMI) programmes and our internal Trust programmes.

Further develop managers' skills & training

Staff said: *“We needed to improve how we train and develop managers”.*

In response: We are developing a new comprehensive leadership development and talent management approach which will have a portfolio of opportunities for individuals to develop themselves and their careers ranging from Chartered Management Institute (CMI) level 3 aimed at junior managers to level 7 aimed at aspiring executive director level.

Future Staff Engagement Priorities and Targets

The Trust's 2018 engagement priorities are being developed in partnership with representative from across the trust and the Engagement Team with discussions informed by results from the 2017 staff survey findings.

Areas the trust is considering:

- Embedding Values and Behaviours – within for example appraisal/PDRs, and the newly adopted Towards Inclusion strategy
- Engagement planning and deep dive Divisional/departmental, to support developing and implementing localised engagement plans
- Compassionate leadership: using verbatim from the staff survey and local health and wellbeing survey to inform leadership development.
- Seeking to take our Health and Wellbeing programme to the next level.
- Implementing a plan for how we better make use of patient/service user feedback

We will continue the conscious effort to improve on the Trust staff experience, with the aim to maintain or increase our position of joint 4th nationally among the 43 A&C Trusts, in terms of engagement score in the staff survey.

Off Payroll Payments

There were no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility during the financial year.

Table 1: For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	1
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which:	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	14

Exit Packages

There are 74 compulsory redundancies reported for the year 2017-18. These are entirely made of GP redundancies arising from closure of community hospital beds many of which were closed long before the TUPE transfer reported in the annual report last year. There were 18 other departures details of which can be found in the second table below.

Note 5.1 Reporting of other compensation schemes - exit packages 2017/18	A09CY17	A09CY19	A09CY21
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Accounts	Accounts	Accounts
	31 Mar 2018 2017/18	31 Mar 2018 2017/18	31 Mar 2018 2017/18
Exit package cost band (including any special payment element)	No.	No.	No.
<£10,000	50	16	66
£10,000 - £25,000	18	1	19
£25,001 - 50,000	6	1	7
£50,001 - £100,000	0	0	0
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total	74	18	92

During the 2017-18 financial year a total of £105k was paid to staff leaving the Trust. Of this £37k were contractual payments in lieu of notice and £68k following employment tribunal decisions. There were no payments made that required prior approval from our regulator or that were greater than 12 months of annual salary.

Note 5.3 Exit packages: other (non-compulsory) departure payment	A09CY25	A09CY26
	Payments agreed	Total value of agreements
	2017/18	2017/18
	No.	£000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	13	37
Exit payments following employment tribunals or court orders	5	68
Non-contractual payments requiring HMT approval (special severance payments)*	0	0
Total**	18	105
of which:		
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0

Signed:



Suzanne Tracey

Chief Executive

Date: 23 May 2018

Board Assurance Framework (BAF)

The BAF is a Board-owned document whose primary role is to inform the Board about the totality of risks or obstacles that may impede it from achieving its strategic objectives, as outlined in the Trust's long-term Strategy document. The BAF also provides assurances that adequate controls are operating to reduce these risks to acceptable levels. Over the past two years the BAF has been on an evolutionary journey, in parallel with the redevelopment of the wider governance arrangements within the Trust. A review of the BAF by Internal Audit, undertaken in January 2018, declared *"It is our view that the overall assurance opinion on the design and operation of controls is Significant"*.

Audit Committee

The Audit Committee is a formal, statutory committee of the Board of Directors, chaired by Mr Peter Dillon (a Non-Executive Director with a financial background). Mr Dillon took over the role of Chair from Mr David Robertson from November 2017.

The primary role of the Audit Committee is to conclude upon the adequacy and effective operation of the organisation's overall internal control system.

Four Non-Executive Directors constitute the membership of the Committee.

The Audit Committee is also attended by representatives of KPMG LLP the Trust's External Auditors; Internal Audit, Counter Fraud Service, and the Trust's Chief Operating Officer, Director of Operational Finance, Head of Governance and a Trust Governor.

As part of the external audit plan for 2017/18, KPMG highlighted three significant audit opinion risks which have been considered by the Audit Committee.

Revaluation of Property and Land

The Trust's accounting policies require a land and buildings revaluation to be undertaken at least every five years, dependent upon the changes in the fair value of the property. Where assets are subject to significant volatility, annual revaluations may be required. Conversely, where changes in asset values are insignificant then a revaluation may be necessary only every 3 or 5 years. In 2015/16 it was agreed by the Trust's management that changes in fair values that exceed 10% since the last valuation may provide

an indication that the change in value may be moving towards being significant, and therefore the need for a revaluation should be considered.

In 2016/17 as a result of building indices indicating a rise of 12.9%, a full revaluation of the Trust's land and buildings was undertaken by a professionally qualified valuer, in accordance with the Royal Institution of Chartered Surveyors valuation manual and was included within the Trust's audited accounts.

An assessment has again been made of the estimated change in value to the Trust's land and buildings as at 31 March 2018. A review of the building indices (BCIS) has recently been undertaken and based upon these indices the buildings value has risen by 4.8% (2% for land) since 2016/17. As the increase is below the 10% indicated above, a full valuation was not required in 2017/18.

KPMG have not identified any issues arising from the work performed relating to the revaluation of property and land.

Recognition of Income

Around 95% of the Trust's income is received from other NHS organisations, with the majority (56%) being receivable from NEW Devon CCG. The Trust participates in the Department of Health's agreement of balances exercise. This exercise seeks to identify all income and expenditure transactions as well as payable and receivable balances that arise from whole government accounting (WGA) bodies. The Audit Committee is satisfied that by participating in this exercise it helps to provide further assurance that the vast majority of income and expenditure with WGA bodies has been properly recognised and WGA receivable and payable balances are appropriately recorded. The Trust's external auditors have reviewed the outcome of the exercise and reported their findings to the Audit Committee.

KPMG have not identified any issues arising from the work performed relating to the recognition of income.

Management Override of Controls

Professional standards require KPMG to communicate the fraud risk from management override of controls as significant. Management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

KPMG have carried out appropriate controls testing and substantive procedures, including testing of journal entries, accounting estimates and significant transactions that are outside the normal course of business, or are otherwise unusual. No specific instances of management override were identified relating to this audit.

Other Issues considered by the Audit Committee

Decision to cease accruing for untaken holiday pay within 2018/19

The Audit Committee was asked to acknowledge the Trust's executive decision to cease accruing for untaken holiday pay in 2017/18. The Audit Committee was informed that the employee benefit accounting standard was introduced in year ending 31st March 2010 to recognise the period in which the leave benefit is earned by an individual rather than when it is paid.

The value of employee benefit accrual has varied little over the past few years and as at 31st March 2016 and 2017 stood at £1.8m.

Given the management time taken to calculate the accrual, the limited variability and the fact that other Devon STP organisations had already removed or planned to remove the accrual, the Trust's CFO proposed that the accrual be removed to achieve consistency.

During a good discussion at the Audit Committee the view of KPMG was sought. They stated that a number of other organisations were taking the same action, and that due to the amount being below the Trust's materiality limit, the adjustment would not cause a qualification in the accounts but would be recorded as an unadjusted difference within the ISA 260.

The Audit Committee acknowledged the decision of the Trust to remove the annual leave accrual.

Effectiveness of the external auditors

KPMG LLP were appointed as external auditors to the Trust from 2014/15 for a five-year period under a competitive tender process.

The Audit Committee assessed the effectiveness of the external auditors, in particular the timeliness of reporting, the quality of work and whether audit fees provided value for money. The Audit Committee provided the Council of Governors (CoG) with positive feedback and provided assurance to the CoG that the external auditors provided a quality, timely and cost effective external audit service.

The external auditors provided non-audit services to the Trust in relation to Technical Data Support review during 2017/18. The charge for this service was £37,000 for the element of the work completed during 2017/18. This is below the 70% threshold of total audit fees chargeable to the Trust as set out in the National Audit Office guidance issued in December 2017. Due to the nature of this work, the Audit Committee consider that there is no risk to auditor objectivity or independence.

The Audit Committee met five times during 2017/18. The names of members and their attendance at 2017/18 meetings are as follows:

Name	Apr 2017	May 2017	July 2017	Nov 2017	Feb 2018
P Dillon	P	P	P	P	P
S Kirby*				P	P
S Knowles*				P	P
D Robertson*	P	P	P		
M Romaine	P	P	P	P	P

**Mr Kirby and Mr Knowles joined the Audit Committee in November 2017, and Mr Robertson resigned from the Audit Committee in October 2017.*

Key: P – Present; A – Apologies

Duties and Responsibilities of the Audit Committee

Governance, risk management and internal control

The Audit Committee reviews the establishment and maintenance of an effective system of integrated governance across the whole of the Trust's activities (both financial and non-financial), that supports the achievement of the Trust's objectives.

In particular, the Audit Committee reviews:

- all risk and control related disclosure statements together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the board
- the assurance processes that underpin the achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies and procedures for all work related to fraud and corruption as set out in the NHS England standard contract and as required by the NHS Counter Fraud Authority.

In carrying out this work the Audit Committee primarily utilises the work of internal audit, local counter fraud specialists, external audit and other assurance functions, but is not limited to these functions. It also seeks reports and assurances from the Governance Committee, Directors and Managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Internal Audit

The internal audit function is provided by Audit South West (ASW). The Audit Committee ensures that there is an effective internal audit function, including the Counter Fraud function, established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This is achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the annual internal audit plan, ensuring that this is consistent with the audit needs of the Trust as identified in the assurance framework
- consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources
- consideration of the annual Head of Internal Audit's Opinion
- follow-up by the Governance Committee, or one of its sub-committees, where internal audit's work is an area covered by that committee, as set out in internal audit's plan
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust, and
- an annual review of the effectiveness of internal audit.

External Audit

The Audit Committee:

- reviews and monitors the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements
- keeps under review the level of non-audit services provided by the external auditor, taking into account relevant guidance
- makes recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the external auditor and
- approves the remuneration and terms of engagement of the external auditor

Further, the Audit Committee reviews the work and findings of the external auditor and considers the implications of and management's responses to their work. This is achieved by:

- discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in their annual plan
- discussion with the external auditors of their evaluation of audit risks and associated impact on the audit fee, and
- reviewing all external audit reports, including their report on the Quality Report and agreement of the annual audit letter, before submission to the board, together with the appropriateness of management responses

Other Functions

The Audit Committee considers the work of other committees within the Trust, the work of which can provide relevant assurance to the Audit Committee's own scope of work. This particularly includes the Governance Committee because of its management of the Trust's Corporate Risk Register and the Clinical Audit function.

The Audit Committee also:

- reviews material changes to standing orders and standing financial instructions and schemes of delegation and
- receives a report from management on the review of data quality included in the Quality Report

Financial Reporting

The Audit Committee reviews and, if thought appropriate, recommends to the Board adoption of the annual report and financial statements, focusing particularly on:

- specific enquiry into the question of whether the Trust keeps proper books of account
- the integrity of the financial statements
- the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
- changes in, and compliance with, accounting policies and practices
- unadjusted mis-statements in the financial statements
- major judgemental areas, and
- significant adjustments resulting from the audit

The Audit Committee reviews and provides assurance on behalf of the Board to the Department of Health around the costing process and methodology as required by the Reference cost guidance.

Board of Directors Reporting Arrangements

The Chair of Audit Committee provides a report highlighting the key issues arising from the Audit Committee to the meeting of the Board that directly follows the Audit Committee. The minutes of the Audit Committee will also be available to the Board.

The Annual Governance Statement, which is included in the Annual Report, reviews in considerable detail the effectiveness of the system of internal control. By concurring with this statement and recommending its adoption to the Board, the Audit Committee also gives the Board its assurance on the effectiveness of the overarching systems of integrated governance, risk management and internal control.

It is the responsibility of the Trust's Directors to produce the Annual Accounts included in this report. The external auditors provide an independent opinion on the Trust's accounts and also audit the overall position of the Trust's management and performance including an opinion on the quality of the system of internal control. The outcome of this work is reported in the Audit Opinion which is included with the accounts in this report and in the Annual Management letter to the Board.

Counter Fraud

The Counter Fraud Service for the RD&E is provided by Audit South West (ASW) via the services of a Local Counter Fraud Specialist (LCFS).

The LCFS's time during 2017/18 was predominantly spent on:

- Promoting an Anti-Fraud Culture
- Intelligence gathering
- Raising awareness of current fraud scams
- Giving advice in respect of fraud risks, attempted scams, procedures and policies
- Handling and investigating case referrals

NHS Improvement Single Oversight Framework

A revised performance framework has been established by NHS Improvement to help ensure that Trusts meet NHS Constitutional Standards, with a particular focus on the 4-hour Emergency Department Waiting Time Standard. The purpose of the Framework is to identify where providers may benefit from, or require, improvement support across a range of areas. The Single Oversight Framework is closely aligned to the Care Quality Commission's (CQC) standards, and replaces Monitor's Risk Assessment Framework and the Trust Development Authority (TDA) Accountability Framework. It applies to both NHS Trusts and NHS Foundation trusts irrespective of their legal form, and is based on the principle of earned autonomy.

There is a new emphasis on the importance of leadership and improvement capability within NHS organisations, and an expectation that providers will engage constructively with local partners to build shared understanding of local challenges and patient needs, and to design solutions that will drive improvements in the care of the local population. Financial measures also play a key part in the Single Oversight Framework, and focus on sustainability, efficiency and control.

Many of the previous core performance metrics relating to access to services remain within the framework, including Referral to Treatment access targets, 4-hour maximum waiting times within the Emergency Department, and waiting times for diagnostic tests. The previous Cancer Standards have been consolidated and now focus on the delivery of the 62-day wait for first treatment target. Performance improvement trajectories have been agreed between providers, commissioners and regulators for 2018/19.

The Integrated Performance Report was refreshed for 2017/18 to reflect the new reporting regime and ensure robust scrutiny of the key indicators within the Single Oversight Framework.

Care Quality Commission (CQC)

The Trust underwent a Care Quality Commission Inspection on 3rd-6th November 2015. Overall the Trust was judged as "Good", with "Outstanding" being awarded for the Caring domain and for Urgent and Emergency Services and Critical Care.

The tables below show a breakdown of the ratings. An action plan is in place to address the areas that require improvement, with many of the actions already completed.

Our ratings for Royal Devon and Exeter NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Outstanding	Good	Good	Good

Our ratings for Wonford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Outstanding	Good	Outstanding	Outstanding
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Good

Our ratings for Mardon Neurological Rehabilitation Unit

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the accounting officer of the Royal Devon & Exeter NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officers Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed the Royal Devon & Exeter NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Royal Devon & Exeter NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and
- disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- Prepare the financial statements on a going concern basis

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Suzanne Tracey
Chief Executive

Date: 23 May 2018

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Royal Devon & Exeter NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Royal Devon & Exeter NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Trust has a comprehensive governance system in place which has been developed and enhanced over a number of years and continues to be subject to regular review to ensure its continued fitness for purpose. The current governance architecture was established in October 2011. A number of independent reviews have been undertaken over the years which have concluded that the governance system is robust.

The Audit Committee monitors and oversees both internal control issues and the process for risk management. Audit Southwest (internal audit) and KPMG (external auditors) attend all Audit Committee

meetings. The Audit Committee receives all reports of the Internal and External Auditors and reports regularly to the Board.

Risk issues are reported through the Governance Committee via the Safety and Risk Committee and the Trust's management structure. Management of risk is delegated to the appropriate level from director through to local management through the Divisional management teams. There are established Governance Managers in post to support the Divisions in implementing robust risk and governance processes. Each Division has a Divisional Governance Group which meets regularly to manage risk and report and escalate concerns via the five sub committees of the Governance Committee. Performance management of any governance/risk action plan is managed via the Trust's Performance Assessment Framework (PAF) led by the Chief Operating Officer. Strategic risks are managed via the Board-owned Board Assurance Framework. This document focuses on risks that could prevent the Trust from achieving its strategic objectives.

The Board has appointed a Senior Independent Director to be available to Governors and Members if they have concerns where contact through the normal channels of Chairman, Chief Executive or Deputy Chief Executive/Chief Nurse, have failed to resolve them or for which such contact is inappropriate. In addition, the Trust has a Whistleblowing Policy to guide and protect staff who raise issues of concern. The Trust also has three Freedom to Speak Up Guardians who report to the Chief Executive and provide regular reports to the Governance Committee.

All staff joining the Trust are required to attend Corporate Induction which covers key elements of risk management. This is further enhanced at departmental induction. Training courses are run on a regular basis and provide staff with the skills needed to undertake risk management duties. Staff are trained and equipped to manage risk in a way appropriate to their authority and duties. Risk management is included in the Trust's mandatory training programme and follow-up refresher training; the Trust's risk management policies and procedures are available on the Trust's intranet.

An electronic governance system, which has the ability to record, manage and triangulate incidents, complaints, risks and legal claims has been operational since June 2011. During 2014/15 additional functionality to identify hotspots, which automatically pick up new trends in incident data, was established.

An established cohort of senior clinical staff and Governance Managers trained to conduct Serious Incidents Requiring Investigation (SIRI) is in place and additional staff are trained each year to add to the pool available. The Risk Management Team co-ordinates SIRIs and adverse incidents, which are reported and managed through the Incident Review Group (a sub group of the Safety and Risk Committee). In addition to direct feedback to relevant clinical teams, Lessons Learned briefings, highlighting learning points, are made available to all staff via the local intranet. All SIRI investigation reports and action plans are shared with the Trust's lead commissioner NEW Devon CCG.

The Risk and Control Framework

The Board of Directors is responsible for the strategic direction of the Trust. It reviews the Board Assurance Framework ("BAF") quarterly in line with the Trusts Risk Management Policy. The BAF identifies the key risks and mitigations related to the Trust's strategic objectives and key priorities. The Corporate Risk Register is reviewed by the Governance Committee each time it meets. The Governance Committee reports to the Board of Directors quarterly. The Audit Committee considers the Board Assurance Framework and the Corporate Risk Register when setting Internal Audit's annual work plan.

The Board of Directors, as part of the Annual Plan reporting cycle, is responsible for the completion of the Corporate Governance Statement. The Board has adopted a process by which evidence is identified for each element of the statement to provide assurance and support a decision of compliance or gap in compliance (i.e. risk). Where risk is identified this would be risk assessed, mitigating actions put in place and added to the appropriate risk register.

Any material gaps in controls of assurance are highlighted and reported to the Board of Directors. When identified, risks to the Trust's strategic objectives that cannot be immediately eliminated are placed on the Board Assurance Framework (BAF) and actions plans put in place to address any gaps. The Board of Directors' risk and control framework is supported by the Audit Committee and Governance Committee which provide assurance to the Board of Directors on risk and control management issues.

Additionally, the Head of Governance attends both the Governance Committee and the Audit Committee. This supports continuity and oversight of agenda preparation and completion of actions. The Chair of the Governance Committee is also a member of the Audit Committee, ensuring the two

committees are aligned and there are no gaps in assurance.

The Governance Committee is chaired by a Non-Executive Director and provides oversight of the risk management process. The Committee takes a comprehensive oversight of the quality and safety of care provided by the Trust and provides assurance to the Board of Directors. The work of the Governance Committee is supported by five key sub committees:

- Clinical Effectiveness Committee – chaired by the Medical Director
- Integrated Safeguarding Committee – chaired by the Deputy Chief Executive/ Chief Nurse
- Patient Experience Committee – chaired by a Non-Executive Director
- Safety and Risk Committee – chaired by the Chief Executive
- Workforce Governance Committee – chaired by the Director of Transformation and Organisational Development

These five committees are responsible for monitoring and managing specific types of risk.

The Safety and Risk Committee chaired by the Chief Executive has a number of key sub-groups leading the Trust's management of safety and risk.

- The Patient Safety Group is accountable for delivery of the Trust's patient safety programme, review of adverse incidents and Mortality and Morbidity Reviews
- The Incident Review Group is chaired by the Deputy Chief Nurse and reviews all Serious Incidents Requiring Investigation (SIRI) and action plans
- Medical Gases Group
- Radiation Safety Group
- Infection Control and Decontamination Group is chaired by the Medical Director
- Health and Safety Group chaired by the Director of Transformation and Organisational Development

Other specialist groups whose work relates closely to safety and risk report via the Clinical Effectiveness Committee.

- Clinical Audit and Guidelines Group
- Medicines Management Group

The Trust has a robust, responsive and reflective reporting and monitoring framework in place in relation to Mortality and Learning from Deaths. The Summary Hospital Mortality Indicator (SHMI) is the main mortality measure used within the organisation and detailed Trust and Divisional level mortality dashboards are scrutinised by the Patient Safety, Mortality and Review Group on a monthly basis. Mortality is reported to the Trust Board of Directors through the Governance Committee structure. The Trust sets a low threshold in relation to responding to deviations in mortality rates, with deep dive case note reviews undertaken to ensure that the causes of any deviation(s) can be identified and acted upon, where required. Additionally, the Trust operates a standardised clinical review process whereby both expected and unexpected deaths are reviewed by the medical team. This ensures that learning can be identified and disseminated and actions taken where appropriate. The Trust is actively working to ensure the recommendations made as part of the CQC Learning from Deaths Review are being implemented and embedded in practice. This is overseen by the Trust's Governance Committee.

The Deputy Chief Executive / Chief Nurse and Medical Director have joint director leadership and accountability for Clinical Governance. To ensure Executive Directors are aware of all safety issues in a timely manner and to utilise their expertise, Safety Huddles were introduced. The Safety Huddle comprises the Deputy Chief Executive / Chief Nurse, Medical Director, the Deputy Chief Nurse/ Midwife and the Head of Safety Risk and Patient Experience. The huddle takes place once a week and complements the formal Governance Performance System by looking at soft intelligence but also provides an opportunity to discuss incidents/concerns real time at a very high level.

Risk Identification and Evaluation

The Trust has a Risk Management Policy which has been approved by the Board of Directors and clearly sets out the process for identifying and managing risk and the Trusts' risk appetite. It incorporates a standard methodology in which risk is evaluated using a likelihood/consequence matrix. The roles and responsibilities of staff in managing risk are defined and key posts highlighted. The Policy also includes the governance reporting structure and the terms of reference of the Governance Committee and all the committees reporting to the Governance Committee.

The Trust maintains a comprehensive Corporate Risk Register covering both clinical and organisational risk.

There are 18 current risks on the Corporate Risk Register. There are 10 risks with scores of 15 and above. Three relating to mental health pathways (external factors), 1 relates to capacity management, 1 relates to the Trust's ability to achieve cancer waiting times, 1 relates to future capacity within the Emergency Department, 1 relates to a shortage of junior doctors, 1 relates to IT legacy systems, 1 relates to anti-microbial stewardship and 1 relates to regulatory compliance on Community Hospital sites. Robust actions plans are in place and these risks are assigned to an appropriate Executive lead and manager who are responsible for ensuring that the risk is either eliminated or managed appropriately. A robust system is in place to monitor progress of action plans, which is undertaken by both the Head of Governance and the Manager of the risk to ensure that risks are proactively managed down the their end target score. A detailed report is produced by the Head of Governance to the Safety and Risk and Governance Committees each time they meet.

The Trust has Divisional level risk registers which feed into the Corporate Risk Register. At Divisional level, the risk registers contain lower level localised risks which can be managed by the relevant Division. The Corporate Risk Register contains the high level risks and Trust-wide risks. This ensures that risks are identified, managed and escalated appropriately at all levels of the organisation. Risk assessments, including Health and Safety and Infection Control, are undertaken throughout the Trust. All areas of the hospital have trained Risk Management Officers and the Risk Management Department and Head of Governance facilitate Risk Surgeries to provide support and training and to ensure consistency in approach.

The Trust has a robust process for assessing risk to cost improvement plans (CIP). A Quality Impact Assessment is undertaken which includes identification of risk, risk score and mitigating actions. The assessment is reviewed and if appropriate authorised by the Divisional triumvirate (Divisional Director, Associate Medical Director and Assistant Director of Nursing). Quality Impact Assessments with a risk score of 8 or above are reviewed by the Deputy Chief Executive/ Chief Nurse and Medical Director, with the Trust's Operations Board overseeing the total process.

Other sources used to identify risks include:

- Complaints, Care Quality Commission and Health Service Ombudsman reports and recommendations
- Inquest findings and reports from HM Coroner
- Health and Safety Executive and regulatory body compliance inspections
- Medico-legal claims and litigation reports
- Health Scrutiny Committee reports
- Incident reports and trend analysis (via Datix software, identification of hot spots)
- Internal and external audit reports
- Performance Assurance Framework
- Feedback from Governors and Members
- Ward to Board Framework, Care Quality Assessment Tool
- Safety Thermometer

Risk to the achievement of the Trust's corporate strategy is considered, assessed and managed via the Board Assurance Framework which is discussed by the Board on a quarterly basis. The Board has identified a number of financial risks to achievement of the corporate strategy including the Trust's ability to deliver the required cost savings, and the impact of financial pressure on performance targets.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's

obligations under the climate Change Act and the Adaptation Reporting requirements are complied with.

Information Governance

Information governance and data security is managed by the Information Governance Steering Group lead by the Medical Director, the Trust's nominated Senior Information Risk Owner and Freedom of Information Lead. Information Asset Owners for critical systems have been identified; system risk assessments and Information Risk Management training is undertaken annually.

An Information Security Forum, chaired by the Caldicott Guardian, deals with all aspects of information security and data confidentiality. Risks to information security are reported directly to the Information Security Forum (a sub group of the Information Governance Steering Group) and recorded on the Corporate Risk Register. The Trust has completed the Information Governance Toolkit assessment and the Safety and Risk Committee and the Board of Directors has received a report regarding its system for control of Information Governance.

The Trust is green rated on the Information Governance Toolkit, achieving an overall score of 73%.

During 2017/18 the Trust had 2 Level 2 confirmed Information Governance Serious Incidents which were reported to the Information Commissioners Office in line with the Department of Health document "Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation".

The incidents were as follows:

- 1) *A patient, whose child is currently in foster care, was sent home with the foster carer's address in her discharge paperwork.*
- 2) *Inappropriate storage of patient data held on an unencrypted memory stick.*

The incidents have been fully investigated by the Trust with mitigating actions put in place and the Information Commissioner has responded stating that no further action is required. .

The Trust actively promotes the importance of good Data Quality throughout the Trust to ensure accuracy, completeness and timeliness and the risks associated with any inaccuracies.

NHS England guidance and embedded legislation on the recording and monitoring of Elective Waiting Time data is complex and allows for local agreement and flexibility in how some rules are interpreted. To ensure that inherent risks and unintended consequences from local interpretation are monitored the Trust has a robust framework and meeting structure that supports and drives the Information Governance agenda. This provides the Trust Board via the Safety and Risk Committee with the assurance that effective Information Governance best practice mechanisms are in place within the organisation.

Assessment of Data Quality incorporating Referral To Treatment/Elective Waiting List Management is included in the Trust's annual Internal Audit work plan. The audit process provides independent assurance of the design and operation of controls in place.

The Trust's Access policy establishes a number of principles and definitions and defines roles and responsibilities to assist with the effective management of waiting lists relating to outpatient appointments, elective treatment imaging and other diagnostic tests. Furthermore standard operating procedures are in place to support staff in applying a consistent and effective approach to Waiting List Management.

Detailed operational monitoring occurs across all specialties and in conjunction with internal metrics against data quality. These are applied to identify areas for improvement and are monitored on a regular basis.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and inclusion human rights legislation are complied with. The Board of Directors actively own the Toward Inclusion plan (Equality, Diversity and Inclusion) and receive assurance that we are meeting our legal obligations and achieving our strategic ambition to be recognised as an employer of choice who values diversity and is truly inclusive. The Board receives assurance through regular updates via the Governance Committee (via the Workforce Governance Committee) and through the Annual Report focused on equality, diversity and inclusion. an annual report received, on behalf of the Board of Directors, by the Governance Committee. Full evidence of legal compliance is also published on the Trust's external website. The Trust uses a range of mechanisms (including Staff Survey, quarterly Staff

Say Conversations, related metrics and then NHS-designed tool, the Equality Delivery System (EDS), to ensure compliance with legal obligations and enable continuous improvement.

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust's Operational Plan, including financial, performance, quality and governance targets, was approved by the Board of Directors in December 2016 with the financial and performance information being revised in March 2017. Overall performance is monitored via an integrated performance report at the monthly meetings of the Board of Directors. Operational management and the coordination of Trust services are delivered by the Executive Directors. Performance of individual clinical Divisions is monitored formally on a monthly basis through the Performance Assurance Framework which is led by the Chief Operating Officer and twice annually with all Executive Directors.

The Trust's External Audit Management Letter includes commentary on the economical, effective and efficient use of resources. The Internal Audit Plan includes reviews which consider the economy, efficiency and effectiveness of the use of resources. The findings of internal and external audit are reported to the Board via the Audit Committee.

I can confirm that the Trust complies with the cost allocation of and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Internal Audit has conducted reviews against the Care Quality Commission regulations, records management, data quality and information governance. Reviews are conducted using a risk-based approach. In addition they have annual reviews of the Trust's risk management and governance arrangements.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The content of the Trust's Quality Report for 2017/18 builds on the 2016/17 report. It has been agreed by the Board of Directors and incorporates the views and priorities of Governors and the views of Trust members in setting priorities for improvement in 2018/19. The development of the report is led by the Deputy Chief Executive/ Chief Nurse. The views of NEW Devon CCG, as lead commissioner, Healthwatch Devon and Devon County Council Health Scrutiny committee have been sought.

The Trust uses the same systems and processes to collate, validate, analyse and report on data for the annual Quality Report as it does for other clinical quality and performance information. The data is subject to regular review and challenge at speciality, Divisional and Trust levels. In line with the Trust's commitment to openness and transparency, the data included is not just limited to good performance and is publicly reported at least on a quarterly basis. The Audit Committee undertake a review of the data assurance underpinning the Quality Report and through this process and other review of data, the Board of Directors are assured that the Quality Report represents a balanced view.

Internal Audit have a three year audit cycle to assess quality systems and data (similar to that in place for our financial systems), was agreed with our internal auditors and built into the Internal Audit plans for future years. This will be an on-going process and the Board of Directors will use the recommendations from this work to further improve the robustness of the process underpinning the Quality Report. The most recent review of Data Quality was undertaken in May 2018 (reviewing data quality for 2017/18) and was rated "Significant". The next annual review will be undertaken during 2018/19.

Audit of Mandated Indicators

The indicators audited were:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

KPMG has provided assurance on the process for recording the percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

KPMG were unable to provide assurance on the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of their recording period.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Internal audit, External audit and the Head of Governance. The system of internal control is regularly reviewed and plans to address any identified weaknesses and ensure continuous improvement of the system are in place.

The processes applied in maintaining and reviewing the effectiveness of the system of controls includes:

- The maintenance of a view of the overall position with regard to internal control by the Board of Directors through its routine reporting processes and its work on corporate risk
- Review of the Board Assurance Framework and receipt of Internal and External Audit reports to the Audit Committee

- Personal input into the controls and risk management processes from all Executive Directors, Senior Managers and clinicians
- The review of the Trust's risk and internal control framework is supported by the Annual Head of Internal Audit opinion which states that significant assurance can be given, that there is a sound system of internal control and that controls are generally being applied
- Evidence gathering for core Care Quality Commission regulations and registration.
- Self-assessment against the Care Quality Commission's Essential Standards for Quality and Safety (reviewed by internal audit)
- Self-assessment against NHSI's Code of Compliance and NHSI's Governance Framework
- Performance monitoring by the Board of Directors of the Trust's strategy and operational milestones to achieve internal and external targets
- Results of the national patient and staff survey results and development of targeted action plans
- Delivery of the health and safety action plan
- The Trust's compliance with the Hygiene code
- The Trust's unconditional registration with the CQC, rated overall as 'Good' February 2016
- Safe Staffing reviews
- Safety thermometer

My review of the effectiveness of the system of internal control has been presented and approved by the Board of Directors. The Board of Directors and the Audit and Governance Committees have been kept informed of progress against action plans throughout the year.

Conclusion

There are no significant internal control issues I wish to report in respect of 2017/18.



Suzanne Tracey
Chief Executive

Date: 23 May 2018

Our Governors and Members

Council of Governors

The Trust's Council of Governors (CoG) is an important part of the RD&E's governance structure providing a vital connection between the Trust, its members and the wider community.

During the year, the COG has continued to develop its joint roles of holding the Board of Directors accountable and representing the views of members and the wider public to the Trust. In carrying out these duties, the Trust seeks to support the COG and individual members to ensure that there is the means and capacity to carry out its various duties effectively and with impact. At the same time, the Trust is mindful that the COG is an elected representative voluntary body that has a distinct role separate to that of the Board of Directors.

The COG met five times during the year. During these meetings, the CoG collectively considers the performance of the Trust over a quarter highlighting any issues or concerns it may have in relation to the way in which the Board of Directors is managing performance. The performance report contains information about the Trust's operational performance and its adherence to various national targets, its financial performance and how it is performing in relation to the quality priorities set by the Governors themselves in the annual Quality Report. The report also provides details of what the Board has considered during the quarter in question and the response from Monitor on its own assessment of the Trust's performance during the same quarter in order to provide assurance to the COG. The quarterly CoG meetings also focus on updating the Governors themselves on a number of regular topics including updates from the three key working groups (see below), the Patient Experience Committee, and on elections. As well as transacting its core business of holding the Board accountable, the meetings focused on:

- Receiving and commenting on regular strategic overviews provided by the Chief Executive and Chairman.
- Receiving a detailed Performance Report tailored to the CoG's needs four times a year and asking questions on how the Board were assured about any concerns on performance
- An overview of the elections process and outcomes
- Updates on the overall CoG business plan and the work undertaken by the Coordinating Group, Patient Experience Committee and working groups.
- Ensuring that the CoG was satisfied about the development of the Board's approach to equality, diversity and inclusion.
- Agreeing a process that would come into play when there was an alleged breach by a Governor of the code of conduct.
- Agreeing a procedure for the removal of a Chairman or Non-executive Director
- Finalising a comprehensive Governor developed behaviour charter to help better identify and tackle any instances of less than desired behaviours
- Update on the Trust's membership base
- Governors tabled questions on notice on CT Scans and Outpatient Appointments.
- A report on the performance of the external Auditors.
- Receiving the external auditors assistance on the Trust's Quality Report
- A report on the Trust's Annual Members' Meeting and Members' Day.
- Commissioning for Quality and Innovation (CQUIN) for healthy food for NHS staff, visitors and patients
- Updates from NEDs on Committee work
- Agreeing the terms of reference for the Remuneration Committee.
- Receiving reports on the appraisals of the Chairman and Non-executive Directors (NED) as well as approving NED appointments
- Progress on the new private patients unit
- The work with Castle Place practice in Tiverton
- The CQC inspection which took place towards the end of December 2017
- Progress on establishing a new helipad

In addition the CoG met officially in a fifth meeting in January 2018 to approve a recommendation concerning the Chairman's term of office.

Following the departure of the former lead governor, the COG chose a new lead governor – Peta Foxall.

During the year the Governors held development sessions on:

- The Governor's Code of Conduct
- The development of the Trust's refreshed corporate strategy
- The Trust's quality priorities
- Governor's training priorities
- Feedback received by Governors from the public and members
- The Council of Governor's effectiveness review
- How to be effective in holding NEDs accountable

This year more emphasis was placed on collaborative working with the Board. Joint Development Day sessions focused on:

- A roundtable discussion between Board members and Governors on the Trust's corporate strategy refresh
- Developing the role of Governors on community engagement
- A finance update

The COG has strengthened its relationship with the Board during the course of the year with much greater interaction and engagement between the two bodies. The relationship is one in which both the Board and COG share the same broad objectives of acting in the interests of the organisation and patient care whilst retaining sufficient distance to enable the COG to act as a critical friend and ensure that the Board is acting in the best interests of members and the public and has the right mix of experience and skills within the Non-Executive Directors to manage the key challenges facing the Trust. Non-Executive Directors regularly attend CoG meetings for informal face-to-face meetings as well as more formally representing some of the work they are responsible for at CoG meetings. A regular rota of Governors attending the public Board meetings has also helped to enable the Governors to see the Board 'in practice' as well as help provide intelligence that individual Governors have used in contributing to the performance assessment of individual Non-Executive

Directors. During the year, the Governors have developed a "score-card" to enable them to assess the contributions of individual NEDs at a number of meetings where their paths cross including Board of Director meetings.

The Trust has an "Engagement Policy" agreed between the CoG and the Board of Directors to help manage situations in which the COG's concerns about the performance of the Board of Directors or the welfare of the Trust have not been resolved through the normal channels. This policy was not required at any time during the year. In addition, the Senior Independent Director acts as an independent facilitator through which concerns about the Board or the Chairman can be managed if appropriate. This facility was not required during the year.

The CoG has continued to organise itself through three key working groups:

- CoG effectiveness
- Member and public engagement
- Patient safety and quality

These groups are responsible for identified elements of the agreed consolidated CoG business plan and to provide a Governor perspective on key issues within the groups' remit (i.e. they do not undertake executive functions that are the remit of the Trust).

The groups have a Chair and a Committee membership but are open to any member of CoG that wishes to participate. The groups are accountable directly to the CoG and the Chairs report on progress and outcomes to every CoG meeting.

The CoG Coordinating Committee, which is comprised of the Trust Chairman, the Lead Governor (and Deputy), the Chairs of the three working groups, a staff Governor representative and secretariat staff, meets every quarter and focuses on coordinating the work of the CoG and ensuring that progress is being made against the business plan as well as facilitating cooperation between the CoG and the Board of Directors.

The work programme of each of the working groups is amalgamated into a single CoG business plan which is overseen by the Coordinating Committee to ensure that Governor priorities and plans are kept on track.

In addition, three Governors sit on the Trust's Patient Experience Committee representing the views of Governors, members and the wider public.

During the last year, these groups have been busy implementing programmes of work linked to Governor's key roles and stated priorities and the details of the work of these Groups can be found in the Council's papers and minutes on the Trust website and the new members' website.

The following sets out some of the key highlights for each of these groups over the year:

Nominations Committee

The group discussed:

- Updating its terms of reference
- The recruitment of two new Non-executive Directors including updating the policy on the composition of the Board, on selecting a recruitment consultancy as well as taking the lead in the recruitment process itself
- It approved the policy on the removal of a Chairman or Non-executive Director
- The appraisals of the Chairman and NEDs
- The tenure of the Chairman
- Reappointments of Non-executive directors

CoG Effectiveness Working Group

- CoG IPR
- CoG meetings – cycle & timings
- Governor website information including use of secure Governor website
- Nominations Committee to recommend procedures for removal of a Chairman or a NED and CEO appointment
- Governors' email guidance
- Process for a vote of no confidence in the Lead Governor
- Process for the alleged breach of the Governors Code of Conduct
- CoG Effectiveness Review
- Document reviews and updates
- Succession planning for key working groups and lead governor
- The cycle and timings for CoG meetings
- A review of Development Days

Patient Safety & Quality Working Group

The Group discussed:

- The Quality priorities for the Quality Report as well as agreeing the Governor commentary in the previous year's Quality Report
- Updates from the Patient Engagement Committee
- A presentation on patient safety
- Staff health and wellbeing

The Group also elected a new Chair (Faye Doris) and Vice Chair (Barbara Sweeney).

Membership & Public Engagement

The group discussed:

- The Annual members' meeting and Members' day
- The programme for medicine for members and how this could be developed further
- Community engagement and the role of Governors
- Membership numbers and demographics
- The Governor handbook and induction process
- Intelligence gathering and feedback form members/public
- The MPEG workplan and priorities

In addition to this work it is also worth noting that Governors have been involved during the year in:

- Prospective governors meetings
- New governor induction
- Patient-led Assessments of the Care Environment (PLACE)
- CoG representation by three governors on the Patient Experience Committee
- Peta Foxall being a member of the NHS Providers Governor Policy Board
- Governor attendance at regional and national Governor conferences

Governor Expenses

Seven Governors claimed expenses during the year. The aggregate sum of expenses paid to Governors during this period was £1,601.05. In 2016/17 the figure was £2,314.55.

Our Members

The Trust is a public benefit corporation that exists for the sole purpose of providing healthcare services to the population it serves. All Foundation Trusts are obliged, through legislation, to have members. Membership is a distinguishing feature of FTs which brings with it substantial benefits. As a membership organisation, the RD&E endeavours to reach out to inform members about what is happening at the Trust as well as listening to their concerns and opinions on service delivery, on how to improve patient experience and on influencing its longer term strategy.

About our members

Having a membership base allows a meaningful relationship to be developed between members and the Trust. Developing this engagement helps us to deepen our understanding of their views and opinions which we can correlate to the views of the wider community. Developing an on-going dialogue with members provides an opportunity for the Trust to develop its thinking, test ideas, and give members an overview of potential future strategic options which it can then engage with members on in a way that genuinely allows for influence and boundary setting (i.e. options which members would find unpalatable for example).

The ongoing conversation with our members – expressed primarily through our Members' Say/Day events, through surveys of members and in the feedback from Governors – is a very important aspect of the Trust's work that provides genuine added value in informing its work, whether that is in a relatively minor operational detail, potential service change, ways to improve services in the best interests of patients/public or on bigger and more strategic issues. The feedback from the interactive activities and focus groups at Members Say helps provide an agenda for the Governors as well as providing insight into the views of members – and thus the public – for the Board of Directors.

Medicine for Members

We held one Medicine for members' event during the financial year. The event, which focused on dementia, was attended by around 80 members. More events are planned for the next financial year as well as a new initiative designed to appeal to both members and the wider public.

Membership Analysis

Anyone aged 12 and over and who is not employed by the Trust can become a public member. Every member of staff automatically becomes a member unless they choose to opt out. As at 31 March 2017, the Trust had **10,789** public members and **8,032** staff members which gives a total of **18,821** members. In the last 12 months, a total of **119** public members were recruited.

Members' Day 2017

The Trust held a new-style members event in September 2017 building on the success of the previous Members' Say events. The event was aimed at our members and incorporated our Annual members' Meeting and coincided with the launch of our previous year's Annual Report & Accounts. The event was fully subscribed, with over 120 members attending, plus governors, the Board and senior managers

The day included two Medicine for Members sessions: on 'Care at Home and in communities' and on 'Stroke Care – Present and Future'. It also included a Health Fair in the lobby in the RILD, showcasing RD&E initiatives such as Your Road to Wellbeing, Exeter 10,000 research etc. This was followed by a tea party for members with cucumber sandwiches and scones.

The event marked a shift from previous years events. This time the day was:

- Included in a normal work day rather than on a Saturday
- This made it easier to get speakers
- It was more cost effective with fewer resources required to plan the day
- Catering was less expensive and appeared to be received positively
- Most members appeared to use public transport (although parking had been provided)

The feedback from the event demonstrated that there was:

- A good atmosphere
- Interesting and Relevant Topics
- Members enjoyed the tea party and the chance to meet Board members and Governors

We also developed some learning which we will apply to a similar event in 2018. This learning included:

- Reverse timing of Annual Members meeting – to enhance attendance and to include the introduction of governors
- List of registered attendees on doors to Medicine for Members – and strictly adhered to (H&S regulations etc)
- Revisit inclusion of running Focus Groups on the day
- More tea stations
- Loop system worked for two separate seminar rooms
- Clearer signage
- Location of governors' stand more visible
- Some MPEG members voiced the event being on a weekday may limit the audience
- Car parking considered further
- Members Day to be a standing agenda item at MPEG to support future planning

Members also determined topics for follow up Medicine for members' Events. These included:

- Preventative medicine
- Robotic surgery
- Exercise requirements for ageing population
- Sepsis
- Diabetes

Governor Profiles

Mid, North, West Devon and Cornwall



James Bradley

James initially was elected in September 2014 for a term of three years and then re-elected in September 2017 for a further one year. James was a Chartered

Environmental Health Officer and Chartered Safety and Health Practitioner who having completed a military career has worked in Local Government, the National Health Service and finally as an international consultant. He is a member of the CoG Effectiveness Working Group and the Chairman for the Member and Public Engagement Working Group; in that position sits on the CoG Co-ordinating committee and also on the NHS England Public and Patient Voice Assurance Group for Specialised Services. James lives with his wife and cat near Okehampton.



Chris Wilde

Christopher was elected in September 2014 and re-elected in 2016 for a further three years. Christopher has been an owner of a general dental practice, as

well as a Managing Director of a limited company specialising in dental material research. Christopher was Chairman of a government-sponsored group (SW-Smart) of research companies. Christopher lives in Tiverton.



Michael James

Michael was elected for a term of three years in 2015.

Michael lives in Copplestone near Crediton. An engineer and scientist by trade Michael has worked in many industries including aviation medicine. Having owned and run his own business with his wife in the heart of Devon for over 20 years he is now retired and is looking forward to offering some of his time to support and represent his local community.



Linda Hall

Linda was elected in September 2017 for a term of 3 years. She worked in acute healthcare in the NHS for over 30 years, since qualifying as an Occupational

Therapist (OT) in 1979 & specialised in stroke rehabilitation & care of the elderly. She moved to Devon in 1988 & was Head OT at the RD&E before becoming the Manager of the Exeter Mobility Centre, Clinical Director for Professional Services & finally Director of Facilities, which covered the Estate & most of the support services at the RD&E. Linda retired in 2008 & lives in Tiverton.



Cynthia Thornton

Cynthia retired to Willand in 2003. She has had wide nursing experience, initially in the acute sector, followed by ten years as a district nursing sister and a further twelve years when she held University teaching and research posts in East London and Reading.

Cynthia was first elected in September 2008 for three years and re-elected in 2011 until 2014. During this period she was Chair of the Member and Patient Engagement Group and a member of the nominations Committee. Following a two year break she was re-elected for a further three years in 2016. During the latter period she has represented the Governors on the Audit Committee and is a member of the Nominations Committee and the Remuneration Committee.

East Devon, Dorset, Somerset and the Rest of England



Peta Foxall - Lead Governor

Peta was elected in September 2016 for a term of three years and became Lead Governor in September 2017, elected by her peers. She contributes to NHS governor support

and development at a national level through her involvement with NHS Providers. Peta has a PhD in biological chemistry and professional expertise in healthcare as a practitioner, educator and researcher. She has extensive experience of leading and working in multi-professional teams within the NHS and higher education. Peta is also national chair of The Wildlife Trusts, elected in November 2017. She is the first woman in this senior leadership role and has a remit that covers the UK wide movement of 47 Wildlife

Trusts and the central charity, the Royal Society of Wildlife Trusts.

Peta is a member of the Nominations Committee, the NED Remuneration Committee and the Member and Public Engagement Group of the RD&E's Council of Governors.



Alan Murdoch

Alan lives in Exmouth and was elected in September 2014. Alan spent 17 years in the RAF followed by employment in the electronics and scientific instruments industries

before retiring as a Director with a Multinational Company. Alan is a member of the Non-Executive Director Remuneration Committee (NEDRC) and Nominations Committee. He is a member of both MPEG and CoG effectiveness working groups. He is also a member of the PPG at Claremont surgery Exmouth. Having served in a nuclear test area in Australia, he has membership of the British Nuclear Test Veterans Association (BNTVA).



Richard Bowes

Richard was elected for a three year term in September 2015. He has lived in West Hill, Ottery St Mary since 1988. He served on East Devon District Council between 1986 and

1991. From 1980-2014 he worked in the South West in the Pharmaceutical Industry across 16 different therapy areas, including; Cardiovascular, Diabetes, Osteoporosis, Dementia, Renal, Infectious Diseases, Parkinson's and Musculoskeletal. Previously, Richard graduated with a BSc (Hons) Environmental Sciences in 1977. Since his election, he has served on the Effectiveness committee, Patient Safety & Quality committee, and the Member & Public Engagement group. In addition, each year he has volunteered for the PLACE inspections of the Wonford Hospital site.



Barbara Sweeney

Barbara was appointed public governor in September 2017. She has spent her working life in operational and strategic management in health and

education and has just retired from the further education sector where her role was to promote strong governance. She has four children, three of whom work in the health service and her late husband was an academic GP and strong believer in the power of the patients' voice. Barbara hopes that through her role as governor she can continue his

legacy. She also serves as a trustee on the board of Hospiscare.



Trish Llewellyn

Trish was elected in September 2016 as a Governor. Since retiring she has become a Volunteer of the hospital Trolley shop and was also elected to the committee where she is

responsible for the monthly Rosta for the volunteers, banking & the buying of the stock. She is always eager to help and endeavours to support the RD&E in any way possible. She helped raise awareness of the importance of Nutrition & Hydration during the national campaign and has assisted Patient-led Assessments of the Care Environment. Since her election as a Governor, she sits on the committee of Effectiveness Working Group, Patient Experience, MPEG, Patient Safety & Quality.



Kay Foster

Kay lives in Exmouth and was elected in September 2014 for a term of three years and reelected in 2017 for a further three years. She is a retired State Registered Nurse and

Midwife with over thirty years of nursing experience. She held Sisters' post at the RD&E in ITU and CCU. Kay also served as a Nursing Officer with Queen Alexandra Royal Army Nursing Corps for 18 years retiring in the rank of Major. She has a BSc (Hons) in Health Services Management.

Kay is a member of the following committees: Patient Experience, Patient Safety and Quality, Nomination, Patient Meals Services and is a Member & Public Engagement Group. Kay has also been part of a sub-committee looking at improving the Royal Devon and Exeter Hospital patient web site and instrumental in getting (in progress) Consultants profiles available for the patients to view. As a Governor elected to represent East Devon, Somerset and the Rest of England, Kay has attended Schools Careers Event, and also assisted and organised medical presentations in the community.



Douglas Hull

Cllr. Douglas lives in Axminster and was elected in September 2016 for a term of three years. He has served on Town, District and County Councils in East Devon over the

course of the last fifty years.

Exeter and South Devon



Faye Doris

Faye was elected in September 2016 for a term of three years. Faye lives in Exeter and is a retired nurse, midwife, Supervisor of Midwives and Associate Professor of Midwifery

for the University of Plymouth. She was responsible to the university for the education and practice of midwives across the southwest peninsula. Faye has been a senior manager at the RD&E for two years and at Plymouth University for over 20 years. She was initially the Head of School for the Health Professions which included Dietetics, Midwifery, Podiatry, Physiotherapy and Occupational Therapy. She also chaired the Race Equality Committee and was very involved in the promotion of diversity and inclusion. She was a member of the University's Academic Board for three years. Nationally, Faye was a member of the Nursing and Midwifery Council's Lead Midwife for Education Group. Faye's key skills include; leadership and management, selection and recruitment, listening, evaluating and responding to staff and stakeholder feedback. Faye is Chair of the Patient safety and Quality working group and is a member of the Trust's Equality, Diversity and Inclusion Steering Group. She is also a member of the Patient Experience Committee.



Rosemary Shepherd

Rosemary was elected September 2017 for a term of three years. She worked at an Exeter school where she was responsible for Welfare and Home Visits for new admissions,

before moving on to become PA to the Administrator at the Northcott Theatre. She then went on to work in an Administrative role at the University before concentrating more on Voluntary roles. She has co-ordinated the Volunteers at Exeter Health Centre, been the regional Treasurer of the Foundation of small businesses and Treasurer of DUK Exeter and East Devon Group.



Tony Ducker

Tony was elected in September 2017 for his second three year term. Tony spent his career in the NHS, including five years as a Lecturer in the Department of Child Life and Health at St George's Medical School and twenty-two years as a Consultant Neonatal Paediatrician in Kent. He served on various hospital and regional committees including a National Institute for Health

and Care Excellence (NICE) guideline group. Tony spent 28 years as a doctor in the Territorial Army serving in four medical units including five years as Commanding Officer in 220 (1st Home Counties) Field Ambulance. Since retirement Tony has worked with Clinical Commissioning Groups (CCGs) as Lead Clinician for the appraisal of neonatal units in East of England and South West England.

Tony retired to South Devon 13 years ago. He is Chairman of the CoG Effectiveness working group.



Geoff Barr

Geoff was elected in 2013. Geoff taught politics and other social studies at Exeter College for many years; however, he has now moved on to teach at the Open University

and University of Exeter Medical School. Geoff is Chair and Treasurer of the St Leonard's Practice Patient Participation Group and the practice research team. Alongside this he is an active member of Keep Our NHS Public and 38 degrees. Geoff is a member of The Labour Party and a life member of the Neuro Foundation.

Appointed Governors



Cllr Ray Bloxham

Ray Bloxham is the appointed governor representing Devon County Council. He joined the Council of Governors following the County Council elections in May

2017 and was appointed to represent the County Council shortly afterwards. A former Police Officer in London, Ray served for 30 years mostly as a detective and has a background of investigating all types of crime including complex financial fraud and child protection. Since leaving the Police Service, he has continued to serve the community as a Parish, Town, District and now County Councillor. He is the elected County Council member for Broadclyst Division which covers seventeen parishes in East Devon. He lives in Cranbrook.



Prof. Angela Shore

Angela was appointed on behalf of the University of Exeter

in 2016. She is Vice Dean Research at the University of Exeter Medical School and principal investigator of a large team of scientists and clinicians in vascular medicine based at the hospital. As Scientific Director of the Exeter NIHR Clinical Research Facility she

facilitates Experimental Medicine Research for the RD&E/Medical School collaboration. Angela is President of the British Microcirculation Society and a member of the International Liaison Committee for World Microcirculation Research.

Staff Governors



Catherine Geddes

Catherine was elected in September 2016 for a term of 2 years.

Catherine's career with the Royal Devon and Exeter NHS Foundation Trust began as a student nurse

in 1995. As a staff nurse, she worked in both the community and within the acute setting at the RD&E. In 2000 she qualified as a midwife and spent the next 11 years working in both community and hospital settings. After gaining her PGCE Catherine took a career break in 2009 and spent a year teaching student nurses and midwives in Western Australia. Catherine successfully completed her PGCert in obstetrics and gynaecology ultrasound in 2011 and has been the Clinical Lead Midwife sonographer in the centre of Women's Health since 2014.



Hazel Hedicker

Following a career in the hospitality industry, Hazel commenced employment with the NHS in 1994 and joined the RD&E in March 2000 having previously worked for

another large southwest acute Trust. Having spent 16 years as a senior operational manager within two Facilities divisions, her career changed direction and she joined the Project Management Office (now the Transformation Programme Team) in May 2012. Hazel has since managed a number of trust-wide transformation projects supporting colleagues with both clinical and non-clinical redesign and change. More recently, she project managed the Transfer of Community Services to the RD&E and supported a detailed scoping of Trustwide Outpatient Services. She has recently joined the project team managing the Emergency Department Reconfiguration. Hazel has a Masters degree in Business Administration and is a fully qualified Prince 2 Practitioner. She is currently studying to qualify as a Practitioner in Healthcare Improvement Science and has recently completed the NHS Leadership Academy qualification focusing on engaging groups to achieve their best through effective coaching and facilitation. She also has a keen interest in Communications & Engagement, in particular the engagement of patients, carers and staff with service redesign and

change. She has held the appointment of staff governor since 2013 and was re-appointed for a second 3-year term in September 2016.



Susie Costello

Susie has worked at the RD&E since 2005 as a dietitian. For the past 5 years she has been the paediatric team lead dietitian. Her clinical areas of interest are eating disorders,

inherited metabolic disorders, gastroenterology and neonatal nutrition. She was elected as a staff governor in September 2017 for a 3 year term. Through her work with child and adolescent mental health services, and her experience as a line manager, Susie has a keen interest in workplace mental health. Susie has also completed an innovation certificate and is interested in NHS innovation to improve patient care.



Michele Baxendale-Nichols

Michele was re-elected for three years in September 2017. She has been a nurse for 23 years and over the course of her career has gained wide-ranging experience,

from frontline nursing in acute settings, including Oncology and Gastroenterology; as a Clinical Nurse Specialist in Sexual Health; and as a Site practitioner at the RD&E, Michele is a Community Nurse Team Manager giving a vital voice for community Services on the Council of Governors.



Chris Gardiner

Chris was elected for a three year term in September 2017. He was the Research and Development Manager at the Trust. Having joined the RD&E in 1996. His role involves

supporting multi-disciplinary staff across all specialties and departments engaged in a wide variety of research and innovation activity.

In addition to his Trust role, Chris also has several years' experience as a local school governor and have also served as a managing Trustee for several Devon based charities.

Election Results 2017

Public Constituencies

The results of the election in the public constituencies were declared, and circulated to the Council of Governors, on 7 September 2017.

East Devon, Dorset & Somerset and the Rest of England

Barbara Sweeney elected, Kay Foster and Alan Murdoch re-elected, all for terms of three years. The turnout was 26.9% (this was 35.8% in September 2016).

Mid, North, West Devon & Cornwall

James Bradley was re-elected for a term of one year with Linda Hall elected for a three year term. The turnout was 24.5% (30.7% in September 2016)

The total turnout for the public constituencies was therefore 25.7%.

Exeter & South Devon

Tony Ducker and Rosemary Shepherd were elected uncontested. Two vacancies remain and the CoG decided at its August 2017 meeting that the vacancies would be carried to the next routine round of elections in 2018.

Staff

The results of the election in the staff constituency was declared, and circulated to the Council of Governors, on 14 September 2017.

Michele Baxendale-Nichols was re-elected, with Susie Costelloe and Chris Gardner elected, all for terms of three years. The turnout was 14.6% (11.1% in December 2016).

The declaration of the staff results was one week later than the public results due to a delay in the circulation of postal ballots to staff. An extension to the voting period for this group of staff was agreed after consultation with the Trust's Election Rules and ERS to ensure sufficient opportunity for them to cast their vote. The reason for the delay has been reviewed and a process put in place to avoid this happening again in future.

Summary of attendance of Governors at CoG meetings for 2017/18

Attendance at Council of Governor meetings from April 2016 onwards. Governors in post at year end.

Name of Governor P = Private C = Confidential	Jun-17		Aug-17		Annual Members Meeting – Sept 2017	Nov-17		Mar-18	
	P	C	P	C		P	C	P	C
Barr, Geoff	P	P	P	P	P	P	P	P	P
Baxendale-Nichols	P	P	P	P	P	P	P	A	A
Bedford, Paul	P	P	P	P	A				
Bloxham, Ray			P	P	A	A	A	A	A
Bowes, Richard	P	P	P	P	P	P	P	P	P
Bradley, James	P	P	A	A	P	P	P	P	P
Broderick, Keith	P	P	P	P	P				
Costelloe, Susie					P	P	P	P	P
Doris, Faye	P	A	P	P	P	P	P	P	P
Ducker, Tony	P	P	P	P	P	P	P	P	P
Foster, Kay	P	P	P	P	P	P	P	P	P
Foxall, Peta	P	P	P	P	P	P	P	P	P
Gardner, Chris					P	P	P	P	P
Geddes, Catherine	P	P	A	A	A	P	P	P	P
Gladstone, Jill	P	P	P	P	P				
Hall, Linda					P	P	P	P	P
Hedicker, Hazel	P	P	P	P	P	P	P	P	P
Holmes, Molly	P	P	A	A	A				
Hull, Douglas	P	A	P	P	P	P	P	A	A
James, Michael	P	P	P	P	A	P	P	A	A
Llewellyn, Trish	A	A	A	A	P	P	P	P	P
May, Richard	A	A	P	P	P				
McInnes, Rachel	P	P	P	P	P	P	P	A	A
Murdoch, Alan	P	P	P	P	P	P	P	P	P
Shepherd, Rosemary					P	P	P	P	P
Shore, Angela	P	P	A	A	A	A	A	A	A
Sweeney, Barbara					P	P	P	A	A
Thornton, Cynthia	P	P	P	P	P	P	P	P	P
Loveday, Varian	P	P	A	A	P				
Wilde, Christopher	P	P	P	P	P	P	P	P	P
James Brent (Chairman)	P	P	P	P	P	P	P	P	P

Key: P = Present A = Apologies

Voluntary Disclosures

Equality, Diversity and Inclusion

The Trust Board has refreshed its Equality & Diversity Plans and has reset its ambition “to be recognised by our community (and nationally) as an employer of choice and an exemplar organisation which values diversity and is truly inclusive.” The future plan will be known as Towards Inclusion and will be led by the Trust’s Chief Executive Officer with the aim of achieving four objectives:

Objective 1: Leadership: to proactively own, lead and monitor inclusion with a zero tolerance for discrimination

Objective 2: Ownership: to create an environment and culture where the inclusion agenda is owned by everyone, and where difference is valued and celebrated

Objective 3: Engagement: to engage effectively with our Community (public, patients, staff and partner organisations) so that all voices are listened to and heard, enabling RD&E to lead the way in inclusion

Objective 4: Awareness and Capability: to increase the awareness and capability of all staff, in particular the leadership team, to enable equal opportunities and fairness of approach for our Community

A two year plan has been developed which will enable the trust to develop into an organisation which consistently demonstrates that it is:

- A values driven organisation where doing the right thing from an inclusion perspective is inherent in the culture and part of what we do
- Leading the way in inclusion work and is a reference site for others in and outside of the NHS
- A place where inclusion is owned by everyone working in the organisation from the Board down
- An organisation which proactively promotes inclusion, and has an environment where it is discussed openly

- A place where the staff mix in the organisation is representative of the local community, all the way up to (and including) the Board
- An organisation which delivers equal opportunities and fairness of approach for all staff and patients regardless of any protected characteristics and which recognises other characteristics such as socio-economies
- An organisation with a zero tolerance approach to discrimination of any sort

To understand how the Trust benchmarks against other NHS trusts reference was made to the national NHS Providers Diversity Partners which uses a number of indicators to assess commitment and progress towards an inclusive workplace. These indicators are:

- Staff Engagement Score
- % Staff Experiencing Discrimination
- Fairness of Progression
- Flexible Working
- Organisational Interest in Health & Wellbeing
- % Staff Experiencing Abuse & Harassment from Patients
- % Staff Experiencing Abuse & Harassment from other Staff
- Overall CQC Rating
- CQC Well Led Rating
- Aggregate Index Score

The Trust completed a self-score analysis of its performance and that of the exemplar Trusts to assess its start point for the work on inclusion. At the time of benchmarking there were 21 members of the national scheme and the Trust score made us 5th highest against all member Trusts and the top scoring combined acute and community Trust.

With a strong start point, leadership from the Chief Executive Officer and support of the whole Trust Board we are confident that we will continue to progress our work to improve further through the ‘Towards Inclusion’ strategy and work plan.

Gender Pay Gap

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

The Trust must publish their gender pay gap data and a written statement on their public-facing website, this can be found at <http://www.rdehospital.nhs.uk/documents/trust/diversity/gender-pay-gap-report.pdf> and report their data to government online using the gender pay gap reporting service. Our report, presented below, can be viewed at <https://gender-pay-gap.service.gov.uk/Viewing/search-results>

Women's hourly rate is:	
25.3% LOWER (mean)	4.9% LOWER (median)
Pay quartiles:	
How many men and women are in each quarter of the employer's payroll.	
Top quartile	
31.1% MEN	68.9% WOMEN
Upper middle quartile	
17.1% MEN	82.9% WOMEN
Lower middle quartile	
16.2% MEN	83.8% WOMEN
Lower quartile	
24.5% MEN	75.5% WOMEN
Women's bonus pay is	
43.2% LOWER (mean)	33.3% LOWER (median)
Who received bonus pay:	
7% OF MEN	1% OF WOMEN

The Office for National Statistics (ONS), in reporting the gender pay gap focuses on the median average, rather than the mean, as this is less open to distortion by those at the extreme ends of the pay range.

There are a number of factors contributing to the reported pay gap and these are explored more fully in the report published on our website. These include the NHS being predominantly female, women dominating the largest staff group of registered and unregistered caring roles that tend to be concentrated around the median pay and hospitals having a relatively large, predominantly male group of high earners in its medical consultant body.

The analysis of the Trust's gender pay gap by quartile range, shown later in this report, shows 31.1% of staff in the upper quartile are male although they are only 22.2% of the total staff. This is in large part due to the preponderance of men (68%) in the consultant body.

Only Consultants are eligible for ACCEA award payments. Although female representation at consultant level has gradually increased from 26% in 2010 to 32%, the consultant body remains predominantly male. ACCEA is cumulative and differential payments increase at higher levels so tends to increase with length of service/age. A more realistic denominator for comparison when considering gender equality in relation to bonus pay is the consultant body population rather than the total Trust population. On this basis the ratio of male to female consultants in receipt of ACCEA payments falls to 1.4:1 from 7:1 (ratio of men to women in the consultant body is 2.1:1). ACCEA will change nationally from April this year and these changes will accelerate the move to equality in terms of the value of payments.

Other than for medical and dental staff (doctors), all jobs are evaluated using the national Agenda for Change (AfC) job evaluation scheme. This process evaluates the job and not the post holder and makes no reference to gender or any other personal characteristics of existing or potential job holders. Outside of the Executive Directors and a small number of other senior roles, all remuneration is made in accordance with the AfC pay bands.

ROYAL DEVON AND EXETER NHS FOUNDATION TRUST

ANNUAL ACCOUNTS

YEAR ENDED 31 MARCH 2018

ROYAL DEVON AND EXETER NHS FOUNDATION TRUST - ANNUAL ACCOUNTS 2017/18

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ROYAL DEVON AND EXETER NHS FOUNDATION TRUST - ANNUAL ACCOUNTS 2017/18

Statement of the Chief Executive's responsibilities as the Accounting Officer of the Royal Devon and Exeter NHS Foundation Trust

The National Health Service Act 2006 (NHS Act 2006) states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Direction which require the Royal Devon and Exeter NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust and of its income and expenditure, items of comprehensive income and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual and the Department of Health Group Accounting Manual have been followed, and disclose and explain any material departures in the financial statements;
- assess the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for such internal controls as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud and error and for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Accounting Officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Suzanne Tracey - Chief Executive

Date: 23 May 2018



Independent auditor's report

to the Council of Governors of Royal Devon and Exeter NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Royal Devon and Exeter NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Tax Payers' Equity, Cash Flow Statement and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health and Social Care Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality: £10m (2016/17: £9m)
financial statements as a whole 2% (2016/17: 2%) of income from operations]

Risks of material misstatement vs 2016/17

Recurring risks	Valuation of Land and Buildings	▼
	Recognition of NHS and non-NHS Income	◀▶

Key

- ◀▶ Risk level unchanged from prior year
- ▼ Decreased risk in the year

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below, the key audit matters (unchanged from 2017), in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's Governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

	The risk	Our response
Property, Plant and Equipment (£181.3 million; 2016/17: £184.1 million) <i>Refer to page 97 (Audit Committee Report), page 16 (accounting policy) and page 29 (financial disclosures).</i>	Subjective valuation - Land and Buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset. When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. Valuation is completed by an external expert engaged by the Trust using construction indices and accurate records of the current estate. Full valuations are completed every five years, with desktop valuations being completed in interim periods. Royal Devon and Exeter Hospital NHS Foundation Trust had a full valuation undertaken in 2016/17. In 2017/18, the Trust considered the movement in valuation since the last revaluation using indices. As the Trust are not completing a full valuation in the current year, we have assessed this as lower risk than in the prior year audit report.	Our procedures included: <ul style="list-style-type: none"> — Control design: We observed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken; — Control performance: We considered the effectiveness of the annual valuation review completed by the Trust, ensuring that the value of the land and buildings, including any material movements from the previous revaluation, were assessed in the valuation review; — Independent performance: We critically assessed the assumptions used in reviewing the carrying value of the Trust's land and buildings to ensure the indices used in the review were appropriate, including re-performing this calculation to confirm that the indices used by the Trust did not constitute enough of an increase to book a revaluation adjustment. These indices demonstrated an increase of 4.84% for buildings and 2% for land since the last revaluation; and — Test of details: For a sample of assets added during the year we agreed that an appropriate valuation basis had been adopted when they became operational and that the Trust would receive future benefits. Our findings <ul style="list-style-type: none"> — In determining the treatment of the valuation of land and buildings there is room for judgement, we found that the Trust's judgement was balanced. We found the judgements applied in the valuation of land and buildings to be comparable to the previous financial year.

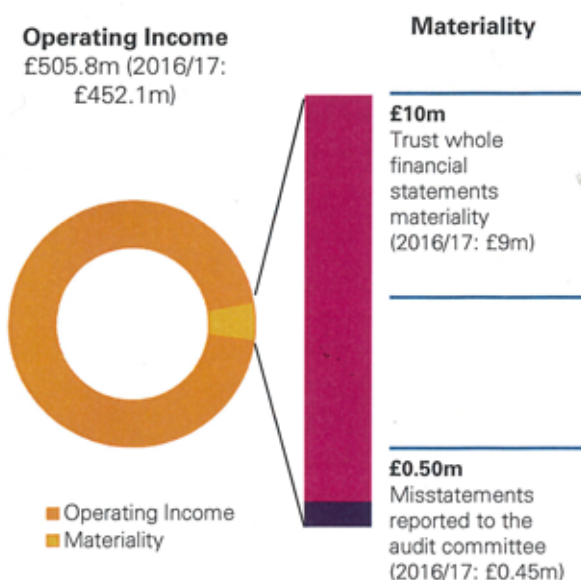
	The risk	Our response
<p>NHS and non-NHS Income</p> <p>(£505.8 million; 2016/17: £452.1 million)</p> <p><i>Refer to page 98 (Audit Committee Report), page 13 (accounting policy) and page 24 (financial disclosures).</i></p>	<p>2017/18 Income</p> <p>Of the Trust's reported total income from activities, £404.8 million (2016/17: £364.2 million) came from Commissioners (Clinical Commissioning Groups (CCGs) and NHS England). Income from CCGs and NHS England make up 80% of the Trust's total income. The majority of this income is contracted on an annual basis, but actual income is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose fines, reducing the level of income generated from contracts.</p> <p>In 2017/18, the Trust received Sustainability and Transformation Funding (STF) from NHS Improvement. This is received on a quarterly basis subject to achieving defined financial and operational targets. The Trust received £16.8 million of STF in 2017/18 (2016/17: £12.6 million). This includes additional funding which was available at year end as the Trust exceeded its planned outturn.</p> <p>An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are produced setting out discrepancies between the submitted balances and transactions between each party, with variances over £300,000 being required to be reported to the National Audit Office to inform the audit of the Department of Health and Social Care consolidated accounts.</p> <p>The Trust reported total income of £98.0 million (2016/17: £85.1 million) from other activities, principally Education and Research. Much of this income is generated by contracts with other NHS and non-NHS bodies which are based on varied payment terms, including payment on delivery, milestone payments and periodic payments.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Control observations: We tested the design and operation of process level controls over revenue recognition, by testing authorisation of sales invoices and credit notes. — Tests of details: We undertook the following tests of details: <ul style="list-style-type: none"> — We agreed Commissioner income to the signed contracts and selected a sample of the largest balances (comprising 95.4% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received; — We inspected invoices for material income, in the month prior to and following 31 March 2018 to determine whether income was recognised in the correct accounting period, in accordance with the amounts billed to corresponding parties; — We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values reported to the value of income captured in the financial statements. We sought explanations for any variances over £300,000, and all balances in dispute, and challenged the Trust's assessment of the level of income they were entitled to and the receipts that could be collected; — We assessed the STF recorded in the financial statements and the Trust's performance against the required targets to confirm eligibility for the income and agreed bonus amounts to correspondence from NHSI; and — We tested material other income balances by agreeing a sample of income transactions through to supporting documentation and cash receipts. <p>Our findings</p> <ul style="list-style-type: none"> — We found that the Trust's recognition of NHS and Non NHS income was balanced.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £10 million (2016/17: £9 million), determined with reference to a benchmark of operating income (of which it represents approximately 2% (2016/17: 2%)). We consider operating income to be more stable than a surplus or deficit related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.5 million (2016/17: £0.45 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Exeter.



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern; disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

We did not identify any significant risks during our risk assessment.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Royal Devon and Exeter NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Jonathan Brown

for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants and Statutory Auditor
66 Queen Square, Bristol, BS1 4BE
23 May 2018

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2018 have been prepared by the Royal Devon and Exeter NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed:



Suzanne Tracey - Chief Executive

Date: 23 May 2018

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 MARCH 2018**

	Note	2017/18 £000	2016/17 £000
Income from activities	3	407,777	367,015
Other operating income	4	<u>98,020</u>	<u>85,110</u>
Operating income		505,797	452,125
Operating expenses - excluding land and buildings impairment charge	5	(486,823)	(448,064)
Land and buildings impairment charge	5 & 15.3	<u>-</u>	<u>(15,404)</u>
Operating surplus / (deficit)		18,974	(11,343)
Finance costs			
Finance income	10	96	56
Finance expense	11	(645)	(711)
PDC dividends payable		<u>(5,420)</u>	<u>(5,677)</u>
Net finance costs		(5,969)	(6,332)
Share of profit of associates / joint arrangements	16	-	-
Gains arising from transfers by absorption	28	<u>-</u>	<u>786</u>
Surplus / (deficit) for the year		<u>13,005</u>	<u>(16,889)</u>
Other comprehensive income			
Revaluation gains on property, plant and equipment	15.3	-	25,176
Other reserves movements	28	<u>-</u>	<u>(520)</u>
Total comprehensive surplus for the year		<u>13,005</u>	<u>7,767</u>

**STATEMENT OF FINANCIAL POSITION AS AT
31 MARCH 2018**

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	14	206	330
Property, plant and equipment	15	199,749	202,940
Investment in joint venture	16	5	5
Trade and other receivables	18	866	963
Total non-current assets		200,826	204,238
Current assets			
Inventories	17	8,649	9,061
Trade and other receivables	18	38,316	25,245
Cash and cash equivalents	22	23,529	17,533
		70,494	51,839
Current liabilities			
Trade and other payables	19	(39,785)	(37,739)
Borrowings	20	(1,270)	(1,270)
Provisions	21	(233)	(211)
Other liabilities	19	(3,102)	(2,472)
Total current liabilities		(44,390)	(41,692)
Total assets less current liabilities		226,930	214,385
Non-current liabilities			
Borrowings	20	(11,320)	(12,591)
Provisions	21	(380)	(387)
Total non-current liabilities		(11,700)	(12,978)
Total assets employed		215,230	201,407
Financed by taxpayers' equity			
Public dividend capital		153,883	153,065
Revaluation reserve		33,424	34,857
Income and expenditure reserve		27,923	13,485
Total taxpayers' equity		215,230	201,407

The notes on pages 13 to 37 form part of these accounts.

The Annual Accounts on pages 9 to 37 were approved by the Board of Directors on 23 May 2018 and signed on its behalf by :

Suzanne Tracey - Chief Executive

Date: 23 May 2018

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016	152,444	24,677	15,898	193,019
Deficit for the year	-	-	(1,485)	(1,485)
Land and buildings impairment charge	-	-	(15,404)	(15,404)
Revaluations - land and buildings	-	25,176	-	25,176
Transfer revaluation reserve element included in impairment charge	-	(13,364)	13,364	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	-	(1,632)	1,632	-
Transfers by absorption: harmonisation of accounting policies	-	-	(520)	(520)
Public dividend capital received	621	-	-	621
Taxpayers' equity at 31 March and 1 April 2017	153,065	34,857	13,485	201,407
Surplus for the year	-	-	13,005	13,005
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve	-	(1,433)	1,433	-
Public dividend capital received	818	-	-	818
Taxpayers' equity at 31 March 2018	153,883	33,424	27,923	215,230

Public dividend capital ("PDC")

PDC represents the excess of assets over liabilities at the time of establishment of the Trust. It also includes new PDC received to fund capital expenditure on schemes supported by the Department of Health central capital budgets. PDC has no fixed capital repayment period.

Revaluation reserve

The reserve reflects movements in the value of purchased property, plant and equipment and intangible assets as set out in the accounting policies.

Income and expenditure reserve

The reserve is the cumulative surplus / (deficit) made by the Trust since its inception. It is held in perpetuity and cannot be released to the Statement of Comprehensive Income.

**CASH FLOW STATEMENT FOR THE YEAR ENDED
31 MARCH 2018**

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		18,974	(11,343)
Non-cash income and expense			
Depreciation and amortisation		12,188	12,240
Impairments		-	15,404
(Increase) in trade and other receivables		(13,112)	(7,163)
Decrease / (increase) in inventories		412	(2,293)
Increase in trade and other payables		1,199	6,366
Increase in other liabilities		630	605
Increase / (decrease) in provisions		14	(102)
Income recognised in respect of capital donations		(715)	(350)
Loss / (profit) on disposal of property plant and equipment		1	(5)
Net cash generated from operations		<u>19,591</u>	<u>13,359</u>
Cash flows from investing activities			
Interest received		96	56
Purchase of investment in joint venture		-	(5)
Purchase of intangible assets		-	(9)
Purchase of property, plant and equipment		(8,032)	(5,389)
Sale of property, plant and equipment		2	10
Receipt of cash donations to purchase capital assets		715	350
Net cash used in investing activities		<u>(7,219)</u>	<u>(4,987)</u>
Cash flows from financing activities			
PDC received		818	621
Loans repaid		(1,270)	(1,270)
Interest paid		(642)	(706)
PDC dividend paid		(5,282)	(5,994)
Net cash used in financing activities		<u>(6,376)</u>	<u>(7,349)</u>
Increase in cash and cash equivalents		5,996	1,023
Cash and cash equivalents at 1 April		17,533	16,507
Received from transfer by absorption	28	-	3
Cash and cash equivalents at 31 March	22	<u><u>23,529</u></u>	<u><u>17,533</u></u>

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Accounting convention

The accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangibles assets, inventories and certain financial assets and liabilities at their value to the business by reference to their fair value.

Going concern

The Trust recognised a surplus of £13.005m for the year ending 31 March 2018. The Trust has prepared its annual plan for the year ending 31 March 2019, which includes a detailed cash flow forecast which provides assurance that the Trust will remain within their current facilities. The Directors have therefore a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they consider it appropriate to continue to adopt the going concern basis in preparing the accounts.

1.1 Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Revenue relating to patient care treatments (also known as spells) that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract, less the fair value of the asset.

1.2 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.3 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.4 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Intangible assets are capitalised when they are capable of being used in the Trust's activities for more than one year and have a cost of at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment (see note 1.5).

Amortisation and impairment

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

The carrying value of intangible assets is reviewed for impairment if events or changes in circumstances indicate the carrying value may not be recoverable.

Software

Software that is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Purchased computer software licences are capitalised as intangible assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful lives.

Asset category

Software licences

Useful life
(years)
3 - 10

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.4 Intangible assets (continued)

Research and development

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred.

Where possible the Trust will disclose the total amount of research and development expenditure charged in the Statement of Comprehensive Income separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

Other property, plant and equipment assets acquired for use in research and development are amortised over the life of the associated project.

1.5 Property, plant and equipment

Recognition

Property, plant and equipment are capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably and;
- has an individual cost of at least £5,000; or
- the items form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up costs of a new building or on refurbishment, may also be "grouped" for capitalisation purposes.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.5 Property, plant and equipment (continued)

Measurement and revaluation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Property assets

The fair value of land and buildings is determined by valuations carried out by professionally qualified valuers in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property based upon providing a modern equivalent asset. Existing use value is used for non-specialised operational property. For non-operational properties, including surplus land, the valuations are carried out at open market value. The frequency of revaluation is dependent upon changes in the fair value of property assets however, in line with NHS Improvement's view, the frequency of property asset revaluations will be at least every five years.

Buildings with a number of components that have significantly different asset lives, e.g. fixed plant are depreciated over the useful economic life of the component.

Assets under construction are valued at cost and may subsequently be revalued by professional valuers when brought into use or when factors indicate that the value of the asset differs materially from its carrying value.

Non-property assets

For non-property assets the depreciated historical cost basis has been adopted as a proxy fair value. Non-property assets acquired up to 31 March 2008 were revalued through an annual uplift by the change in the value of the GDP deflator. These revalued assets are included in the non-property assets valuation, but further indexation of these assets has ceased.

Additional alternative open market value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

Subsequent expenditure

Expenditure incurred after items of property, plant and equipment have been brought into operation, such as repairs and maintenance, is normally charged to the Statement of Comprehensive Income in the period in which it is incurred. In situations where it can be clearly demonstrated that the expenditure has resulted in an increase in the future economic benefits expected to be obtained from the use of an item of property, plant and equipment, and where the cost of an item can be measured reliably, the expenditure is capitalised as an additional cost of that asset or as a replacement.

Depreciation

Items of property, plant and equipment are depreciated on a straight-line basis over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives are determined on a case by case basis. The typical lives for the following assets are:

<u>Asset category</u>	<u>Useful life (years)</u>
Freehold property - buildings	16 - 53
Freehold property - dwellings	32 - 37
Plant and machinery	4 - 20
Equipment - transport	5 - 7
Equipment - information technology	3 - 10
Equipment - furniture and fittings	5 - 10

Freehold land is considered to have an infinite life and is not depreciated.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.5 Property, plant and equipment (continued)

The excess depreciation on revalued assets over the historical cost is released to the income and expenditure reserve. On disposal of an asset any remaining revaluation reserve balance is released to the income and expenditure reserve.

Impairment

The carrying values of property, plant and equipment assets are reviewed for impairment when events or changes in circumstances indicate their carrying value may not be recoverable.

Decreases in asset values that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Increases in asset values arising from revaluation are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, such reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have been if the original impairment had never been recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income.

1.6 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is recognised as income unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

1.7 Inventories and work in progress

Inventories and work in progress are valued at the lower of cost and net realisable value. Cost is determined using a first in, first out method.

Work in progress comprises goods in intermediate stages of production.

Provision is made where necessary for obsolete, slow moving and defective inventories and work in progress.

1.8 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of where it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount required to settle the obligation. The Trust uses HM Treasury's pension rate of 0.1% (2016/17 - 0.24%), in real terms, as the discount rate for early retirement and injury benefit provisions.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 21, but this value is not recognised in the Trust's accounts. The provision relates only to the excess payable on each of the Trust's cases administered by NHS Resolution.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.8 Provisions (continued)

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHSLA and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.9 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.10 Contingent liabilities

The Trust has contingent liabilities in respect of NHS Resolution legal claims arising in the normal course of activities. Where the transfer of economic liabilities in respect of legal claims is possible the Trust discloses the estimated value as a contingent liability in note 24.

1.11 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note, note 27, to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.12 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed regulation. By their nature they are items that ideally should not arise. They are therefore subject to specific control procedures compared with the generality of payments. They are divided into different categories, which govern the way the individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.13 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Accounting judgement - Modern Equivalent Asset valuation

The majority of the Trust's estate is considered to be specialised assets as there is no open market for an acute hospital. The modern equivalent asset valuation is based on the assumption that any modern equivalent replacement hospital would be built on an alternative site within the Exeter locality.

Revisions to accounting estimates are recognised in the period in which the estimate is revised.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.14 Leases

Operating leases

Where leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust, the Royal Devon and Exeter Healthcare NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the forecast cost of capital utilised by the Trust, is paid over as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and the average daily cash held with the Government Banking Service. Average relevant net assets are calculated as a simple means of opening and closing relevant net assets in the pre-audit version of the accounts after adjusting for the average daily cash held within the Government Banking Service. The dividend charge would not be revised should any adjustments to net assets occur as a result of any changes between the draft and audited accounts.

1.16 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are derecognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as 'loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.16 Financial instruments and financial liabilities (continued)

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the statement of financial position date, the Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision that is determined specifically on individual assets.

1.17 Corporation tax

The Trust is a Health Service Body within the meaning of s519A of the Income and Corporation Tax Act 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for HM Treasury to dis-apply the exemption in relation to specified activities of an NHS foundation trust (s519A (3) to (8) of the Income and Corporation Taxes Act 1988). Accordingly, the FT is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum. Until the exemption is dis-applied then the FT has no corporation tax liability.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.18 Consolidation of NHS charitable funds

The Trust is the Corporate Trustee of the Royal Devon and Exeter NHS Foundation Trust General Charity. The Charity has not been consolidated within these annual accounts as the value of the Charity is low and consolidation into the Trust's accounts would have no material effect. Further information relating to transactions between the Trust and the Charity is disclosed in note 25.

1.19 Interests in other entities

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

1.20 Transfers of functions to / from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised as a transfer by absorption within the Statement of Comprehensive Income, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

Adjustments to align the acquired assets / liabilities to the foundation trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

2. Segmental analysis

The Chief Operating Decision Maker, who is responsible for the allocation of resources and the assessment of the performance of operating segments has been identified as the Trust's Board of Directors.

Throughout the financial year the Trust's Board of Directors received a monthly integrated performance report, that provided information against key standards and targets. The reports included financial performance information which has assisted the Board of Directors with their financial decisions. The monthly information provided to the Board of Directors has been similar to the primary statements within these accounts.

The Board of Directors received financial information at service line level on a quarterly basis. Note 2.1 provides details of the financial information reported by the operating segments.

NOTES TO THE ACCOUNTS

2.1 Segmental analysis (continued)

	Reconciliation between segmental analysis and figures reported in SOCI					
	SOCI balance	(Increase) / decrease to SOCI surplus	Note			
	£000	£000				
NHS clinical income	£000	£000				£000
Non-patient income - staff	118,128	132,023				419,007
RTA income	671	1,304				2,647
Services provided	235	226				714
Education income	3,825	5,392				16,703
R&D income	5,163	5,572				14,045
Non-patient income - other	5,111	8,796				16,253
	6,959	8,363				36,428
Total income *	140,092	161,676	139,336	59,445	5,248	505,797
Pav costs						
Medical staff	33,444	26,823	18,420	1,894	-	80,581
Nursing staff	29,222	40,538	19,660	19,078	-	108,498
Admin. staff	3,906	6,165	5,327	4,821	6	20,225
AHP staff	9,602	10,015	13,623	8,381	1	41,622
Other staff	2,703	3,887	1,627	1,345	-	9,562
Non-pav costs						
Drugs	7,454	23,016	24,746	259	-	55,475
Clinical supplies	16,925	13,961	13,385	1,366	-	45,637
Non clinical supplies	1,210	1,581	534	344	-	3,669
Other non-pay	10,134	13,539	12,641	7,760	141	44,215
Total pay & non-pay expense *	114,600	139,525	109,963	45,248	148	409,484
Contribution	25,492	22,151	29,373	14,197	5,100	96,313
Contribution %	18.2%	13.7%	21.1%	23.9%	N/A	19.0%
Overheads *	18,934	18,921	13,663	13,629	3	65,150
[excludes interest, depreciation, and PDC]						
EBITDA [e]	6,558	3,230	15,710	568	5,097	31,163
EBITDA %	4.7%	2.0%	11.3%	1.0%	N/A	6.2%
Depreciation and amortisation*	4,073	3,620	3,913	295	288	12,189
Total operating surplus / (deficit)	2,485	(390)	11,797	273	4,809	18,974
PDC dividend and net interest payable and transfers by absorption *	2,000	1,804	2,154	11	-	5,969
Net surplus / (deficit)	485	(2,194)	9,643	262	4,809	13,005
Net margin %	0.3%	(1.4%)	6.9%	0.4%	N/A	2.6%

* The segmental analysis discloses income and expenditure that is directly attributable at a service line level to a service line. Expenditure that is not directly attributable at a service line level is disclosed separately.

Note

[a] Finance income totalling £96k is shown gross in the SOCI and net in the segmental analysis.

[b] Overhead costs totalling £65,150k have been separately disclosed as they are not directly attributable at the service line level.

[c] Depreciation and amortisation costs totalling £12,189k have been separately disclosed as they are not directly attributable at the service line level.

[d] PDC and net interest payable costs totalling £5,969k have been separately disclosed as they are not directly attributable at the service line level.

[e] Earnings before interest, taxation, depreciation and amortisation.

[f] Community services overheads include property rental charges of £3.6m

ROYAL DEVON AND EXETER NHS FOUNDATION TRUST - ANNUAL ACCOUNTS 2017/17

NOTES TO THE ACCOUNTS

2.1 Segmental analysis (continued) 2016/17 comparatives

	Surgical Services					Specialist Services	Community Services	Corporate and other	Trust total	Reconciliation between segmental analysis and figures reported in SOCI		
	£000	£000	£000	£000	£000					SOCI balance	(Increase)/decrease to SOCI deficit	Note
NHS clinical income	117,828	124,003	111,756	25,049	40				378,676			
Non-patient income - staff	915	1,019	629	87	-				2,650			
RTA income	302	337	209	2	-				850			
Services provided	5,887	7,104	5,864	97	2				18,954			
Education income	5,180	5,395	3,248	1	-				13,824			
R&D income	5,824	8,975	2,353	1	-				17,153			
Non-patient income - other	5,276	6,699	6,284	1,459	123				19,841			
Total income *	141,212	153,532	130,343	26,696	165				451,948	452,967	(1,019)	[a]
Pay costs												
Medical staff	33,378	24,379	16,933	502	-				75,192			
Nursing staff	29,262	39,004	18,812	10,209	3				97,290			
Admin. staff	3,595	5,943	5,179	3,403	14				18,134			
AHP staff	9,134	10,006	11,198	3,933	-				34,271			
Other staff	2,892	3,858	1,757	830	2				9,339			
Non-pay costs												
Drugs	8,999	21,621	21,595	158	-				52,373			
Clinical supplies	15,960	15,290	12,135	849	-				44,234			
Non clinical supplies	1,325	1,721	570	228	-				3,844			
Other non-pay	11,551	11,908	12,370	5,596	234				41,659			
Total pay & non-pay expense *	116,096	133,730	100,549	25,708	253				376,336	464,310	87,974	[a] [b] [c] & [d]
Contribution	25,116	19,802	29,794	988	(88)				75,612			
Contribution %	17.8%	12.9%	22.9%	3.7%	N/A				11.3%			
Overheads * [excludes interest, depreciation, PDC and impairments]	23,480	20,344	14,671	808	13				59,316	-	(59,316)	[b] [f]
EBITDA [e]	1,636	(542)	15,123	180	(101)				16,296			
EBITDA %	1.2%	-0.4%	11.6%	0.7%	N/A				3.6%			
Depreciation, amortisation and impairments *	4,640	3,695	3,771	129	15,404				27,639	-	(27,639)	[c]
Total operating surplus / (deficit)	(3,004)	(4,237)	11,352	51	(15,505)				(11,343)	(11,343)	-	
PDC dividend and net interest payable *	2,124	1,681	1,725	16	-				5,546	5,546	-	[d]
Net surplus / (deficit)	(5,128)	(5,918)	9,627	35	(15,505)				(16,889)	(16,889)	-	
Net margin %	(7.5%)	(5.9%)	3.5%	103.5%	N/A				(5.0%)			

* The segmental analysis discloses income and expenditure that is directly attributable at a service line level to a service line. Expenditure that is not directly attributable at a service line level is disclosed separately.

Note

[a] Finance income and other income (including transfer by absorption) totalling £1,019k is shown gross in the SOCI and net in the segmental analysis.

[b] Overhead costs totalling £59,316k have been separately disclosed as they are not directly attributable at the service line level.

[c] Depreciation, amortisation and impairment costs totalling £27,639k have been separately disclosed as they are not directly attributable at the service line level.

[d] PDC and net interest payable costs totalling £5,546k have been separately disclosed as they are not directly attributable at the service line level.

[e] Earnings before interest, taxation, depreciation and amortisation.

[f] Overheads within 2016/17 include some expenditure that was previously classified within 2015/16 as non-pay costs.

NOTES TO THE ACCOUNTS

3. Income from activities

	2017/18 £000	2016/17 £000
Elective income	82,870	78,219
Non-elective income	90,523	82,220
First outpatient income	35,719	37,505
Follow up outpatient income	26,073	25,247
High cost drugs income from commissioners	43,649	39,779
Other NHS clinical income	63,377	65,730
A & E income	11,590	10,653
Private patient income	1,800	1,651
Other non-protected clinical income	90	74
Community services income from CCGs and NHS England	52,086	25,937
	407,777	367,015
Income from commissioner requested services	405,887	365,290
Income from non-commissioner requested services	1,890	1,725
	407,777	367,015

3.1 Income from activities - by source

	2017/18 £000	2016/17 £000
NHS England	97,307	84,989
Clinical commissioning groups	307,460	279,175
NHS trusts	47	26
NHS other	144	58
Non-NHS - private patients	1,316	1,317
Non-NHS - overseas patients (non-reciprocal)	484	334
NHS injury scheme	714	851
Non-NHS - other	305	265
	407,777	367,015

NHS Injury Scheme income is subject to a provision for doubtful debts of 22.84% (2016/17 - 22.94%) to reflect expected rates of collection based upon historical experience.

3.2 Income from overseas visitors

	2017/18 £000	2016/17 £000
Income recognised this year	484	334

4. Other operating income

	2017/18 £000	2016/17 £000
Research and development	18,137	18,796
Education and training	13,993	13,824
Charitable and other contributions to expenditure	715	350
Non-patient care services to other bodies	22,676	22,295
Staff recharges	4,025	4,330
Sustainability and transformation fund income	16,834	12,604
Rental revenue from operating leases	121	120
Other	21,519	12,791
	98,020	85,110

Included within "Non-patient care services to other bodies" are laundry services, transport services, payroll services, IT services, procurement services, estates services, pathology services, pharmacy services and drug sales totalling £10 million (2016/17 - £12 million).

Included within "Other income" above is catering income of £2.2 million, (2016/17 - £2.1 million), car parking income of £2.1 million (2016/17 - £2.1 million), nursery/crèche income of £1.3 million (2016/17 - £1.2 million), staff accommodation £0.5 million (2016/17 - £0.6 million), Better Care Funding of £5.8 million (2016/17 - £0.9 million) and non-recurring commercial income of £4.9 million.

NOTES TO THE ACCOUNTS

5. Operating expenses

	2017/18 £000	2016/17 £000
Services from NHS and DHSC bodies	4,892	5,264
Services from non-NHS and non-DHSC bodies	164	-
Employee expenses - executive directors (see note 5.1)	1,116	1,073
Employee expenses - non-executive directors (see note 5.1)	141	149
Employee expenses - staff	284,923	255,215
Drug costs	55,829	52,768
Supplies and services - clinical (excluding drug costs)	45,576	43,695
Supplies and services - general	5,504	5,491
Establishment	5,086	5,867
Research and development - not included in employee expenses	12,370	12,950
Research and development - included in employee expenses (see note 6.1)	4,914	4,805
Education and training - not included in employee expenses	600	902
Education and training - included in employee expenses (see note 6.1)	13,153	12,896
Transport	2,462	2,042
Premises	11,852	12,229
Increase / (decrease) in bad debt provision	(32)	58
Depreciation	12,064	12,130
Amortisation of intangible assets	124	110
Impairments - Land and buildings	-	15,404
Audit fees - statutory audit	58	59
Non-audit fee - audit related assurance services	7	7
Non-audit fee - taxation advisory services	-	3
Non-audit fee - other non-audit services	37	14
Internal audit fees	239	242
Clinical negligence - amounts payable to NHSLA (premiums)	13,324	12,164
Losses, ex gratia and special payments	417	168
Loss / (gain) on disposal of plant and equipment and intangibles	1	(5)
Consultancy	529	426
Other	11,473	7,342
	486,823	463,468
Operating expenses - excluding land and buildings impairment charge	486,823	448,064
Land and buildings impairment charge (see note 15.3)	-	15,404
	486,823	463,468

"Other expenditure" above includes operating lease expenditure and patient travel.

The total employer's pension contributions are disclosed in note 6.1.

5.1 Directors' remuneration and other benefits

	2017/18 £000	2016/17 £000
Aggregate directors' remuneration	1,157	1,115
Employer's contribution to pension scheme	100	107
Total	1,257	1,222

In the year ended 31 March 2018 six directors accrued benefits under defined benefit pension schemes (2017 - six).

5.2 Auditor's remuneration

The audit fee, which includes statutory audit and quality accounts, was £65,000 in 2017/18 (2016/17 - £66,000). Nil fees (2016/17 - £3,000) were incurred in respect of non-audit relating to VAT assurance services and fees of £37,000 (2016/17 £14,000) were incurred for professional advice relating to non-audit services.

5.3 Auditor's liability

The Board of Governors has appointed KPMG LLP as external auditors. The engagement letter signed on 8th December 2014, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1 million in the aggregate in respect of all services (2016/17 - £1 million).

NOTES TO THE ACCOUNTS

5.4 Operating leases

	2017/18 £000	2016/17 £000
Operating lease payments recognised in expenses	5,674	4,307

Lease expenditure relates to minimum lease payments and is charged to the Statement of Comprehensive Income in a straight line basis over the term of the lease.

Future aggregate minimum lease payments due under non-cancellable operating leases are as follows:

	2017/18			2016/17		
	Land and buildings £000	Other £000	Total £000	Land and buildings £000	Other £000	Total £000
No later than 1 year	3,388	1,070	4,458	3,388	396	3,784
Later than 1 year and no later than 5 years	2,980	2,756	5,736	6,045	560	6,605
Later than 5 years	2,586	452	3,038	2,908	-	2,908
	8,954	4,278	13,232	12,341	956	13,297

In 2016/17, the Trust recognised a transfer by absorption of NHS community services in Exeter, East Devon and Mid Devon from Northern Devon Healthcare NHS Trust, further details are provided in Note 28. In taking on the community services in East Devon the Trust entered into a number of operating leases for the existing community buildings with NHS Property Services.

6. Staff costs and numbers

6.1 Staff costs

	2017/18 £000	2016/17 £000
Salaries and wages	243,216	221,678
Social security costs	21,880	19,516
Apprenticeship levy	1,191	-
Employer contributions to NHSPA	29,561	26,042
Termination benefits	856	43
Agency and contract staff	7,641	6,952
	304,345	274,231

Analysed into operating expenses (see note 5):

Employee expenses staff	284,923	255,215
Employee expenses executive directors	1,116	1,073
Research and development	4,914	4,805
Education and training	13,153	12,896
Internal Audit staff costs	239	242
	304,345	274,231

6.2 Average number of persons employed including directors

	Permanent employees Number	Other employees Number	2017/18 Total Number	2016/17 Total Number
Medical and dental	760	19	779	715
Administration and estates	1,447	84	1,531	1,392
Healthcare assistants and other support staff	1,945	96	2,041	1,614
Nursing, midwifery and health visiting staff	1,860	105	1,965	1,858
Scientific, therapeutic, technical and healthcare science staff	864	11	875	989
Total	6,876	315	7,191	6,568

Included within the above 2017/18 medical and dental numbers are 36 whole time equivalents relating to psychiatry and community staff that have been recharged to other NHS Organisations. Previously these staff were employed by a different NHS organisation.

6.3 Staff exit packages

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Exit package cost				
Less than £10,000	66	276	11	33
£10,000 to £25,000	19	299	1	10
£25,001 to £50,000	7	281	-	-
Total number	92	856	12	43

Exit packages relate to staff redundancies and payments in lieu of notice and include employer's NIC.

NOTES TO THE ACCOUNTS

7. Pensions

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

8. Retirements due to ill-health

During 2017/18 there were four (2016/17 - four) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £87,000 (2016/17 - £193,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

9. The late payment of commercial debts (Interest) Act 1998

In 2017/18 the Trust incurred less than £1k (2016/17 - £nil) arising from claims made under this legislation. The Total liability accruing as a result in year under this legislation as a result of late payments is £nil (2016/17 £nil).

10. Finance income

	2017/18 £000	2016/17 £000
Interest on cash and cash equivalents	96	56

11. Finance expense

	2017/18 £000	2016/17 £000
Loans from the Independent Trust Financing Facility	644	706
Unwinding of discount on provisions	1	5
Total	645	711

NOTES TO THE ACCOUNTS

12. Better Payment Practice Code

	2017/18 Number	2017/18 Value £000	2016/17 Number	2016/17 Value £000
Total non-NHS trade invoices paid in the year	123,983	244,751	112,482	211,654
Total non-NHS trade invoices paid within target	108,460	222,785	102,786	196,589
Percentage of non-NHS trade invoices paid within target	87.5%	91.0%	91.4%	92.9%
Total NHS trade invoices paid in the year	2,599	25,097	2,685	30,390
Total NHS trade invoices paid within target	2,151	22,509	2,224	25,283
Percentage of NHS trade invoices paid within target	82.8%	89.7%	82.8%	83.2%

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

13. Losses and special payments

	2017/18 Number	2017/18 Value £000	2016/17 Number	2016/17 Value £000
Losses:				
Cash losses	14	2	7	2
Bad debts and claims abandoned	91	314	13	3
Stores losses, including damage to buildings	1	54	1	91
Total losses	106	370	21	96
Special payments - Ex-gratia	73	47	80	72
Total losses and special payments	179	417	101	168

14. Intangible assets

14.1 Intangible assets at 31 March 2017

	Software licences £000
Fair value at 1 April 2016	1,961
Additions - purchased	9
Fair value at 31 March 2017	1,970
Accumulated amortisation at 1 April 2016	1,530
Provided during the year	110
Eliminated on disposals	
Accumulated amortisation at 31 March 2017	1,640
Net book value	
Purchased at 31 March 2017	330
Total at 31 March 2017	330

14.2 Intangible assets at 31 March 2018

Fair value at 1 April 2017	1,970
Fair value at 31 March 2018	1,970
Accumulated amortisation at 1 April 2017	1,640
Provided during the year	124
Accumulated amortisation at 31 March 2018	1,764
Net book value	
Purchased at 31 March 2018	206
Total at 31 March 2018	206

NOTES TO THE ACCOUNTS

15. Property, plant and equipment

15.1 Property, plant and equipment at the statement of financial position date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	9,255	172,696	2,128	1,428	46,012	1,221	10,011	45	242,796
Additions - purchased	-	2,227	-	4,087	1,600	94	153	-	8,161
Additions - donated	-	528	-	-	187	-	-	-	715
Reclassifications	-	1,625	-	(2,267)	165	-	477	-	-
Disposals	-	-	-	-	(108)	(17)	-	-	(125)
Total at 31 March 2018	9,255	177,076	2,128	3,248	47,856	1,298	10,641	45	251,547
Accumulated depreciation at 1 April 2017	-	-	-	-	32,351	935	6,525	45	39,856
Provided during the year	-	6,995	105	-	3,452	94	1,418	-	12,064
Eliminated on disposals	-	-	-	-	(108)	(14)	-	-	(122)
Accumulated depreciation at 31 March 2018	-	6,995	105	-	35,695	1,015	7,943	45	51,798
Purchased at 31 March 2018	9,255	166,690	2,023	3,248	11,401	283	2,698	-	195,598
Donated at 31 March 2018	-	3,391	-	-	760	-	-	-	4,151
Total at 31 March 2018	9,255	170,081	2,023	3,248	12,161	283	2,698	-	199,749

There were no assets held under finance leases, hire purchase contracts or private finance initiative (PFI) at the statement of financial position date.

NOTES TO THE ACCOUNTS

15. Property, plant and equipment (continued)

15.2 Property, plant and equipment at the statement of financial position date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	10,825	179,784	2,218	2,743	44,181	1,169	7,769	45	248,734
Additions - purchased	-	1,717	-	1,401	1,562	72	482	-	5,234
Additions - donated	-	-	-	-	350	-	-	-	350
Transfers by absorption	-	-	-	-	1,460	-	206	43	1,709
Reclassifications	-	779	-	(2,716)	169	-	1,768	-	-
Impairment	(1,570)	(13,637)	(197)	-	-	-	-	-	(15,404)
Revaluation	-	4,053	107	-	(657)	-	(35)	-	4,160
Disposals	-	-	-	-	(1,053)	(20)	(179)	(43)	(712)
Disposals - harmonisation of accounting policies	-	-	-	-	-	-	-	-	(1,275)
Total at 31 March 2017	9,255	172,696	2,128	1,428	46,012	1,221	10,011	45	242,796
Accumulated depreciation at 1 April 2016	-	13,688	190	-	29,229	855	5,167	45	49,174
Transfers by absorption	-	-	-	-	894	-	126	10	1,030
Provided during the year	-	7,042	96	-	3,519	100	1,373	-	12,130
Revaluation	-	(20,730)	(286)	-	-	-	-	-	(21,016)
Eliminated on disposals	-	-	-	-	(652)	(20)	(35)	-	(707)
Disposals - harmonisation of accounting policies	-	-	-	-	(639)	-	(106)	(10)	(755)
Accumulated depreciation at 31 March 2017	-	-	-	-	32,351	935	6,525	45	39,856
Purchased at 31 March 2017	9,255	169,718	2,128	1,428	12,915	286	3,486	-	199,216
Donated at 31 March 2017	-	2,978	-	-	746	-	-	-	3,724
Total at 31 March 2017	9,255	172,696	2,128	1,428	13,661	286	3,486	-	202,940

There were no assets held under finance leases, hire purchase contracts or private finance initiative (PFI) at the statement of financial position date.

The Trust's land, buildings and dwellings were revalued as at 31 March 2017. The valuation was undertaken by the District Valuer, in accordance with International Financial Reporting Standards and also complies with HM Treasury's requirements to value land and buildings on the basis of utilising modern equivalent buildings that would give the same service potential as is provided by the actual estate that the Trust owns, note 15.3 provides further details.

NOTES TO THE ACCOUNTS

15. Property, plant and equipment (continued)

15.3 Impairment and revaluation of land, buildings and dwellings

No revaluation of the Trust's land and buildings was required as at 31 March 2018. They were previously revalued by the District Valuation Office as at 31 March 2017, and this valuation is still deemed to be appropriate. The Trust's specialised buildings and associated land were valued using the depreciated replacement cost method, based upon providing a modern equivalent asset (MEA). A fundamental principle of MEA valuations is that a hypothetical buyer would purchase the least expensive site that would be suitable and appropriate for the existing operations. The valuation of the Trust's specialised land and buildings was therefore based upon the Trust hypothetically being located on a suitable alternative site away from the city centre, where the cost of the land would be significantly lower, but where the Trust would still be able to re-provide its services. In 2016/17 there was a net overall increase of £9.8m in the value of the Trust's Estate. With a £15.4m impairment charge and an increase in value of £25.2m, as recorded in note 15.2.

16. Investments in associates and joint ventures

	31 March 2018 £000	31 March 2017 £000
Carrying value at 1 April	5	-
Acquisitions in year	-	5
Share of profit / (loss)	-	-
Carrying value at 31 March	5	5

In 2016/17 the Trust acquired a 20% shareholding in a new company Dextco Limited. Dextco Limited is a joint venture between the Trust and a number of local public sector bodies with the aim of developing energy projects in Exeter.

17. Inventories

17.1 Inventories held at year end

	31 March 2018 £000	31 March 2017 £000
Drugs	1,753	1,594
Work in progress	93	233
Consumables	6,363	6,764
Energy	167	189
Inventories carried at fair value less costs to sell	273	281
Total inventories	8,649	9,061

17.2 Inventories recognised in expenses

	2017/18 £000	2016/17 £000
Inventories recognised in expenses	62,995	57,372
Write-down of inventories recognised in expenses	54	91
Total inventories recognised in expenses	63,049	57,463

18. Trade and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
NHS receivables	16,211	9,840
Non-NHS receivables	4,529	3,102
Provision for impaired receivables	(78)	(110)
Prepayments	3,343	2,790
Accrued income	13,102	8,628
Other receivables	245	202
PDC dividend receivable	180	318
VAT receivable	784	475
Total current trade and other receivables	38,316	25,245
Non-current		
Accrued income	866	963
Total trade and other receivables	39,182	26,208
Provision for impairment of receivables		
At 1 April	110	51
Increase in provision	258	58
Amounts utilised	(290)	1
At 31 March	78	110

The provision for impairment of receivables relates to specific receivables over 3 months old.

NOTES TO THE ACCOUNTS

18. Trade and other receivables (continued)

18.1 Ageing of impaired financial assets

	31 March 2018 Trade and other receivables £000	31 March 2017 Trade and other receivables £000
0 - 30 days	-	-
30 - 60 Days	-	-
60 - 90 days	-	-
90 - 180 days	708	593
Over 180 days	2,061	1,710
	<u>2,769</u>	<u>2,303</u>

18.2 Ageing of non-impaired financial assets

0 - 30 days	4,814	3,420
30 - 60 days	970	1,129
60 - 90 days	1,134	813
90 - 180 days	827	984
Over 180 days	-	514
	<u>7,745</u>	<u>6,860</u>

19. Current trade and other payables

	31 March 2018 £000	31 March 2017 £000
NHS payables	3,436	3,675
Trade payables - capital	2,306	1,462
Other trade payables	3,438	4,709
Other taxes payable	6,095	5,733
Other payables	4,338	3,940
Accruals	20,172	18,220
	<u>39,785</u>	<u>37,739</u>
Other liabilities		
Other deferred income	<u>3,102</u>	<u>2,472</u>

20. Borrowings

Current	31 March 2018 £000	31 March 2017 £000
Loans from Foundation Trust Financing Facility	<u>1,270</u>	<u>1,270</u>
Non-current		
Loans from Foundation Trust Financing Facility	<u>11,320</u>	<u>12,591</u>
Total borrowings	<u>12,590</u>	<u>13,861</u>
Amounts falling due within:		
In one year or less by instalments	1,270	1,270
Between one and five years by instalments	5,082	5,082
Over five years by instalments	6,238	7,509
	<u>12,590</u>	<u>13,861</u>

Two loans are repayable to the Secretary of State for Health and Social Care.

The first loan of £17 million, was entered into in the year ended 31 March 2006. It is a repayable over a 20 year period, ending 30 March 2026, by equal quarterly instalments. The interest rate of the loan is fixed at 4.55% per annum.

The second loan of £10 million, was entered into in the year ended 31 March 2007, and is repayable over a 25 year period, ending 30 March 2032, by equal quarterly instalments. The interest rate of the loan is fixed at 5.05% per annum.

NOTES TO THE ACCOUNTS

21. Provisions

	Early retirements £000	Legal claims £000	Other £000	Total £000
At 1 April 2017	111	185	302	598
Arising during the year	2	126	17	145
Utilised during the year	(10)	(37)	(16)	(63)
Reversed unused	-	(68)	-	(68)
Unwinding of discount	-	-	1	1
At 31 March 2018	103	206	304	613

Expected timing of cash flows:

	31 March 2018 £000	31 March 2017 £000
In one year or less	233	211
Between one and five years	105	103
Over five years	275	284
	613	598

Legal claims relate to employee and public liability claims.

The "Other" category relates to injury benefit claims against the Trust.

Contingent liabilities relating to legal claims are shown in note 24.

NHS Resolution is carrying provisions as at 31 March 2018 in relation to Existing Liabilities Scheme and in relation to Clinical Negligence Scheme on behalf of the Trust of £157.5m (2017 - £89.9m). The increase relates to a change in the real discount rates that have been applied by the NHSLA, the discount rate changed from 2.5% to -0.75%.

22. Cash and cash equivalents

	31 March 2018 £000	31 March 2017 £000
At 1 April	17,533	16,507
Transfer by normal absorption	-	3
Net change in the year	5,996	1,023
At 31 March	23,529	17,533

Broken down into:

Cash at commercial banks and in hand	24	24
Cash with Government Banking Service	23,505	17,509
Cash and cash equivalents as in SoFP and Cash Flow Statement	23,529	17,533

Cash and cash equivalents represents cash in hand and deposits with any financial institution with a short term maturity period of three months or less from the date of the acquisition of the investment.

23. Capital commitments

Commitments under capital expenditure contracts, which relate to property, plant and equipment, at the statement of financial position date were £1,167,000 (2017 - £1,098,000).

24. Contingent liabilities

	31 March 2018 £000	31 March 2017 £000
Contingent NHS Resolution legal claims.	-	-

NOTES TO THE ACCOUNTS

25. Related party transactions

The Trust is a public benefit corporation established under the NHS Act 2006. The Department of Health has the power to control the Trust and therefore can be considered to be the Trust's parent. The Trust's Accounts are included within the NHS Foundation Trust Consolidated Accounts, which are included within the Whole of Government Accounts. The Department of Health is accountable to the Secretary of State for Health. The Trust's ultimate parent is therefore HM Government.

The Trust is under the common control of the Board of Directors.

Directors' remuneration and other benefits are disclosed within the operating expenditure, note 5.1.

The Royal Devon and Exeter NHS Foundation Trust is the Corporate Trustee of the Royal Devon and Exeter NHS Foundation Trust General Charity ("Charity"), registered charity number 1061384, registered office Bowmoor House, Barrack Road, Exeter, EX2 5DW. The Charity's objective is for any charitable purpose and purposes relating to the National Health Service wholly or mainly for the Royal Devon and Exeter NHS Foundation Trust. The Trust has received during the year £58,000 (2016/17 - £58,000) revenue income and £715,000 (2016/17 - £350,000) capital contributions from the Charity. At 31 March 2018 the Trust was due £92,000 (2016/17 - £69,000) from the Charity. The Charity's most recent audited accounts were for the year ended 31 March 2017 and the Charity held aggregated reserves of £1,699,000.

During the year the Royal Devon and Exeter NHS Foundation Trust has had a significant number of material transactions with the Department of Health and Social Care ("DoHSC"), and with other entities for which the DoHSC is regarded as the parent of those entities. Income from activity - by source (note 3.1) and the operating expense (note 5) provides details of revenue transactions with those entities. Below are considered to be the significant material transactions.

	Income £000	Expenditure £000	Receivables £000	Payables £000
<u>2017/18</u>				
Department of Health (excludes PDC dividend)	16,350	-	309	25
Health Education England	16,655	4	1,770	28
NHS England (Includes Bristol North Somerset and South Gloucester LAT)	116,301	-	18,808	-
NHS North East West Devon CCG	279,335	83	2,703	880
NHS Somerset CCG	4,656	-	76	3
NHS South Devon and Torbay CCG	17,213	-	232	51
Northern Devon Healthcare NHS Trust	5,410	3,097	1,143	715
<u>2016/17</u>				
Department of Health (excludes PDC dividend)	17,223	(1)	318	18
Health Education England	14,252	29	63	73
NHS England (Includes Bristol North Somerset and South Gloucester LAT)	99,365	4	8,474	4
NHS North East West Devon CCG	251,407	381	1,450	815
NHS Somerset CCG	4,934	-	51	3
NHS South Devon and Torbay CCG	16,248	-	32	51
Northern Devon Healthcare NHS Trust	6,421	3,045	2,645	1,499

NOTES TO THE ACCOUNTS

26. Financial instruments

A financial instrument is a contract that gives rise to both a financial asset in one entity and a financial liability or equity instrument in another entity. IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The financial assets and liabilities of the Trust are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Credit risk

Credit risk arises when the Trust is exposed to the risk that a party is unable to meet its obligation to the Trust in respect of financial assets due.

Financial assets mainly comprise monies due from clinical commissioning groups (CCG) and local area teams (LAT) for services rendered by the Trust in fulfilment of service agreements, and cash balances held on deposit. It is considered that financial assets due from these organisations pose a low credit risk as these entities are funded by HM Government.

A significant proportion of the Trust's cash balances are held on deposit with the Government Banking Service, and as such the credit risk on these balances is considered to be negligible.

Liquidity risk

Liquidity risk arises if the Trust is unable to meet its obligations arising from financial liabilities. The Trust's financial liabilities mainly arise from net operating costs, which are mainly incurred under legally binding annual service agreements with CCG and LAT, and liabilities incurred through expenditure on capital projects. Other liquidity risks are loans repayable to the Foundation Trust Financing Facility.

Income from contracted activities with CCG and LAT are based upon a nationally set tariff, which under Payment by Results is paid to the Trust in twelve monthly instalments throughout the year; any performance in excess of agreed targets is paid in accordance with the terms of the relevant contract. Payment by instalments allows the Trust to accurately forecast cash inflows and through the preparation and review of cash flow forecasts, as well as the controls in place governing the authorisation of expenditure, ensures that the Trust maintains sufficient funds to meet obligations as they fall due.

Market risk

Market risk arises when the Trust is exposed to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency risk

The Trust receives income denominated in sterling. The Trust, on occasion, does enter in agreements to make payments in non-sterling denominated currencies. Non-sterling payments are principally short term liabilities and for non-significant amounts. Given this, the Trust does not consider that it is exposed to any material currency risk and therefore has elected not to hedge its exposure.

Interest rate risk

The Trust does not enter into contracts where cash flows are determined by the use of a variable interest rate.

Other price risk

The Trust enters into legally binding contracts with both its customers and suppliers that stipulate the price to be paid. As such it does not consider itself exposed to material other price risk.

NOTES TO THE ACCOUNTS

26. Financial instruments (continued)

26.1 Financial assets by category

	Loans and receivables £000
NHS receivables	9,840
Accrued income	9,591
Other receivables	3,194
Cash at bank and in hand	17,533
Total at 31 March 2017	<u>40,158</u>
NHS receivables	16,211
Accrued income	13,968
Other receivables	4,696
Cash at bank and in hand	23,529
Total at 31 March 2018	<u>58,404</u>

An analysis of any impairment of financial assets is provided in note 18.1.

26.2 Financial liabilities by category

	Other financial liabilities £000
Borrowings	13,861
NHS payables	3,675
Other payables	8,649
Accruals	18,220
Capital payables	1,462
Provisions under contracts	598
Total at 31 March 2017	<u>46,465</u>
Borrowings	12,590
NHS payables	3,436
Other payables	7,776
Accruals	20,172
Capital payables	2,306
Provisions under contracts	613
Total at 31 March 2018	<u>46,893</u>

26.3 Fair value

For all of the financial assets and liabilities at 31 March 2018 and 31 March 2017 the fair value is equal to book value.

27. Third party assets

The Trust held £nil cash at bank and in hand at 31 March 2018 (2017 - £nil) relating to monies held on behalf of patients.

NOTES TO THE ACCOUNTS

28. Transfers by absorption

There were no transfers by absorption within 2017/18. In 2016/17, the Trust recognised a transfer by absorption of NHS community services in Exeter, East Devon and Mid Devon from Northern Devon Healthcare NHS Trust. The total gain relating to this transfer by absorption was £0.786m.

On the transfer a harmonisation of accounting policies was undertaken to realign the accounting policies of the assets that had been capitalised and transferred as detailed in Note 1. The adjustments for this are shown below.

Impact of transfers by absorption upon the Trust's financial statements

	Transfer by absorption 2016/17 £000	Harmonisation of accounting policies 2016/17 £000	Total 2016/17 £000
<u>Statement of Comprehensive Income</u>			
Gains arising from transfers by absorption	786	-	786
<u>Statement of Financial Position</u>			
Non-current assets			
Property, plant and equipment	679	(520)	159
Current assets			
Inventories	104	-	104
Cash and cash equivalents	3	-	3
	107	-	107
Total assets	786	(520)	266
<u>Statement of Changes in Taxpayers Equity</u>			
Income and Expenditure Reserve	786	(520)	266

The presentation of historical financial performance, prior to the Trust receiving the transfer of community services, was not practical due to the limited financial information available to the Trust.

Since the acquisition of the community services the revenue performance has been reported to the Trust's Board of Directors within the monthly integrated performance report. This financial information is included within the Segmental Analysis note disclosed within note 2.1.

29. Accounting standards issued and not adopted

The accounts have been prepared in accordance with the 2017/18 Department of Health and Social Care Group Accounting Manual (GAM) issued by Department of Health. The accounting policies contained in that manual follow International Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. Below is a list of recent standards issued but not yet adopted in the NHS. It is not known or it is reasonably estimated that when these accounting standards are adopted they will not materially affect the Trust's annual accounts.

IFRS 9 Financial instruments

IFRS 15 Revenue contracts with customers

IFRS 16 Leases

Quality Report 2017/18

Royal Devon and Exeter NHS Foundation Trust



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CHIEF EXECUTIVE'S INTRODUCTION

Welcome to our annual Quality Report 2017/18

I am delighted to be introducing our latest Quality Report. Our 2017/18 Quality Report sets out the progress, achievements and challenges we have faced during the year to deliver safe, high quality integrated care delivered with courtesy and respect to the people and communities we serve in Devon and beyond.

The quality of care is central to everything we do and aspire to at the RD&E and this report provides a summary of the progress made against the priorities set out last year as well as highlighting some of our key achievements and challenges in delivering high quality care. The report also looks forward by setting new priorities for the coming year including those set by our Governors.

In addition, the report provides a commentary on our quality performance during the year from our Governors, our principal commissioners (New Devon Clinical Commissioning Group), Devon Health and Wellbeing Scrutiny Committee and Devon Healthwatch.

Maintaining a focus on all aspects of quality is an ongoing challenge to all the teams at the RD&E. With ongoing pressures on our services from growing demand and a constant requirement to deliver care more effectively and for fewer resources, keeping up our quality offer to those that need it in our community hospitals or in our acute hospital is something that we need to work on each and every day. Despite this, and thanks to the amazing staff at the Trust, we maintain our ethos of consistently delivering the highest quality care for our patients.

Ensuring that we provide high quality care to our patients is not something unique to the RD&E. Sustaining quality in all its guises arises from the inherent culture, history or traits that make different places distinctive and we wanted to explore what it is about the RD&E that makes this possible. However, thanks to work undertaken during the year, we know a little more about some of the underlying drivers that mean that the RD&E delivers quality care time and time again. As part of the work we have done on refreshing our corporate strategy we have looked in depth at what our patients and stakeholders say about us; we have looked in detail at what our own staff say matters to them about the Trust; and we have also taken into account what our regulators have found out about us when reviewing or auditing our services. Modern healthcare systems are highly complex so identifying particular characteristics or traits that set the Trust apart was not straightforward. However, by listening to what we were told, involving some of our stakeholders in a discussion about the Trust, and bringing all this data together, we focused in on three combined strengths that together were particular to the RD&E. Based on the research, our engagement with stakeholders and our analysis of what those reviewing our services said, we identified these as:

We are kind and caring in all we do – that sense of personal connection with the people we care for and the warmth and friendliness we share. This means:

- Listening, demonstrating empathy, understanding and friendliness
- Always providing the human touch – a gesture and kind words in those moments that matter, or some 'tough love' when required
- Enjoying a strong connection with our communities – and pride in our special place in Devon
- Creating a warm atmosphere, an air of positivity and optimism
- Caring for our staff as much as we do our patients
- Building a great place to work that nurtures and develops people

We know how to make teams work – staff, partners, patients and communities united by a common cause and a determination to get things done. This means:

- Uniting closely-knit teams behind a common cause to get the job done
- Generating positive engagement and ensuring everyone has a voice
- Supporting other team members when they need it and inspiring a sense of joy in what we do

- Demonstrating a strong leadership culture, encouraged at all levels, with development opportunities for all
- Celebrating and encouraging inclusion and diversity in our actions, but also in our thought and style

We are always improving - seeking out new ways of providing the people of Devon with the care they need. This means:

- Striving for excellence, even at times of great pressure
- Always searching out better ways of providing care
- Working with partners to take the lead in new clinical practices, research and technologies
- Openly forging new relationships, collaborating with others around a shared purpose
- Having an openness and appetite for change including the use of new technologies
- Putting wellbeing as well as healthcare at the forefront

These qualities define who we are and what we stand for as an organisation. They set out what we are about and we draw on these strengths when we deliver quality care. The “golden thread” that runs through all of these is summed up best by the phrase: “We work together” which neatly encapsulates for me all that is good about the RD&E – whether that is teams working together, staff working together with patients and carers to best meet their needs as they articulate them, or the Trust and its partners working together to address some of the issues that impact on commits throughout Devon.

As this report sets out in detail over the following pages, we have made good headway against all of the priorities we set out in last year’s report. This includes progress on reablement and rehabilitation, on improving discharge, on providing same day emergency care through our ambulatory service, or the significant advances we have made in helping people more in their communities and at home. The improvements we have made to patient safety, to patient experience and to staff wellbeing and welfare have also enhanced the quality of our services through the year as part of an integrated and holistic approach. Through all of these improvements, the same qualities shine through – an ethos that places patient care, safety and quality at its centre, that cooperates to achieve the best outcomes, that delivers kindness and compassion in spades, and that is constantly trying to find new ways of improving our services for our patients.

The coming year will continue to throw up significant challenges both for the RD&E and the wider system in Devon. We will, however, remain undimmed in our approach to delivering high quality, safe services, meeting access targets within a tight financial framework, and ensuring that we continue to prioritise staff engagement. In pursuing this we will continue to draw on our core strengths as an organisation.

The Quality Report is prepared in line with the requirements set out in the Quality Accounts legislation (part of the Health Act 2009) and NHS Improvement’s annual reporting guidance. To the best of my knowledge and belief, the information contained in this document is accurate and, on behalf of the Board, I am confident to stand by its contents.

Signed:



Suzanne Tracey
Chief Executive

Date: 23 May 2018

PROGRESS ON OUR 2017/18 PRIORITIES

Governor Priorities

Patient Discharge

How effective is the discharge of patients from the acute hospital to the community?

Going Home Matters

- **Information to patients on discharge – is this sufficient, does it tell patients what to do if their condition or circumstances change or worsens? What information is provided for carers on discharge? What information does the GP receive, how timely is this?**

Delayed Discharge

- **Review of data – snap shot look into delays and reasons for delays – what problems have been identified, what actions are the Trust and other stakeholders taking to reduce delays? How is the Trust measuring improvement?**

The Trust recognises that any admission to hospital is a traumatic time for our patients, their carers and families and therefore supporting people in the transition back to their usual place of residence remains a high priority and was a particular focus for our work in 2017-18. The Trust and in particular our community teams have worked tirelessly over the last twelve months to create a better experience for our patients in returning home following admission to the acute Trust.

In order to improve our processes and ensure we provided efficient, safe and well-planned discharges, we launched 'Community Connect' which comprises of a number of elements including the Single Point of Access (SPOA) and the Urgent Community Response (UCR) service.

We also focused our efforts on providing better information to both patients and GPs and avoiding delayed discharges.

A detailed breakdown of these initiatives, along with measures of success and patient feedback can be found further on in this report under the 'Out of Hospital Plan' heading starting on page 7.

PROGRESS ON OUR 2017/18 PRIORITIES

Trust Priorities

In hospital plan

- Rehabilitation / reablement
- Focus on discharge
- Ambulatory care
- Onward care

Rehabilitation and reablement

In May 2017, the Trust launched a new campaign to support rehabilitation and reablement for all our patients. #YourRoad2Wellbeing (YR2W) is the brain child of Deputy Chief Executive/Chief Nurse Professor Em Wilkinson-Brice and one of our clinical lead physiotherapists and takes its inspiration from the #endPjparalysis movement which aims at valuing patient time.

YR2W's main aim is to empower patients in order to improve their wellbeing and promote independence. The approach is based on evidence, including the principles of enhanced recovery, which shows improved patient outcomes. There are 6 arms to the campaign, each one being led by a Nurse or Therapist:

- Get Up, Get Dressed and Get Going
- Make Your Going Home Plan as Soon as Possible
- Eat and Drink Well
- Communication Matters
- Make the Most of Your Medicines
- Keep in Mind your Mental Health

The campaign was designed through the Care Matters meetings and started with a week-long launch in June 2017. The launch week mixed serious elements such as spot-training on the wards and information-sharing through stands in the main entrance and Oasis; with some 'fun' elements such as a cream tea being served to all patients and a marathon being run around the hospital by both staff and members of the Public (on the hottest day of the century!), to promote independence and exercise.

Following the launch a number of initiatives have taken place which included:

- A visit from Chris Pointon of the #Hellomynameis campaign
- Work with the University of Exeter Engineering department to design a system allowing patients to 'clip' their individual tables together in order to create dining tables
- Review and remodelling of our visiting hours

Domiciliary Care for those who need it

The Trust has worked with Devon County Council commissioners and local domiciliary care providers to improve the availability of quality domiciliary care across Eastern Devon for those people who need it. This partnership has led to a greater level of teamwork to ensure that at busy times of the year, there is greater availability of domiciliary care provision to support longer term care for people in their own homes. This partnership has had good results in Exeter in relation to building greater capacity in the domiciliary care market.

The Trust supports the Devon County Council "Proud to Care" campaign and is committed to raising the profile of the valuable and rewarding role of care.

Ambulatory Care Unit

The Wynard Ambulatory Care Unit opened in November 2016. Now, more than 18 months on, the unit provides a comfortable environment for patients who are mobile and medically stable to receive a range of procedures and treatments. Patients who attend the unit would otherwise have required a hospital bed, either as an inpatient or day case. Patients now have their treatment and can then be discharged to their own home, returning each day as required. This has improved the pathway for the patient, ensuring quality of care and an improved experience of services. The original range of procedures and pathways included:

- Day-Case blood transfusions, drug infusions, interventional radiology, lumbar punctures, pleural and ascetic taps
- Urgent clinic review of patients to avoid admissions or facilitate early discharge
- Urgent tests and investigations
- IV antibiotics – for patients who are well enough to be at home but require a prolonged course of IV antibiotics that cannot be delivered in the community

Since November 2016, new pathways and treatments have been developed on the unit, including lung biopsies, treatment of renal colic, diabetic foot ulcer and a range of additional infusions. Use of the unit has increased from 200 attendances in December 2016, to 570 attendances in March 2018. Calls from healthcare professionals for Advice & Guidance have increased, and 'Hot Clinic' (urgent clinic access) activity continues to increase. Feedback from patients about this service has been positive, with 100% of patients surveyed saying that they would recommend to a friend, and more than one person commenting that it is life-changing, not having to be confined to a hospital bed.

Out of hospital plan

- **Comprehensive assessment**
- **Single point of access**
- **Urgent community response**

Comprehensive Assessment

The development of a comprehensive assessment is a fundamental part of the Trust's focus on prevention through the improvement of health and wellbeing for the population. The comprehensive assessment will ensure that people who are frail have a full preventative assessment led by a member of the integrated community team. This assessment will focus on supporting the individual to be really clear about "what matters to me" and to work with the team to agree a plan, maximising their own strengths and maintaining their independence with our support should they become unwell. The plan will describe to all members of the Health and Social Care team what the person wants in the event that their condition deteriorates or they become unwell. This will become an important document to support the care for those who are most frail in our communities.

Over the next year, a common framework for the comprehensive assessment will be developed in partnership with primary care, social care and mental health. Our community teams will be trained to undertake the comprehensive assessment and this will be underpinned by strength-based training; ensuring that we support people to maintain their independence. Our local GPs already use a tool to identify those people who are most frail in our communities and they work with community teams to agree a plan to support these individuals. The comprehensive assessment documentation will support this planning and provide an improved preventative approach.

Community Connect – A Single Point of Access (SPOA)

SPOA has been live since March 2017 and is designed to simplify the way requests for support from community services are accessed by local GPs and the hospital wards. SPOA provides access to a range of services from community nursing, community therapy, urgent community response services and social care provision. The service provides support for the population in Eastern Devon and ensures that there is a connection between the request for support and our provision in each of our communities.

Since March 2017 we have on average supported over 110 people each week to either return home from hospital or to remain at home and avoid going into hospital unnecessarily.

Whilst we know there is more we can do to further streamline our processes, the simplicity of having one phone number to contact saves time. We also now have equity of access to these services across Eastern Devon which is a step in the right direction for our population.

Community Connect – Urgent Community Response

There are six locality teams across Eastern Devon and each locality has its own Urgent Community Response service. This service is provided as part of the community offering and provides urgent access to community nursing, community therapy and care. The principle behind the Urgent Community Response service is the provision of short-term enabling care to support a person to remain in their own home if their medical needs require additional support for an intensive period; or to support a person to transfer from a hospital environment to continue their rehabilitation in their own home. Over

the last year, the average length of time during which we supported people at home, based on their needs, was seven days.

The service is supported by a team of community support workers, who are able to provide enabling care to support people back to their activities of daily living. The team also provide support to those who at the end of their lives.

The service is embedded within our communities with good relationships with the voluntary sector and primary care. The teams have access to Geriatrician support for those people with more complex needs.

We regularly review our performance and outcomes to ensure we provide a safe and effective service, one of which is the % of people who are readmitted to the acute hospital within 30 days of being discharged with support from our service – this has improved from 25% to 11% from September 2017 to March 2018.

Patients and carers who have used this service provided the following feedback (information from February 2018 questionnaires)

- 100% of patients receiving this service would recommend it
- 100% preferred to be at home (up from 67% in January)
- 100% of patients felt their care was delivered in the manner they expected (up from 80% in November)
- 100% felt treated with respect and dignity
- 100% of patients were able to discuss their care plan at their first visit (up from 90% in November)
- 78% felt very involved with their care decisions, with 22% feeling mostly involved
- 94% of staff introduced themselves to their patient at their first visit, and 94% at subsequent visits

Whilst the above feedback is really positive, we also have areas which we feel we can improve on further

- 90% felt that their concerns were listened to and actioned
- 63% were clear that their discharge plan from hospital was agreed with them
- 71% felt confident they knew about their next care steps
- 89% understood what the service would mean for them

- 78% of patients had enough information about their choices, whilst 5% did not realise they had a choice of care (down from 90% in November)
- Information was given both verbally (55%) and through a leaflet (41%)

Following a successful implementation in 2017, the priorities for next year are:

- Ensuring that clinical conversations drive the care for our population
- Reviewing community services within each locality to ensure that the provision meets the needs of the local community
- Further embedding the principle of “place-based care” with locality-based care workers, supporting people the teams
- Integrating the community service team more fully with primary care

Information given to Patients, Carers and GPs on discharge from Hospital

The Hospital Discharge Information Booklet is given to both patients and carers on admission, and patients and their carers know what to do, once discharged, if their condition or circumstances change or worsen.

We have a separate leaflet for those going home with Urgent Community Response.

Our teams are committed to raising the profile of how we can involve and support carers when reviewing the level of need for packages of care. An example; we have Carer Champions identified within our community Health and Social Care teams and use the Annual Carer Survey as a measure.

We aim to improve the timeliness of information for GPs, to be received consistently at the point of discharge.

We have been listening to feedback from our patients and carers about how we can improve the transfer from hospital to home and this has been integral in the development of our improvement plans. Over the next year we aim to:

- Improve the communication between the acute hospital, our community teams and local GP's through a greater focus on clinical conversations, ensuring that all arrangements are in place to support a smooth transfer home for the person.

- Improve the communication for local GPs by ensuring that accurate and timely discharge summaries are emailed to GPs and sent home with patients on their transfer from hospital to home.
- Improve the support that carers receive through the carer recognition tool and greater use of the Carers' Service

Delayed Discharges

Our performance against Delayed Transfers of Care (DToC) target is improving. However, whilst we have achieved the NHS Non-Acute DToC target, we are yet to achieve and maintain the NHS Acute DToC target. We are taking a longer-term approach across our Health and Social Care system to ensure that, through a quality improvement methodology, we test a series of changes with robust measures and a team approach to analysis to be clear about what has the greatest benefit for our patients. One part of this Test of Change was bringing our SPOA clinicians onsite to the acute hospital. The clinicians are now taking referrals through a face to face clinical conversation. Within the first 6 days, we saw the following impact:

- Medical outliers reduced from 113 to 44, and as a result three escalation wards/areas closed
- Number of people delayed waiting for Urgent Community Response reduced from 48 to 28
- Number of transfers per day of people who were on the 'Green to Go' list (considered to be medically ready to leave hospital) increased by 50%
- DToC decreased from 70 to 45

Implementation of Your Future Care

The Trust undertook a significant change in the way community services were delivered, after a consultation led by NEW Devon CCG made a decision to reduce the number of community hospital beds from 143 to 72. This new model of care provides a shift from a bed-based model to more rehabilitation and reablement support provided in people's own homes. The number of sites with in-patient beds reduced from seven sites to three, with the permanent closure of all previous temporary closures of in-patient facilities.

The implementation of such a significant change was further complicated by significant workforce challenges that required the transition from the bed-based model of care to a community home-based service to be managed swiftly.

The Trust tested the principles of the model of care with an extensive audit of all patients being cared for in a community facility, which demonstrated that 64% of people could be cared for in a home-based setting should the right resource be in place within the community. Modelling work was undertaken at each locality level to assess the likely increase in demand on community services and the additional workforce and skills requirement within each of the locality teams.

A significant level of investment was committed to increase the capacity within community services to fund the appointment of an additional 57 whole time equivalent staff.

A full workforce consultation was undertaken with the 200 staff affected. The workforce consultation was planned and delivered in real partnership with Staffside colleagues and union representatives and focussed on staff answering the question "what matters to me?" Our teams worked tirelessly to ensure that each staff member was supported with a role that best met their needs and aspirations.

The design of the model of care, built on the existing provision within community services, enhanced by the Community Connect Single Point of Access and the provision of Urgent Community Response teams. These new services have made a significant improvement to the way we deliver care, with more people supported to go home from hospital as soon as they no longer need a hospital stay and fewer people requiring a long term care package as a result of our focus on reablement and supporting people to return to their independence.

Patient feedback is collected within each locality to ensure that we monitor the satisfaction with the service and learn from the insights of those who have received this new service. The majority of the feedback is very positive and reassuringly people state that their wish was to be supported to return to their home. Our improvement work continues and we have plans to build on the last successful year with greater capacity for care in our local teams and improved communication processes.

Patient Feedback:

John, 81, from Exeter lives at home with his wife of over 50 years. They enjoy spending time together particularly out in the garden. Unfortunately John contracted pneumonia and following a fall at home, spent two weeks in the acute hospital. John found it difficult to sleep on the ward due to the noise and the time away from his home and wife was making him feel quite low. As soon as he was medically ready, his therapist referred him via the Single Point of Access to the Urgent Community Response team who could organise some short-term support in order to get him back home.

On the day of John's discharge he was visited at home by the Urgent Community Response team to assess what support and care he needed. On the ward, John's mobility and transferring in and out of bed or chairs was good however, once at home it was identified that John needed some living aids. This included the use of an adjustable height bed, a higher armchair and a caddy for his walking aid so he could carry drinks and meals by himself.

A daily social care reablement visit was also organised to help John with dressing and washing. This was increased to twice a day as the support worker, after listening to how John felt he was getting on, agreed that some additional support in the evening would benefit him.

John needed intensive rehabilitation so he could regain his independence and importantly for him, get back to enjoying his garden. This involved daily physiotherapy to increase his lower limb strength and assist him to stand up from the lower heights. After the initial intensive short-term support to help him adjust back home, the Urgent Community Response team handed John's ongoing care to the Exeter Community Rehabilitation team to improve his outdoor mobility and return to his previous level of independence.

"Being back at home has made such a difference. I'm much happier. The work the team has done, and particularly Ben the physiotherapist, has been great, it's really given me quality of life." John

David, 70, was diagnosed with Dementia with Lewy Bodies eighteen months ago. June, his wife and full-time carer, recently contacted their local GP as she was concerned David was developing bed sores because of his reduced mobility. The GP arranged a visit from an RD&E community nurse who works closely with the practice. The nurse identified that June and David needed some urgent support to improve conditions for them to stay safe and well at home.

Via the Single Point of Access, the Urgent Community Response team was asked to visit June and David. The team's first priority was to understand the issues they were facing on a daily basis and work with David and June to determine what help they needed. Specialist equipment was organised to enable David to move around the house more easily and with the help of Neighbourhood Friends furniture was rearranged to provide more space for a new bed.

David can get frustrated and confused in hospital settings so it's important to him and June to be able to stay at home. June was doing a fantastic job caring for David but she didn't realise the help that was available to make her life easier and reduce the pressure she was feeling.

June said "I don't feel so tired now or so anxious. I was worried about how we were going to carry on. I do everything so if something happened to me David would probably end up back in hospital which isn't good for him or where he wants to be. I didn't know all this help was there, it's great. Life's a lot better now."

Doug, 81 from Seaton, explains: *"I've always been an active and independent person. However, for the past 10 years I've undergone numerous knee replacement surgeries until unfortunately it became necessary to have an above the knee amputation."*

Doug spent two weeks on an acute ward before being referred into the care of the community team. It was here that the team could properly assess the level of short-term, rapid support needed to help him regain his independence. The community team took the time to understand what Doug wanted to achieve and were able to work together to ensure that the right rehabilitation plan was in place. Initially, he had regular visits from community nurses, a physiotherapist and an occupational therapist. Doug can now self-refer to the occupational health and physiotherapy service when he feels that he needs some extra help or support to avoid a decline in his condition.

"My ultimate aim is to return to driving and thanks to the continued advice and support from the community physio I know I'll get there. I cannot praise enough the wonderful care and treatment I have received right through from the surgical team to the community healthcare professionals. The skills and attention to detail they have shown is remarkable. It's been a pleasure having them in my home."

Patient Safety Programme

- **Stop the pressure: NHS Improvement Plan**
- **Reducing harm from falls**
- **Identifying and treating sepsis**
- **Maternity**
- **Working with patients and families**
- **Developing our safety culture**
- **Acute Kidney Injury**

Stop the Pressure

Pressure ulcer prevention remains a key patient safety focus for the Trust and we continue to strive for improvement.

A reduction of pressure ulcer harm continued throughout the first three quarters 2017/18. In the last quarter of the year there has been a slight increase which reflects operational winter pressures and challenges with staffing. However, this may also be a consequence of better tracking of patients developing pressure harm. The Trust now incorporates Community Services and we are therefore more aware of the final impact on the patient with reporting and investigation following the patient's journey from hospital to home or home to hospital, whilst under the care of the Trust.

Reducing Harm from Falls

Falls and reducing harm from falls continues to be a key area of focus across our services. This year has seen the Falls Policy being updated to help, assist and advise staff in caring for patients that are at risk of falls. A trajectory for improvement to reduce falls by 20% was set. Over the last year across the Trust there has been an 18% reduction in falls. This is a positive reduction and represents a reduction in falls for the past 2 years. For the next year a further baseline will be set. There will also be a focus on patients that have multiple falls and how these are reviewed to ensure the learning is shared.

Identifying and Treating Sepsis

The Trust remains signed up to the National Sepsis CQUIN. All areas are continuing to work to ensure patients are screened and treated in a timely way. Sepsis training has now become an integral part of registered nurses and junior doctors' ongoing training, delivered as part of the junior doctor

induction and registered nurse annual update. In addition, the Clinical Practice Facilitators have been providing ward-based micro-teaching which has been well received.

We are doing well with regards to the CQUIN, ensuring patients are screened for sepsis and ensuring a senior antimicrobial review is documented between 24–72 hours. Ongoing work is required to ensure patients receive antibiotics within 1 hour and there has been an improvement over the year.

Maternity

In November 2015 the Government made the announcement to reduce the number of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and by 50% by 2030. They have asked all maternity services to commit to place a spotlight on safety and contribute towards achieving the national ambition to improve maternity by developing a bespoke improvement plan to drive safety within their organizations.

In 2017 an increase in stillbirths from previous years was noted by the Trust and a thematic review was undertaken.

The report findings evidenced that there was no significant care issues in any of the cases but some themes were identified and actions have been taken as below:

- **Information given to women regarding reduced fetal movements** - importance of reporting pattern changes highlighted to women in pregnancy
- **Smoking** - Although rates for women who smoke have declined and are below the national average a significant number of women were smokers, further consideration being given to improve pathway of care

- **Obesity** - In this review nearly a quarter of women had a degree of obesity. A “healthy mum, Healthy tums” programme commended to improve advice and support for women with a raised BMI clinic

In 2017 an increase in stillbirths from previous years was noted and a thematic review was undertaken. MBRRACE-UK (November 2017), gives the national average for stillbirth as 3.87 per 1,000 births. In 2017 The Trust recorded 4,105 births of which 19 were classified as stillbirths. This equated to a rate of 4.1 per 1,000 births, after review.

The Trust devised a performance-rated maternity dashboard to track and benchmark itself against expected national targets. In addition to this, a bespoke maternity safety improvement plan has been developed to monitor progress with initiatives being introduced to improve quality and safety of care for maternity patients.

These safety initiatives include:

Building strong leadership

- A Board level Maternity Champion has been identified in line with the national Maternity Safety Programme.
- Maternity Safety Improvement Plan in place which is monitored monthly through governance
- An obstetrician and a midwife have been identified to champion maternity safety in the unit

Learning and best practice

- Compliance with the Royal College of Gynaecologist's (RCOG) Saving Babies' Lives care bundle, which is monitored through a rolling audit and includes: reducing smoking in pregnancy, risk assessment and surveillance for fetal growth restriction and raising awareness of reduced fetal movement effective fetal monitoring during labour
- Best practice in whooping cough and flu Immunisation – A training and vaccination programme has been introduced
- The service is engaged with “The stepping up to Public Health” pilot scheme and new initiatives are being introduced to support obese women

Teams

- Labour Ward Team leaders attended Human Factors Training and ‘Emergency scenarios in community settings’ training has also taken place
- Scenario-based multidisciplinary emergency training is ongoing and is an annual requirement for all grades of staff

Innovation

- We will participate in the new national Maternal and Neonatal Health Quality Improvement Programme in 2018/19
- A successful bid in the Maternity Safety Innovation Fund has allowed for a package of measures to evaluate blood loss prospectively at Caesarean to be introduced.

Working with Patients and Families to Learn Lessons

As a Trust we have been working to improve our communication with patients and families when things have gone wrong. Patients, families and carers are recognised as being integral to the process and are asked what questions they would like addressed. This is then reflected in the investigation and final report. This approach is being focussed as part of our investigation training. The Divisional Patient Experience Leads have become an integral link in the process ensuring patients and families are kept up to date.

Safety Culture Questionnaires

The Trust continues to collaborate with the South West Academic Health Science Network. There are now five areas across the Trust which have been, or are in the process of being surveyed. One area has recently been resurveyed and the teams are working through a second debrief which has been very positively received. The teams involved have shown good engagement and are working through results. The safety culture work aims to give teams the time to discover and create learning based on the survey results. The process looks at the team owning the issues and developing solutions. It also looks at cross-pollination of good ideas and the way in which we perceive things.

Learning from Excellence

Over 2017/18 there has been further work to continue developing Learning from Excellence. Learning from Excellence seeks to build on the foundations of safety culture and develops it further by recognising that it is the way we adapt or shift our practice – often in real time – that helps us deliver safe care for our patients.

Learning from what goes well will help others to adapt their own practices, thus creating a circle of even better safety and offering new opportunities for learning and improving both resilience and staff morale. Following a review, the decision was made to continue with a dedicated email inbox for recognising excellence to ensure that there was no negative connotation which may be associated with using incident reporting system. Any emails received are acknowledged by a core team and fed back to the individual and manager involved. We are currently in the process of rolling this out across the Trust.

Human Factors & Simulation Training

The Trust continues to develop its Human Factors and Simulation training. All staff on induction receive an introduction to Human Factors which is well evaluated. The simulation service delivers simulation education across the organisation. Numerous topics have been covered during the year ranging from Acute Kidney Injury (AKI), Sepsis, Mental Health, Seizures, Ethics and End-of-Life. Over the year there has been an increased focus on delivering in situ ward/department-based simulation. There has been weekly in situ training in the Emergency Department and ad hoc in other areas. This delivery has been well received and feedback describes the training as excellent and beneficial.

A simulation plan is currently being developed. Focus is also being given to a 'train the trainer' model to enable clinical staff to develop and use different skills.

Acute Kidney Injury Care

Over the past 5 years there has been extensive work throughout the Trust to address the recognition and presentation of AKI. The past year has seen this work being embedded as day to day working. The acute admission areas have implemented the AKI bundle fully. Work is still required to roll the approach out further and there is a plan to complete this in Q1/2.

IMPROVEMENTS TO QUALITY AND SAFETY 2017/18

The Trust opens a new Operating Department Practitioner (ODP) school, in conjunction with partners across the region

In January 2018 the Trust, in conjunction with five other local Trusts and Birmingham City University opened its doors to the first cohort of ODPs to be trained locally. 23 students started their two-year diploma course, based in Exeter.

ODPs are Healthcare professionals registered with the Health Care Professionals Council (HCPC) who predominantly work in theatres alongside their Nursing colleagues. Across the region this has been a difficult to recruit to post, and the lack of training locally in the Peninsula meant students had to travel to Swindon for their studies. The new school will base the educational taught modules in the Research, Innovation and Development Department (RILD) building with on-the-job teaching happening in theatres suites across the region.

This five-year venture will make this course available to students who live across the Peninsula and should assist in providing locally trained theatre practitioners for some time to come.

In future years, this will move to become a three-year course offering degree qualification for up to 56 students each year.

Exeter Perioperative Medical Service

In March 2017, the Trust introduced a dedicated full time Consultant Physician (Dr. Sheena Hubble) to work alongside the General Surgeons and help manage complex medical illness in their surgical patients.

It was felt that an experienced intensive care consultant with medical, surgical and anaesthetic experience would have the necessary wide-based skill set to identify higher risk surgical patients, manage acute and chronic medical decompensation and facilitate timely referral and guidance from other senior medical specialists in the Trust, including intensive care.

This innovative investment was prompted by a recognition that the surgical population is getting older and has increasing numbers of significant medical co-morbidities which impact on patients' surgical recovery. It is also recognised that it is no longer reasonable to expect increasingly sub-specialised surgeons to be fully equipped to deal with these complex co-morbidities. Like other branches of medicine we need to adopt a more multi-disciplinary approach to improve patient-centred outcome.

The role of the Peri-Operative Physician is to screen the general surgical in-patients for those with complications (and those with a high risk of developing complications) in order to assist with complex decision-making, avert potentially avoidable deterioration and provide timely senior medical management of the acutely unwell patient. Referrals are accepted from all members of the surgical, allied medical specialists and nursing teams. Dr Hubble is alerted to patients with high early warning scores, acute kidney injury, new delirium, sepsis, prolonged stay and all intensive care (ICU) step-down patients. She liaises closely with the microbiologists, intensive care and anaesthetic teams, clinical nurse specialists, palliative care and care of the elderly services to provide a shared care approach which is more effective and timely than before. The Trust is now one of only a handful of Trusts in the country which have adopted this inpatient service and the feedback and initial results are positive. Our trainee doctors feel more supported, the nursing staff feel more able to access senior help when needed quickly, the number of medical emergency team (MET) calls to the surgical division has fallen and the emergency referrals to the medical registrar are decreasing. There is also greater awareness of the importance of delirium and frailty, better management of AKI, more appropriate antibiotic prescribing and decreased unplanned surgical ICU admissions out-of-hours. We are working towards better MDT and discharge planning for the elderly patient which involves improved communication with primary care. Importantly, the physician has more bedside time with patients which is rewarding in terms of improved communication and management of patient centred expectations.

The vision is to develop a Multi-Professional Perioperative Team which ties together the pre-assessment, operative and post-operative journey and improves the surgical patient experience in the Trust.

Cook & Eat (Exeter Children and Young Peoples Diabetes Service)

Since 2014, all children and young people (CYP) with type 1 diabetes have been invited annually to attend Cook and Eat (C&E) sessions with Maria Leveridge, Specialist Paediatric Diabetes Dietitian. C&E Family Fun, for pre-school and primary age children, along with their parents and siblings is a two-hour session in a food technology room within a local secondary school. C&E Fun, for secondary school age children, along with a peer, are run through two ninety minutes' sessions at a limited number of local schools. A combined session is offered in half-term for CYP who have not attended in their own school.

The CYP prepare and cook a savoury and sweet option. Recipes are quick, healthy and technically easy to prepare to allow children of all ages to participate. They are changed annually to reduce preparation time between sessions and allow non-perishable ingredients to be used for multiple sessions. After calculating the carbohydrate content of the food, CYP are able to administer their insulin and eat the food they have prepared.

The C&E programme is free to attend for all CYP, their families and friends. Three local secondary school rooms are hired at a small cost of £10 per hour and food costs are under £3.50 per person. If the session is delivered in the pupils' own secondary school then use of their facilities is free of charge and ingredients are funded through pupil premium. The Norman Family Charitable Trust granted £2,000 to provide C&E and donations from supermarkets also support ingredient costs.

C&E is well attended by families with 42% (51/122) of the caseload attending in 2016-17 and an additional 66 participants without diabetes (parents, siblings and friends) also benefitting. Feedback from parents and young children is excellent and many families return year on year. C&E was commended in the Quality in Care Diabetes awards in October 2017 and is a finalist in the Health Service Journal Value awards in June 2018. 'C&E on a Budget' for those over the age of 16 starts September 2018.

Open Visiting

On the 5th February 2017 the Trust made a change to its visiting time to an 'open' model, welcoming visitors from 8am to 8pm, seven days a week.

We believe that support from family, friends and carers is an integral part of our patients' recovery and this is why we were so pleased to launch this change to visiting hours, making it easier and more accessible for patients' family, friends and carers to visit their loved ones in hospital.

The decision to make changes to our visiting hours was reached following Trustwide consultation with our staff and the review of patients and visitors' feedback. In addition, we collaborated with other local Trusts who have already adopted this model for visiting to learn from their experience.

A Visitors' Charter was developed and is displayed at the ward entrance areas. This gives details about what visitors can expect from us when visiting the Trust, but also some of the expectations we have to help us maintain a healing and calm environment for our patients through responsible visiting. The Charter can also be viewed on the Trust intranet.

Staff Health and Wellbeing

The Trust's Health and Wellbeing Strategy was updated in July 2017 to reflect the increased priority of supporting the health and wellbeing needs of our staff. The strategy focuses on developing "resilient, healthy staff", through supporting the whole person and understanding their physical, mental and social wellbeing needs at an individual level as well as continuing to embed a culture of health and wellbeing across the Trust.

In the last twelve months, the Trust has appointed a dedicated Health and Wellbeing Improvement Practitioner which has enabled a dedicated focus and greater pace of implementation of an improved comprehensive and bespoke Health and Wellbeing Programme for our staff. More recently, in March 2018, the Trust trained over 50 staff as dedicated Health and Wellbeing & Mental Health Champions to assist us with bringing our strategy alive.

A range of new health and wellbeing activities has been launched with a particular focus on mental health including mindfulness courses, sleep coaching courses, meditation sessions, and a range of fitness classes. The Trust is also working collaboratively with our STP Partner, Devon Partnership Trust, to make best use of shared expert resources. As part of our new approach, the Trust has also launched an Employee Assistance Programme (EAP) to enhance

existing Staff Support & Counselling Services. Through the EAP the Trust is now able to provide staff with 24/7 support every day of the year across a much extended breadth of areas such as social wellbeing needs, including debts, legal and family issues. This further supports the needs of the whole person, not just in the work context.

The Trust has improved its communication and engagement with staff around health and wellbeing. Active promotion of the importance of prevention and early recognition of signs and symptoms is undertaken together with accessible information around the support, services and activities available to staff which are continually reinforced through campaigns, newsletters, events and social media.

The Trust has recently completed a staff health and wellbeing survey to ensure it is listening and responding to the ideas from staff on how it can further improve the support provided to them. The feedback from the survey will inform our future health and wellbeing work – for example, feedback from staff identified they would like their managers and leaders to support their health and wellbeing needs in a different way. This will be factored into the design of our future management training and leadership development work embedding a theme of 'compassionate leadership'.

Supporting our junior medical staff

The Trust employs a large body of junior medical staff (Junior Doctors). Although not the largest single group of employees, it is a very important one in ensuring the safe delivery of patient care. Junior doctors may range from those in the first year of their career (Foundation Year One), to trainees completing GP training or those with 10-15 years of experience who are about to take on a Consultant role. They are essential in supporting senior staff to assess, diagnose and treat thousands of patients each year in our wards and clinics, in addition to receiving training appropriate to their level of expertise or specialty, delivered by clinical supervisors across the Trust. In the Trust, there are just over 270 junior doctors in training (Peninsula Deanery) posts across almost 40 specialties, with further 50-60 juniors in non-training posts supporting service delivery. All are highly valued and require support in their roles.

The way junior doctors are trained has changed enormously over the past two decades. A good deal of this change was needed, particularly the long hours experienced by our more senior clinicians. However, some of the consequences of how training requirements and conditions have changed, including more fragmented working patterns, the recent Junior

Doctors contract, gaps in rotas and the ongoing requirement for trainees to accumulate evidence of their performance in order to satisfactorily progress, have led to concerns over the performance and well-being of a number of trainees. This has been tragically all too apparent over the past few years with a number of junior doctors taking their own lives in the South West. Furthermore, an increasing number of trainees across the region are being referred to local Occupational Health services with stress and anxiety.

The Trust's Health and Well-being Strategy recognises the unique challenges of this part of the workforce and, with the help of supervising consultants, Occupational Health and the local Medical Education Team, has promoted resources and pathways aimed at identifying and managing the challenges of physical and mental health in this group. Supporting information is provided at induction along with a talk from the Director of Medical Education and Occupational Health. Junior doctors are represented at monthly education meetings and have access to 24-hour confidential mental health support. Educational Supervisors are updated annually on the challenges of dealing with and supporting trainees in difficulty, whatever the reason, and we are close to finalising a 'rapid-access' pathway for mental health support in conjunction with colleagues at Devon Partnership Trust (DPT). The most important message we can give to our junior doctors is that there is always someone there to contact for support.

Feedback received from a junior doctor :

"During my F1 year it became clear to me and my family that I wasn't coping well with the stress of the job and I needed to take a week off due to extreme anxiety. The first point of contact for me was in fact the rota coordinator who helped facilitate this. This was rapidly followed up by contact with the head of the F1 program, and my supervisor on my placement at the time. It was taken seriously, I was handled gently and with respect and quickly had access to counselling (and protected time for this) as well as consultation with the OH consultant who reassured me that I was not alone in my experience, and that it did not make me any less of a doctor. I was also given access to the appropriate prescriptions for my anxiety and depression without complications or waiting for an appointment. On reflection, what could have been a debilitating episode with serious consequences was caught quickly, handled with great care and respect, and I was helped and reassured without having any long-term effects on my health or my training."

Freedom to Speak Up Guardians (FTSUG)

Following the recommendations made by Sir Robert Francis in the Mid Staffordshire NHS Foundation Trust Public Enquiry; the Trust appointed 3 Freedom to Speak Up Guardians in January 2017. The Guardians all have different roles and backgrounds (Catering Manager, Senior Nurse and Clinical Lead Occupational Therapist) and are available for all staff employed by the Trust across all sites.

The Guardians have been working alongside the Senior Leadership Team 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 Guardians act in a genuinely independent and impartial capacity to support staff who raise concerns and they have direct access to the Chief Executive, Chairman 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.

Work over the last year has essentially focused on raising awareness of the FTSUG role. This will continue during the coming year and in particular will include visits to all Community sites.

The RD&E Big Thank You Campaign

In recognition of the hard work displayed by all staff this year, and as a testament to the high quality of care provided to our patients during a challenging winter period, the Trust launched a 'Big Thank You' campaign in February 2018. The multi-media campaign provided an opportunity for managers to thank their teams, but also for staff across the organisation to show their appreciation for their colleagues. Using thank you postcards, or the twitter tag #rdethankyou, staff shared messages of thanks.

All staff who received or gave a thank you message were entered into a prize draw to win prizes for their teams. Many of the generous prizes were donated by local businesses and individuals who wanted to recognise the positive impact of the RD&E in our local community. More than 600 different teams and individuals were entered into the prize draw, with many receiving more than one nomination, and many private messages given personally and not entered into the draw. 29 teams across the organisation were selected to win team prizes, and five further individual prizes were allocated.

During the campaign the Trust was affected by a period of severe winter weather conditions, and the number of thank you messages shared increased significantly, along with heart warming accounts of the significant efforts staff went to, to provide care for our community.

Volunteer Induction

To ensure that all volunteers have received the required Trust mandatory training, a half-day volunteer-specific induction was introduced in November 2016 and has been embedded during 2017. The Volunteer Induction session has retained the core elements and essential training of the Trust Corporate Induction while being tailored to the volunteer role. A local induction specific to each area is also being given to the new volunteers when they start in their role. The Volunteer Induction session has run in some of the Community Hospitals to welcome all those volunteering in the Community who joined us in October 2016 as part of the acute and community integration. This ensured all volunteers across acute and community settings received standardised Trust's mandatory training.

Improving Patient Experience

The Hospital Trolley Shop and League of Friends contribute funding to help the Trust purchase items of equipment to enhance patient and carer experience. During 2017 items purchased included a recliner and tilt chairs for the physiotherapy department and ward areas and a BV Analyser for the West of England Eye Unit to help patients with limited mobility access eye diagnostic tests as required.

Volunteers Tea Party

This is a yearly event and was held again in June 2017 with around 80 volunteers attending. This event is always greatly enjoyed by the volunteers and is a great way for the Trust to say Thank You to them.

Maternity Department Volunteers

An Open Morning was held in September 2017 for a new volunteer role in the Maternity Department. We were overwhelmed by the interest shown with 71 people attending the event.

The role has been introduced to support an improved patient experience for the women on the ante and post-natal wards. The duties will include looking after the babies while the mothers have a shower, acting as a runner for the staff and offering drinks. We have recruited 16 people so far with more applications being processed.

As this is a new role we are working with both the volunteers and the Ward Matrons to gain their feedback so that we can ensure the volunteers are supporting an improved patient experience for the women on the ante and post-natal wards.

Refurbishment of the RD&E's Acute Stroke Unit

Three of the Trust's acute medical wards (Creedy, Clyst and Sid) are still situated in the previous 1970s building which brings additional challenges in keeping the premises up to modern standards. Plans were therefore made for staff and patients to move out of the Trust's 28-bed Acute Stroke Unit on Clyst ward for a three-month stay on Ashburn ward in Autumn 2017, while the builders moved in for a refurbishment of the ward. This was to allow for modifications to take place in order for the area to meet new fire safety standards including the creation of an additional fire escape route for patients. The refurbishment however provided a much-needed opportunity for other alterations, including fitting new skylights for the ward and the creation of four new wet rooms for patients aimed at improving the Stroke Team's ability to care for disabled patients.

The building and redecoration work continued round the clock between September and November 2017 and was completed on time. This has included a new high-contrast colour scheme with colour-coded bays to help the visually and cognitively impaired. The Acute Stroke Unit moved back into Clyst Ward at the end of November 2017 with a special ribbon-and cake-cutting ceremony which allowed the staff to thank the contractors for all their skilled work to make the ward available again for patients on time.

Dr Martin James, Trust Clinical Lead for Stroke, said *'Our newly refurbished Acute Stroke Unit is a real asset and has brought us right up to date. The whole environment is much brighter and the wet rooms are a particular help in caring for our disabled patients while they recover after a stroke. We are very grateful to the team in Estates and to the contractors for working so hard to bring the project in on time and for creating a much improved environment for high quality stroke care.'*

Emergency Department

Comfort Exeter

Staff from the Emergency Department have started a campaign to “bring a little extra comfort to patients who need it”. The Comfort Exeter campaign provides emergency clothing and essential personal items for patients who may be vulnerable or in need of some extra support when they are well enough to leave ED.

The initiative includes a new clothing bank with a supply of emergency items for patients whose own clothes may have needed to be removed or cut away while receiving treatment. It also comprises “comfort bags” that contain essential items to support vulnerable patients with their on-going health needs and provide comfort and dignity after discharge. These include: thermal socks, travel-size wet wipes, a flannel, tissues, toothbrush/toothpaste, a small bar of soap, sanitary products and information about the local services available to them, for example local soup kitchens.

Since its launch in December 2017, the team has already handed out dozens of bags and items of clothing to bring a little extra comfort to patients who need it. They have also received great support from staff and people in the local community who have generously donated more items for the campaign.

The Emergency Departments’ involvement in developing the Care Quality Commission (CQC) document “Meeting the quality challenge, sharing examples of best practice from clinical leaders in Emergency Departments”

This paper was published in November 2017 by the CQC following a one day seminar in London and extensive email communication. The purpose of the paper is to share best practice from the outstanding Emergency Departments (ED) across the country to share best practice and attempt to drive up standards across the country’s EDs.

As an “Outstanding ED”, we were invited to take part in this process and have been quoted extensively throughout the document.

Our ED was cited as being a leader in the country in the following areas:

1. The rapid assessment and triage (RAT) process which involves assessing all ambulance arrivals at the front door where a team comprising of a consultant, a senior nurse and a junior doctor meet each ambulance patient
2. The development of an internal safety barometer to measure the pressure within the Emergency Department with clear escalation processes in an attempt to ensure the wider Trust is able to respond to these pressures and attempt to ensure safety and flow through ED at all time.
3. The presence of a 24-hour psychiatric liaison service within ED with clear one-hour response time targets
4. The monthly “care round” that are performed by a consultant or member of the hospital senior leadership team to approach patients randomly to gauge their experience and feeding any points of good practice or areas that things could be improved back to the staff in a “hot manner”.

A follow-up seminar looking at how the same ED coped with the winter pressures occurred on the 15th March 2018 in London, which was attended by the Lead Clinician. This will lead to the development and publication of further documents over the coming months.

The Royal College of Emergency Medicine (RCEM) annual awards 2017

In 2017, ED’s clinical team was nominated for two awards at the inaugural Royal College of Emergency Medicine (RCEM) awards.

The RCEM awards were held in Liverpool during the national conference on the 16th October 2017. ED was nominated in two categories: Patient Experience and Clinical Team of the Year.

The team won the Patient Experience Award for their work over the last three years, ensuring that patient experience and care comes at the top of any work that is occurring in ED. The awards team particularly focused on two areas of excellence:

1. The monthly care rounds as described above
2. The RCEM Safety toolkit: this document was developed by our staff led by Dr. Gavin Lloyd, Dr. Adam Reuben and Caroline Dowse and is now recognised national guidance. It assesses and measures the safety in ED and includes a checklist to ensure that processes are developed to put patient safety and experience at the heart of all patient contact

The team was runner-up in the Clinical Team of the Year Award. Out of the 135 type-one EDs in the country, the submission provided by the ED team was felt to be of excellent quality and the panel cited the following areas of good practice:

1. The clinical and safety focus of the team
2. The RAT process as described above
3. The 24-hour provision of psychiatric liaison care for the integration of the medical and nursing teams working seamlessly together to provide good patient care.
4. The Outstanding rating by the CQC in 2016

The awards were collected on the 16th October 2017 by members of the Emergency Department team and are displayed in the main corridor of the Emergency Department to ensure patients and visitors are able to see them.

Cancer Services

The UK is facing increased demand for cancer treatments, based on the growing number of cases of cancer diagnosed each year and the fact that people are living for longer with cancer.

More than 357,000 people in the UK are diagnosed with cancer each year. By 2022 it is projected that this figure will reach 422,000, an increase of 18% in the annual number of new diagnoses over 8 years. The number of strategies / efforts to increase the number of people diagnosed at an early stage will also have an impact on the treatment patients require. Furthermore, half of people diagnosed with cancer will now survive their cancer for at least 10 years. Along with improved survival outcomes comes an increased complexity of patients' presentations: many of these patients will be older and more likely to have other health problems which may make their treatment plans more complex.

The Trust is committed to redesigning the cancer pathways and workforce to support the growing demand. Patient experience will remain one of the key markers to ensure our services meet the needs of our population.

Patient experience

The Trust results from the 2016 patient National Cancer Experience Survey published in 2017 are excellent with cancer care rated 9 out of 10 for quality of care against the national average of 8.7 and the Trust's own score of 8.9 in 2015. Over one thousand patients, covering all tumour groups, responded to the National Survey.

Other headline results from the survey included:

- 81% of respondents said they were definitely involved as much as they wanted to be in decisions about their care and treatment (national average 78%)
- 92% of respondents said they were given the name of a Clinical Nurse Specialist who would support them through their treatment (national average 90%)
- 90% of respondents said, overall, they were always treated with dignity and respect while they were in hospital (national average 88%)
- 97% of respondents said hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital (national average 94%)

Continued improvement in patient care is a reflection of the fantastic work delivered daily by our clinical teams. The introduction of the Living with and Beyond (LWBC) and Enhanced Supportive Care (ESC) cancer program underpin clinical treatment by providing signposting for patients and their families to holistic support and information as early as possible after their diagnosis and on-going treatment.

This has been made possible by taking an increasingly collaborative approach with local charities & community services to provide Health & Wellbeing clinics, holistic needs assessments and individual care planning. The information from these programs will be shared with the team looking after the patient, including their GP.

Living with and Beyond Cancer, a patient perspective

"My whole experience with prostate cancer and its removal by robotic surgery was one of incredible speed. From the point when the GP referred me to the RD&E for an MRI scan to the operation to remove the prostate was only two months.

I and my partner were offered the chance to attend a urology Health and Wellbeing clinic. This was a new addition to the patient pathway and offered a chance to get information around what to expect before and after surgery, finance, emotional wellbeing and lifestyle choices. I was able to select the information leaflets that mattered to me and I was signposted to services with the local community who would also be able to support me. I had choice. I was also able to meet a man who had been through the process. This first-hand knowledge was invaluable and gave me hope. During the clinic I was also offered the chance to undertake a holistic needs assessment, a chance to ensure any concerns I had were heard and support/advice was put in place. I declined this offer at the clinic as I felt my concerns had been answered with the information given during clinic and the subsequent conversations.

Following the operation and eight week follow up appointment with my surgeon I was invited by my urologist nurse specialist to join the team of men who come to support the Health and Wellbeing clinics and share their story. I was delighted by the offer and signed up straight away. I have been involved in supporting the clinics over the past seventeen months.

Our small but merry group have been encouraged to feedback to the nursing team with their comments and suggestions for improvements. I have seen these implemented within the clinics and presentation. This makes us feel valued as part of the 'team'. For my own part helping out at the clinic is a way of paying back for the amazing service that I received but is also a way for me to continue to deal with the cancer that I had back in 2016."

Enhanced Supportive care

Enhanced Supportive Care (ESC) recognises the benefits of supportive care. Supportive care is the prevention and management of the adverse effects of cancer, and cancer treatment. ESC promotes better access to supportive care for cancer patients at an earlier stage. This is becoming increasingly important since more people with a cancer diagnosis, including those with incurable disease, are living longer.

Patient Story

This is a middle-aged lady with recurrent lung cancer, receiving 20 fractions of Radiotherapy (RT), aiming to cure her. She has a long history of medical conditions and numerous surgeries since childhood.

She was struggling to get through treatment because of longstanding hip pain which was made worse by sitting upright/late in the day. Her mood was low and community psychological support was on hold during RT. She wanted to maintain control and to have less pain. This caused her practical problems such as painful waiting in department and late appointments. She was beginning to feel that it may not be worth continuing with treatment.

Intervention:

We listened, acknowledging the need for balance of burden/benefit of interventions and to optimise control. She was given advice regarding symptom-control and medications. The ESC Radiotherapist changed appointments to mornings and organised a couch for her to lie down on.

Follow-ups were booked with the consultant and Physiotherapist at RT times.

At follow-up she stated she was tolerating treatment better and is now hoping to complete her treatment.

"This department is the first hospital department who has really taken care of me."

To ensure we meet the growing demand investing in our workforce is critical. With this in mind, we have developed two new roles to support the growing workload while maintaining patient focused care.

Radiotherapy On-Treatment Review Radiographer

With the backing of the Macmillan Cancer Support charity, the Oncology Centre has introduced a new specialist Radiographer role to provide a Radiographer-led 'on-treatment review' service for patients undergoing Radiotherapy treatment. The development of this service is enabling greater patient-focussed care by ensuring that all patients are offered the opportunity for a formal review appointment during their course of treatment. This allows treatment side-effects to be managed more proactively through regular monitoring and early intervention. Patients are now offered holistic needs assessment during their treatment, and the Review Radiographer is able to co-ordinate the patients' wider holistic care needs through appropriate signposting to other healthcare professionals or support services, such as LWBC & ESC. The Review Radiographer also provides a valuable point of contact for members of the wider multidisciplinary team who have care-related queries or patient wellbeing concerns, both during and after treatment, helping to ensure continuity of care for patients at all stages of their treatment pathway.

Immunotherapy Nurse

One of the areas of growth relates to the drug portfolio, particularly the use of multiple therapies and the introduction of immunotherapies. While this is positive news for patients who are now living with or surviving cancers more than ever before, it is creating an increased demand within the service. To support this additional work as well as our patients and wider MDT, we have introduced the role of an immunotherapy nurse.

This role assists by providing a central point for referrals, supporting the oncologists in clinic and management of side-effects. Due to the rapid growth within this area, education will be key to ensuring the wider MDT supports patients appropriately. Many of these patients will receive treatments over several years therefore this post is pivotal in ensuring patient access to the LWBC & ESC programmes.

Both of these posts will enable oncologists to focus on the growing patient population, especially the complex cases providing cost-effective care.

Outreach Chemotherapy

With the increasing demands on chemotherapy, space continues to be at a premium. With the support of Friends of the Oncology and Radiotherapy Centre, Exeter (FORCE) we have introduced a chemotherapy outreach initiative visiting Tiverton and Okehampton once a week.

The benefits to patients include:

- Treatment closer to home so less travelling time and expense
- Easier parking
- Quieter location and treatment area
- Reduced waiting time for treatment
- Access to additional FORCE services to support the patient and their family

Patient Feedback

"Today I had my chemotherapy in Okehampton thanks to you. The difference it will make to me (and many others) is huge especially as my treatment is weekly. I would like to thank the staff and volunteers who are invaluable and I'll see you next week"

Service Improvement Fertility Exeter

Fertility Exeter is a centre for assisted conception and as such offers a range of treatments performed under licence issued by the Human Fertilisation and Embryo Authority (HFEA). The centre was created in 2014 following the merger of the Trust's NHS Fertility Services and a local private provider with a transition of ownership to the Trust.

In 2017, the service conducted a comprehensive service review resulting in the following key service improvements:

- Redesign of the principal treatment pathway for IVF, reducing the number of patient episodes during a pathway while at the same time improving the quality and efficiency of consultations, planning and scanning appointments.
- Introduction of a series of multidisciplinary team forums to monitor, review, evaluate and plan care throughout the delivery of individual patient treatment pathways. This allowed for a more cohesive collaborative approach to clinical decision-making and care delivery.
- Investment in technology and fine –tuning of many laboratory standard operating procedures in conjunction with changes to approach in clinical decision-making. This has resulted in improved pregnancy success rates.
- Overhaul of the centre's Quality Management System which has ensured a robust governance framework that will facilitate future sustainability of the service and continual quality improvement in the delivery of high standards of care in assisted conception.

Having had a planned licence renewal inspection in September 2016 by the HFEA, a follow-up inspection completed in July 2017 indicates the level of success achieved with the work described above. Full details of both reports can be found on **www.hfea.gov.uk**

Castle Place GP Practice

The GPs from Castle Place Practice in Tiverton, a forward-thinking group, approached the Trust in 2017 to discuss how we could work better together to meet the needs of the local population.

Following an extensive due diligence process, the Trust integrated Castle Place Practice into its community services in January 2018 and working with neighbouring practices have set up a group to design an approach to providing integrated place based care for the people of Tiverton. Leadership meetings with the practice and our integrated health and social care team are now operational and whilst it is early days we are testing practical ways of improving how we work together to improve care for our population. An example of the work that we are testing is a new service to review and support people who have been transferred home from the acute Trust, which includes a follow-up contact from the surgery to ensure that the person is well supported following their discharge.

We are really looking forward to improving how our community health and social care teams and the wider community groups work with the Castle Place Practice GPs. Where possible we hope to apply and test out the principles of Place-Based Care in order to provide the right care and support in a timely manner to meet the needs of our local communities.

OUR PRIORITIES FOR 2018/19

Trust Priorities

- **Promoting Independence of patients**
- **Use of patient feedback**
- **Health and wellbeing of staff**
- **Safety Programme**

Promoting Independence of patients

The NHS Five Year Forward View sets out a central ambition for the NHS to become better at helping people to manage their own health. Many older people and patients with long term conditions can become dependent on the care and support offered by health and care services. Whilst this may be understandable where people lack the capacities to better manage their own care, the evidence shows that patients who take an active role in managing their own health see improved outcomes and a better quality of life; have fewer episodes in hospital and are more likely to stick to treatment plans.

‘Patient activation’ describes the knowledge, skills and confidence a person has in managing their own health and care. Empowered patients who determine their own health and care priorities are more likely to better manage any psychological dependency that they may encounter. Encouraging patients (and their families and carers) to be active in their own care and treatment is not always straightforward. The culture that has been set for many years is that people will simply follow the advice and guidance given to them by clinicians. Increasingly, this more paternalistic model has shifted to one which emphasises a genuine partnership between clinical staff and patient. Put simply, this may involve working together or co-producing a plan of care that begins with the needs of the patients and the outcomes they are aiming to achieve. The shift in power towards a partnership approach can also be achieved through the provision of targeted information – an informed patient is more likely to be empowered and make informed decisions about their care and treatment.

Patient activation is of particular importance to the 15 million people living with long-term conditions (LTCs) who rely, more than most, on NHS services. By understanding people’s activation levels, we can better support those people with LTCs in ways appropriate to their individual needs.

The Trust seeks to find ways to work with patients with LTCs and other patients to determine their own health goals.

Promoting independence is also about helping patients in hospital to help themselves remain active in order to prevent deconditioning. A person over 80 who spends 10 days in a hospital bed will lose 10% of muscle mass. This could be the difference between going home and going to a care home. Encouraging patients to get up, out of their nightwear and stay active helps reduce length of stay, improves dignity, helps with rehabilitation and is a better experience for patients. Last year we kicked off a campaign linked to the #GetDressed2Progress and #endPjparalysis initiatives. This was a multidisciplinary effort to encourage patients to be more empowered. At its heart was a film shown to patients which demonstrates the benefit of remaining active in hospital. This year we intend to further develop this campaign. Confidence plays a more active role in getting back home as soon as it is safe to do so.

Patient independence is a core element of the model of care we are now implementing. Reabling patients, helping them to take charge of their own care, and supporting them as necessary in their own home is central to the home/near home based model. Co-design with patients, carers and communities is a significant feature throughout our work to date and will continue such that we will shift the focus from “patients” to “people”, and from “What is the matter with you?” to “What matters to you?”

This work will be reported, monitored and managed by both the In Hospital and Happy at Home Programmes which form part of the Trusts’ 2-year operational plan.

Use of patient feedback

Patient experience is widely accepted as one of the three key markers of quality care, alongside clinical effectiveness and safety. People’s experiences offer valuable insight to better understand where the care we provide is exceeding expectations and where it is falling short, thus helping us to develop targeted improvement plans.

Patient feedback consists of the views and opinions of patients and service users on the care that they have experienced. How patients experience healthcare depends on what healthcare professionals and staff do and say, what patients themselves say

and do, the physical environment and the rules and culture that characterise healthcare settings. We all review, judge and respond to what happens to us. This is especially true of patients who are intensely aware of their predicament and of their dependence on staff. As well as getting the best treatment they can from first rate clinicians using the best and most advanced medicines and technology available, they generally want to be in clean surroundings, be comfortable and free from pain, treated with dignity, respect and with honesty. They want to be involved in the decision-making about their healthcare and to be treated with compassion and skill. Feedback on whether we are getting this right is invaluable if we are to continuously improve our services.

The Trust has a number of ways of collecting feedback from patients, their families and carers. This ranges from complaints and compliments, feedback through NHS Choices, through feedback cards, and surveys. The use of the “what went well, even better if..” approach with patients helps focus not just on those areas that need to be addressed but also on key strengths that we can build on and learn. Analysis of complaints feedback provides detailed information about the negative experiences that some patients might have when using our services. This analysis is dissected and shared with the Trust’s Patient Experience Committee (PEC) which includes Governors to ensure that there is a lay voice in helping sense-check the conclusions reached about this analysis. In some specialities we work with expert patients to help identify how services can be changed or developed to make patient experience as positive as it can be. Feedback is critical in driving improvements in healthcare at a number of levels. Often, it is very subtle or slight changes in our activities or how we organise care that can make the biggest difference in how patients experience their care. At other times, feedback from patients that demonstrates a pattern can reveal a need for a more fundamental rethink on what and how we do things. This can lead to a drive to undertake focussed changes across a range of areas impacting on experience.

Patient feedback is a key barometer of quality and helps remind clinicians and managers what is most important from a patient perspective. Patient feedback can be used to inform health needs assessments as well as to measure experience and outcomes.

Collecting feedback is essential but the key is to ensure that this is used proactively to change practice, attitudes and approach. Over the course of the next year we will continue to build on what we are already doing. We will however develop a more

systematic approach to ensuring that the feedback we receive is proactively used across all specialties to drive improvements in care, and ensure our staff are aware of this positive influence.

This work will be reported, monitored and managed by PEC, which is a sub-committee of the Governance Committee.

Health and wellbeing for staff

The Trust’s Health and Wellbeing (H&WB) Strategy was updated in July 2017 to reflect the increased priority of supporting our employees’ health and wellbeing needs. A summary of all the work undertaken during 2017 is detailed on page 21.

The good progress made was reflected in our staff survey results:

- **A significant improvement (4%) from 2016 for Q9e** – ‘Not felt pressure from manager to come to work when not feeling well enough’, 76% (72% in 2016)
- **Improvement (3%) from 2016 for Q9f** – ‘Not felt pressure from colleagues to come to work when not feeling well enough’, 82% (79% in 2016)
- **Improvement (1%) from 2016 for Q9a** - ‘Organisation definitely take positive action on health and wellbeing’ 34% (33% in 2016)
- **Same score for Q9c** – ‘Not felt unwell due to work related stress in the last 12 months’ 68% (whilst many other Trusts have seen a decline)

The health and wellbeing of our staff however remains mission critical and we will continue to pursue this agenda over the next year as a key priority. We have developed a detailed programme of work for us to focus on and it continues at a pace strongly influenced by the feedback from the H&WB survey which took place in Feb/March.

In summary, we will:

- Continue to prioritise mental health: we are already at an advanced stage in joint work with DPT over rapid access for staff.
- Continue to establish and train H&WB Champions and also Mental Health Champions.
- Commence a pilot programme of health checks for staff, focussing initially on community staff, which has been a hard-to-reach group.

This work will be reported, monitored and managed by the Health and Wellbeing Group which reports to the Workforce Governance Committee (a sub-committee of the Governance Committee).

Safety Programme

Local Safety Standards for Invasive procedures (LocSSIP) work programme. Over the last year there has been a number of incidents across the Trust have often occurred outside of a theatre environment. LocSSIPs provide a standard procedure to be followed in these areas. The aim of the work programme is to complete plans and deep-dive tests asking the questions:

- Is it safe?
- Are we consistently following process?
- Assurance will come from testing the plans in a simulation environment

Maternity Safety Programme

This is an extensive and predetermined programme and will be a continuation of planned work. This includes:

- Emphasis on reducing maternal, still birth and neonatal deaths
- Implementing the Every Baby Counts quality programme
- Reducing pre-term labour

Using the Savings Lives Bundle with an emphasis on:

- reducing smoking
- risk assessment and surveillance of fetal growth restriction
- awareness of reduced fetal movements
- effectiveness of fetal monitoring in labour

Sepsis CQUIN

Continuation of the National Scheme for all clinical areas to ensure patients are identified and treated in a timely manner

Learning from Excellence. Celebrating and reporting when we get it right so that we can promote good practice. There will be a page on the Trust internet for areas to promote their positive stories. This will then be collated centrally and shared through the Patient Safety and Mortality Group.

Mortality work

This is a national requirement for which we have established processes but will have wider learning that can be shared as those processes become embedded. The baseline Systematic Judgement Review learning will inform areas of more detailed work. We will also be able to consider what support we can provide people with to inform any investigation process.

Reduce incidence of Acute Kidney Injury (AKI), pressure ulcers and falls; all of which are associated with poor patient experience and on-going morbidity. We have made significant improvements across all of these areas but need to have a continued focus on them.

This work will be reported, monitored and managed by the Patient Safety and Mortality Review Group who report to the Safety and Risk Committee (a sub-committee of the Governance Committee).

Governor Priorities

Verbal Communication of Staff to Patients

The Trust's main complaint theme is 'Communication', whereas the Trust's main commendation is the positive attitude of staff and communication.

- What processes are in place to ensure learning from 'communication' type complaints and concerns is implemented and shared?
- Has the Trust considered providing training for staff to support positive communication, or does the Trust have any such training in place, i.e. Customer Care?
- What processes are in place to ensure that patients with special needs receive appropriate communication?
- Given that communication links closely with culture and behaviour of staff, what has the recent staff survey results revealed in this respect?
- Does the existing 'Divisional Engagement Plans' provide assurance that communication is being addressed where necessary?
- Is there a communication programme available to update and support staff following receipt of a complaint or concern in which they were involved?

What would improvement look like?

- A reduction in communication-type complaints
- Learning from communication concerns and complaints is part of a shared culture across the Trust and is evidenced in CQC and other regulatory reports to the Trust

This work will be reported, monitored and managed by the Patient Experience Committee which is a sub group of the Governance Committee.

Promoting Wellbeing in the Work Place

The Council of Governors would like assurance that the Trust is supporting staff in terms of 'Wellbeing and Resilience'

- What support is currently available to staff?
- Does the support differ for staff in clinical and non-clinical areas?
- Does the Trust have any further plans in place to enhance this?
- Does the Trust's Appraisal process/documentation provide an opportunity to discuss wellbeing and resilience and is this recorded?
- Is there a process of Clinical Supervision/ Reflective Discussions available for:
- All clinical staff
- All non-clinical staff
- How is the effectiveness of the Well-Being Actions measured?

What would improvement look like?

- Reduced staff sickness levels specifically those categorised as due to anxiety/stress/depression/other psychiatric illness
- A positive wellbeing theme seen in staff survey
- Development of a Staff Mental Wellbeing Thermometer based on recommendations of good practice
- A tangible culture of listening and engagement facilitated by managers and supervisors
- Managers themselves are valued and supported by skills specific training and opportunities for reflective and confidential conversations with Occupational Health/ Psychological Wellbeing practitioners.

This work will be reported, monitored and managed by the Health and Wellbeing Group who report to the Workforce Governance Committee (a sub-committee of the Governance Committee).

In line with the above priority, the Council of Governors selected the Trusts staff sickness recording process to be audited by the external auditors, KPMG. The results of the review can be found on page 108.

Duty of Candour

The Trust remains committed to being open and honest with patients and their families when things go wrong. The Trust has implemented a process for Duty of Candour from August 2013 which was communicated and led through the Trust's Governance system. Monitoring of compliance of Duty of Candour happens at different levels. The Trust uses its electronic incident reporting system Datix for overseeing the Duty of Candour requirements. Duty of Candour compliance is monitored through the Trust's Incident Review Group. This compliance is also reported through to the Safety and Risk Committee and is included in the monthly Integrated Performance Report to the Board. The Trust compliance with Duty of Candour remains very good and continues to promote our open and honest culture.

Learning from deaths

During 2017/18 1746 patients of 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:

419 in the first quarter

370 in the second quarter

452 in the third quarter

505 in the fourth quarter

By April 2018, 83 reviews and 9 investigations have been carried out in relation to 92 of the deaths included above. Deaths requiring case record review are sampled in two ways; either as part of randomly selected number of deaths which are reviewed each month, or those that meet one of a number of different criteria automatically triggering the need for review. For example, the death of a patient with a learning disability or where bereaved families and carers, or staff, have raised concern about the quality of care provision.

In no cases a death was subjected to both a case record review and investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

21 in the first quarter

24 in the second quarter

26 in the third quarter

21 (provisional data) in the fourth quarter

The Royal Devon & Exeter NHS Foundation Trust is unable to provide a reliable figure for the number of deaths in the reporting period which were judged more likely than not to have been due to problems in the care provided to the patient, due to the following reasons:

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

The Royal College of Physicians 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

Month / Quarter	Grading					Grand Total
	Very Poor Care	Poor Care	Adequate Care	Good Care	Excellent Care	
Apr-17	0	0	2	1	4	7
May-17	0	0	1	7	3	11
Jun-17	0	0	0	3	0	3
Q1	0	0	3	11	7	21
Jul-17	0	0	2	3	2	7
Aug-17	1	2		4	2	9
Sep-17	0	1	0	3	0	4
Q2	1	3	2	10	4	20
Oct-17	0	0	2	8	3	13
Nov-17	0	0	0	6	1	7
Dec-17	0	0	0	3	1	4
Q3	0	0	2	17	5	24
Jan-18	0	2	5	5	3	15
Feb-18	0	0	0	1	1	2
Mar-18	0	0	1	0	0	1
Q4	0	2	6	6	4	18
Grand Total	1	5	13	44	20	83
%	1%	6%	18%	50%	26%	100%

In relation to each quarter, this consisted of:

Month / Quarter	Grading					Grand Total
	Very Poor Care	Poor Care	Adequate Care	Good Care	Excellent Care	
Q1	0%	0%	14%	52%	33%	100%
Q2	5%	15%	10%	50%	20%	100%
Q3	0%	0%	8%	71%	21%	100%
Q4	0%	11%	33%	33%	22%	100%
Grand Total	1%	6%	16%	53%	24%	100%

These numbers have been estimated based on the information gathered using the SJR Methodology:

Since March 2017 when the National Quality Board (NQB) published National Guidance on Learning from Deaths, the Royal Devon and Exeter NHS Foundation Trust has trained 12 reviewers to undertake case record reviews using the SJR methodology and established a programme of weekly half-day sessions to facilitate the peer review process. This has been effective in delivering a volume of data as demonstrated by the figures provided above.

The SJR work has facilitated a number of formal and informal contacts between senior and junior medical staff and between specialty teams. In some cases there has been well documented excellent practice prompting formal praise of the individuals involved. In other cases, the SJR has prompted queries around the quality of care which have either been dealt with informally or via the governance structure. Much of the feedback provided on individual cases has related to the quality of documentation.

To date there has not been a case identified by a SJR where significant lapses in care have occurred and/or actions or changes to system and processes have been prompted. While this possibly provides a degree of reassurance on an individual case basis, further analysis of the narrative data gathered by the SJRs thus far is planned for 2018 using the "Thematic Framework Analysis" approach to identify any wider organisational emerging trends or themes.

In 2017/18 nine formal investigations were undertaken for patients that had died; of these five established that death was not attributable to the incident reported and three are in progress at the time of writing.

The final investigation into the death of a patient undergoing a routine and minor surgical procedure identified the following learning points. The investigation identified the following key learning;

- A tendency to review only the concluding remarks of clinical reports, may have contributed to an incidental but significant finding being overlooked.
- The specialty focus of Multidisciplinary Team meetings may predispose to other non-specialty issues being overlooked.
- Where an MDT outcome does not involve further input from that specialty team, there may still be loose ends that the referring clinician should be made aware of and follow up.

- The flagging of unexpected and significant findings on results, whilst more time-consuming, may increase the visibility of abnormal results.
- The reliance on paper reports makes it difficult to audit acknowledgement of abnormal findings.
- Unexpected clinical findings on review at nurse-led pre-assessment clinics may sometimes warrant a further evaluation by a more experienced clinician and/or additional pre-operative tests.

In line with the learning identified by the investigation, a series of actions relating to the following areas are currently being worked through.

- Determining how outcomes and recommendations from MDT meetings are generated, and how responsibility for follow up of secondary findings is assigned.
- Review of the process and policy for the communication and acknowledgement of, serious radiological findings.
- Review of pre-operative assessment procedures to ensure there are appropriate criteria to determine when further evaluations or investigations are warranted before surgery.

Once work is completed, it will be revisited as part of the organisations approach to assessing closed actions. This includes assessing the impact of changes on service and care delivery.

6 case record reviews and 2 investigations completed after April 2017 which related to deaths which took place before the start of the reporting period.

Seven Day Services

The Trust has maintained and improved their position in relation to compliance with the four priority standards for seven day services. This includes the achievement of the standards within the relevant priority specialised services, Vascular, Stroke and Cardiology (STEMI heart attack provision).

The Trust participates in the twice annual Seven Day Services audit and data collected through this process in 2017/18 demonstrates the following;

- Clinical Standard 2 – Time to first consultant review <14 hours of admission 90%:

- Trust weekday position 86%
- Trust weekend position 83%
- Trust combined position 85%
- Although the Trust is narrowly missing the 90% standard the Trust is benchmarked nationally as an upper quartile performer. There remain two key areas of focus to ensure the consistent delivery of the 90% standard and work is underway to address this in General Surgery and Paediatrics.

- Clinical Standard 4 – Access to diagnostics for patients with an Urgent or Critical need

- Trust assessed as compliant with this standard; however as is consistent with the local and national position Cardiac ECHO remains an area of focus.

- Clinical Standard 5 – Access to key interventions

- The Trust is fully compliant with this standard

- Clinical Standard 8 – On-going review

- 98% of patients requiring twice daily review received these reviews.
- 94% of patients requiring once daily review received their review.

Through 2018/19 the Trust will continue to make progress to support the consistent achievement of the clinical standards, with a principal focus on paediatrics and general surgery as remaining areas not consistently achieving clinical standard two. The Trust will continue to engage fully in both local and national seven day services events with NHSE and NHSI regarding delivery and the Trust is actively working with other trusts nationally to identify best

practice and innovative service models to support or sustain achievement of the standards.

In addition, the trust is implementing a number of supporting interventions as part of the 2018/19 'In Hospital Programme' which will further strengthen compliance with the standards, such as the implementation of SAFER bundles, Red to Green days, enhancing ambulatory care and enhancing the provision of advice and guidance and access to hot clinics.

Furthermore, work across the Devon STP, as part of the review of acute services, continues to consider the delivery of Seven Day Services standards within reviews of service configurations across a wider footprint or on a networked basis, where required for relevant services.

NHS Staff Survey Results for indicators KF26 and KF21

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months – i.e. K26. Trust score in 21% (in 2016 –no comparable)

Percentage believing that Trust provides equal opportunities for career progression or promotion for the Workforce - i.e. KF21 89% (Trust score in 2016 – no comparable).

As a result of the acquisition of community services, the staff cohort for the annual NHS staff survey has changed which means that year on year comparisons are not valid. For information, the 2016 figures based on the acute hospitals only were for KF26 – 20% and for KF21 – 89%.

Review of Services

During 2017/18 the Royal Devon and Exeter NHS Foundation Trust provided and/or sub-contracted 104 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 104 of these relevant services.

The income generated by the relevant health services reviewed in 2017/18 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 2016/17.

Participation in Clinical Audit

During 2017/18 46 national clinical audits and 6 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 88% national clinical audits and 100% 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 were eligible to participate in during 2017/18 are listed in Annex F.

The national clinical audits and national confidential enquiries that the Royal Devon and Exeter NHS Foundation Trust participated in during 2017/18 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 2017/18 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.

The reports of 21 national clinical audits were reviewed by the provider in 2017/18 and the Royal Devon and Exeter NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided as detailed in Annex F.

The reports of 30 local clinical audits were reviewed by the provider in 2017/18 and the Royal Devon and Exeter NHS Foundation Trust intends to take the following action to improve the quality of healthcare provided as detailed in Annex F.

Participation in Clinical Research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to contributing to implementation of evidence-based patient care. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The high quality of the research undertaken in the Trust is demonstrated by the level of external grant funding which in 2017/18 exceeded £7million.

The number of Chief Investigators with successful external grants increased during the year.

In 2017 there were 284 publications in peer-reviewed journals, demonstrating our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

The Trust is consistently the highest recruiting NHS organisation to clinical trials in the South West Peninsula. The Trust was involved in conducting 485 clinical research studies in a wide range of specialties during 2017/18. 92% of trials achieved the National Institute of Health Research (NIHR) 70 day benchmark for trial initiation.

The Trust collaborates with the University of Exeter Medical School, hosting the NIHR Clinical Research Facility for experimental medicine. The number of patients receiving relevant health services provided by the Royal Devon and Exeter NHS Foundation Trust during 2017/18 that were recruited during that period to participate in research approved by the Research Ethics Committee is 2800. Research focuses on understanding mechanisms of disease and introducing improvements into patient care.

Research highlights that have positively impacted on patient care: New genetic test promises improved drug safety for patients

The Exeter Inflammatory Bowel Disease (IBD) and Pharmacogenetics Research Group have identified novel genetic variations that predict bone marrow suppression caused by commonly prescribed drugs used in the treatment of inflammatory and haematological disorders. Testing for these genetic variations prior to treatment and drug avoidance in at-risk individuals will help reduce the risk of this serious adverse drug reaction.

The clinical and cost effectiveness of this genetic testing is currently being reviewed by Genomics England and by the Clinical Pharmacogenetic Implementation consortium. Subsequent roll out of an NHS clinical service will be led by the Exeter NHS Molecular Genetic Laboratory which has a track record of translating research findings rapidly into clinical practice.

Maturity Onset Diabetes of the Young (MODY) – clinical prediction model

Diagnostic molecular genetic testing to confirm MODY is expensive, so it needs to be targeted to the most appropriate patients but identifying these patients can be challenging. We have developed a clinical prediction model for use in young-onset patients with diabetes to help identify which patients are most likely to have MODY. This takes a patient's

clinical features and calculates the probability they have MODY, allowing the clinician to weigh up the likelihood of MODY against the impact of a correct diagnosis for the patient and the cost of the test. The model is now available online as a web-based calculator (<http://www.diabetesgenes.org/content/mody-probability-calculator>) and is part of the Diabetes Diagnostics app. Since publication in 2012, the web calculator has had >40000 hits. It is used worldwide, with 64% of users of the calculator being from outside the UK. The app is available on both iOS and Android and has had >5000 downloads to date, again from across the world (75% users outside UK). Referrals for diagnostic testing that have followed on from using the calculator are more appropriate and have a higher pick up rate compared with those that do not use the calculator (31% v 20%).

Diagnosis of lethal genetic disorders by parental genetic coding

The Molecular Genetics Laboratory offer a new diagnostic service to parents with a history of lethal fetal disorders and the risk of future severe congenital abnormalities. This new method uses DNA from parents rather than the fetus. Research has shown that exome sequencing (the protein coding region of the genome) of parental DNA samples is an effective way to diagnose lethal or prenatal-onset disorders in 52% of cases. This means that half of the couples who have had no diagnosis and no way of testing future pregnancies now have an answer. This service is now being used by patients from throughout the UK; the number of referrals per year is dramatically increasing, doubling in the last year compared to the previous year (from 110 in 2016 -2017 to 220 in 2017- 2018).

Trust-led study on multiple sclerosis identifies new protein for treatment

Multiple sclerosis (MS) is an autoimmune disease in which inflammation leads to long-term disability due to a damaged nervous system. For this reason, the loss of nerve cells has become an increasing focus of research regarding the disease.

A joint Exeter (Paul Eggleton/Nick Gutowski)-Alberta (Simmen/Giulliani) research team have identified a protein (Rab32) that is present in larger amounts in the brains of people with MS, compared to healthy individuals. They discovered that this protein leads to mis-communication in nerve cells causing them to malfunction. This causes toxicity in the brain cells, leading to nerve cell death in MS patients. This discovery allows us to better understand how to help nerve cells survive in MS and focus on developing new treatments. Additional Trust- funded research is now underway to try and control the amount of this and other proteins in individuals who have MS back to normal levels. This work is ongoing with the participation of people with MS in the region.

Goals Agreed with Commissioners

A proportion of the Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at www.rdehospital.nhs.uk.

The 2017/18 NHS Planning guidance continued the potential for Trust to earn additional income, conditional upon achieving quality improvement and innovation goals. The Trust agreed a suite of schemes for which the Trust could earn an additional £7.04m of income in 2017/18. In 2016/17 the Trust received payment to the value of £6.20m

QUALITY SCHEMES

Commissioning for Quality and Innovation (CQUIN) Schemes for Delivery in 2017-18

Due to the timing of the production of the Quality Report and the process to agree Q4 achievement with commissioners, the key achievements listed below are focused on the first three quarters of the year where there is a measurable target.

Name of Scheme –Improving NHS Staff Health & Wellbeing:

Objective

The objective of this CQUIN is to encourage the introduction of additional Health & Wellbeing initiatives for NHS staff, including initiatives for physical health, for mental health and for improved access to physiotherapy for staff with musculoskeletal issues, as measured by staff responses to three key questions that are part of the NHS Staff Survey.

Key Achievements

- The Trust has committed to leading the way in guiding employees to improve their Health & Wellbeing by the recruitment of an experienced and skilled Health & Wellbeing Improvement Practitioner.
- A comprehensive programme of events and activities has been implemented, with a particular focus on the improvement of mental health.
- The work undertaken also includes a comprehensive communications and engagement programme.
- In addition to the comprehensive work programme we have implemented an Employee Assistance Programme (EAP). This enhances the in-house services and is available to employees and their families 24/7/365.

A more detailed description of the work undertaken with regard to Staff Health & Wellbeing is covered later in the quality report.

Name of Scheme - Improving NHS Staff Health & Wellbeing: Healthy Food for NHS Staff, Visitors & Patients

Objective

This CQUIN encourages the continued ban of price promotions and advertisement on NHS Premises of sugary drinks and foods high in fat, sugar or salt;

the continued ban of sugary drinks and goods high in fat, sugar and salt from checkouts and ensuring the continued provision of healthy options for staff working night shifts.

Furthermore, it also seeks to encourage the increased provision of drinks that are low in sugar or contain no added sugar; the increased provision of confectionery containing less than 250 kcal and the increased proportion of pre-packed sandwiches and other pre-packed meals that contain less than 400kcal and less than 5grams of saturated fat per 100g, including through food and retail outlets. It is intended that this CQUIN will support a change in food provision on hospital premises to include healthy options in particular for staff working night shifts; to restrict the availability and choice of sugary drinks and foods high in fat, sugar and salt, including from checkouts and banning the advertisement on NHS premises of such drinks and food products.

Key Achievements

- The targets which were met for the 2016/17 CQUIN scheme continue to be maintained throughout the Trust's in-house catering outlets, and through on-site charitable outlets, vending offers and WHSmith. Boots continue to work on achieving these targets.
- All food outlets (including vending offers) within the Trust have agreed to reduce the amount of sugar sweetened beverages. This means a minimum of 70% of lines stocked must not contain more than 5g of sugar per 100g. In addition to this, the Trust has signed up to the NHS England pledge to reduce this level further to only 10% of volume sold from March 2018 onwards and all areas have now also committed to achieving this target.
- All catering providers on site, along with our vending suppliers, have reduced the amount of confectionery and sweet lines so no more than 40% of lines stocked contain 250kcal or more. This will continue to be monitored and reduced.
- At least 60% of pre-packed sandwiches & other savoury pre-packed meals (wraps, salads, pasta salads) that are available for sale will contain 400kcal (1680 KJ) or less per serving. This is being achieved in all outlets on site.

Name of Scheme - Improving NHS Staff Health & Wellbeing: Improving the Uptake of Flu Vaccinations Amongst Front Line Staff

Objective

This CQUIN scheme intends to encourage NHS providers to achieve an uptake of the flu vaccination by frontline clinical staff of 70%, by 31 March 2018.

Key Achievements

- By the end of March 2018, 77% of front line staff within the Trust's acute services had been vaccinated and 65% of front line staff within the Trust's community services. This represents a significant improvement within the Trust's community services on the vaccination rate in 2016/17 of 47% and achievement for the second consecutive year of greater than 75% within the Trust's acute services.

Name of Scheme – Reducing the Impact of Serious Infections (Sepsis)

Objective

The objective of this CQUIN scheme is to ensure that patients presenting with the criteria for sepsis screening are screened for sepsis, and that those patients who present with sepsis via the Emergency Department, or by direct admission to the Acute Medical Unit or Surgical Assessment Unit, as well as those who may develop sepsis whilst already an inpatient, are administered intravenous antibiotics within one hour of the diagnosis of sepsis.

Key Achievements

- 95.17% of patients meeting the criteria for severe sepsis screening, were screened for sepsis (Q3) against a target of 90%
- 87% of patients on inpatient wards who presented or deteriorated with severe sepsis, red flag sepsis or septic shock were administered IV antibiotics within 60 minutes (Q3) against a target of 90%
- Sepsis training has now become an integral part of registered nurses and junior doctors annual training, being delivered as part of the junior doctor induction and registered nurse annual update. In addition to this the Clinical Practice Facilitators have been doing ward-based micro-teaching which has been well received. As part of the deteriorating patient simulation sessions which are run for doctors and nurses, Sepsis plays a key element.

- We are continuing to capture data monthly and are currently looking at the way in which we collect the data to make it as simple as possible for the ward teams.

Name of Scheme – Reducing the Impact of Serious Infections (Antimicrobial Resistance & Sepsis)

Objective

This CQUIN scheme seeks to reduce the consumption of all antibiotics, particularly broad-spectrum carbapenems and piperacillin-tazobactam, and to encourage a focus on antibiotic stewardship by ensuring antibiotic prescriptions are reviewed within 72 hours of initiation. Antibiotic use is a key driver in the spread of antibiotic resistance and measures to address unnecessary or inappropriate prescribing are crucial to minimise this unintended consequence. Reviewing antibiotics after 24-72 hours of treatment allows clinicians to change therapy in light of new information (e.g. new blood, microbiology and imaging results) and depending on the patient's clinical improvement. This helps to ensure treatment is tailored to the individual/infection and that no unnecessary antibiotics are prescribed.

Key Achievements

- Antimicrobial consumption data has been submitted in accordance with requirements (Q1-3) to inform the year end assessment of performance against a target of 1% reduction in usage of each of carbapenems, piperacillin-tazobactam and total antibiotic usage per 1,000 admissions.
- The Trust has been hugely successful in reducing piperacillin/tazobactam usage following its removal from several guidelines (and is anticipated to meet the target for reduction)
- A senior antimicrobial review was documented between 24–72 hours for over 90% of the sepsis patients audited (Q1-3), exceeding the target

Name of Scheme – Improving Services for People with Mental Health Needs who Present to A&E

Objective

The objective of this CQUIN scheme is to achieve a 20% reduction in the volume of attendances to ED for a selected cohort of people who frequently attend ED and for whom the benefit from mental health and psychosocial interventions has been clearly identified.

This will be assessed on completion of the 17/19 financial year. Furthermore, this CQUIN scheme seeks to establish improved services to ensure this reduction is sustainable.

Key Achievements

- Training sessions for staff in ED arranged with and delivered by local mental health provider Trust
- Re-launch of Mental health awareness training for health professionals working within ED
- Service users who frequently attend ED identified and care plans developed by MDT team
- Co-production and roll out of the Mental Health Triage Tool in ED
- Psychiatric Liaison Accreditation Network (PLAN) accreditation of the Psychiatric Liaison Room in ED
- Improvements to the coding of Mental Health patients attending ED to better identify patient need across providers and inform pathway improvements

Name of Scheme – Offering Advice & Guidance

Objective

This CQUIN scheme seeks to encourage Trusts to set up and operate Advice & Guidance services for non-urgent GP referrals, thereby allowing GPs to access consultant advice prior to referring patients to secondary care. It is intended that this then supports patients receiving care in the most appropriate location, close to home wherever possible, and that referrals are only made where necessary, thereby reducing pressure on secondary care.

Key Achievements

- GPs now have a structured way of asking for advice from our consultants in Dermatology, Paediatrics, Urology and Neurology with further specialties planned this year.
- Eighty percent of the requests for Advice & Guidance are responded to within 48 hours
- The provision of an Advice & Guidance service within each of these specialties has avoided unnecessary outpatient appointments and referral letters being received by the Trust, thereby enabling consultant time to be directed towards the care of other patients.

Name of Scheme – NHS E-Referrals

Objective

The objective of this CQUIN scheme is to ensure that referrals by GPs for all services where they are to consultant-led first outpatient services, can be made through the NHS e-referrals service. This involves Trusts making details available on the NHS e-Referrals service of all such services and to making all first outpatient appointment slots visible and available through this facility

Key Achievements

- 96% of the Trust's outpatient services are now available on NHS e-Referrals for the GPs or the Devon Referral Support Service to be able to book patients their first outpatient appointment electronically. The Trust's aim is to have 100% of outpatient services available by the end of March 2018.
- This includes all of our Suspected Cancer services which streamlines the process for GPs and is a safer way of receiving referral letters
- Some of the Trust's services newly available on NHS e-Referrals include Dietetics, Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME) Service, Rapid Access Chest Pain Clinics, Fast Track Knee and Shoulders,
- In support of this, the booking process for the booking clerks trust wide has been streamlined
- The Trust is no longer accepting any paper referrals from GPs as all the services are now on e-referrals

Name of Scheme – Supporting Proactive & Safe Discharge

Objective

This CQUIN scheme intends to help deliver an increased proportion of patients who are discharged to their usual place of residence after having been admitted into the hospital.

Key Achievements

A number of improvements have been made to patients pathways over the past 12 months, these include:

- Significant work to expand the domiciliary care market which aims to enable patients to be cared for in their own homes as soon as they are ready for discharge.
- The implementation of the Single Point of Access, aimed at streamlining the discharge process
- A cultural change programme aimed at staff and patients helping patients safely return home as early as possible and giving advice on how to access alternatives to hospital admission in the future
- The opening hours of assessment units such as the Paediatric Assessment Unit (PAU), Surgical and Triage Assessment Unit (STAU) and Medical Triage Unit (MTU) have been increased to increase the proportion of patients able to return home on the same day they attended hospital, thereby avoiding hospital admission altogether.
- The introduction of the Enhanced Support Care team which aims to improve discharge and prevent further readmission for palliative care patients.
- The further development of ambulatory care pathways to avoid hospital admission and expedite discharge for patients who might otherwise be admitted overnight for routine procedures.

Name of Scheme – Preventing Ill Health by Risky Behaviours – Alcohol & Tobacco

Objective

This CQUIN scheme is intended to support improvements in health promotion activities, through discussing with all adults who are admitted to one of the Trust's community hospitals, whether they smoke, and what their alcohol intake is. For those

that do smoke, this CQUIN supports the provision of very brief advice regarding quitting smoking, onward referral to stop-smoking services and the provision of stop smoking medication, where appropriate. For those patients that do drink above identified lower risk levels, this CQUIN encourages the Trust to offer very brief advice regarding reducing their alcohol intake, and onward referral to a specialist alcohol advisory service, where the patient is potentially alcohol-dependent.

Key Achievements

- Extensive work undertaken to agree the content of the alcohol and tobacco screening tools that are to be employed.
- Content and format of the training programme for staff developed following discussion with members of the Public Health Team at Devon County Council, and with the Workforce Planning & Development Team at the Trust.
- Training schedule identified and delivered, which prioritised the delivery of training to registered nursing and therapy staff in the first instance, with roll-out to unregistered nursing and therapy staff thereafter.
- Engagement with both the Smoking Cessation Service within the Trust, and with Addaction and Live Wise Drink Well, identifying information leaflets and support that can be offered to patients for whom onward referral to a stop-smoking / alcohol support service is appropriate.

Name of Scheme – Improving the Assessment of Wounds

Objective

National research indicates that over 30% of chronic wounds (defined as wounds that have failed to heal within four weeks or longer) do not receive a full assessment based on research evidence and best practice guidelines. The objective of this CQUIN scheme is to increase the proportion of patients on the community nursing team's caseload with wounds, who in the event that the wound has failed to heal within 4 weeks, receive a full wound assessment.

Key Achievements

- Clinical audit undertaken to establish baseline number of full wound assessments that were completed in Quarter 2.

Name of Scheme – Personalised Care & Support Planning

Objective

The objective of this CQUIN scheme is to identify a group of patients with chronic, long term conditions who would benefit from support planning, including interventions to support them to develop their own knowledge, skills and confidence to manage their own health and wellbeing, and enablers that help them to understand the local support mechanisms that are available to them. This CQUIN is to be delivered across 2017/18 and 2018/19, with the intention that in 2018/19 the delivery of care and support planning enables at least 50% of patients within the identified cohort of patients to feel able to report an improvement in their ability to manage their own health and wellbeing.

Key Achievements

- Agreement and identification of patient cohorts
- Guidance developed for all community teams to enable identification of patients on their active caseloads who would be amenable to receiving support to understand local mechanisms available to help them manage their own health and wellbeing
- Identification of appropriate Patient Activation Measure (PAM) software with access to on line e- learning in order to support both clinical staff with working with patients on the use of the PAM tool and with admin staff supporting the administration of the tool.
- Training in motivational interviewing being sourced for clinical staff who will be working with patients to improve activation levels.

NHS England CQUIN Schemes

Name of Scheme – Enhanced Supportive Care – Access for Advanced Cancer Patients

Objective

There is growing evidence that good supportive care provided early to patients with advanced cancer can improve quality of life, possibly lengthen survival and reduce the need for aggressive treatments near the end of life. This CQUIN scheme seeks to ensure that patients with advanced cancer are, where appropriate, referred to a Supportive Care Team.

Key Achievements

- Improved patient experience
- Early intervention of supportive / palliative care is supporting teams and patients with decision-making regarding treatments, including assisting with transition to best support care
- Multi-disciplinary team working, ensuring the holistic needs of the patient are met
- Embedding of the iPOS (integrated palliative outcome scale) tool to access patients' needs at the point of each consultation. As a result we are able to compare patient's progress with symptom control and holistic needs from the initial referral to subsequent visits.

Maintaining health and wellbeing, keeping patient at home by improving symptoms therefore quality of life.

Name of Scheme – Nationally Standardised Dose Banding for Adult Intravenous Anticancer Therapy (SACT)

Objective

This CQUIN scheme incentivises the standardisation of chemotherapy doses for cancer patients in order to increase safety, improve efficiency and support parity of care across all providers of chemotherapy in England.

Key Achievements

- This is the second year of this CQUIN.
- 33 medicines have been targeted as being suitable for dose banding
- More than 95% of patients received their chemotherapy using the dose banding approach.

Name of Scheme – Optimising Palliative Chemotherapy Decision Making

Objective

This CQUIN scheme seeks to ensure that documented peer discussion takes place between nursing and medical colleagues when making decisions regarding the commencement or continuation of chemotherapy for patients with advanced cancer. The objective of this is to ensure that both the beneficial as well as the harmful effects of chemotherapy, are balanced and regularly reviewed for each individual patient.

Key Achievements

- Review and amendment of chemotherapy booking form to enable peer review
- Promotion of MDT working to ensure patients with advanced disease are receiving appropriate treatments. This is monitored via the SACT submission
- Links into the support provided by the ESC team

Name of Scheme – Spinal Surgery (Networks, Data, MDT Oversight)

Objective

This CQUIN scheme supports the creation and operation of a spinal surgery network, the identification of appropriate data flows and the establishment of a multi-disciplinary team (MDT) meeting for spinal surgery patients with data reported to the British Spinal Registry. This CQUIN aims to ensure that patient selection for specialised surgery is carefully discussed and the optimum treatment option is chosen in all cases.

Key Achievements

- Peninsula Spinal Network in place and functioning well
- MDT meetings regularly taking place to discuss and agree treatment options for elective spinal surgery patients
- All specialised and non-specialised spinal surgery data reported to British Spinal Registry
- Royal Devon & Exeter NHS FT asked to continue to host the network in 2018/19

Name of Scheme – Complex Device Optimisation

Objective

This CQUIN seeks to promote the enhancement and maintenance of local governance systems to ensure compliance with national policies and specifications for complex implantable cardiac devices. It seeks to achieve this through:

- Development of sub-regional network policies to encourage best practice in determining optimal devices for each patient
- Improved access to all patients who need referral for consideration of complex device implantation
- Development of referral pathways and robust MDT decision making processes.

Key Achievements

- Established multi-disciplinary assessment of patient indication for optimal implantation of complex devices
- Routine submission of national implant audit data via NICOR
- Regular clinical audit and review of complex device implantation complications and longer term complication
- Current in-year reduction in readmission rates for first implantations of complex devices.

Name of Scheme – Hospital Medicines Optimisation

Objective

This CQUIN scheme incentivises the faster adoption of best value medicines with a particular focus on the uptake of best value generics and biosimilars. A biosimilar is a biologic medical product which is an almost identical copy of the original product. The CQUIN also supports the use of lowest cost dispensing channels, reducing waste and ensuring outcome registries, including the national immunoglobulin database are used.

Key Achievements

- Introduction of biosimilar rituximab has reduced monthly spend by £50k
- All treatments that can be supplied by a VAT efficient route i.e. via Boots or Homecare, are being supplied by this method
- Outcomes are now being recorded on the national immunoglobulin database

Name of Scheme – Armed Forces CQUIN

Objective

This CQUIN scheme encourages the adoption of processes to support the embedding of the Armed Forces Covenant and NHS Constitution, ensuring that members of the Armed Forces Community who for operational reasons may need to move home frequently during their military service, suffer no disadvantage in accessing health services.

Key Achievements

- The Chief Executive has been appointed as the Armed Forces Covenant Lead
- For staff who are members of the Armed Forces Reserve, special leave is supported as part of the Trusts' Attendance Policy
- For members of the armed forces and their family who are potentially disadvantaged by moving around the country we ensure that they have equity of access to care when they transfer into our care, as covered by our Access Policy
- The Trust publicly signed the Armed Forces Covenant in July 2017.
- It is a founder member of the Devon Armed Forces (community) Wellbeing Partnership working with Public Health, Devon County Council, third sector and charities. It is also involved in the pilot of the national Veterans Covenant Hospital Alliance
- The Trust has been awarded a Bronze Award for the employer recognition scheme for the Armed Forces.

Name of Scheme – Newborn Bloodspot Screening

Objective

This CQUIN scheme seeks to decrease the numbers of avoidable repeat blood spot samples taken from newborn babies by maternity providers to a consistent position of less than 2%. The Trust's performance in 2016/17 was 4.45%. Analysis of the reasons for avoidable repeat samples being needed included, insufficiency of the sample taken, and incorrect demographic detail.

Key Achievements

- A reduction in the number of avoidable newborn bloodspots since the CQUIN scheme was commenced: Q1, Q2 & Q3 2017-18 now average 1.77%
- Emailing every health professional who has performed an avoidable repeat and copying in her manager. This email includes providing information on the reason for repeat and requesting completion of the e-learning available by the NBBS programme
- Providing scanned images for constructive feedback where needed, to support staff education
- Education on correct technique on the mandatory study day and providing individual guides to all midwives
- Encourage staff to attend Bristol Newborn Laboratory's open morning as part of their Continuous Professional Development (CPD)

Name of Scheme – Secondary Dental Network

Objective

This CQUIN scheme focusses on facilitating patient-centred care through requiring Trusts to ensure that consultant and / or specialist staff in Oral Surgery, Orthodontic, Restorative Dentistry and special care Dentistry are actively participating in the Managed Clinical Networks (MCN) for Dental Services.

Key Achievements

- Trust representation at all Oral Surgery and Orthodontic Dental Network Meetings.
- The Orthodontic MCN is focussing on developing a universal referral proforma which will standardise referrals across the region and ensure equitable care.
- The orthodontic MCN is also exploring the dietary advice given by the orthodontic service and addressing the impact this may have on the development of eating disorders.
- The Oral Surgery MCN has conducted a “roadshow” to inform local dental practitioners the role of the Oral Surgery MCN.
- The Oral Surgery MCN has also undertaken a review of the current triage process and is developing an outcome audit of patients

rejected by the triage service.

CARE QUALITY COMMISSION

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

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following area during 2017/18;

- 21st December 2017 - a focused inspection on the Surgical Division and their response to a series of never events.

The Trust intends to take the following action to address the conclusions or requirements reported by the CQC: Take sufficient time out during "Time Out" to optimise the effectiveness and completeness of documentation. Review processes to ensure appropriate areas of the WHO checklist have been completed prior to leaving the ward. Share learning and information from incidents between specialities and divisions. Obtain consent prior to the day of surgery in line with recommendations from Royal College of Surgeons: "Consent supported decision making. A guide to good practice 2016."

The Care Quality Commission has not taken enforcement action against the Trust during 2017/18.

The Trust underwent a planned, routine Care Quality Commission Inspection in November 2015. Below is a breakdown of the ratings for the Trust.

Our ratings for Royal Devon and Exeter NHS Foundation Trust						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Outstanding	Good	Good	Good

Our ratings for Wonford Hospital						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Outstanding	Good	Outstanding	Outstanding
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Good

Our ratings for Mardon Neurological Rehabilitation Unit						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

The Trust has submitted an action plan to the CQC. The Trust's Governance Committee will monitor the action plan through to completion.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2016/17 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:

- Which included the patient's valid NHS number was:
 - 99.7% for admitted patient care
 - 99.9% for outpatient care
 - 97.8% for accident and emergency care
- Which included patient's valid General Medical Practice Code was:
 - 100% for admitted patient care
 - 100% for outpatient care
 - 99.7% for accident and emergency care

Information Governance

The Trust's Information Governance Assessment Report overall score for 2017/18 was 73% and was graded green.

Clinical Coding

The Trust was not subject to the Payment by Results - Payment and Tariff Assurance Audit (PaTAF) DURING 2017.18.

Data Quality

The Royal Devon and Exeter NHS Foundation Trust will be taking the following actions to improve data quality:

- Ensure correct calculation of Commissioner for outpatient care, admitted patient care and accident and emergency care.
- Ensure correct speciality is recorded for outpatient care.
- Ensure referral data is recorded for all cases of outpatient care.
- Ensure correct Health Resource Group calculation for outpatient care.

CORE INDICATORS

The Trust has chosen the safety, effectiveness and patient experience indicators which reflect the Board of Directors approach to monitoring performance, adopting a balanced scorecard approach. A mixture of process outcome measures provide assurance of cause and effect.

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?	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>October 2016 - September 2017</p> <p>1.1115 (as expected) (12 trusts higher than expected, 105 as expected and 17 lower than expected)</p>	<p>October 2015 - September 2016</p> <p>SHMI: 1.0305 (as expected) (10 trusts higher than expected, 111 as expected and 15 lower than expected)</p>	<p>1. There is a nine month cross over between each reporting period.</p> <p>2. The SHMI values are comparable to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system.</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>The Trust monitors this data regularly via the Patient Safety Group, Safety & Risk Committee and the monthly Board Report. All in hospital deaths are reviewed as part of the Mortality Review Group.</p>	Internal Clinical Coding Audit - part of IG toolkit)	NHS Digital I	National

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/have taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited?	Source of measure	Definition
Domain 1 - Preventing people from dying prematurely	Summary Hospital-level Mortality Indicator (SHMI)	Palliative Coding 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.	October 2016 - September 2017 Palliative Coding: 21.5% (Highest 59.8%, Lowest 11.5%, National average 31.5%) The Trust is not a specialist centre for palliative care unlike those with the highest values.	October 2015 - September 2016 Palliative Coding: 19.1% (Highest 56.3%, Lowest 0.4%, National average 29.7%)	1. There is a nine month cross over between each reporting period. 2. The coding rates are comparable to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. 3. Increases in the palliative coding rate figures were seen following completion of specific interventions intended to improve recording.	The Trust monitors this data regularly via the Patient Safety & Mortality Review Group.	No	NHS Digital	National

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?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	PROMs; patient reported outcome measures	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: (i) Groin hernia surgery (ii) Varicose vein surgery (iii) Hip replacement surgery (iv) Knee replacement surgery The casemix-adjusted average health gain scores are: • 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.	April 2016 - March 2017 Groin Hernia EQ-5D: 0.11 (England 0.09, Lowest 0.06, Highest 0.14) EQ-VAS: 3.03 (England -0.24, Lowest -6.50, Highest 3.27) Varicose Vein EQ-5D: N/A* (England 0.09, Lowest 0.01, Highest 0.15) EQ-VAS: N/A* (England 0.08, Lowest -4.90, Highest 6.27) Aberdeen Varicose Vein Questionnaire: N/A* (England -8.25, Lowest -18.08, Highest 2.12) Hip replacement primary EQ-5D: 0.46 (England 0.44, Lowest 0.31, Highest 0.54) EQ-VAS: 13.79 (England 13.43, Lowest 8.52, Highest 20.15) Oxford Hip Score: 23.315 (England 21.79, Lowest 16.427, Highest 25.07)	April 2016 - September 2016 Groin Hernia EQ-5D: N/A* (England 0.08, Lowest 0.02, Highest 0.16) EQ-VAS: N/A* (England -0.11, Lowest -4.64, Highest 3.11) Varicose Vein EQ-5D: N/A* (England 0.099, Lowest 0.01, Highest 0.15) EQ-VAS: N/A* (England 1.37, Lowest -0.78, Highest 5.01) Aberdeen Varicose Vein Questionnaire: N/A* (England -8.47, Lowest -14.51, Highest 1.33) Hip replacement primary EQ-5D: 0.44 (England 0.44, Lowest 0.32, Highest 0.52) EQ-VAS: 13.60 (England 13.73, Lowest 3.94, Highest 19.51) Oxford Hip Score: 23.44 (England 22.01, Lowest 17.83, Highest 25.20)	Following a national consultation in 2016, NHS England took the decision to discontinue the mandatory varicose vein surgery and groin-hernia surgery national PROM collections. NHS England will continue with the hip and knee surgery PROM collections. The low values for Groin and Hernia reflect the discontinuation for mandatory collection. PROMs scores for Hip and Knee are comparable or better than the national average and consistent with other patient satisfaction measure results."	The data is reviewed regularly by the Surgical Services Division through their Governance structure. PROMs are useful tools in obtaining data on patients' perceptions of their health and experiences whilst receiving care and can be subjective in response. To reduce any bias the questionnaires are completed in the patient's home environment in their own time."	No	NHS Digital	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/score/rate/number, and so the quality of its services, by:	Audited?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	PROMS; patient reported outcome measures	<ul style="list-style-type: none">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.	Hip replacement revision EQ-5D: 0.309 (England 0.29, Lowest 0.24, Highest 0.36) EQ-VAS: N/A* (England 7.15, Lowest 1.607, Highest 13.8) Oxford Hip Score: 15.28 (England 13.503, Lowest 10.256, Highest 16.5)	Hip replacement revision EQ-5D: N/A* (England 0.285, Lowest N/A*, Highest N/A*) EQ-VAS: N/A* (England 7.838, Lowest N/A*, Highest N/A*) Oxford Hip Score: N/A* (England 13.137, Lowest N/A*, Highest N/A*)					
		<ul style="list-style-type: none">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 response to condition-specific questionsThe 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.	Knee replacement primary EQ-5D: 0.362 (England 0.324, Lowest 0.242, Highest 0.40) EQ-VAS: 9.275 (England 6.97, Lowest 1.00, Highest 14.50) Oxford Knee Score: 18.43 (England 16.54, Lowest 12.50, Highest 19.88) * N/A refers to values that have been suppressed due to low patient numbers or non-submission	Knee replacement primary EQ-5D: 0.43 (England 0.33, Lowest 0.26, Highest 0.43) EQ-VAS: 12.09 (England 8.07, Lowest 0.79, Highest 15.08) Oxford Knee Score: 20.13 (England 16.87, Lowest 12.64, Highest 21.34) * N/A refers to values that have been suppressed due to low patient numbers or non-submission					

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/score/proportion/rate/number, and so the quality of its services, by:	Audited?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	Patients readmitted to a hospital within 28 days of being discharged	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: <ul style="list-style-type: none"> ● 0 to 15 ● 16 or over 	April 2011 - March 2012 (i) 0 to 15: 7.88% (National N/A*, Lowest 6.40%, Highest 14.94%) (ii) 16 or over: 10.01% (National 11.45%, Lowest 9.34%, Highest 13.8%) *National values for this age range are no longer published. 'Lowest' and 'Highest' values are from the 'Large acute' trust category of which the RD&E is assigned"	April 2010 - March 2011 (i) 0 to 15: 7.33% (National N/A*, Lowest 6.41%, Highest 14.11%) (ii) 16 or over: 10.09% (National 11.43%, Lowest 9.2%, Highest 14.06%) *National values for this age range are no longer published. 'Lowest' and 'Highest' values are from the 'Large acute' trust category of which the RD&E is assigned"	1. Numbers (better than) national performance. 2. Increase broadly in line with national trend. Please note that this indicator was last updated on NHS Digital in December 2013 and future release has been suspended following a methodology review.	Whilst no longer nationally reported Readmission data is monitored by Divisions through their Governance structures and Trust wide in the monthly Board Report. 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 on-going to identify a metric definition and recording for ambulatory care, that means they will not negatively affect what is an inpatient based figure.	Yes	NHS Digital	National

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/score/proportion/score/rate/number, and so the quality of its services, by:	Audited?	Source of measure	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>Due to a sampling error, RD&E inpatient survey data is not available for 2015/16.</p>	April 2016 - March 2017 71.7 (England 68.1, Lowest 60.0, Highest 85.2)	April 2014 - March 2015 74.0 (England 68.9, Lowest 59.1, Highest 86.1)	The Trust continues to ask these questions as part of the care quality assessment tool (a real time audit).	<p>The Patient Experience committee reviews the full report and oversees any actions required.</p> <p>The 2017/18 Survey has been completed and is being compiled nationally. Results will be available in July 2018</p>	No	NHS Digital	National

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?	Source of measure	Definition
Domain 4 - Ensuring people have a positive	Staff who would recommend the trust to their family or friends	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.	2017 Staff Survey 84% (All Trusts 70%, Combined Acute & Community Trusts 68%)	2016 Staff Survey 85% (All Trusts 69%, Acute Trusts 70%)	Picker Institute that oversaw the 2017 staff survey is 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.	The Trust Communications & Engagement Team have several work streams at Corporate, Divisional and local levels including leadership training and staff engagement meetings. It is recognised that data is not comparable with previous years due to the change in cohort staff groups from Acute only to Acute and Community.	internal audit 2013/14	NHS England	National

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?	Source of measure	Definition
Domain 5 - reating and caring for people in a safe environment	Patients admitted to hospital who were risk assessed for venous thromboembolism	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	October 2017 - December 2017 (Q3 17/18) 94.19% (England 95.36%, Lowest 76.08%, Highest 100%)	October 2016 - December 2016 (Q3 16/17) 95.39% (England 98.16%, Lowest 65.92%, Highest 100%)	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.	No	NHS Improvement	National

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?	Source of measure	Definition
Domain 5 - Treating and caring for people in a safe environment	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 2016 - March 2017 6.0 (England 13.2, Lowest 0, Highest 82.7)	April 2015 - March 2016 8.6 (England 14.9, Lowest 0, Highest 66.0)	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 on a designated ward <ul style="list-style-type: none">● Hand hygiene● Rapid laboratory diagnostics● Provision of written guidance and policy supported by education		No	NHS Improvement	National
Domain 5 - Treating and caring for people in a safe environment	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 2016 - March 2017 Total Incidents: 7455 % resulting in severe harm or death: 0.027% (England 0.51%)	October 2015 - March 2016 Total Incidents: 5487 % resulting in severe harm or death: 0% (England 0.55%)	The data is directly uploaded from Datix and subject of vigorous data quality checks by the Trust and NRLS.	The Trust has targeted areas of lower reporting to ensure a consistent open reporting culture across all areas. This work is on-going. It also publishes internally regular reports on 'Learning from Deaths'. It is recognised that data is not comparable with previous years due to the change in cohort patient groups from Acute only to Acute and Community.	Internal audit 2013/14	NHS Digital	National

Single Oversight Framework

Quality Account Part 3 Indicators

Indicator for disclosure (limited to those that were included in Single Oversight Framework (SOF) for 2017/18)		2017/18	2016/17	Source of Measure	Definition	Audited?
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway - 92% Target		88.2%	91.6%	Unify2 submission	National	KPMG 2018
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge – 95% Target	Trust position	90.9%	91.8%	Monitor / Unify2 submission	National	KPMG 2018
	Eastern Devon System *	92.8%				
All cancers: 62-day wait for first treatment from:						
<ul style="list-style-type: none"> Urgent GP referral from suspected cancer – 85% Target 		81.52%	79.7%	Open Exeter	National Definition	PWC 2012/13 Internal Audit 2013/14
<ul style="list-style-type: none"> NHS Cancer Screening Service referral – 90% Target 		93.56%	93.1%	Open Exeter	National	PWC 2012/13
Maximum 6-week wait for diagnostic procedures – Target 99%		93.23%	97.6%	Unify2 submission	National	No
C.difficile: variance from plan		-9	-15	Public Health England	National	No

* includes Exmouth, Okehampton and Tiverton Minor Injury Units following guidance from NHS Improvement / NHS England.

STATEMENT FROM THE COUNCIL OF GOVERNORS

Annex A

I write this report as the new Governor Lead for the Patient Safety and Quality Working Group. The Group and the wider Governor body has been kept informed of quality initiatives during the year by presentations, invitations to participate with the Trust in community events, Trust Newsletters and alerts via the Communication Team.

On looking back at the 2017/2018 Governor priorities the congruence between the Trust Priorities and those of the Governors is evident. This is seen when the Trust also focussed on discharge and onward care which was a concern raised by the local community, as community beds were lost with care being delivered differently as part of the Sustainability and Transformation Plan (STP). Governors received a presentation from Adele Jones, Integration Director and Maggie Gordon, Assistant Director (Health and Social Care, Community Services) on discharge and packages of care which provided information on the new services available within our communities. The development of the umbrella Community Connect Service that includes, the Single Point of Access and the Urgent Community Response Service, has proved very successful and has allayed many fears. This service has also prevented unnecessary hospital admissions and allowed more patients to be cared for in their homes.

Governors were particularly privileged to be able to attend community sessions at Okehampton and Honiton where hospital beds were reconfigured as part of the STP. These sessions were led by Professor Em Wilkinson-Brice, Deputy Chief Executive and Chief Nurse. Her passion for safe care was evident, patients were pleased to have an opportunity to discuss their care and governors who attended reported very positive feedback.

As a Governor member of the Trust's Patient Experience Committee along with two other Governor members, it was useful to receive the first evaluation by patients of the Urgent Community Response Service and to see that they shared a preference for being cared for in their own homes.

In March we faced the challenge of the heavy snowfall and the safety of staff and patients. The sterling emergency plans put in place and the

overwhelming response by staff, the Trust and volunteers enabled the service to continue safely. This brought national recognition in the BBC evening news which showed the extraordinary contributions made by staff at all levels. The Governors thank the staff and volunteers for this extraordinary response to keep patients safe.

The Governors Priorities for 2018/2019 are;

"verbal communication of staff to patients"

And

"Promoting wellbeing in the workplace"

The theme of communications is the largest seen in complaints and also received the largest number of compliments. Governors found the category very wide and have decided to focus on verbal communication by nurses to patients as one of their priorities.

They have also agreed to set a priority focussed on staff and has set the wellbeing in the workplace for this focus. This is against the reporting of sickness, the challenges of the NHS, the increased complexity of care and staffing pressures. The priority is aimed at looking after one of our valued assets. There are many initiatives already in place as identified within the Trust, Staff Health and Wellbeing Strategy such as the walk around the perimeter of the hospital grounds (exercise), joined by members of the senior management team. Other wellbeing initiatives include yoga classes and the fresh fruit and vegetable stall available in the hospital every Friday afternoon. The work undertaken by the dieticians around teaching young children with Diabetes to cook and prepare healthy meals and Cook and Eat Exeter which has been rolled out into schools promotes health and wellbeing with patients and the community. The appointment of a Health and Wellbeing Improvement Practitioner is commendable.

The Council of Governors thank the staff for their hard work and dedication and are proud to represent their communities in this Trust.

Faye Doris

**Public Governor, Exeter and South Devon
Lead for the Patient Safety and Quality
Working Group**

8th May 2018

STATEMENT FROM THE NEW DEVON CCG

Annex B

NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and South Devon and Torbay Clinical Commissioning Group, (SDT CCG) would like to thank The Royal Devon and Exeter NHS Foundation Trust (RDEFT) for the opportunity to comment on its quality account for 2017/18. It is right that the RDEFT aspire to continuous improvement in patient safety, care effectiveness and patient experience. This has been reflected within the quality account.

The RDEFT is commissioned by both NEW Devon and SDT CCGs to provide a range of secondary and integrated community services across Devon. As commissioners, our role is to be assured that the care provided is safe; that care is effective and that the experience of that care is a positive one for the patient.

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 2017/18 period.

During 2017/18 we recognise that there have been a number of challenging issues for the RDEFT. These include significant winter pressures, delays to diagnostics, handover delays and delays to cancer pathways. We acknowledge many of these challenges are not just within the RDEFT but are system-wide and also national issues; however we would wish to recognise the hard work that is being done by the RDEFT to overcome these challenges in order to deliver safe and timely care.

In respect to cancer services we welcome the Trust's commitment to ongoing review and re-design of both the cancer pathways and the workforce in order to support the needs of the local population.

We are pleased to note that the Quality Account highlights a number of positive results against key objectives for 2017/18. These include:

- Improvement in timely patient discharge: including the introduction of 'Community Connect', the Single Point of Access (SPOA) and Urgent Community Response (UCR) all of which simplify and improve the discharge process.
- Improving delayed transfers of care (DTOC) performance: we are pleased to confirm significant reductions in these occurrences as a result of the work undertaken.
- Implementation of Your Future Care (YFC): This significant change to community service delivery that has been implemented has had positive outcomes particularly relating to patient experience. Our engagement with the Trust throughout the entire process of transformation has given us confidence

in the work undertaken and the ongoing process of delivery within the new model of care.

- The Patient Safety programme: the RDEFT has in place a number of patient safety initiatives designed to ensure a consistent trend of improvement and maintenance of excellent care. A good example is the pressure ulcer rates which are particularly low, demonstrating positive commitment to patient safety in this area.
- Patient Experience: we are really pleased to see a significant number of 'Patient Experience Stories' within the Quality Account and we also recognise the Trust's ongoing commitment to supporting further development of patient feedback as a priority of the coming year (2018/19).

We would also commend the RDEFT for the success in the following areas of quality improvement:

- The Open Visiting model, ensuring that patients can be supported by family, friends and carers for longer periods of time over the entire week.
- The junior medical staff programme, ensuring appropriate support is given to junior Doctors
- Emergency Department: winners of the Patient Experience Award at The Royal College of Emergency Medicine (RCEM) 2017.

Care Quality Commission (CQC) involvement:

Both CCGs welcome and support the provider's open and transparent communication of their involvement with the CQC during 2017/18 in this Quality Account and note the openness regarding the actions taken by the provider to address identified issues.

We can confirm that as a Commissioner, we have worked closely with the provider during 2017/18 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 the continued delivery of high quality patient care.

We will monitor progress against action plans from the focused surgical division inspection (November 2017) over the next year through close working between the Trust and our quality team.

To conclude, both CCG's are pleased with the quality improvements made in 2017/18 and support the quality improvement proposals for 2018/19. We look forward to working with the RDEFT in the coming year.

Lorna Collingwood-Burke
Interim Chief Officer & Chief Nursing Officer
Northern, Eastern and Western Devon & South Devon
and Torbay Clinical Commissioning Groups

10th May 2018



STATEMENT FROM HEALTHWATCH DEVON

Annex C

Healthwatch Devon welcomes the opportunity to provide a statement in response to the quality account produced by the RD&EFT for the year 2017/18.

Progress on 2017/18 priorities

Our statement this year focusses on the Trust's progress in relation to Patient Discharge; on some of the Trust's positive performance outcomes; and areas where improvement is still needed.

Patient Discharge

Assessing the effectiveness of the discharge of patients from the acute hospital to the community is vital to provide a good patient experience and efficient Trust performance. The work done this year on 'Community Connect' including the Single Point of Access (SPOA) and the Urgent Community Response (UCR) service and innovations such as the Trust's 'Getting you home' video are all positive.

We acknowledge the big reduction in 30-day readmission rates to acute hospital. Patient feedback outlined also appears largely positive, although it does also point to a need for improvements around more involvement with care decisions and a patient experience where they feel a discharge plan is agreed with them.

Other areas of Trust performance

The Trust's outstanding-rated, award-winning Emergency Department; the high patient National Cancer Experience Survey results; and the continued progress with the regular targets (a reduction of pressure ulcer harm, an 18% reduction in falls) are all commendable.

We will observe the impact of the Trust's maternity safety initiatives including use of a performance-rated maternity dashboard and a bespoke maternity safety improvement plan over the coming year.

Quality of Treatment and Staff Attitudes are the two biggest areas of feedback to Healthwatch Devon and each is divided fairly evenly between positive and negative experiences.

Priorities for 2018/19

We are committed to supporting the work in relation to the Trust's priorities in 2017/18 including:

- **Promoting patient independence** as a core element of the model of care including the co-design with patients, carers and communities which we would support;
- **Use of patient feedback** from complaints and compliments, feedback through NHS Choices, through feedback cards, and surveys. We have been in dialogue with the Trust about our involvement with the Patient Experience Committee to encourage more positive change;
- **Safety Programme initiatives** – 'learning from excellence' to expand the positive as well as exceeding performance targets such as Maternity Safety Programme and Sepsis;
- **Improved verbal communication of staff to patients** – an area where we continue to hear from patients who tell us they want improvements.
- **Working with patients and families to learn lessons.**

We will continue to report patient experience data to the Trust on a regular basis. We welcome opportunities to ensure any further feedback we receive relating to patients, relatives, friends or carers helps to inform the work of the Trust and drives positive change.

10th May 2018

STATEMENT FROM THE HEALTH AND WELLBEING SCRUTINY COMMITTEE

Annex D

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Royal Devon and Exeter NHS Foundation Trust's Draft Quality Account for the year 2017/18 which includes the priorities for 2018/19. All references in this commentary relate to the reporting period 1st April 2017 to 31st March 2018 and refer specifically to the Trust's relationship with the Scrutiny Committee and its members.

The Scrutiny Committee commends the Trust on a comprehensive Quality Account for 2017-18 and believes that it provides a fair reflection on the services provided by the Trust, based on the Scrutiny Committee's knowledge.

In terms of the priorities for 2017-18, Members appreciated the campaign undertaken by the Trust in May 2017 to support the rehabilitation and reablement of its patients. The Committee also supports the work of the Trust in improving the availability of quality domiciliary care across Eastern Devon.

The Committee notes however that despite the Trust's shift from a bed-based model of care to providing more rehabilitation and reablement support in people's own homes, the Trust has been unable to meet the NHS Acute target for Delayed Transfers of Care. Reducing delayed transfers of care has been an issue of concern to Members.

Overall, the Committee is impressed with RD&E performance. It would like to commend the Trust on reducing the percentage of people readmitted to hospital within 30 days of being discharged with support from the Urgent Community Response service from 25% to 11% between September 2017 and March 2018.

Members are also grateful to the Trust for attending the meeting of the Health and Adult Care Scrutiny Committee Standing Overview Group in May 2018 in which the Trust outlined its Quality Account for 2017-18 to Members.

In the next year the Committee looks forward to receiving information on the Trust's progress in promoting the independence of patients. Members also appreciate the Trust's focus on continuing to improve the health and wellbeing of its staff and on the use of patient feedback to drive improvements in care. However, the Committee feels that there could be more of a focus on prevention surrounding drug abuse.

The Committee welcomes a continued positive working relationship with the RD&E in 2018/19 and beyond to continue to ensure the best possible outcomes for Devon residents.

8th May 2018

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 2017/18 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 2017 to March 2018
 - papers relating to quality reported to the board over the period April 2017 March 2018
 - feedback from commissioners dated 10th May 2018
 - feedback from governors dated 8th May 2018
 - feedback from local Heathwatch organisations dated 10th May 2018
 - feedback from Overview and Scrutiny Committee dated 8th May 2018
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31st January 2018
 - the national patient survey 16th January 2018 (results embargoed)
 - the national staff survey 6th March 2018
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated 9th May 2018
 - CQC inspection report dated 9th March 2016
- 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

23 May 2018 Chairman



23 May 2018 Chief Executive



CLINICAL AUDIT

Annex F

The national clinical audits and national confidential enquiries that Royal Devon and Exeter NHS Foundation Trust participated in, and for which data collection was completed during 2017-18 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
SURGICAL SERVICES DIVISION			
National Joint Registry (NJR)	Yes	Yes	1728*
Case Mix Programme (CMP)	Yes	Yes	100% (956/956)
National Ophthalmology Audit	Yes	No	0%
National Hip Fracture Database (NHFD) part of Falls & Fragility Audit Programme (FFFAP)	Yes	Yes	602*
BAUS: Cystectomy	Yes	Yes	100% (33)
BAUS: Radical Prostatectomy	Yes	Yes	100% (195)
BAUS: Nephrectomy	Yes	Yes	100% (88)
BAUS: Percutaneous nephrolithotomy	Yes	Yes	100% (4)
BAUS: Female Stress Urinary Incontinence	Yes	No	0% (10)
Endocrine and Thyroid National Audit	Yes	Yes	144*
Elective surgery (National PROMs Programme)	Yes	Yes	70.5% (1362/1932)
National Vascular Registry	Yes	Yes	240**
MEDICAL SERVICES DIVISION			
National Emergency Laparotomy Audit (NELA)	Yes	Yes	79.8% (190**)
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	624**
Cardiac Rhythm Management (CRM)	Yes	Yes	100% (870**)
National Audit of Percutaneous Coronary Interventions (PCI) Coronary Angioplasty	Yes	Yes	1064**
National Cardiac Arrest Audit (NCAA)	Yes	Yes	116**
National Heart Failure Audit	Yes	Yes	85% (277/326)**
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	116% (799/687)
Inflammatory Bowel Disease (IBD)	Yes	Yes	180**
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Pulmonary Rehabilitation	Yes	Yes	373*
National Diabetes Audit	Yes	No	0%
National Pregnancy in Diabetes Audit	Yes	Yes	100% (19/19)
National Audit of Dementia - Delirium	Yes	No	0%
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Yes	86% (457/532)

Name of audit / Clinical Outcome Review Programme	Trust eligible?	Trust participated?	Participation rate
MEDICAL SERVICES DIVISION			
Royal College Emergency Medicine - Fractured Neck of Femur	Yes	Yes	194% (97/50)
Royal College Emergency Medicine - Pain in Children	Yes	Yes	106% (53/50)
Royal College Emergency Medicine - Procedural Sedation in Adults	Yes	Yes	224% (112/50)
UK Parkinson's Audit – Elderly Care Royal Devon & Exeter Hospital	Yes	Yes	115% (23/20)
UK Parkinson's Audit – Elderly Care Okehampton Community Hospital	Yes	Yes	100% (20/20)
National Audit of Inpatient Falls, Falls & Fragility Audit Programme (FFFAP)	Yes	Yes	100% (30/30)
Fracture Liaison Service Database, Falls & Fragility Audit Programme (FFFAP)	Yes	No	0%
SPECIALIST SERVICES DIVISION			
Bowel Cancer (NBOCAP)	Yes	Yes	290**
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	102**
National Lung Cancer Audit (NLCA)	Yes	Yes	223**
Prostate Cancer	Yes	Yes	100% (546)
National Audit Of Breast Cancer in Older People (NABCOP)	Yes	Yes	490
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	3878 births in study
Diabetes (Paediatric) (NPDA)	Yes	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100% (2)***
National Comparative Audit of Blood Transfusion Programme: Transfusion-associated circulatory overload (TACO)	Yes	Yes	36*
National Comparative Audit of Blood Transfusion Programme: Red Cell & Platelet Transfusion Adult Haematology	Yes	Yes	95% (38/40)
National Comparative Audit of Blood Transfusion Programme: Patient Blood Management Scheduled Surgery	Yes	Yes	38*
Serious Hazards of Transfusion (SHOT):UK National Haemovigilance scheme	Yes	Yes	100%*
COMMUNITY SERVICES DIVISION			
National Audit of Intermediate Care (NAIC)	Yes	No	0%

Name of audit / Clinical Outcome Review Programme	Trust eligible?	Trust participated?	Participation rate
NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME & DEATH (NCEPOD)/ REVIEW PROGRAMME			
Medical and Surgical Clinical Outcome Review Programme (NCEPOD): Acute Heart Failure Perioperative diabetes	Yes Yes	Yes Yes	100% (4) On-going data submission
Child Health Clinical Outcome Review Programme (NCEPOD): Chronic Neurodisability Young Peoples Mental Health Cancer in Children, Teens, Young Adults	Yes Yes Yes	Yes Yes Yes	3/ 4**** 4/ 5 6/6
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	Yes	100%

* No case requirement outlined by national audit provider/unable to establish baseline.

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

*** Regional participation commenced partway through year

**** Following review by NCEPOD of submitted cases all excluded as not fitting criteria

The reports of 21 national clinical audits were reviewed by the provider in 2017-18, and the Royal Devon and Exeter NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit/Confidential Enquiry Title	Actions
National Audit of Percutaneous Coronary Interventions (PCI) Coronary Angioplasty 2014	<ul style="list-style-type: none"> • A whole Clinical Commissioning Group (CCG) level response in health education and cardiac risk factor recognition and treatment to be discussed. • Quarterly review of door to balloon (DTB)/call to balloon (CTB) times with Emergency Department (ED), Acute Medical Unit (AMU), South Western Ambulance Service NHS Foundation Trust (SWASFT) and Cardiology. • Lead for PCI to present DTB/CTB quarterly at cardiology audit day and cardiology governance meeting. • DTB/CTB times to be reviewed at Medical Services Divisional governance quarterly, via the monthly briefing paper report. • CTB/DTB to be reported to Clinical Effectiveness Committee yearly. • Monthly CTB/DTB presented at Cardiology consultant meeting. • Refresher programme in the area of ST-elevation myocardial infarction (STEMI)/non-ST-elevation myocardial infarction (NSTEMI) for AMU and ED. • NSTEMI treatment within 72 hrs to be reported to Cardiology Governance meeting on quarterly basis with additional actions put in place as identified. • Hospital to agree to transfer patients into cardiac template according to date and time of listing on whiteboard, with documented agreement from bed management team. • Management team to be formed from the Royal Devon and Exeter and North Devon District Hospital to help overcome the logistical challenges of a 'treat and transfer' system that is used in many other centres to handle NSTEMI transfers more efficiently. • Radial artery access rates to be reported to Cardiology Governance meeting on quarterly basis with additional actions put in place as identified.

National Clinical Audit/Confidential Enquiry Title	Actions
National Audit of Dementia 2016	<ul style="list-style-type: none"> ● Recording of capacity or consent in notes when there is a proposed change of accommodation. Social work assessments to be copied into the patient notes when complete and an entry in the case notes to confirm the capacity and BI decisions. ● Cognitive assessment repeated on discharge (National Audit of Dementia Key recommendation). ● Undertake a case note audit of assessment of cognition. ● Delirium recording on discharge summaries to be robust. Improvement in awareness of importance of delirium through education. ● Personal Information to be available for all staff (This is Me). Ownership of documents on the wards, Inclusion in ward audit. ● Staff support out of hours. All site practitioners to attend "Challenging Behaviour" Training. All ward sisters to have dementia training. ● Carer communication. Improve access to information generally about dementia care and support – set up of dementia drop in sessions in Oasis. Ensure carers are informed of clinical progress and discharge plans. ● Non-assessment for delirium. Completion of Confusion Assessment Method (CAM) on all confused patients (Abbreviated Mental Test Score (AMTS) <8). ● Meeting nutritional needs of people with dementia. Ensuring snacks are available in all ward areas. Ensuring suitable menu choices are available for all patients including a finger food option. Ensuring all staff are aware of menus. Dining table use on wards. ● Ward Champions on all wards. Dementia Specialist Nurse ● All site practitioners to attend "Challenging Behaviour" Training. ● Making decisions – NAD key recommendation regarding training. Review of safeguarding and Mental Capacity Act (MCA) training to ensure that training also covers supportive communication with family/carers.
National Bowel Cancer Audit 2017	<ul style="list-style-type: none"> ● No actions required
National Cardiac Rhythm Management	<ul style="list-style-type: none"> ● No actions required
National Confidential Enquiry into Patient Outcome & Death "Treat the cause"	<ul style="list-style-type: none"> ● No actions required

National Clinical Audit/Confidential Enquiry Title	Actions
National UK Parkinson's Audit	<ul style="list-style-type: none"> ● Improve access to community Parkinson's Nurse (PN) - Advertise 2nd half of Exeter community based PN post. ● Non motor symptom enquiry (compliant but area for improvement) - Non motor questionnaire in clinic waiting room. ● Enquiry regarding excessive sleepiness/driving - Highlight need to enquire during clinic consultation. ● Post diagnosis PN follow up - Follow up by community nurse 6-8 weeks post diagnosis.
Royal College of Emergency Medicine - National Audit of Moderate & Severe Asthma	<ul style="list-style-type: none"> ● Time to Salbutamol delivery - Develop and roll out Patient Group Direction (PGD) for Salbutamol. ● Time to Steroid delivery - Develop and roll out PGD for Prednisone. ● Written asthma plan ● Safety netting and GP discharge advice - Written discharge plan and advice leaflet.
Sentinel Stroke National Audit Programme (SSNAP)	<p>Ensure that:</p> <ul style="list-style-type: none"> ● Adults presenting at ED are admitted to the specialist acute stroke unit within 4 hours of arrival. ● All patients admitted with acute stroke have National Institute of Health Stroke Scale (NIHSS) completed within 24 hours and at 24-hours post-thrombolysis ● All patients admitted with suspected acute stroke receive a plain CT within 1 hour of arrival ● All patients treated with alteplase are treated as early as possible ● All patients admitted with suspected large artery occlusion are considered for thrombectomy, and during office hours receive a Computed Tomography Angiograph (CTA) within 1 hour of arrival ● All patients with stroke, spend at least 90% of their inpatient stay on a specialist stroke unit ● All patients with acute stroke are reviewed within 6 hours between 0800-2000 ● 24/7 availability of emergency stroke treatments (presently this relates only to thrombolysis, not Mechanical Thrombectomy) ● Patients with stroke are offered 45mins of therapy, 5 days/week ● All adults with stroke have access to early supported discharge.
National Maternity and Perinatal Audit (NMPA)	<ul style="list-style-type: none"> ● Discrepancies in data - Work with IT analyst and NMPA to resolve issues
National Audit of Royal College of Obstetricians and Gynaecologists' Each Baby Counts	<ul style="list-style-type: none"> ● Explore ways in which the use of an external reviewer can be incorporated into the planned formal multi-disciplinary review panel. ● Neonatal Senior Nurse and a Consultant Neonatologist sit on maternity governance group and have sight of all Each Baby Counts reviews. There is collaboration with NNU when investigations are being completed. Explore ways in which the use of Neonatal Nurse and/or Neonatology medical staff can be incorporated into the planned formal multi-disciplinary review panel.

National Clinical Audit/Confidential Enquiry Title	Actions
National Inpatient Diabetes Audit 2016	<ul style="list-style-type: none"> ● The Trust may need to invest in a new system of networked capillary blood glucose meters to be able to take part in the forthcoming audits
National Joint Registry 14th Annual Report 2017	<ul style="list-style-type: none"> ● No actions required
National Neonatal Audit Project 2016-17	<ul style="list-style-type: none"> ● No actions required
National Paediatric Diabetes Audit 2015-16 Care Processes & Outcomes	<ul style="list-style-type: none"> ● No actions required
National Paediatric Diabetes Audit 2012-15 Hospital Admissions & Complications	<ul style="list-style-type: none"> ● No actions required
National Paediatric Pneumonia Audit 2016-17	<ul style="list-style-type: none"> ● No actions required
National Vascular Registry	<ul style="list-style-type: none"> ● No actions required
Royal College of Emergency Medicine - Paediatric Vital Signs 2016	<ul style="list-style-type: none"> ● No actions required
Royal College of Emergency Medicine - Consultant Sign Off 2016-17	<ul style="list-style-type: none"> ● No actions required
Royal College of Emergency Medicine - Severe Sepsis & Septic Shock	<ul style="list-style-type: none"> ● No actions required
UK Inflammatory Bowel Disease Biological Therapies Audit 2016	<ul style="list-style-type: none"> ● No actions required

The reports of 30 local audits were reviewed by the provider in 2017/18 and the Royal Devon and Exeter NHS Foundation Trust intends to take/took the following action to improve the quality of healthcare provided:

Specialty	Local Clinical Audit Title & Aim	Actions
Dermatology	<p>British Association of Dermatologists National Clinical Audit on Psoriasis 2017</p> <p>Aim: To ensure good practice in relation to documentation of patient parameters and characteristics in psoriasis.</p>	<p>The audit found that:</p> <ul style="list-style-type: none"> • The speciality needs to improve at assessing patients for psoriatic arthritis. A simple tool called, Psoriasis Epidemiology Screening Tool (PEST) can be used. • There is a need to develop local rheumatology referral guidelines. <p>As a result, the following action plan was agreed:</p> <ul style="list-style-type: none"> • A PEST questionnaire has been introduced into the department and we are developing a local guideline for referring on to rheumatology. • Seek input from Rheumatology Speciality for Rheumatology referral Guidelines <p>A re-audit is due for December 2018.</p>
Healthcare for Older People	<p>Improving the administration of intramuscular (IM) rapid tranquilisation in a general hospital setting</p> <p>Aim: To establish current practise surrounding the administration of IM rapid tranquilisation in the Trust.</p>	<p>The audit identified several areas for improvement within the administration of IM rapid tranquilisation at the Royal Devon and Exeter Hospital (RD&E).</p> <p>It was agreed that a training programme would be rolled out in addition to a quality improvement project after which the same standards would be re-audited to look for any improvement.</p>
Healthcare for Older People	<p>Antipsychotic and Benzodiazepine Prescriptions in Delirium</p> <p>Aim: Antipsychotics and Benzodiazepines are used in distressed behaviour in patients with dementia and delirium. They are associated with risks and there is therefore a guideline to ensure appropriate usage. Is the Trust prescribing in line with the guideline?</p>	<p>The audit highlighted concerns, which were taken forward for discussion. This included patients leaving the Intensive Treatment Unit (ITU) on high doses of antipsychotic medication. It was concluded this would become part of the routine post ITU review and completed by teams when patients are discharged to surgical wards with clear 'sign-posting' of the need for this to happen being identified on ITU discharge summaries.</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Maternity	<p>Audit of the completion of High Body Mass Index (BMI) Care Pathways</p> <p>Aim: To investigate whether there is a significant issue with the appropriate completion of High BMI Care Pathways</p>	<p>Conclusions from this audit were:</p> <ul style="list-style-type: none"> ● That the majority of patients with a high BMI have a High BMI Care Pathway filed in their notes. ● There is no evidence from this audit of patients with a high BMI receiving substandard care. <p>As National guidance advises accurate documentation around high BMI and there appears to be some room for improvement with this, it was agreed that the following actions needed to be implemented with regards to the standard, '100% of patients with a BMI of 30 or more at booking appointment have a High BMI Care Pathway appropriately completed and filed in their patient notes:'</p> <ul style="list-style-type: none"> ● Amend 'Referral for Consultant Obstetric Care & Advice' form – add note against BMI>35 to direct midwives to use the 'Antenatal referral form for women with a BMI 30-39.9' instead. ● Amend the Care Pathways for Women with BMI 30-34.9 and 35-39.9 to reflect correct antenatal visit schedule for primiparous patients. ● Advise midwives that they are to ensure when booking, BMI should be calculated in a clinical setting rather than in patient's home. ● Re-audit to be conducted.
Maternity	<p>Documentation of offer and consent – antenatal and newborn screening programme</p> <p>Aim: The aim is to establish whether the National Screening Committee (NSC) standards are being met in regard to adequate documentation of offer and consent for the six antenatal and newborn screening programmes.</p>	<p>The audit found that:</p> <p>The Standards were met for all positive cases.</p> <p>An action plan was agreed to improve future compliance:</p> <p>A prompt via a newsletter would be sent out to all midwives asking them to remember the importance of:</p> <ul style="list-style-type: none"> ● Antenatal documentation of offer of test (including timeframes) and that all results must be handwritten in the notes or to ensure that a copy of the lab reports are secured inside. ● Newborn documentation of offer of Newborn Blood Spot Screening (NBBS) and Newborn and Infant Physical Examination (NIPE), including timeframes. NBBS must be reoffered in the postnatal period, before day 5. ● Filing NIPE Smart printout in the hospital notes. <p>Re-audit due for July 2018.</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Maternity	<p>The Management of Third Degree Tears</p> <p>Aim: To assess this Trust's compliance with the Royal College of Obstetricians and Gynaecologists (RCOG) recommendations for the management of Third and Forth Degree Perineal Tears, as well as describe the association with known risk factors of third degree tears.</p>	<p>The audit found that:</p> <p>The Trust has compliance with the RCOG guidelines in all areas except:</p> <ul style="list-style-type: none"> • The method of repair of partial thickness external sphincter tears - which should not be repaired using the overlapping technique. • The administration of intra-operative antibiotics - as only 87.5% received intraoperative antibiotics. <p>As a result of the audit, local guidelines have been amended in line with the latest RCOG recommendations from 2015.</p>
Maternity	<p>Maternity Sepsis Audit 2017</p> <p>Aim: To assess use of the Maternity Sepsis Tool and identify any shortfalls. Red flags for sepsis have been defined and a maternity sepsis toolkit has recently been developed alongside new NICE guidance.</p>	<p>The audit findings were as follows:</p> <p>Compliance with completion of the tool was poor.</p> <ul style="list-style-type: none"> • Women in labour had rapid response to suspected sepsis, having bloods including lactate and intravenous antibiotics within the hour. However, the sepsis tool in these cases was either missing or incomplete data. • Doctors were sometimes unsure of whether to start the sepsis bundle. They prescribe antibiotics and later in the care of the patient, the sepsis bundle was commenced. <p>The below actions were agreed and put in place to improve future compliance:</p> <ul style="list-style-type: none"> • Use of Sepsis tool: Communicate with staff to ensure it is used when sepsis is suspected. • The audit only looked at women identified as having blood cultures ordered, therefore devise and disseminate a process/tool to collate audit data at time of sepsis. • Lactate was not on blood results flow chart, therefore, add lactate to chart. • Re-audit due April 2018.
Maternity	<p>Evaluation of the appropriateness of the decision to offer Induction of Labour (IOL) for persistent reduced fetal movements</p> <p>Aim: To evaluate whether appropriate decisions are being made regarding if and when to induce women who have recurrent episodes of reduced fetal movements. The audit also looked at whether the babies born to these women are growth restricted.</p>	<p>The audit found that:</p> <ul style="list-style-type: none"> • 100% of women reviewed appeared to be induced appropriately. However, this is a subjective view as the Clinical Guideline does not provide robust clarification in terms of what constitutes persistent reduced fetal movements • The birth weight of 98% of babies born was above the 10th centile. There appears to be no correlation between babies born below the 10th centile and persistent reduced fetal movements. <p>Following the completion of the audit the action below was agreed:</p> <ul style="list-style-type: none"> • To review the current Guideline for the management of women with perceived reduced fetal movements.

Specialty	Local Clinical Audit Title & Aim	Actions
Maternity	<p>Elective Caesarean performed before 39 weeks without medical reason-cycle 2</p> <p>Aim: To compare the results with cycle 1 of this audit to establish whether or not there has been an improvement in meeting the standard, 'No women should be delivered by elective Caesarean section before 39 weeks unless there is appropriate clinical indication.'</p>	<p>Discussion and conclusions from this re-audit:</p> <ul style="list-style-type: none"> There has been improvement from 70% to 86%, however still some work to do. 14% of cases booked outside guidance. There is still work to do regarding documentation on the Plato operation note. In addition, 16% of cases appropriately delivered had information missing on the STORK system and will be deemed inappropriate delivery time when accessed externally. This audit highlights further issues regarding our STORK system. Four cases were excluded as although deemed to be <39/40 via the STORK search, women were in fact 39/40 at delivery and hence either the estimated date of delivery was input incorrectly, not updated or STORK was unable to deal with leap years. <p>Actions that were agreed as a result and instigated:</p> <ul style="list-style-type: none"> To attach audit findings against STORK issue on risk register. To remind everyone regarding guidelines
Maternity	<p>Fetal Anomaly Screening Programme (FASP) image storage at anomaly scan</p> <p>Aim: To audit whether all 6 FASP mandatory images are stored, Is situs of stomach labelled (which is mandatory), are non-mandatory cardiac images being stored and how many images stored.</p>	<p>The audit found that there was good image storage of mandatory images, which include:</p> <ol style="list-style-type: none"> Head circumference measurement Trans cerebellar diameter Lip and nasal tip Abdominal circumference Femur length Sagittal Spine <p>One image was missing out of 564 mandatory images.</p> <p>Not all stomach situs had been labelled.</p> <p>It was agreed that result of the audit would be sent to ultrasound operators to remind to label stomach situs.</p> <p>A re-audit is planned for July 2018.</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Neuro-physiology	<p>Assessing our practices against National guidelines when performing melatonin sleep electroencephalograms (EEGs) on paediatrics</p> <p>Aim: To ensure that the Trust is following, as close as possible, national British Society for Clinical Neurophysiology (BSCN) standards for performing melatonin EEGs on children.</p>	<p>The audit found that not all standards or guidelines were met with 100% compliance. Issues were highlighted with certain standards and guidelines detailed below and actions were agreed to rectify and improve:</p> <ul style="list-style-type: none"> Standard 1 – sending out information about test in the post. Patients were routinely sent out an appointment letter in the post, however on two occasions the appointment was made too late for a letter to be sent out. On one occasion it was unknown whether a letter was sent. There is currently no formal way to record whether a letter has been sent, so it is difficult to be absolutely sure this did occur unless the patients are asked at the time of the appointment. <p>This is a point for discussion within the department as to whether a record of sending a letter is required or not.</p> <ul style="list-style-type: none"> Standard 2 – providing a sleep friendly environment – due to the age group of patients and variations in cooperation it is not always possible or advantageous to provide a sleep friendly environment. In all cases but one this was obtained. There does need to be some flexibility to be able to alter the test in line with the patient condition. Standard 6 – Staff must remember to keep store cupboard door closed and locked at all times. An alternative option would be to have a separate lockable cupboard within the store cupboard or elsewhere in which the melatonin is stored. Source a lockable cupboard to go into store room to lock melatonin away into. Standard 8 – Melatonin was given after electrode application – this only occurred once and was due to the need to perform activation procedures in that patient. Some flexibility to alter the standard test protocol needs to be available to allow for activation procedures to be performed if required or to suit the patient's needs. Guideline 1 - There is no form to record whether a phone call has been made, so it is difficult to be absolutely sure this did occur, unless the patients are asked at the time of the appointment. Routinely, the patient gets a reminder phone call prior to appointment. This is a point for discussion within the department as to whether a record of sending a letter is required or not. Guideline 8.2 – Not in our protocol to provide second dose – area for discussion within department as to whether this could be an option. Investigate as to whether we would need to get 2 prescriptions. <p>Re-audit due for November 2018</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Nutrition & Dietetics	<p>Weight management in non-Low Clearance Clinic (LCC) pre dialysis patients</p> <p>Aim: Identify if the weight loss advice given over the telephone and in literature to overweight/obese pre-dialysis patients is effective at reducing body weight.</p>	<p>The audit findings were:</p> <ul style="list-style-type: none"> Overall, the preferred method of providing weight loss advice and support was face to face, 1:1 session occurring on a monthly basis. The use of both a food diary and a meal plan were considered useful, as was the inclusion of a physiotherapist for exercise. <p>The following action plan was agreed as a result of the audit:</p> <ul style="list-style-type: none"> Education around the following was deemed helpful by patients, and should be considered in the development of a weight management programme for Chronic Kidney Disease (CKD) patients: plate proportions, diet plans, carbs & calories for low carb diet, food swaps, recipe book, healthy eating, reduced portion sizes, increased exercise, meal replacement plan, diet and diabetes advice, using 'My Fitness Pal' app to count calories, combine with regular clinic x3, be more sensitive to HD, fluid restriction & difficulty losing weight, advice before starting steroids, long term plan. <p>A clinic was made available on the first Thursday morning of the month to accommodate the above actions.</p> <ul style="list-style-type: none"> Access funding to provide the exercise element of the patient preference summary.
Nutrition & Dietetics	<p>Compliance with guidelines for the care and management of enteral feeding in adults</p> <p>Aim: To assess:</p> <ul style="list-style-type: none"> whether both the indications and rationale for stopping enteral feeding are documented in the medical notes whether or not dietitians are monitoring/ documenting the patients weight, height, BMI, nutritional requirements and feed tolerance in the medical notes whether patients are at risk of re feeding syndrome 	<p>The audit highlighted that there were areas of NICE guidance with which the Trust needs improvement.</p> <p>The following actions were agreed as a result:</p> <ul style="list-style-type: none"> Dietitians will meet to discuss standards for what should be documented in the medical notes. Dietitians must also ensure that their documentation includes an appropriate nutritional assessment including weight, estimated nutritional requirements, feed tolerance and whether or not the enteral feed meets the patients' nutritional requirements. Dietitians will continue to place stickers in the patients' medical notes to highlight the risk of re feeding and what action/monitoring needs to be done as a consequence.

Specialty	Local Clinical Audit Title & Aim	Actions
Ophthalmology	<p>Serious complications of cataract surgery and endophthalmitis incidence</p> <p>Aim: Every year a nationwide audit of serious complications of cataract surgery is performed. The aim is to calculate the local rates of surgical complications following cataract surgery and the rates of endophthalmitis following any surgical intervention.</p>	<p>The audit covers two surgical centres: the West of England Eye Unit (WEEU) at the main Wonford Hospital site in Exeter and a satellite surgical centre in Axminster.</p> <p>The audit found that:</p> <ul style="list-style-type: none"> • The rate of serious complications of cataract surgery in 2016 - 2017 was lower than the national average. This is a trend which has been maintained over a number of years now, demonstrating consistency across both surgical sites in the Trust. • There were also no cases of endophthalmitis, again both centres performing better than the national average. <p>These results demonstrate that patients in the local region have access to a high quality surgical service, with low rates of serious complications.</p> <p>It was agreed that a re-audit would be conducted in April 2018, with one point to consider: in 2017 a new brand of intraocular lens was introduced for cataract surgery. It will be interesting to see whether there is any change in complication rates.</p>
Oral and Maxillofacial Surgery	<p>Audit to assess quality of record keeping in relation to Temporomandibular Joint Dysfunction (TMD) in Oral & Maxillofacial Surgery (OMFS) Outpatient Clinics</p> <p>Aim: To ensure assessment of TMD patients is meeting current guidelines, using clinical records as a basis for this judgment. A secondary aim is to increase the knowledge and understanding of TMD amongst OMFS Foundation Year 2 doctors.</p>	<p>The results of the audit suggested that although the Trust was satisfactory in many areas, the Trust were poor at recording cranial nerve deficits.</p> <p>A pro-forma will be developed to better record cranial nerve deficits and a re-audit carried out.</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Oral and Maxillofacial Surgery	<p>Incidence of cancer detected from urgent two week Head & Neck referrals</p> <p>Aim: To assess the appropriateness of two week head and neck referrals to the Oral and Maxillofacial Department to ensure that patients are seen within two weeks from referral to initial appointment.</p>	<p>The audit found that:</p> <ul style="list-style-type: none"> 96% of urgent two week head and neck referrals over a 3 month period were benign. Conversion rate 4% (compared with 8.8% from systematic review). Most referrals were appropriate and in line with NICE guidelines. There was some evidence for improving education for GPs and GDPs to identify common benign lesions. <p>It was agreed as a result of the audit to provide education in the form of, meetings, leaflets and to alter the referral form to provide more detailed information.</p> <p>Re-audit due for July 2018</p>
Paediatrics	<p>Anaphylaxis in Children</p> <p>Aim: To assess whether the Trust is compliant with three statements from the NICE Guidelines.</p>	<p>The audit audited against the three expected statements:</p> <ol style="list-style-type: none"> Children who have emergency treatment for suspected anaphylaxis are referred to a specialist allergy service Children who are prescribed an adrenaline auto injector after emergency treatment for suspected anaphylaxis are given training in how and when to use it before being discharged Children who are prescribed an adrenaline auto injector after emergency treatment for suspected anaphylaxis are given training in how and when to use it before being discharged <p>Those with a true anaphylaxis should be reviewed for 8-24 hours post episode.</p> <p>The audit reached the following conclusions:</p> <ul style="list-style-type: none"> 92% of anaphylactic patients were diagnosed correctly. 3 cases of anaphylaxis were 'missed' from Apr 2014 to Oct 2016. 46% of anaphylactic patients were given AAI training. 69% of anaphylactic patients were not referred to the allergy service. 23% of patients with suspected anaphylaxis were observed for < 6 hrs. <p>As a result of the audit, actions were agreed. These were:</p> <ul style="list-style-type: none"> Paediatric anaphylaxis discharge criteria being available on the Hub (staff Intranet site), as well as a, 'Tree of Knowledge.' A new Anaphylaxis Guideline, also available on the Hub.

Specialty	Local Clinical Audit Title & Aim	Actions
Paediatrics	<p>Intravenous (IV) fluid therapy in children and young people in hospital</p> <p>Aim: Recent changes have been made to paediatric fluid prescribing, including type of fluids used, rate and monitoring required. Audit Trust practice against new NICE guidance.</p>	<p>A summary of audit findings were:</p> <ul style="list-style-type: none"> Standards set out by NICE relating to monitoring of children prescribed IV fluids are not being met within the region including this Trust including: <ul style="list-style-type: none"> Daily weights (25% of cases) Daily blood glucose (13% of cases) Written assessment of fluid status (13% of cases) Written consideration of oral fluids (0% of cases) <p>However,</p> <ul style="list-style-type: none"> 100% of cases had weight recorded on the day of admission plus were on a fluid balance chart. The majority of patients have baseline serum electrolytes The use of isotonic fluids is almost universal (97%), in line with guidance. <p>The following actions were agreed as a result:</p> <ul style="list-style-type: none"> Education A Fluid Prescription Guideline A Fluid Prescription Chart Re-audit
Pain Management	<p>Monitoring of Patients Receiving Patient Controlled Analgesia (PCA)</p> <p>Aim: To establish compliance with monitoring of patients with PCA against current Trust guidelines for level of sedation, respiratory rate, pump observations, blood pressure and pulse, level of pain, presence of nausea and vomiting and measure percentage compliance at 4, 8, 12, 24, 48 and 72 hours post-operatively for patients with PCA.</p>	<p>The results for this audit were promising as the overall compliance with monitoring of PCA was better compared with previous audits. However, there was not 100% compliance in all cases so there is potential for continuing improvement.</p> <p>The following recommendations were agreed:</p> <ul style="list-style-type: none"> Reiterate the importance of accurate monitoring and documentation. Cascade to Senior Nursing Team. Continued teaching. <p>Re-audit January 2019</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Pharmacy	<p>Appropriateness & Monitoring of Therapy with Infliximab in Adult Patients with Crohn's Disease in accordance to NICE guideline.</p> <p>Aim: To ensure that infliximab dosages are accurate and appropriate according to the NICE guidelines.</p> <p>To ensure that patients who suffer from moderate to severe Crohn's disease have a clinical review at 12 months.</p> <p>To ensure that further administration of infliximab is only continued for those patients in whom the continuation of therapy is cost-effective.</p>	<p>This audit found that:</p> <ul style="list-style-type: none"> 100% of patients had an annual review by a gastrointestinal specialist. 70% of patients received an appropriate dose of infliximab. 27% had a lower dose than recommended according to their weight at the time of the infusion and 3% had a higher dose. <p>It was agreed that a re-audit would be carried out May 2019 after the publication of the Personal Anti-TNF Therapy in Crohn's Disease (PANTS) study.</p>
Radiology	<p>Review of Intravenous (IV) contrast related complications in Radiology</p> <p>Aim: IV contrast is administered in Radiology very frequently. Complications are recognised and due to the frequency of administration they are relatively common. Steps can be taken to mitigate risk, treat and report complications. Audit compliance with protocol and procedure.</p>	<p>Following the audit, the below recommendations were agreed:</p> <ul style="list-style-type: none"> When reporting extravasation, record if the cannula was flushed in advance. Continue to ensure that all staff are aware of developmental policy. Find a method to audit minor adverse contrast reactions.

Specialty	Local Clinical Audit Title & Aim	Actions
Plastics & Re-construction	<p>Nursing satisfaction in free flap monitoring</p> <p>Aim: The existing free flap chart is generally felt to be inadequate and does not support a quality handover and a process of escalation. Aim is to improve satisfaction and empowerment of nursing staff in monitoring and raising concerns with free flaps in the recovery, intensive therapy unit and ward setting.</p>	<p>The audit found that there was clear improvement following intervention in all domains, approaching standards set, with nursing feedback of useful handover of flap between medical staff and nursing staff with clear escalation protocol. Further, they would like it to be used for all flaps.</p>
Renal	<p>Management of adults with diabetes on the haemodialysis unit</p> <p>Aim: National Guidelines recommend a co-ordinated approach with Allied Health Professionals for management of haemodialysis patients with diabetes. The audit was conducted to compare current care against these guidelines.</p>	<p>As a result of the audit the following conclusions were reached:</p> <ul style="list-style-type: none"> ● The need for an information sheet for GPs and patients on hypoglycaemia awareness. ● A need to instigate foot checks, or ask GPs to facilitate. ● Continue recording pre and post haemodialysis cortisol-binding globulin (CBG) to help identify poor control. ● Referral of those with 3x CBG>15 to the MacLeod Diabetes & Endocrine Centre (MDEC), unless in the presence of infection. ● To encourage regular self-monitoring where appropriate. <p>Actions agreed as a consequence:</p> <ul style="list-style-type: none"> ● Develop a new patient information leaflet. ● Liaise with MDEC to clarify which patients should have blood glucose meters, who should be referred to secondary care and also the most suitable forms of diabetes treatments. ● Work with Podiatry to facilitate a patient's podiatry treatment during haemodialysis.
Rheumatology	<p>Methotrexate: pre-administration Screening tests</p> <p>Aim: Methotrexate (MTX) is our most commonly used drug and is an 'anchor drug' for many combinations. In the Trust, are we compliant with guidelines and standard practice with regards to MTX screening?</p>	<p>The audit found that:</p> <ul style="list-style-type: none"> ● The Trust is compliant with our MTX screening guidelines. ● Where the Trust has not adhered to the standard, there were sensible clinical decisions to omit a test. ● The importance of compliance was discussed and the use of a Checklist has ensured no important tests or issues are forgotten. <p>There are new British Society of Rheumatology Disease-modifying anti-rheumatic drug guidelines recently published so these will be examined.</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Rheumatology	<p>Use of Apremilast in Psoriasis</p> <p>Aim: To establish the number of patients taking apremilast, whether they fit the NICE criteria for use, how effective the treatment was and the number of patients who continued on it.</p>	<p>The results of this audit indicated that the majority of patients were documented to meet the criteria outlined in the guidance for apremilast prescription. However, this did not meet the required standard of 100%. It is thought that this represents a lack of documentation prior to starting the treatment, rather than inappropriate selection of patients for the treatment.</p> <p>Based on these findings, a review of these patients was done by the relevant consultants to ensure that they are being prescribed apremilast appropriately. The audit highlighted a need to ensure accurate documentation for disease scores prior to implementing new treatments.</p>
Safeguarding	<p>Assessment of completion of paediatric Safeguarding checklist in Emergency Department (ED) notes</p> <p>Aim: Children presenting to the ED, for whom there were safeguarding concerns, were identified via child protection medicals and Multi-Agency Safeguarding Hub (MASH) referrals.</p>	<p>The audit reviewed 122 ED records for children who attended ED over a 2 week period during Feb/March 2017.</p> <p>The following results were found:</p> <ul style="list-style-type: none"> • There were 2 cases of blank ED notes, and 1 had no scanned notes. • Child paperwork had been printed for 90.2% (110/122), an increase from 78.9% previously. • Of those with a child ED card, 57% had the safeguarding section fully completed (up from 26%) and a further 25% had been partially completed (reduced from 41%). The safeguarding section had been left blank in 23% of cases. The question regarding whether 'child known to social services' was left blank in 17 out of 28 of the partially completed ED cards (61%). <p>On-going actions as a result of the audit include:</p> <ul style="list-style-type: none"> • Work to support staff in making appropriate referrals to social workers, MASH and early help services. • Work to support staff with new Devon case conference process.

Specialty	Local Clinical Audit Title & Aim	Actions
Trauma & Orthopaedics	<p>Hydration Assessment in Pre-Operative Hip Fracture Patients</p> <p>Aim: To improve the hydration status of elderly patients with hip fracture before surgery for better recovery and to reduce overall morbidity and mortality.</p>	<p>This audit found that there were areas where improvement can be made. These include:</p> <ul style="list-style-type: none"> • Documentation of fluid balance in pre-operative patients. • Documentation of the last time the patient had oral fluids before going to theatre. • Documentation of the amount of oral fluid intake pre-operatively. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • To encourage unlimited amount of oral fluid intake up to 2 hours before surgery and continue with 50mls per hour until surgery. • To instruct nursing staff to record 24 hour intake-output charts to assess the hydration status of preoperative patients. <p>A re-audit is planned for 2018.</p>
Trustwide	<p>Patient Consent Audit</p> <p>Aim: Following an audit of compliance with the Trust's Consent to Examination or Treatment Policy via case note review, the Safety & Risk Committee commissioned a further audit by way of a patient survey, to ascertain, from a patient perspective, how effective our current consent process is.</p>	<p>The audit found that from the perspective of our patients, the Trust has received a significant level of assurance regarding current consenting process and practice. Additionally, the results provide further assurance of the Trust's compliance with the existing Consent to Examination or Treatment Policy.</p> <p>As a result of the audit, it was proposed that consideration is given to bringing forward the review of the Consent Policy to ensure that it continues to be aligned with current best practice for consent practice and that it takes into account the feedback and results of this survey.</p>
Urodynamics	<p>Urinary Tract Infection Rate post Urodynamic Investigation 2017</p> <p>Aim: To enable the Trust to give patients a more accurate and up to date guide as to the extent of risk the Urodynamic investigation poses to them. To identify whether the Trust needs to review its aseptic practices and procedures during the investigation in order to reduce the level of risk the investigation poses to the patient.</p>	<p>Conclusions from the audit:</p> <p>No recommendations for improvement or change were deemed necessary based on the audit results. Levels of current care will continue to be maintained. The audit results have empowered the Urodynamic team with the knowledge that they are providing safe, effective and quality care to our patients. The results will give patients the knowledge that our infection rates are below average and will assist them in making a truly informed risk verses benefit decision regarding their proposed Urodynamic investigation.</p> <p>Re-audit due for December 2020</p>

Specialty	Local Clinical Audit Title & Aim	Actions
Urology	<p>Adherence to the Trust's haematuria two week wait (2ww) protocol</p> <p>Aim: The two week wait haematuria pathway is designed to investigate patients with haematuria which can be categories into visible haematuria (VH) and non-visible haematuria (NVH).</p>	<p>Conclusions from the audit were that with regards to first line investigations, the urology department has overall very good compliance to the protocol with the exception of digital rectal examination/vaginal examination (70%). Only 12% of patients who underwent a computed tomography (CT) urogram as part of their second line investigations followed the NICE guidelines. There has been a variation in the documentation from clinical staff.</p> <p>As a result of the audit the following action plan was agreed:</p> <ul style="list-style-type: none"> • An updated poster within the Endoscopy room with the NICE guideline adapted pathway to also include CT of the kidneys, ureters and bladder. • After confirmation with the Document Approval Group the new aide memoir patient sticker will be inserted as routine as part of the documentation entry for the haematuria clinic. This checklist guide will help to guide the clinician in their decision making with an aim to reduce unnecessary investigations. It will also include a bladder diagram that is usually drawn by the clinician to illustrate any abnormalities within the bladder. • Further prospective audit of 100 patients following implantation of poster and aide memoire.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ROYAL DEVON AND EXETER NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Royal Devon and Exeter NHS Foundation Trust to perform an independent assurance engagement in respect of Royal Devon and Exeter NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18*.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 10 May 2018;
- feedback from governors, dated 8 May 2018;
- feedback from local Healthwatch organisations, dated 10 May 2018;
- feedback from Overview and Scrutiny Committee, dated 8 May 2018;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated;
- the latest national patient survey;
- the latest national staff survey;
- the latest Care Quality Commission Inspections;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated 9 May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Royal Devon and Exeter NHS Foundation Trust as a body, to assist the Council of Governors in reporting the

NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Royal Devon and Exeter NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The

precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Royal Devon and Exeter NHS Foundation Trust.

Basis for qualified conclusion

Our sample testing for the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways for the year ended 31 March 2018 identified three issues from a sample of 20 pathways. One instance where an incorrect clock stop date was used, one instance where a clock start was recorded incorrectly due to a delay in typing a referral letter and one instance of a duplicate pathway. However, of these three instances, two were reported as a breach when they were a non-breach (i.e. not in the Trusts favour) and one had no impact on the indicator.

Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

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23 May 2018

