Northern Devon Healthcare NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

The Northern Devon Healthcare NHS Trust operates across 1,300 square miles and provides both acute hospital care and community services. The North Devon District Hospital in Barnstaple provides a full range of district general hospital services. The community services included 17 community hospitals in North, East and Mid Devon, of which 15 were open to inpatients at the time of the inspection.

We carried out a comprehensive inspection because Northern Devon Healthcare NHS Trust is an aspirant foundation trust. Trusts wanting to become a foundation trust have an inspection as part of that process. The inspection took place between 2 and 4 July 2014. We also undertook unannounced visits in community services on 7 and 8 July 2014 at Sidmouth and Crediton hospitals and an unannounced visit to North Devon District Hospital on 14 July 2014.

During the announced inspection, we visited the following 11 hospitals:

- North Devon District Hospital
- Ilfracombe Tyrrell Hospital
- Bideford Hospital
- Holsworthy Hospital
- South Molton Hospital
- Okehampton Hospital
- Whipton Hospital
- Tiverton and District Hospital
- Honiton Hospital
- Ottery St Mary Hospital
- Exmouth Hospital

At this inspection a team also looked at Urgent care services provided by the minor injuries units. This was part of a pilot and although that part of the inspection has been reported on that service has not been rated.

Overall Northern Devon Healthcare NHS Trust has been judged as requiring improvement. The trust provided services that were effective and caring. Improvements were needed in the safety, responsiveness and leadership of some services.

Our key findings were as follows:

- Patients, carers, families and visitors were overwhelmingly positive and complimentary about the care, kindness and dedication shown by the staff that provided care in the acute hospital, the community hospitals and in the community. The care provided in the acute medical care service was judged to be outstanding.
- Stakeholders and partners were positive about the trust and many commented on the culture of patient safety and a focus on the quality of care.
- There was a positive atmosphere at the trust, both at the acute hospital and in the community services. We found that staff engaged with us and were willing to support the inspection process. Staff told us about an open and honest culture with strong teamwork.
- We saw the hospitals were clean, however the infection control policies of the trust were not being consistently followed by all staff.
- Mortality rates were not raised as a concern at this trust.
- Nutrition and hydration was managed well for patients although improvements were needed in this area in maternity services.
- Nursing and medical staff training was encouraged. Staff told us that mostly they were supported and encouraged to attend training to develop the care standards at the service. Not all areas, for example A&E, had a competency framework for nursing staff.
- There are some staffing issues, including the challenge of filling vacancies, the age profile of the current workforce and higher than expected sickness absence in some areas. There was also the challenge of attracting specialists to what is a relatively isolated part of the country. However, the Human Resources team had a grip on those issues, could demonstrate progress and was creative in finding solutions.
- Although the Board had recognised the need for the whole hospital to take ownership of A&E performance it would appear that this had not yet happened. The delays in admitting patients, the relatively high number of patients not admitted to the most appropriate area (outliers) and the number of patients being moved at night raised questions about the

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overall effectiveness of arrangements. The team felt that this was unusual given the relatively low occupancy rate in the North Devon District Hospital, the availability of community hospitals and the highly developed model of integrated health and social care.

- Although all but two services were judged to be good at the acute hospital there were aspects of safety, responsiveness and leadership that required improvement.
- The financial challenges in the wider Devon healthcare economy and the uncertainties about the future provision of community services in East Devon were taking up significant executive and non-executive time and were contributing to some strained relationships with some other acute providers in Devon.
- The leadership of the organisation appeared stable despite the significant turnover in the executive team with the loss of the Chief Executive, Director of Operations and Director of Human Resources within the last few months. A new Chief Executive, previously the Medical Director, has been appointed and interim arrangements are in place for key roles before permanent replacements take up post.
- The inspection team felt that the trust had considerable potential to improve services further.

We saw several areas of outstanding practice including:

- The multidisciplinary approach in community services, including mature and developed ways of working with adult social care services, was delivering a very good service to patients. Patients were receiving a holistic service that promoted independence and delivered services as close to home as possible. The teams were successful in preventing or delaying hospital admissions and supporting people leaving hospital. Staff referred to the positive professional working environment and patients and their families spoke very highly of the service.
- The nursing leadership of the acute stroke service was very highly regarded by medical, therapy and nursing staff. Staff felt valued and the service itself was very patient focused.
- The care of patients with a diagnosis of dementia on Alex ward was outstanding. A robust dementia policy was in place. This ensured the highest standards of personalised care using all therapeutic staff. There was thoughtful and compassionate care for patients with dementia on Capener ward.
- Teamwork and team spirit in theatres was very good despite staff shortages.
- The wards on the medical unit each had two ward clerks working extended hours. This meant that clinical staff were able to concentrate on clinical duties while administrative duties were undertaken by the ward clerks.
- The Trust's successful involvement with Project Search, an innovative scheme that supports young people with learning difficulties to find permanent work, was modelling outstanding practice to local employers. The trust had provided 12-month internships to seven young people, all of whom had successfully completed the programme and had found permanent jobs, six of them with the trust in areas such as medical records and catering.

However, there were also areas of poor practice where the trust needed to make improvements.

Importantly, the trust must:

- Review and improve arrangements for the assessment and management of the prevention, detection and control of the spread of healthcare-associated infection. This includes ensuring that suitable equipment is provided and used, that all areas are kept clean and tidy and ensuring that staff are consistently following trust policies.
- Evaluate and improve the effectiveness of the current patient flow and escalation policies. Action must be taken to improve the flow of patients from the A&E department and across the trust. The policies and procedures for patients who are not admitted to the most appropriate ward (outliers) need to be clear, focused on the best interests of patients and consistently applied. The criteria to be applied to decisions on the movement of patients and the protocols to be followed must be clear.
- Ensure that an accurate record in respect of each service user is in place relating to their end of life care, which shall include appropriate information in relation to the care and treatment provided. The trust must make sure that staff are aware of and consistently apply these arrangements.

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- Ensure that the facilities for the antenatal sonography service are such that the safety, privacy and dignity of patients can be maintained. Rooms used by antenatal sonography staff must have a system for calling for help in the event of an emergency.
- Ensure that there is a system in place, supported by guidance, for the completion of HSA1 (grounds for carrying out an abortion) and HSA4 (abortion notification). These records must be completed accurately and consistently and forwarded to the Department of Health as required

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Northern Devon Healthcare NHS Trust

The Northern Devon Healthcare NHS Trust provides both acute hospital care and community services. The North Devon District Hospital in Barnstaple provides a full range of district general hospital services including A&E department, critical care, coronary care, general medicine, including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, midwifery-led maternity care and a breast service. The North Devon Healthcare NHS Trust has 644 beds. There are 341 beds at the North Devon District Hospital in Barnstaple and 303 spread across the community services including the 17 community hospitals in North, East and Mid Devon. The trust has an annual budget of £223 million.

From 2013 to 2014 the hospital treated 40,706 inpatients and had 553,748 outpatient attendances. The A&E and minor injuries departments had a combined total of 139,608 attendances.

The trust serves a population of 484,000, with 157,000 in north Devon and 327,000 in east Devon. The demographics of northern and eastern Devon are broadly similar, although Exeter has a significantly higher proportion of people of working age and east Devon has significantly more older people with more than a quarter aged 65 or older. Although Devon has below average levels of deprivation when compared nationally, northern Devon has significant levels of rural deprivation. There are also pockets of severe deprivation in urban areas such as Ilfracombe, Barnstaple and Bideford.

We carried out a comprehensive inspection because Northern Devon Healthcare NHS Trust was an aspirant foundation trust. Trusts wanting to become a foundation trust have an inspection as part of that process. The inspection took place between 2 and 4 July 2014. We also undertook unannounced visits in community services on 7 and 8 July 2014 at Sidmouth and Crediton hospitals and an unannounced visit to North Devon District Hospital on 14 July 2014.

During the announced inspection, we visited the following 11 hospitals:

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At this inspection a team also looked at Urgent care services provided by the minor injuries units. This was part of a pilot and, although that part of the inspection has been reported on, that service has not been rated.

Our inspection team

Our inspection team was led by:

Chair: Jan Filochwski, recently retired chief executive from Great Ormond Street Hospital for Children NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Care Quality
Commission

The team of 52 included CQC inspectors and a variety of specialists:

The team of 27 for the acute hospital included CQC inspectors and a variety of specialists. These included a consultant physician in diabetes and acute medicine, a consultant in geriatric medicine, a surgeon in trauma and orthopaedics, an obstetrician, a consultant paediatrician, a deputy medical director, a junior doctor and an executive director of nursing and quality.

Further specialist support was provided by specialist nurses in governance and quality, a matron for clinical

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support, a deputy director of nursing, a lead nurse for critical care, children's care, a palliative clinical nurse specialist and a student nurse. We also had the support of an expert by experience.

The team of 25 for the community services included CQC inspectors, specialists in community nursing, a palliative care specialist nurse, a rehabilitation therapist, allied healthcare professionals, a sexual health nurse, community matrons and a GP.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection of an acute service:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Children's care
- End of life care
- Outpatient services

The inspection team also inspected the following core services:

- Community health - inpatient services
- Community health services for adults
- End of Life care in community hospitals and community services

At this inspection a team also looked at Urgent care services provided by the minor injuries units. This was part of a pilot and although that part of the inspection has been reported on that service has not been rated.

Prior to the announced inspection we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital and community services. These included the clinical commissioning group (CCG), the Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held two listening events. One was held in Honiton on 26 June where 14 people shared their views and experiences of the community hospitals in that area and about the leadership of the trust in respect of community services. One was held in Barnstaple on 1 July where 23 people shared their views about the North Devon District Hospital and about community services and hospitals. People who were unable to attend the listening events shared their experiences by telephone and email.

We carried out an announced inspection between 2 and 4 July 2014. We also undertook unannounced visits in community services on 7 and 8 July 2014 and an unannounced visit to North Devon District Hospital on 14 July 2014.

During our visit to North Devon District Hospital, we held focus groups with a range of staff, including nurses below the role of matron, Allied Healthcare professionals, junior doctors, student nurses, consultants and administration staff. Staff were invited to attend drop-in sessions. We visited ten wards and a variety of specialist units. We also visited the A&E department, medical assessment unit, critical care unit, theatres and seven outpatient clinics. We spoke with 84 patients and 26 visitors/relatives. We also spoke with 173 staff of all grades and one volunteer and looked at 65 sets of notes.

During our inspection of the community services, we spoke with staff at focus groups, drop-in sessions, during our visits to wards and also while we were out with staff as they worked in the community. We spoke to nurses, therapists, doctors, support workers, managers and administrative staff. We talked with people who used the

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services in community hospitals, during visits to their homes, at clinics and by telephone. We observed how people were cared for, we talked with carers and family members and reviewed care and treatment records.

What people who use the trust's services say

The trust is achieving its overall target score in the NHS Friends and Family Test, although both the rates of participation and the ratings given varied significantly between wards and services. Twelve wards and service areas were participating. The A&E figures indicated that satisfaction with the service had fallen steadily from April to June 2014, although it was still above the England average. Some wards were achieving a good rate of return and a consistently high rating. These included Capener and Tarka wards.

In the CQC adult inpatient survey in 2013, the trust performed in line with other trusts in all ten areas covered by the questions and performed significantly better than other trusts in response to a question about involvement in decisions about care and treatment. These scores had not improved or deteriorated significantly from the 2012 results.

In the CQC survey of women's experiences of maternity services (Maternity Services Survey 2013), the trust performed in line with other trusts in all areas.

The National Cancer Patient Experience Survey was designed to monitor national progress on cancer care. The trust was generally performing in line with other trusts, although they were in the top 20% of trusts nationally in five areas and in the bottom 20% nationally in two areas. The very positive areas included: being given enough privacy, patients being called by their preferred name, being given advice and having operations explained in an understandable way. The less positive areas were about families of patients having opportunities to speak to the doctor and getting understandable answers to questions from nurses.

The majority of patient surveys and the overwhelming majority of patient feedback to the team was very positive. The concerns expressed to the team were much more about the sustainability and future of services in general and about community hospitals in particular. Many people we spoke to were aware of the financial challenges in the wider Devon healthcare economy and were concerned about what this meant for the future. People we spoke to in east Devon were concerned about the potential switch of community services to another provider especially as this had happened a number of times in the past.

Facts and data about this trust

The Northern Devon Healthcare NHS Trust has 644 beds. There are 341 beds at the North Devon District Hospital in Barnstaple and 303 spread across the community services, including the 17 community hospitals in North, East and Mid Devon. The trust employs 4,591 staff, of whom 2,111 work at the North Devon District Hospital and 2,480 work in the community services. The trust has an annual budget of £223 million.

The North Devon District Hospital provides a full range of district general hospital services, including an accident and emergency department, critical care, coronary care, general medicine (including elderly care), general surgery, orthopaedics, anaesthetics, stroke rehabilitation and consultant-led maternity care. From 2013 to 2014, the North Devon District Hospital treated 40,706 inpatients and had 553,748 outpatient attendances. From 2013 to 2014, the North Devon District Hospital treated 40,706 inpatients and had 553,748 outpatient attendances. The A&E and minor injuries departments had a combined total of 139,608 attendances and had met the 95% target for treatment in four hours, collectively across these services.

The community hospitals provide inpatient and outpatient services. These include physiotherapy, x-ray,

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occupational therapy, operating theatres, community nurse teams and health and social care teams. There are also seven minor injury units managed by the trust and these are run by a team of nurse practitioners who have experience and expertise in treating minor injuries.

During 2013/2014 bed occupancy for the trust was 83.6% in quarter one, 77% in quarter two, 78.2% in quarter three and 84.6% in quarter four. This compares with an England average of 85.9%. It is generally accepted that when occupancy rates rise above 85% it can start to affect the quality of care provided to patients and the orderly running of the hospital. This lower than average occupancy rate reflected what the team saw on the inspection. This raised questions about the delays with admitting patients from A&E, the number of outliers and the number of patients moved at night.

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Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated the safety of the services in the trust as 'requires improvement'. For specific information, please refer to the individual reports for North Devon District Hospital, community inpatient services, community services for adults and community end of life care. There was no doubt that safety was a priority at the trust and this was confirmed by staff and key stakeholders. Services were safe in the majority of services, but improvements were required in A&E and end of life care at the acute hospital and in the community. These issues arose around delays with admissions and with the fact that patients are not always admitted to the most appropriate place to receive care. While there was a positive culture around the reporting of incidents, the trust had not been able to consistently meet the national timeframes for submitting Serious Incidents Requiring Investigations (SIRIs). There was a backlog of Significant Event audits, although there was an action plan in place to address this and good progress had been made in reducing the backlog.	**Requires improvement**
Are services at this trust effective? Overall, we rated the effectiveness of services in the trust as 'good'. For specific information, please refer to the individual reports for North Devon District Hospital, community inpatient services, community services for adults and community end of life care. People received care, treatment and support that achieved good outcomes and promoted a good quality of life and was based on the best available evidence. With the exception of one team at the acute hospital (maternity), there was a strongly developed multidisciplinary collaborative approach to care and treatment. There were consistently strong examples of this throughout the community services provided by the trust and also in areas of acute care. For example, the services for children and young people were found to be collaborative and integrated with community care. Services took account of national and internationally-evidenced best practice. One service of the nine rated for effective required improvement.	**Good**

Summary of findings

Are services at this trust caring?

Good 

Overall, we rated caring by staff as 'good'. For specific information, please refer to the individual reports for North Devon District Hospital, community inpatient services, community services for adults and community end of life care.

Patients, carers, families and visitors were overwhelmingly positive and complimentary about the care, kindness and dedication shown by the staff that provided care in the acute hospital, the community hospitals and in the community. Staff treated people using the service and those close to them with dignity and respect. Staff responded with compassion to people in pain, discomfort and emotional distress in a timely and appropriate way. People were supported to cope emotionally with their care and treatment and they were enabled to manage their care as far as they could. Staff took the trust's commitment to supporting people to maintain their independence very seriously and designed and delivered services in a way calculated to achieve this.

Are services at this trust responsive?

Requires improvement 

Overall, we rated the responsiveness of the trust as 'requires improvement'. The community health services provided by the trust were judged to be good however, the responsiveness of three services at North Devon District Hospital (A&E, surgery and critical care) required improvement. For specific information, please refer to the individual reports for North Devon District Hospital, community inpatient services, community services for adults and community end of life care.

Whilst the people served by the trust received care that met, and was responsive to, their needs in many areas this was not consistent. Some plans to improve responsiveness, for example in A&E, had not delivered sustained improvements. Patients were not always cared for on the most appropriate ward. The critical care unit was not always able to accept or to discharge patients at the most appropriate time.

There was evidence that the trust understood the different needs of the people that it served and designed and delivered services to meet their needs. Engagement with relevant stakeholders to provide coordinated pathways of care was extremely well developed in community services, with a fully integrated approach to adult health and care services, including an integrated leadership team with key posts funded jointly by the trust and Devon County Council. The trust reacted to feedback and complaints. For example, introducing the 'Shush' campaign in response to feedback about noise in the hospital at night.

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Are services at this trust well-led?

Good

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Vision and strategy for this trust

- The trust's vision was expressed as: "We will deliver local integrated health and social care to support people to live as healthily and independently as possible, recognising the differing needs of our local communities across Devon." This was underpinned by five values and behaviours. They were: demonstrating compassion, striving for excellence, respecting diversity, acting with integrity and listening and supporting others.
- The trust had six strategic objectives encompassing high quality care, delivering a sustainable range of services, an integrated model of health and social care, a flexible and multi-skilled workforce, running services efficiently and effectively and being the local provider of choice. The trust had three headline delivery strategies around reshaping community services, improving emergency care and improving hospital productivity.
- The vision and strategy were clear and credible and were aligned to the needs of the population served by the trust. It

was also broadly aligned to the strategy of the commissioners. However, the wider financial challenges in the Devon healthcare economy and the stated preference of the commissioners to change arrangements for community services in east Devon were a challenge to the existing vision and strategy.

- The integrated care aspect of the strategy was well embedded. There had been a memorandum of understanding in place between the trust and Devon County Council since 2011. It related to the provision of integrated adult health and social care. This did not involve any financial transfers beyond the joint funding of posts in the integrated management structure. The inspections of the community services and the feedback from patients, families, staff and stakeholders indicated that this strategy was achieving its aims and delivering a high quality and much appreciated service.
- The staff survey results and the feedback from staff during the inspection demonstrated that the vast majority of staff were well engaged with the trust and supported the vision and strategy. This was articulated as a general pride in the services being delivered rather than any significant awareness of the strategy itself.

Governance, risk management and quality measurement

- The trust has a board assurance framework for the management of strategic risks facing the organisation. A report against the framework is provided to the board on a quarterly basis. These reports were clear and comprehensive. The board had reviewed and updated its governance structure following the publication of the Francis Report (Mid Staffordshire NHS Foundation Trust Public Inquiry). Some adjustments had been made to the structure and membership of subcommittees and to the frequency of meetings. These changes were explained as having come about because of the volume of business and the size of agendas.
- The trust was operating a system of integrated governance through two teams. The two trust teams involved told us that they worked well together. They described an open culture and having daily contact. There was recognition that it had been muddled but was now working better. This view was echoed by a number of executive and non-executives.
- The lead executive for governance confirmed that the last independent review of governance was some two years ago and in connection with the previous application for Foundation Trust status. The team were told that those reviews had confirmed the sufficiency of the arrangements at that time.

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- All risks were recorded on the Corporate Risk Register which include community services and hospitals risks. No separate local risk registers are held at divisional or service level. Risks were discussed locally although attendance at governance meetings appeared to be informal in some areas and not all governance meetings were minuted.
- It appears, both from interviews and from the agendas that some of the Board assurance committees are discussing and making operational as well as strategic decisions. This meant that there may have been a risk of reducing the level of independent scrutiny and challenge once those issues reach board-level. An example of this was the involvement of non-executive directors in the sign off of Serious Incidents Requiring Investigation.
- The board's scorecard showed that the trust was currently behind on internal targets for recruitment, financial efficiency, stroke pathway, emergency admissions and workforce reduction.
- The trust had systems in place for quality measurement and reporting. The reduction in pressure ulcers and the use of restraint were offered as examples of how improved reporting had had a positive impact on improving quality. The board received formal and informal feedback on patient experiences, including patient stories.

Leadership of trust

- The leadership of the organisation appeared stable, despite the significant turnover in the executive team with the loss of the chief executive, director of nursing, medical director (through internal promotion), director of operations and director of human resources within the last few months. A new chief executive, previously the medical director, had been appointed and interim arrangements were in place to fill key roles before permanent replacements took up post. The level of executive turnover, while significant, seems to have been by coincidence, rather than design. Those leaving had variously retired, emigrated or had left for new jobs in larger organisations. The trust had interim arrangements in place while permanent replacements were being found. The feedback from stakeholders and partners suggested that relationships within the trust had remained positive and in some cases had improved, during this period of change.
- The chair and chief executive worked positively together and there was a shared view of priorities and risks. The non-executive directors appeared to be engaged and supportive, although perhaps a little too close to operational detail in some

areas. The decision to increase the frequency of some board subcommittees because of the size of agendas raised some questions about the arrangements for board business. Unusually, the trust secretary did not report directly to the chair.

- The trust had managed its finances robustly and effectively and was one of only two NHS organisations in Devon in financial balance.
- There was a welcoming and calm atmosphere in the trust. Staff spoke very positively about the lack of pressure that they felt under from the leadership team.
- Given the continuing challenges in the A&E department and the related difficulties with getting patients admitted to the most appropriate area for their care, despite the relatively low bed occupancy, the team was concerned about whether staff recognised the need to act promptly at times of increased activity.
- In outpatient services, the trust's 'bare below the elbows' policy was widely ignored by staff, despite it being clearly required in that area.

Culture within the trust

- Staff in both the acute and community services described the culture of the trust as being "open" and "positive". People told us that there was little conflict within the organisation and also that there was a sense of family in the trust. This was borne out by the very positive staff survey results. The trust scored particularly well for effective teamworking, support from immediate line managers, staff reporting errors, being able to contribute towards improvements at work, staff motivation, training in health and safety and equality and diversity and having opportunities for career progression. There were no negative indicators within the survey.
- There was one notable exception to the generally very positive picture and that was the dysfunctional culture that has grown within the maternity service. This had taken the form of a breakdown in cooperation between different staff groups. The trust had invited the Royal College of Obstetricians and Gynaecologists to conduct a review. The long delay in sharing the outcomes of that review with the team had unfortunately added to the sense of mistrust amongst team members.
- Some staff raised their concerns about the lack of visibility of very senior leaders, including some matrons.

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Public and staff engagement

- The trust had a Patient and Public Involvement Strategy that was due to be presented to the board on 22 July 2014. The director of nursing is the lead executive for the strategy. The trust ran a patient experience group and an Involving People steering group. It was not clear how the work of these groups have influenced the trust. The strategy has a different set of values from the trust.
- The trust has an Employee Engagement Strategy dating from 2012 that was part of the organisational development plan. In some trusts that had been inspected, staff had talked about formal and informal engagement mechanisms. In this trust, staff did not mention the strategy or talk about how they could engage with the trust. However, there was no doubt that the majority of staff expressed pride in their work, their teams and in services delivered by the trust. This was borne out by staff survey results and the meetings and group discussions that were held with staff in the acute hospital and across the community services.
- The trust had engaged with staff, partly as part of the preparation for the CQC inspection. This involved 800 staff from across the trust. Such engagement had also informed the trust's response to the clinical commissioning group on future strategy.

Innovation, improvement and sustainability

- The trust has been innovative in the development and use of mobile technology. A system in use in the community had been designed to act as an activity recording device, a personal alarm, an automatic calculator of mileage and was being developed as a healthcare record. The trust had been shortlisted for a reward for this work. The trust was also developing the use of telemedicine, so that consultants could consult with patients remotely.
- The trust had a track record of delivering and sustaining improvements. Examples included the integrated approach in the community and the successful development of services on the Barnstaple site. For example, the construction of the new chemotherapy unit that would mean more people could receive their cancer treatment locally. The human resources team were innovative and outward looking in their approach and were modelling best practice in their approach to supporting people with learning disabilities into permanent employment.
- The trust had a sustainability strategy and was seeking to work and deliver services in a sustainable way. In terms of the

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sustainability of the trust itself (in its current form), there were questions about that in the light of Devon having been identified as one of the eleven financially-challenged health economies. Additional support was being provided to develop a sustainable long-term commissioning strategy and until that had been agreed, there was a lack of clarity around the future direction of services and models of delivering care. There was also, separately, work being done by commissioners to develop a strategy for Devon's community services. That may have an impact on the future provision of services in east Devon. The chair and board were confident of a long-term future for the trust, but the detail of that was not clear at the time of the inspection.

Overview of ratings

Our ratings for <location name>

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Outstanding	Requires improvement	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Requires improvement	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for North Devon District Hospital

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.
2. We have not inspected community health services for children, young people and families as these are not currently provided by this trust.
3. The trust's acute and community services are of roughly equal size in terms of bed numbers, finances and staff with community services accounting for the slightly larger proportion.

Outstanding practice and areas for improvement

Outstanding practice

- The multidisciplinary approach in community services, including mature and developed ways of working with adult social care services, was delivering a very good service to patients. Patients were receiving a holistic service that promoted independence and delivered services as close to home as possible. The teams were successful in preventing or delaying hospital admissions and supporting people leaving hospital. Staff referred to the positive professional working environment and patients and their families spoke very highly of the service.
- The nursing leadership of the acute stroke service was very highly regarded by medical, therapy and nursing staff. Staff felt valued and the service itself was very patient-focused.
- The care of patients with a diagnosis of dementia on Alex Ward was outstanding. A robust dementia policy was in place. This ensured the highest standards of personalised care using all therapeutic staff. There was thoughtful and compassionate care for patients with dementia on Capener Ward.
- Teamwork and team spirit in theatres was very good despite staff shortages.
- The wards on the medical unit each had two ward clerks working extended hours. This meant that clinical staff were able to concentrate on clinical duties, while administrative duties were undertaken by the ward clerks.
- The trust's successful involvement with Project Search, an innovative scheme that supports young people with learning difficulties to find permanent work, was modelling outstanding practice to local employers. The trust had provided 12-month internships to seven young people, all of whom had successfully completed the programme and had found permanent jobs, six of them with the trust in areas such as medical records and catering.

Areas for improvement

Action the trust MUST take to improve

- Review and improve arrangements for the assessment and management of the prevention, detection and control of the spread of health care associated infection. This includes ensuring that suitable equipment is provided and used, that all areas are kept clean and tidy and ensuring that staff are consistently following trust policies.
- Evaluate and improve the effectiveness of the current patient flow and escalation policies. Action must be taken to improve the flow of patients from Accident and Emergency department and across the trust. The policies and procedures for patients who are not admitted to the most appropriate ward (outliers) need to be clear, focused on the best interests of patients and consistently applied. The criteria to be applied to decisions on the movement of patients and the protocols to be followed must be clear.
- Ensure that an accurate record in respect of each service user is in place relating to their end of life care, which shall include appropriate information in relation to the care and treatment provided. The trust must make sure that staff are aware of and consistently apply these arrangements.
- Ensure that the facilities for the sonography service are such that the safety, privacy and dignity of patients can be maintained. Rooms used by sonography staff must have a system for calling for help in the event of an emergency.
- Ensure that there is a system in place, supported by guidance, for the completion of HSA 1 (grounds for carrying out an abortion) and HSA4 (abortion notification). These records must be completed accurately and consistently and forwarded to the Department of Health as required.

Please refer to the location and core service reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not ensure that effective operation of systems designed to assess the risk of, and to prevent, detect and control the spread of healthcare associated infection. Regulation 12 (2)(a) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – cleanliness and infection control. How the regulation was not being met: Not all staff, in all areas, followed the hospital 'bare below the elbows' policy. The availability of hand-washing facilities in the major treatment area of A&E was limited. Within A&E, alcohol gel was available for hand cleaning in patient bays, but there was only one dispenser for the rest of the treatment area. There had been no comprehensive infection control audits in A&E carried out in the last six months. There were no sluice facilities for non-disposable bedpans in A&E. There was no separate room in A&E for clinical waste, domestic waste or recycling. Regulation 12 (2)(a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – cleanliness and infection control.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person did not ensure that service users and others had access to premises where a regulated activity was carried out, which were protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout.

This section is primarily information for the provider

Compliance actions

Regulation 15 (1)(a). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – safety and suitability of premises.

How the regulation was not being met:

Rooms in which antenatal sonographers carried out their work were not sufficient in size. They did not have curtains or screens to maintain privacy and dignity without the practitioner having to leave the room.

There was no system in the antenatal rooms for calling for help if a woman fell ill, or the sonographer felt threatened.

Regulation 15 (1)(a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – safety and suitability of premises.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe by the planning and delivery of care and, where appropriate, treatment in such a way as to meet the service users' individual needs. This was a breach of Regulation 9 (1)(b)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – care and welfare of people who use services. How the regulation was not being met: The policies and procedures for patients who could not be admitted to the most appropriate ward (outliers) were not consistent or supportive of patients, or staff at all times. There was no hospital-wide protocol for the safe handover of patients between wards and how and when this should, or should not, be done. Regulation 9 (1)(b)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – care and welfare of people who use services.

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person did not have suitable arrangements in place to ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information by means of, an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided. Regulation 20(1)(a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – records. How the regulation was not being met: We saw evidence of end of life decisions having been made without documentation of, or discussion with, patients. We viewed guidance on the use of treatment escalation plans (TEPs) that was unclear in relation to responsibilities with regard to this. TEPs that included do not attempt cardio-pulmonary resuscitation (DNA CPR) decisions were not consistently being completed appropriately. Mental capacity assessments were not consistently undertaken when capacity had been identified as an issue. Decisions about resuscitation were not consistently communicated to nursing staff. Regulation 20(1)(a), Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – records.

Regulated activity	Regulation
Termination of pregnancies	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them, by means of an accurate record in respect of each service user, which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Regulation 20 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – records.

This section is primarily information for the provider

Compliance actions

How the regulation was not being met:

Completion of the Health and Social Care Act 1 (grounds for carrying out an abortion) and the Health and Social Care Act 4 (abortion notification) were not consistent and there was no guidance, or an identified system in place to ensure records were completed both accurately and consistently or, when required, forwarded to the Department of Health.

Regulation 20 (1)(a), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – records.