

Annual Report Summary 2012–13



Introduction

Welcome to the Annual Report Summary 2012 / 13. We hope you will find this a helpful guide to some of our main activities during the year as well as a brief overview of our finances, targets and strategic challenges. You can find the full story of the RD&E's year in our Annual Report and Accounts 2012/13 which is available online at www.rdehospital.nhs.uk/trust/documents

The past year has been one of the most challenging for the RD&E in recent times. This remains a Trust where great things happen, delivered by staff who care passionately about their patients and who take great pride in delivering excellent services. But we cannot get away from the reality that the RD&E has never before faced such demanding times and difficult choices.

Changes in demographics and innovations in technology and treatment mean the NHS is being expected to do more than ever before. Meanwhile, the NHS has been undergoing significant changes in how it works together, including placing the majority of commissioning in the hands of GP Clinical Commissioning Groups from 1 April 2013, which inevitably impacts on the Trust. And, at the same time, the NHS as a whole is being asked to save £20 billion from its budget to accommodate this additional need. For us, this means that we have needed to find savings of around £17 million each year – which, year-on-year, becomes more difficult to achieve.

While we have experienced a lot of change in the NHS, the challenges we now face will inevitably lead to ever more change and difficult decisions. To achieve a sustainable future for the NHS, we need to play our part in taking a whole system approach, enabling clinical

leadership to configure truly integrated health and social care services in the interests of patients. Working more closely with our colleagues in Clinical Commissioning Groups will be a step towards this, but we will need to go much further and be bold in embracing radical service redesign. We aim to play a key role in engaging with our communities, through our governors and members, to debate how we can become more efficient and allocate scarce resources to their benefit and do so in an honest and transparent manner. Every time we make a decision, it will be based on the bottom line of continuing to deliver safe healthcare for our patients and maximising the potential of our staff.

In this document you will find examples of skilful innovation, real personal endeavour and sheer hard work by individuals, teams and departments. It is only thanks to our highly committed and dedicated staff – and our members who display such passion for this organisation – that the RD&E remains in a position to emerge stronger and more effective in serving the needs of our communities.

James Brent
Chairman
Angela Pedder
Chief Executive





Introduction	p2	←
Some highlights of our year	p4-6	→
Great people; great care	p7	→
Quality Report	p8-9	→
Progress against key indicators	p10	→
Looking to the future	p11	→
Summary finances	p12	→

About Us

The Royal Devon and Exeter NHS Foundation Trust serves a core population of more than 400,000 people in Exeter, East Devon and Mid-Devon.

We have a nationally and internationally recognised excellence in a number of specialist fields including the Princess Elizabeth Orthopaedic Centre, the Centre for Women's Health, cancer services, renal services, Exeter Mobility Centre and Mardon neuro-rehabilitation centre.

The RD&E has become the leading regional centre for high quality research and development. We are a founder member of the South West Peninsula Academic Science Network and host the Peninsula Comprehensive Research Network, the South West Research Design Service and the Peninsula Collaboration for Applied Health Research and Care.

The Royal Devon and Exeter NHS Foundation Trust:

- Employs almost 6,800 staff including more than 1,760 registered nurses and 747 doctors
- spent £350 million delivering healthcare in 2012/13
- has more than 115,000 admissions a year
- holds 450,000 outpatients clinics each year
- has 810 inpatient beds and 80 day-case beds
- has 92 midwives responsible for more than 3,000 births a year
- achieved all 'good' or 'outstanding' grades in the 2012 Ofsted inspection of our hospital school

Our Governance

As an NHS Foundation Trust, the RD&E has three basic components to the way it is governed and run:

- trust members are members of the public or Trust staff
- governors are either elected or appointed from local communities and stakeholder organisations. They collectively challenge the Board of Directors and hold them to account for the Trust's performance
- directors are collectively responsible for how the Trust performs, both strategically and at operational level.

The Board's year

During 2012/13, the Trust's Board of Directors ensures that the Trust:

- continues to provide safe, high quality healthcare delivered with courtesy and respect in a way that meets the needs of patients and the framework set by our regulators
- transforms the way in which its services are delivered so that it can maintain good quality care in a sustainable way in the future.

In an external evaluation, the Board was seen as 'well-functioning' that 'compares favourably to its peers within the NHS.'

The Council of Governors' year

They collectively hold the Board of Director to account for the Trust's performance, focused on three particular areas during the year. These were: examining issues of patient safety and quality; enhancing member and public engagement, and; ensuring its own procedures and activities were being carried out as effectively as possible.

Some highlights of our year

Spring 2012

Research study brings vital help for stroke sufferers

New research demonstrated new ways of minimising long-term damage for acute stroke sufferers through vital early intervention and care. By looking at what happens before stroke sufferers make it to hospital, researchers from the RD&E and Exeter University's Medical School identified steps to speed up the administering of vital clot-

busting treatments, thus improving life prospects for three times as many stroke-sufferers.

Outpatients rate services highly

We were confirmed as being in the top 20% of best performing NHS Trusts for outpatient services following an independent satisfaction survey.

Healthcare regulator the Care Quality Commission asked for the views of a sample of people attending our 450,000 outpatient clinic appointments each year.

Summer 2012

Exeter services show they're good at work

Occupational health services serving Exeter and the wider South West became the first in the South West to achieve the Safe, Effective, Quality Occupational Health Standards (SEQOHS) accreditation.

Occupational health is the promotion and maintenance of health and wellbeing at work. Among other things, the team regularly advises on workplace risk assessments,

stress counselling, sickness and early retirements.

New technology to speed up infection diagnosis

We also trialled a new microbiology machine which greatly speeds up the way infections can be analysed and identified.

The MALDI-TOF (Matrix Assisted Laser Desorption Ionization) machine allows diagnoses to be made in a fraction of the 48 hours which was previously standard, using laser technology to map key pathogens found in samples.

Spring 2012

The construction of the RILD building



Work begins on world-class research centre
Working with the University of Exeter, work began on a £19.4 million new Research, Innovation, Learning and Development Centre on the RD&E's Wonford site. Due to be completed in the autumn of 2013, the centre brings together skills, education and medical research and represents the shared passion and commitment of Exeter's wider medical community to improve health and patient care.

Summer 2012

The GORD band



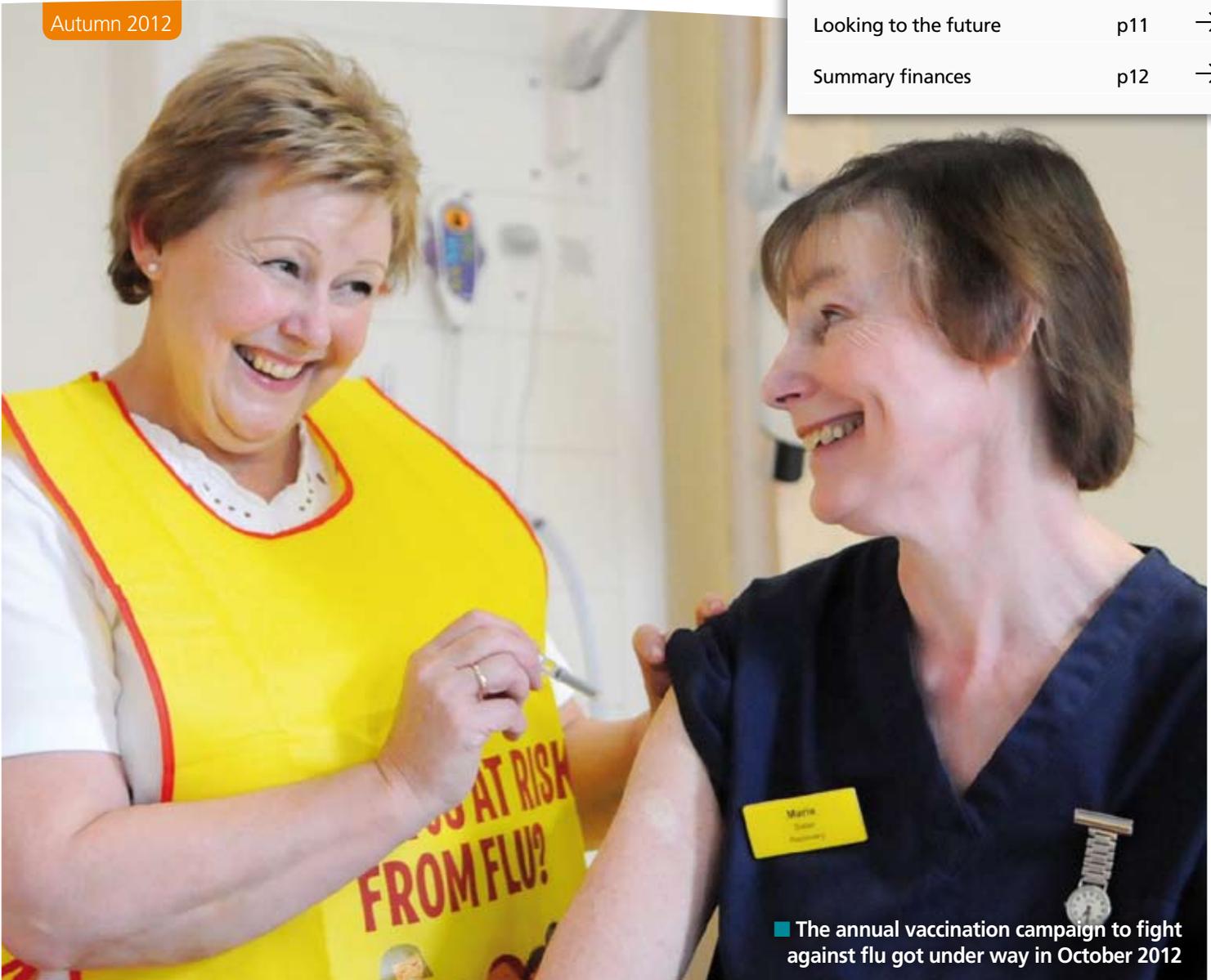
Pioneering procedures for severe gastro-intestinal conditions

We became the first NHS hospital in the UK to offer a pioneering surgical procedure for sufferers of Gastro Oesophageal Reflux Disease (GORD). Symptoms of which include chest pains, persistent nausea and difficulties with swallowing.

The new LINX® Reflux Management System is a small, flexible band of magnetised titanium beads placed around the oesophagus, just above the stomach. It is designed to restore the body's natural barrier to reflux and eliminate the symptoms associated with GORD.

Introduction	p2	←
Some highlights of our year	p4-6	←
Great people; great care	p7	→
Quality Report	p8-9	→
Progress against key indicators	p10	→
Looking to the future	p11	→
Summary finances	p12	→

Autumn 2012



■ The annual vaccination campaign to fight against flu got under way in October 2012

Autumn 2012

Exeter Surgical Health Services Research Unit opens

This new unit, bringing together a wealth of clinical knowledge and research to improve the care and experience of surgical patients, was officially opened in September by Professor Norman Williams, President of the Royal College of Surgeons.

The unit includes a video-link from seminar room to operating theatres for teaching and a clinical consultation room. It supports research for the National Institute for Health.

£34,000 for major national dental research project

We secured the highest grant available from the British Orthodontic Society to carry out research into the quality of life of youngsters born without

adult teeth, a condition known as Hypodontia and affecting between 5-8% of the population.

The three-year research project aims to establish how we can provide the best possible quality of care for patients using all orthodontic and other dental treatments available.

Gold awards for care and international recognition with UNICEF award

The RD&E's Wynard,

Abbey and Yarty wards were all given the top award for quality of nursing care provided.

The Nursing Quality Assessment Tool (NQAT) Gold Award demands scores of 95% or more following assessment which includes feedback from patients, observation of staff activities and checking documentation.

Some highlights of our year

Winter 2012/2013

Ground-breaking research might make the heart skip a beat

New RD&E-backed research set out to find new physical treatments for abnormally fast heart rhythms, a condition called supraventricular tachycardia (SVT).

The research aims to reduce the numbers of patients who need emergency drug treatment to bring their heart rate back to normal. Improving the way the Valsalva Manoeuvre, a physical procedure, is administered could be the key to revolutionising natural treatments for SVT, researchers believe.



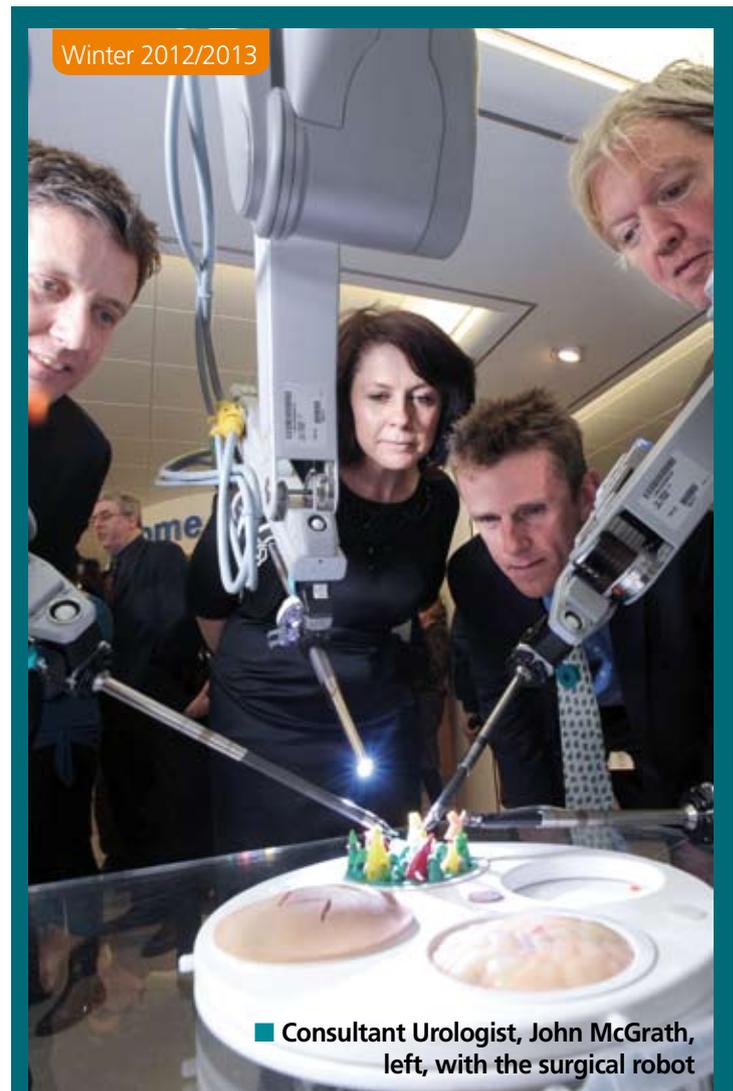
Winter 2012/2013

Two new wards create additional 48 beds for older people

Yealm and Ashburn wards, which were completed in time for winter 2012 / 13, were part of a host of measures put in place to manage the extra demand on services.

The 48 additional beds are staffed by an additional consultant in Healthcare for Older People and 120 nurses and allied health professionals.

This investment was supported by other changes, including a new ambulatory care lounge, a dedicated paediatric assessment unit, more 7-day working and more escalation beds.



Winter 2012/2013

Consultant Urologist, John McGrath, left, with the surgical robot

Public sees at first hand RD&E's advances in robotic surgery research

Members of the public tried their hand with demo robotic surgery equipment to mark the start of a new research programme between the RD&E and University of Exeter.

During robot-assisted surgery, the surgeon sits and uses an HD screen and remote computer console to operate and control four robotic arms that carry out guided surgery.

Introduction	p2	←
Some highlights of our year	p4-6	←
Great people; great care	p7	←
Quality Report	p8-9	→
Progress against key indicators	p10	→
Looking to the future	p11	→
Summary finances	p12	→

Great people - great care

Consultant plastic and reconstructive surgeon **Vikram Devaraj** was nominated as an NHS Hero by one of his patients, David May.

Consultant urological surgeon **John McGrath**, and a research team at the University of Exeter, won a highly prestigious grant from Intuitive Surgical in California, manufacturers of the da Vinci surgical robot, to fund and provide a second RD&E robot for nine months.

RD&E Oncology Nurse **Katie Williams** was nominated as an NHS hero by a patient's daughter.

RD&E consultant musculoskeletal radiologist **Dr David Silver** volunteered to play a key role in the London 2012 Olympic and Paralympic Games in setting up specialist imaging services.

Dr Tim McDonald was named the Young Healthcare Scientist of the Year for his work transforming diabetes screening in young people.

RD&E Anaesthetics and Pain Management consultant **Dr David Conn** won a national award for clinicians who demonstrate excellence in regional anaesthesia teaching and research.



■ Dr David Silver



■ Tim Macdonald



■ Katie Williams



■ Sugreon, Vikram Devaraj

Quality Report

Our Quality Report records progress against the quality improvement targets and focuses on where effort should be directed for the coming year. (To view our complete Quality Report for 2012/13 go to <http://www.rdehospital/nhs.uk/trust/documents>)

For us, high quality means:

- recognising each patient is an individual and placing them at the centre of all that we do
- continually looking to innovate and improve based on evidence
- making sure the same quality standards are applied across the hospital
- being safe all the time
- maintaining, supporting and developing everyone who works for us
- ensuring strong leadership on all quality issues
- being open and transparent
- taking part in audit and research.

Our key quality improvement issues for 2012/13: How did we do?

We identified three improvement issues that we needed to treat as a priority during 2012/13. Here's a brief update on how we did on each of them:

1. Managing the healthcare needs of the frail and elderly

- we have undertaken a detailed analysis of how frail elderly people are admitted, treated and discharged. Improvement to

their care has included new ward arrangements, active rehabilitation, seven-day working and screening to improve early detection of dementia. We have worked closely with our commissioners

- we introduced the Forget-Me-Not campaign to improve communication with patients who have any form of mental illness. With the flower symbol placed on beds, notes, whiteboards, request forms staff know that patients need a little more time and patience
- our Consultant Nurse for Older People has developed a special training package for all Trust staff, including a range of tips on how to work well and help patients with dementia.

2. Communication between staff and patients

As a result of many improvements in how staff and patients communicate, more patients have told us that they:

- could always understand what was being said to them when they were asked important questions
- had confidence in the doctors and nurses treating them
- were involved in decisions about their treatment
- were given the right amount of information about their condition or treatment.

We have also worked hard to improve discharge from hospital arrangements. For example, more patients now feel:

- they were involved in decisions about going home
- they have a better understanding of their medication



Introduction	p2	←
Some highlights of our year	p4-6	←
Great people; great care	p7	←
Quality Report	p8-9	←
Progress against key indicators	p10	→
Looking to the future	p11	→
Summary finances	p12	→



■ Care for the elderly has been a top priority at the RD&E

- close relatives or friends were also given important information.

We have introduced a fourth element into our innovative Nursing Quality Assessment Tool (NQAT) covering staff experience. A new feedback tool in the NQAT will allow our clinical teams to work on those areas that patients and staff have identified as needing improvement as quickly as possible.

3. Strengthen nursing leadership at ward level

We carried out our pledge to strengthen leadership at ward level by ensuring that ward matrons are given the time to lead and opportunities to develop their skills.

- we worked with Plymouth University to design and develop a special leadership programme for ward matrons, and this has been put in place from April 2013.
- the Trust has also increased support for matrons on wards to ensure that they have dedicated time to lead their teams and monitor standards of care. This also allows them to be more visible to patients, relatives and carers.

Our priorities for improving quality in 2013/14

Our focus over the next year will be on delivering our single transformation programme, designed to deliver clinically safe and financially sustainable care within an increasingly challenging

economic environment.

Our single transformation programme for the year has six themes:

1. Patient journeys through the hospital and beyond

We can make patients' journeys through our services – from time of referral to going home or elsewhere – smoother and more effective. We want to reduce delays in the system and thus reduce lengths of stay where this is appropriate.

2. Patient safety

We want to ensure a standard approach to safety across the Trust.

3. Efficient use of resources

We will continue to identify year-on-year efficiency savings to meet our financial targets.

4. Communications and engagement

We want to improve the way we communicate all our stakeholders, including our staff, especially by listening to their views. Those on the front line often have the best ideas about how to improve things for the better.

5. Leadership development

This will focus on creating a single, cohesive leadership team that works together. They will champion our vision, demonstrate ownership and inspire all around them. We are also developing core standards for all RD&E managers and these will be rolled out in 2013/14.

6. Management system development

We will continue to work on developing standard management systems that will be applied throughout the Trust.

Progress against key indicators

Our performance against national and local targets

Area	Measure	National standard/ Target	RD&E in 2012/13	RD&E in 2011/12
Infection control	Meeting the C.difficile objective	67(2012-13)* 74 (2011-12) *	46	85
Infection control	Meeting the MRSA objective	2(12/13)* 3 (11/12) *	0	1
18-week referral-to-treatment times	% admission within 18 weeks	>=90%	88.6%	93.6%
18-week referral-to-treatment times	% non-admission within 18 weeks	>=95	98.1%	97.8%
Cancer access	Urgent GP referrals seen within 2 weeks – all cases	>=93%	95.5%	95.3%
Cancer access	Breast cancer symptomatic referrals seen within 2 weeks	>=93%	96.5%	99.1%
Cancer access	Cancer treatment started within one month of diagnosis	>=96%	96.3%	98.1%
Cancer access	Cancer treatments started within 2 months of urgent GP referral	>=85%	83.6%	85.7%
Cancer access	Cancer treatments started within 2 months of screening programme referrals	>=90%	96.9%	93.8%

* The MRSA target and C.difficile targets are stepped and represent the maximum number of infections allowed in the financial year. This target s have been reducing each year as indicated in the table above.

Introduction	p2	←
Some highlights of our year	p4-6	←
Great people; great care	p7	←
Quality Report	p8-9	←
Progress against key indicators	p10	←
Looking to the future	p11	←
Summary finances	p12	→



Looking to the future

In recent times, we have begun the process of re-thinking the way we provide our services more efficiently and effectively. While we are determined to provide high quality services and first-rate clinical outcomes, we should also be accountable to the communities we serve, financially sustainable yet still able to re-invest in improving our care.

In taking this strategy forward, we will focus on three areas:

1. Maintaining the quality, safety and sustainability of our current healthcare services.

This will mean:

- Engaging all our staff in finding new innovative ways to work
- Keeping a clear focus on providing safe services at all times
- Continuing to carry out high quality research and becoming a regional hub for academic excellence.

2. Giving our patients consistently high standards of care before and after their time in the main RD&E Hospital.

- Our 'Hospital at Home' project and care offered to stroke patients are successful examples of this commitment in action.
- We need to expand this pledge to many other areas, making sure it is more financially sustainable in the process.

- It will be particularly important to make major improvements in this regard towards frail, elderly patients.

3. Extend the RD&E's quality of service to more patients in the region, investing in new services as we go.

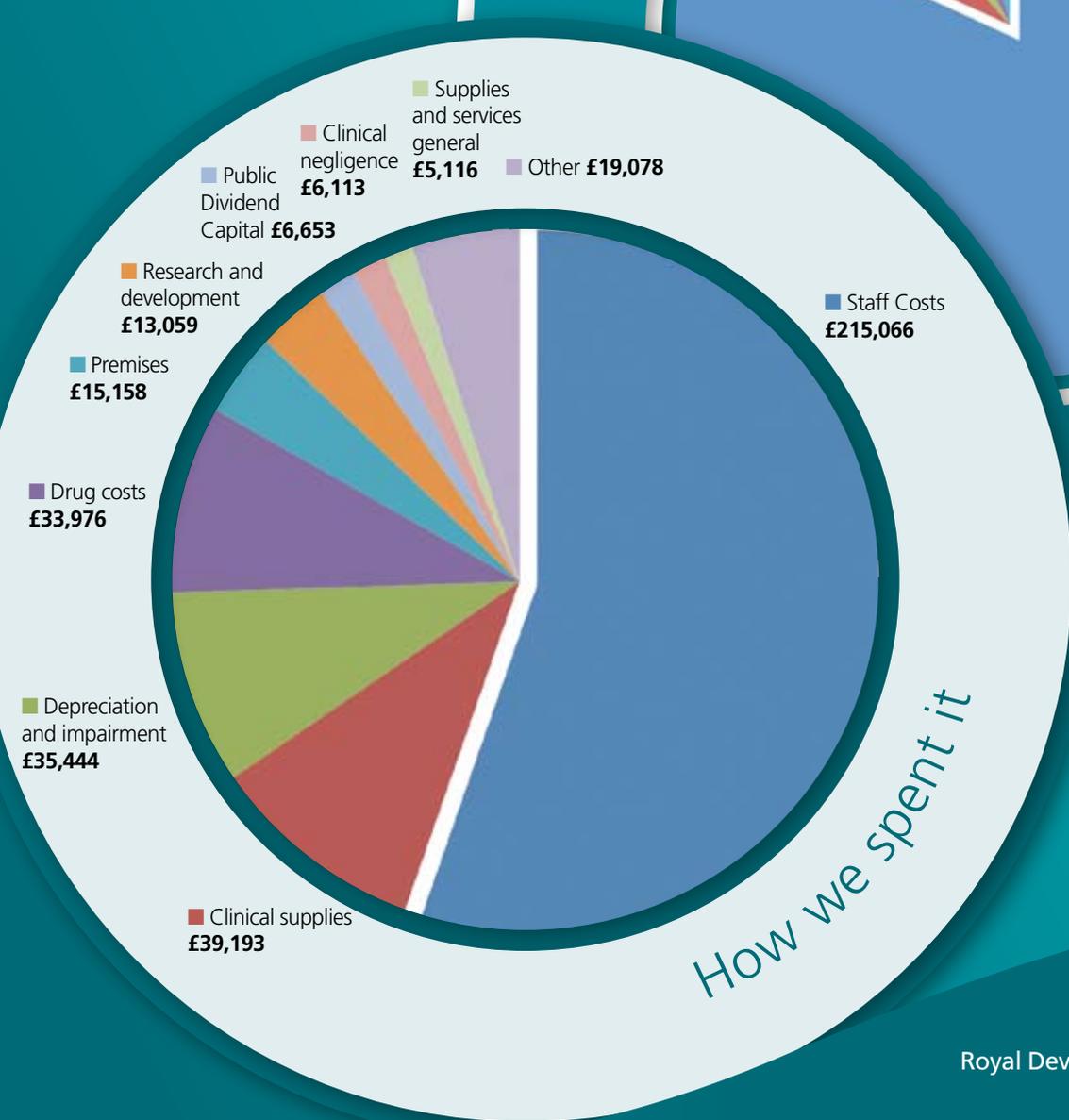
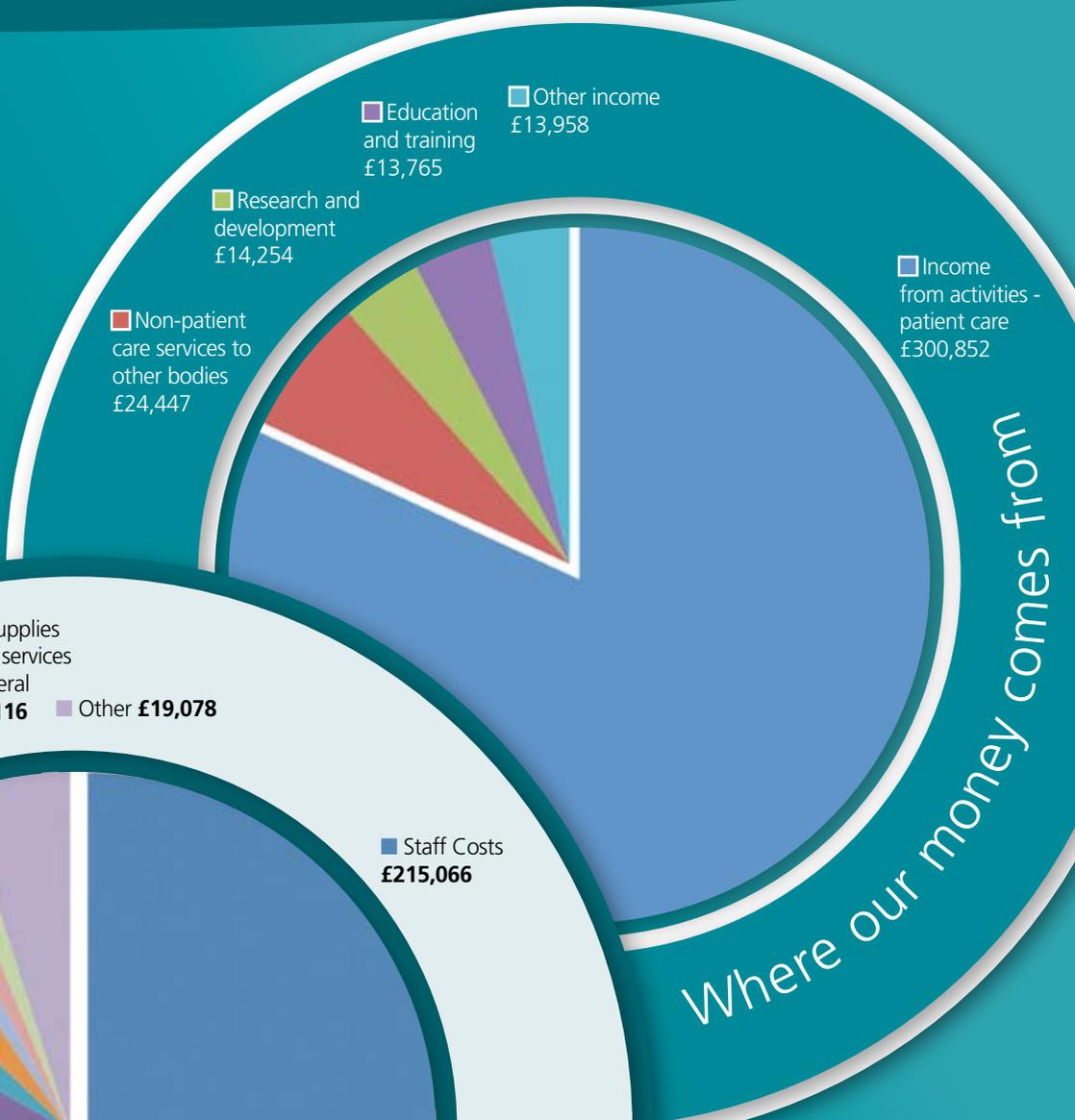
- Robotic surgery is a good example of new investments in this area.
- Also, we are working with new partners such as the University Hospital Bristol NHS Foundation Trust on thoracic surgery.
- We will actively develop new similar partnerships with other organisations in other clinical areas.

Related to the third point above, the RD&E will continue our work with the Taunton and Somerset NHS Foundation Trust to explore improvements in quality that may come through greater economies of scale.

In summary, we want to take bold decisions to transform the way we work. By 2018, the RD&E Trust wants to:

- Serve more people over a wider area
- Be the safest hospital in the region
- See more care provided for people closer to their home
- Be a strong research base
- Build and extend our brand
- Have sustainable finances
- Be the employer of choice in the region

Summary of our finances 2012/13



Contact:

Royal Devon & Exeter NHS Foundation Trust
 Barrack Road, Exeter
 EX2 5DW

01392 411611 (switchboard)