



Royal Devon  
University Healthcare  
NHS Foundation Trust



# Quality Account 2022/23

Royal Devon University Healthcare  
NHS Foundation Trust

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# Chief executive officers' introduction

## Welcome

Welcome to Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) quality account for 2022/23. The quality account gives us the opportunity to review what we have been doing to improve the quality of care we provide.

Within this document, we set out our priorities for improvement in 2023/24 and review our progress against the priorities we set out in the 2022/23 quality accounts for Royal Devon and Exeter NHS Foundation Trust (RD&E) and Northern Devon Healthcare NHS Trust (NDHT).

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

We have made significant progress with last year's improvement priorities and we thank staff for their hard work and dedication in achieving this. The priorities for both RD&E and NDHT were:

1. Improving learning from incidents
2. End of life care – digital enablement
3. Developing our safety culture
4. Learning from our successes
5. Embedding best practice in communication

Examples of improvements include:

- There has been significant progress with falls improvement work, the most recent quality improvement initiative implemented is the post-fall huddles. These provide multi-disciplinary reviews as soon as practicably possible after a fall and allow us to provide feedback to the patient and their loved ones on learning resulting from the fall within hours of the incident.
- Following go live across our Northern services, work around digital enablement in end of life care has been revisited and strengthened.
- The Trust developed a Just Culture virtual event series open to all colleagues, facilitated by prominent external speakers to explore the behaviours and principles that underpin a safety culture.

- The Trust transferred to its new risk management system Datix Cloud IQ in June 2022. This system has enhanced reporting and business intelligence and has been developed to be fully compatible with the new national platform – Learning from Patient Safety Events.
- The Communications Access training programme is now available to all Royal Devon colleagues through our learning platform. Promotion of this training and monitoring of uptake will be monitored throughout 2023/24.

Our first year as the Royal Devon has also been the first full year of recovery for the NHS from the COVID-19 pandemic and we experienced a number of ongoing challenges, including issues with infection prevention and control, high levels of demand for our services, workforce shortages, and industrial action. Our staff rose to these challenges magnificently, demonstrating professionalism and strong teamwork, and continuing to deliver compassionate care to our many patients who depend upon us.

We head into 2023/24 in a challenging national context, but take significant optimism from the progress we made in 2022/23 and the strength of our partnerships, with our system colleagues, our research and academic partners, and with our local community.

I want to finish by saying to our colleagues, volunteers, patients and all of our stakeholders: thank you for everything you do. Your commitment and compassion has helped us deliver the very best care and services we can to our patients. I am extremely proud of all that we have achieved together and look forward to working with you all next year.

This report sets out priorities for next year and we look forward to reporting back in 2024.



**Chris Tidman**

Deputy Chief Executive Officer  
28 June 2023

# Statement of directors' responsibilities in respect of the quality account

The directors are required under the Health Act 2009 to prepare a quality account for each financial year.

The Department of Health has issued guidance on the form and content of annual quality accounts, which incorporates the legal requirements of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended by the National Health Service (Quality Accounts) Amendments Regulation 2011.

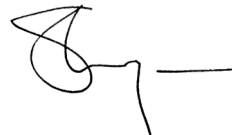
In preparing the quality account, directors are required to take steps to satisfy themselves that:

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

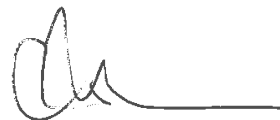
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- the quality account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality account.

By order of the Board



**Dame Shan Morgan, Chair**  
**28 June 2023**



**Chris Tidman, Deputy Chief Executive Officer**  
**28 June 2023**

# Progress on our 2022/23 priorities

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## **Governor priorities**

In 2022/23 the Council of Governors took the decision not to identify a specific quality priority, but to endorse those which had been identified as the Trust Priorities.

This was an acknowledgement of the significant challenges the Trust faced as we moved from a pandemic response to "Living with Covid", significant periods of increased operational escalation and the focus on elective care recovery.

# Progress on our 2022/23 priorities

## Trust priorities

Priority 1	Improving learning from incidents
Rationale and past performance	The 2015 Serious Incident Framework created a rigid approach to how incidents should be investigated. The Patient Safety Strategy (2019) allows Trust's to develop a Patient Safety Incident Response Plan, designing how it will respond to specific incidents. This is described by the Patient Safety Incident Response Framework (PSIRF) with the stated aim of ensuring any response is proportionate to the potential for generating learning from the investigation.
What will we do?	<ul style="list-style-type: none"> <li>● We will revise our approach to responding to highest frequency incidents: Pressure Ulcers and Patient Falls.</li> <li>● We will take learning to the bedside or patients' home, providing a restorative approach to learning.</li> <li>● We will trend and theme our learning to develop High Impact Actions which lead sustainable improvement.</li> </ul>
Measurable target/s for 2022/23	<ul style="list-style-type: none"> <li>● Establish task and finish groups comprising Subject Experts, Patient Safety Specialists, Safety Systems Leads and Divisional Representation for start of Q3.</li> <li>● Develop an investigatory approach which will reduce the bureaucratic burden of current practice and provide timely learning.</li> <li>● Make recommendations to the Learning and Improvement Workstream of the Patient Safety Strategy Implementation Project for the end of Q3.</li> <li>● Begin systems build to incorporate the revised investigatory approach into our incident reporting processes; so that we can start to generate learning at the point of reporting during Q4.</li> <li>● Implement the revised approaches from Q1 2023/24.</li> </ul>
How progress will be monitored	Quarterly Reporting to the Governance Committee
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Associate director for safety and quality (Eastern services) Associate director for safety and quality (Northern services)

Progress to date	<p>The Trust has established a Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG) which provides oversight of our emergent approach to learning from incidents. This group reports to the Governance Committee on a quarterly basis.</p> <p>While the Trust continues to work under the Serious Incident Framework 2015 we are incorporating human factors principles and systems thinking into our current investigations.</p> <p>We are working in partnership with our Integrated Care Board, who are members of both the PSSIPDG and our Incident Review Group (IRG). This ensures any learning from our incidents can be shared quickly throughout the system, and we are able to adopt broader system learning.</p> <p>We are continually exploring how we can minimise the bureaucratic burden of learning from incidents, and accelerate learning.</p> <p>There has been significant progress with Falls improvement work. The Trust has established a Falls Reduction Project Group which is leading on a series of initiatives. The most recent quality improvement initiative implemented is the Post-Fall Safety Huddles.</p> <p>These are multi-disciplinary reviews of a fall, undertaken as soon as practicably possible after a fall (our aim is within 48 hours). The huddle is an opportunity for the team to reflect upon a fall and to highlight both areas of good practice and learning, including actions to mitigate future risks.</p> <p>The aim is for the huddles to be non-judgemental, so that all members of the team feel empowered to contribute, and to consider how the fall may have been prevented, and how future falls could be avoided. The multi-disciplinary aspect is particularly important, as it allows for greater collaboration between different professions and staff groups.</p> <p>The huddles are currently in their trial stage, and are only being carried out for a fall that meet the following criteria:</p> <ul style="list-style-type: none"> <li>● Occurred within medical services;</li> <li>● Was a fall resulting in moderate harm which led to either a fracture or an intracranial bleed</li> </ul> <p>Each huddle is arranged and led, by a clinical matron; this is to ensure consistency of its implementation and to support imbedding the huddles into usual practice</p> <p>The huddles are subject to ongoing review, utilising a PDSA cycle. Following each huddle, feedback has been sought, in order to inform this improvement approach. There is generally good engagement with the huddles, particularly where multiple professions have been involved.</p> <p>The division has also made improvements to the huddle documentation as a result of feedback; for example, one area felt that it was important to include staff welfare as a discussion point, to ensure that the needs of staff are considered, as well as the patient. This is now included.</p> <p>A falls prevention page on the trust wide staff intranet has been recently created. This provides access to a range of key resources for staff and patients to support falls reduction work and provides advice regarding associated care and management at the Trust.</p> <p>One of the largest impacts has been that we are able to provide feedback to the patient and their loved ones on the learning resulting from the fall and any actions within hours of the incident.</p>
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	<p>The plan will be to utilise this SWARM approach to falls as our main approach of enquiry, with trending and theming from the huddles generating the learning from these incidents. This will then inform further cycles of continuous quality improvement work.</p> <p>The next financial year will provide us with the opportunity to extend this approach to other common patient harms, in line with our implementation of PSIRF.</p>
RAG rating	



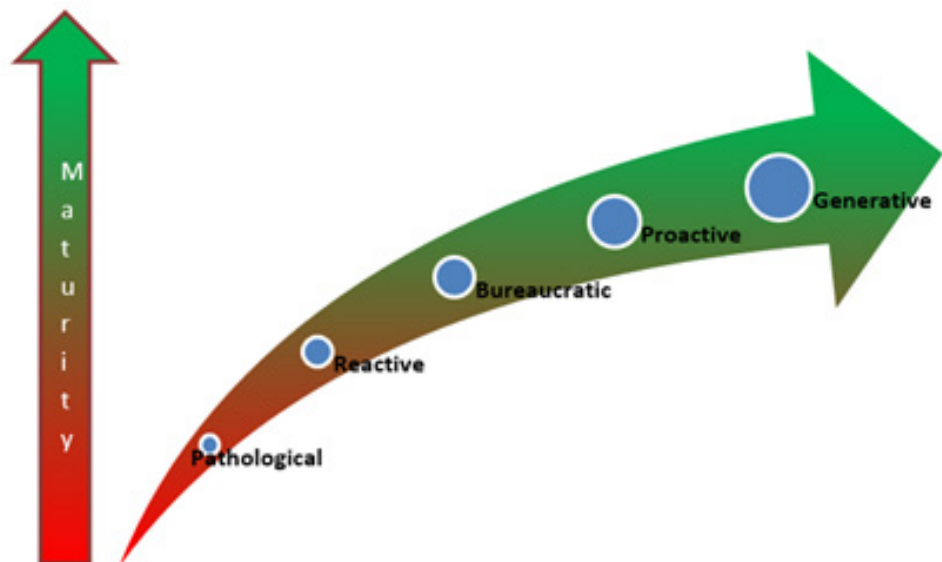
Priority 2	End of Life Care – Digital Enablement
Rationale and past performance	With the implementation of Epic in Northern services, this provides the opportunity to maximise how we can use our digital infrastructure to drive quality for patients who are entering the final stages of their life.
What will we do?	<ul style="list-style-type: none"> <li>● We will work with our End of Life (EOL) Steering Group to identify the opportunities arising from our digital platforms.</li> <li>● We will support the development of required Best Practice Advisories or Workflows as part of Epic optimisation.</li> <li>● We will work with the Patient Portal Steering Group to explore the potential of patients being able to identify their end of life wishes via MyCare.</li> <li>● We will identify appropriate flags and alerts to ensure that people brought to hospital in an emergency, where possible, are not admitted if this is against their end of life wishes.</li> </ul>
Measurable target/s for 2022/23	<ul style="list-style-type: none"> <li>● Incorporation of the Quality Priorities into the EOL Steering Group Work Plan.</li> <li>● Digital solutions identified and impact assessed at the end of Q3.</li> <li>● Digital solutions prioritised and change request forms submitted to the Epic Optimisation Patient Safety Workstream to be operationalised at the start of Q4.</li> <li>● Schedule of implementation for digital solutions presented within the Q4 Quality Priorities.</li> <li>● Review of EOL Policy framework incorporating any revisions required to embed the digital solutions.</li> </ul>
How progress will be monitored	<ul style="list-style-type: none"> <li>● Quarterly report to the Governance Committee.</li> <li>● The priority will be incorporated into the work plan for the EOL Steering Group who will monitor progress against their work plan.</li> </ul>
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Director of nursing (Eastern services)
Progress to date	<p><b>Digital</b></p> <p>Digital enablement has been part of the End of Life (EOL) Working Group prior to and following the Eastern services Epic go live. For various reasons, the final Eastern services Electronic Patient Record (EPR) did not meet the requirements of the EOL service, including facilitation of Advance Care Planning (ACP) and participation in the National EOL audit (NACEL).</p> <p>The Northern services Epic go live in July 2022 gave an opportunity for this work to be revisited and strengthened. Combined with the support of the EOL Steering Group, this work is being progressed by a dedicated group including EOL and Epic/EPR colleagues and is reviewed at bi-monthly working group and quarterly steering group meetings. These in turn report quarterly into the Clinical Effectiveness Committee (CEC) and the Urgent Care Steering Group.</p> <p>Change requests have been completed for all elements of MyCare workflow development. ACP is nearing completion and following a meeting on 10 March 2023 implementation of the flowsheet will be taken to a change control meeting on 18 April 2023.</p>

	<p>It has been requested that communications go out for community, Emergency Department (ED), inpatients and outpatients about the ACP workflow prior to it going into production (PRD) due to the scale of the work involved. An EOL lead is being identified who will liaise with the Information Officers (IOs) to progress this and once ready it will be taken to Change Control again and then put into PRD.</p> <p>A clear schedule of implementation for all outstanding EOL digital solutions now needs to be agreed and this links into the wider Trust wide position on extracting data from Epic. A further meeting is required with Epic colleagues to confirm the functionality of the EOL dashboard, reporting and confirmed timescales for the completion of this work.</p> <p><b>EOL Policy and Strategy</b></p> <p>Work is in progress to integrate both the EOL Policy and Strategy framework across all services and draft documents were reviewed at the EOL Working Group on 25 January 2023. Digital enablement elements will be embedded within both documents.</p> <p>Final documents will be taken to the EOL Steering Group meeting for sign off on 29 June 2023.</p>
RAG rating	

Priority 3	Developing Our Safety Culture
Rationale and past performance	The implementation of PSIRF has been described by early implementors as being a revolution rather than a change. We will build on the Just Culture work which was prioritised last year, with a structured approach to safety education and training for all staff.
What will we do?	<ul style="list-style-type: none"> <li>● We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety).</li> <li>● We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice).</li> <li>● We will provide patient safety training to our Trust Directors, Non-Executive and Executive Directors, to support their strategic oversight of patient safety.</li> <li>● We will revise our patient safety intranet pages and communications to increase their accessibility and profile in the organisation.</li> <li>● We will undertake an assessment of our safety culture pre-implementation of the training plan and repeat in 18 months' time when the training programme has been rolled out.</li> </ul>
Measurable target/s for 2022/23	<ul style="list-style-type: none"> <li>● Undertake Patient Safety Culture assessment and report at the end of Q3.</li> <li>● Trust wide Training Needs Analysis completed for levels 1 and 2 of the Patient Safety Training.</li> <li>● Agree Content for New Patient Safety intranet pages and make available on both BOB and HUB, pending the introduction of a new Trust intranet.</li> <li>● Progress through the Statutory and Mandatory Training Framework to ensure that we are able to identify compliance with the training programme via Learn+.</li> <li>● Scope requirements for level 3 training with recommendations for number of places required and costings by end Q4.</li> <li>● Develop full training needs analysis and plan in line with the National Patient Safety Syllabus in Q1 2023/24.</li> </ul>
How progress will be monitored	<ul style="list-style-type: none"> <li>● Quarterly report to the Governance Committee.</li> <li>● This work will be undertaken by the Training Workstream of the Patient Safety Strategy Implementation Project. Progress will be monitored by the Patient Safety Strategy Implementation Project Delivery Group.</li> </ul>
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Associate director for safety and quality (Eastern services) Associate director for safety and quality (Northern services)
Progress to date	<p>The review of our patient safety culture using the Manchester Patient Safety Framework (MaPSaF) tool took place throughout February and March 2023. This was during a period of high operational escalation. Despite this we had 284 responses to our survey, from a broad range of Trust services.</p> <p>The word cloud illustrates that we had strong engagement from theatres, therapies and Emergency Department across a range of professional groups.</p>



MaPSaF assess the maturity of an organisations' Safety Culture from pathological to generative



A pathological organisation is one with a prevailing attitude of 'why waste our time on safety' and, as such, there is little or no investment in improving safety.

A generative organisation is one where safety is an integral part of everything the organisation does. In a generative organisation, safety is truly in the hearts and minds of everyone, from senior managers to frontline staff.

**Overview of Safety Culture at the Royal Devon**

The high-level analysis demonstrates that Royal Devon is currently at the bureaucratic stage of organisational maturity.

This is typified as organisations that are very paper-based and safety involves ticking boxes to prove to auditors, assessors and regulators that they are focused on safety.

The NHS Serious Incident Framework (2015) is itself bureaucratic in nature. The metrics within the framework focus on measurable outputs such as how many Serious Incidents has an organisation had, and how many have investigations have been completed within 60 days.



The NHS Serious Incident Framework (2015) is itself bureaucratic in nature. The metrics within the framework focus on measurable outputs such as how many Serious Incidents has an organisation had, and how many have investigations have been completed within 60 days.

This required a Governance framework which focussed on measuring process measures and reporting those to Commissioning bodies who were responsible for the oversight of these processes.

In this context it is not surprising that Royal Devon is currently at a bureaucratic level, although the findings do indicate that we demonstrate significant organisational behaviours which are at proactive level. This suggests that while strongly bureaucratic we are on the journey to the next stage of cultural maturity.

Proactive organisations place a high value on improving safety, actively invest in continuous safety improvements and reward staff who raise safety related issues.

A full report of the Royal Devon safety culture survey findings will be developed and presented through the Safety and Risk Committee.

To support developing our safety culture we have launched the national Patient Safety Syllabus **Level One** (Part One) – Essentials for Patient Safety training.

This went live in April 2023 and is offered via our Learn+ system, and is mandatory for all Trust staff. This training includes:

- Listening to patients and raising concerns;
- The systems approach to safety, where instead of focusing on the performance of individual members of staff, we try to improve the way we work;
- Avoiding inappropriate blame when things don't go well;
- Creating a just culture that prioritises safety and is open to learning about risk and safety.

We have completed mapping of the staff who are required to complete **Level One** (Part Two) – Essentials for Patient Safety for Boards and Senior Leadership Teams.

This will be live for Senior Leaders in May 2023. This will be completed after Level One (Part One) and the content includes:

- The human, organisational and financial costs of patient safety;
- The benefits of a framework for governance in patient safety;
- Understanding the need for proactive safety management and a focus on risk in addition to past harm;
- Key factors in leadership for patient safety;
- The harmful effects of safety incidents on staff at all levels.

**Level Two** – Access to Practice Training is currently being mapped, and will be available in June 2023 to those staff who have an interest in understanding more about patient safety or who want to go on to access the higher levels of training.

The Trust will undertake an additional MaPSaF Audit within the next 18 months to assess if there has been positive movement within our safety culture following the roll out of the Level One and Two training.

To enable safe patient care it is vital conditions are created so that staff feel respected, psychologically safe, and leaders invite engagement and challenge and model these behaviours in their day to day work.

The Trust developed a Just Culture virtual event series open to all members of staff, facilitated by external speakers to explore the behaviours and principles that underpin a just culture.

The full programme is presented below.

There will be a formal evaluation following completion of the full programme. To date, 891 members of staff have participated in the live sessions and 233 have reviewed the recorded sessions. The formal evaluation of the series will be presented to the Trust's Patient Safety Group.



**THE POWER OF SAFETY CULTURE**

**WHAT IS IT? AND WHY IS IT IMPORTANT TO OUR ORGANISATION FOR OUR STAFF AND PATIENTS?**

Please join us for a personal and unique series in Safety Culture. Below is our list of speakers with more to come!

To book on please email [rduh.qit@nhs.net](mailto:rduh.qit@nhs.net)

Date & Time	Guest Speaker	Event Name
29th November 2022 12:30 - 14:00	Dr Chris Turner	Civility Saves Lives
13th December 2022 12:30 - 14:00	Suzette Woodward	Re-thinking Patient Safety
26th January 2023 12:30 - 14:00	Professor Michael West	Compassionate Leadership
14th February 2023 12:30 - 13:30	Dr Adrian Plunkett	Learning from Excellence
23rd March 2023 13:00 - 14:00	Dr Matt Hill	Psychological Safety
20th April 2023 12:30 - 14:00	Ben Tipney	System thinking and Human Factors in Healthcare

RAG rating

Priority 4	Learning from our successes
Rationale and past performance	Traditional approaches to safety try and learn from incidents. Most of the people we serve never experience an incident or any harm in our care. The introduction of the Learning from Patient Safety Events (LFPSE) platform, which will replace both the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) allows for national reporting of positive practice and learning from things going well (Safety II). The Trust has invested in Datix Cloud IQ, which is fully compatible with the LFPSE, and supports reporting when things go well.
What will we do?	<ul style="list-style-type: none"> <li>● We will roll out Datix Cloud IQ to all areas of the Trust, and provide support for staff on how to report a positive occurrence.</li> <li>● We will consolidate our current approaches to Learning from Excellence, maximising the potential to recognise and learn from Excellence.</li> <li>● We will develop a Learning from Excellence QI project to ensure that staff in every part of our organisation are able to report good practice.</li> <li>● We will build Safety II into our governance arrangements for patient safety, in preparation for opening these forums to patients and carers as our Patient Safety Partners.</li> </ul>
Measurable target(s) for 2022/23	<ul style="list-style-type: none"> <li>● Consolidate a single Trust Risk Management System which is compatible with LFPSE reporting requirements.</li> <li>● Learning and Improvement workstream of the Patient Safety Strategy Implementation Project to include the quality priority into their workplan.</li> <li>● Explore options for local capture of Good Care through Safety and Quality Systems; with recommendations to Project Delivery Group at end of Q3 for revising Learning from Excellence.</li> <li>● Governance workstream of the Patient Safety Strategy Implementation Project to recommend approaches to incorporate Safety II into Governance Framework for Patient Safety.</li> <li>● Build Learning from Excellence / Safety II into patient safety intranet pages and Patient Safety communications plan.</li> </ul>
How progress was monitored	<ul style="list-style-type: none"> <li>● Quarterly report to the Governance Committee.</li> <li>● Implementation supported through Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG).</li> </ul>
Board sponsor	Chief nursing officer and chief medical officer
Implementation lead	Clinical matron for patient safety and experience (Eastern services) Clinical safety lead (Northern services)



Progress to date

The Trust transferred to its new Risk Management System (RMS), Datix Cloud IQ in June 2022.

This system has enhanced reporting and business intelligence compared with our previous RMS version, and has been developed to be fully compatible with the new national platform: Learning from Patient Safety Events (LFPSE).

LFPSE will replace the two current platforms used for reporting patient safety incidents in the NHS. These are:

### **The National Reporting and Learning System (NRLS)**

NRLS is the platform through which the NHS escalates all of its patient incident data to NHS England. Under the Health and Social Care Act, NHS Trust's have a statutory duty to notify the Care Quality Commission of specific incidents.

Regulation	Notification
16	Certain deaths of people using the service
18(2)(e)	Allegations of abuse
18(2)(g)	Events that stop or may stop the service from running safely and properly
18(2)(a)&(b)	Serious injuries to people who use the activity

Reporting to NRLS fulfils the obligation for these notifications.

### **Strategic Executive Information System (StEIS)**

StEIS is a national portal used for the reporting and reviewing of incidents which meet the criteria for the NHS Serious Incident Framework (2015), including Never Events.

NHS Providers are able to upload incidents onto the StEIS platform, at which point local and national commissions are able to view them, tracking progress towards completion of investigations. Commissioners will independently review completed investigations and either seek additional assurance or approve the incident for closure on StEIS.

The Trust has been working with the Integrated Care Board and NHS England to consolidate our two legacy StEIS portal identities; and we now have a single Royal Devon portal.

Both NRLS and StEIS were due to be replaced by Learning From Patient Safety Events (LFPSE) service on 01 April 2023, although this date has been delayed until September 2023 by the National Patient Safety Team within NHS England.

LFPSE does not only collect information from incidents, but is designed to have a broader scope. The system can be used for reporting and analysis of four types of patient safety events:

- Patient Safety Incident
- Good Care
- Poor Outcome
- Risk

When LFPSE launches, NRLS will be switched off and reporting via the platform will cease. StEIS will be closed to new incidents.

	<p>The Trust remains on schedule to transfer to the new national platform by 1 September 2023. The platform will initially only accept patient safety events which relate to incidents and good care.</p> <p>The reporting of good care is to support a range of Safety II approaches to patient safety learning. Current approaches (Safety I) generate learning from enquiry into incidents.</p> <p>Most people who access healthcare do not experience any harm, and are very satisfied with the outcomes of their care and treatment. Safety II hypothesises that there is significant learning from the analysis of when things go right.</p> <p>The Trust and its legacy organisations have utilised Learning from Excellence (LfE), a peer nominating system, which focuses on the things we are getting right. Using LfE the Trust can improve morale and standards of care. Any member of staff is able to nominate an individual or team, and ensures that staff are acknowledged for their contributions.</p> <p><i>“I received the card and report and I felt very overwhelmed, I felt extremely valued, noticed, a huge sense of achievement and just felt extremely happy. I didn’t think what I had done was a very big thing, to me what I did was a really small thing to do, but to someone else it wasn’t just a small thing and it made a big difference. I literally felt on cloud 9 for days after receiving the nomination.”</i></p> <p>Learning from Excellence nominations are currently captured on the staff intranet pages through a web form. Using LfE, and similar approaches is essential if we aim to have a positive safety culture. The Trust intends to commence “good care” reporting to LFPSE in September 2023. This potentially creates dual reporting process for Safety II information, and Patient Safety Strategy Implementation Project Delivery Group reviewed the options and has agreed that the LfE nomination form will be held within Datix Cloud. There will be an additional question asking the nominator if they are reporting good care.</p> <p>This solution holds a number of advantages:</p> <ul style="list-style-type: none"> <li>● All information on Good Care and Excellence will be held in a single cloud-based database, rather than as currently two separate web-based databases.</li> <li>● Datix Business Intelligence Module will increase the potential for generating learning from LfE; Standardised reporting becomes possible.</li> <li>● It will create the potential to triangulate with other sources of insight, including compliments and other feedback.</li> </ul> <p>There should be very little change for those making a nomination who will continue to use the LfE pages as a launch page which will link directly to the Datix form. Staff will also be able to make good care nominations from within Datix, and these will be reportable with the LfE nominations, increasing our oversight of good practice.</p> <p>The Trust’s Safety and Quality Systems team are working in partnership with the National Patient Team (NHS England) and RL Datix on the redesign of the LFPSE form. By working in partnership, we are hoping that we will be able to influence the look and feel of the final product, minimising the administrative burden for those completing the form.</p> <p>The final national upgrade from Datix is due in late June / early July 2023. This should enable the Trust to switch to LFPSE earlier than the national final transfer date.</p>
RAG rating	

Priority 5	Embedding best practice in Communication
Rationale and past performance	The Trust has successfully gained accreditation by Communication Access Standards UK. This provides us with the opportunity to improve our communication culture, raise our staff's knowledge of different forms of communication and gain cultural competence in the experience of people who, for whatever reason, communicate differently or require assisted communication to be heard.
What will we do?	<ul style="list-style-type: none"> <li>● We will implement a training programme for all staff on the fundamentals of good communication.</li> <li>● We will develop a communication Task and Finish Group to prioritise a Trust wide Communication work plan.</li> <li>● We will work with Epic Optimisation to maximise our digital support to communication.</li> </ul>
Measurable target(s) for 2022/23	<ul style="list-style-type: none"> <li>● Incorporation of Communication Access Standards into a work plan for the Patient Experience Operational Group.</li> <li>● Monitoring of number of staff who have completed the Communication Access Standards Training.</li> <li>● Development of a communications package to highlight availability of the training, with a plan to maintain awareness of the programme.</li> <li>● Patient Experience Operational Group to be develop a set of key performance indicators to be used.</li> </ul>
How progress was monitored	<ul style="list-style-type: none"> <li>● Quarterly report to the Governance Committee.</li> <li>● Implementation supported through Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG).</li> </ul>
Board sponsor	Chief nursing officer
Implementation lead	Deputy director of nursing (patient experience), Northern & Eastern services
Progress to date	<p>Led by the Royal College of Speech and Language Therapists, Communication Access UK is an initiative developed in partnership by charities and organisations that share a vision to improve the lives of people with communication difficulties.</p> <p>Inclusive communication is about recognising that a person might have communication support needs and to consider the best way to communicate to help them as an individual. Inclusive communication means sharing information in a way that everybody can understand and 1 in 5 people will experience a communication difficulty at some point in their lives.</p> <p>For the Trust, it means making sure that we recognise that people understand and express themselves in different ways. For our patients, families and carers who use our services, it means getting information and expressing themselves in ways that meet their needs.</p> <p>Inclusive communication relates to all modes of communication:</p> <ul style="list-style-type: none"> <li>● Face to face communication</li> <li>● Phone communication</li> <li>● Written information</li> </ul>

**Training programme**

The Communication Access training programme has been made available to all Royal Devon colleagues and is accessed through the learning platform. Operational challenges such as elective recovery work, industrial action and workforce absences has meant that the numbers of colleagues undertaking the training is less than expected. At the end of 2022/23 8% of staff in Northern services and 14% staff in Eastern services had completed the training.

**Monitoring**

Monitoring the progress of Communication Access training and progress has been through the bi-monthly Patient Experience Operational Group which reports into the Patient Experience Committee.

In recognition of 'communication' being our highest reportable theme across complaints and feedback, uptake of communication access training will also be monitored in the monthly divisional performance meetings throughout 2023/24.

**Communications plan**

A high-level communication plan has been developed in support of Communication Access accreditation, with a home page on the Trust intranet highlighting the access to training. Communications have also been put into all-staff updates across both Northern and Eastern services. The Trust plans to apply for reaccreditation with Communication Access UK in 2023/24.

We have given this an amber rating in light of the lower than expected number of colleagues who completed the training in 2022/23.

RAG rating



# Learning from never events

During this reporting period the Trust has reported ten incidents which meet the never event criteria. Never events are defined as Serious Incidents (SI's) that are largely preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Unlike other incidents reportable through the NHS Serious Incident Framework (2015), never events are reported even if they do not result in patient harm. In summary during 2022-23 The Trust has reported the following never events.

Incident Date	Incident Type	Speciality	Harm - national Definition
May 2022	Wrong Site Surgery	Dermatology	Minor
June 2022	Wrong Site Surgery	General Theatres	No Harm
June 2022	Wrong Site Surgery	Dermatology	Moderate
June 2022	Wrong Site Surgery	Dermatology	Moderate
July 2022	Wrong Site Surgery	Ophthalmology	Minor
August 2022	Wrong Site Surgery	General Theatres	Moderate
October 2022	Wrong Site Surgery	Urology	No Harm
October 2022	Retained Foreign Object	Oral and Maxillofacial surgery	No Harm
January 2023	Wrong Site Surgery	General theatres	No Harm
January 2023	Retained Foreign Object	Maternity	Moderate

Initial reviews of the incidents are completed through a 72-hour report, which is shared with both our Commissioners and Regulators. This report identifies any immediate actions taken following the incident, and any learning which can be identified prior to the formal investigation process.

An overview of learning from Never Events was presented to the Safety and Risk Committee in July 2022. The review identified a number of system issues which included.

## Environment:

Only one of the wrong site surgery incidents occurred within an operating theatre; the remaining seven occurred in other environments (e.g. wards, outpatient clinics) where invasive procedures occur.

Each of the cases occurred in a busy environment at a time when the wider organisation was under extreme pressure, distractions in the environment played a key part in contributing factors identified.

## Communication:

From national initiatives to local policy or standard operating procedures, confirming actions passed in conversation offer safety barriers based on safety critical communication principles; if used these would have afforded the space to confirm a site, a number, a patient's identity, position or action required.

## Checklists:

Inconsistent implementation of national initiatives such as Stop Before you Block, a swab count or Local Standards for Invasive Procedures (LocSSIPs).

## Timescale:

Gap identified between 'Time Out' and knife / needle to skin. Need identified for a final pause prior to incision or injection to reduce the risk of wrong site surgery events.

## Learning into action:

A Never Events Task and Finish Group was formed, to support the Trust to address these system factors through a structured improvement methodology. This group was tasked with evaluating actions taken to date and identifying what additional trust wide actions could be taken to further reduce the risk of re-occurrence.

On 6 December 2022, the chief medical officer and chief nursing officer hosted a Never Events Webinar for senior clinicians. This included setting the context of recent never events, sharing the learning that had emerged to date from the work of the Task and Finish Group. This webinar also shared a personal reflection from a senior clinician who had been involved in a never event.

The Trust has highlighted learning from never events through its communications, including regular updates through the Trust's patient safety newsletter iBulletin and a series of Safety Briefing Posters.

The Trust has worked in close partnership with One Devon, the Integrated Care Board to ensure learning is shared across the care system; and in summer 2023 the Trust will be participating in a programme of work involving providers from throughout the South West.

In January 2023 an update to the National Safety Standards for Invasive Procedures (NatSSIPs) was published. The revised standards (NatSSIPs 2) are intended to share the learning and best practice to support multidisciplinary teams and organisations to deliver safer care.

- The organisational standards are clear expectations of what Trusts and external bodies should do to support teams to deliver safe invasive care.
- The sequential standards are the procedural steps that should be taken where appropriate by individuals and teams, for every patient undergoing an invasive procedure.

To ensure that the Trust responds effectively to NatSSIPs 2 the Never Events Task and Finish Group has evolved into NatSSIPs Implementation Group. This will ensure that actions already in situ to respond to never events will continue to completion and be evaluated as part of the broader improvement work to implement NatSSIPs 2. The implementation of NatSSIPs 2 is one of the Trust's Quality Priorities for 2023/24 (Priority 3); and progress will be reported to the Trust's Governance Committee on a quarterly basis.

# Our priorities for 2023/24

## Governor priorities

The Council of Governors have selected the following quality priorities for 2023/2024:

### Priority 1: Staff retention

There have been significant improvements within the Trust in relation to recruitment and onboarding; modernising the Trust's approach to recruitment and adding a variety of flexible approaches to ensure it is easier for potential employees to apply for jobs at the Royal Devon. This has been supported with significant work to simplify and reduce the time taken for onboarding new recruits.

Building upon this success, the Council of Governors would like to support a focus on improving staff retention to reduce the number of colleagues who chose to leave the Trust. This will include:

- A review of:
  - Current retention strategies including
  - Staff health and wellbeing offers
- A review of the current exit interview process, with a focus to strengthen exit interviews and learning from the data collected from them.

### Priority 2: Support to patients experiencing mental ill-health

The Council would like to see priority placed on improving the quality of support to patients who are experiencing mental ill-health challenges whilst receiving care in the Trust's acute and community inpatient sites. This will include:

- A focus on providing a safe environment for Mental Health patients.
- A review of training available to support front line colleagues who work in key department/wards to support them to care for patients who have mental health needs.
- A focus on partnership working with partners to support a timely and appropriate outcome for the patient and our colleagues.

The delivery of the actions will be overseen by the Mental Health Steering Group.

The Governance Committee will receive quarterly updates on progress against the Governor priorities.

# Our priorities for 2023/24

## Trust priorities

### Priority 3: National Safety Standards for Invasive Procedures (NatSSIPs) 2

National Safety Standards for Invasive Procedures (NatSSIPs) 2 was released on 24 January 2023. They are an evolution of the 2015 NatSSIPs, and have been developed to have less emphasis on checklists and instead present a clear concept of proportionate checks based on risks.

NatSSIPs 2 re-launches the WHO checklist. It mandates key stop moments when the standard pathway is confirmed and patient-specific details clarified. This improves both patient safety and team-working, and is designed to reduce misunderstandings or errors and to improve team cohesion.

These national standards cover all invasive procedures including those performed outside of the operating department.

This approach aligns with the aims of the Patient Safety Strategy (2019) and the Patient Safety Incident Response Framework (PSIRF, 2022).

The Trust will establish a task and finish group to lead the introduction of NatSSIPs 2 and develop both the detailed workplan and measurable outcomes for this quality priority.

This priority would be overseen by the Patient Safety Group. The Governance Committee will receive quarterly updates on progress against Priority 3.

### Priority 4: Our quality culture

This will build upon the work undertaken in the 2022/23 quality priorities to understand and improve our organisational safety culture. Patient experience is of equal importance to safety and our organisational culture is key to delivering excellent services to the communities we serve.

Our quality culture should reflect the core pillars of the NHS Complaints Standards:

- Welcoming complaints in a positive way and recognising them as valuable insight for organisations.
- Supporting a thorough and fair approach that accurately reflects the experiences of everyone involved.

- Encouraging fair and accountable responses that provide open and honest answers as soon as possible.
- Promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

This priority will include the implementation of the NHS Complaints Standards together with a focus on the role of supporting our senior leaders as culture carriers.

Work will continue to provide training to all colleagues on patient safety, and together this priority will enhance the Royal Devon's ambition for a Just and Learning Culture.

This priority would be overseen by the Patient Experience Committee. The Governance Committee will receive quarterly updates on progress against Priority 4.

### Priority 5: Improving Learning from Incidents

We will continue to build upon the progress made in last year's quality priorities as we implement the Patient Safety Incident Response Framework (PSIRF).

This priority will see the Trust develop an Incident Response Plan, which details the approaches we will take to maximising learning from incidents. This will detail the range of incidents we will prioritise for Patient Safety Incident Investigations (PSII), and our alternative strategies for learning from incidents which we do not subject to PSII.

We will develop and launch a new Patient Safety Policy which will support the delivery of our incident response plan and our revised approaches to our governance and oversight framework to meet the requirements of PSIRF.

We will develop a small team of well-trained expert patient safety investigators to conduct the Trust's PSII to ensure that our investigatory work reflects the core objectives of PSIRF.

This priority would be overseen by the Patient Safety Strategy Implementation Project Delivery Group. The Governance Committee will receive quarterly updates on progress against Priority 5.



## Priority 6: Accessible services

Our services operate from a complex estate infrastructure; and our buildings can be difficult to navigate for people with additional support needs, such as physical, sensory or cognitive disabilities. Our patients and their carers may need to access several different environments as part of their care pathway, each with its own challenges for people with disabilities. We need to map out our main care environments so that we are able to make the communities we serve aware of the facilities in place for people with disabilities, such as:

- Changing Places
- Accessible toilets
- Induction loops
- Autism / Dementia friendly waiting areas
- Easy read signage and information
- Accessible parking

Following on from the mapping we will:

- Ensure our accessible facilities are highlighted on the Trust website.
- Develop a prioritised plan to improve accessibility in our main sites.

This priority would be overseen by the Patient Experience Committee. The Governance Committee will receive quarterly updates on progress against Priority 6.

## Duty of Candour

The Trust remains committed to being open and honest with patients and their families when things go wrong. A process for the application of Regulation 20: Duty of Candour has been in place since it came into effect on 1 April 2015, this is led through our Governance system.

Monitoring the compliance of Duty of Candour requirements happens at different levels with the use of an electronic incident reporting system (Datix) and organisational compliance is monitored through the Trust's Incident Review Groups which report to the Safety and Risk Committee.

In 2022/23, our Duty of Candour compliance was 95.7%

In 4.3% of cases where Duty of Candour was not completed all efforts were undertaken to identify and engage with the relevant person (the person who was harmed or someone acting lawfully on their behalf) unfortunately, this was either not possible or was declined.

This is identified as an exception for Regulation 20: Duty of Candour under section 5. We are declaring noncompliance with these cases for transparency and no breach of Duty of Candour regulation has occurred.

Quarter	Total Number of incidents (Actual Impact * of Moderate, Major and Catastrophic)	Statutory Obligation Duty of Candour required	Duty of Candour completed	Duty of Candour not completed
Q1	69	30	30	0
Q2	65	35	32	3
Q3	62	59	56	3
Q4	41	39	38	1

## Learning from deaths

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

During 2022/23, 2792 patients of the Royal Devon University Healthcare NHS Foundation Trust died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 629 in the first quarter;
- 676 in the second quarter;
- 760 in the third quarter;
- 727 in the fourth quarter.

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

By 5 April 2023, all 2792 deaths had case record reviews. 458 deaths had investigations of the deaths. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

	Case record review (ME scrutiny)	SJR investigation	Incident investigation	HMC investigation	Total deaths with an investigation	Total subject to both care record review and investigation
<b>Q1 22/23</b>	629	33	12	100	124	124
<b>Q2 22/23</b>	676	8	11	105	116	116
<b>Q3 22/23</b>	760	18	11	100	121	121
<b>Q4 22/23</b>	727	4	9	89	97	97

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

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

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:

	<b>1 = Very Poor Care</b>	<b>2 = Poor Care</b>	<b>3 = Adequate Care</b>	<b>4 = Good Care</b>	<b>5 = Excellent Care</b>	<b>Total</b>
<b>Q1 22/23</b>	1	8	9	15		33
<b>Q2 22/23</b>		2	4	2		8
<b>Q3 22/23</b>		9	4	4	1	18
<b>Q4 22/23</b>	1		1	2		4
<b>Total</b>	<b>2</b>	<b>19</b>	<b>18</b>	<b>23</b>	<b>1</b>	<b>63</b>

## Problem in care identified

	Admission and initial	On-going care	Care during	Perioperative Care	End of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	2	3			1
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)	1	4			1
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP))					
Problem related to operation / invasive procedure (other than infection control)		2	1		1
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	1		8		4
Problem with infection management		1			
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	1	5			
Problem of any type not fitting the categories above (including communication and organisational issues)	1	10			1

**A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above.**

**Escalation of the deteriorating patient**

Through investigation there was a need identified for greater clarity with roles and responsibilities for the escalation of the deteriorating patient to the Medical Emergency Team (MET) in an area with a higher volume of acutely unwell patients.

**Out-of-Hours Hyperacute Stroke Care**

Through investigation it was identified that the Out-of-Hours Hyperacute Stroke Care protocol stated that a grand mal seizure is a contraindication to thrombolysis; it was identified that the possibility of a partial seizures may also raise concern about thrombolysis. This has the potential to change the initial management for an atypical presentation.

**Continued observation monitoring**

Through scrutiny it was identified that there is an opportunity to improve patient and family experience when a patient is at the end of life. Following the decision to switch from active to palliative care there is the opportunity to reduce patient monitoring and observations. This could have a positive impact on the patient's dignity and privacy with family members at the end of life.

**A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period.**

**Escalation of the deteriorating patient**

A local process that supports the Trust protocol for triggering Medical Emergency Team (MET) calls was developed. The implementation of this process was supported by multidisciplinary in-situ simulation and delivery of a bespoke training programme on responding to the deteriorating patient.

Based on the National Early Warning Score (NEWS2) prompts within the electronic patient record have been developed to remind staff when vital sign monitoring should be carried out.

The prompt built into the electronic patient record now assists colleagues in knowing when repeat vital signs should be performed.

**Out-of-Hours Hyperacute Stroke Care**

The hyperacute stroke proforma wording in the section relating to contraindications of thrombolysis has been changed from "Grand Mal seizure at onset" to "significant clinical suspicion that seizure accounts for presentation (e.g. partial seizure, Todd's paresis)". This change supports clinicians in history taking for patients with an atypical presentation.

**Continued observation monitoring**

An alert has been developed within the electronic patient record to suggest the cancellation of investigations that are no longer appropriate when an End of Life flag is added to a patient's record, this alert will support conversations within the multidisciplinary teams, with patients and their families when patients at the end of life.

**An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.**

**Escalation of the deteriorating patient**

Multidisciplinary in-situ simulation and the bespoke training programme on responding to the deteriorating patient have now embedded and occur regularly and supports improvement of non-technical skills with a particular focus on communication.

**Out-of-Hours Hyperacute Stroke Care**

The changes to the hyperacute stroke proforma have been built into the electronic patient record and are now routinely used in out-of-hours hyperacute stroke care.

**The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the relevant document for that previous reporting period.**

There were 21 deaths which occurred in 2021/22 where the outcome from SJR was not available in time for inclusion in last year's Quality Account

- 13 in the first quarter; - 13 SJRs
- 7 in the second quarter; - 7 SJRS
- 1 in the third quarter; - 1 SJRS
- 0 in the fourth quarter. – 0 SJRS

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

As outlined above the Trust has adopted the Royal College of Physicians' National Mortality Case Record Review Programme methodology known as the 'Structured Judgement Review'.

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

	1 = Very Poor Care	2 = Poor Care	3 = Adequate Care	4 = Good Care	5 = Excellent Care	Total
Q1 22/23		6	4	14		24
Q2 22/23		3	2	9	1	15
Q3 22/23		1				1
Q4 22/23						
<b>Total</b>		<b>10</b>	<b>6</b>	<b>23</b>	<b>1</b>	<b>40</b>

## Problem in care identified

	Admission and initial	On-going care	Care during	Perioperative Care	End of Life care
Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	1	6			
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)		4			
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CRP))					
Problem related to operation / invasive procedure (other than infection control)					
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)	1	5			1
Problem with infection management					
Problem with medication / IV fluids / electrolytes / oxygen (other than anaesthetic)	2	1			
Problem of any type not fitting the categories above (including communication and organisational issues)		4			1



# NHS Staff Survey results for indicators question 15 and 14c

Staff Survey question	2020		2021		2022
	RD&E	NDHT	RD&E	NDHT	RDUH
<b>Q15 – Percentage of staff believing that the organisation acts fairly: career progression</b>	58.7%	60.1%	60.2%	61.6%	58.3%
<b>Q14c – Percentage of staff not experiencing harassment, bullying or abuse from staff in the last 12 months</b>	83.2%	82%	86%	82.3%	82.6%

Please note: the scoring for these questions (and question numbers) in 2020 was different, and as a result the data was adjusted for previous years when the 2021 results were issued. The table above contains the adjusted figures, ensuring true year on year comparison are possible.

## Freedom to speak up and whistleblowing

Following the recommendations made by Sir Robert Francis in the Mid Staffordshire NHS Foundation Trust Public Enquiry, the Trust appointed a number of freedom to speak up guardians (FTSUG) in January 2017. During 2021/22 the Trust appointed a dedicated lead freedom to speak up guardian and has increased the number of voluntary guardians, firstly by four (as a result of the RD&E merging with NDHT) and then by a further six following a successful recruitment campaign (giving a total of 14 FTSUGs). Our guardians come from a variety of backgrounds, which reflect the majority of staff groups, nursing and midwifery, medical, allied health professionals, facilities and administration. The Trust also introduced the role of speaking up champions, whose main role is to raise the profile of the service.

The appointment of the dedicated lead guardian and the increase in guardians has resulted in greater visibility within all sites and major departments having received a visit and information about the service and how the guardians can be accessed. This together with enhanced communications, refreshed posters and leaflets and screen savers and FTSUG merchandise, has resulted in an increase in the number of staff contacting the service.

The guardians act in a genuinely independent and impartial capacity to support staff who raise any concerns. The guardians report to the Lead FTSUG, who in turn reports into the director of governance. Guardians have access to the chief executive officer, Chair of the Trust and Chair of the Governance Committee as required. The Lead FTSUG reports to the Governance Committee formally twice a year, which reports onwards to the Board of Directors.

The guardians continue to work alongside the senior leadership team and the Human Resources Department to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged to speak up. The success and impact of the service continues to be measured with a variety of internal and external mechanisms, including the quarterly internal People Pulse survey and the annual NHS Staff Survey. The lead FTSUG completes and submits regular data reports to the National Freedom to Speak Up Guardians Office. The data supporting these returns is discussed at the monthly meetings between the FTSUGs to ensure that appropriate advice and action has been provided to staff who access the service, in a way that is appropriate to the individual and also to identify any themes which may require Trust wide

action.

In January 2023 the National Lead Guardian for England, Jane Chidley-Clark visited the Trust. During her visit Jane met with the chief executive, director of governance, the lead FTSUG and some of the guardians.

The Trust has a well-established formal route for raising concerns through whistleblowing policy and processes. The director of governance works with the chief executive officer, the Chair of the Trust and Chair & Vice Chair of the Governance Committee to ensure that all concerns raised through the Whistleblowing policy are acknowledged, investigated and reported through the Governance Committee. The Governance Committee's role is to ensure that the process has been followed, that actions have been undertaken, learning is shared Trust wide and most importantly that any colleague who does speak up, does not suffer a detriment.

## Participation in clinical audit

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During April 2022 – March 2023, 54 National Clinical Audits and five National Confidential Enquiries covered the NHS services that the Royal Devon and Exeter Hospital site provides. During that period the Royal Devon and Exeter Hospital site participated in 45 National Clinical Audits and 4 of the National Clinical Audits Enquiries which it was eligible to participate in.

During the same period, 53 National Clinical Audits and Five National Confidential Enquiries covered the NHS services that the Northern Devon District Hospital site provides. During that period the Northern Devon District Hospital site participated in 47 National Clinical Audits and four of the National Clinical Audits Enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Devon University Healthcare NHS Foundation Trust participated in, and for which data collection was completed during April 2022 – March 2023, are indicated alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry by site.

The national clinical audits that Royal Devon University Healthcare NHS Foundation Trust was eligible to participate in during April 2022 – March 2023 are detailed in Annex One.

## Participation in clinical research

There is a clear link between research and improved health outcomes which is why the Trust is committed to embedding research in the care we provide, supporting our staff to develop their own research and fostering excellent collaborations with key partners in order to achieve this.

All departments and all colleagues play a role whether that is developing and delivering research in their specialty area, working with life sciences partners about the approach and feasibility of their research, recruiting patients to studies led by colleagues and by other organisations and by implementing the evidence from research to improve care delivery.

In January 2023 the two research and development teams merged, and the ability to work together across our now wider region will provide more opportunities for all patients to benefit from research participation. As with all Trusts, recovering research activity post-pandemic has been a key focus during this past year.

5275 participants have been recruited to over 222 clinical trials and studies with research activity being delivered across the Trust's clinical specialties. The research benefits from support from the National Institute for Health and Care Research (NIHR) Exeter Clinical Research Facility (which has just been awarded core funding for a further five years), and the NIHR Exeter Patient Recruitment Centre. This funding and support enables us to work with commercial and non-commercial partners across a broad range of research development.

21 grant submissions are currently being supported with 12 trials currently being delivered under the leadership of Trust staff. Trust staff have also published over 372 papers demonstrating the strength and breadth of activity and our national and international impact.

Our close collaboration with the University of Exeter continues, supported by our Joint Research Office (JRO), a leading centre for high quality research, development and innovation and the NIHR Clinical Research Facility. This relationship has been further cemented this year with the collaboration being awarded an NIHR Biomedical Medical Centre (BRC), which will provide more than £15m over the next five years. The BRC is the first of its kind in the South West Peninsula and will translate scientific discoveries into tangible benefits for patients, partnering with other Trusts in the region and beyond to accelerate the development of better precision approaches

to target the right therapies to the right people using cutting edge technologies (click here to read more - <https://royaldevon.nhs.uk/news/exeter-wins-15m-nihr-funding-for-west-country-s-first-biomedical-research-centre/>).

Other highlights include grant success for the team led by Mr Al-Amin Kassam, Orthopaedic Consultant. The team were awarded over £900,000 from the NIHR to carry out ground-breaking research in 'Hipster', a trial which will explore the use of pioneering robotic surgical methods to improve outcomes for hip replacement patients.

Chronic Obstructive Pulmonary Disease (COPD) is the most common respiratory disease in the UK affecting approximately three million people and has been identified by the NHSE CORE20PLUS5 programme as one of the five clinical areas requiring accelerated improvement. The 'MucAct COPD' trial led by Prof Michael Gibbons is assessing the clinical and cost-effectiveness of nebulised sodium chloride in patients with COPD. By working collaboratively with Primary Care colleagues, the respiratory research team are the top recruiting site in the UK and their approach to running the trial is now being rolled out across other UK sites.

Colleagues in Northern services have worked proactively to increase the number of nurses, midwives and allied health professionals taking the Principal Investigator role with five now leading studies including:

- Angela Tithecott, Heart Failure Lead Advanced Clinical Practitioner leading the 'EVOLUTION HF' study
- Physiotherapist Victoria Typaldou with the 'AFTER' trial looking at rehabilitation after ankle fractures
- Physiotherapist Ruth Wood leading the 'iRehab' study exploring rehabilitation following treatment in intensive care
- Physiotherapist James Rodger leading the 'BOOST-IS' study looking at interventions for symptomatic lumbar spinal stenosis and
- Nurse Consultant Naomi Clatworthy supporting the 'ICI GENETICS' study to identify the role of genetic factors that predispose to immune checkpoint inhibitor toxicity and 'QLG' looking to develop a cancer survivorship questionnaire.

Supporting the life sciences sector is a key objective for the NIHR. The Trust hosts one of only five NIHR Patient Recruitment Centres (PRC) designed to support late phase commercial trials at pace and scale. PRC Exeter is the top recruiting centre and highlights this year included exceeding the target for a Moderna COVID-19 booster trial and retaining 97% of all participants. The Trust also has commercial activity outside of the PRC with over 40 principal investigators currently and x92open commercial trials.

Focussed activity continues to implement the chief nursing officer for England's nursing research strategy and allied health professionals national research strategy with membership of regional implementation groups. The launch of the Trust's own broader strategy including nursing, midwifery and allied health professionals and healthcare scientists launched in December 2022 with a six-year plan. The annual Chief Nurse Research Fellows' programme is now supporting its third cohort with this approach adopted by all Trusts in the South West Peninsula and some funding provided by the NIHR CRN.

## Goals agreed with commissioners

Royal Devon University Healthcare NHS Foundation Trust's income participated in the following quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework in 2022/23.

<b>2022/23 CQUIN Performance</b>							
<b>Commissioner</b>	<b>Code</b>	<b>Description</b>	<b>Target</b>	<b>Q1 22/23</b>	<b>Q2 22/23</b>	<b>Q3 22/23</b>	<b>Q4 22/23</b>
Devon ICB	CCG1	Staff flu vaccinations for frontline healthcare workers	70%-90%	N/A	N/A	59%	61%
Devon ICB	CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	20%-60%	34.9%	57.8%	41.7%	47.0%
Devon ICB	CCG6	Anaemia screening and treatment for all patients undergoing major elective surgery	45%-60%	49.6%	51.0%	48.9%	55.0%
Devon ICB	CCG7	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	0.5%-1.5%	0.5%	0.3%	See below	See below
Devon ICB	CCG14	Assessment, diagnosis and treatment of lower leg wounds	25%-50%	60.0%	22.0%	30.0%	27.5%
NHS England	PSS1	Achievement of revascularisation standards for lower limb Ischaemia	40%-60%	67%	65%	75%	100%
NHS England	PSS2	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	65%-75%	N/A	0%	N/A	0%
NHS England	PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	74%-98%	100%	100%	See below	See below

**Additional notes**

<b>Commissioner</b>	<b>Code</b>	<b>Comment</b>
<b>Devon ICB</b>	CCG3	Data refreshed after submission. This increased Q1 achievement to 44%
<b>Devon ICB</b>	CCG7	Still awaiting Q3/Q4 data from national team Q3/4 will be combined.
<b>NHS England</b>	PSS2	We had no uptake for this indicator
<b>NHS England</b>	PSS5	Still Awaiting Q3/Q4 data from the national team

## Care Quality Commission

The Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust merged on 1 April 2022 to become the Royal Devon University Healthcare NHS Foundation Trust.

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

In November and December 2022, the CQC undertook an announced inspection of the surgical, medical and diagnostic imaging services across the Eastern and Northern acute sites. The full inspection report was published on 26 May 2023 and can be found on the CQC's website. The following changes to ratings were reported:

Eastern	
Medical services.	previously rated as good, now rated as requires improvement
Surgical service	previously rated as good, now rated as requires improvement
Diagnostic and imaging services	rated as good

Northern	
Medical services.	remains requires improvement
Surgical service	reviously rated as good, now rated as requires improvement
Diagnostic and imaging services	rated as good

A Well Led planned inspection took place on the 3 and 4 May 2023. The final report, rating of the Well Led element of the Inspection and overall Trust rating is awaited.

Until the new ratings are published, the existing ratings for the acute and community sites are as follows:



Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for individual sites/locations/services:

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

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

**Rating for acute services/acute trust**

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

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

**Ratings for community health services**

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

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

**Ratings for primary medical services**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Castle Place Practice	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

<b>North Devon District Hospital</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
<b>Medical Care (including older peoples care)</b>	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement
<b>Services for children and young people</b>	Good	Good	Good	Good	Good	Good
<b>Critical Care</b>	Good	Good	Good	Requires Improvement	Good	Good
<b>End of life care</b>	Good	Good	Good	Good	Good	Good
<b>Maternity</b>	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
<b>Outpatients</b>	Good	Not Rated	Good	Requires Improvement	Good	Good
<b>Surgery</b>	Good	Good	Good	Requires Improvement	Good	Good
<b>Urgent and emergency services</b>	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
<b>Overall Rating</b>	Requires Improvement	Requires Improvement	Outstanding	Good	Requires Improvement	Requires Improvement

# NHS Number and general medical practice code validity

The Royal Devon University Healthcare NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data April 2022 - March 2023

- Which included the patient's valid NHS number was:

Service	Trust	National
Inpatient	99.9%	99.6%
Outpatient	100%	99.8%
Accident and Emergency	99.1%	95.5%

- Which included patient's valid General Medical Practice Code was:

Service	Trust	National
Inpatient	99.0%	99.7%
Outpatient	96.6%	99.5%
Accident and Emergency	80.6%	98.6%

## Information governance

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The 2022/23 Data Security and Protection Toolkit assessment is due in June 2023. The initial baseline was published on the 21 February 2023. Work is progressing for the full submission in June.

The 2021/22 annual Data Security and Protection Toolkit assessment was published on the 29 June 2022. This was the first submission as the Royal Devon University Healthcare NHS Foundation Trust and included 108 mandatory evidence requirements.

Due to the impact from the implementation of Epic in Northern services and the integration of the two former Trusts, the Royal Devon completed 49 evidence requirements covering both Northern and Eastern Services by submission in June 2022 resulting in the Trust being 'Standards Not Met'. An improvement plan was developed with NHS Digital covering the 59 remaining evidence requirements. The Royal Devon completed 40 of the 59 remaining evidence items by December 2022 with significant progression on the remaining 19. NHS Digital monitored the improvement plan progression and in December 2022 moved the Royal Devon to the current status of 'Approaching Standards'.

## Clinical coding

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into codes that can then be used to record morbidity data for operational, clinical, financial and research purposes. It is carried out using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.9 (OPCS 4.9) for procedural capture.

The service has an establishment of 40 members of staff, split over two departments, in a variety of roles – from the head of clinical coding, clinical coding manager, two deputy clinical coding managers, four NHS digital terminology and classifications delivery service registered auditors (including manager, deputy and senior coder), one NHS digital terminology and classifications delivery service registered trainer, one Epic certified electronic patient record (EPR) lead/senior coder, 30 clinical coding analysts at various stages of their careers (from trainee through to qualified), and one clinical coding optimisation analyst.

23 members of the team have achieved Accredited Clinical Coder (ACC) status (the profession's recognised qualification), with 14 members of the team in trainee positions. The achievement of the ACC qualification provides assurance that the coding of the clinical information is being carried out to a high standard. There are currently two unfilled vacancies.

A robust and structured programme of clinical coding audit is carried out by the Registered Auditors to measure and demonstrate compliance with national coding standards and to ensure that the information and data produced as a result of the clinical coding process is fit for purpose.

All trainee clinical coders attend a National Clinical Coding Standards Course within six months of joining the Trust. All Trust clinical coding analysts attend a Clinical Coding Standards Refresher Course every three years with additional speciality workshops delivered by an approved trainer.

The service was unable to achieve the deadline of reporting data from discharges by the fifth working day of the following month. Northern services department were able to achieve the first (flex) SUS reporting deadline, due to the continued impact of the EPR the Eastern department was able to achieve the second (freeze) SUS deadline, this in turn ensured the Trust was able to meet statutory national reporting requirements.

Royal Devon University Healthcare NHS Foundation Trust 2022/23 DSPT clinical coding audit submission achieved the following percentages of accuracy (this is the first joint audit of both departments): -

	Trust Score	Standards Met	Standards Exceeded
Primary Diagnosis	96.00%	>=90%	>=95%
Secondary Diagnosis	93.38%	>=80%	>=90%
Primary Procedure	93.48%	>=90%	>=95%
Secondary Procedure	93.77%	>=80%	>=90%

# Core indicators

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 1 - Preventing people from dying prematurely	Summary Hospital-level Mortality Indicator (SHMI)	<p>SHMI</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust, and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.</p> <p>SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 - higher than expected', '2 - as expected' or '3 - lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected. Trusts are advised to use the banding descriptions i.e. 'higher than expected', 'as expected', or 'lower than expected' rather than the numerical codes which correspond to these bandings. This is because, on their own, the numerical codes are not meaningful and cannot be readily understood by readers.</p>	<p>November 2021 - October 2022</p> <p>SHMI : 0.977 (as expected) (10 trusts higher than expected, 98 as expected, 13 lower than expected)</p>	<p>December 2020 - November 2021</p> <p>SHMI : 0.948 (as expected) (11 trusts higher than expected, 98 as expected, 13 lower than expected)</p>	<p>The SHMI values are comparable (0.997) to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. (checked 10/03/2023)</p>	<p>The national publication scheme represents a lag in real time values and the Trust actively seeks ways to identify areas of concern.</p> <p>The Trust actively monitor changes through the use of Alerts for key clinical diagnoses groups as presented by the use of the HED tool.</p> <p>In addition to the SHMI data, the Trust also monitors mortality rates using HSMR indexes which are also sourced from HED.</p> <p>The Trust monitors this data regularly via the Patient Safety Group, Safety &amp; Risk Committee and the monthly Board Report.</p> <p>A Medical Examiner (who is a senior doctor - usually a consultant, working for the National Medical Examiners System, and hosted by RD&amp;E) independently scrutinises all deaths that occur at the RDEFT (including community hospitals Sidmouth, Exmouth, Tiverton), and raises concern as appropriate to the Mortality Service within the Trust either by incident reporting, request for structured judgement review, or informal feedback.</p> <p>A Medical Examiner attends the Mortality Review Group monthly, and provides a report to that group, providing an update of their service, and identifying themes of concern and for learning.</p>	<p>Internal Audit 2021/22</p> <p>Rated Green - no recommendations</p>	NHS Digital Indicator Portal	National Definition
		<p>Palliative Coding</p> <p>The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the coding of palliative care. However, in order to support the interpretation of the SHMI, various contextual indicators are published alongside it, including indicators on the topic of palliative care coding. Reported here, is the percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the trust for the reporting period.</p>	<p>December 2021 - November 2022</p> <p>Palliative Coding Spells:40% (Highest 65%, Lowest 12% National average 41%)</p> <p>The Trust is not a specialist centre for palliative care unlike those with the highest values.</p>	<p>December 2020 - November 2021</p> <p>Palliative Coding Spells:38% (Highest 64%, Lowest 11% National average 40%)</p> <p>The Trust is not a specialist centre for palliative care unlike those with the highest values</p>	<p>1. There is a nine month cross over between each reporting period.</p> <p>2. The coding rates are comparable to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system.</p> <p>3. Palliative care coding continues to increase from the previous year following completion of specific interventions intended to improve recording.</p>	<p>The Trust has two clinical coding auditors who are certified to audit Trust activity</p> <p>- ongoing process of continual review and improvement.</p> <p>Also covered as part of the SHMI Internal Audit 2021/21</p>	NHS Digital Indicator Portal	National Definition	

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
Domain 3 - Helping people to recover from episodes of ill health or following injury	PROMIS; patient reported outcome measures	<p>Patient Reported Outcome Measures (PROMS) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves; reported at NHS Trust / independent sector provider and CCG level as scores for:</p> <ul style="list-style-type: none"> <li>(i) Groin hernia surgery</li> <li>(ii) Varicose vein surgery</li> <li>(iii) Hip replacement surgery</li> <li>(iv) Knee replacement surgery</li> </ul> <p>The casemix-adjusted average health gain scores are:</p> <p>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.</p> <p>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.</p> <p>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 questions</p> <p>The AVVQ allows patients to self-assess the severity of their varicose veins via a 13-item measure covering all aspects of their varicose veins including physical symptoms such as pain, ankle oedema, ulcers, the effect on daily activities, and cosmetic issues.</p>	<p>Taken from NHS England PROMS portal:</p> <p>In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMS-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMS at this time.</p> <p>We endeavour to update this linkage process and resume publication of this series as soon as we are able but unfortunately are unable to provide a timeframe for this. We will provide further updates as soon as this is known.</p> <p>Source : <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/proms/">https://www.england.nhs.uk/statistics/statistical-work-areas/proms/</a></p>	<p>April 2020 - March 2021</p> <p><b>Hip replacement primary</b></p> <p>EQ-5D: 0.57 (England 0.47, Lowest 0.39, Highest 0.57)</p> <p>EQ-VAS: 19.69 (England 15.12, Lowest 9.55, Highest 20.79)</p> <p>Oxford Hip Score: 25.61 (England 22.98, Lowest 17.33, Highest 25.70)</p> <p><b>Hip replacement revision</b></p> <p>EQ-5D: N/A* (England 0.33, Lowest 0.25, Highest 0.41)</p> <p>EQ-VAS: N/A* (England 7.83, Lowest 8.40, Highest 8.40)</p> <p>Oxford Hip Score: N/A* (England 15.44, Lowest 13.33, Highest 17.32)</p> <p><b>Total Hip replacement</b></p> <p>EQ-5D: 0.57 (England 0.46, Lowest 0.39, Highest 0.57)</p> <p>EQ-VAS: 18.89 (England 14.76, Lowest 9.72, Highest 20.59) Oxford Hip Score: 26.08 (England 22.59, Lowest 17.45, Highest 26.29)</p> <p><b>Knee replacement primary</b></p> <p>EQ-5D: N/A* (England 0.31, Lowest 0.18, Highest 0.40)</p> <p>EQ-VAS: N/A* (England 7.43, Lowest -0.69, Highest 13.69)</p> <p>Oxford Knee Score: N/A* (England 16.88, Lowest 11.91, Highest 20.25)</p> <p><b>Knee replacement revision</b></p> <p>EQ-5D: N/A* (England 0.29, Lowest 0.20, Highest 0.22)</p> <p>EQ-VAS: N/A* (England 4.20, Lowest -3.04, Highest 0.71)</p> <p>Oxford Knee Score: N/A* (England 13.49, Lowest 8.70, Highest 12.42)</p> <p><b>Total Knee replacement</b></p> <p>EQ-5D: N/A* (England 0.31, Lowest 0.17, Highest 0.40)</p> <p>EQ-VAS: N/A* (England 7.27, Lowest -4.31, Highest 13.11)</p> <p>Oxford Knee Score: N/A* (England 16.71, Lowest 11.79, Highest 20.15)</p> <p>* N/A refers to values that have been suppressed due to low patient numbers or non submission</p>	<p>The SHMI values are comparable (0.997) to those calculated independently by the University Hospitals Birmingham Foundation Trust Healthcare Evaluation Data (HED) system. (checked 10/03/2023)</p>	<p>The national publication scheme represents a lag in real time values and the Trust actively seeks ways to identify areas of concern.</p> <p>The Trust actively monitor changes through the use of Alerts for key clinical diagnoses groups as presented by the use of the HED tool.</p> <p>In addition to the SHMI data, the Trust also monitors mortality rates using HSMR indexes which are also sourced from HED.</p> <p>The Trust monitors this data regularly via the Patient Safety Group, Safety &amp; Risk Committee and the monthly Board Report.</p> <p>A Medical Examiner (who is a senior doctor - usually a consultant, working for the National Medical Examiners System, and hosted by RD&amp;E) independently scrutinises all deaths that occur at the RDEFF (including community hospitals Sidmouth, Exmouth, Tiverton), and raises concern as appropriate to the Mortality Service within the Trust either by incident reporting, request for structured judgement review, or informal feedback.</p> <p>A Medical Examiner attends the Mortality Review Group monthly, and provides a report to that group, providing an update of their service, and identifying themes of concern and for learning.</p>	<p>Internal Audit 2021/22</p> <p>Rated Green - no recommendations</p>	NHS Digital Indicator Portal	National Definition



Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/has taken the following actions to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition
	Patients readmitted to a hospital within 28 days of being discharged	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: 0 to 15 16 or over	HED: Period: November 2021 - October 2022 (i) 0 to 15: 10.6% (National 10.25%, Lowest 3.22%, Highest 18.10%) (ii) 16 or over: 5.87% (National 8.39%, Lowest 3.81%, Highest 14.30%)	HED: Period: November 2020 - October 2021 (i) 0 to 15: 11.23% (National 9.96%, Lowest 3.25%, Highest 16.14%) (ii) 16 or over: 6.02% (National 8.93%, Lowest 4.63%, Highest 12.89%)	1. Worse than the national average 2. Better than the national average Although NHS Digital no longer report this indicator, the data is available from HED using the following report: <a href="https://www.hed.nhs.uk/portal/Module.aspx?ReportID=516">https://www.hed.nhs.uk/portal/Module.aspx?ReportID=516</a>	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 ongoing to identify a metric definition and recording for ambulatory care, that means they will not negatively affect what is an inpatient based figure.	No	NHS Digital Indicator Portal	National Definition
Domain 4 - Ensuring people have a positive experience of care	Responsiveness to the personal needs of patients	The trust's score with regard to its responsiveness to the personal needs of its patients during the reporting period (score out of 100).  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.	Taken from NHS Digital website: Following the merger of NHS Digital and NHS England on 1st February 2023 they are reviewing the future presentation of the NHS Outcomes Framework indicators.  As part of this review, the annual publication which was due to be released in March 2023 has been delayed.  Most recent dataset available is 2020-21.  Source : <a href="https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-4---ensuring-that-people-have-a-positive-experience-of-care-not/4.2-responsiveness-to-inpatients-personal-needs">https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-4---ensuring-that-people-have-a-positive-experience-of-care-not/4.2-responsiveness-to-inpatients-personal-needs</a>	April 2020 - March 2021  74.7 (England 74.5, Lowest 67.3 Highest 85.4)	The Trust continues to ask these questions as part of the care quality assessment tool (a real time audit).	The Patient Experience committee reviews the full report and oversees any actions required.  The 2021/22 Survey has been completed and is being compiled nationally. Results will be available in August 2022.	Internal Audit 2021/22  Rated Green - no recommendations	NHS Digital Indicator Portal	National Definition
	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.	2022 Staff Survey  68.8% (All Trusts 62.9% Combined Acute & Community Trusts 62.1%)	2021 Staff Survey  78.4% (All Trusts 67.8% Combined Acute & Community Trusts 67.6%)	Picker Institute that oversaw the 2020 staff survey are an approved Survey Contractor having met the necessary data quality standards. They have expertise in this field as the organisation that runs the survey co-ordination centre which oversees survey programmes for acute, mental health and primary care for the Care Quality Commissions.	The Trust Communications & Engagement Team have several workstreams at Corporate, Divisional and local levels including leadership training and staff engagement meetings.	Internal audit 2013/14	NHS England	National Definition

Indicator Group	Indicator	Indicator Description	Data: Most recent reporting period	Data: Previous reporting period	The Royal Devon and Exeter NHS Foundation Trust considers that this data is as described for the following reasons:	The Royal Devon and Exeter NHS Foundation Trust intends to take/propose to improve this percentage/proportion/score/rate/number, and so the quality of its services, by:	Audited? Recommendations made / implemented?	Source of measure	Definition																				
Domain 5 - Treating and caring for people in a safe environment	Patients admitted to hospital who were risk assessed for venous thromboembolism	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	<p>A snapshot of VTE compliance within EPIC EPR is presented to the Board of Directors each month through the Integrated Performance Report.</p> <table border="1"> <thead> <tr> <th></th> <th>Jan 23</th> <th>Feb 23</th> <th>Mar 23</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>East</b></td> <td>81 %</td> <td>88 %</td> <td>87 %</td> <td>85.3 %</td> </tr> <tr> <td><b>North</b></td> <td>76 %</td> <td>82 %</td> <td>78 %</td> <td>78.6 %</td> </tr> <tr> <td><b>Trust</b></td> <td></td> <td></td> <td></td> <td><b>81.96 %</b></td> </tr> </tbody> </table> <p>Based upon this data the Trust has a compliance rate for Q4 of 81.96%</p>		Jan 23	Feb 23	Mar 23	Total	<b>East</b>	81 %	88 %	87 %	85.3 %	<b>North</b>	76 %	82 %	78 %	78.6 %	<b>Trust</b>				<b>81.96 %</b>	VTE Submissions were paused early 2020 due to the Covid pandemic. As such no Q4 figures are available)	The focus has been on sustaining performance against this target. This has been achieved through a relentless focus by ward clinical teams to ensure that all eligible patients are risk assessed in a timely manner.	On-going work with clinical teams to strive for 100% risk assessment. Monthly performance is reviewed at ward level, at divisional level through the Performance Assurance Framework meetings and through the IPR report to the Board of Directors.  As working practices change and patients move into ambulatory care settings, cohort groups are reviewed to check for relevance.	Review is currently in progress of the VTE Assessment reporting by Clinical Teams through the MyCare programme.  Internal Audit 2021/22	NHS Improvement	National Definition
	Jan 23	Feb 23	Mar 23	Total																									
<b>East</b>	81 %	88 %	87 %	85.3 %																									
<b>North</b>	76 %	82 %	78 %	78.6 %																									
<b>Trust</b>				<b>81.96 %</b>																									
	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.	<p>April 2021 - March 2022</p> <p>11.5 (England 16.47, Lowest 0, Highest 53.6)</p> <p>Figure represents Hospital Onset cases only</p>	<p>April 2020 - March 2021</p> <p>9.1 (England 15.79, Lowest 0, Highest 80.6)</p> <p>Figure represents Hospital Onset cases only</p>	<ul style="list-style-type: none"> <li>Rapid laboratory diagnostics</li> <li>Provision of written guidance and policy supported by education</li> </ul>																								
	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'.	<p>October 2021 - March 2022</p> <p>Total Incidents: 8,702</p> <p>% resulting in severe harm or death: 0.16%*</p> <p>* There were 14 incidents resulting in severe harm or death. Of these, 2 are Covid related.</p>	<p>October 2020 - March 2021</p> <p>Total Incidents: 7,217</p> <p>% resulting in severe harm or death: 1.05%*</p> <p>(Apr 2020 - Mar 2021 - England 0.30%)</p> <p>* There were 76 incidents resulting in severe harm or death, however, 69 of these are hospital acquired Covid. Not all hospitals reported each case separately but by outbreak; we reported every patient so we could track real numbers and Candour processes.</p>	The data is directly uploaded from Datix and subject to 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 ongoing.  It also publishes internally regular reports on 'Learning from Deaths'.	Internal audit 2013/14	NHS Digital	National Definition																				

## Quality account part 3 indicators

Indicator for disclosure (limited to those that were included in Single Oversight Framework (SOF) for 2017/18)	2022/23 (RDUH)	2021/22	Source of Measure	Definition	Audited?	Supporting Actions
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	54.2 %	47.0%	NHS England	National Definition	KPMG 2017/18 Internal Audit 2021/22	MBI Review of Active waiting lists against RTT Pathways November 2022 ---
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	Trust position 59.9%	65.7%	NHS England submission	National Definition	KPMG 2018/19	
	Eastern Devon System includes Tiverton/Okehampton/Exmouth MIUs 68.5%	72.8%				
All cancers: 62-day wait for first treatment from:	urgent GP referral from suspected cancer 71.28%	77.10%	NHS Digital	National Definition	KPMG 2018/19 Internal Audit 2022/23	Kings College Peer Review - Data Quality in Reporting December 2022 ---
	NHS Cancer Screening Service referral 28.57%		NHS Digital	National Definition	PWC 2012/13	
Maximum 6-week wait for diagnostic procedures	62.48%	60.50%	NHS England	National Definition	Internal Audit 2022/23	---
C.difficile: variance from plan (hospital acquired)	-18 (42 cases,60 plan)	+4 (35 cases,31 plan)	Public Health England	National Definition	Internal Audit 2021/22 Rated Green - no recommendations	MBI Cancer waiting list assurance review February 2023

# Statements from our stakeholders

- Royal Devon Council of Governors
- One Devon: NHS Devon Integrated Care Board
- Healthwatch Devon, Plymouth and Torbay (HWDPT)
- Health and Adult Care Scrutiny Committee

## Statement from Royal Devon Council of Governors

In the period covered by the quality account 2022/23, the Council of Governors decided that there would be no quality priorities selected by the Governors, as the Trust was just coming out of the COVID-19 pandemic period. It was felt that the Trust would be left to work on its own selected quality targets.

Five subjects were selected for the year under review:

- 1 Improving learning from incidents
- 2 End of life care-Digital enablement
- 3 Developing our safety culture
- 4 Learning from our successes
- 5 Embedding best practice in communication

It must be remembered when reviewing the report, that time period detailed in the report covers the first year after the formation of the Royal Devon (1 April 2022). Further in the period reported, the Trust has been under exceptional pressures involving colleagues matters, winter infections and trying to get back to normal working after the pandemic. In addition, it is clear that national objectives for improvements influence what Royal Devon can achieve as Royal Devon has to comply with national changes made to for example reporting procedures.

The emphasis of the quality account is on good patient care and associated safety issues. The quality account is, as would be expected, a long and a very detailed piece of work. It is therefore my intention in preparing the Governor statement to limit the statement to outstanding successes and also areas of concern.

The quality account has five main sections which were to be targeted by the Royal Devon. In general, much of what has been reported are successful outcomes of the work over the year. In the section Improving learning from incidents, the incidents selected were pressure ulcers and falls. The work on falls was further refined so that falls in the medical services, falls resulting in fractures

and falls resulting in intracranial bleeds were considered. As part of this successful work, resulting in improvements, was the setting up of huddles involving staff. This improvement has meant that incidents are investigated faster and feedback is given to patients and relatives more quickly which is of great benefit. When considering the end of life care-digital enablement, it is obvious that there is much more work to do. The situation was made more complicated because of EPIC going live across Northern services.

The expected Governance sign off of the EOL policy and strategy did not happen due to operational pressures and a new date has been set for the end of June 2023. A great deal of good work has begun on Developing our safety culture. Training of colleagues has been started at different levels and the training has been extended to executive directors, Trust directors and non-executive directors and NEDs to help with their understanding of strategic safety issues. With many colleagues to train, this area will need careful monitoring to ensure a successful outcome. At the current time Royal Devon is at the bureaucratic stage of organizational management but there are indicators for proactive level meaning that the Trust is moving forward.

The next quality area is that of Learning from our successes. A new risk management system Datix Cloud IQ was implemented in June 2022. This is better than the previous system and is compatible with the new national platform Learning from Patient Safety Events. This platform is replacing two other national platforms but the full introduction has been delayed by NHS England. Royal Devon is on schedule for the changeover and the new platform will also allow monitoring of things that go well. It allows for staff excellence to be acknowledged which will lead to an improvement in morale and also standards of care.

The final quality subject is embedding best practice in communication. The aim is to make the Royal Devon inclusive in all forms of communication whether it

is by written material, published material, E-mail, telephone calls and text messages so all people using the Royal Devon can communicate in a way that they can understand and can handle. There is recognition that not everyone can use the same methods of communication. Progress is slow as the number of staff reporting for training in this field has been lower than expected. This is obviously an area that must be rigorously monitored as it is only by having the appropriately trained colleagues that communication to people can be successfully completed.

Also reported are many other areas of the Royal Devon's work which will not form part of this statement.

In summary it can be recorded that despite all the extreme pressures, much progress has been made with safety and quality and it is obvious that Royal Devon is fully committed to making improvements for the benefit of the patients and staff. There are areas that will need continual and careful monitoring such as staff safety training.

The Governors will be able to check on the progress being made as they receive regular updates on the performance of the Royal Devon at Public Governor meetings and also by attending Board meetings as observers. The Council of Governors seeks assurance through the non-executive directors on key issues such as safety, quality and the effectiveness of the care the Trust provides. The Governors look forward to hearing more about these areas over the coming year.

The Council of Governors has selected two priorities for 2023/24 which are outlined on page 21 of the Quality Report. The Council of Governors will continue to receive regular update reports on progress, via copies of reports submitted to the Governance Committee and also through presentations at future Joint Board and Council of Governors meetings.

**Jeff R Needham, Public Governor North, member of the Council of Governors Coordinating Committee, the Nominations Committee and chair of the Task and Finish Group for the Appraisal of NEDs**

# Statement from NHS Devon Integrated Care Board

NHS Devon Integrated Care Board (ICB) would like to thank Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) for the opportunity to comment on the quality account for 2022/23. The Royal Devon is commissioned by NHS Devon ICB to provide a range of secondary and integrated community services across Devon. We seek assurance that services provided are safe and of high quality, ensuring that care is effective and that the experience of care is positive.

As Commissioners we have taken reasonable steps to review the accuracy of the 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 2022/23 period.

Despite ongoing pressure on staff and services, this quality account has highlighted a number of positive results against key objectives for 2022/23. These include:

Developing a safety culture - The use of the Manchester Patient Safety Framework tool has enabled assessment of the Trusts level of maturity of Safety Culture. Work remains ongoing with the launch of the Patient Safety Syllabus, alongside the Trust's successful delivery of a Just Culture virtual event series facilitated by local and national subject experts. Sessions were well attended with positive engagement.

Improving learning from incidents - has been progressed through the implementation of the Patient Safety Incident Response Framework (PSIRF). RDUH has establishment of the PSIRF Project Delivery Group to provide oversight of the new approach. NHS Devon is sighted on Trust progress through partnership forums and more recently have joined the Incident Review Group supporting wider system learning.

Learning from success – in readiness for Learning From Patient Safety Events (EFPSE) the Trust has transferred to a new Risk Management System; Datix Cloud IQ. The Trust's Safety and Quality Systems team are working in partnership with the National Patient Team (NHS England) and RL Datix on the redesign of the LFPSE form, with consideration for promoting ease of use to promote implementation.

End of life care digital enablement - has progressed and strengthened through the 'go live' of Epic in

July 2022 for Northern services. Work is in progress to integrate both the EOL Policy and Strategy framework across all services. The ICB can identify links to ICB system work in EOL care planning.

Embedding best practice in communication - The Trust has successfully gained accreditation by Communication Access Standards UK, and despite progress in this priority, further work is identified to improve the uptake of the required training. The trust is committed to this ongoing work and for this reason has rated progress as amber.

The ICB also notes and welcomes the 2023/24 priorities outlined by the Royal Devon in their quality account. The Governors have identified two priorities (1 and 2) and the Trust have identified 4 further priorities (4 to 6);

1. Staff retention- building upon the success of previous work, the Governors' have identified a focus on improving staff retention to reduce the number of staff who chose to leave the Trust.

2. Support to patients experiencing mental ill-health - the scope of this will include the full range of Trust services, with the aim of reducing repeat attendances due to support needs not being fully met.

3. National Safety Standards for Invasive Procedures (NatSSIPs) 2 - the Trust will establish a task and finish group to lead the introduction of NatSSIPs 2 and develop both the detailed workplan and measurable outcomes for this quality priority. This priority is aligned to Never Event reporting, investigation and learning.

4. Quality Culture – building on the work undertaken in the 2022/23 quality priorities to further understand and improve organisational Safety Culture. Patient Experience is of equal importance to safety and organisational culture is key to delivering excellent services to the communities served.

5. Improving learning from incidents – the Trust will continue to build upon the progress made in last year's Quality Priorities through the next phase of implementation of the Patient Safety Incident Response Framework (PSIRF).

6. Accessible services - services operate from a complex estates infrastructure, undertaking a mapping exercise will ensure the accessible facilities are highlighted on the Trust website and enable the Trust to develop a prioritised plan to improve

accessibility in our main sites, better service the needs of the community the Trust serves.

In addition to the above priorities, NHS Devon notes the longer-term project planning regarding EPIC, and the focused improvement associated with pro-activate discharge planning from hospital. It will continue to work collaboratively with the Trust to share learning within the wider system.

Each of these programmes will continue to evidence and improve quality and safety for the benefit of patients, families, carers and staff building on the lessons learned from 2023/24.

Care Quality Commission (CQC) - As a commissioner, we have worked closely with the Royal Devon during 2022/23 and will continue to do so in respect of all current and future CQC reviews undertaken, to receive the necessary assurances that actions have been taken to support continued, high-quality care.

On review of this quality account, Royal Devon University Healthcare NHS Foundation Trust show commitment to continually improve quality of care is evident. NHS Devon ICB looks forward to working with the Royal Devon in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

# Statement from Healthwatch Devon, Plymouth & Torbay



Healthwatch in Devon, Plymouth & Torbay (HWDPT) welcomes the opportunity to provide a statement in response to the quality account produced by the Royal Devon University Healthcare NHS Foundation Trust (the Royal Devon) for the year 2022/23.

The last 12 months has seen further fundamental changes to the NHS and Local Authorities following the enactment of the Health & Care Act 2022. The Act establishes the foundation of 42 Integrated Care Systems (ICS) for health and social care across England devolving decisions to a 'local' level. The 'One Devon' ICS came into being on 1 July 2022 and much work continues to take place to develop and deliver services that supports the local population be it Primary Care (GP's, Dentists, Pharmacies and Opticians), Hospitals, Mental Health, Community or Social Care services.

All this is taking place as services continue to recover from the effects of the Covid-19 pandemic, the challenges in reducing waiting lists for treatment and unprecedented levels of activity at the hospital 'front door', the Emergency Department, leading to ambulance queues, long waits for those who need admittance to a hospital bed and challenges in discharging patients either to home or to step down facilities.

Reviewing last year's priorities, we acknowledge all the work undertaken in the priority areas to improve the patient journey and experience. We also note that operational pressures have had an effect on delivery of some of the priorities but that plans are in place to complete.

## Governor and Trust priorities 2023/24

HWDPT note the priorities for the coming year especially around accessible services and facilities and support to patients experiencing mental ill health. We look forward to seeing the planned improvements that these priorities should deliver for patients.

During 2022/23, Healthwatch has developed its relationship with the Royal Devon and is attending Patient Experience Committee and reporting patient experience of services. We look forward to further developing this relationship over the next 12 months to ensure that the patient voice is heard at service design and decision-making level.



# Statement from the Health and Adult Care Scrutiny Committee



## Health and Adult Care Scrutiny Committee

Devon County Council's Health and Adult Care Scrutiny Committee has been invited to comment on the Royal Devon University Healthcare NHS Foundation Trust quality account for the year 2022/23. All references in this commentary relate to the reporting period 1 April 2022 to 31 March 2023 and refer specifically to the Trust's relationship with the Scrutiny Committee.

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

Following the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust formally having merged on 1 April 2022 to become the Royal Devon University Healthcare NHS Foundation Trust, members appreciate the positive work that has been carried out by the Trust in reference to the 2022/23 priorities.

The committee however noted with concern that following inspections undertaken in November/December 2022, the Care Quality Commission (CQC) has found improvement is needed in some services run by Royal Devon University Healthcare NHS Foundation Trust. The Royal Devon and Exeter Hospital moved from good to requires improvement overall for medical care. It was rated as requires improvement for being safe and well-led. Surgery at both The Royal Devon and Exeter Hospital and North Devon District Hospital, dropped from good to requires improvement overall as did the ratings for safe and well-led, while medical care at North Devon District Hospital remains requires improvement overall. Scrutiny will be looking to seek assurances from the Trust that there is a robust action plan to ensure that residents receive safe and timely care.

Members welcomed the CQCs recognition of the quality of the Trusts workforce in terms of safeguarding and treating people with kindness and compassion along with assurance that it leaders know what they need to do to improve services, and

where there is good practice that can be built upon.

The committee fully supports both the Governor and the Trust priorities for 2023/24 in their entirety, and expects the necessary focus given to these priorities as the Trust undertakes its improvement journey.

Members appreciate the challenges the Trust faced moving from a pandemic response to "Living with Covid", significant periods of increased operational escalation and the focus on elective care recovery. Members expect the Trust to ensure patients and staff receive the best support possible. The committee welcomes the prospect of a continued positive working relationship with the Trust.

# Clinical Audit

## Annex One

The national clinical audits and national confidential enquiries that Royal Devon University Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2022/23 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).

Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
Breast and Cosmetic Implant Surgery	✓	✓	80 cases (100%)	✓	✓	5 cases (% tbc)	85 cases
<b>BTS Respiratory Audits</b>							
Adult Respiratory Support Audit	✓	X	Trust did not participate	✓	X	Trust did not participate	Did not participate
Smoking Cessation Audit – Maternity and Mental Health Services	X	X	Not relevant	X	X	Not relevant	Not relevant
Case Mix Programme	✓	✓	922 cases (100%)	✓	✓	365 cases (100%)	
(CMP) <b>(ICNARC)</b>							1287 cases (100%)
Elective Surgery (National PROMs Programme)	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
<b>Emergency Medicine Quality Improvement Projects (QIPs) 2022/23</b>							
Pain in Children (Care in Emergency Departments)	✓	X	Did not participate	✓	✓	157 cases (100%)	157 cases (100%)
Assessing for cognitive impairment in older people	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA	Audit removed from QA
Mental Health Self Harm	✓	✓	Ongoing	✓	X	Ongoing	Ongoing

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
<b>Falls and Fragility Fractures Audit Programme</b>							
National Audit of Inpatient Falls	✓	✓	Awaiting final figures	✓	✓		Awaiting final figures
National Hip Fracture Database	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Fracture Liaison Service Database	✓	X	Trust did not participate	✓	X	Trust did not participate	Trust did not participate
<b>Learning Disabilities Mortality Review Programme (LeDeR)</b>							
Learning from lives deaths of people with a learning disability and autistic people	✓	✓	100%	✓	✓	100%	100%
Major Trauma: The Trauma Audit & Research Network (TARN)	✓	✓	750 cases (100%)	✓	✓	Awaiting figures	Awaiting figures
<b>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)</b>							
Perinatal Mortality Surveillance	✓	✓	100% of cases submitted. Figures not yet available.	✓	✓	100% of cases submitted. Figures not yet available.	100% of cases submitted. Figures not yet available.
Perinatal confidential enquiries	✓	✓		✓	✓		
Maternal Mortality Surveillance and mortality confidential	✓	✓		✓	✓		
National Perinatal Mortality Review Tool	✓	✓		✓	✓		
Muscle Invasive Bladder Cancer Audit	✓	✓	6 cases (100%)	✓	X	Awaiting final figures	Awaiting final figures

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
<b>National Asthma and COPD Programme (NACAP)</b>							
Paediatric Asthma Secondary Care	✓	✓	Continuous data collection	✓	✓	Continuous data collection	Continuous data collection
Adult Asthma Secondary Care	✓	✓	Continuous data collection	✓	✓	Continuous data collection	Continuous data collection
COPD Secondary	✓	✓	Continuous data collection	✓	✓	Continuous data collection	Continuous data collection
Pulmonary Rehabilitation – Organisational and Clinical Audit	✓	✓	Continuous data collection	✓	✓	64 cases (100%) Continuous data collection	64 cases (100%) Continuous data collection
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	X	MyCare issues 22/23 (0%)	✓	✓	80 cases (100%)	80 cases (100% ND)
National Audit of Cardiac Rehabilitation	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
National Audit of Dementia	✓	✓	80 cases (100%)	✓	✓	80 cases (100%)	160 cases (100%)
National Audit of Care at the End of Life (NACEL)	✓	✓	50 cases (100%)	✓	✓	50 cases (100%)	100 cases (100%)
Epilepsy 12 - National Audit of Seizures and Epilepsies in Children and Young People	✓	✓	99 cases (100%)	✓	✓	50 cases (100%)	149 cases (100%)
National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	7 Cases (100%)	✓	✓	6 Cases (100%)	13 Cases (100%)

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
<b>National Adult Diabetes Audit</b>							
National Diabetes Foot Care Audit (NDFA)	✓	✓	Awaiting final figures	✓	✓	(100%)	Awaiting final figures
National Diabetes Core Audit (CORE)	✓	X	Did not participate	✓	✓	316 cases (100%)	316 cases (100%)
National Pregnancy in Diabetes Audit (NPID)	✓	✓	Awaiting final figures	✓	X	Did not participate	Awaiting final figures
National Diabetes Inpatient Safety Audit	✓	✓	11 cases (100%)	✓	✓	1 case (100%)	12 cases (100%)
<b>National Cardiac Audit Programme (NCAP)</b>							
National Audit of Cardiac Rhythm Management	X	X	NACSA not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust
Myocardial Ischaemia national audit project (MINAP)	✓	✓	576 cases (100%)	✓	✓	Awaiting figures	Awaiting figures
National Adult Cardiac Surgery Audit	X	X	NACSA not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓	910 cases (100%)	X	X	PCI not relevant to Trust	910 cases (100%) East
National Heart Failure Audit (NHFA)	✓	✓	504 cases (100%)	✓	✓	301 cases (100%)	805 cases (100%)
National Congenital Heart Disease	X	X	NCHD not relevant to Trust	X	X	NACSA not relevant to Trust	NACSA not relevant to Trust

Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
National Child Mortality Database (NCMD)	✓	✓	100%	✓	✓	100%	100%
National Emergency Laparotomy Audit (NELA)	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
<b>National Gastro-intestinal Cancer Programme</b>							
National Pregnancy in Diabetes Audit (NPID)	✓	✓	110 cases (100%)	✓	✓	45 cases (100%)	155 cases (100%)
National Diabetes Inpatient Safety Audit	✓	X	Did not participate	✓	✓	180 cases (100%)	180 cases (100% ND)
National Joint Registry	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Lung cancer Audit (NLCA)	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Maternity and Perinatal Audit	✓	✓	100%	✓	✓	100%	100%
National Neonatal Audit Programme - Neonatal and special care (NNAP)	✓	✓	100%	✓	✓	100%	100%
National Ophthalmology Database (NOD)	✓	X	Did not participate	✓	✓ (part 22/23 year)	Awaiting final figures	Awaiting final figures – My Care issues
National Paediatric Diabetes (NPDA)	✓	✓	Awaiting final figures	✓	✓	100%	Awaiting final figures
National Prostate Cancer Audit	✓	X	Did not participate	✓	✓	160 cases (100%)	160 cases (100% ND)
Society for Acute Medicine's Benchmarking Audit ( <b>SAMBA</b> )	✓	✓	67 cases (100%)	✓	✓	32 cases (100%)	99 cases (100%)

Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	781 cases (100%)	✓	✓	Awaiting final figures	TBC
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	✓	12 cases (100%)	✓	✓	9 cases (100%)	21 cases (100%)
UK Cystic Fibrosis Registry	✓	✓	100%	✓	✓	100%	100%
UK Parkinsons Audit	✓	X	Did not participate	✓	X	Did not participate	Did not participate
<b>Renal Audits:</b>							
UK Renal Registry Chronic Kidney Disease Audit	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
National Acute Kidney Injury Audit	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Cleft Registry and Audit Network (CRANE)	✓	✓	2 (67%)	✓	✓	Awaiting final figures	Awaiting final figures
National Vascular Registry	✓	✓	Awaiting final figures	✓	X	Not relevant to ND	Awaiting final figures

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
<b>BAUS Urology Audits</b>							
Cystectomy	X	X	Site did not participate	X	X	We do not provide these services	Did not participate
Cytoreductive Radical	X	X		X	X		
Nephrectomy	X	X		X	X		
Nephrectomy	X	X		X	X		
Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	X	X		X	X		
Inflammatory Bowel Disease programme	X	X	Trust not participating	X	X	Trust not participating	Trust not participating
Mental Health Clinical Outcome Review Programme (NCISH)	X	X	Applies to mental health trusts only	X	X	Applies to mental health trusts only	Applies to mental health trusts only
National Bariatric Surgery Registry	X	X	Not relevant to trust	X	X	Not relevant to trust	Not relevant to trust
National Audit of Pulmonary Hypertension	X	X	Only 8 designated centres take part	X	X	Only 8 designated centres take part	Only 8 designated centres take part
<b>National Audit of Psychosis</b>	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
EIP Spotlight							
National Audit of Cardiovascular Disease Prevention	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Out of Hospital Cardiac Arrest Outcomes (OHCAO) Registry	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Neurosurgical National Audit Programme	X	X	Does not apply to Trust	X	X	Does not apply to Trust	Does not apply to Trust
Paediatric Intensive Care Audit	X	X	Not applicable to Trust	X	X	Not applicable to Trust	Not applicable to Trust
Perioperative Quality Improvement Programme	X	X	Not applicable to Trust	X	X	Not applicable to Trust	Not applicable to Trust



	Royal Devon Exeter			Northern Devon			Combined
Title	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined Total
<b>Prescribing Observatory for Mental Health</b>							
Improving the quality of valproate prescribing in adult mental health services	X	X	Applies to mental health trusts only	X	X	Applies to mental health trusts only	Applies to mental health trusts only
The use of melatonin	X	X		X	X		

The National Confidential Enquiries that Royal Devon University Healthcare NHS Foundation Trust was eligible to participate in during April 2022 – March 2023 are shown below:

NCEPOD Study Title	Royal Devon Exeter			Northern Devon			Combined
	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Trust Eligible	Trust Participated	Nos included – status 31/03/2023	Combined total
<b>Child Health Clinical Outcome Review Programme</b>							
Transition from child to adult health services	✓	✓	Organisational only completed, no patients relevant to criteria	✓	✓	Organisational only completed, no patients relevant to criteria	Organisational only completed, no patients relevant to criteria
Testicular Torsion	✓	✓	Ongoing data collection	✓	✓	Ongoing data collection	Ongoing data collection
<b>Medical and Surgical Clinical Outcome Review Programme</b>							
Community Acquired Pneumonia	✓	✓	Still in progress	✓	✓	Still in progress	Still in progress
Crohn's Disease	✓	X	Did not participate	✓	X	Did not participate	Did not participate
Endometriosis	✓	✓	Ongoing data collection	✓	✓	Ongoing data collection	Ongoing data collection

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
<b>MEDICAL SERVICES DIVISION</b>				
National Cardiac Audit Programme Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	640*	
National Cardiac Audit Programme Cardiac Rhythm Management (CRM)	Yes	Yes	1294	
National Cardiac Audit Programme Percutaneous Coronary Interventions (PCI)	Yes	Yes	816*	
National Cardiac Audit programme National Heart Failure Audit	Yes	Yes	302*	
National Cardiac Audit Programme Adult Cardiac Surgery	No	N/A	N/A	
National Cardiac Audit Programme National Congenital Heart Disease (CHD)	No	N/A	N/A	
National Audit of Cardiac Rehabilitation	Yes	Yes	1026*	
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100% (828)	
National Audit of Pulmonary Hypertension	No	N/A	N/A	
Out-of-Hospital Cardiac Arrest Outcomes Registry	No	N/A	N/A	
Inflammatory Bowel Disease (IBD)	Yes	No	N/A	Non-participation due to New EPR system data issues
National Asthma and COPD Audit Programme -COPD	Yes	Yes	428*	
National Asthma and COPD Audit Programme -Adult Asthma	Yes	Yes	26*	
National Outpatient Management of Pulmonary Embolism (BTS)	Yes	Yes	100% (12)	
National Smoking Cessation 2021 Audit (BTS)	Yes	No	N/A	Non-participation-COVID-19 & Operational pressures
National Gastro-intestinal Cancer Programme -National Oesophago-gastric Cancer (NOGCA)	Yes	Yes	104*	
National Diabetes Core Audit	Yes	Yes	100%	DOB & NHS Numbers only, data provided by Primary care
National Diabetes Inpatient Safety Audit	Yes	Yes	100%	
National Pregnancy in Diabetes Audit	Yes	Yes	17*	
Renal Audit -UK Renal Registry	Yes	Yes	100%	
National Audit of Dementia	Yes	Yes	30	
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Yes	716*	
Royal College of Emergency Medicine Pain in Children	Yes	Yes	109*	Audit closes Oct 2022
Falls & Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls	Yes	Yes	100%	
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	78*	
National Clinical Audit of Psychosis	No	N/A	N/A	
Prescribing Observatory for Mental Health (POMHUK)	No	N/A	N/A	
Mental Health Clinical Outcome Review Programme	No	N/A	N/A	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
<b>SURGICAL SERVICES DIVISION</b>				
National Joint Registry (NJR)	Yes	Yes	679	
Case Mix Programme (CMP) ICNARC	Yes	Yes	893*	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%	
BAUS: Cytoreductive Radical Nephrectomy	Yes	Yes	100%	
BAUS Management of the Lower Ureter in Nephroureterectomy Audit (Lower NU Audit)	Yes	Yes	N/A	Awaiting final data
Elective Surgery (National PROMs Programme)	Yes	Yes	270	
National Vascular Registry (NVR)	Yes	Yes	307*	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	43*	Data issues due to New EPR system
Falls & Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database	Yes	No	N/A	Did not participate
Falls & Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database	Yes	Yes	614	
National Early Inflammatory Arthritis Audit	Yes	Yes	2*	Data issues due to New EPR system
National Asthma and COPD Audit Programme -COPD	No	N/A	N/A	
Cleft Registry and Audit Network Database	No	N/A	N/A	
<b>SPECIALIST SERVICES DIVISION</b>				
National Gastro-intestinal Cancer Programme National Bowel Cancer Audit	Yes	Yes	126*	Data issues due to New EPR system
National Lung Cancer Audit (NLCA)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Prostate Cancer Audit	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	No	N/A	Non-participation due to challenges with new local EPR and Cancer Outcome and Services Dataset (COSD) compatibility
National Audit of Care at End of Life (NACEL)	Yes	Yes	100%	
UK Cystic Fibrosis Registry	Yes	Yes	Adults 136* Children 63*	
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%*	
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	100% (230)	
National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	
Paediatric Intensive Care (PICANet)	No	N/A	N/A	
National Audit of Seizures & Epilepsies in Children & Young People- Epilepsy12	Yes	Yes	12*	

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
<b>MEDICAL SERVICES DIVISION</b>				
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) <ul style="list-style-type: none"> <li>● Perinatal Mortality Surveillance</li> <li>● Perinatal confidential enquiries</li> <li>● Maternal Mortality Surveillance and mortality confidential</li> </ul>	Yes	Yes	100%	
National Perinatal Mortality Review Tool (MBRRACE-UK)	Yes	Yes	100%	
National Child Mortality Database	Yes	Yes	100%	
National Asthma & COPD Audit Programme – Paediatric Asthma Secondary Care	Yes	Yes	46*	
National Comparative Audit of Blood Transfusion – 2021 Audit of the Perioperative Management of anaemia in children undergoing elective surgery	N/A	N/A	N/A	Audit did not run
National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management & NICE Guidelines	No	N/A	100%	
Serious Hazards of Transfusion (SHOT)	Yes	Yes	100%	
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%	
<b>COMMUNITY SERVICES DIVISION</b>				
National Diabetes Foot Care Audit	Yes	Yes	538	Includes Community & Acute
National Asthma & COPD Audit Programme – Pulmonary Rehabilitation	Yes	No	N/A	Non-participation due to COVID-19
<b>NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME &amp; DEATH (NCEPOD)/ REVIEW PROGRAMME</b>				
Child Health Clinical Outcome Review programme <ul style="list-style-type: none"> <li>● Transition from child to adult health services</li> </ul>	Yes	Yes	100%	
Medical and Surgical Clinical Outcome Review Programme <ul style="list-style-type: none"> <li>● Community acquired pneumonia</li> <li>● Crohn’s disease</li> <li>● Epilepsy study</li> </ul>	Yes	Yes	100%	

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