NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Quality Account 2022/23

Royal Devon University Healthcare
NHS Foundation Trust

CONTENTS

Page

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

Progress on our 2022/23 priorities

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

Progress to date	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. 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. 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. We are continually exploring how we can minimise the bureaucratic burden of learning from incidents, and accelerate learning. 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. 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. 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. The huddles are currently in their trial stage, and are only being carried out for a fall that meet the following criteria: ● Occurred within medical services; ● Was a fall resulting in moderate harm which led to either a fracture or an intracranial bleed 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 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. 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. 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. 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.

	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. 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.
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?	

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?	• We will develop a training plan to support all our staff to undertake level 1 Patient Safety Training (Introduction to Patient Safety). • We will identify the cohorts of staff who will require level 2 Patient Safety Training (Preparation for Practice). • We will provide patient safety training to our Trust Directors, Non-Executive and Executive Directors, to support their strategic oversight of patient safety. • We will revise our patient safety intranet pages and communications to increase their accessibility and profile in the organisation. • 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.
Measurable target/s for 2022/23	• Undertake Patient Safety Culture assessment and report at the end of Q3. •

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.

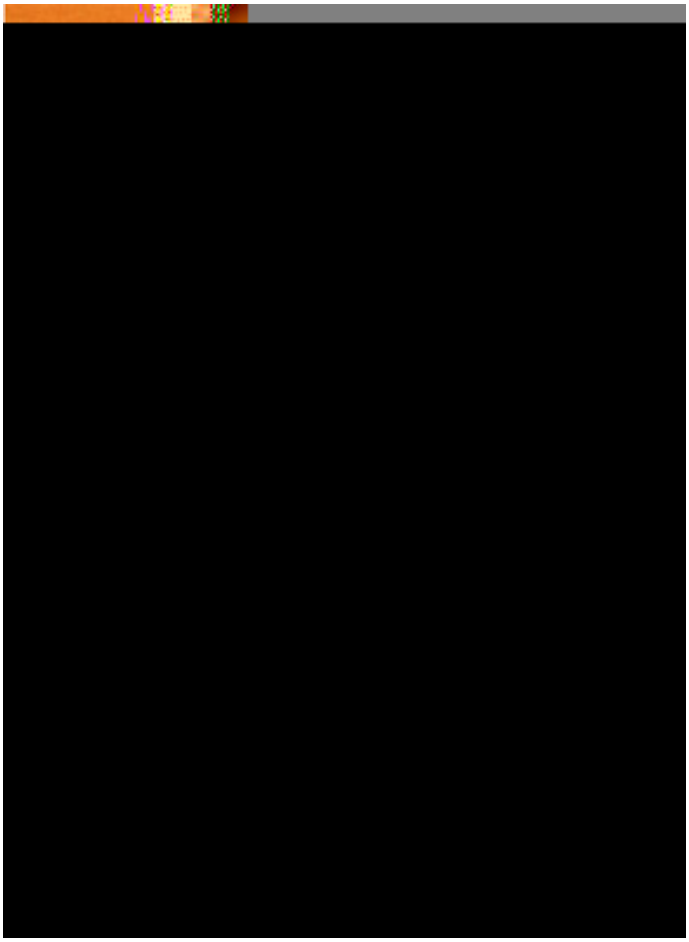
The Trust will undertake an additional MaPSaF Audit within the next 18 months to assess if there has been positive movement within our safety culture following the roll out of the Level One and Two training.

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.

	
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?	• We will roll out Datix Cloud IQ to all areas of the Trust, and provide support for staff on how to report a positive occurrence. • We will consolidate our current approaches to Learning from Excellence, maximising the potential to recognise and learn from Excellence. • We will develop a Learning from Excellence QI project to ensure that staff in every part of our organisation are able to report good practice. • We will build Safety II into our governance arrangements for patient safety, in preparation for opening these forums to patients and carers as our Patient Safety Partners.
Measurable target(s) for 2022/23	• Consolidate a single Trust Risk Management System which is compatible with LFPSE reporting requirements. • Learning and Improvement workstream of the Patient Safety Strategy Implementation Project to include the quality priority into their workplan. • 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. • Governance workstream of the Patient Safety Strategy Implementation Project to recommend approaches to incorporate Safety II into Governance Framework for Patient Safety. • Build Learning from Excellence / Safety II into patient safety intranet pages and Patient Safety communications plan.
How progress was monitored	• Quarterly report to the Governance Committee. • Implementation supported through Patient Safety Strategy Implementation Project Delivery Group (PSSIPDG).
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Progress to date	The Trust transferred to its new Risk Management System (RMS), Datix Cloud IQ in June 2022.

	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 though 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.

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.

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.

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;
-

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	1	8	9	15		33
Q2 22/23		2	4	2		8
Q3 22/23		9	4	4	1	18
Q4 22/23	1		1	2		4
Total	**2**	**19**	**18**	**23**	**1**	**63**

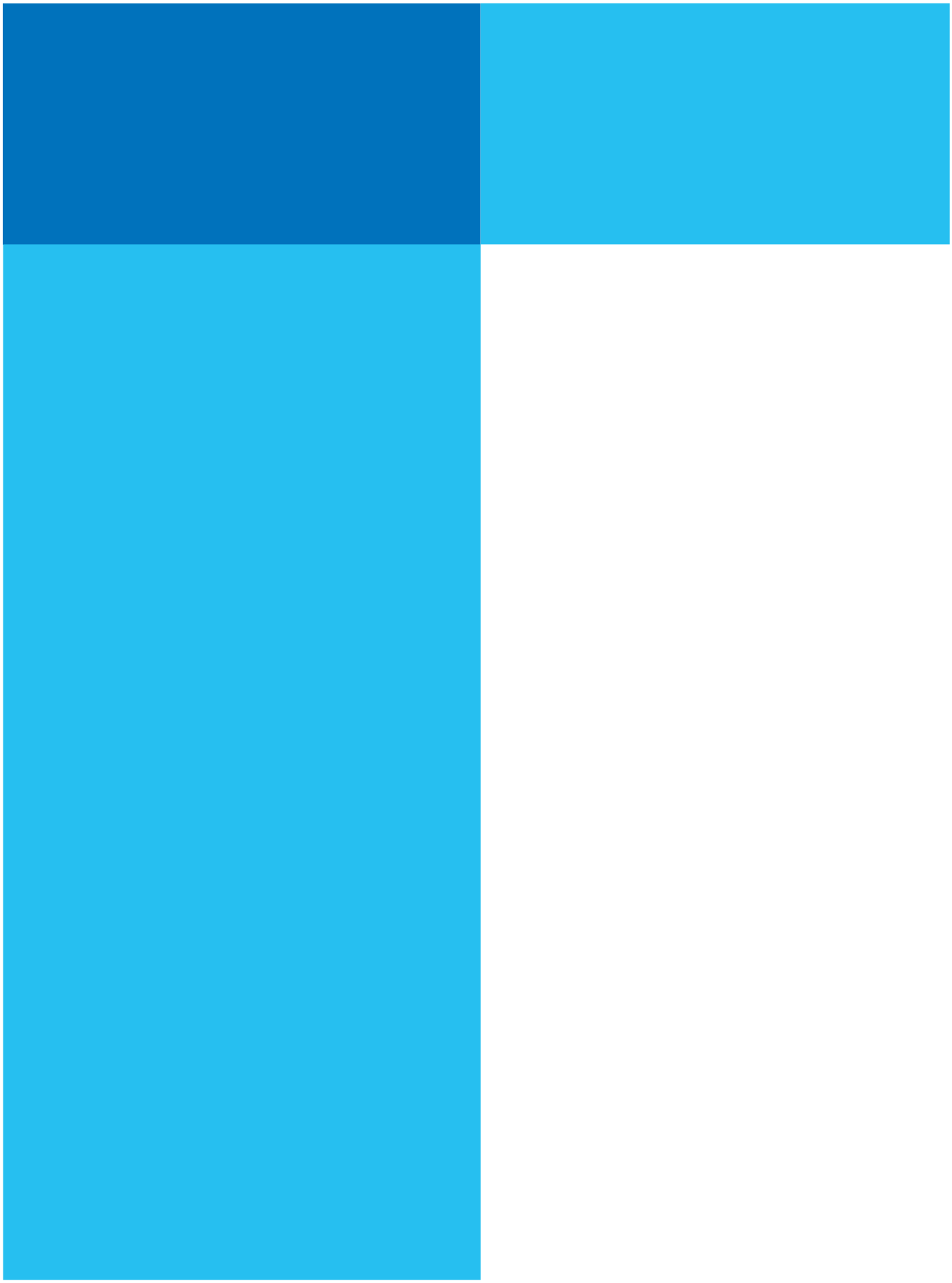
Problem in care identified

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

Problem in care identified



NHS Staff Survey results for indicators question 15 and 14c

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

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 he two research and development

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.

Additional notes

Care Quality Commission

The Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust merged on 1

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%

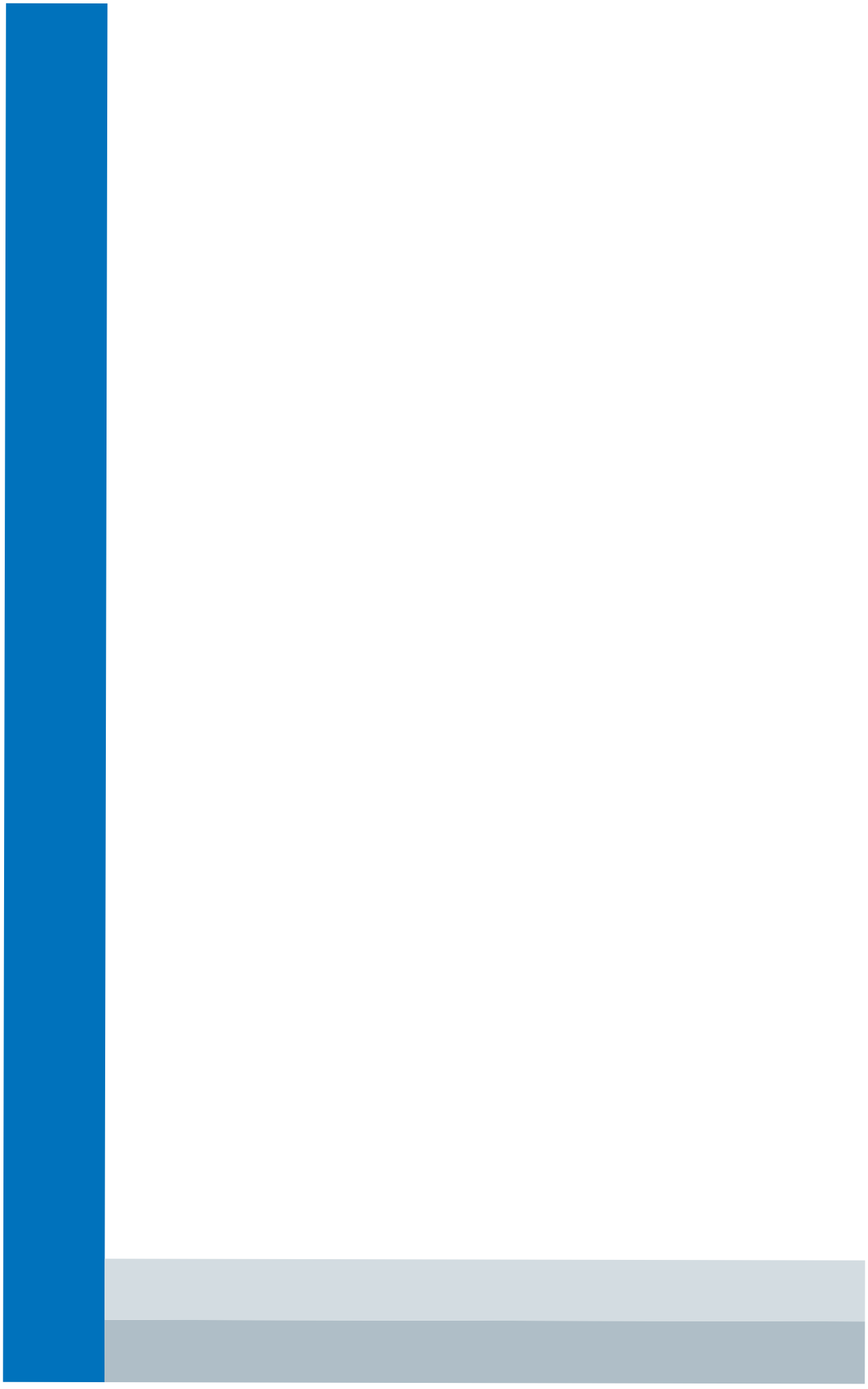
- Which included patient's valid General Medical Practice Code was:

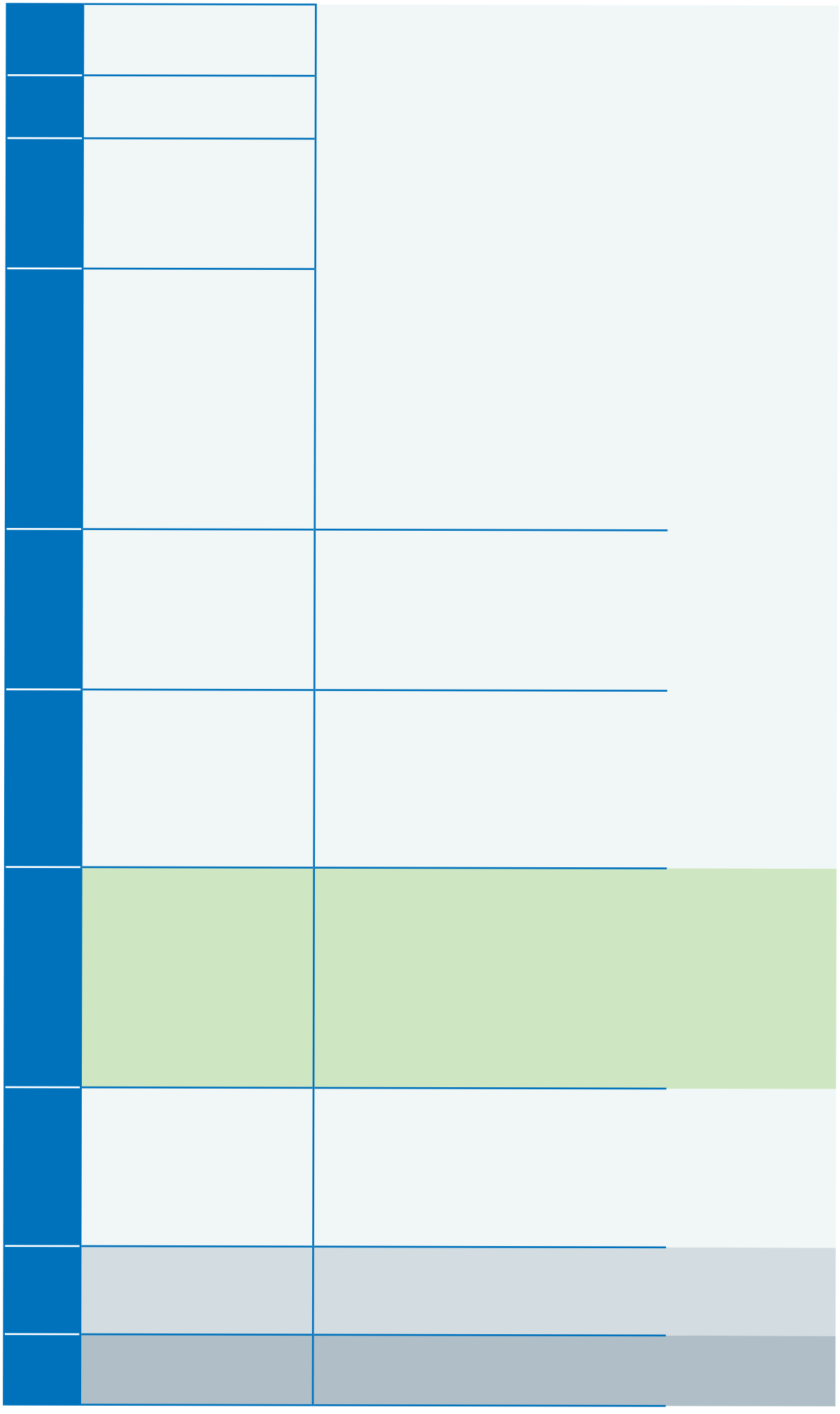
Service	Trust	National
Inpatient	99.0%	99.7%
Outpatient	96.6%	99.5%
Accident and Emergency	80.6%	98.6%

Information governance

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.

Indicator Group	





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

is by written material, published material, E-mail, telephone calls and text messages so all people using

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 auality 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 DevoL 57/Lang (en-GB)/MCID 3287 >>B8ai.ossesiMiaTEMC /P ae3.1(TruRO/La2f8 9 ar

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

In additional 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).

	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**
Breast and Cosmetic Implant Surgery	✓	✓	80 cases (100%)	✓	✓	5 cases (% tbc)	85 cases
BTS Respiratory Audits							
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) **(ICNARC)**							1287 cases (100%)
Elective Surgery (National PROMs Programme)	✓	✓	Awaiting final figures	✓	✓	Awaiting final figures	Awaiting final figures
Emergency Medicine Quality Improvement Projects (QIPs) 2022/23							
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**
National Asthma and COPD Programme (NACAP)							
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 64 cases (100%)	Continuous data collection 64 cases (100%)
Pulmonary Rehabilitation – Organisational and Clinical Audit	✓	✓	Continuous data collection	✓	✓	Continuous data collection	TContinuous 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							

	Royal Devon Exeter			Northern Devon			Combined
Title	Trust						

Name of audit / Clinical Outcome Review Programme	Trust eligible	Trust participated	Participation rate	Comments
MEDICAL SERVICES DIVISION				
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) ● Perinatal Mortality Surveillance ● Perinatal confidential enquiries ● Maternal Mortality Surveillance and mortality confidential	Yes	Yes	100%	
National Perinatal Mortality Review Tool (MBRRACE-UK)	Yes	Yes	100%	
National Child Mortality Database	Yes	Yes	100%	
National Asthma & COPD Audit Programme – Paediatric Asthma Secondary Care	Yes	Yes	46*	
National Comparative Audit of Blood Transfusion – 2021 Audit of the Perioperative Management of anaemia in children undergoing elective surgery	N/A	N/A	N/A	Audit did not run
National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management & NICE Guidelines	No	N/A	100%	
Serious Hazards of Transfusion (SHOT)	Yes	Yes	100%	
Learning Disability Mortality Review Programme (LeDeR)	Yes	Yes	100%	
COMMUNITY SERVICES DIVISION				
National Diabetes Foot Care Audit	Yes	Yes	538	Includes Community & Acute
National Asthma & COPD Audit Programme – Pulmonary Rehabilitation	Yes	No	N/A	Non-participation due to COVID-19
NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME & DEATH (NCEPOD)/ REVIEW PROGRAMME				
Child Health Clinical Outcome Review programme ● Transition from child to adult health services	Yes	Yes	100%	
Medical and Surgical Clinical Outcome Review Programme ● Community acquired pneumonia ● Crohn's disease ● Epilepsy study	Yes	Yes	100%	

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