

Quality Account 2009/10

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Everything we do at Northern Devon Healthcare NHS Trust is designed to deliver the best outcomes and excellent services for our patients. We are delighted to present our first Quality Account, which sets out what we did to achieve this in 2009/10 and what we will continue to do in 2010/11.

The professionalism and hard work of all staff at the Trust has ensured that we have made some significant quality improvements over the last year.

The Trust Board is committed to continually improving quality for patients. Our patient safety and quality improvement programmes drive this work. We are proud that feedback from patients tells us that people are largely satisfied with our services.

This document outlines our priorities for improving patients' safety, the effectiveness of the care we provide and patients' experience for 2010/11.

In developing this report and our improvement priorities for the coming year, we have listened to patients and the public, together with our staff and other stakeholders. This is to ensure that the Quality Account reflects our local area and the services we deliver.

I hope you find this report interesting. We are committed to continuous improvement and welcome feedback. Your interest will ensure that we build on our success as, in accordance with our vision and values, we strive to deliver high-quality care for our patients.

Brian Sherwin
Chair

Jac Kelly
Chief Executive

Our vision

Our Trust will deliver safe and effective healthcare to the local population through a partnership with staff, patients, the public and other organizations.

Our values

- | | | |
|---|------------|---|
|  | Integrity | We will act with integrity and openness |
|  | Diversity | We will treat others fairly and equally and value diversity |
|  | Compassion | We will demonstrate care and compassion |
|  | Support | We will listen and support others and make time to do so |
|  | Excellence | We will strive for excellence in all that we do |

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What is a Quality Account?

From June 2010, every NHS Trust is required to produce a Quality Account. This important document sets out how we continue to improve the quality of the services we provide.

Quality Accounts are about opening up a dialogue about quality with patients, the public and others who have a stake in our work. They cover three areas:

- Patients' safety
- The effectiveness of our care
- Patients' experience

Within these areas, Quality Accounts aim to cover the things that matter most to patients and the public.



1. Quality at Northern Devon Healthcare NHS Trust

Keeping patients safe, and providing high-quality health care and positive experiences for patients are at the heart of everything we do at Northern Devon Healthcare NHS Trust.

We aim to understand what patients like about our services and what changes we can make to improve patients' experiences. We use this information to continually develop our services.

We have a range of projects to help make the care we provide as safe as possible. For example, as part of the national Patient Safety Campaign, we are working to reduce harm to patients when their condition deteriorates, to improve the care we give to patients during surgery, to reduce the likelihood of patients developing blood clots, and to reduce the number of patients admitted as the result of a fall.

We have also been investing in improvements to our buildings. Since 2008/09, we have developed a new outpatient department, a new acute stroke unit and a newly-designed foyer area at North Devon District Hospital. At Bideford Community Hospital we have created the new Willow Community Unit. We have also upgraded wards at all of our hospitals.

2. Priorities for improvement 2010/11

We can only be sure to improve what we can actually measure. For this reason, we continuously monitor the quality of our care by using a number of different 'quality indicators' – things we can measure. For example, we look at the number of MRSA and Clostridium difficile infections, the length of time people stay in hospital, the number of cancelled operations, and whether patients are cared for in same-sex accommodation.

We have made progress in improving quality in 2009/10, but we recognise that there are some areas in which we can do better. We have identified these areas by looking at the information we have collected for each of the quality indicators.

However, to ensure that we continue to identify the real priorities for quality improvement in the future – priorities which reflect the views and needs of our local population – we have also consulted with patients and the public, our clinical staff and service managers.

In the forthcoming year, we will focus on four key priorities to improve quality at Northern Devon Healthcare NHS Trust:

- Priority 1:** Keeping our patients safe from infections acquired in hospital
- Priority 2:** Keeping our patients safe from the risk of blood clots
- Priority 3:** Making sure patients, their families and carers have the best-possible experience when using our services
- Priority 4:** Improving the way in which we discharge patients from hospital

The following pages set out the steps that we took to improve quality against these priorities in 2009/10. They also detail the steps we propose to take during 2010/11.

Priority 1: Keeping our patients safe from infections acquired in hospital

What is the issue?

A hospital-acquired infection (HAI) is an infection acquired during hospital care which was not present or incubating when the patient was admitted. Infections which occur more than 48 hours after admission are also considered to be hospital-acquired.

The best-known infections are MRSA and Clostridium difficile. MRSA (sometimes referred to as a superbug) stands for methicillin (M) resistant (R) Staphylococcus (S) aureus (A). About one in three of us carries Staphylococcus aureus (SA) on the surface of our skin or in our nose without developing an infection. Clostridium difficile (C. difficile) is a bacterium found in the large intestine of approximately three to five per cent of healthy adults along with normal, 'good' bacteria. It also produces spores which can survive for a long time in the environment.

Why is it a priority?

Both MRSA and Clostridium difficile can cause serious illness.

Evidence shows that reducing the number of hospital-acquired infections is one of the most important factors that patients consider prior to coming into hospital.

Good hygiene is essential in helping to prevent the spread of infections. Thorough hand-washing and drying between caring for people is imperative in helping to reduce cross-infection. We want to do the best we can to keep our patients safe from infection whilst in our care.

How did we do in 2009/10?

We have worked hard to ensure that our patients are protected from getting infections in our hospitals. Our current MRSA bloodstream infections and Clostridium difficile rates are below the national average. We saw a 50% reduction in the number of Clostridium difficile cases last year.

There is still room for improvement, and we have introduced a number of initiatives to achieve this, including:

- A renewed focus on further improving hand hygiene – ensuring staff wash their hands before and after having physical contact with each patient. Our compliance with best practice is currently 96%.
- Ensuring our hospitals are clean and provide an environment in which we can deliver high-quality, safe care.

- Improving our buildings to ensure that they maximise clinical efficiency and help us deliver high-quality healthcare services. We have created more single rooms and provided better storage on wards.
- Making sure that staff who see patients wear clothing that allows them to be bare below the elbow. This enables better hand hygiene to help prevent the spread of infection.

Hospital cleanliness is checked regularly through Patient Environment Action Team assessments. These look at environment, food, and privacy and dignity for each of our hospitals, from the point of view of patients (Table 1).

Site	Environment	Food	Privacy and Dignity
North Devon District Hospital	Excellent	Good	Good
Holsworthy Hospital	Excellent	Excellent	Excellent
Bideford Hospital	Excellent	Excellent	Excellent
Torrington Hospital	Good	Excellent	Excellent
South Molton Hospital	Excellent	Excellent	Excellent

Table 1: Patient Environment Action Team Assessment 2010¹

What will we work on in 2010/11?

1. MRSA screening:
Testing all patients admitted to our hospitals for MRSA, including those admitted as emergencies as well as elective patients (those coming in for planned surgery). This will help us to reduce the likelihood of patients developing MRSA infection.
2. Antibiotic prescribing:
Some antibiotics destroy natural 'good' bacteria and increase the risk to patients of getting infections such as C. difficile. Improving the prescribing of appropriate antibiotics to patients will help keep our patients safe from infection.
3. Learning from cases of infection:
To make sure we learn from cases where patients do acquire an infection whilst they are in hospital, we will look closely at some cases of specific infections to identify any changes we can make that might protect patients from infection in the future.

Monitoring our progress

To ensure that we achieve this priority, our progress will be reported to and monitored through a number of committees at the Trust. These include: the Patient Safety and Infection, Prevention & Control Committee; the Finance & Performance Committee; and the Trust Board. Progress-monitoring will also form part of our monthly quality-monitoring meetings with NHS Devon, the main Primary Care Trust which commissions our services for the local population.

Board Sponsor: Director of Nursing

Implementation Lead: Infection Prevention & Control Manager

¹ Tyrrell Hospital in Ilfracombe is not measured as it has too few beds

Priority 2: Keeping our patients safe from the risk of blood clots

What is the issue?

A blood clot, also known as a deep vein thrombosis (DVT) or venous thromboembolism (VTE), forms within a vein deep in the body. Most occur in the lower leg or thigh, but they can occur elsewhere. The clot blocks the normal flow of blood through the veins either partially or completely, causing swelling and tenderness. If a clot breaks off it travels to the lung and causes a pulmonary embolism (PE), which can be serious and occasionally fatal. A PE can occur without any symptoms or signs of a blood clot.

Why is it a priority?

A blood clot is a potentially-serious condition. Although not all clots can be prevented, the risk of developing a VTE can be significantly reduced if we assess each patient for the likely risk of one occurring and then prescribe preventive treatment. Anti-embolic stockings, which apply graduated compression to the leg, reduce the risk of blood clots and are used on many patients after assessment by nursing staff. The use of a blood-thinning agent reduces the risk of a DVT by up to 50% and the risk of PE by 65%.

Keeping our patients safe from the risk of blood clots is a key priority in providing safe, high-quality care.

How did we do in 2009/10?

We have already done a lot of work to ensure that we keep our patients safe from the risk of blood clots. We have introduced several initiatives to support this aim. These include:

- Setting up a VTE Steering Group, which advises on the best policy and practice we need to adopt to reduce the risk to our patients of blood clots occurring
- Making sure that our staff understand the correct actions to take to prevent blood clots, by writing a VTE Prevention Policy that is now in use at all of our hospitals
- Assessing each patient for the risk of developing a blood clot, using a new VTE risk-assessment form. The form also advises on the appropriate prescribing of preventive treatment.
- Carrying out monthly audits to check that VTE risk-assessments are being completed and that we are prescribing the right preventive treatment.

What will we work on in 2010/11?

1. Risk assessments for all admitted patients:
As part of the admissions process, we will review all patients, including those attending for day surgery, to assess their risk of developing blood clots. This will include looking at a patient's past medical history, for example.
2. Checking that appropriate preventive treatment is prescribed:
Because the prescribing of preventive treatment is so crucial in trying to prevent blood clots, we will continue to monitor prescribing practice closely.
3. Reviewing various preventive treatment options for surgical patients:
To ensure that patients who have surgery receive the best possible treatment to prevent blood clots, we will look at various types of preventive treatments.

Monitoring our progress

To ensure that we achieve this priority, our progress will be reported to and monitored through a number of committees at the Trust including: the Patient Safety and Infection, Prevention & Control Committee; the Finance & Performance Committee; and the Trust Board. It will also form part of our monthly quality-monitoring meetings with NHS Devon, the main Primary Care Trust which commissions our services for the local population.

Board Sponsor: Director of Nursing

Implementation Lead: Patient Safety Lead



Priority 3:

To make sure patients, their families and carers have the best-possible experience when using our services

What is the issue?

Our patients are at the heart of everything we do. We want to improve the experience of patients and ensure that their visit or stay is as pleasant as possible.

A Trust-wide comment card scheme, 'Tell us what you think', covers all public areas of the Trust, and can be used by patients, their relatives or carers, and visitors. The scheme is also available on the Trust's website.

A number of national and local patient surveys are also carried out each year to find out what people think of our services and where improvements could be made.

We use the information from the 'Tell us what you think' scheme and patient surveys to make changes to improve quality for patients, relatives and visitors.

Why is it a priority?

Listening to what our patients, their families and carers tell us, and using this information to improve their experiences, is a key part of the Trust's work to raise quality.

We want to make sure that patients, their families and carers have the best possible experience when using our services.

How did we do in 2009/10?

We have made a number of changes and improvements to address issues raised by patients, their families and carers.

Patients and the public have been involved in several projects to make service improvements. These include projects to change the signage around North Devon District Hospital, to make improvements for patients with sensory impairments, to improve administration in the outpatient department, and to upgrade the main hospital foyer.

The 2009 National Inpatient Survey saw the care at North Devon District Hospital rated as among the best in the country. It was ranked in the best fifth of NHS trusts in 31 out of 64 categories, including:

- Overall care
- Confidence and trust in both doctors and nurses
- Handwashing by both doctors and nurses, to prevent infection
- The way doctors and nurses work together
- Waiting times (best score in the country) and choice of admission dates

However, there is always room for improvement.

Current initiatives:

- We review what you tell us through feedback from the NHS Choices website, local and national patient surveys, information gathered from formal complaints, comments received through the Patient Advice and Liaison Service (PALS), and our 'Tell us what you think' comment cards. This review is one of the most important ways that we drive service and quality improvement
- Every month, we display results from the 'Tell us what you think' comment cards in every ward and department and on the Trust website. This is designed to inform people about the matters that have been raised by patients, their families and carers – and what we have done to make changes.
- We aim to care for all patients in single-sex accommodation to maintain their privacy and dignity but sometimes this has been difficult to achieve. We have carried out building works to provide bathroom facilities for each bay on our wards. We have created a new community unit at Bideford Community Hospital, which offers greater privacy for patients. We have also created a new surgical admissions lounge, which enables male and female patients to be accommodated separately prior to their procedures.
- We worked with members of the public to design a new changing facility and toilet for people with profound disabilities. We aim to provide this facility – the first to meet the Changing Places standard in North Devon – on Level 0 of North Devon District Hospital. The Trust has committed half of the investment needed. Our next step is to raise the rest of the money.

What will we work on in 2010/11?

Our 'Tell us what you think' comment cards and the results of the National Inpatient Survey tell us that patients and their families want us to focus on six patient experience priorities in 2010/11:

1. **Staff attitude and communication skills:**
Patients have sometimes felt that the attitude of staff and their skills in communicating with patients could be better. In 2010/11, we will carry out a piece of work to improve the caring attitude of some of our staff.
2. **Patient and public engagement:**
We held public meetings in March and May 2010 to find out how patients and the public would prefer to be involved in planning our services. As a result of the meetings, we are setting up a group whose purpose is to advise us on the best way to involve our users. The group will be made up of at least 75% members of the public, with 25% Trust staff.
3. **Cancelled appointments:**
To make sure our patients receive a high-quality service, we will review the way our systems currently work in order to reduce the number of cancelled appointments.
4. **Copies of letters:**
We will ensure that all patients receive copies of letters about their care, if they wish. Sending copies of letters between the hospital and GPs or other hospitals can help patients feel properly informed about their condition, treatment and plan of care.

5. Acting on feedback:
We are investing in new technology to help us become more effective in capturing feedback from patients. By developing methods such as electronic questionnaires, we aim to increase the opportunities for people to comment on our services. At the same time, the new methods will improve the way we analyse the results, meaning that we become better able to act and respond.
6. Looking at the experience of patients in specific services.

Monitoring our progress

To ensure that we achieve this priority, we will monitor and report on our progress through a number of committees at the Trust. These include the Learning from Patient Experience Group and Trust Board. It will also form part of our monthly quality-monitoring meetings with NHS Devon, the main Primary Care Trust which commissions our services for the local population.

Board Sponsor: Director of Nursing

Implementation Lead: Customer Relations Manager



Priority 4: Improving the way in which we discharge patients from hospital

What is the issue?

Making sure our patients are safely discharged from hospital at the right time, with the right support in place and with the right information is an important part of providing high-quality care.

Why is it a priority?

Results of the most recent National Inpatient Survey reveal a number of areas where we can improve the way we discharge patients from hospital.

How did we do in 2009/10?

We have done a lot of work to improve and co-ordinate our discharge planning. This work is beginning to make a difference. Our Pathfinder Team is one example of how we are developing this part of our service. The Pathfinder Team organises timely and safe discharges for patients who require ongoing care or support after leaving hospital.

Initiatives in 2009/10

- We have introduced special software to improve discharge planning in some areas of the Trust
- We have appointed two complex discharge co-ordinators. Their role is to work with our hospital teams to help ensure that patients with complex needs can be discharged safely.
- Our updated 'Leaving Hospital' leaflet aims to give patients, their families and carers the information they need about being discharged from hospital.

What will we be working on in 2010/11?

Feedback from our patients has identified four priorities relating to discharge. We will be focussing on these during 2010/11:

1. Information on medication:
We want to improve the verbal and written information that we give to patients on discharge. The information we give about common or important side effects of medication should be simple, clear and memorable.
2. Planning discharge from hospital:
We aim to improve the way we plan for a patient's discharge from hospital. We will review re-admission rates and individual cases to look at whether patients were discharged safely and appropriately.

3. Information about discharge:
We aim to ensure that patients have sufficient information on what to do on discharge and about who to contact if they have any concerns or queries.
4. Reducing medication delays on discharge:
We will work with our doctors to ensure that medicines for patients to take home are prescribed in a timely fashion and that the pharmacy teams work to reduce delays in dispensing medicines.

Monitoring our progress

To ensure that we achieve this priority we will monitor and report our progress through the Clinical Services Executive Committee and the Trust Board. It will also form part of our monthly quality-monitoring meetings with NHS Devon, the main Primary Care Trust which commissions our services for the local population.

Board Sponsor: Director of Operations

Implementation Lead: Assistant Director of Operations



3. Statements of assurance from the Board

Review of services

During the period 1 April 2009 to 31 March 2010, Northern Devon Healthcare NHS Trust provided and/or sub-contracted 30 acute and 20 community NHS services (at discrete specialty level).

Northern Devon Healthcare NHS Trust has reviewed all the data available to it on the quality of care in all 50 of these NHS services.

The income generated by the NHS services reviewed in the period 1 April 2009 to 31 March 2010 represents 92.3% per cent of the total income generated from the provision of NHS services by Northern Devon Healthcare NHS Trust for the period 1 April 2009 to 31 March 2010.

Participation in clinical audits

During the period 1 April 2009 to 31 March 2010, 22 (+12) national clinical audits and nine national confidential enquiries covered NHS services that Northern Devon Healthcare NHS Trust provides.

During that period Northern Devon Healthcare NHS Trust participated in 22/32 (69%) of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries in which Northern Devon Healthcare NHS Trust was eligible to participate during the period 1 April 2009 to 31 March 2010 are as follows:

National clinical audits meeting inclusion criteria (n = 32)

- British Thoracic Society: Adult community acquired pneumonia, Non-Invasive Ventilation (adult), adult asthma, emergency oxygen, paediatric asthma, paediatric pneumonia
- College of Emergency Medicine: Pain in children, asthma, fractured neck of femur
- Confidential Enquiry into Maternal and Child Health: Perinatal Mortality
- Heart Failure Audit
- Intensive Care National Audit and Research Centre
- National Audit of Dementia

- National Bowel Cancer Audit Programme
- National Comparative Audit of Blood Transfusion: Audit of the blood collection process, audit of the use of red cells in neonates & children
- National Diabetes Audit (Paediatric section)
- National Elective Surgery Patient Reported Outcomes Measures: Groin hernia, hip replacement, knee replacement, varicose veins
- National Falls and Bone Health Audit
- National Hip Fracture Database
- National Joint Register: Hip and Knee Replacements
- National Lung Cancer Audit
- National Neonatal Audit Programme: neonatal care
- NHS Blood and transplant: potential donor audit
- Myocardial Ischaemia National Audit Project
- Paediatric Intensive Care Audit Network
- Royal College of Physicians Continence Care Audit
- Trauma Audit and Research Network
- Vascular Society of Great Britain and Ireland Vascular Society Database

National confidential enquiries (n = 9)

- Centre for Maternal and Child Enquiries: Maternal Mortality, Obesity in Pregnancy, Paediatric Head Injuries
- National Confidential Enquiries into Patient Outcome and Death: Acute Kidney Injuries, Deaths in Acute Hospitals, Emergency and Elective Surgery in the Elderly, Paediatric Surgery, Parenteral Nutrition, Peri-operative Care.

The national clinical audits and national confidential enquiries that Northern Devon Healthcare NHS Trust participated in during the period 1 April 2009 to 31 March 2010 are as follows:

National clinical audits meeting inclusion criteria (n = 22)

- British Thoracic Society: Adult community acquired pneumonia
- College of Emergency Medicine: Asthma
- Confidential Enquiry into Maternal and Child Health: Perinatal Mortality
- Heart Failure Audit
- Intensive Care National Audit and Research Centre
- National Audit of Dementia
- National Bowel Cancer Audit Programme
- National Comparative Audit of Blood Transfusion: Audit of the use of red cells in neonates & children
- National Diabetes Audit (Paediatric section)
- National Elective Surgery Patient Reported Outcomes Measures: Groin hernia, hip replacement, knee replacement, varicose veins
- National Falls and Bone Health Audit
- National Joint Register: Hip and Knee Replacements

- National Lung Cancer Audit
- National Neonatal Audit Programme: neonatal care
- NHS Blood and transplant: potential donor audit
- Myocardial Ischaemia National Audit Project
- Paediatric Intensive Care Audit Network
- Royal College of Physicians Continence Care Audit
- Vascular Society of Great Britain and Ireland Vascular Society Database

The above national audits met the criteria for inclusion in their specified lists of national audits. In addition, staff at NDHT also took part in these additional national audits (n = 12):

- British Society of Rheumatology [BSR] National Audit
- Mesothelioma [ChimP project]
- MINAP: How the NHS Manages Heart Attacks
- National Audit of Liver Biopsy (annual Royal College of Radiology Audit)
- National Care of the Dying Audit (Round 2)
- National Carotid Endarterectomy
- National Chronic Obstructive Pulmonary Disease
- National Comparative Audit of the Use of Fresh Frozen Plasma
- National Diabetes Inpatient Audit Day
- National Inflammatory Bowel Disease
- National Multiple Sclerosis Audit

National confidential enquiries (n = 9)

- Centre for Maternal and Child Enquiries: Maternal Mortality, Obesity in Pregnancy, Paediatric Head Injuries
- National Confidential Enquiries into Patient Outcome and Death: Acute Kidney Injuries, Deaths in Acute Hospitals, Emergency and Elective Surgery in the Elderly, Paediatric Surgery, Parenteral Nutrition, Peri-operative Care.

The national clinical audits and national confidential enquiries in which Northern Devon Healthcare NHS Trust participated, and for which data-collection was completed during the period 1 April 2009 to 31 March 2010, 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.

National clinical audits meeting QA inclusion criteria

- British Thoracic Society: Adult community acquired pneumonia.= 78/78 (100%)
- College of Emergency Medicine: Asthma = 45/45 (100%)
- Confidential Enquiry into Maternal and Child Health: Perinatal Mortality = 8/8 (100%)
- Heart Failure Audit = 186/186 (100%)
- Intensive Care National Audit and Research Centre = 387/387 (100%)
- Myocardial Ischaemia National Audit Project = 550/550 (100%)
- National Audit of Dementia [data collection period March to May 2010]

- National Bowel Cancer Audit Programme = 141/141 (100%)
- National Comparative Audit of Blood Transfusion: Audit of the use of red cells in neonates & children = 1/1
- National Diabetes Audit (Paediatric section) [awaiting figures]
- National Elective Surgery Patient Reported Outcomes Measures: Groin hernia = 67/217 (31%) [figures for April to November 2009]
- National Elective Surgery Patient Reported Outcomes Measures: Hip replacement = 26/260 (10%) [figures for April to November 2009]
- National Elective Surgery Patient Reported Outcomes Measures: Knee replacement = 14/264 (5%) [figures for April to November 2009]
- National Elective Surgery Patient Reported Outcomes Measures: Varicose veins = 26/111 (23%) [figures for April to November 2009]
- National Falls and Bone Health Audit [organisational audit arm – no data required]
- National Joint Register: Hip and Knee Replacements = 845/845 (100%)
- National Lung Cancer Audit = 92/92 (100%) [data collection period January to December 2009]
- National Neonatal Audit Programme: neonatal care [awaiting figures]
- NHS Blood and transplant: potential donor audit [awaiting figures]
- Paediatric Intensive Care Audit Network [awaiting figures]
- Royal College of Physicians Continence Care Audit = 40/40 (100%)
- Vascular Society of Great Britain and Ireland Vascular Society Database = 151/151 (100%)

National Confidential Enquiries (n = 9)

- Centre for Maternal and Child Enquiries: Maternal Mortality = 1/1 (100%)
- Centre for Maternal and Child Enquiries: Obesity in Pregnancy = 17/17 (100%)
- Centre for Maternal and Child Enquiries: Paediatric Head Injuries = 30/30 (100%)
- National Confidential Enquiries into Patient Outcome and Death: Acute Kidney Injuries [data collection prior to 1/4/09].
- National Confidential Enquiries into Patient Outcome and Death: Deaths in Acute Hospitals [data collection prior to 1/4/09]
- National Confidential Enquiries into Patient Outcome and Death: Emergency and Elective Surgery in the Elderly. Original cases submitted = 13/13. Further details provided on 7/10 cases.
- National Confidential Enquiries into Patient Outcome and Death: Paediatric Surgery. = 0/0 [data collection period continues after 31/3/10]
- National Confidential Enquiries into Patient Outcome and Death: Parenteral Nutrition, Peri-operative Care. Original cases submitted = 30/30. Further details provided for 6/12.
- National Confidential Enquiries into Patient Outcome and Death: Peri-operative Care. Completed forms submitted = 45/90

The reports of 10 national clinical audits were reviewed by the provider in the period 1 April 2009 to 31 March 2010 and Northern Devon Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Key actions arising from national audits

Audit Title	Actions
National Chronic Obstructive Pulmonary Disease Audit 2008	To educate medical and nursing Respiratory Team members about: - The importance of monitoring patients' BMI - Clinical risk of poorer outcomes in patients with low BMI
Fractured Neck of Femur 2008 College of Emergency Medicine Audit	Devise and implement a new Fractured Neck of Femur pathway to address all aspects of management, including improving the 2-hour waits.
National Bowel Cancer Audit	Data on all patients with bowel cancer submitted to the audit – use Multi-Disciplinary Team (MDT) meetings to capture all cases discussed; record cases in real time or near real time; liaise with pathology departments to ensure all relevant data captured.
	All relevant data fields are completed for each patient and should include the 5 variables used for risk adjustment - use proforma for data collection at MDT; identify key person to quality assure data prior to submission; data inputters understand clinical implications of data.
	All patients with bowel cancer are discussed at MDT - liaise with cancer waiting times team to identify bowel cancer referrals; liaise with radiology department to identify all imaging suspicious of bowel cancer; liaise with pathology department to identify cases.
	All patients with bowel cancer are seen by a cancer nurse specialist - review the specialist nurse service and ensure that a clear referral process exists.
	The number of lymph nodes removed and examined from each surgical specimen should be above the median of 12 - review of nodal harvest process for resection specimens.
National Falls and Bone Health Audit	Establish a falls and fracture screening tool.
	Establish a multi-factorial risk assessment tool.
	Establish a referral pathway for patients at risk of falls and secondary fractures.

National Lung Cancer Audit	Surgical resection rates below the national mean of 10% must be reviewed - ensure that all surgical resections are submitted to the audit. If data is complete then review treatment policies for early stage lung cancer in patients with good performance status. Ensure that thoracic surgeon attends MDT meetings.
	The chemotherapy rate for small cell lung cancer should exceed the national mean of 62% – ensure that all treatments are submitted to the audit. Review treatment policies for small cell lung cancer patients
National Oesophago-Gastric Cancer Audit	Ensure all forms have valid data entered in at least 90% of fields - assist MDT coordinator by chair ensuring that stage, performance status are discussed and recorded for each patient; encourage radiologist to put at least an M (metastasis) stage on all CT scan reports; encourage clinicians to check and validate the clinical data.
	A representative of the palliative care team should attend the MDT meeting - ensure close liaison with hospital palliative care team so they are involved at an early stage.
Acute Kidney Injuries (NCEPOD) Self-assessment Checklist	All patients admitted as an emergency, regardless of specialty, should have their electrolytes checked routinely on admission and appropriately thereafter (preventing the insidious and unrecognised onset of AKI) - all patients to have U&E's checked on arrival.
	All acute admissions should receive adequate senior reviews (with a consultant review within 12 hours of admission) - dedicated consultant on call with no elective commitments.
National Sentinel Stroke Audit (2008)	Organise hospital care so that patients are admitted directly to an acute stroke unit from A&E without having to go through an admission ward or clinical decision unit and all suitable patients can be treated with thrombolysis as quickly as possible.
	Ensure that all acute stroke units have effective multidisciplinary teams and working which includes physiotherapy, occupational therapy, speech and language therapy, dietetics and psychology.

The reports of 53 local clinical audits were reviewed by the provider in the period 1 April 2009 to 31 March 2010 and Northern Devon Healthcare Trust intends to take the following actions to improve the quality of healthcare provided:

Key actions arising from local audits

Audit Title	Actions
Carbapenem Use at North Devon District Hospital (NDDH)	Ensure Carbapenem prescriptions are reviewed regularly (48 hours at the latest) and changed based on microbiology results or to oral antibiotics as soon as clinically suitable.
NICE CG36 Atrial Fibrillation – Improving the practice of Direct Current Cardioversion	Patients and GPs to be informed that weekly INR testing required prior to cardioversion as per 'NICE' guidance.
	Patients to phone cardioversion coordinator to arrange date for procedure when 3 successive blood results are within target range.
	Increase number of cardioversions sessions per month to address backlog.
	Increase number of cardioversions performed every month to meet demand.
	Patients to be seen by a cardiologist 4-6 weeks post procedure.
	ECG to be performed when seen in Outpatient rather than at GP surgery.
Clostridium Difficile diarrhoea at NDDH – Incidence, aetiology and management (re-audit)	Continue high profile strategies for awareness of Hospital Prescribing Formulary amongst doctors.
	Audit of antibiotic prescribing according to hospital formulary.
	Feedback to clinical areas of results of audit to promote prompt isolation, sending of stool samples and initiation of therapy.
	Increase awareness of practice of commencing metronidazole at onset of diarrhoea.
	Repeat samples when initial result negative.
Intravenous Gentamicin and Vancomycin Prescribing	Medicines Policy to be amended to require a patient's weight to be recorded on the inpatient drug chart.
Antibiotic Prophylaxis in Orthopaedic Surgery	Pharmacy to update the Hospital Formulary.
	Microbiology Department to update the MRSA guidelines
	Once the above tasks have been completed, the use of abx in Trauma patients can then be audited.

Controlled Drugs in Theatre	The type of controlled drug book used changed from 2 Nov 2009. This requires an entry to be made for each patient.
	All ampoules for single use only. The volumes administered and destroyed must be recorded.
Lung Cancer Service: Patient and Carer Survey 2009	Information about lung CNS to include details of key worker role - develop information leaflet.
	Patients and carers to be offered written summary of out patient consultation - raise awareness with Consultants and include information in Lung CNS leaflet.
Skin cancer in North Devon (1)	Meet with PCT and local GPs to look at ways of fulfilling NICE guidelines for skin cancer.
	Feed back this information to skin cancer network group and compare it with data from other southwest centres.
	Look at GP surgery in more detail to clarify rates of complete versus incomplete excision of Basal Cell Carcinomas.
NICE CG13 Caesarean section practice at NDDH	<u>Planned Caesarean Sections at 39 weeks:</u> Audit of gestation at booked date for elective caesarean; number of women who go into labour prior to booked date; length of labour before LSCS.
	<u>Surgical operation note</u> - to contain section asking about National Sentinel Audit category, and to state (a) primary and (b) secondary/ tertiary indications.
	- to include foetal blood sampling data, or justification of omission.
	Check new birth notes and review difficulty.
Heart failure education session: Patient feedback on service planning	Invite patients to heart failure awareness group (duration 1 hour) - source appropriate venue in Barnstaple; Identify patients and send out invitations; Deliver education group; Deliver in other areas if group successful.
	Evaluate patient experience - Complete feedback form; Provide patients with form at end of each education session; Review forms for recurring issues and consider adapting group as appropriate.
	Review patient outcomes i.e. Heart failure medications, confidence to monitor symptoms, patient prompted encounters with heart failure team

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northern Devon Healthcare NHS Trust in the period 1 April 2009 to 31 March 2010 that were recruited during that period to participate in research approved by a research ethics committee was 558.

This increasing level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Trust was involved in conducting 61 clinical research studies. We used national systems to manage the studies in proportion to risk. Of the 43 studies given permission to start, none were given permission by an authorised person less than 30 days from receipt of a valid complete application. Thirty-five per cent of the studies were established and managed under national model agreements and 1.15% out of the 23 studies eligible research involved used a Research Passport. In the period 1 April 2009 to 31 March 2010, the National Institute for Health Research (NIHR) supported 55 of these studies through its research networks.

Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

Northern Devon Healthcare NHS Trust's income in the period 1 April 2009 to 31 March 2010 was not conditional on achieving quality-improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the financial agreement reached with NHS Devon.

Further detail of the goals agreed for 2010/11 is available on request from the Director of Finance at Northern Devon Healthcare NHS Trust.

Statements from the Care Quality Commission (CQC)

Northern Devon Healthcare NHS Trust is required to register with the Care Quality Commission and its current status is that the Trust has registered its regulated activities and locations with no conditions. The Care Quality Commission has not taken enforcement action against Northern Devon Healthcare NHS Trust during the period 1 April 2009 to 31 March 2010.

The Trust is not subject to periodic reviews by the CQC and has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

a. NHS number and General Medical Practice code validity

Northern Devon Healthcare NHS Trust submitted records during the period 1 April 2009 to 31 March 2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

98.2% for admitted patient care;
99.3% for outpatient care;
93.3% for accident and emergency care.

The percentage which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care;
100% for accident and emergency care.

b. Information Governance toolkit attainment levels

Northern Devon Healthcare NHS Trust's score for the period 1 April 2009 to 31 March 2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 76.2%.

c. Clinical coding error rate

Northern Devon Healthcare NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary diagnoses incorrect: 10.7%
- Secondary diagnoses incorrect: 9.7%
- Primary procedures incorrect: 7.8%
- Secondary procedures incorrect: 9.3%

4. Review of quality performance 2009/10

4.1 Improving outpatients' experience

In January 2010, results from a national survey showed that Northern Devon Healthcare NHS Trust continues to improve the experience of people using its outpatient service.

The National Outpatient Department Survey gathers feedback directly from patients about issues such as choice and information, privacy and dignity, and consultations with doctors and other clinical staff. The findings show that Northern Devon Healthcare NHS Trust compares favourably with other Trusts, with a higher percentage of northern Devon patients reporting positive experiences than patients of the 46 other Trusts analysed.

The results show that the Trust's doctors are particularly well rated for the time they devote to discussing patients' health problems with them, listening to patients and explaining treatments.

Top successes:

	Trust	National average
Patients waiting less than one month for an appointment	51%	45%
Patients saying they had enough time to discuss their health or medical problem with the doctor	83%	76%
Patients saying the doctor explained the reasons for any treatment in ways they could understand	84%	77%
Patients saying the doctor listened to what they had to say	87%	80%

4.2 Shorter waiting times

Northern Devon Healthcare NHS Trust continued to be one of the best Trusts across the South West in terms of ensuring that patients were treated within 18 weeks of referral. Only Poole Hospital came out just ahead of us for admitted patients – the main category – when the Strategic Health Authority compared figures for January 2010.

During 2009/10, we consistently treated over 95% of patients requiring admission, and over 99% of patients not needing admission, within the 18-week target time.

4.3 New bed-tracking system

March 2010 saw a major upgrade of our electronic Patient Information System (PAS).

Swift Plus is the most-significant improvement to PAS in 20 years. It is designed to be faster to use than the basic PAS – meaning nurses can spend less time on the computer and more time on direct patient care.

4.4 Complex Care Teams

Complex Care Teams are a new service for people who need continuing help from local health and social services. The teams provide direct support to adults who have several long-term medical conditions and need help from social care staff.

Northern Devon Healthcare NHS Trust is one of the first Trusts in the country to adopt this integrated approach. We are breaking down boundaries between different agencies so that patients don't get passed from one to the other.

4.5 Doing the rounds

We started a rolling programme last year for executive directors to make regular walkarounds, checking on safety issues and talking with staff about any problems they face and suggestions they might have. Following these visits, each area is supported in addressing up to three actions to improve patient safety.

As well as tackling individuals points, the programme has helped raise the profile of patient safety, underlining its fundamental importance to everything that we do.



5. Statements about our Quality Account from our stakeholders

NHS Devon (Primary Care Trust)

Northern Devon Healthcare NHS Trust (NDHT) are well-recognised for their desire to deliver high-quality services for their patients as well as their commitment for continued improvement. NHS Devon also recognises the contribution that NDHT staff make in delivering these improvements. NDHT clearly demonstrate that they value partnership working across organisations and NHS Devon is pleased to work with them in support of this approach.

The Quality Account for 2009/10 describes the achievements and the progress that NDHT have made in the last year. However, they strive to improve on these achievements and have set out their planned actions for 2010/11 to drive forward patient safety and quality that focus on national, local and regional priorities.

Those areas which we know are important to patients such as improving infection control in MRSA and C. difficile have seen considerable improvements in 2009/10 and which has put North Devon above the national average. However, they continue to review and detail where they consider improvements can be made and have outlined what their focus will be for 2010/2011.

The Trust have a vertically integrated health and social care model and therefore provide services within and across both the acute and community setting. This enables effective monitoring throughout the patient pathway in order to reduce the risk of harm to patients an example of which is highlighted in the Quality Account regarding Venous Thrombo-Embolic prevention which has a management plan in place that ensures month-on-month improvement in both risk assessment and prophylaxis therapy.

NDHT are prioritising improvements in the way they discharge patients from their care. Delays in discharge are challenging and reflect a national picture however NDHT are in the process of reviewing every step of the patient journey to ensure there are minimal delays in the system, enabling efficient and effective discharge for patients.

The 2010/11 priorities are consistent with the priorities agreed with NHS Devon in improving the experience of patients accessing services in North Devon. NHS Devon has also worked with the Trust to support improvements through CQUIN in 2010/11 providing incentives for improvement, which had not been in place in 2009/10. The CQUIN programme outlines areas of focus that NDHT consider to be a priority for them in 2010/11, recognising that improvements can make a substantial impact on the patient's experience. They include pressure damage prevention, improving nutritional standards and reducing the time to surgery for fractured neck of femur and have been developed in partnership with NHS Devon and relate to services within the acute and community setting.

The patient experience is a high priority for NDHT. The work that has been done to improve patient's privacy and dignity particularly in areas such as same sex accommodation has been challenging but effective and NDHT have made considerable progress through their ongoing estates work and they continue to work towards further improvements in the coming year.

Overall in the year 2009/10 we would agree with the progress on quality improvement described within the Quality Account and to the commitment of the Trust to put patient safety and quality of care at the heart of everything it does. Whilst we recognise the improvement in a number of areas there is still work to be done in others (e.g. delayed discharges and the A&E four-hour waiting times). NHS Devon will continue to support and work with North Devon to achieve the delivery of their improvement plan for 2010/11.

Trust response to the statement from NHS Devon

The Trust agrees with NHS Devon that work to improve delayed discharges and the A&E four-hour waiting times are also priorities, particularly with regard to improving the experience of our patients using our services. This has been recognised through our internal systems.

The outturn position for 2009/10 for delayed discharges/transfers of care at NDDH was 3.6%, with a variation of up to 6% of discharges being delayed in some weeks. In community hospitals the outturn position was 8%. The discharge and transfer of some patients in our care is dependent on others; for example, social services, or the relatives and carers of patients.

We are working hard with our external partners to reduce the number of delayed discharges. Improving the way in which we discharge patients from our care is one of our four key priorities for improvement in 2010/11.

With regard to the A&E four-hour waiting times, 2009/10 saw a significant and unexpected increase in the numbers of people coming through our Emergency Department. This high level of demand, and consequent increased emergency admissions, constrained our ability to provide our usual quick access at the Emergency Department. We were able to ensure that 97.4% were seen and left the A&E department within four hours in 2009/10 and we have taken additional steps to improve this performance in 2010/11.

Devon Overview & Scrutiny Committee

Devon County Council's Health and Adults' Services Scrutiny Committee (SC) determined to comment on the Quality Account 2010/11 of the Northern Devon Healthcare NHS Trust (NDHT). All references in this commentary relate to the reporting period 1 April 2009 to the date of this statement and pertain only to the Trust's relationship with the SC. The Trust has been engaging with the SC throughout the reporting period.

The SC believes that the Quality Account 2010/11 is a fair reflection of the services provided by the NDHT and gives a comprehensive coverage of the provider's services, based on the knowledge the SC has of the NDHT. The SC would like to highlight, however, the following concerns which it considers need additional consideration:

NDHT is working to reduce harm to patients when their condition deteriorates (page 4). When older patients with cognitive impairments are admitted into general acute wards in the absence of specialist units, their condition often deteriorates as acute settings do not suit those patients and often worsen their conditions, and additional pressure is created on ward staff in managing those patients. The recent older people mental health task group therefore recommended improving in-patient facilities for those patients. It also recommended providing education and support for all staff involved in the direct care of people with dementia.

The recent rural access to health task group identified the need to more effectively support voluntary transport providers and e.g. align hospital appointments with transport times. The same task group recommended developing a coordinated approach and use of resources between the County Council and all NHS trusts in Devon in the provision of patient transport. The task group also recommended identifying existing post holders in each NHS trust in Devon as lead officers to champion this piece of work within clear deadlines. The SC is convinced that savings could be achieved if transport resources were audited and research was undertaken into usage patterns of transport modes in order to e.g. reduce the use of private ambulances at acute trusts.

The SC has not yet received the NDHT's initial responses to both task group reports and recommendations which were due on 20 April 2010.

NDHT also states that the Trust is working to make sure patients, families and carers have the best possible experience when using services (priority 3, page 10). The Royal Devon & Exeter NHS Foundation Trust established a carers issue group who set the Trust's agenda in relation to carer support with a direct reporting avenue to the Board. The task group is likely to recommend to NDHT to establish a group representing carers issues when it publishes its report in September 2010. The task group also raised concerns about carer involvement in patient care where staff shortages occurred as well as the need to improve information for carers when patients were moved in and between wards.

The SC also remains concerned about the incompatibility of IT systems and patient records across NHS trusts and other bodies, such as adult services or GPs.

Trust response to the statement from the Devon Overview and Scrutiny Committee

The Trust wishes to respond to the areas which the Devon Overview and Scrutiny Committee has identified as needing improvement.

The Trust recognises that the management of patients with cognitive impairment whilst they are in hospital is an issue which we need to address. A Dementia Link Practitioner, employed by the Devon Partnership Trust, is now in post and working alongside ward staff to support patients and staff. They are developing toolkit guides for wards including communication tools for patients with dementia. We are also working with the Partnership Trust to implement the National Dementia Strategy and ensure that patients with cognitive impairment have a better experience of our services. The Trust will take into account the recommendations of the Older People Mental Health Services Task Group as part of this work.

The coordination of patient transport services is the responsibility of NHS Devon, our local commissioning Primary Care Trust which will lead the work to develop a coordinated approach to the provision of patient transport. The Trust will also act on the recommendations contained in the Rural Access to Health Task Group report.

The Trust will respond to the Devon Overview and Scrutiny Committee in relation to the reports and recommendations from the Rural Access to Health Task Group and the Older People Mental Health Services Task Group, and apologises for the delay in providing a response.

As part of our work to make sure patients, families and carers have the best-possible experience when using our services, we are establishing an Involving People Steering Group which includes representation from carers' groups. The Trust is taking part in Carers' Week (14-20 June 2010) and work is also ongoing as part of our Patient & Public Involvement Strategy to review the way in which we engage with and support the diversity which represents our community.

NHS IT systems, including patient records, are part of a national programme led by the Department of Health.

Cornwall Council's Health and Adults Overview and Scrutiny Committee

Cornwall Council's Health and Adults Overview and Scrutiny Committee (HAOSC) agreed to comment on the Quality Account 2010/11 of the Northern Devon Healthcare NHS Trust. All references in this commentary relate to the reporting period 1 April 2009 to the date of this statement and pertain only to the organisation's relationship with the HAOSC. Until recently the HAOSC hadn't had any involvement with the Northern Devon Healthcare Trust, however within the last few months the organisation has engaged with the HAOSC through the Minor Procedures/Outpatients Single Issue Panel.

The HAOSC welcomes and congratulates the Trust on its work in the following areas:

- Infection control
- Work on hygiene standards
- The creation of more single rooms and providing better storage on wards
- Monthly audits regarding venous thromboembolism (VTE) risk assessments.
- That the Trust recognises that there is always room for improvement
- The 'Tell us what you think' comment card initiative.
- The number of patients participating in clinical research.
- Improvements in quality performance including – shorter waiting times, new bed tracking system, complex care teams and 'doing the rounds' by executive directors.
- Plans to reduce medication delays on discharge
- Plans to devise and implement a new Neck of Femur pathway

The HAOSC believes that the Quality Account is a good reflection of the services provided by the Trust, and gives a comprehensive coverage of the provider's services. The HAOSC would like to highlight the following, which it considers need additional and careful consideration.

- Understanding the logistics of more distant patients and their ability to travel to hospital and get home again. This is an issue that has been raised by Councillors in the North Cornwall area, and through the work of the Minor Procedures/Outpatients Single Issue Panel.
- Consideration be given to providing transport for patients who live in rural areas who would like to attend heart failure awareness groups and whether these groups could be held in locations other than Barnstaple.
- Members would like to understand progress monitoring arrangements, as there is concern about the number of committees the Trust reports its progress to, and has concerns regarding duplication of work.
- The committee would like to know if the specific piece of work to improve the caring attitude of some staff will be targeted to specific individuals following complaints, or if it will be a approach directed at all staff.
- Delayed discharge is an issue involving a number of different agencies. Work on this has been ongoing for a number of years in Cornwall and HAOSC feels that this issue needs to show signs of improvement. LINK in Cornwall has formed a Task Group to consider this issue which includes two HAOSC members.
- HAOSC feels that whilst a lot of the document is easy to read, some sections contain quite technical information. Members suggest that documents such as these should be written in a more user-friendly style.

Trust response to the statement from the Cornwall Council's Health and Adults Overview and Scrutiny Committee

The Trust wishes to respond to the statement from the Cornwall Council's Health and Adults Overview and Scrutiny Committee as follows.

With regard to the issue of patient transport, particularly for those patients who live some distance from hospital or in rural areas, the coordination of patient transport services is the responsibility of NHS Devon, our local commissioning Primary Care Trust. They will lead the work to develop a coordinated approach to the provision of patient transport.

The Cardiac Rehabilitation Service run by the Trust aims to promote high-quality care for patients who have had a heart attack (myocardial infarction) or a cardiac surgical procedure. It offers continuity of care for patients in all phases of their recovery. Cardiac rehabilitation clinics are run in Barnstaple, South Molton and Bideford. Cardiac rehabilitation exercise classes are run in Barnstaple, North Devon District Hospital, and in the hospitals at Holsworthy, South Molton, Bideford and Ilfracombe.

Progress against the priorities set out in this Quality Account will be monitored through monthly performance reporting internally and through NHS Devon, as the Primary Care Trust which commissions our services. External monitoring is also through well-established routes, e.g. NHS South West (Strategic Health Authority) and the Department of Health for specific measures. The Trust is keen to ensure that there is no unnecessary duplication.

Improving the communication skills and caring attitude of staff is part of a trust-wide structured 'customer care' improvement plan designed to deliver real improvement to the experience of patients, their relatives and carers who use our services.

The outturn position for 2009/10 for delayed discharges/transfers of care at North Devon District Hospital was 3.6% with a variation of up to 6% of discharges being delayed in some weeks. In community hospitals the outturn position was 8%. The discharge and transfer of some patients in our care is dependent on others, for example social services, or the relatives and carers of patients.

We are working hard with our external partners to reduce the number of delayed discharges. Improving the way in which we discharge patients from our care is one of our four key priorities for improvement in 2010/11.

In response to the comment that some sections of this Quality Account are written in more technical language, we agree that a more user-friendly style would be appropriate. However, the sections referred to are the mandated sections of the document where much of the wording used is set down in regulations (the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010).

Devon Local Involvement Network (LINK)

Thank you for sending your Quality Account to LINK Devon for comment.

The report was circulated to the Strategic Planning Group but unfortunately due to time restraints and Annual Reporting deadlines, the LINK is unable to make an effective comment on the Quality Accounts this year.

The Strategic Planning Group has however, looked at the OSC comments and would like to support their findings.

6. How to provide feed back on our Quality Account

We want our Quality Account to be a dialogue between Northern Devon Healthcare NHS Trust and our patients, members of the public and other stakeholders.

To let us know what you think of the account, or to tell us what you think we should be prioritising, please contact us in one of the following ways:

Via our website: www.northdevonhealth.nhs.uk

By email: QUALITYACCOUNTS@ndevon.swest.nhs.uk

By post:
Communications Department
Northern Devon Healthcare NHS Trust
North Devon District Hospital
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