an outstanding achievement:

SO WHAT?

Adam Reuben
Royal Devon & Exeter Hospital
### Urgent and emergency services

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Good</td>
</tr>
<tr>
<td>Effective</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Caring</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Responsive</td>
<td>Good</td>
</tr>
<tr>
<td>Well-led</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>
So

What?
That report........

'A Call to Arms'
Headlines under our own roof?

- Congealed blood on seats
- Grime encrusted on the sinks
- Lavatory (floors) stank of urine
- Dire state of waiting room chairs
- Dirt and stains in children's play area
- Falsification of A&E discharge times
- Too few doctors / nurses to provide adequate care
Why did consultants, doctors and nurses - the very people asked to provide patient care - apparently do nothing to raise the alarm?

—daily telegraph
The normalization of deviance in healthcare delivery

John Banja

Abstract

Many serious medical errors result from violations of recognized standards of practice. Over time, even egregious violations of standards of practice may become “normalized” in healthcare delivery systems. This article describes what leads to this normalization and explains why flagrant practice deviations can persist for years, despite the importance of the standards at issue. This article also provides recommendations to aid healthcare organizations in identifying and managing unsafe practice deviations before they become normalized and pose genuine risks to patient safety, quality care, and employee morale.

Keywords: Medical errors, Patient safety, Preventable harms, Deviations from standards of care, Normalization of deviance.
What we did.......
42!
THE ANSWER TO LIFE, UNIVERSE
AND EVERYTHING.
Thrombolysis for CVE

Clopidogrel for ACS

Magnesium for ?

Propofol sedation

Early goal directed therapy

TxA in Trauma
Other care initiatives

- Skin care
- Care 'induction'
- Squash rounds
- Waiting room
- Butterflies

- Volunteers
- Medical students
- Frequent attenders
- Spotlight awards
- Golden crocs
A big welcome to all new staff.

**Nurses:**
Alex Robinson  
Phillipa Selby  
Niall Delvin  
Christina Garcia  
Tom Grigor  
Alanna Price  
Lauren Mason  
Victoria Teague

**Secretaries:**
Dani Ranford  
(32.08.16)

**Middle Grades:**
Martin Dore  
Rob James  
Joe Booth

**SHOs:**
Martha Belete  
Catherine Robinson  
Hannah Claxton  
Denis McDonell  
Eleanor Rejst  
Laura Fasthker  
Hannah Lewis

Ellie Nelson  
Catherine Pearce  
Alex Picts  
Nina Senderscombe  
Jessica Truscott  
Rachel Longridge

---

**I think you’ll find I’m one of the most empathetic doctors around.**

---

It’s been another positive month with friends and family feedback. 87 cards received and mostly positive. The few negative cards were all isolated to a couple of particularly busy days in the department. The feedback was all about long waits to be seen. Also lots of personal mentions for staff members! A big thank you to Emily our volunteer who has been handing out a lot of the feedback cards and also has had a couple of mentions on the cards from patients. Well done to everyone for all of your continued hard work and optimism!

Debbie Reed

---

**Care Round Report – 09th August 2016**

Two young ladies interviewed by myself:

1. A 41-year-old with biliary colic who was really impressed with our collective care. She’d been given prompt analgesia and antiemet and was kept informed of what was happening next. She’d had her analgesic needs revisited and the rookie doctor Tom (Cutts) had even written analgesia declined in the notes.

2. A 27-year-old lady with likely renal colic. Again, offered prompt analgesia and antiemet and knew what was happening on her patient journey. The dark blue nurse (likely Hannah?) who had given her a suppository had done this sensitively and had talked through the need. Well done doc Charlotte.

Most impressively of all, neither of these two ladies were able to think of anything that would have improved their patient care. Top work everyone.
Yesterday's Performance - 06th September 2016

- Yesterday's performance: 87.16%
- Monthly performance to date: 89.53%
- Yearly performance to date: 91.34%

- Total number of unvalidated ambulance to triage breaches (>30mins): 2
- Total breaches: 257 attendances, 33 breaches, 72 ambulances

Total Breaches:
- ED delays
- Unstable condition/deterioration
- Awaiting bed
- Awaiting side room
- Specialty delays
- Awaiting transport
- Radiology delays
- Pathology delays
- Non clinical patient factors

ED Delays:
These are the breaches that are potentially within our control in the ED, although this may not always be the case.

It's vital that we minimise this number and that we 'avoid the avoidable' breaches wherever possible.

Patients where delays are anticipated should be escalated.

These include...

[Further details about ED delays and potential solutions are provided in the image, but the text is partially obscured and not fully transcribed.]
PAULA ANDREW’S

FROM OKEHAMPTON STATION

LEAVING DO

FRIDAY 16TH SEPTEMBER

ROYAL OAK PUB

19:00 ONWARDS

OKEHAMPTON STREET, EXETER

COME AND JOIN PAULA FOR DRINKS AND PARTYING

PLEASE LET SONYA COLES KNOW IF YOU ARE COMING OR FOR ANY MORE INFO ON 07875379249
KEEP CALM BECAUSE I AM THE CHAMPION
Why we did it

It's a great 'fillip'

Internal respect / support

External recognition / recruitment

It's the right thing to do
So

WHAT?
WHERE THERE'S TEA THERE'S HOPE
Other care initiatives

- Skin care
- Care 'induction'
- Squash rounds
- Waiting room
- Butterflies
- Volunteers
- Medical students
- Frequent attenders
- Spotlight awards
- Golden crocs
Go champion care in your department!