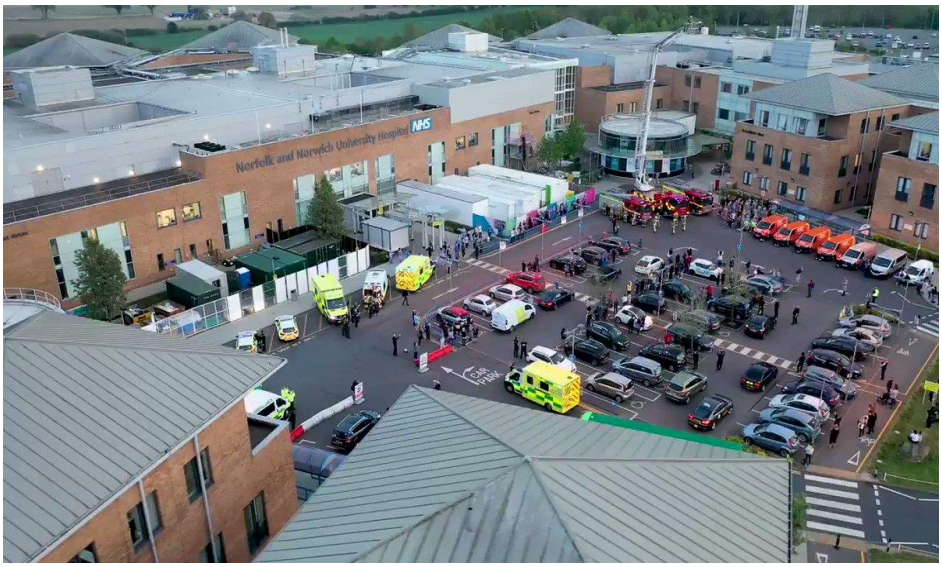
Norfolk and Norwich University Hospitals
NHS Foundation Trust

NNUH Annual Quality Report 2020-21



Quality Report 2020/21

Foreword

This report has been designed to provide assurance to our patients, the public and commissioners the quality of care at Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH) meets the expected standard. It provides a review of the Trust's quality improvement activities and achievements during 2020/21 and identifies improvement opportunities the Trust will focus on.

This report also identifies and explains the Trust's quality priorities for 2021/22.

Please note that where the abbreviation NNUH is utilised, or 'the Trust' this refers to the Norfolk & Norwich University Hospitals NHS Foundation Trust.

***Text written in blue is to highlight mandatory wording as per the requirements set by NHS England and NHS Improvement.**

Part 1 - Chief Executive's Statement on Quality

It goes without saying that this year, not just for NNUH but the NHS as a whole; has seen enormous pressures dealing with the Covid-19 pandemic. The impact will be felt for many years and shape how we provide care now and in the future.

We have to be honest that the pandemic has meant some services were reduced, and we have not been able to meet most of our quality priorities for this year. However, through the pandemic we saw innovation and devotion from staff and are tackling the challenge of restoring services.

My sincere thanks and admiration goes to every single member of staff. The dedication and comradery has not ceased to amaze me. We recognise that we have a fatigued workforce and hope that staff take the time, whilst infection levels have eased, to recharge and refresh then reflect on the amazing achievements made whilst planning for potential future disruption.

Just recently we commemorated Workers Memorial Day, paying tribute to all health and social care colleagues who have lost their lives or been affected by the pandemic; for us at NNUH we sadly lost Estrella Catalan who was a much-loved member of staff. She joined NNUH in 2002 and, talking to staff in Gunthorpe, Hayden, the Acute Stroke team and the Emergency Department, she touched so many people's lives. She was always kind and supportive of colleagues and will be sorely missed.

Whilst it is important to acknowledge the pressures we all have been under this year, we must also remember that there is a great deal to celebrate and commend. We have taken the opportunity to showcase the mammoth efforts and initiatives taken during the pandemic in adding a section to this year's quality report aptly titled Pandemic Response.

One of our strategic goals is to be a centre of excellence for research, education and staff development; promoting a stronger research culture and developing links to promote the life science industry such as clinical trials. Covid-19 has seen the NNUH participate in various trials such as RECOVERY (Randomised Evaluation of Covid-19 Therapy) clinical trial of possible treatments for patients admitted to hospital with Covid-19, funded by National Institute for Health Research (NIHR) who has seen their 200th patient recently. Around 120 members of staff have volunteered to be part of the SIREN (SARS-CoV-2 Immunity & Reinfection Evaluation) research study on the effectiveness of Covid-19 vaccines and over 500 people from the NHS, Norwich Research Park and local community took part in the Novavax Covid-19 vaccine trial.

The pandemic has not stopped us opening several new areas within the Trust such as the new 100 bed ward block at the Norwich site, which will be home to three

separate patient areas (emergency patients, stroke unit and high dependency unit). This is a fantastic development, enabling us to treat extremely sick patients which has been vital as part of our response to the Covid-19 pandemic.

Out at Bowthorpe we started to welcome dialysis patients in our newly opened Norfolk and Norwich Kidney Centre which is a nurse-led dialysis unit assisting 90 patients a day, six days a week. This service was not affected at any point during the pandemic, ensuring consistency of care to very vulnerable patients.

In September we opened the Norfolk Centre of Interventional Radiology. We are the first in the country to house two Siemens Artis Pheno C-Arm robots and will quadruple the number of interventional suites, placing NNUH among the foremost centres in the UK for interventional radiology. In turn this will transform the Trust into a national beacon of excellence and a regional training centre in this field.

Such has been the popularity of the unit that a recruitment drive had to be cut short due to the large numbers of interested people wanting to join – including an established academic consultant joining NNUH to enhance our interventional radiology research portfolio.
In addition we opened our, highly-specialised negative pressure Isolation Unit, which is one of only eight in the country and has nine beds to treat very sick patients with highly-infectious diseases to prevent cross-contamination. This unit will be pivotal in the continuing battle with Covid-19.

One of the biggest equipment replacement programmes at the Norfolk and Norwich Hospitals NHS Foundation Trust has begun to help improve patient care. The £8m project replacing vital imaging equipment will see the exchange of four MRI scanners and a CT scanner. The scheme follows ‘Aged Assets’ government funding that was announced last year, as well as benefiting from Adapt and Adopt Covid-19 funding.

The expansion of robotic-assisted surgery with two new surgical robots, thanks to a £1m donation from the N&N Hospitals Charity, is helping to deliver more cutting-edge treatments at the NNUH which has enabled more patients to receive minimally invasive surgery and improve recovery times.

This investment has enabled the Trust to become one of the first in the country to enable thoracic patients to benefit from robotic-assisted surgery and the gynaecology cancer team are now also using the robots.

Cheryl Hardy, specialist pleural nurse, is leading the development of extended roles for nurses by becoming the first nurse in East Anglia to be able to insert indwelling pleural catheters (IPC) to enable patients to drain fluid at home and manage their breathlessness without being admitted to hospital.

This year has also seen numerous members of staff and departments internationally, nationally and locally recognised for their hard work and dedication; a wonderful achievement and congratulations to you all. Some of those identified were:

- The palliative care service and the children’s learning disability and autism service were both finalists in the prestigious Health Service Journal (HSJ)

Patient Safety Awards 2020, making the top seven rankings in the country out of 800 entries.

- Joel Fiddy, Theatre Governance and Risk Management Facilitator, has been named joint local winner of the Clinical Audit Professional of the Year category in the Healthcare Quality Improvement Partnership Awards. He has changed culture and attitudes to embed high standards of clinical practice.
- Dr Jamie MacKay, who is a radiologist at the Norfolk and Norwich University Hospital (NNUH) and lecturer at University of East Anglia (UEA), has achieved international recognition for his research using advanced imaging to help patients with osteoarthritis and other musculoskeletal conditions. Dr MacKay has been elected as a Junior Fellow of the International Society for Magnetic Resonance in Medicine (ISMRM), which has around 8,000 members. The society awards 15 fellowships every year to recognise outstanding quality and promise in research. This is a fantastic achievement, congratulations.
- Heather Moss, who is Senior Sister at the Norfolk and Norwich Kidney Centre, has received a Cavell Nurses' Trust Star Award for going above and beyond to support her colleagues and played a key role in the opening the pioneering new renal dialysis unit in Norfolk.
- Rebecca Greenacre, an Assistant Practitioner on Brundall Ward, has been shortlisted for the Nursing Support Worker Award at the RCNi Nurse Awards in recognition of her 'Bed Bound Boredom Booklet' - a booklet she designed to encourage exercise and mental stimulation for patients.
- NNUH was named "Large Employer of the Year" at the Apprenticeships Norfolk Awards with a number of our apprentices winning "Highly Commended" awards.
- The Orthopaedic Department were named a National Joint Registry (NJR) Quality Data Provider after completing a programme of local data audits. The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve patient safety, standards in quality of care and overall cost effectiveness of surgeries.

Carer Friendly Tick Health
© Caring Together

Lastly but by no means least, we're the first hospital in Norfolk to receive the Carer Friendly Tick Award from Caring Together, recognising our continuing work and commitment to identifying and supporting carers. This is fantastic achievement highlighting the significant contribution of those looking after a family member or friend and the support we, as a Trust, provide to those carers when that person is being treated by us.

The content of this report has been subject to internal review and, where appropriate, to external verification. I confirm, therefore, that to the best of my knowledge the information contained within this report reflects a true, accurate and balanced picture of our performance.

Sam Higginson
Chief Executive
Norfolk & Norwich University Hospitals NHS Foundation Trust

Part 2 - Priorities for improvement and statements of assurance from the board

Part 2.1 – Priorities for improvement

Included in this section of the quality report is an update on the progress against the quality priorities agreed for 2020/21 and makes recommendations for priorities for 2021/22.

Each of the priorities sits within one of the three domains of patient safety (n=6), clinical effectiveness (n=5), and patient experience (n=3); governance, oversight, and assurance in relation to these priorities will be gained through Evidence group reporting to the Quality Programme Board. These priorities coalesce with existing identified improvement work (Use of Resources improvements identified through NHSi assessment (UoR), Commissioning for Quality and Innovation (CQUIN)) and support the Trusts Patient Engagement and Experience and Quality Improvement Strategies. This will enable the Trust to make tangible improvement achievements.

In selecting the priorities, the Trust took into account feedback from a range of different stakeholder groups, including staff, patients, the public and commissioners. This feedback has continued to be received in a variety of forms, including survey responses, patient and carer feedback, quality monitoring from commissioners, internal reviews of the quality of care provided across services, and staff suggestions.

Throughout 2020 and into 2021 the NHS acute sector faced unprecedented disruption and challenge as a consequence of the global Covid-19 pandemic. Trusts were instructed to suspend all routine activity and to focus on business continuity and pandemic response. However, work has continued to progress the quality priorities as far as practicably possible. The focus of the Quality Priorities through the governance of Evidence Group and Quality Programme Board has ensured that continued attention is given to their achievement.

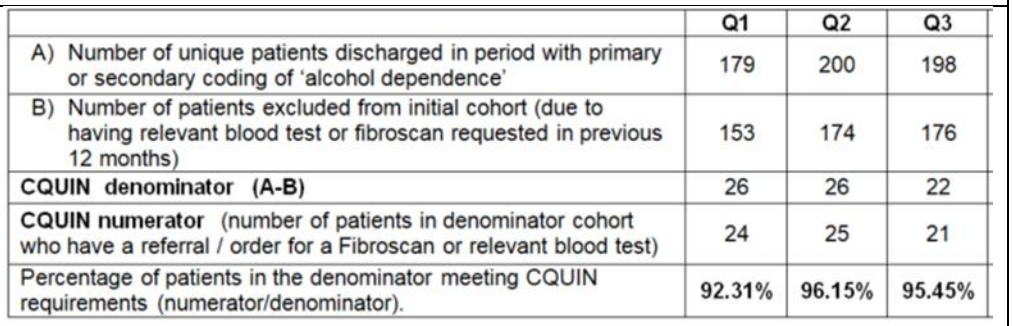
Despite operational pressures, one of the patient experience priorities regarding age appropriate patient and family feedback and one safe priority regarding Cirrhosis and Fibrosis Tests for alcohol dependent patients has been achieved, 9 have had progress made but work is ongoing and the remaining 3 have yet to be started. Therefore, it has been decided to continue these 12 priorities into 2021/22 with the addition of two new priorities to replace those which have been completed.

Progress against Quality Priorities 2019/20

Patient Safety

Quality Domain – Safe
To eliminate avoidable harm to patients in our care as shown through a reduction in number of incidents causing moderate harm and above due to lapses in care or failure to respond by 2023

Safe 1: Appropriate Antibiotic Prescribing for UTI in adults aged 16 +	
Indicator	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.
Progress	Audit results for each category 1. Documented diagnosis of specific UTI based on clinical signs and symptoms / total number of patients (30) **56.6%** (36.6% were unable to be consulted as lethargic/confused* and only 2 were not documented 0.6%) 2. Diagnosis excludes use of urine dipstick in people aged 65+ years and in all Catheter Associated UTI (CAUTI); / total number of patients (30) **= 30/30 =100%** 3. Empirical antibiotic regimen prescribed following NICE / local guidelines; / total number of patients (30) **70%** (17% were antibiotics based on culture result and 13% were not compliant with any of the above) 4. Urine sample sent to microbiology as per NICE requirement;/ total number of patients (30)= **87%** sent (6% sample collection was not feasible (bedpans, incontinence) 6% did not send a sample). 5. For diagnosis of CAUTI, documented review of urinary catheter use is made in clinical record:/ total number of patients with CAUTI **100%**

Safe 2: Cirrhosis and Fibrosis Tests for alcohol dependent patients	
Indicator	Achieving 35% of all unique inpatients (with at least one night stay) with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
Progress	

	Q1	Q2	Q3
A) Number of unique patients discharged in period with primary or secondary coding of 'alcohol dependence'	179	200	198
B) Number of patients excluded from initial cohort (due to having relevant blood test or fibroscan requested in previous 12 months)	153	174	176
CQUIN denominator (A-B)	26	26	22
CQUIN numerator (number of patients in denominator cohort who have a referral / order for a Fibroscan or relevant blood test)	24	25	21
Percentage of patients in the denominator meeting CQUIN requirements (numerator/denominator).	92.31%	96.15%	95.45%

This quality priority has been met.

Safe 3: Recording of NEWS2 Score, escalation time and response times for unplanned critical care admissions.	
Indicator	Achieving 60% of all unplanned critical care unit admissions from non- critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1).
Progress	Admission data reviewed from Metavision indicates 98 admissions from to CCC from ward areas between 01/01/2021 to 29/03/2021. 37 admissions met the 3 audit criteria therefore achieved 37%. The Recognise and Respond team will be launched June 1st and a Band 7 Quality Assurance and Education Lead has been appointed with the responsibility to drive audit and improvement against this standard.

Safe 4: Screening and Treatment of Iron Deficiency anaemia in patients listed for major elective blood loss surgery.	
Indicator	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE Guideline NG24.
Progress	The person who was leading has now left the Trust. A new Clinical lead has been agreed to take this forward.

Safe 5: Treatment of Community Acquired pneumonia (CAP) in line with BTS Care Bundle	
Indicator	Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.
Progress	

Criterion Number	Criterion	Results audit Dec 2020	Results audit March 2021
1	Chest x-ray completed within 4 hours	100%	100%
2	Symptoms present on admission	No data	100%
3	Antibiotics within 4 hours	77.8%	92%
4	Microbial Investigations	41%	54%
5	CURB-65	38.9%	78%
6	O2 Prescribed	81%	76%

A further audit is being carried out in Q1 of this year.

Safe 6: Rapid rule out protocol for ED patients with suspected acute myocardial infarction	
Indicator	Achieving 60% of Emergency Department (ED) admissions with suspected acute myocardial infarction for whom two high sensitivity troponin tests have been carried out in line with NICE recommendations.
Progress	An audit on symphony involving ACPs was due to be completed but this has been delayed due to the lead for this recommendation currently being on compassionate leave. Agreed that Nurse Consultant will provide support to the clinical lead. This work and the baseline audit will also feed into Same Day Emergency Care (SDEC) pathways.

Clinical Effectiveness

Quality Domain - Effective
People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Development and use of systems and structures that promote learning across the organisation and services

Effective 1: Adherence to Evidence Based intervention Clinical Criteria	
Indicator	Achieving 80% of Phase 1, Category 2 procedures from the evidence based interventions (EBI) statutory guidance of November 2018 meeting the required criteria for delivery.
Progress	This has been picked up as part of clinical prioritisation work. Introduced as patients waiting significantly longer for treatment due to loss of elective care. P1 to P6 prioritisation. P5 and P6 have been created for patients who choose to postpone treatment but remain active on the waiting list. Review process: • Stage 1 is administration validation, to check the accuracy of the list; patients are called or sent a letter to identify what the next step should be. • Stage 2 to assess if a clinical review is required. Assessment will look at whether a patient meets EBI criteria. • Stage 3 is a full clinical review. There is a shared decision making conversation with the patient and clinician, however the patient still needs to meet the criteria of EBI (they are waiting for 1 of the 17 criteria listed). 420 reviews have been conducted and all are compliant. But this is just for the admitted patient's waiting list and is still work in progress.

UoR9.1.1: The implementation of a robust discharge to assess process and earlier more efficient discharge planning.	
Indicator	Reducing bed occupancy levels to a maximum of 92% through a reduction and improvements in length of stay, delayed transfers of care and admission avoidance in line with NHS England Operational

	Planning and Contracting Guidance for 2020/21.
Progress	The Trust has made reductions in the number of patients with a 21+ day long length of stay (LLoS) compared to a 2018/19 baseline of 120.4 patients set by NHSE. The Trust has met the objective throughout 2020 of achieving a 36% reduction on this baseline to 86 patients. However, during the COVID-19 pandemic there was an increased acuity of patients and due to isolation requirements, length of stay increased above this target. Following Winter 2020/21 and as covid prevalence has reduced, an improved position of LLoS in March 2021 has been realised. In conjunction with this, work has been ongoing to improve our discharge processes. The STP blueprint on Discharge to Assess (D2A) is due to be implemented in October 2021. A number of enabling actions and exercises are ongoing to ensure this implementation is as effective as possible. Renewed Monitoring processes of discharge and long length of stay have been implemented. This includes producing and refreshing trajectories for both reduction in both Stranded and Super Stranded Patients (14-20 and 21+ LLoS) have been produced and will be monitored through the Safer Better Faster (SBF) Emergency Pathways Improvement Programme. LoS holds a key part of the IMT with daily review of length of stay data for both our elective and non-elective patients. IMT has specifically maintained rigour in encouraging our uptake of the Virtual Ward to both improve the patient experience and safety by ensuring they are not kept in hospital for longer than required to, and for the benefit of additional bed capacity for new admissions. In conjunction with the above reviews of data, emphasis during April and May 2021 has been placed upon embedding Criteria to Reside (C2R) into our daily patient management as part of the DHSC Discharge Policy. This is also being monitored and driven by SBF. DTOCs are no longer monitored by NHSE although internal monitoring and escalation of patients who have been on the discharge list awaiting community support for more than 48 hours remains in place.

UoR8.1.3: Same Day Emergency Care focus on frailty service	
Indicator	Ensuring that Same Day Emergency Care (SDEC) service is delivered for 12 hours per day 7 days a week. In addition providing an acute frailty service for at least 70 hours a week based upon NHS England Operational Planning and Contracting Guidance for 2020/21 and the NHS Long Term Plan.
Progress	A system bid secured to continue the locum and to have SpR extra hours to expand the operating hours for Frailty SDEC. Consultant

	Outreach initiative commenced and expanding access to the 'silver' admission avoidance phone support service. Baseline data was collected via Prism work and also Think 111 First as part of the Front Door Services work stream. The use of the silver phone for OPAC/OPED services ensures the trust is compliant in providing an acute frailty service for at least 70 hours a week. Combined SDEC service is in place as of January 2021. Initial pathways for SDEC have been agreed supported by EUC, Medicine and Surgery teams with additional scoping sessions to expand criteria and pathways being conducted by clinical leadership teams. Work with all divisions is ongoing to ensure all SDEC activity is captured correctly as ongoing monitoring mechanisms are in place via the IMT and due to be implemented with the Safer, Better, Faster Programme. Work is ongoing through the SBF Programme to expand the 'silver phone' service and principles to Surgical SDEC services. This project work will dove-tail with implementation of additional 111 First Booked slots for urgent and emergency care pathways across SDEC areas.

UoR9.1: The implementation of a robust discharge to assess process and earlier more efficient discharge planning.	
Indicator	Reduce face to face outpatients by 20% and introduce patient initiated follow up, enabling capacity to be released back to elective activity. Achieving a reduction of a third of face to face outpatient attendances by 2023/2024 in line with NHS England Operational Planning and Contracting Guidance for 2020/21.
Progress	A clear 'shift' to Virtual Outpatient attendances was witnessed from March 2020 with sustained levels of attendances delivered from this point (>40% virtual consistently). The transformation steering group has been initiated in March 2021 to ensure initiatives such as remote outpatients are embedded across the organisation and provided the correct level of corporate and divisional support. Within the 21-22 Operational Planning Guidance it reiterates the need to embed outpatient transformation citing that where an outpatient appointment is clinically necessary that at list 25% should be delivered remotely (c 40% of outpatient appointments that do not involve a procedure). As with above, this is closely monitored through daily IMT meetings and will be measured as part of the Safer Efficient and Transformative (SET) Elective Care Improvement Programme.

UoR9.1.3: Reconfiguration the ED footprint and patient journey processes through the department with a focus on improved triage processes and the management of ambulatory majors.	
Indicator	Achieving an improvement in the 4 hour ED standard of patients treated, admitted or transferred with a focus on front-door clinical streaming and patient flow through the department. Focus on avoiding ambulance handover delays at hospital as per NHS England Operational Planning and Contracting Guidance for 2020/21.
Progress	The move of combined SDEC to Loddon ward has helped to release some space and estate to EUC to redesign footprint and patient journey in 2021. The 'Optimising Patient Flow Through ED' work stream led by Rachael Cocker has retained an objective of reviewing the ED footprint, patient journey and processes through the department A number of sub projects to capture this with clear objectives and KPI's have been established. A robust governance structure and reporting both internally via the ODG and HMB will take place with escalations of issues or blockers to progress. Recruitment programme and remodel of ED has also led to a reduction in delays overnight for waits to be seen. However, this remains under continued review. ED footprint and patient journey processes have been reviewed and re-designed as part of the SBF work during Summer 2020. Continuous improvement processes including (PDSA cycles) are in place. Improved time to initial assessment and triage can be viewed within data and reporting.

Care and Patient Experience

Quality domain – Experience
Improve how we listen and respond to patients and their carers/ families going forward and use patient feedback and experience to design and improve services.

Experience 1: Shared Decision Making	
Indicator	Patient satisfaction with shared decision making conversations at key decision points early stage lung cancer; palliative chemotherapy; localised prostate cancer; adjuvant use of chemotherapy for colorectal cancer. Patient satisfaction with shared decision making conversations at relating to: ablation for atrial fibrillation and aortic stenosis; cardiac surgery (CABG vs PCI).
Progress	**Cancer pathways:** 92 questionnaires were sent out and 44 responses received. • Responses were mostly positive. Patients agreed they had been part of decision making process. • 90% comments positive. • The issues highlighted were regarding surveillance and also access to face to face appointments. The negative comments centred on not being fully informed of all treatment options when Surveillance was recommended, and not having 'face to face' communication. These were mainly from the Prostate and Early Lung cancer patients. The individual comments are being sent to the clinical teams for further evaluation **Cardiology pathways** Data has been collected for the Ablation patients. Responses received for 96 patients over a 6 month period. • Lack of information post procedure • *"When I left I was not fully aware of what had been completed"* • *"I was discharged with only the discharge letter and physicians report. It was only when I phoned the Arrhythmia specialist nurse that I received a full and proper account of the outcome of my procedure."* • *"It would have been nice to have spoken to the doctor who done the procedure, just so he could tell me how it went. I left not really knowing if it had all gone to plan."* • Missed phone appointments • *"Friday phone appt not kept by hospital which was quite stressful."* • *"I was due a post-op call 4 days afterwards that did not happen."* • Positive feelings about staff • *"Everyone was friendly, kind, thoughtful and professional"* • *"Nursing and Medical team in EP suite excellent, friendly and professional"* • Excellent Service • *"All round exceptional care. Thank you so much."* • *"Could not wish for better treatment."* • Pre-assessment informative • "Pre-op assessment by phone was excellent." • "My pre-assessment call explained my procedure fully and my questions were all answered in a very friendly and informative manner. Thank you." Next area of focus is Aortic Stenosis and CABG v PCI pathways.

Experience 2: Age appropriate patient and family feedback	
Indicator	Mechanisms in place across the Trust to ensure that children and young people are always asked about their experience of the services they use.
Progress	Tops and pants has been embedded for younger children, with changes having been made as result of feedback/learning. New simplified questions regarding experience for 12 – 16 year olds. VCREATE being used successfully in NICU. Youth Forum has been developed, which is a board of young people who give their input. The Youth Forum were involved on the interview panel for a recent band 7 post in ED and contact has been made with the UEA so that the Youth Forum is involved in future interviews with recently qualified staff. A job description has been approved for a Youth Worker, funding is still required for this post. Funding opportunities are being explored for this post. Chief Nurse asked for an external press release once the Youth Worker in place **Achieved.**

Experience 3: Patient experience of redesigned processes (described in effectiveness section)	
Indicator	UoR 9.1.1: Discharge processes UoR 9.1 Virtual Outpatients appointments
Progress	**Discharge Process:** Concerns raised regarding whether patients received too many request for feedback from different angles, i.e. surveys / phone calls. Need to create a 'joined up' approach. A whole new programme needs to be created to review all discharge processes in line with patient experience element, including virtual ward. Patient experience monitoring is already in place regarding D2A / OTs being moved out into the community. 2 patient panel members are involved in the piece of work. Decision to close this recommendation and develop into a much wider piece of work. **Virtual Outpatient Appointments:** Evidence is being collected automatically from virtual consultations via a pop up at the end of the consultation. New provider has been used from March 2021therefore need to gather evidence from this provider. Positive results so far with 94.2% of patients stating that they feel able to communicate what want to and 92.7% of patients stating that their needs were met. Any glitches with the system have been recorded and acted on. A report from patients and any areas which require improvement is fed back to the divisions for them to review as part of their clinical governance meetings. This is where the drive for improvements needs to be owned. Any Corporate improvements are fed through Outpatients Transformation Committee. The committee is very engaged with the process.

New Patient Experience Priority for 2021/22

Improving patient centred transfers of care	
Rationale	• There is continued reporting of incidents, including SIs, Complaints and PALS concerns related to transfers of care eg; from ward to discharge suite, between departments e.g ED / AMU to base ward, from hospital to care/nursing home, maternity transfers between providers, shared care for paediatrics, mental health shared care, discharge etc. • Issues with transfers of care cross cut experience of care as well as safety domains • Builds on the 20/21 quality priorities for patient experience around shared decision-making and involvement as a partner in care
Aim	• Desired outcome – patients and families are involved and (as far as possible) proactive partners in the transfer of care - they feel part of the decision making process, are fully informed and engaged in the process of planning and implementing their transfer of care. • Patients and families report high levels of satisfaction with communication and involvement in shared decision-making to ensure smooth transition / transfer of care experience.
Progress	Quarter 1 – Each Division to identify up to 2 pathways, services, areas to instigate an improvement in patient-centred transfers of care through: • A deep dive to analyse incidents, including SIs, complaints and PALS concerns and any other feedback related to transfers of care, using data to drive improvement focus and establish baseline measurement. • Identification of patient representatives to work as partners within the improvement project team • Identification of unique measurement for each pathway. Overarching measurement for all pathways to include: ○ Reduction in negative feedback related to transfers of care especially related to communication, caring, feeling involved – seen via Complaints/PALS/feedback ○ Improved scores in national and local patient surveys for communication, caring and feeling involved ○ Improved scores for staff surveys patient experience and safety domains? Quarter 2 - Initial identification and presentation of improvement plans to Evidence Group and Quality Programme Board Quarter 3 &4 – Commence improvement work using Life QI system to track progress, reporting to evidence group and QPB

Proposed New Safe Priority for 2021/22

All pregnant women will have a discussion regarding preferred place of birth and a risk assessment of their choice at each scheduled Antenatal appointment.	
Rationale	Links to Amber rated Ockenden Recommendation 5. Risk Assessment Throughout Pregnancy. Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway: • All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional • Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.
Aim	Achieving 95% of all women at scheduled antenatal appointments will have a documented discussion on preferred place of birth with an associated risk assessment recorded in the patient record.
Progress	Reporting will be via E3 system. By end of Q1 review current processes to establish baseline measurement. Review E3 workflow for documented review and discussion of intended place of birth at every contact. Identify risk assessment tool. Quarter 2 - Initial identification and presentation of improvement plans to Evidence Group and Quality Programme Board. Commence improvement work. Quarter 3 &4 – Continue improvement work using Life QI system to track progress, reporting to evidence group and QPB.

Part 2.2 - Board Assurance Statements

Review of services

During 2020/21 the Norfolk and Norwich University Hospitals NHS Foundation Trust provided and/or sub-contracted 78 relevant health services.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 78 of these relevant health services.

Due to the Covid-19 pandemic funding for services, both clinical and non-clinical, have block funding with levels of funding dictated by NHS England and Improvement. Therefore we are unable to indicate the percentage of income generated from the provision of relevant health services by the Norfolk and Norwich University Hospitals NHS Foundation Trust for 2020/21.

Information on participation in national clinical audits (NCA) and national confidential enquiries (NCE)

During 2020/21 44 Quality Account national clinical audits and 3 Quality Account national confidential enquiries covered relevant health services that Norfolk and Norwich University Hospitals NHS Foundation provides.

During that period Norfolk & Norwich University Hospitals NHS Foundation participated in 100% national clinical audits and 100% national confidential enquiries of the Quality Account national clinical audits and national confidential enquiries that it was mandated to participate in. Data collection was suspended in a number of Quality Account national audits and confidential enquiries due to the Covid-19 pandemic. We participated in other National Audits which fall outside of the Quality Account recommended list.

The national clinical audits and national confidential enquiries that Norfolk and Norwich University Hospitals NHS Foundation participated in during 2020/21are 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.

[NB. The data collection period for some of these audits is still in progress. Final figures are not yet available for all audits and these participation rates may increase or decrease.]

National Clinical Audit (alphabetical order)	Eligible Y/N	Took part Y/N	Participation Rate Cases Submitted	Completed/ In-progress/ Ongoing
Antenatal and newborn national audit protocol 2019 to 2022	Y	N	The programme did not collect data in 2020-21	Ongoing
Bladder Outflow Obstruction (BOO) Audit *(Part Of The British Association Of Urological Surgeons (BAUS) Urology Audits)*	Y	Y	18/21 (86%)	Completed
Cytoreductive Radical Nephrectomy Audit *(Part Of The British Association Of Urological*	Y	Y	7/7 (100%)	Ongoing

Surgeons (BAUS) Urology Audits)				
Female Stress Urinary Incontinence Audit *(Part Of The British Association Of Urological Surgeons (BAUS) Urology Audits)*	Y	Y	1/1 (100%)	In-progress
Renal Colic Audit *(Part Of The British Association Of Urological Surgeons (BAUS) Urology Audits)*	Y	Y	Figures not yet available	In-progress
British Spine Registry	Y	Y	191/191 (100%)	Ongoing
Case Mix Programme (CMP)	Y	Y	1357/1357 (100%)	Ongoing
Child Health Clinical Outcome Review Programme	Y	Y	No projects over 2020-21 due to Covid-19	n/a
Cleft Registry and Audit NEtwork (CRANE)	N	n/a	n/a	n/a
Elective Surgery (National PROMs Programme)	Y	Y	Hips 160/156 (97.5%) Knees 79/75 (94.4%)	Ongoing
Emergency Medicine QIPs	Y	Y	Audit Of Fractured Neck of Femur 58/58 (100%) Audit Of Pain in Children 73/73 (100%) Audit Of Infection Control 92/92 (100%)	Ongoing
Falls and Fragility Fracture Audit Programme (FFFAP) • National Hip Fracture Database • National Inpatient Falls Audit	 Y Y	 Y Y	 705/705 (100%) 0 (due to Covid-19)	 Ongoing Ongoing
Inflammatory Bowel Disease (IBD) Audit	Y	Y	10/10 (100%)	Ongoing
Learning Disabilities Mortality Review Programme (LeDeR)	Y	Y	17/17 (100%)	Ongoing
Mandatory Surveillance of HCAI	Y	Y	MRSA BSI (Bloodstream Infections) 0 Hospital Acquired Infection (HAI) Gram negative HAI BSI: E.coli 36 Pseudomonas aeruginosa 12 Klebsiella species 12 C.difficile figures: Trajectory 22	Ongoing

			Healthcare Onset – Healthcare Associated (HOHA) Non trajectory 16 HOHA 21 Community Onset – Healthcare Associated (COHA) 21 Pending 1 COHA. Total cases 60 22 trajectory cases towards Trust objective less than 35.	
Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)	Y	Y	Maternal 1/1 (100%) Late Fetal Loss: 2/2 (100%) Terminations: 2/2 (100%) Stillbirths: 11/11 (100%) Early Neonatal Deaths: 9/9 (100%) Late Neonatal Deaths (includes. Transfers in): 5/5 (100%)	Ongoing
Medical and Surgical Clinical Outcome Review Programme	Y	Y	No projects 2020-21 due to Covid-19	n/a
Mental Health Clinical Outcome Review Programme	N	n/a	n/a	n/a
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Y	Y	Asthma Paediatrics 20/20 (100%) Asthma Adults 61/61 (100%) COPD 179/179 (100%)	Ongoing
National Audit of Breast Cancer in Older Patients (NABCOP)	Y	Y	191/191 (100%)	Ongoing

National Audit of Cardiac Rehabilitation	Y	Y	3215/3870 (83%)	Ongoing
National Audit of Care at the End of Life (NACEL)	Y	N	Audit did not run due to Covid-19	Ongoing
National Audit of Dementia (NAD)	Y	N	Audit did not run due to Covid -19	Ongoing
National Audit of Pulmonary Hypertension	N			
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Y	Y	0% Data entry was non-mandatory due to Covid-19	Ongoing
National Bariatric Surgery Register	N			
National Cardiac Arrest Audit (NCAA)	Y	Y	Unable to obtain figures	Ongoing
National Cardiac Audit Programme (NCAP)	Y	Y	Heart Failure: 340/340 (100%) Myocardial Ischaemia: 878/941 (93%) Percutaneous Coronary Intervention: 1527/1606 (95%) Cardiac Rhythm Management: Electro-physiology: 592/625 (95%) Pacemakers: 1365/1366 (100%) All expected to be 100% by end of year.	Ongoing
National Clinical Audit of Anxiety & Depression (NCAAD)	N	n/a	n/a	n/a
National Clinical Audit of Psychosis (NCAP)	N	n/a	n/a	n/a
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia	Y	Y	Project not run due to Covid-19	N/A
National Diabetes Audit – Adults	Y	Y	National Diabetes Foot Audit – 80/80 (100%) National Diabetes Inpatient Audit – Did not run due to Covid-19 National Diabetes	

			Core Audit – 3544/3544 (100%)	
National Early Inflammatory Arthritis Audit (NEIAA)	Y	Y	12 new patients added Recruitment suspended at times during Covid-19 unable to give %.	Ongoing
National Emergency Laparotomy Audit (NELA)	Y	Y	270/271 (99.6%)	Ongoing
National Gastro-intestinal Cancer Programme • National Bowel Cancer Audit (NBOCA) • National Oesophagal-Gastric Cancer Audit (NOGCA)	 Y Y	 Y Y	 500/500 (100%) 216/216 (100%)	Ongoing
National Joint Registry	Y	Y	470/470 (100%)	Ongoing
National Lung Cancer Audit (NLCA)	Y	Y	262/262 (100%)	Ongoing
National Maternity and Perinatal Audit (NMPA)	Y	Y	Data is taken directly by NHS Digital	Ongoing
National Neonatal Audit Programme (NNAP)	Y	Y	949/949 (100%)	Ongoing
National Ophthalmology Database Audit	Y	Y	4229/4285 (98.7%)	Ongoing but not on QA list for 21/22
National Paediatric Diabetes Audit (NPDA)	Y	Y	313/313 (100%)	Ongoing
National Prostate Cancer Audit (NPCA)	Y	Y	315/315 (100%)	Ongoing
National Vascular Registry	Y	Y	Abdominal Aortic Aneurysm 26/75 (35%) Carotid Endarterectomy 23/52 (44%) *(Data submission period ends May 2021, anticipate >95% submission rate)*	Ongoing
Neurosurgical National Audit Programme	N	n/a	n/a	n/a
NHS provider interventions with suspected /confirmed carbapenemase producing Gram negative colonisations / infections	Y	n/a	Project currently closed due to Covid-19	n/a
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	N	n/a	n/a	n/a
Paediatric Intensive Care Audit (PICANet)	N	n/a	n/a	n/a
Perioperative Quality Improvement Programme (PQIP)	Y	Y	Audit did not run due to Covid-19	In-progress
Prescribing Observatory for Mental Health UK (POMH-UK)	N	n/a	n/a	n/a
Sentinel Stroke National Audit Programme (SSNAP)	Y	Y	672/672 (100%)	In-progress

Serious Hazards of Transfusion Scheme (SHOT)	Y	Y	2626 (100%)	On-going
Society for Acute Medicine Benchmarking Audit	Y	N	Audit did not run due to Covid -19	On-going
Surgical Site Infection (SSI) Surveillance	Y	Y	Vascular: SSI rate 1.8% (Inpatient & readmission rate 0%). Caesarean section: SSI rate 2.3% Hip Replacement: SSI rate 0.0% (164 completed) Knee Replacement: SSI rate 0.0% (51 completed) Fractured Neck of Femur: SSI rate 0.47% (632 completed) Spinal: SSI rate 1.63% (184 completed)	Ongoing
The Trauma Audit & Research Network (TARN)	Y	Y	464/734 (63.21%)	On-going
United Kingdom Cystic Fibrosis Registry (CF)	Y	Y	Paediatrics NNUH 59/59 (100%) QEHKL 11/11/(100%) Adults 63/63 (100%)	Ongoing
United Kingdom Registry of Endocrine and Thyroid Surgery	Y	Y	100% 30/30 (100%) *Thyroid surgeries: 28* *Parathyroidectomy: 2*	Ongoing
United Kingdom Renal Registry National Acute Kidney Injury programme	Y	Y	858/858 (100%)	Ongoing

The reports of published national clinical audits and confidential enquiries were reviewed by the provider in 2020/21. These are reported to through department's local governance teams and the Clinical Effectiveness Operational Group. Some examples of actions undertaken following review are given below. The number of published reports was reduced in the year 20/21 due to the Covid-19 pandemic.

Audit Name	Key Successes	Key concerns	Key actions
National Audit Of Cardiac Rehabilitation (NACR)	The NNUH was one of only 37% of the Cardiac Rehab units in England to pass all national status and gain full certification.	There has been a significant drop in group based exercise due to Covid-19 and not likely to return to previous levels. Less participation from certain groups.	Exploring and supporting wider use of new modes of cardiac rehabilitation delivery. Continue to monitor patient feedback. Audit social group participation in cardiac rehabilitation programme.
National Comparative Audit Of Blood Transfusion Programme - Audit of the Management of Major Haemorrhage.	Trust has specific Major Haemorrhage Protocols (MHP) for adults and children. All MHP activations are reviewed by the Transfusion Specialist Nurse and reported to the Hospital Transfusion Team (HTT) and Hospital Transfusion Committee (HTC) as appropriate. Consideration of Tranexamic acid is included in relevant Trust policies.	Not clear if all frontline clinical staff are trained to recognise major blood loss early and know when to activate/trigger the local MHP. Cases identified where patient was given group O negative units when group O positive would have been more appropriate.	Mandatory training to be reviewed to ensure management of MHP is adequately covered. Audit of Group O use to be completed to ensure compliance with national standards for appropriate use.
National Audit Of Breast Cancer In Older People (NABCOP)	A review of the national audit results demonstrated that the Trust was compliant with all recommendations made.	No key concerns were identified	No key actions were required
National Vascular Registry (NVR)	The audit demonstrated that the Trust is the 10th Busiest Aortic Centre in UK for elective infrarenal Abdominal Aortic Aneurysm (AAA), with a median time from assessment to surgery lower than the 8 week target, and a good adjusted mortality rate. 51.4% of cases are operated within this 8 week target, placing the Trust in the top quartile	A key concern is that despite improvements in the past year, the Trust is in the lower tertile for anaesthetic assessment and computerised tomography and multi-disciplinary team documentation.	Importance of completing all data points on the NVR was reinforced to clinical staff. Need to ensure adequate intensive care capacity to avoid cancellations, and adequate recruitment and retention of staff to facilitate excellent patient care.

	nationally. The large open surgery practice is evidence based, in line with the latest NICE guidelines, and is likely to have contributed to better survival rate following ruptured AAA repair. Outcomes following repair of ruptured AAA is excellent and well below the national average. All elective AAA patients have pre-op imaging and are discussed by a multi-disciplinary team (MDT). When compared to 2018, improvements have been achieved in the documentation of anaesthetic assessment (97% vs 74%), date of anaesthetic assessment (95% vs 74%), discussion at multi-disciplinary team meeeting (88% vs 74%), and patients undergoing pre-op angiogram assessment (95% vs. 73%). Time from symptom to surgery for Carotid Endarterectomy remains one of the shortest in the country, with a median time of 9 days. 67% of symptomatic patients achieve the target of 7 days from symptom to referral and 80% receive their surgery within the NICE target of 14 days.		
Epilepsy 12 - Seizures And Epilepsies In Children And Young People	Key successes included being positive outliers in most of the Epilepsy 12 indicators and significant positive outliers regarding participation and in the time within which we provided electroencephalogram (EEG) after referral.	The Trust's participation was on hold for this year due to the pandemic. Key concerns included no onsite mental health provision or direct pathways for mental health referrals for children with epilepsy and lack of	Three reports relating to this programme of audit were published in 2020: Combined organisational and clinical audits: Report for England and Wales Round 3 Cohort 1 (2018-19); Appendix A: Epilepsy12 organisational audit results and Appendix

		psychology support.	G: Epilepsy12 clinical audit results The reports were reviewed and discussed at Paediatric Clinical Governance. Plans for future improvements include improving mental health provision, improving Valproate information in all females, improving first clinic assessment times and electrocardiogram (ECG) after convulsive seizures
National Cystic Fibrosis (CF) Registry	Both the Paediatric and Adult teams submitted data to the registry as required. NNUH continues to meet national standards and has comparable and sometimes better performance to many other centres.	No key concerns were identified.	No key actions required
Surgical Site Infection Surveillance (SSI) Service	The results demonstrated that all inpatient and readmission rates were below the bench mark of 2.5% for vascular surveillance. There were zero SSI's for hip and knee replacements, despite a high risk patient cohort.	For spinal procedures, Quarter 3 demonstrated 3 SSIs in 55 cases (5.45%). The COVID 19 pandemic impacted elective surgery provision. Due to specialties and nursing staff being moved, some surveillance information may not have been collated.	All SSI surveillance results were taken quarterly to Clinical Governance Meetings and were fed back to clinicians for discussion and learning. These were discussed at the Hospital Infection Control Committee Meetings with Divisional and Governance Leads. The Quarter 3 Spinal SSI rate was discussed at the Spinal Multidisciplinary meeting and Governance meeting in February 2021.
Mandatory Surveillance Of HCAI (Healthcare Associated Infection)	The audit results demonstrated 0 MRSA bloodstream infections (BSI) hospital acquired	Concerns were raised over the results in relation to achievement of the	A post infection review was carried out for all HAI C.difficile cases. Gram negative

	infection (HAI) cases in 2020/21. At last sign off in January, there were 22 trajectory C.difficile cases against the Trust objective of <35	Department of Health and Social Care targets by 2024.	cases were discussed at weekly Surveillance Meetings with an Infection Control Doctor, with learning being conveyed to the appropriate department(s). Alert organism trends were shared and discussed at the Hospital Infection Control Committee and learning points were shared via the monthly Organisation Wide Learning (OWL) newsletter.
Learning Disability Mortality Review Programme (LeDeR Programme) Audit (National)	The audit brought about a clarification of information governance requirements. An effective process was established for the sharing of notes with the medicolegal team and the engagement with external reviewers through attendance at structured judgement review (SJR)/Zoom meetings	The audit demonstrated an increase in deaths, although a significant number (5) were COVID-19 related	Changes were made to the Covid -19 admission pathway / escalation pathway for people with Learning Disabilities (LD). A LD specific section was created on the Covid hub. A presentation of key LeDeR learning points was given to Senior Practitioners/Clinical Leaders

The reports of completed local clinical audits were reviewed by the provider in 2020/21. These are reported to through department's local governance teams and the Clinical Safety and Effectiveness Sub-Board. Some examples of actions undertaken following review are given below. Due to the Covid-19 pandemic 25% of local audits on the Trust Clinical Audit Plan were not undertaken.

Audit Name	Key Successes	Key concerns	Key actions
Audit of Surgical Safety Checklist Use in Patients Undergoing An Implantable Loop Recorder Insertion And Removal	Patient preparation section was signed 97% of the time, the Time-Out section was signed 96% of the time, and Sign In section was signed and dated 91% of the time.	The Sign Out was completed in only 52% of the forms. Sign In completed in 21% of cases, with Consultant Name most commonly blank.	All nurses to prompt that checklists are completed and operators to confirm Sign Out. 'Consultant Name' changed to 'Named Operator' since many lists are nurse led.
Audit Of Surgical Safety Checklist Use In Angiography, Angioplasty And Pacing In The Cardiac Cath Laboratories	The Time-Out step has been completed in 88% of cases and signed for in 97% of cases. Handover signatures had been completed for lab nurse to recovery 88% of the time and accepting recovery nurse 79% of the time. Cannula flushed completed 97% of time and swab/sharps accounted for 100% completed.	Step 2 Sign-In completion reduced to 22% from 47% in September 2019. Handover recovery to ward and ward receiving nurse 60% and 59% respectively. Ward checklist with all sections completed 52% of cases and Sign-Out step 4 completed only 55% of the time.	Senior Nurse Team educating staff at safety huddle in mornings to ensure Sign-In is completed before taking patient through. Team is developing a Virtual Reality education tool to help prepare patients for Catheter Laboratory procedures. In Sign-Out team to be encouraged to put a line through or N/A in spaces if that is appropriate.
Audit of Surgical Safety Checklist Use in Patients Undergoing An Electrophysiology (EP) Procedure	Patient preparation signed and dated 100%. Time Out checklist completed 100%. 95% of Sign Out completed (70% had every section complete). Proof of handover 95% and 100% for transfer and acceptance respectively.	The consultant name was not recorded in 40% of the forms, and only 20% of forms were completed in full.	Senior Nurse Team educating staff at safety huddle in mornings to ensure include consultant named on forms.
Observation Audit of World Health Organisation Checklist in The Catheter Laboratories	All sections greater than 90% compliance. Time Out with cockpit silence in 99% of cases, with 96% completed before local	7% of Sign In not completed before patient entered the lab, and 10% of Sign Out not complete.	Education at meetings of the importance of Sign In and Sign Out completion. Team continue to prompt operator at end of cases to ensure Sign

	anaesthetic given. Sign Out completion had increased to 90% of cases.		Out is performed
Audit of Surgical Safety Checklist Use for Patients Undergoing A Primary Percutaneous Coronary Intervention (PPCI)	Antiplatelets and intravenous access recorded at Sign In has increased. The new form design has increased compliance with Sign Out and Handover documentation.	Handover signatures completion is at 54%. Sign In section not being fully completed in many cases. Some forms found with 2nd page entirely blank or admission with no form at all.	Results discussed with all Cardiology nurses and Catheter Laboratory teams, and at the Circulating Nurse Education Day.
Audit Of Endoscopy World Health Organisation (WHO) Checklist	On average over 2020 the Endoscopy WHO checklist was completed 98.64% of the time.	No concerns	No further actions
Audit Of Compliance To Local Safety Standards For Invasive Procedures (LocSSIP) For Botulinum Toxin Injections	Full compliance of completing the checklist was 91% which was up from 78% from last year.	9% of forms were not fully completed	Results were discussed in the Clinical Governance meeting. Continued monitoring will ensure that compliance remains high. New doctors coming for a Neurology placement will be educated to ensure they understand the importance of using the forms.
Audit Of Flexible Bronchoscopy World Health Organisation Checklist Compliance	The results demonstrated a 100% compliance for the audit year of 2020/21	No concerns identified	No actions required
Audit Of Flexible Pleural World Health Organisation Checklist Compliance	The results have demonstrated a 100% compliance for the audit year of 2020/21	No concerns identified	No actions required
Audit Of Insertion Of An Intercostal Chest Drain (ICD) By A Seldinger Technique, Under Ultrasound Guidance World Health Organisation Checklist Compliance	The results have demonstrated a 100% compliance for the audit year of 2020/21	No concerns identified	No actions required
Audit Of Compliance	WHO checklist was	The key concern was	Education was

To Local Safety Standards For Invasive Procedures (LocSSIP) For Day Case Procedures, Mohs, Micrographic Surgery And Minor Operation - Dermatology	undertaken in all cases. Where forms were not fully completed, the median number of elements omitted from the form was 1/31	the completion of the Sign Out section of the checklist, in particular not documenting that 'specimen in pot' has been checked and confirmed.	provided to all staff on the importance of LocSSIP checklist completion, and the LocSSIP updated to the new Trust approved template.
Audit Of Compliance To Local Safety Standards For Invasive Procedures (LocSSIP) For Procedure For Fundus Fluorescein Angiography	A marginal increase in compliance with the full documentation standards compared to previous audit, and where cases were not compliant, this was due to only 1 or 2 of the 54 elements being omitted (omission rate 1.8% - 3.7%)	The validity and reliability of the results were impacted by the small sample size (due to reduced clinics during the Covid pandemic).	Education provided to all key staff with regards to documentation completion. A re-audit will be undertaken in 2021/2022 audit cycle.
Audit Of Insertion Of Percutaneous Tracheostomy - Critical Care Complex - (Local Safety Standards For Invasive Procedures)	The audit demonstrated good documentation of Percutaneous tracheostomy procedures.	No key concerns were identified.	No actions were required.
Audit Of Procedure For Adult Lumbar Puncture - Critical Care Complex - (Local Safety Standards For Invasive Procedures)	The audit demonstrated excellent documentation of the important aspects of the procedure.	No major concerns were identified.	The form will be altered to include a 'not applicable' option for certain questions.
Audit Of Procedure For Central Venous Catheter (CVC) Placement - Critical Care Complex - (Local Safety Standards For Invasive Procedures)	Improved awareness in LocSSIP documentation among Critical Care Complex staff.	Need for accurate documentation of the LocSSIP log.	New members of staff orientated in the use of Metavision and LocSSIP documentation. Regular spot checks by LocSSIP staff champions undertaken.
Audit Of Flexible Bronchoscopy In Critical Care Intubated Patients - (Local Safety Standards For Invasive Procedures)	Good documentation of the procedure, with forms being filled out fully.	No key concerns were identified.	No actions were required as a result of this audit.
Observational Audit	The programme of	The final segment of	Promotion and

Of Surgical Safety Check-list Compliance	observational audits continued throughout the COVID pandemic despite reduced sample sizes as result of reduced theatre activity. Results demonstrated good compliance in participation and engagement of the majority of the World Health Organisation (WHO) 5 steps to safer surgery.	the 5 steps to safer surgery, the WHO debrief, has identified as an area for improvement.	education of the debrief section undertaken with staff. Discussed at Divisional Governance. Audit will continue.
Surveillance Audit Of Documented Surgical Safety Check-list Compliance	Compliance was consistently good with the documentation of the World Health Organisation (WHO) surgical safety checklist across the range of WHO forms over the last 12 months (>96%).	A thematic concern was identified with the compliance of the questions “Have all team members introduced themselves by name and role” over the last 12 months on the general and maternity WHO forms.	A discussion was held through Governance and Theatre Management Group (TMG) about re-phrasing the questions “have all team members introduced themselves” and adding a signature section to provide accountability for the TIME OUT.
Audit Of Biopsy Of The Head And Neck - (Ear Nose Throat (ENT) Department) - (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified.	No actions were required.
Audit Of Intratympanic Injection (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified	No actions were required.
Audit Of	Compliance has	No key concerns	No actions were

Manipulation Of Fractured Nose (Local Safety Standards For Invasive Procedures)	remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	were identified	required.
Audit Of Transnasal Oesophagoscopy (TNO) (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified.	No actions were required.
Audit Of Transnasal Oesophagoscopy (TNO) with Laser (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified.	No actions were required.
Audit Of Ventilation Tube Insertion - (Ear Nose Throat (ENT) Department) - (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified.	No actions were required.
Audit Of Vocal Cord Injection - (Ear Nose Throat (ENT) Department) - (Local Safety Standards For Invasive Procedures)	Compliance has remained at a constant 100% apart from August 2021 which achieved 97%; this was immediately reviewed and actioned, and compliance returned to 100%.	No key concerns were identified.	No actions were required.
Audit Of Dental Abscess Drainage And Extraction (Local Safety Standards For Invasive Procedures)	100% of records contained consent forms, World Health Organisation (WHO) surgical safety	The results found the current Local Safety Standards For Invasive Procedures (LocSSIP) standards	The Local Safety Standards For Invasive Procedures (LocSSIP) form and audit standards will

	checklist, and surgeon's operating notes.	are not ideal for auditing incision and drainage of abscesses.	be amended to include general anaesthetic (GA) procedures. Presented to Invasive Procedure Oversight Group March 2021.
Annual Re-audit Of Completion Of Local Safety Standards For Invasive Procedures For Foetal Medicine Procedures	100% of cases identified for this audit had a LocSSIP in the patient notes, with 100% of these LocSSIPs having an appropriate patient identification label.	The LocSSIP most commonly in use did not match the original drafted version of the new LocSSIP that this project and its standards were designed around. An older version of the LocSSIP was also found in use; however this version was only missing the field for time of procedure.	Lead Consultant will ensure consistent use of correct LocSSIP; that old versions are destroyed and ensure all fields completed
Audit Of The Local Safety Standards For Invasive Procedures For Invasive Ear, Nose & Throat (ENT) Procedures – Removal And Replacement Of Surgical Voice Prosthesis (SVR)	100% compliance met for all Audit standards	No key concerns were identified.	No actions were required as a result of this audit.
Audit Of Coronary Angiograms Carried Out At The NNUH	The results demonstrated generally good performance and uniformity between the consultant operators	No concerns	No further actions
Audit Of Hand Hygiene In The Ambulatory Emergency Clinic On Acute Medical Unit (AMU)	100% of staff members performed hand hygiene after patient contact and after body fluid exposure risk	No concerns identified	No actions required
Audit Of Electronic Discharge Letter (EDL) Completion	EDLs were produced in all cases which included details of procedures undertaken. Follow up appointments were documented in	Respect decisions were documented on the Electronic Discharge Letter in only 35% of cases	The surgical handover sheet was updated to include a column for Respect decisions to ensure these are documented and

	95% of cases.		transferred to the Electronic Discharge Letters
Audit Of Diabetic Eye Screening Programme - Non Attenders	The demographic profiling undertaken in the audit demonstrated that overall, non-attendance is more likely to occur in patients of traditional 'working age', between 30 and 60 years of age. In GP practice catchments where non-attendance rates are highest, the older age groups were identified to have higher non-attendance rates than across all GP practices.	The period of time over which the demographic analysis was undertaken included "flu season" and the early stage of the pandemic. Both of these factors were considered to have a greater impact on older age groups, and therefore may have accounted for the higher than average non-attendance rates.	Eye Screening Programme Board were recommended to: explore opportunities for targeted local campaigns for working age patients and males aged 30 – 39 years: to promote benefits of diabetic eye screening; and work with GP practices with highest non-attendance rates to identify and address general age group specific barriers to attendance.
Audit Of Venous Thromboembolism Risk Assessment And Prescribing	100% compliance with requirement to assess risk of venous thromboembolism on admission.	Compliance with reassessing risk at 24 and 72 hours following admission, and documenting of decisions for thromboprophylaxis.	A venous thromboembolism column was added to Orthopaedic Nurse Practitioner handover sheets. Computers used during ward rounds to ensure risk assessments are up to date.
Re-audit Of Protocol For X-ray Examination Requesting By Registered Neonatal Nurse Practitioner	Six of the seven standards achieved 100%.	Details on what the x-ray was seeking to provide was the only standard that did not achieve 100% compliance.	Results disseminated to the Advanced Neonatal Nurse Practitioners via the team meeting to ensure completion of all sections.
Audit Of Antenatal Steroids, Magnesium Sulphate - Compliance To National Health Service England (NHS/E) Saving Babies' Lives Care Bundle Version 2 (SBLCBv2) And Clinical Negligence Scheme For Trusts (CNST) Element 5	For premature babies the rate of magnesium sulphate given was significantly higher than the expected standard and the rate of steroids given also exceeded the expected standard. Key documentation was present in the majority of cases	No key concerns were identified	No key actions were required

	where steroids were considered but not given.		
Audit of DNA (Did Not Attend) Rates In DIET 3	Virtual clinics have reduced the did not attend (DNA) rate and more demographics have shown 100% attendance rate when held virtually	DNA rate in DIET3 was 21% which was higher than usual compared to other clinics at NNUH. Inappropriate booking in of patients in some cases and an under representation of certain demographics.	An action plan formulated which included: a plan to allow half clinics to be booked in virtually instead of just face to face clinics and a review to determine which patients were not eligible for clinic and determine why they were booked into clinic. Results were discussed with the Multi-Disciplinary Team to ascertain why certain age groups (teenagers from 12 years onwards) and areas (East Suffolk and King's Lynn and West Norfolk) were underrepresented in clinic.
Audit Monitoring Of Compliance To Trust Hand Hygiene Standards	96% compliance between April 2020 - January 2021	Occasionally an area had repeated fails	If an area had repeated fails the Infection Prevention and Control (IPC) Team worked with the staff in the area to encourage ownership of the importance of compliance with the Hand Hygiene Policy to prevent the spread of infection. The results were disseminated on the IPC and Nursing Dashboard. Communication of audit results and learning points via Trust Organisation Wide Learning (OWL) and Hospital Infection Control Committee (HICC) meetings was

			undertaken.
Audit And Surveillance Of Compliance To High Impact Interventions – Central Venous Catheters	96% compliance for insertion and 97% compliance for on-going care between April 2020 - January 2021	No key concerns were identified	Training was provided on an ongoing basis and actions were provided for audits scoring below 80% compliance. Results were made available via the Infection Prevention and Control Dashboard and High Impact Intervention Audit result map. Divisional representatives were asked to report to HICC.
Audit Monitoring Of Compliance To High Impact Intervention Care Bundle - Urinary Catheter	98% compliance for insertion and 94% compliance for on-going care between April 2020 - January 2021	No key concerns were identified	Training was provided on an ongoing basis and actions were provided for audits scoring below 80% compliance. Results were made available via the Infection Prevention and Control Dashboard and High Impact Intervention Audit result map. Divisional representatives were asked to report to HICC.
Audit Monitoring Of Compliance To High Impact Intervention Care Bundle - Ventilator Acquired Pneumonia	99% compliance for observation between April 2020 - January 2021	No key concerns were identified	Training was provided on an ongoing basis and actions were provided for audits scoring below 80% compliance. Results were made available via the Infection Prevention and Control Dashboard and High Impact Intervention Audit result map. Divisional representatives were asked to report to HICC.
Audit Monitoring Of Compliance To High	99% compliance for insertion and 94%	No key concerns were identified	Training was provided on an

Impact Intervention Care Bundle – Peripheral Cannula	compliance for on-going care between April 2020 - January 2021		ongoing basis and actions were provided for audits scoring below 80% compliance. Results were made available via the Infection Prevention and Control Dashboard and High Impact Intervention Audit result map. Divisional representatives were asked to report to HICC.
Audit Surveillance Of Central Lines Infection Rate	Audit results remained below the Matching Michigan bench mark of 1.4 per 1000 line days with results showing 0.47 per 1000 line days between April - June 2020	With the increased number of peripherally inserted central-line catheter (PICCS) being placed/utilised, reporting of incidence of infection for these devices should be considered. This was not reported.	Results were disseminated in the Infection Prevention and Control monthly report and at HICC.
Audit Of Methicillin-resistant Staphylococcus Aureus (MRSA) (Hospital Acquired) Infections And Screening For MRSA	9 new cases of HAI (Hospital Acquired Infection) Methicillin-resistant staphylococcus aureus (MRSA). Results highlighted 90.0% compliance for MRSA Elective Screening Rate (April 2020 - January 2021) 96.7% compliance for MRSA Emergency Screening Rate (April 2020 - January 2021)	Compliance rates for screening in some areas did not always reflect the correct requirements.	Hospital acquired infection cases of MRSA were logged on DATIX and completed audit results were monitored at HICC and discussed with Divisional representatives. Meetings with Divisional Governance, Infection Prevention and Control and Information Services were undertaken to ensure the compliance rate reporting criteria was in line with requirements for screening.
Audit Monitoring Of Compliance To High Impact Intervention Care Bundle –	99% compliance for insertion and 94% compliance for on-going care between	No key concerns were identified	Training was provided on an ongoing basis and actions were

Peripheral Cannula	April 2020 - January 2021		provided for audits scoring below 80% compliance. Results were made available via the Infection Prevention and Control Dashboard and High Impact Intervention Audit result map. Divisional representatives were asked to report to HICC.
Audit Of Trust Commodes	1137 commodes were audited - with 140 commode fails. The results demonstrated 89% compliance between April 2020 and January 2021	Occasionally an area had repeated fails	If an area had repeated fails the Infection Prevention and Control (IPC) Team worked with the staff in the area to encourage ownership of the importance of maintaining the cleanliness of commodes to prevent the spread of infection. The results were disseminated on the IPC and Nursing Dashboard. There was communication of audit results and learning points to specific areas. Commode results were sent weekly to Divisional Leads and training provided where necessary.
Pressure Ulcers Audit	Various methods are utilised for the audit including: daily review of Datix Incident Reports, review of ward documentation during Quality Assurance Audits and ward staff reviews of their documentation during matron's rounds. A pressure ulcer report is	Cannot necessarily verify that the ward based audits are being completed There is a large number of HAPU CAT2 RCA's; it is being discussed as to whether the RCA process can be started for all HAPU CAT 2 within the initial DATIX.	DATIX systems have now been updated to correctly report and monitor Medical Device Related Pressure Ulcers (MDRPU) and also Mucosal Pressure Ulcers as this has not previously been categorised and reported correctly.

	circulated to senior Trust staff every Friday which details the hospital acquired pressure ulcers for each week. The Tissue Viability Nurse (TVN) team hold all the hospital pressure ulcer data ranging from HAPU CAT2 through to Unstageable and Suspected Deep Tissue Injury (SDTI) A Root Cause Analysis (RCA) is undertaken by ward staff for any reported Category 2 or above hospital acquired pressure ulcers except SDTI's. If an SDTI deteriorates into an open wound, this is then categorised by a TVN and the RCA will take place. These are then discussed at the weekly Essential Care Scrutiny Panel which is chaired by the Deputy Chief Nurse and attended by the ward staff and their respective Matron. The panel comprises a member of the following teams: - Tissue Viability, Safeguarding, Dietetics and OT/Physiotherapy. The purpose of the ECSP meeting is to discuss pressure ulcers, falls and nutritional incidents of moderate harm or above. Following discussion of each RCA, lessons		

	learned and recommendations are identified and formulated as an action plan. The action plan points are disseminated within the divisions to ensure learning is shared across the organisation.		
Audit Of Duty Of Candour	All areas are now familiar with the Standard Operating Procedure available on Trust Docs and are using the template letters which are available on electronic template. This demonstrated better compliance, less queries regarding processes and better standard of letters to patients.	There is still concern with compliance especially verbal notification. A report has been written recommending changes in how we can improve verbal compliance and also improving the metrics on IPR to help to highlight patterns and key trends earlier.	A report has been written recommending changes in how we can improve verbal compliance and also improving the metrics on IPR to help to highlight patterns and key trends earlier. The report will go to CSESB meeting for sign off and if agreed we will : Add additional metrics to the IPR to help to improve compliance and understanding on a trust wide basis. Agree and implement new methods to focus on improving verbal compliance.
Audit Of Compliance With Consent Policy	A consent form was present in all case notes reviewed which detailed the risks and benefits of procedures and were signed by clinicians and patients.	Consent forms were not being fully completed, and some procedure specific forms had key questions missing.	A single consent policy is being created to be used in the Trust and across James Paget and Queen Elizabeth Hospitals, and the work will incorporate a review of the generic consent form and local process for creation and approval of procedure specific forms.

Audit Of Seven Day Services - 14 Hour To First Consultant Review	Continued improvement towards meeting the standard for first consultant review within 14 hours of admission (87% against a target of 90%)	Timing of review for afternoon admissions, and low compliance in a small number of specialties.	The audit standard has been incorporated into Divisional Quality Improvement Plans, to aid continuous monitoring and actions. Trust-wide re-audits are planned for 2021/2022
Diabetes Department Patient Satisfaction Audit	100% of patients felt that the care by the Diabetes team was Excellent, Very Good or Good.	A majority of patients would like fixed appointments rather than being given 6 weeks' notice to book an appointment. Concern over the appearance of the department with 10%of patients feeling that the overall appearance of the Elsie Bertram Diabetes Centre was average.	The department have started to work towards a mixed model of appointments with plans to renovate the Elsie Bertram Diabetes Centre's appearance.
Audit Of Multiple Sclerosis Nurse Service Advice Line Activity	Comparing data with the last audit showed an increase in dealing with calls within 24 hours.	No concerns were identified.	An action to re-audit on the 2021/22 audit plan to evaluate data as it will incorporate the second lock down and reduced staffing levels to see whether results were affected.
Audit Of Biologics Service Patient Satisfaction	High levels of patient satisfaction reported in respect of services provided in nurse led clinics and the contracted Healthcare at Home service.	No key concerns identified	No key actions identified
Audit Of Nurse Led Clinics In Dermatology - Patient Experience	High levels of patient satisfaction reported in respect of services provided in Dermatology Nurse Led clinics	No key concerns identified	No key actions identified
Audit Of Nurse Led Breast Screening Results Clinic -	Demonstrated that the service provided by the Breast Care	No key concerns were identified.	No actions were required as a result of this audit.

Patient Satisfaction	Nurses is informative, supportive and sensitive to the needs of the patients.		
Audit Of Intermittent Claudication Exercise Class	Transition to Zoom classes has not had a significantly detrimental impact to the patient experience, and feedback from patients was very positive overall.	No key concerns identified	No key actions identified
Audit Of Diabetic Eye Screening Programme - Patient Satisfaction	Overall satisfaction with screening appointment was rated positively by 92% of patients.	No significant concerns	There was no requirement for actions highlighted by the results of the audit.
Audit Of Patient Satisfaction In Audiology – Bone Conduction Hearing Systems (BCHS) Service	Responses to the survey were very positive. Patients were happy with the service and with the staff.	The number of responses was smaller than usual. This may have been due to Covid -19 situation.	No actions were identified as a result of this audit.
Audit Of Patient Satisfaction In Audiology - Hearing Therapy	71% of the participants were very satisfied and 23% were satisfied with their appointment. 76% extremely likely to recommend the Tinnitus service to family and friends.	One participant reported problems with time lag on the sound of the video call.	Hearing Therapy staff informed that if there is sound lag on video to use the phone for sound and keep video on as well.
Audit Of New Paediatric Hearing Aid Fittings For Behind-The-Ear Hearing Aids	The audit found current situation did not affect the quality of hearing aid fittings for children; equipment faults reduced significantly since the last audit period and the number of children being fitted with their hearing aids within the target of 4 weeks had increased.	No key concerns were highlighted.	No actions were required as a result of this audit.
Audit Of Chaplaincy Services - Service User Feedback	People who use chaplaincy services are positive about provision. Only 2% felt their faith was not	A low response from faith groups other than Christians. A high amount of respondents had	An action plan was formulated to review how to promote newer Chaplaincy services; to

	represented by the service and a high amount (60%) were aware of chaplaincy 1 to 1 support	never made a referral for a patient and there was lower awareness of newer chaplaincy services	investigate if there were more effective methods available and to further develop relationships with faith groups in the trust, which included identifying potential representatives
Audit Of Paediatric Learning Disabilities Resources	100% compliance across 8 out of 9 performance indicators	Compliance with rapid risk assessment performance indicator was below expected compliance	An action plan was formulated which included liaising with the Emergency Department to clarify when the online risk assessment was going live and to re-launch the risk assessment within inpatient settings.
Audit Of Paediatric Reasonable Adjustments And Use Of Autism Spectrum Condition Resources	Good evidence and reference to reasonable adjustments being implemented as part of care delivery; family/wider circle to patients with autism being regularly consulted/involved in care delivery and planning; clinical teams were aware of patient diagnosis. The audit demonstrated that there was no clear evidence of diagnostic overshadowing in the cases reviewed in the audit.	Compliance with the rapid risk assessment was below expected compliance	An action plan was formulated which included liaising with the Emergency Department to clarify when the online risk assessment was going live and to re-launch the risk assessment within inpatient settings.

Participation in research and development

The number of patients receiving relevant health services provided or sub-contracted by the Norfolk and Norwich University Hospitals NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 7753 (until the end of March 2021).

Commissioning for Quality and Innovation (CQUIN)

Taken from the NHS England Website

The operation of CQUIN (both CCG and specialised) will remain suspended for all providers until 31 March 2021; providers do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. For Trusts, an allowance for CQUIN will continue to be built into nationally-set block payments; for non-NHS providers, commissioners should continue to make CQUIN payments at the full applicable rate.

England, N., 2021. *NHS England » 2020/21 CQUIN*. England.nhs.uk. Available at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-20-21/.

Care Quality Commission (CQC) reviews

Norfolk and Norwich University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional.

The Care Quality Commission has taken enforcement action against Norfolk & Norwich University Hospitals NHS Foundation Trust during 2020/21.

On 8th December 2020, the CQC carried out an unannounced inspection of Urgent and Emergency Care services. The CQC issued a Section 29A warning notice and published the full report on 16th February 2021.

The priority of the inspection was to identify if the services was safe and well-led.

Table 1: CQC Ratings of Urgent & Emergency Care, reported February 2021

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Care	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**	**Requires Improvement**

The CQC rating of the Urgent and Emergency Care services remained the same as the rating reported in April 2020, being 'requires improvement' overall with effective and caring domains being rated as 'good'.

The CQC inspection report highlighted a number of notable practise such as the staff felt respected, supported, and valued whilst being focused on the needs of patients receiving care. Leaders were operating governance processes and staff are familiar with their roles and responsibilities.

The report also made 4 'Must do' and 5 'Should do' recommendations for the services inspected. These 9 recommendations are summarised in Table 2.

The Trust has developed the CQC Quality Improvement Action Plan (QIP) in line with the 28-day timeline advised by the CQC. The action plan provides an overview of the Trust's response to the 9 'Must do' and 'Should do' recommendations and

forms an immediate programme of improvement work. 2 of the 'Should do' recommendations have been combined in the QIP.

The full CQC report can be viewed at: http://www.cqc.org.uk/provider/RM1

Table 2: CQC 'Must do' and 'Should do' Recommendations for Core Services

Area	Level	Recommendation
CORE SERVICES		
Urgent and Emergency Care	**Must Do**	The Trust must ensure Emergency Department staff embeds an effective form of triage prioritisation to better respond to patients at greater risk of deterioration.
		The Trust must ensure they continue to do all that is reasonably practical to mitigate the risks of failing to meet key national and trust performance targets such as the four-hour standard, triage within an hour of patient's arrival and monthly decision to admit (DTA) patient numbers.
		The Trust must ensure Emergency Department nursing staff pressures do not cause delays in triage and the allocated safety nurse can fulfil their role properly.
		The Trust must also ensure fewer of their junior medical staff are locums, and medical staff shortages do not limit their ability to set up SDEC pathways.
	Should Do	The Trust should ensure all Emergency Department staff adhere to the latest PPE guidance for Covid-19 and hand hygiene policy when treating patients.
		The Trust should ensure Emergency Department staff in all area's complete daily checklists on all emergency equipment and medicine boxes.
		The Trust should ensure all Emergency Department areas offer patients a suitable environment with clear signposting to help them socially distance.
		The Trust should ensure that patients waiting areas are organised in a manner to prevent cross contamination or risk in line with social distancing.
		The Trust should ensure that there are sufficient numbers of consultants within the Children's Emergency Department (ChEd) in line with guidance.

CQC Ratings Grid April 2020

Ratings for Norfolk and Norwich Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020
Medical care (including older people's care)	Requires improvement Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Surgery	Requires improvement →← Apr 2020	Good →← Apr 2020	Good →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020
Critical care	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Maternity	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Services for children and young people	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
End of life care	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑↑ Apr 2020	Outstanding ↑↑ Apr 2020
Outpatients	Requires improvement →← Apr 2020	N/A	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Diagnostic imaging	Requires improvement Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Overall*	Requires improvement →← Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020

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

Data Quality

The Norfolk and Norwich University Hospitals NHS Foundation Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

(Data shown as at: December 2020)

The % of records in the published data which included:	the patient's valid NHS number was:		the patient's valid General Medical Practice Code was:	
	NNUH	Nat Avg.	NNUH	Nat Avg.
Admitted patient care	99.9%	99.5%	100%	99.8%
Outpatient care	100%	99.7%	100%	99.7%
Accident & emergency care	99.5%	97.9%	100%	98.8%

Information Governance Data Security & Protection Toolkit Attainment Levels

The Norfolk and Norwich University Hospitals NHS Foundation Trust Information Governance Assessment Report for the Data Security and Protection Toolkit (DSPT) status 2020/21 was 'Standards Not Fully Met (Plan Agreed)'.

An improvement plan is in place for each assertion that the Trust did not satisfy in the 2020/21 submission. The table below gives an update on these assertions as required as part of the DSPT baseline assessment submission for 2021/22.

Assertions	Assertion Description	Status as at October 2020	Status as at February 2021
3.2.1	Has at least 95% of all staff, completed their annual Data Security awareness training in the period 1 April to 31 March?	Non-Satisfactory	Work in progress
7.2.1	Explain how your data security incident response and management plan has been tested to ensure all parties understand their roles and responsibilities as part of the plan.	Non-Satisfactory	Outstanding due to second wave of Covid-19 demands but will be completed before next submission.
7.2.2	Which scenarios were tested during the business continuity exercise, why, and when?	Non-Satisfactory	Same as 7.2.1
7.2.3	Scanned copy of data security business continuity exercise registration sheet with attendee signatures and roles held.	Non-Satisfactory	Same as 7.2.1
7.2.4	From the business continuity exercise, which issues and actions were documented, with names of actioners listed against each item.	Non-Satisfactory	Same as 7.2.1
8.1.2	Does the organisation track and record all end user devices and removable media assets?	Non-Satisfactory	Satisfactory
9.1.1	The Head of IT or equivalent role confirms all networking components have had their default passwords changed to a high strength password.	Non-Satisfactory	Satisfactory
9.2.3	Where critical and high-risk vulnerabilities have been detected, and have not been resolved within 14 days, the risk is understood, documented, and has been agreed by the SIRO.	Non-Satisfactory	Satisfactory
9.3.1	All web applications are protected and not susceptible to	Non-	Satisfactory

	common security vulnerabilities, such as described in the top ten Open Web Application Security Project (OWASP) vulnerabilities.	Satisfactory	
9.3.3	The organisation uses the UK Public Sector DNS Service to resolve internet DNS queries.	Non-Satisfactory	Satisfactory
9.3.4	The organisation ensures that changes to your authoritative DNS entries can only be made by strongly authenticated and authorised administrators.	Non-Satisfactory	Work in progress
9.4.4	Security deficiencies uncovered by assurance activities are assessed, prioritised and remedied when necessary in a timely and effective way.	Non-Satisfactory	Satisfactory
9.6.1	All devices in your organisation have technical controls which manage the installation of software on the device.	Non-Satisfactory	Satisfactory
9.6.4	Only approved software can be installed and run and unnecessary software's be removed.	Non-Satisfactory	Satisfactory
9.7.4	All inbound firewall rules are approved have business justification, documentation and approved by an authorised individual.	Non-Satisfactory	Satisfactory

For each outstanding requirement, The Trust has identified controls which will be actioned prior to the 2021/22 DSPT submission.

Clinical Coding error rate

The Norfolk and Norwich University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

Improving Data Quality

The Norfolk and Norwich University Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

- Complete 2020/21 audit programmes for both Referral to Treatment (RTT) and Key Systems which will highlight any areas of improvement for data quality for the Trust.
- Enhance the Referral to Treatment and Data Quality web pages, providing guidance documents and Standard Operating Procedure to further support staff with policy, process and progressing patient pathways.
- Review policies and update to provide further clarity and understanding.
- Hold monthly Data Quality Referral to Treatment Operational Meetings (RTTOMG) to discuss RTT performance by Specialty, discussing RTT issues / concerns and share best practice. Minutes are produced and can be used as a reference tool.
- In 2020 a Process Assurance Governance Group (PAG) was introduced. PAG was formed to provide assurance in relation to the development, application and monitoring of standards of data quality and the assurance of operational processes for data capture in relation to the Trust's policies and procedures under the Trust's access policy and data quality policy. It is a forum for managers across the Trust and those responsible for information and data quality to review standards, policies and procedures to ensure compliance with internal and external measurements. It is also a forum to discuss and

proactively progress any process issues and to find resolution in areas of concern. Following a period of rapid infrastructure changes to the hospital during Covid-19 initial response, it was agreed to form this group to support the organisation through these changes. For 2021/22 PAG will continue to support the Trust through the Covid-19 pandemic.

- To provide RTT training and coaching to Operational Managers, Admin Managers and RTT Validators to support as part of their induction programme.
- Produce a Data Quality News Letter to enhance communication and steer colleagues along the correct path.
- To use benchmarking tool such as the Secondary Uses Service (SUS) dashboard and Data Quality Maturity Index (DQMI) Dashboards to ensure the Trust are meeting national averages and proactively work with stakeholders to ensure resolution in areas of weakness if identified.
- Produce weekly and monthly reports to identify underperformance with key performance indicators and ensure records are corrected/updated in a timely manner.

Learning from Deaths

During the financial year 2020/2021 2,694 of the Norfolk & Norwich University Hospital NHS Foundation Trust in-patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

554 in the first quarter, of which 7 were patients with Learning Difficulties, 6 had a Severe Mental Illness, 3 were Still Births and 5 were Neonatal Deaths.

544 in the second quarter, 5 were patients with Learning Difficulties, 9 had a Severe Mental Illness, 4 were Still Births and 2 were Neonatal Deaths.

692 in the third quarter, 6 were patients with Learning Difficulties, 8 had a Severe Mental Illness, 4 were Still Births and 3 were Neonatal Deaths.

904 in the fourth quarter, 5 were patients with Learning Difficulties, 10 had a Severe Mental Illness, 1 was a Still Birth and 8 were Neonatal Deaths.

Table 3: Summary of In-Hospital deaths and deaths within 30 days of discharge for the financial year 2020/2021

Financial Year 2020/2021	Total Discharges	Deaths within 30 days of Discharge	In-hospital deaths	Total Deaths	In-hospital Deaths with Learning Difficulties (1)	In-hospital Deaths with Severe Mental Illness (2)	In-hospital Still births (3)	In-hospital Neonatal Deaths (4)
Q1	16,076	333	554	887	7	6	3	5
Q2	18,948	309	544	853	5	9	4	2
Q3	19,176	336	692	1028	6	8	4	3
Q4	17,706	321	904	1227	5	10	1	8
Total	71,906	1299	2,694	3995	23	33	12	18

As notified to LeDeR mortality review process.

The diagnostic codes for SMI included for 2020/2021 are:

F20 to F29 inclusive (schizophrenia, schizotypal and delusional disorders)
F30.2 Mania with psychotic symptoms
F31.2 Bipolar, current episode with psychotic symptoms
F31.5 Bipolar, current episode severe depression with psychotic symptoms
F32.3 Severe depressive episode with psychotic symptoms)
F33.3 Recurrent depressive disorder, current episode severe with psychotic symptoms)
F50.0 Anorexia nervosa
F50.1 Atypical anorexia nervosa
F50.2 Bulimia nervosa
F50.3 Atypical bulimia nervosa
F50.4 Overeating associated with other psychological disturbances
F50.5 Vomiting associated with other psychological disturbances
F50.8 Other eating disorders
F50.9 Eating disorder, unspecified
X60 to X84 inclusive (intentional self-harm)

Stillbirths delivered from 24 weeks notified to MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK)
Neonatal deaths from 22 weeks notified to MBRRACE-UK

Medical Examiner Reviews

Following the introduction of the Medical Examiner Service back in April 2019, our aim was to expand the Medical Examiner office throughout 2020/2021 to enable the scrutiny of all in-patient deaths. By quarter four the service has achieved 97% scrutiny of all in-patient deaths, including paediatric/NICU deaths. As we enter 2021/2022 the Medical Examiner office will continue to work on expanding their service to cover the scrutiny of community deaths.

Table 4: Medical Examiner reviews and escalations

Financial Year 2020/21	Total Number of Deaths Reviewed by the Medical Examiner Service	Total Number of Deaths Escalated to SJR by the Medical Examiner Service	Total Number of Deaths Escalated to Local Mortality Meetings by the Medical Examiner Service
Q1	367	13	7
Q2	565	23	5
Q3	726	40	16
Q4	951	31	8
Total	2,609	44	36

Specialty Level Mortality Reviews

Whilst Specialty Level Mortality Reviews have still taken place during the pandemic by Quarter 4 only 130 deaths have been reviewed in relation to the number of in patient deaths reported during the 2020/2021 financial year. Of those, 45 deaths were escalated to the Structured Judgement Review process.

Table 5: Number of specialty level reviews completed and escalations to SJR

Financial Year 2020/21	Total Number of Specialty Level Mortality Review's Completed	Total Number of Deaths Escalated to SJR following Specialty Level Mortality Reviews
Q1	307	26
Q2	272	13
Q3	201	4
Q4	130	2
Total	910	45

Child Death Overview Panel Reviews (CDOP)

By the end of quarter 4, 5 deaths were reviewed at the Child Death Overview Panel Review Group in relation to the 9 child deaths reported during 2020/2021.

Case Record Reviews: Structured Judgement Review (SJR) Method

Following the implementation of the SJR process across the Trust in May 2019, trained SJR reviewers independently undertake case note reviews outside of their own specialty and make explicit judgements around the quality and safety relating to the patients last admission.

Criteria for SJR are aligned to those set out in the National Quality Board 2017 Learning from Deaths guidance and are as follows:

- Learning Disabilities
- Severe Mental Illness
- Homeless
- Significant concerns raised by family/carers about quality of care
- Significant concerns raised by staff about quality of care
- Death within 30 days of discharge (where concern is raised)
- All expected Child deaths
- Elective Procedures
- Alarm raised: audits, SHMI/HSMR/SMR alerts, concerns raised by CQC/other external regulator
- Coroners Regulations 28
- Aligned to Trust QI priorities
- Additional random selection

Weekly SJR scrutiny panel are being conducted where SJRs flagging poor or very poor overall care are then reviewed with relevant expert input, allowing key learning and areas of focus for improvement work to be identified and the appropriate governance response agreed. A monthly slot is reserved for all SJRs conducted (including those where overall care was judged adequate, good or excellent) in children and patients with complex care needs (LD, severe mental illness and homeless patients). This approach allows relevant specialist support teams e.g. LD liaison to input into the review and inform the governance response. It also enables

sight of a proportion of all SJRs scoring overall care as adequate, good or excellent across the hospital. Advantages include the positive impact on culture of recognising notable practice and being able to thank teams as well as the targeting of Safety II approaches (i.e. learning from care that goes well not just care that does not as promoted in the National Patient Safety Strategy July 2019) to cohort of patients where care is often hardest to get right and where we are most likely to identify opportunities for learning and improvement which may ultimately help all patients.

Table 6: Case record reviews completed in relation to deaths which occurred during the 2020/2021 reporting period, including a breakdown by vulnerable group.

Financial Year 2020/21	Total Number of SJR's completed relating to in-patient deaths during the reporting period	Number of SJR's completed for patients with Learning Disabilities	Number of SJR's completed for patients with Severe Mental Illness	Number of SJR's completed for patients who were Homeless
Q1	77	7	6	1
Q2	17	2	1	0
Q3	9	1	2	0
Q4	1	0	1	0
Total	104	10	10	1

Table 7: Case Record Review - Perinatal Mortality Review Tool (PMRT)

Financial Year 2020/21	Total Number of PMRTs completed relating to Neonatal/Post Neonatal deaths during the reporting period	Total Number of PMRTs completed relating to still Births during the reporting period
Q1	5	3
Q2	1	6
Q3	0	2
Q4	0	0
Total	6	11

Investigations: Serious Incidents

Serious Incident deaths are investigated using Root Cause Analysis (RCA) methodology as required by the National Serious Incident Framework, rather than by Structured Judgement Review.

Table 8: Serious Incidents reported and investigations completed in relation to the deaths which occurred during the 2020/2021 reporting period:

Financial Year 2020/21	Total Number of Serious Incidents reported in relation to the deaths which occurred during the report period	Total Number of SI Investigations completed
Q1	5	4
Q2	4	4
Q3	7	5
Q4	6	0
Total	22	13

Total number of case record reviews and investigations in 2020/2021

By the end of Quarter 4, 97% of all in patient deaths have been scrutinised by the medical examiners service with 121 case record reviews and 13 investigations having been carried out in relation to the 2694 in-patient deaths reported during the 2020/2021 financial year.

In 2 cases a death was subject to both a case record review and investigation. These cases were escalated for a serious incident investigation following an SJR scrutiny panel.

The number of deaths in each quarter for which a case record review or investigation was carried out was: 89 in the first quarter; 28 in the second quarter; 16 in the third quarter; 1 in the fourth quarter.

Of the 134 deaths reviewed, 27 representing 1% of patient deaths during 2020/2021 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:
Quarter 1: 13 representing 0.4% of patient deaths during 2020/2021
Quarter 2: 6 representing 0.2% of patient deaths during 2020/2021
Quarter 3: 8 representing 0.3% of patient deaths during 2020/2021
Quarter 4: 0 representing 0% of patient deaths during 2020/2021

This number has been estimated using the following:

1. Case record reviews:

Table 9: SJR Case record reviews completed in relation to deaths which occurred during the 2020/2021 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2020/21	Total Number of SJR's completed relating to deaths during the reporting period	Number of deaths judged at SJR to be more likely than not due to problems in care based on NCEPOD grading	% of Total Number
Q1	77	8	1.44%
Q2	17	2	0.37%
Q3	9	2	0.29%
Q4	1	0	0%
Total	104	12	0.45%

These numbers have been estimated using the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) grading which it has been mapped to Royal College of Physicians (RCP) 'Avoidability' scores.

Table 10: PMRT Case record reviews completed in relation to Neonatal/Post Neonatal deaths which occurred during the 2020/2021 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2020/21	Total Number of PMRT's completed relating to Neonatal/Post Neonatal deaths during the reporting period	Number of deaths judged to be more likely than not due to problems in care	% of Total Number
Q1	5	0	0
Q2	1	0	0
Q3	0	0	0
Q4	0	0	0
Total	6	0	0

Table 11: PMRT Case record reviews completed in relation to Still Births which occurred during the 2020/2021 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2020/21	Total Number of PMRT's completed relating to Still Births during the reporting period	Number of deaths judged to be more likely than not due to problems in care	% of Total Number
Q1	3	1	33%
Q2	6	0	0
Q3	2	1	50%
Q4	0	0	0
Total	11	2	18%

2. Serious Incident Investigations:

Table 12: Investigations completed in relation to patients who have died during the 2020/2021 reporting period where the death was judged to be more likely than not due to problems in care

Financial Year 2020/21	Total Number of investigations completed	Number of deaths judged to be more likely than not due to problems in care following investigation	% of Total Number
Q1	4	4	100%
Q2	4	4	100%
Q3	5	5	100%
Q4	0	0	0
Total	13	13	100%

Thematic analysis of the 13 deaths was conducted using the Human Factors Analysis and Classification System (HFACS). This is a coding framework adapted for the NHS Acute Care setting by Shale, S and Woodier, N, (2017) and enables contributory factors identified from investigations to be themed to highlight areas for improvement.

Learning from Case Record Reviews and Investigations
Below are areas where improvement work is required.

Methods and tools to share the learning include; Grand Rounds, SJR panel meetings, Local Mortality and Morbidity meetings, Governance Meetings and Trust wide OWLS (Organisation Wide Learning).

Table 13: Learning from Case Record Reviews

	Themes identified through case record review	Comments
1	Impact of Covid	Following on from changes made within the Trust to accommodate the Covid pandemic, there will be continued impact to services ongoing.
2	Lack of continuity of Community Midwife	This impacts on the named midwife having an overview of each woman on their caseload and ensuring the antenatal schedule of care is maintained. This can also impact on the overall experience of the pregnancy journey. It is anticipated that by the end of May 2021 the midwifery vacancy across the service will be 15%. The potential consequences have been highlighted and include that care may be below the standard expected. This issue has been placed on the Risk Register.
3	Diagnosis - problems relating to timely and accurate diagnosis	Many SJR's highlighted concerns that there were delays in performing an indicated test.
4	Monitoring - ability to recognise and respond to changing clinical status	Through SJRs it has been identified that Vital signs/EWS/GCS monitoring is a top concern relating to the timely recognition and response to the deteriorating patient
5	Communication	SJRs noted that there were particular issues with communication between teams

The main themes identified through the Serious Incident investigations are listed below. This learning will be used to inform focused future quality improvement work to minimise recurrence.

Table 14: Learning from investigations

	Themes identified through investigations	Comments
1	Risks not identified	This relates to risks/benefits associated with a task, procedure, decision or plan not being identified. The most common error in this category is risk assessments that have not been carried out or that are incomplete.
2	Risks not acted on	This relates to risks associated with a task, procedure, decision or plan that is not acted on. The risk has been identified but there was an

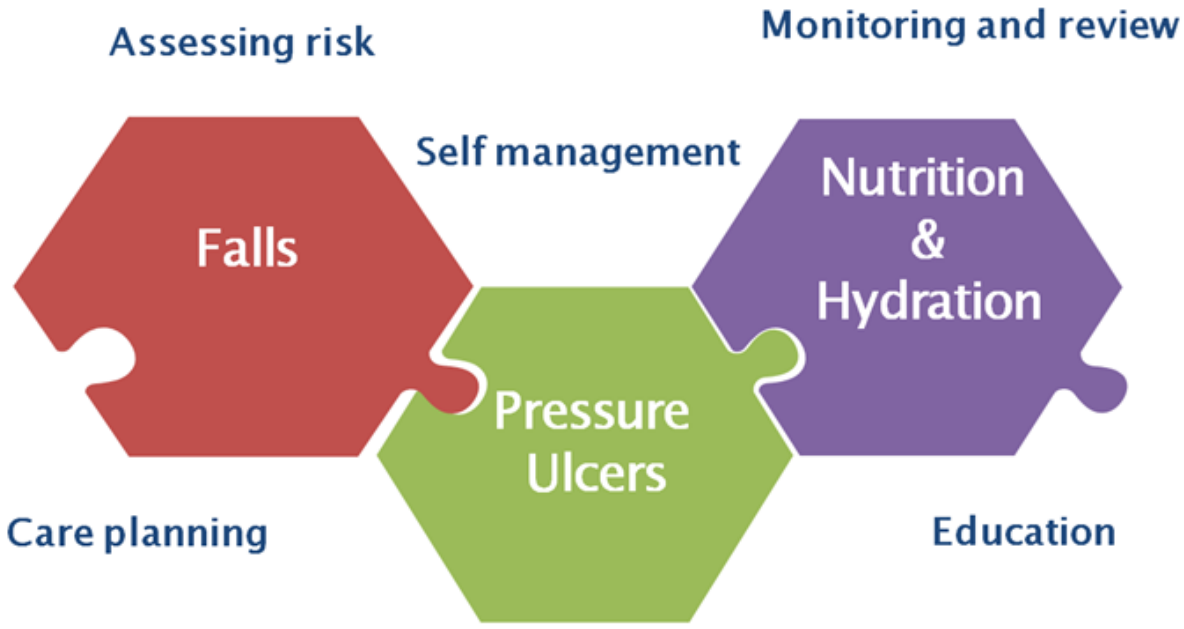
		error at the point of decision making around the actions to take to minimise the risk.
3	Frailty or multiple comorbidities	This relates to patient associated pre-existing health conditions and underlying functional state which can affect treatment.
4	Information transfer ineffective within in between teams.	This relates to information which is omitted or misinterpreted when a patients' care is transferred to the next shift, department or team etc. which can affect the quality of care received.

Actions

Essential Care Improvement Programme

The Essential Care Improvement Programme aims to reduce the number of reported incidents and drive demonstrable improvement in the prevention of patient harm. Although incidents may be sensitive to the number of available nursing staff, this programme requires a multidisciplinary approach.

The programme will focus on commonly occurring themes across all three domains as shown.



Nutrition and Hydration Improvement programme will initially to reduce the variation and improve nutrition and hydration for patients. These issues were highlighted in a recent Coroners Action plan as well as recurring themes in Serious Incidents and SJR reviews. The LEDER review of deaths highlighted issues with dysphagia pathways and aspiration pneumonia.

- Screening and Risk assessments
- Documentation and MUST scores
- Education
- Learning Disability dysphagia pathway

The Essential Care Improvement Programme is being tracked on the QI Life platform with regular updates at the Quality Programme Board and Clinical Safety & Effectiveness Sub-Board.

Transfer of Care

There is continued reporting of incidents, including SIs, Complaints and PALS concerns related to transfers of care e.g.; from ward to discharge suite, between departments e.g. ED / AMU to base ward, from hospital to care/nursing home, maternity transfers between providers, shared care for paediatrics, mental health shared care, discharge etc. Therefore, a quality priority on involving patient centered transfer of care has been identified for 2021/22. Please refer to page 22.

This quality priority will be monitored through Evidence Group and Quality Programme Board.

Vacancy of Midwives Across the Service

It is anticipated that by the end of May 2021 the midwifery vacancy across the service will be 15%. The potential consequences have been highlighted to Hospital Management Board and include that care may be below the standard expected.

This has been added to the Risk Register (ID 1506) with a number of actions to reduce the impact. Some of these actions include:

- Engaging with Community Teams and run listening events / provide immediate supportive measures to Team Leaders and teams
- Develop improvement recruitment trajectory, inclusive of Continuity of Carer roll out
- Engage with Maternity Union Representatives to ensure feedback and ideas combined in supportive measures
- Review specialist midwife rotas to identify possible clinical input as well as reviewing all rotas to identify gaps.
- Brining forward recruitment of student midwives
- Review recruitment and retention programme
- Commission supportive external review of Community Midwifery Service

The progress of actions is monitored at the Divisional Governance Meeting, Risk Oversight Committee, Hospital Management Board, Quality & Safety Committee and Audit Committee.

Systems to assist with timely and accurate diagnosis, monitoring and communication themes

- Work is being undertaken to improve communication between teams by means of the ‘Alertive’ system which is an integrated communication and workflow system which supports critical alerting (including markedly abnormal or unexpected diagnostic test results), clinical messaging within and between teams, clinical tasks and priorities and event monitoring.

- E-observations is being rolled out across the Trust and a 24/7 rapid response team is due to start shortly. This will improve the recognition and response to the deteriorating patient and improve patient outcomes
- It is anticipated that the introduction of 'Alertive' and the e-observations roll out will help mitigate risks associated with problems relating to timely and accurate diagnosis including delay in performing an indicating test as these problems often related to the care of the deteriorating patient

Update on Case Record Reviews and Investigations for 2019/2020

101 case record reviews and 14 investigations were completed after 1st April 2020 which related to in-patient deaths which took place before the start of the reporting period.

Of the 115 deaths reviewed, 27 representing 1.1% of in-patient deaths before the reporting period (2,410) are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) grading which has been mapped to Royal College of Physicians (RCP) 'Avoidability' scores (case record reviews), thematic analysis of the deaths investigations conducted using the Human Factors Analysis and Classification System (HFACS); a coding framework adapted for the NHS Acute Care setting by Shale, S and Woodier, N, (2017) and enables contributory factors identified from investigations to be themed to highlight areas for improvement, and Perinatal Mortality Review Tool.

54 representing 2.2% of the in-patient deaths (2,410) during 2019/2020 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Part 2.3 - Reporting against core indicators

Please note that the guidance 'Detailed requirements for quality reports 2019/20' published by NHS Improvement instructs that 'since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital' (p17).

SHMI value and banding						
Indicator	NNUH Nov 19 – Oct 20 Published by NHS Digital	National Average	Best performer	Worst performer	NNUH 19/20	NNUH 18/19
SHMI value and banding	1.1688 Band 1	1.0012	0.6782	1.1775	1.1338 Band 2	1.0748 Band 2

Location: https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-03/shmi-data > SHMI data at trust level

Latest version available covers November 2019 – October 2020, published 11 March 2021.

The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The data sets are nationally mandated and internal data validation processes are in place prior to submission.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has a comprehensive SHMI action plan in place as well as introducing 4 consultant PA's to improve clinical data quality to improve SHMI. It is recognised that the Trust has a higher palliative case load than average both regionally and nationally and this is a major driver of the high SHMI

% of patient deaths with palliative care						
Indicator	NNUH Nov 19- Oct 20 Published by NHS Digital	National Average	Best performer – Lowest %	Worst performer – highest %	NNUH Oct 18 – Sept 19	NNUH Oct 17 – Sept 18
% of patient deaths with palliative care coded at either diagnosis or specialty level for the reporting period	52%	36%	8%	59%	49%	43.1%

Location: https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-03/shmi-data > March-21 publication > interactive data visualisation > page 7 (contextual indicators: Palliative Care)

Latest version available covers November 2019 – October 2020, published 11 March 2021.

PROMS						
Indicator	2019/20				NNUH 18/19	NNUH 17/18
	NNUHFT	National Average	Best performer	Worst performer		
Patient reported outcome scores for groin hernia surgery	No data available	No data available	No data available	No data available	N/A	0.069 (Apr-Sep 2017)
Patient reported outcome scores for varicose vein surgery	No data available	No data available	No data available	No data available	N/A	No data (Apr-Sep 2017)
Patient reported outcome scores for hip replacement surgery	0.452 2019/20	0.453 2019/20	No data available	No data available	0.457 2018/19	0.456 2017/18
Patient reported outcome scores for knee replacement surgery	0.309 2019/20	0.334 2019/20	No data available	No data available	0.319 2018/19	0.342 2017/18

Location: https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/hip-and-knee-replacement-procedures-april-2019-to-march-2020

Patient Reported Outcome Measures (PROMs) in England: Hip & knee replacements
https://app.powerbi.com/view?r=eyJrIjoiYWI4NjQ5NzMtZGQ3ZC00ZThkLTgyOGMtNzRiZGYwYWVjZjU2IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

Current version uploaded: April 2019 – March 2020, Published 11 Feb 2021
Adjusted average health gain 'EQ-5D Index' scores

The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that the outcome scores are as described for the following reasons: The number of patients eligible to participate in PROMs survey is monitored each month. Results are monitored and reviewed within the orthopaedic directorate prior to an action plan being agreed.

The Norfolk and Norwich University Hospitals NHS Foundation Trust intends to take the following actions to improve these outcome scores, and so the quality of its services: Our primary goal over the forthcoming months is to focus on improving the patient experience for patients that undergo primary knee replacement surgery and hip replacement surgery. A review of the process and action planning has taken place to ensure that quality improvements are made in line with patient feedback.

28 day readmission rates						
Indicator	2020/21 (NNUH reported based on the NHS Outcomes Framework Specification)				NNUH 19/20	NNUH 18/19
	NNUHFT (Apr 20 – Mar 21)	National Average	Best performer	Worst performer		
28 day readmission rates for patients aged 0-15	Average rate 15%	No data published	No data published	No data published	No data	12.74 April 18 – Jan 19
28 day readmission rates for patients aged 16 or over	Average rate 8%	No data published	No data published	No data published		

There is no data published since 2012/13. Data above has been based upon clinical coding within Norfolk & Norwich University Hospitals NHS Foundation Trust.

Trust responsiveness						
Indicator	2019/20 NHS Digital				NNUH 18/19	NNUH 17/18
	NNUHFT	National Average	Best performer	Worst performer		
Trust's responsiveness to the personal needs of its patients during the reporting period.	67.1	67.1	84.2	59.5	68.1	68.8

Note: Data is always a year behind due to the publishing of data after the quality report deadline dates.

Location: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/august-2020/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4-2-responsiveness-to-inpatients-personal-needs

Current version uploaded: Aug 2020 // Next version due: Aug 2021

The Norfolk and Norwich University Hospitals NHS Foundation Trust has taken the following actions to improve this data, and so the quality of its services: By reviewing the national survey data to inform its divisional and trust wide planning, and during the year launched a new Patient Engagement & Experience Strategy which focussed on amplifying the patient voice through involvement activities, and an active Patient Panel as well as an emphasis on improving local resolution of concerns through continued closer collaboration of Patient and Liaison Service (PALS) with patient facing teams, including the introduction of frontline concern handling training. The Patient Engagement & Experience Group (PEEG) oversees divisional reporting against actions arising from all forms of feedback, including the Friends and Family Test (FFT), complaints and PALS and engagement with community groups including Healthwatch Norfolk. This year there has been an increase in social media presence and virtual engagement activity in response to the pandemic.

% Staff employed who would recommend the trust						
Indicator	2020 NHS Staff Survey Results				NNUH 2018/19	NNUH 2017/18
	NNUHFT	National Average	Best performer	Worst performer		
Percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	72.2%	74.3%	91.7%	49.7%	62%	61.9%

Reporting and analysis of the NHS Staff Survey has been changed this year, with the 32 key findings now presented as 10 high level themes, benchmarked against other hospital trusts. The percentage added for this year is taken from question 18d 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'

The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this score is as described for the following reasons: The data have been sourced from the Health & Social Care Information Centre and compared to published survey results.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services: We now send out the survey to 100% of staff, which gives us a broader range of responses and a clearer picture of where we can target our improvement.

% of patients assessed for Venous Thromboembolism (VTE)						
Indicator	2020/21 (Trust data)				NNUH 19/20	NNUH 18/19
	NNUHFT	National Average	Best performer	Worst performer		
Percentage of patients who were admitted to the hospital and who were risk assessed for VTE during the reporting period	No data available	No data available	No data available	No data available	99.27% Dec 2019 Q3= 99.13%	98.76% March 2019
VTE data collection has been paused for 2020/21 due to the Covid-19 pandemic. No official publication of data is available.						

C difficile						
Indicator	2019/2020 NHS Digital				NNUH 18/19	NNUH 17/18
	NNUHFT	National Average	Best performer	Worst performer		
Rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period	8.6	13.2	0	51	9.8	11.10

Note: Data is always a year behind due to the publishing of data after the quality report deadline dates.

Latest data available for 2020/21

Location: https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data#history (drop down selection of rate and hospital onset)

Current version uploaded: December 2020 // Next version due: July 2021

The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this rate is as described for the following reasons: The data have been sourced from the Health & Social Care Information Centre, compared to internal Trust data and data hosted by Public Health England.

The Norfolk and Norwich University Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services: Measures are in place to isolate and cohort-nurse patients with suspected and confirmed C.Diff, in order to contain the spread of infection, and our Infection Control team works in a targeted way to quickly contain any emergent outbreaks. Rapid response deep cleaning processes are in place to contain any suspected infections, and these are complemented by an established and effective programme of preventative deep cleaning, aimed at avoiding an outbreak entirely if at all possible.

Patient Safety Incidents						
Indicator	2019/20 NHS Digital (Q1/2 = Apr 2019 – Sept 2019, Q3/4 = Oct 2019– Mar 2020)				NNUH 18/19	NNUH 17/18
	NNUHFT	National Average (Rate)	Best performer (Rate)	Worst performer (Rate)		
Number and rate of patient safety incidents per 1,000 bed days	Q1/2 Rate 49.7 (n8069) Q3/4 Rate 52.5 (n8585)	Q1/2 Rate 49.8 (n6276) Q3/4 Rate 50/7 (n6502)	Q1/2 26.3 Q3/4 15.7	Q1/2 103.8 Q3/4 110.2	Q1/2 Rate 22.1 (n3541) Q3/4 Rate 46.1 (n7237)	Q1/2 Rate 42.6 (n6623) Q3/4 Rate 34.5 (n5564)
Number and percentage of patient safety incidents per 1,000 bed days resulting in severe harm or death	Q1/2 Rate 0.2 (n39) Q3/4 Rate 0.3 (n41)	Q1/2 Rate 0.16 (n19) Q3/4 Rate 0.16 (n20)	Q1/2 0 Q3/4 0	Q1/2 0.67 Q3/4 0.5	Q1/2 Rate 0.13 (n21) Q3/4 Rate 0.24 (n37)	Q1/2 Rate 0.06 (n9) Q3/4 Rate 0.06 (n10

Location: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5.6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5.4

Current version uploaded: 18 February 2021
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework

The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this number and rate are as described for the following reasons: All internal data were thoroughly re-checked and validated, in collaboration with our external auditors. This review has given us the necessary assurance that the revised data reflect our true position. Through the improvements we have made to our incident reporting protocols, and our continuous focus on promoting psychological safety and just culture, staff feel safe recognising and reporting incidents which is reflected in the increasing numbers and rate.

The Norfolk and Norwich University Hospitals NHS Foundation Trust is taking the following actions to improve the quality of incident reports and so the quality of its services by focusing on learning from incidents and using the reports to identify and prioritise significant or new risks.

Review of Implementation of 7 Day Services

Background/Context

In partnership with NHS England, NHS Improvement have introduced a new way of measuring seven day hospital services for all providers of acute services, replacing the previous survey with a self-assessed Board Assurance Framework.

Acute services have not been required to submit a board assured self-assessment return in 2020 / 21 as in other years against the 4 priority seven day service clinical standards as well as progress against the other 6. However Norfolk and Norwich University Hospital has continued to audit progress against the key clinical standards and have embedded all 10 standards as part of individual divisional elements of their Quality Improvement Plans, asking for evidence of progress on a bi-annual / quarterly basis through our internal Quality Programme Board and evidence group review processes

Key issues, risks and actions
Of the four priority clinical standards, Clinical Standard 2, ***14 hrs to first consultant review from admission*** did not achieve the target of 90% compliance by March 2020, despite continual improvement being evidenced from each bi-annual audit that is undertaken.

For our Autumn 2020 audit compliance is currently* 87% from a review of 113 patient notes (up from 82% in Autumn 19, and 72% in Autumn 2018) and there is minimal variation in compliance from a weekday to a weekend, however some key issues still remain (See table 15 below):

- Specialty compliance is variable
- Compliance for patients admitted in the afternoon is significantly lower than those admitted in the morning / evenings

The mitigating actions taken to address the compliance issues are:

- Non-compliant specialties are required to create individual action plans and participate in a further audit once plans are implemented.
- Clinical standard 2 is now reflected in the internal professional standards and within the patient flow and escalation policy which feeds into the Emergency and Urgent Care board.
- Each Division now has Clinical Standard 2 embedded as part of their internal Quality Improvement plan.

**Note: A further audit was undertaken in January 2021; however, an issue with health record access due to* Covid-19 *resulted in only 31 records being audited, with a compliance of 91%.*

Table 15 – Compliance against Clinical Standard 2

	Nov-17	May-18	Nov-18	May-19	Sep-19		Sep-20
TRUST TOTAL	**60%**	**69%**	**72%**	**78%**	**82%**		**87%**
By Division	Nov-17	May-18	Nov-18	May-19	Sep-19		
Medicine	64%	74%	75%	77%	88%		90%
Surgery	56%	60%	63%	70%	65%		90%
Women and Children	43%	52%	71%	86%	88%		44%
By time of admission	Nov-17	May-18	Nov-18	May-19	Sep-19		
Morning (0800-1259)	N/A	79%	80%	85%	92%		94%
Afternoon (1300-1959)	N/A	47%	55%	65%	65%		80%
Evening (2000-0759)	N/A	78%	79%	84%	89%		91%

Review of Speak Up Policy

The Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy (formally the Speak Up Policy) for use by all staff and workers, carefully explains the steps, to raise and escalate a concern.

The Policy details the various concerns that should be raised - unsafe patient care, unsafe working conditions, inadequate induction or training for staff, lack of, or poor response to a reported patient safety incident, suspicions of fraud, or a bullying culture as examples– then outlines the process of reporting to a line manager or tutor, or, if unable to raise it with them, details of others who can be approached: Chief nurse, Medical Director, Chief Operating Officer, etc., and Freedom to Speak Up Guardians.

It identifies that if these escalation routes are not responsive staff can contact the Trust's Chief Executive or Chairman, and if necessary, outside bodies such as NHS England, Health Education England, NHS Counter Fraud Authority or the CQC.

The Policy outlines confidentiality and anonymous reporting of concerns and gives advice on support available for those raising concerns and explains how the Speak Up process works, including how staff will receive feedback and be thanked for raising their concerns. It reassures staff that detriment to speaking up is not acceptable and how this would be taken seriously and investigated by the organisation.

Freedom to Speak Up (FTSU) Guardian Service

The team:
Staff and workers have access to a full time Lead Freedom to Speak Up Guardian (FTSUG) who works flexibly to ensure staff can access the service at a convenient time for them. Staff can use email, Microsoft teams, phone directly, text or contact the service through the anonymous *Work in Confidence* route. If safe and appropriate face to face off site meetings can be arranged. Groups of staff or individuals can approach the service to speak up.

In addition to the lead post, the Speak Up team consists of six Guardians who have undergone the National Guardian Office (NGO) training and six Champions, who work in a variety of areas and roles across the NNUH. The team has become more inclusive due to this, and this is helping to reduce barriers for staff.

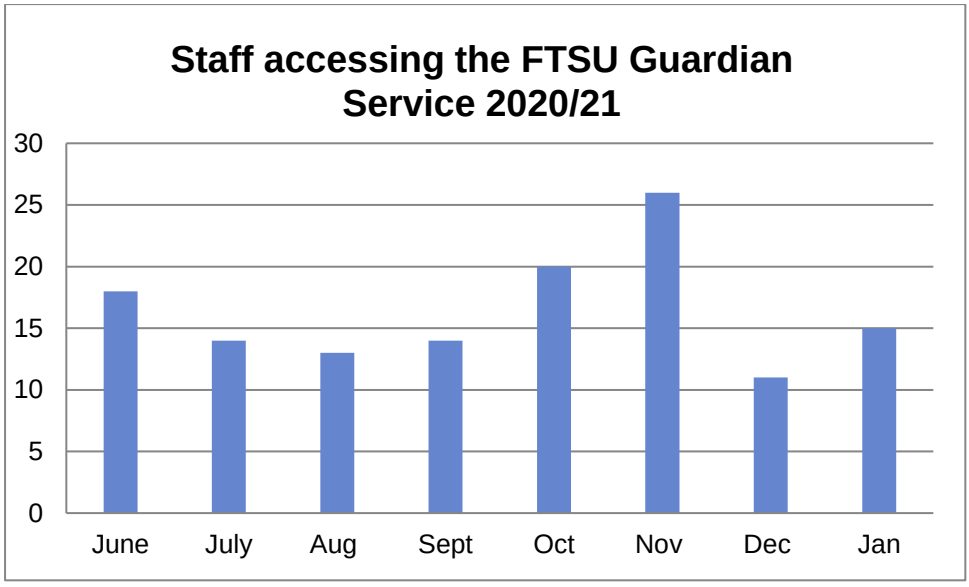
The Champions play a crucial role in the promotion of a positive speak up culture and help ensure key messages are reaching staff. Further Champions will be recruited as the team shares learning and develops some staff into Guardian roles, reducing the risk of suddenly losing skills and knowledge, as the previous model was linked solely to the Staff Governor role.

Training:
Speak up links in with the Equality, Diversity and Inclusivity networks in the organisation and is now embedded into the training package for overseas nurses, healthcare assistant staff, newly qualified nursing staff and NNUH corporate induction. Greater involvement with medical teams and our junior doctors is being facilitated by one of the Champions who is a Consultant at the NNUH. "Speak Up" for all workers and "Listen up" for managers (the training tools currently provided by the NGO) are being adopted and used within the NNUH to encourage consistency in the Trust. The final package "Follow Up" will be shared with senior executive leaders once the package is made available nationally.

Reporting and learning
Management Board receive a bi-monthly Freedom to Speak UP (FTSU) report and quarterly data is reported to the NGO which is available on Model Hospital. FTSU also reports to the People and Culture Committee which the Non-Executive Directors attend, ensuring regular oversight of issues and development.

Informal but regular 1:1's take part between the Lead FTSUG, Chairman, Chief Executive Officer and Chief Nurse. These sessions are an early opportunity to share with the organisation themes of concern when they are first identified in the service. It is also an ideal opportunity to sense check the handling of cases, learn from these events and ensure best practice and development of the lead post and FTSU service.

Figure 1: Number of staff accessing FTSU Guardian Service



Part 3: Other Information

Patient Safety - Restrictive interventions

Baseline: what increased the focus on restrictive interventions?
The origin of poor practice was identified via CQC report published June 2018 - Urgent and Emergency services NNUH.

There were significant gaps identified in the healthcare records of mental health patients… Staff displayed limited understanding of caring for patients within diminished capacity and we found restraint practices were used instead of de-escalation techniques which meant a safety risk to patients.

How we measure success:
We will have achieved GOOD when:
Named lead for Reduction of Restrictive Intervention (RRI) in place. This has been achieved as Sara Shorten and Nic Smith are named leads.
RRI strategy and protocol signed off and in place
Clear reporting and performance monitoring measures available which will demonstrate a reduction in the reliance of restrictive practices

The journey so far (April 20 – March 21)
The Trust's RRI Leads continue to make steady progress with the action plan devised to address the points of concern.

Successes of note:

1. NNUH has pledged and joined the Restraint Reduction Network- we recognise the need to balance safety and risk with the maintenance of quality of life and wellbeing for vulnerable patient groups and the staff that support them. (a registered charity which brings together committed organisations providing education, sharing learning and developing quality standards and practice tools. Networks Patron is Norman Lamb)
2. A baseline audit of completion of health records in line with Policy is underway - improvement trajectory to be agreed following completion of the baseline audit.
3. A Reducing Restrictive Intervention Safety Panel (RRISP) process is beginning to be embedded with fortnightly meetings scheduled.
4. The Culture of Safety Meeting is beginning to take shape - Terms of Reference approved at MH Board, 24 February 2021.
5. Consideration is being given to the appropriate operational response to escalation of RI incidents, including roles and responsibilities of responders and training.
6. DATIX has been updated to enable richer reporting of RI.

Challenges:

1. Covid-19
2. Wider education/sharing the learning plans will re-commence in line with pace of Trust wide Covid-19 recovery plans.
3. There is a need to explore ways in which ownership of the process at ward / department level can be improved and how teams can be better supported to maximise the learning and drive improvements. We will commence a trial in April to trial in reach session to explore changes in attitude and learning.
1. In reach shift undertaken by RI Lead Sara Shorten on 05/03/2021 in ED and AMU- with aim of shared education and training sessions to help improve their knowledge, skills, and abilities.
2. By building stronger networks and working together more closely, it helps everyone feel more confident and able to reach out to each other for advice and support.
3. Appropriate training model for an acute non Mental Health NHS trust is difficult to find.

Aims to achieve over the next 12 months and beyond:
In addition to the actions being undertaken to deliver the CQC recommendations, the RI leads are also:

1. The Complex Health Hub is currently in the early stages regarding a Restrictive Intervention Rapid Response Team – options are being explored.
2. The Complex Health Hub is currently in discussion with NNUH Health & Safety Team and NSFT Training Department regarding a suitable and sustainable Prevention and Management of Aggression (PMA) training model.

Both of these actions contribute to the development of a culture of safety and will support staff in maintaining safe practice in line with Policy and procedure.

Patient Safety – Serious Incidents (SIs)

All patient incidents, regardless of their severity, are recorded on DATIX and are submitted quarterly to the National Reporting and Learning System (NRLS).

In the twelve months ending 31st March 2021, 31035 patient safety incidents were recorded on DATIX. Of these, 98% were deemed to have caused either no harm or low harm to patients. Of the incidents, 13251 relate to 52 week breaches as a result of Covid-19.

Figure 2: Number of patient incidents Reported by month (without 52 week breaches)

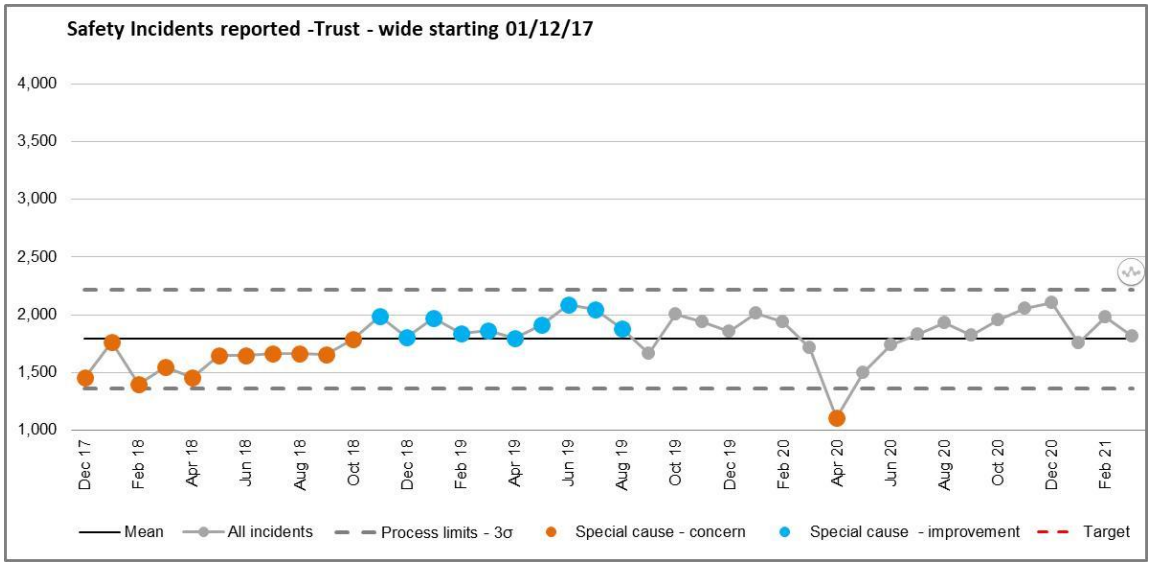


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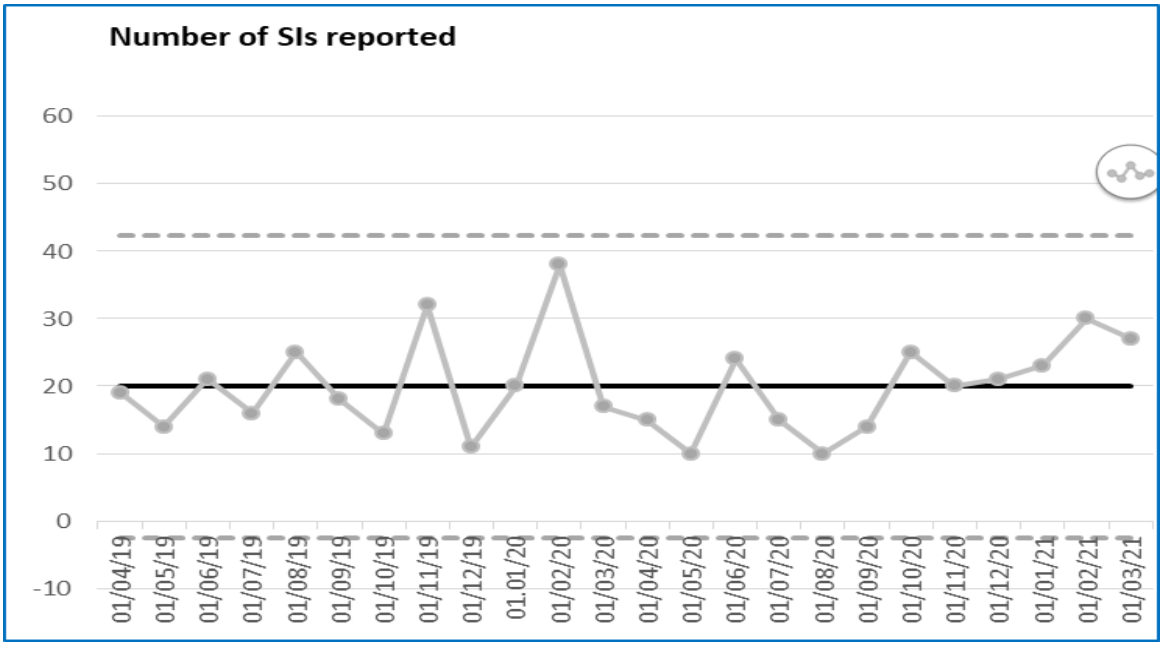
Figure 3: Serious Incidents and Never Events reported on StEIS *(Strategic Executive Information System)*



All incidents reported provide an opportunity for learning and continuous improvement in the quality and delivery of care to our patients. The Trust has continued to support a culture of no blame reporting through the daily Serious Incident Group and has improved the focus on support for staff involved in patient safety incidents.

There is a continued and increasing focus also on supporting patients and families through Serious Incidents to ensure that the patient voice is firmly at the centre of our investigations. This process is essential in the understanding of where care and

service delivery problems have arisen. The Trust Family Liaison Officer (FLO) has at the time of this report, fifty-five Serious Incident cases where patients and families are undergoing varying levels of support according to individual needs and wishes.

Patient Safety – Never events

'Never Events' are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

In our hospitals there were three never events during the period covered by this Quality Report:

Jun-20	Misconnection of patient to air
Dec-20	Retained foreign object post procedure
Mar-21	Retained foreign object post procedure

Patient Safety – EDMS Overview

The first steps towards a paperless hospital – the digitisation of the paper medical record and the use of a Trust-wide Electronic Document Management System Solution.

Difference between an Electronic Patient Record (EPR) and an Electronic Document

Management System (EDMS):
There are currently approximately 150 standalone clinical IT systems in the Trust. An EPR will be the replacement of the majority of these systems. The Sustainability and Transformation Plan (STP) is currently working on an outline business case across Norfolk and Waveney to procure an EPR.

The deployment of the EDMS will allow the organisation to become paper-lite, whereas the EPR will work towards being paper-less.

The EDMS allows for scanned, digitised Medical Records to be made available immediately without the need to store and manage paper. This releases space, time and resources whilst also having a significant impact on the ability to make informed clinical decisions.
Once the legacy case-notes have been digitised, new paper will still be created (day forward documentation), for example, when a patient is admitted; then any subsequent day forward paperwork is scanned into Mediviewer.

The introduction of an EPR will reduce the amount of new paper being generated, as clinical information is captured electronically, whilst also improving the flow of information across the various pathways.

The introduction and use of Mediviewer (EDMS) is a transformational Trust-wide change that affects everyone who interacts with the case-notes and therefore will have a significant impact on the Trust.

This Project commenced in October 2017 with the aim to:

- Improve working lives (and thereby recruitment and retention) by reducing the dysfunction and stress from not having easy and timely access to records from paper sources
- Improve the quality of care by ensuring appropriate access to notes when and where needed, releasing time and increasing the effective capacity of the Trust for a given level of resource.
- Negate the risks associated with “missing” case-notes.
- Improve the access to medical records for clinical staff working in remote settings (i.e. outreach clinics). This in turn reduces potential information governance (IG) breaches

The journey so far
The Digital Health Change Team have processed mapped the “as-is” processes within all Specialties across the Trust.

They have created an area on the Intranet under “Mediviewer Training” that enables all Trust staff to view and access the Training guides etc.
Prior to a Speciality going live, the Team are undertaking face to face training with both clinicians and the admin teams.

Go-live:
Due to Covid-19 and the resulting gradual restoration across Outpatient clinics, the initial roll-out plan has been modified. Therefore the case-notes have been scanned for the waiting list patients as well as those patients with an outpatient appointment.

The first case-notes were sent to the Scanning Bureau on 10th March 2021 and the first specialty to go live was **Gynaecology on 24th March 2021**.
Clinicians will then discover that their clinics have a mixed economy of case-notes and digitised records.

Following on from the clinic, the paperwork created for that episode is then sent back to the Health Records Library (HRL) to be dispatched as day forward documentation and this is ingested into Mediviewer within 3 days.

Gastroenterology went live on 6th April 2021.
To date HRL has dispatched 6,595 case-notes to the Scanning Bureau. Over the next 2 years it is anticipated that approximately 250,000 case-notes will be scanned. At the point when the roll-out of Specialties is completed, no new physical case-notes will be created.

Next phase:
There will be the opportunity for several key clinical IT systems to be ingested into Mediviewer. The first 3 will be:

- EDT
- WebICE
- Symphony

By building these connections, clinicians will not only have access to the historical Paper Medical Record and new content as it's digitised, but also real-time live feeds generating documentation such as Discharge Letters, Pathology Results, Radiology Reports.

Additional Benefits:
To enable better search results, Optical character recognition (OCR) and smart indexing is in place. Each Specialty has the opportunity of identifying forms that are regularly used within their specific areas, and these documents can be embedded into the taxonomy to enable the clinician to identify documents easily.

A clinician may easily set up their favourite settings into the system. In addition a lead clinician could put together a bundle of documents for various patients for a multidisciplinary team (MDT) meeting. These documents could be shared with other colleagues.

It is still early days, but as roll-out continues, the benefits realised from the implementation of this easy to view, intuitive system will be recognised across the Trust.

Clinical Effectiveness – Mobile Cancer Unit

NNUH is the biggest cancer centre in the East of England and among the top four centres in England for numbers of treatments delivered. We provide services to patients from Norfolk and North Suffolk and further afield where we are the specialist centre. In 2018/19 there were 24,883 admissions to the Weybourne Day Unit (WDU), with an anticipate 10 – 15% increase year on year.

In 2019, anticipating the increase in demand for chemotherapy and the inability to expand our footprint we partnered with the cancer charity Hope for Tomorrow. The charity is dedicated to bringing cancer care closer to patients' homes via their Mobile Cancer Care Units (MCCUs). They have been working in partnership with the NHS

since 2007 and have partnered with NHS Trusts all over the country to bring cancer care closer to patients' homes. The vison of the charity is to support patients who are going through cancer treatment by alleviating the stresses and strains of travelling for appointments, along with supporting NHS trusts in reducing hospital waiting times. This fits in well with the NNUH 5 Year Cancer Strategy and the Long Term Plan to bring care closer to home and lead on innovative cancer services.

We undertook a postcode mapping exercise in order to identify four possible locations for the Mobile Cancer Care Unit; identified as being more than 20 minutes travel from the Norfolk and Norwich University Hospital. Following other Organisations example we identified Supermarkets at Attleborough, Beccles, Dereham and Fakenham who all had large car parks, café and toilet facilities, and were very keen to support their community.

In 2021, delayed slightly by Covid-19, we began our roll out of services site by site. Since February 2021 we have treated 89 patients with chemotherapy and are now at all 4 sites each week. This is now an integral part of the NNUH chemotherapy service and offers staff the ability to rotate between venues.

One patient who is receiving treatment said:

"The journey to the N&N is a round trip of fifty miles and I developed a phobia about the driving, parking and getting to my appointments. You can imagine my delight when I learned of the mobile unit! If I had been asked to imagine the best thing that could happen to help my treatments, I would not have been able to envision such a wonderful solution. Suddenly instead of my treatment being an ordeal it had become 'no big deal' at all. I felt like I was just popping down the road, as if I were just going to the shops."

From a clinical team perspective this is a fantastic achievement with huge enthusiasm from the nurses and clinicians. It enables the teams to work in a variety of settings, adapting skills and experience but most importantly meeting their patient needs and offering a first class service.

Clinical Effectiveness – Acute Services Integration

Norfolk and Waveney Hospitals Group
Better together
JPUH NNUH QEH

Purpose, aims and drivers of ASI:
In 2018, the Norfolk and Waveney Health and Care Partnership endorsed a proposal to create single clinical services for a small number of acute specialties across the region. This was in order to address a wide range of complex capacity, demand,

flow, workforce and quality outcome challenges being faced in Norfolk and Waveney and to ensure the long-term sustainability of quality assured services to all patients, ensuring patients continue to be seen and treated as close to home as possible.

The initial proposal involved the transition of clinical services as they are currently provided and to form integrated acute services through a new contractual arrangement with NNUH as the lead provider. It was agreed to do this for the following services:

- Wave 1: ENT and Urology services
- Wave 2: Haematology and Oncology services.

For the initial transfer (phase 1), there would be no changes made to how patients are referred in, seen and treated; the aim was to create the single clinical teams first, who would then take forward the service transformation planning (phase 2) as a unified team. This would be carried out with an open and full dialogue with commissioners, patients and other key stakeholders around what the future model of care for these services should look like.

Planned outcomes and benefits:
Service integration affords a number of key benefits, including:

- It will lead to improved consistency and quality of care and better access to services for all patients across the region
- It provides an opportunity to balance the workload between providers, ensuring work is carried out at the most appropriate location, helping each site to deal with capacity constraints.
- It helps to remove many of the operational and clinical “barriers” that have hampered joint working in the past
- It provides greater career development opportunities for staff, as well as creates a more attractive proposition to recruit and retain new talent to the area, ultimately leading to a reduction in the reliance on high-cost temporary staff
- It also creates a greater breadth and depth of clinical, scientific and managerial expertise by drawing upon the knowledge and staff from all of the acute trusts.

Progress so far:
Teams at the James Paget University Hospitals (JPUH), the Norfolk and Norwich University Hospitals (NNUH) and The Queen Elizabeth Hospital King’s Lynn (QEHKL) have worked together and have launched two joint services to improve services for patients and provide better access to care. A single clinical team now runs the Norfolk and Waveney Urology Service across JPUH, NNUH and QEHKL; and JPUH and NNUH run the Norfolk and Waveney Ear, Nose and Throat (ENT) service.

Robust governance arrangements have been put in place to oversee the implementation of the integrated services, the development of the clinical and

operational arrangements and to monitor the development of their service development plans.

In addition to this, a number of trust-level key policy areas and procedures are being aligned to support integrated working. These include mandatory training, consent and infection, prevention and control policies.

Next steps and future aims:

- The Norfolk and Waveney ENT and Urology services are now in the early stages of transformation planning and additional project management support is being put in place to support them in developing their proposals and engagement plans.
- Proposals for the integration of the Wave 2 specialties (Haematology and Oncology) are being worked up
- Reviews of other priority specialties will be carried out to identify further integration opportunities
- The identification of further policies and procedures for convergence and alignment

Building on the success of the acute services integration work so far, the three acute trusts have agreed to continue to work collaboratively to develop a clinically-led hospitals' services strategy for Norfolk and Waveney, in order to ensure all services are sustainable, accessible and provide the best possible care for people across the region.

The hospitals are collaborating on this work as the Norfolk and Waveney Hospitals Group. Representatives from each organisation's Board of Directors attend regular meetings, called a 'Committees in Common forum' to take joint decisions on future strategy and development of services. This provides oversight and will support teams' innovations.

Clinical Effectiveness – Responding to Ockenden

Following a letter from bereaved families, raising concerns where mothers and babies died or potentially suffered significant harm whilst receiving maternity care at the Shrewsbury and Telford Hospital, a review ("The Ockenden Review") was commissioned by the Secretary of State.

The review team identified emerging themes that should be addressed by Trusts across England as soon as possible. This has formed Local Actions for Learning and Immediate and Essential Actions, in advance of the publication of the full report. Trusts have formed urgent action plans based on these Actions.
These objectives have only been identified by carefully considering the voices of the families who have underpinned the report.

Acting on the Ockenden Report

The Ockenden Report was published in December 2020 and contained 7 Immediate and Essential Actions for Trusts

	Safety Action	Our Steps
1	Enhanced Safety Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	Incident Investigation The LMNS is integral to our ways of working and through them we collaborate with other Trusts. Maternity Serious Incidents are reported to the Trust Board Monthly

	Listening to Women & Families	Maternity Voices Partnership
2	Maternity services must ensure that women and their families are listened to with their voices heard	We will appoint an Independent Senior Advocate when national guidance is available The MVP forms a core part of our decision making process, and we will continue to build on this key relationship

	Staff Training & Working Together	Multidisciplinary Training
3	Staff who work together must train together	We will further develop our Multidisciplinary Training, including PROMPT training

Any questions? Please contact the Maternity Leadership Team

	Managing Complex Pregnancy	Specialist Care
4	There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	We are building our capacity as a Regional Maternal Medicine Service Centre for the EoE. As part of this initiative, we are continuing to develop our Maternity Workforce. Embedding the role of the newly appointed Fetal Monitoring Midwife

	Risk Assessment throughout Pregnancy	Antenatal Care Pathways
5	Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway	We are continuing our work on Personalised Support & Care Plans Develop a new Guideline for Antenatal Pathways, including Risk Assessment at each contact point

	Monitoring Fetal Well Being	Saving Babies Lives
6	All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	We have appointed a Fetal Monitoring Midwife, who is supported by the Obstetrics Lead

	Informed Consent	Choice
7	All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	We have developed a virtual tour of our clinical areas for the use of patients Information is available on our website and we will work with our MVP to ensure this is reviewed and remains relevant

Any questions? Please contact the Maternity Leadership Team

Patient Experience

During 2019 we recruited a brand new Patient Engagement & Experience Team, created a Patient Panel, co-created a strategy and brought volunteering under the patient experience umbrella.

We put in place some of the first foundations for achieving our co-designed ambitions and priorities.

In early 2020 we faced a global pandemic. This did not stop us – we forged a way through and found ways to push forward on the key priorities, keep momentum going to ensure the patient & carer voice at the NNUH was able to embed and grow louder whilst also developing innovative responses to keeping patients and families connected when visiting was halted.

The strategy was launched formally at the Trust AGM in early October 2020 and this review reflects on the progress to date to drive forward the voices of patients and families, especially those less well heard.

Our strategic aspiration for patient engagement and experience is:
NNUH is an outstanding organisation with exceptional patient and carer experience where people feel listened to, action is taken and we work in partnership with patients and carers, especially those who are seldom heard, to continually improve.

Our ambitions for patient engagement and experience:

- Working in partnership with patients is the norm – there is a strong Patient Voice including those who are seldom heard
- Services and pathways are co-designed with patients, staff and other stakeholders
- Feedback, whether complimentary or critical is proactively sought, coordinated, analysed & used to make improvements – 'you said, we did…together'
- All staff feel engaged, confident and empowered to proactively listen, respond and act - from the top and embedded throughout the organisation
- Volunteers support the patient experience to be outstanding through innovative roles and opportunities

To do this we need strong foundations:

- Build a team – staff, volunteers, patients, carers
- Build capacity – awareness raising, training, confidence, connections
- Build relationships – across the organisation, county and beyond

"As the Chair of the NNUH Patient Panel I like to feel that the panel members are there as representatives of the wider patient and carer family to ask those 'obvious' questions and challenge in a supportive and constructive way when necessary. Co-design is the way forward to achieve an NHD that is truly fit for purpose and can adapt and flex to suit the changing needs of its 'service users'"
Rosemary – Chair of Patient Panel

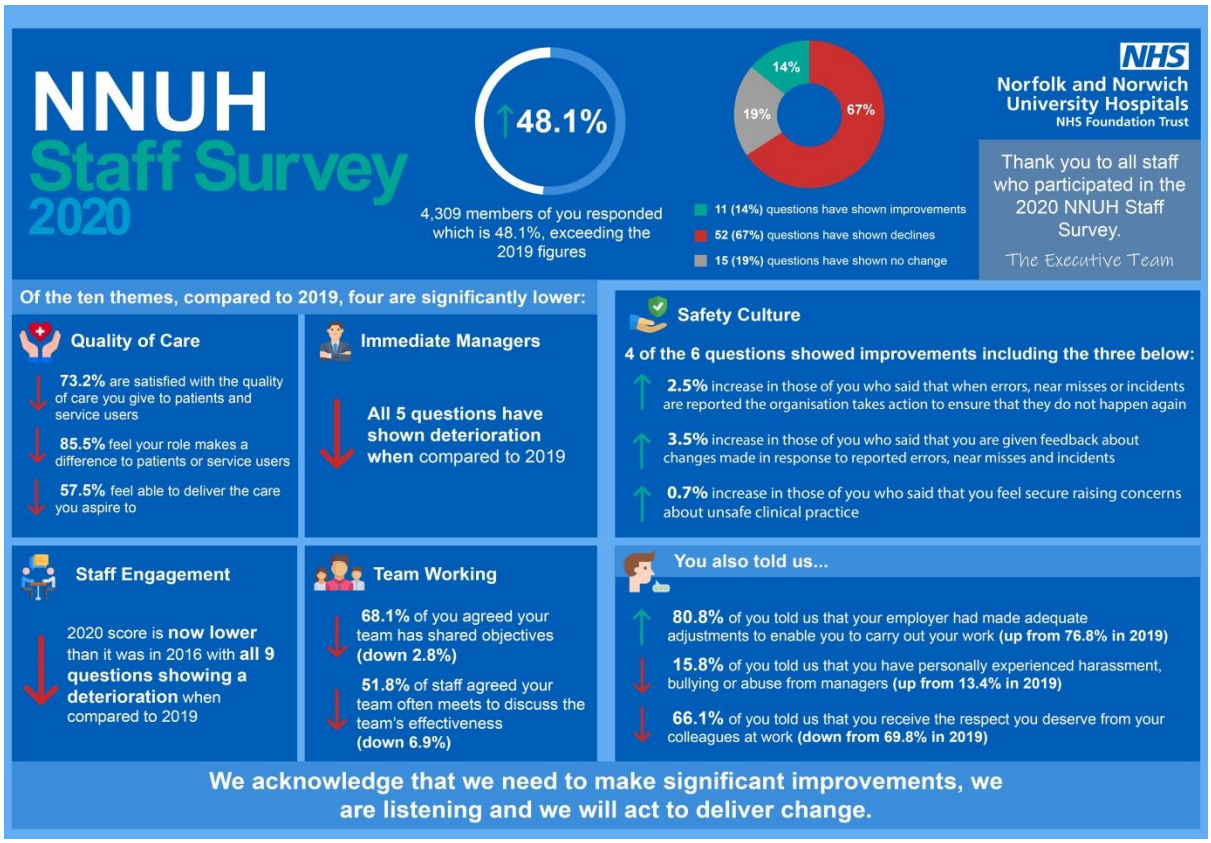
We identified 4 Key Priorities for 2019-2023; these are set out below, with progress to date in April 2021

We said we would…..	We have……
Strengthen partnership working with patients, volunteers and staff through: Strong patient voice via NNUH Patient Panel Patient Panel members embedded on range of committees, groups, etc. Patients and service users will be involved from the conception of any service change -all project initiation documents and processes must reflect this Provide support and training for staff to build capacity for co-design Provide resources to support capacity for co-design Volunteer roles will be innovative and developed to directly improve the care experience Partnerships with external partners and stakeholders will be developed to ensure consistency and to involve the seldom heard	Created a proactive, diverse and engaged Patient Panel + created a growing network of patient & carer led forums and groups – 'A network of voices, louder and stronger together'. The move to Teams and Zoom enabled this ongoing and development of new engagement opportunities. Rebooted and re-energised the Carers' Forum **+** supported the Norwich Maternity Voices Partnership (MVP) to embed more fully into the Women & Children division **+** Children & Young People's voices amplified **+** supported Division for Clinical Support Services to develop its own Patient Forum – embarking on embedding the patient & carer voice within Medicine Division and across Emergency & Urgent Care Patient Panel members actively engaged with committees and groups - HICC, Health & Safety, Quality Improvement, Transforming Outpatients, Nutritional Steering Group, Digital Transformation, Acute Integration consent Policy work stream Developing Toolkits, training and support offer to support embedding patients and service users into any service redesign/improvement projects New volunteering strategy developed & focus on innovative roles to support patients and families – at mealtimes, in discharge planning and settling in at home – despite Covid pandemic limitations, the volunteer team have diversified and responded to support transportation of chemotherapy, ensuring

	equipment and patients were safely transported home etc. Partnerships and relationships developed with external partners to connect with those less well heard groups and ensure their voices are amplified Enhance working with Healthwatch Norfolk, initiating the visits on regular basis to listen to patients and families, then during the pandemic, continuing to liaise virtually, especially in relation to the feedback via their website. Strong partnership working developed and enhanced during the pandemic with acute partners at JPUH and QEHKL as well as system partners NCH&C and the CCG. This enabled greater consistency around e.g. visiting arrangements and a joint tender for new FFT provider – putting in place the building blocks for greater collaborative working.
Create a culture where we really listen to patients and carers and take action, at all levels through: Provide and promote multiple ways for patients and carers to give feedback easily All staff will be supported, empowered to take action to rectify problems or concerns at the Point of Care (PoC) Increase the profile and availability of the PALS team Complaints policy and process will be reviewed and updated to ensure it is accessible, user-friendly and responsive	Engagement Team recruited and developed a range of opportunities to connect and give feedback despite the pandemic via virtual means – Care Opinion, Healthwatch website, Facebook, Twitter, Zoom meetings; QR codes and web links for surveys – coming soon – SMS PALS recruited additional team members, opened up their office and reached out to wards pre-pandemic – during the pandemic they have enhanced their support to families needing to connect to loved ones through 'letters to loved ones', supporting the Relatives' Liaison Team and ensuring messages get through to patients on wards. They have developed Zoom opportunities for face to face meetings and calls and devised support for those wanting to make formal complaints. PALS developed and are now piloting 'let's resolve it together' training to support staff to feel confident and empowered to rectify concerns on the spot. PALS and Complaints will merge into one front door service during the coming year ensuring the new Parliamentary and Health Service Ombudsman framework is enacted – the

	service will be co-designed with colleagues and Patient Panel members.
Build an infrastructure for reflection and learning from feedback through: Patient stories are utilised for learning at Board, other meetings, training, films etc. Make the data available and easily accessible for staff and others (e.g. Patient Panel) to use for learning and quality improvements Improve triangulation and analysis of patient feedback from all sources Processes will be developed to evidence that practice has changed following complaints and improvements have been sustained Publicise the feedback, actions and outcomes to encourage learning and inform staff and public of outcomes.	Patient stories are reviewed at Patient Engagement and Experience Governance Sub-Board (PEEG) and other key committees. Patient thanks are highlighted within daily communications within the Trust. IPR for some data – work in progress for IMI greater access + greater access to complaints + triangulation of positive and negative feedback to influence services. Better reporting and evidencing of changes via reporting to PEEG – divisional deep dives covering PALS/complaints/FFT and improvements – patient stories etc. New learning from strategy/process to go live. You Said We Did posters/ward boards embedded – and on website. Greater presence on website for Patient Experience and Engagement.
Develop a sustainable continuous Quality Improvement model that centres around the patient through: Implement the Quality & Safety Improvement Strategy and faculty Patients are involved as partners in QI projects from conception to implementation to evaluation Always Events are adopted as a patient centred QI methodology	The impact from Covid-19 has meant that recruitment for the faculty was put on hold however two positions have now been recruited to. Patient Panel members are being involved within the recruitment of positions which involve improvement to services at the NNUH.

Staff Experience – NHS Staff Survey



The 2020 NHS National Staff Survey for the NNUH was undertaken by an external contractor (Quality Health), with the survey running from 16 September 2020 until 27 November 2020. It was the first year that the survey was run as an electronic online survey as opposed to a paper-based survey.

The NNUH had **4,309** respondents with a response rate of **48.1%**, exceeding the 2019 figures - 3,776 participants, with a response rate of 45.6%.

2020 Staff Survey - benchmark results

The data is presented in a number of formats with cuts of information including:

- Raw scores in response to questions.
- Grouping of questions nationally make ten themes: Equality Diversity & Inclusion (EDI), Health and Wellbeing, Immediate Managers, Morale, Quality of Care, Safe Environment (Bullying and Harassment), Safe Environment (Violence), Safety Culture, Staff Engagement and Team Working.
- The themes are presented on a scale of 0-10 with the greater the score, the better.
- Comparison to previous year(s) results.
- Comparison to a benchmark – for the NNUH this is the 128 Acute and Acute and Community Trusts.

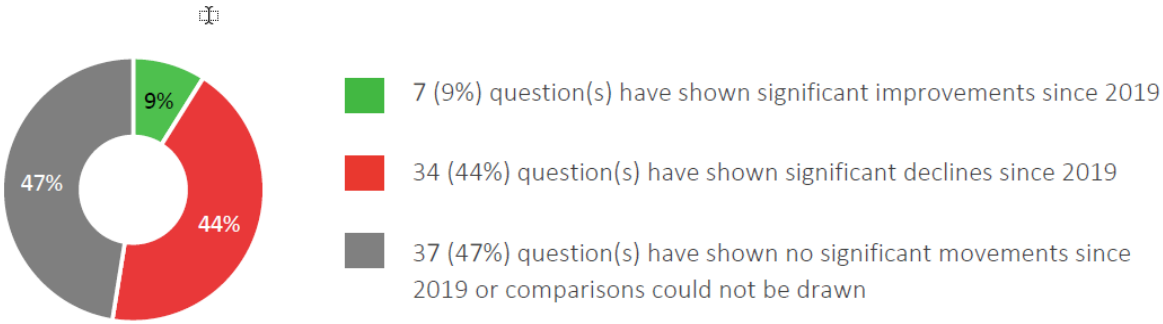
- We also have themed scores by Covid-19 classifications, including: worked in a Covid-19 area, redeployed, shielding and working from home.

The Results

The headline findings are as follows:

- Very few responses to individual questions have improved on 2019 – 11 improved, 52 declined and 15 had no change.
- There were improvements to individual questions within the Equality, Diversity & Inclusion, Safety Culture and Safe Environment (Violence) Themes.
- Four of the ten themes scored worse than 2019. The scores for Quality of Care, Immediate Managers, Staff Engagement and Team Working are significantly lower than our 2019 results:
    - **Quality of Care:** Out of the 128 acute trusts, we have the lowest score for this theme and for each of the three questions which make up this category. Our 2020 score was 7 out of 10 and is down from 7.1 in 2019.
    - **Immediate Managers:** Our 2020 score was 6.6 out of 10 and is down from 6.7 in 2019.
    - **Staff Engagement**: Our 2020 score was 6.7 out of 10 and is down from 6.9 in 2019.
    - **Team working:** Our 2020 score was 6.2 out of 10 and is down from 6.5 in 2019.
- On face value, the Covid-19 theme data suggests that those staff who worked in Covid-19 areas (1,510), were redeployed (895) or shielding for household member (150) had a poorer experience when compared to those working remotely or from home (1,120) or shielding for self (400).

NNUH 2020 results to individual questions, significant change when compared to 2019



NNUH 2020 theme scores, significant change when compared to 2019

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.1**	3744	**9.1**	4280	Not significant
Health & wellbeing	**6.0**	3757	**6.0**	4299	Not significant
Immediate managers †	**6.7**	3741	**6.6**	4303	↓
Morale	**6.1**	3699	**6.0**	4288	Not significant
Quality of care	**7.1**	3324	**7.0**	3764	↓
Safe environment - Bullying & harassment	**7.8**	3731	**7.8**	4275	Not significant
Safe environment - Violence	**9.5**	3739	**9.5**	4295	Not significant
Safety culture	**6.5**	3745	**6.6**	4294	Not significant
Staff engagement	**6.9**	3754	**6.7**	4306	↓
Team working	**6.5**	3730	**6.2**	4240	↓

NNUH 2020 theme scores compared to the benchmark of 128 acute trusts

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.1	6.0	6.6	6.0	7.0	7.8	9.5	6.6	6.7	6.2
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	4,280	4,299	4,303	4,288	3,764	4,275	4,295	4,294	4,306	4,240

Next Steps

Data from the 2020 staff survey has provided the Trust with strong evidence that there is work to be done to improve the way the Trust engages with its staff on the culture of the organisation and how people are managed and engaged. A number of work streams have been initiated to respond to this feedback.

Our Hospital Management Board have agreed that there is a need to conduct an extensive listening programme of events across the Trust to involve people in

determining where we need to do better and what will make a real difference to their experience.

To help focus the feedback from this programme of events, it is proposed that they will focus on the 4 staff survey themes that have declined (quality of care, staff experience, immediate line manager and team working) and to support staff in sharing their experiences in these areas. It is also proposed that we go beyond listening and work with staff to identify where improvements can be made that will have the biggest impact on their daily working lives.

When the feedback is collated from these events, we will be able to develop a detailed action plan to deliver real improvements in our organisational culture and how we work together. The action plan is likely to span over three years, aiming to implement transformational improvements.

The Staff Survey Steering Group will recommence meeting and will have responsibility for the delivery of the improvement plan for 2020 Staff Survey. The group comprises representatives from each of the Divisions and corporate departments as well as others including trade union representation and our diverse staff networks.

Leaders across the trust will share results locally, engage and involve their staff to focus on tangible improvements.

There will be regular communications on the improvement plan and progress on its delivery. A dedicated intranet page is populated with all information relating to the staff survey.

We are proud that we have 94 nationalities representing our workforce and pleased that in the NHS Staff Survey 2020 we are one of the most improved Trusts in the country for addressing discrimination. However, we know we have more work to do and are working hard to ensure all under-represented groups have their voices heard to help us move forward as a Trust. We have formed a number of diverse staff network groups including, BAME, Diverse Ability, LGBT+ and Women's Group and we are an early adopter of the NeXT Directors Programme to support the next generation of talented leaders from diverse backgrounds and to improve senior representation in the NHS. We have established a Reverse Mentoring Programme, with executives and senior managers who are mentored by more junior frontline members of staff and developed an Accelerated Development Programme to support future leaders from diverse backgrounds.

Part3.1: Indicators for disclosure

Performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement as part of the NHS Oversight Framework. For 2020/21 these are:

Indicator		Threshold 2020/21	NNUH 2020/21
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92%	March 2020 50.2%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge		95%	March 21 NNUH (Including WiC)– 76.3% (WIC reported as part of NNUH figures nationally from 01/04/2020) NNUH (Excluding WiC)– 66.0%
All cancers: 62 day wait for first treatment from:	urgent GP referral for suspected cancer	85%	April 20 – February 21 (ASI Submitted performance) 59.8%
	NHS Cancer Screening Service referral	90%	April 20 – February 21 (ASI Submitted performance) 70.5%
Maximum 6-week wait for diagnostic procedures		1%	March 2021 44.0%
C difficile: variance from plan* * Please interpret the figures with extreme caution due to the changes in attribution of cases, from 19/20 the total case figure includes both Hospital onset healthcare associated cases (HOHA) and Community onset healthcare associated cases (COHA). This is in line with NHSI Guidance. Clostridium difficile is now known as Clostridioides difficile.		<35 cases for the year and 11.3 rate by bed day.	24 trajectory cases and 8.1 rate by bed day - Trajectory Cases (threshold to the left is on trajectory cases) 70 cases total and 23.9 rate by bed day – Total cases
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)		100	Dec 19-Nov 20 117.6
Venous thromboembolism (VTE) risk assessment		97%	March 21 99.37%

Part 4 – Pandemic Response

Introduction

Every single individual at our Trust, has worked above and beyond to keep patients and colleagues as safe as they could through what I can only describe as a once in lifetime challenge; it was a whole Trust, and indeed system, response that was nothing short of extraordinary and testament to the grit, determination and commitment of every one of our staff members. The pandemic required our Trust to respond as a 'Surge Centre' and provide critical care for up to 100 patients and enhanced care for many more, from across the county and across the East of England. To face this challenge, we trained over 1700 members of staff in the essentials of critical care. Most of the staff we trained were out of their comfort zone, many had not looked after such acutely unwell inpatients, let alone those who were critically ill. However, every staff member, dedicated to the core, dug deep and the sense of esprit de corp was high and created a real sense of community. Mutual aid from all of our Norfolk health partners was central to us being able to provide critical care to so many of our community. This 'Dunkirk Spirit' supported all of the newly recruited staff, some retirees, some from non-acute backgrounds, enabling them to feel safe and confident in a wholly challenging situation. As the pandemic persisted this collegiate spirit was essential to keep staff buoyant and motivated; it was tough for everyone and especially tough for all patients and for their families who couldn't visit them.

As Director of Infection Prevention and Control, it was a tough call to cease visiting, except for specific patient cohorts, but a necessary one. The inauguration of the Relatives Liaison Team made an incredible impact on patient, families and provided some relief for staff; coupled with the availability of digital devices at the bedside and 'Best Wishes' messages via PALS, the Patient Experience Team did their best to support the patients and families.

Every colleague worked with dedication, through long hot hours wearing PPE, playing their part in maintaining stringent infection prevention standards, keeping patients and each other safe. The Infection Control Team, the Virology and Microbiology Teams were our defence and, were integral in managing the fight against Covid-19. From the many who valiantly vaccinated to make Norfolk as safe as possible; to those who offered assistance with PPE supplies; our amazing Chaplaincy who provided tea, chocolate and tissues throughout long nights; our Serco partners who kept our hospital clean; the Communications team who ensured daily key messages, policies and briefings were available to all; to everyone who wiped away tears of grief and also those of exhaustion; to those who answered my call to arms to stand with us. The efforts of all meant that so many of our patients survived and made it home to their families.

I cannot thank everyone enough for their professionalism and their sheer determination to stand together and fight Covid-19. We now must continue to support those who are coming to terms with loss and with the psychological impact of coping on the front line, during the most harrowing and devastating times.

This is now a time for healing, listening, and restoring.

Chief Nurse
Professor Nancy Fontaine

Covid-19 Workforce Interventions

The Covid-19 pandemic has seen an exceptional response from our workforce, very much in keeping with our PRIDE values. With the support of colleagues throughout the hospital, many innovative approaches were introduced at considerable pace. Wherever possible, interventions were introduced with the ethos of '***Know Your Staff'***, and our compassionate approach to people management, demonstrates our commitment to making the NNUH, '***Our Hospital for All'***.

Our people-related interventions have included:

- A **Compassionate approach** to absences that are directly or indirectly related to Covid-19.
- The development of a **risk assessment process** for vulnerable staff, e.g. age, pregnancy, and/or underlying health conditions. A new risk assessment tool was launched to ensure that all staff who may need a risk assessment feel able to come forward. This includes helping staff who may not have considered that they have underlying cofactors such as obesity, age and ethnicity that could be relevant. The new tool has been tested by four members of the BAME network.
- A rapid provision of separate detailed **FAQs** for staff and **Guidance** for managers, which are regularly updated to reflect the emergence of new questions and changes in advice.
- **Expanding the workforce** at pace, including medical students, nursing students, returners and expansion of the nurse bank.
- Rapid deployment of **Homeworking solutions** including additional laptops, access for personal devices and Microsoft Teams.
- Provision of a template letter for staff to demonstrate their **key worker status** to support their request for school placement allocation.
- Provision of **childcare support options** for staff by sharing details of nurseries for children up to 5 years old able to offer spaces, a list of childminders in Norfolk and Suffolk able to support key workers and details of a free child care option at the Sportspark, UEA for children aged between 5 and 15.
- **Pay Guarantee and enhanced special leave** associated with Covid-19 absence, more generous than national terms to ensure our staff feel supported and not pressured to return to work due to a financial detriment.
- Partnership **working with trade union** colleagues.
- **Car parking solutions** during the Covid-19 challenges, together with a payment holiday for all staff permit holder throughout the pandemic, covering all staff car parks including Cromer and Rouen Road. Additional car parking sought from neighbouring sites.
- **Provision of free nightly, weekly or monthly accommodation** either on-site or off-site, if living with a vulnerable family member or treating Covid-19 patients and can't travel home.

- **Developments to e-roster** to enable additional absence reporting categories and also temporary staffing request reasons.
- Creation of the **Safer staffing hub** to support rostering, redeployment and reallocation of resources, enabling staff whose jobs have been affected by Covid-19 to work elsewhere within the Trust.
- Development of a daily text messaging facility to Consultant staff to capture **staff availability information**, e.g. fit for work, sick, self-isolating etc.
- Streamlined changes to the method of **processing permanent and temporary variations** to pay.
- A **dedicated HR Covid-19 page** which included a specific intranet page regarding Financial Hardship Support, advice and support, and benefits that staff may be able to access.
- Development of a range of **Covid-19 eLearning** courses:
  - Coronavirus (Covid-19) Awareness
  - Covid-19 Essential Guidance from the NHS
  - Covid-19 Public Health England - Personal Protective Equipment (PPE)
  - Covid-19 CPD Hub
  - Covid-19 Infection Control Resources.
- **Daily publication of staffing availability** via Power BI from merging both e-roster and ESR data to get the complete picture of absence due to the various categories.
- Covid-19 **business intelligence absence app** providing daily data, including time series and self-isolation categories to inform planning and interventions.
- Numerous **wellbeing initiatives** made available to provide help, support and protected staff, together with a dedicated **Caring for You** section on the Staff Information Hub:
  - A **dedicated advice line** for staff, contactable via Switchboard 10am to 8pm daily and or by emailing COVID19StaffAdvice@nnuh.nhs.uk
  - The provision of a **Pastoral Care line**, and also a **Staff Advice and Support Line** with access to Psychology, **creation of leaflets** to support colleagues, and **reflective groups** with NNUH Psychologists, in partnership with the Chaplains on a twice weekly basis.
  - **Individual coaching sessions** to help managers with new challenges that might arise in the workplace via the Clinical Psychology and Workplace Health and Wellbeing team.
  - Publicising **free wellbeing webinars** provided via the NHS Norfolk & Waveney Wellbeing Service.
- In order to care for leaders and managers, the Psychology and Organisational Development and Learning teams developed a **series of webinars** focusing on developing skills and understanding of the challenges that Covid-19 has brought to individuals, teams and the organisation.

- The Workplace Health and Wellbeing team has provided **guidance and clinical oversight** to the setting up of the staff testing procedures and ensuring results are securely documented on the confidential OH system.
- Increased the frequency of **Joint Staff Consultative Committee (JSCC)** meetings in order to provide opportunities for our trade union colleagues to receive updates and consultation in respect of developments, providing an effective forum for the staff side to raise concerns in a conversational and constructive manner.
- Supported the **resource planning and modelling** for the Regional Surge Centre.
- Held a series of **open forums** to discuss coronavirus and vulnerable staff encouraging staff to ask questions about Covid-19 and its impacts on ethnicity, gender, age, sexual orientation, gender reassignment, disability and underlying health, religion and pregnancy.
- **Weekly connected** sessions with the Chief Executive Officer and other members of the Executive Team to assist in answering developing questions from staff about Covid-19 and restoration and reaffirmation plans.
- Supporting the Divisions with a **workforce restoration plan** as we moved through the phases of the pandemic.
- Covid-secure **staff flu vaccination** plan delivered a 92% vaccination rate - our highest ever level of participation.
- A hugely successful and rapid rollout of Covid-19 vaccinations for all of our staff.

Red Response Team, Surgery
In response to critically low staffing levels in the red ward areas and an increase in high acuity of care we designed a red response team to meet the needs of our red wards in Surgery. The teams comprised of nurses who wanted to come and help from outpatient areas or specialist nursing teams but didn't have the skills or confidence to come and work in red wards without some support.

We designed the Red Response team supported by the Senior Matron and a Ward Band 7 Lead (Cat Hainey), however chiefly co-ordinated by Band 4s (Paula Robinson, Karen Duffield and Simon Coombes) within the Division on a daily basis. The team were able to trouble shoot areas which needed support to feed patients, provide basic care, last offices to medication rounds and more complex skills targeting the wards who needed the most support.

The team covered 07:00 to 19:00, 7 days per week and were an important part of delivering care during the pandemic. The ward teams felt this initiative should be continued outside of the pandemic for the support it offered.

In running a team with mixed skills and experiences we were able to offer more support to those outpatient nurses or nurses who felt deskilled to be able to offer vital support to our patients and colleagues, without creating unnecessary strain on already depleted ward numbers. Some surgeons joined the team to offer some help and assistance during meal-times.

In total the team ran for 3 weeks during the pandemic's peak in our hospital and a total of 450 recorded 'jobs' were made. We think there were several more, but this is all we recorded during this time.

Critical Care Training
Training for 1,644 Nursing, Healthcare Assistants and Allied Healthcare Professionals and clinical staff was completed in 4 weeks, as a critical care response during the first wave of the Covid-19 pandemic.

Each session of 4x 90 minute modules covered topics including ventilation, clinical assessment, pumps and transducers and proning of patients.

FFP3 Mask Fit-testing and "donning and doffing" training was also provided.

As part of the training contact details were noted, capabilities of staff were obtained and a shadowing process in critical care was introduced.

It was unclear if acute hospital services would be overwhelmed with Covid-19 at the start of the pandemic and it was requested to create a rapid training package and deliver to as many staff as possible, shadowing opportunities and data capture for all nursing staff to get the basics in critical care.

Attendance was requested as the best way to support the expected demand on the hospital at the early stages of the pandemic as we were allocated as a regional surge centre.

At the time the virus and its potential impact was unknown, the expectation was that existing critical care staff could become "pod leaders" and allow the newly trained staff to take on critical care responsibilities.

What impact it had for patients/staff/services
NNUH was prepared to be a regional surge centre early.

Staff knew what to expect if redeployed to critical care and increasing their knowledge base increased staff confident throughout the Trust.

It is fortunate that we were not overwhelmed at the levels expected in the first wave but we were prepared to assist in innovative ways if required in a safe manner.

Proning Team
A dedicated proning team was set-up during the second wave to work alongside colleagues in Critical Care.

The team largely consisted of 1x anaesthetist who led each proning procedure supported by staff whose services had been reduced. This included Consultant and Nursing colleagues from Ears, Nose and Throat (ENT) and Oral Health to help with physiotherapy support. They were chosen due to their expertise in head and neck management, which was vital for the proning procedure. A reduction in Outpatient

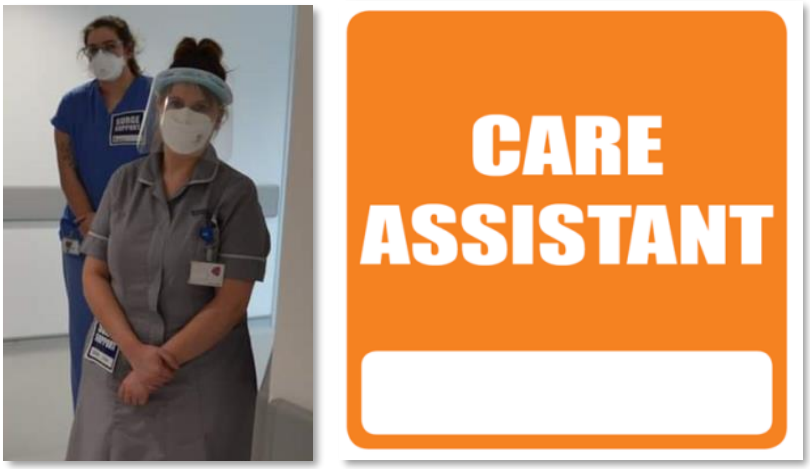
activity meant they were available. Oral Health colleagues were requested as oral hygiene was noted as a concern and physio support assisted with the positioning to try and reduce pressure sores. Additional staff from Obstetrics and Gynaecology also assisted when they were available.

The proning procedure assisted patients who were admitted to critical care due to contracting Covid-19. A dedicated team helped to standardise a proning procedure which benefitted multiple patients each day, and demand was high enough to warrant the establishment of a dedicated team.

Careforce response
As part of a Careforce response we provided large, brightly coloured stickers to clearly indicate the person's role to avoid confusion.

Due to the large numbers of isolating, shielding and rotating staff, there were significant numbers of staff that were new to the Trust in an environment where clear communication was paramount. These stickers were used by staff dressed in PPE or usual work attire.

What impact it had for patients/staff/services
For staff it allowed them to easily identify other staff by their role at a time when uniform a number of roles were using the same uniforms / scrubs meaning it was often difficult to identify staff roles, especially in the required PPE.



Expanding the Workforce

Earlier planning identified that if the NNUH were activated as a Surge Centre, staff and support would be required from other organisations in the region. However, the pressures on neighbouring hospitals in the East of England region meant forecasts on available staff were not realised.

The movement of people was covered through a Regional Mutual Aid Agreement. This was supplemented by an agreement across Norfolk & Waveney STP and with the University of East Anglia and partner organisations on the Research Park.

Resourcing actions

Mutual Aid
Through the mutual aid arrangements covered through the memorandum of understandings and the local resilience forums, the NNUH was able to benefit from the temporary allocation of staff to the Trust. Staff were drawn from a variety of partner organisations across the Norfolk and Waveney area, and offered a broad skillset. This included the supply of trained nursing staff from other local Trusts to support the enhanced critical care footprint within the Norfolk Surge Centre. A number of staff were also drawn from local councils to create a “Careforce”, providing support with a variety of ward based tasks.

Surge Register:
An appeal was communicated to a number of workforce leads within local Trusts, requesting the identification of clinical staff who could be spared from their contracted posts to be temporarily deployed to support our work as a Regional Surge Centre. This resulted in 9 staff from the James Paget Hospital, 5 from the Queen Elizabeth and 3 from Norfolk Community Health and Care.

South Norfolk County Council:
The Local Resilience Forum provided a network for collating information on staffing programmes and shortfalls, with Workforce colleagues from a variety of NHS and local councils in attendance. This resulted in the deployment of c.21 staff from South Norfolk Council into the Trust’s Careforce programme. South Norfolk Council staff

attended a brief Trust induction and were then deployed in pods to Wards areas to undertake reception, housekeeping and “runner” duties.

Fire Service:
Through the Local Resilience Forum and direct contact with Norfolk County Council, the Trust was able to utilise 26 staff from the Norfolk’s Fire and Rescue Service. These staff provided invaluable support to the Trust’s Fit Testing Clinics, contributed to the distribution of Lateral Flow Testing kits and the Vaccination Hub and allowed trained clinical staff to be released to other areas.

Military:
The Trust was permitted to call upon the services of the military during the Surge period, with combat medical technicians from RAF Marham deployed to support. 30 of these staff received fast track induction in Trust procedure prior to deployment into Critical Care areas. They joined the NNUH for 7 weeks from Jan-Mar 2021. These were personnel from around the country who worked in Critical Care Complex and across 6 Wards to deliver patient care alongside NHS colleagues.

Recruitment
The Trust has worked hard to create attraction strategies, including employer branding that offered a competitive edge when attracting talent.

Utilising such expertise during the first wave of the Covid-19 pandemic enabled the Trust to recruit 80% of the additional staffing sourced across the Eastern Region.

Similarly, the Trust benefitted enormously from its ability to recruit at pace to respond to surge requirements during the first wave of the pandemic, becoming a Surge Centre, albeit in a very different recruitment marketplace.

From the activities that surge generated there has been clear learning which we will benefit from going forwards, these include:

- Continuing to strengthen relationships between clinical leaders and workforce leads, to prioritise and expedite hiring.
- Continuing to be innovative with recruitment advertising and on-boarding processes to deliver staffing solutions quickly and efficiently
- Recognising the link between the demand for resources and the training capacity available, acknowledging that staff deployed to clinical areas require suitable induction and training to support them

Further work will now be undertaken across the Workforce Directorate to follow up with new staff to ensure that as many can be retained as is possible. This will include permanent vacancies and ongoing pastoral support for those who want to remain with our Staff Bank.

Registered Nurses/Healthcare Assistant Recruitment

The NNUH acted as the lead employer on a recruitment drive for 200 Healthcare Support Workers (HCSWs) on behalf of the Norfolk and Waveney Health and Care

Partnership. This programme was initiated at pace over the Christmas period to allow applicants to be shortlisted and interviewed in the first weeks of January.

In order to aid the timely delivery of staff, a revised job description and training package was initiated - Care Assistant - which allowed staff to be placed in post following 2 days of training.

As a result of this initiative an additional 58 staff commenced in post between 14th January and 15th February.

All of this activity could only supplement the incredible work that our own staff have provided. The recognition of those staff that have been moved from their usual Ward/departments and to support surge requests was both phenomenal and courageous.

In the first wave Professional Development & Education recruited Healthcare Assistants, current/previous Registered Nurses and Allied Healthcare Professionals. Some of the returning Registered Nurses were on the emergency Covid-19 register, which was created by our governing body the Nursing & Midwifery Council, to allow retired staff to return to Nursing. We trained approximately 125 staff, and this translated into approximately 40 staff (mix of all of the above) working in practice. This initiative was also supported by the Nurse Bank team who arranged placements.

In the second wave we focused on providing basic care to patients. Using the learning points from the first wave we predominantly offered contracted posts in order that we may have a reliable/contracted workforce who could commit to a specific amount of hours a week. We created a new role of Care Assistant. This differed from a Health Care Assistant, with a reduced job spec. The aim was for the Care Assistants to provide essential care (personal care, hydration and nutrition, toileting, bed making, pressure area care) to our patients. In total we trained 58 staff, 54 of whom went into practice. They covered several areas in medicine and surgery. Since then we have provided upskilling training and would hope that by end of April 2021 they would have all converted to Health Care Assistants. All of these Care Assistants have now been employed by the Trust.

Norfolk needs you!

In response to the “Call to Arms” from Chief Nurse, Nancy Fontaine, a social media led advertising campaign entitled ‘Norfolk Needs You’ was initiated. This advertising solution was designed to drive applications to our Nurse Bank in particular.
The highlights were:

- 56 enquiries which, to date, have resulted in:
- 36 - applications to bespoke vacancies
- 18 - offers of registration to the Bank
- 4 - Referrals to the Norfolk & Waveney Reservist scheme
- 1 referral to NNUH Volunteers
- 4 offers made for substantive posts within the NNUH

- 2 further candidates under consideration for substantive posts

Accelerated Start Dates

Throughout the pandemic the Trust continued to recruit to vacant posts. To support the resourcing requirements for the Surge Centre, the Recruitment team undertook an urgent review of all availability in our recruitment pipeline to expedite those able to start. Between 1st January and 28th February an additional 9 Registered Nurses and 41 HCSWs joined the Trust earlier than would have been the case through accelerated start dates.

Student Nurses

Utilising the Trusts strong working relationships with the University the Trust was able to recruit 15 Student Nurses directly on to the Nurse Bank for deployment to the Ward Areas.

The Trust further benefitted from 32 third-year Student Nurses who opted to join the Trust on fixed term contracts between February and the end of April 2021.

Nursing, Midwifery and Allied Healthcare Professionals 'Paid Placements'

NNUH actively supported two waves of Pre-Registration Students on 'Paid Placements' at the invite of Health Education England (HEE). NNUH was specifically chosen by many students either studying or living locally to continue their student journey and to actively support front line patient care as part of our Covid-19 response.

The first wave of students joined during Spring/Summer 2020 and a smaller second 'paid placement' opportunity through Winter/Spring 2021. NNUH was the most requested 'paid placement' provider in Norfolk and resulted in us working in partnership with not only our regional Universities, University of East Anglia (UEA) and University of Suffolk, but also several other highly regarded Universities across the country. Our partner universities included University of Brighton, Keele University, University of York and London City.

We welcomed over 150 second and third year nursing students and over 30 midwifery students in the first wave. Our second wave paid placement students are due to conclude placement this April 2021. Many of our paid placements students from the first wave have joined NNUH on their first post qualified or continuing the student journey with us on their future placements. Therefore in total NNUH provided over 230 paid placement opportunities to our health care professionals of the future and during this time they were a key part of our workforce.

Our students were supported by our placement teams alongside our Practice Development and Education (PD&E) Clinical Educator team. All students received a welcome and a comprehensive induction to the Trust as they commenced. Students were then supported throughout the placement to achieve their goals and support from their Universities. Our students were personally thanked by our Chief Nurse for their excellence and contribution to patient care here at NNUH.

Most of our non-medical students who came forward were from adult and child field nursing, however as highlighted we welcomed significant numbers of midwifery students and interest from Allied Health Professional students. It is noteworthy that over 70% of Midwifery students who came forward regionally chose NNUH as their paid placement provider of choice alongside the highest percentage of nursing students across Norfolk.

Working in practice

Ward Skills Refresher
Practice Development and Education created a Ward Skills Refresher online platform. We initially provided face-to-face teaching to upskill the workforce e.g. Nurses and HCAs who worked in non-ward environments then we created a library of online videos as a learning resource. This included documentation sessions, practical videos for equipment use and essential care videos. It was added to the Trust intranet front page:

Feedback on this initiative was very positive and the Trust has continued its use for various learner groups.

"I would like to add that during such a difficult time we have worked with a variety of different internal and external teams. This has really been a positive experience and permitted us to work across boundaries and learn from one another. My colleagues within PD+E have done some fantastic work and I feel proud of our team achievements during this time."
Jude Ditton – HCA and NQ Programme Lead; PD& E Nurse

The Infection Prevention & Control (IP&C) team have provided support and guidance to manage infection throughout the pandemic, minimising the risk of transmission

and promoting the maintenance of a clean environment and effective hand decontamination. This has been achieved through prompt identification of cases and partnership working. This included the IMT, Serco, estates and facilities. Links with the laboratory, operational management and information services facilitated development of live reports to track and trace patients to manage isolation and cohorts safely. IP&C supported ward teams with screening advice, the management of risk assessment and patient placement following the correct pathways and social distancing advice. The team worked alongside Health and Safety to manage PPE, offices, rest rooms and changing areas in response to the latest guidance, Post Infection Review and outbreak learning.

Despite the emphasis on COVID other infections were monitored throughout and monthly meetings to discuss Post Infection Review of C.*difficile* cases continued involving clinical staff and our Clinical Commissioning Group (CCG) colleagues. IP&C link practitioner meetings and training were provided utilising Teams. Organisational Wide Learning was shared monthly.

Covid-19 Information Hub

At the start of the pandemic, in March 2020, we understood the need to support and reassure staff by providing frequent, clear and consistent communications as the pandemic progressed.

We issued twice-daily updates via email, seven days a week, from 10 March 2020. These communications provided a single, trusted source of information and shared critical clinical information, process changes, national and local Covid news, clinical guidelines and a wide range of news and guidance on issues from training and PPE, to testing and zoning at the hospital.

As the pandemic continued and information was ever-changing, it became clear that communications needed to be easily accessible and held in one place. It was not possible to do this on our existing intranet platform, so we developed a separate Covid-19 Staff Information Hub, which was also accessible to homeworking staff before the roll out of our virtual workplace. It was rapidly launched in mid-April 2020.

The Hub enabled provided a structured, central source of all Covid-related material, covering operational and clinical information, infection prevention and control, HR, wellbeing support and staff benefits. All news was published on the site, including interviews with staff about their experiences, and, to boost morale, messages from the public were included and the facility for staff to post messages of support to each other was available.

We continued to email twice-daily updates, formatted as an e-zine, linking directly to the Hub. This information was reinforced via our closed staff Facebook group.

We also publish videos of our weekly CEO's staff message and "Connected" sessions, via Teams, where our CEO and senior leadership team provide updates and answer real-time questions from staff on any topic, as well as our regular "Open Conversation" sessions on Covid-related topics, also via Teams, with the leadership team. These reinforce that we're being well led through and post the crisis and demonstrates the concerns of staff are being listened to and addressed.

Since its launch, the Hub has received nearing 500,000 hits and has become a valuable go-to resource that's developed beyond Covid-related material to provide "business as usual" information.

At the highest points of the pandemic, the daily updates averaged 4-5,000 views, with 10,000 at the peak.

We conducted a communications survey following the first wave and 94% of staff said they always or mostly read the daily updates and 88% said the updates helped them understand how the Trust was responding to the pandemic.

98% of respondents thought the Hub was 'extremely useful' or 'useful'.

"The Live Events - Connected, Digitally Connected etc. are really useful and are an amazing way to feel more involved with the senior management team."

Covid-19 Vaccination Hub

Building on the success of our staff flu vaccination campaigns, in November, NNUH commenced the Covid-19 vaccination programme planning. It was anticipated initially that we would be vaccinating all staff and some members of the wider health and social care workers within central Norfolk. Planning for this commenced using an IT tracking system and with members of our core staff flu vaccination team.

A change of direction was given by NHS England days before the launch. Instead we would commence vaccinating the over 80's and Care Home staff, with only a small proportion of vaccines available to our NHS staff initially. The team rose to the challenge and within days the dedicated hub in the hospital was created, and an alternative booking process for patients was implemented. Vaccinations commenced on 7th December 2020.

By mid-January we were vaccinating NHS staff, onsite contractors and social care workers in the area. By early April over 50,000 vaccinations had been administered through the hub. At its peak, the hub can vaccinate over 1000 individuals a day and has contributed significantly to the vaccination programme of the Norfolk Community.

Our own organisational uptake of the vaccination is over 95%. The vaccination programme has clearly impacted the transmission rate and severity of disease in our area. Locally the levels of positive Covid-19 tests have reduced as well as the number of inpatients needing treatment for this virus in our hospital. In addition, since mid-February, the NNUH Occupational Health Service has only been aware of 2 staff members testing positive.

Individual Covid-19 Risk assessment

In late March 2020, the emerging evidence surrounding the Covid-19 virus identified some individuals would be more vulnerable than others, and have a significant risk of

serious ill health should they contract the virus. It became apparent that this would impact some of the staff who worked within our organisation. This led to the development of a risk matrix and risk assessment process which needed to be considered for all staff.

Our Workplace Health & Wellbeing team (Occupational health) spoke to thousands of our staff in the weeks that followed – many who needed advice and guidance surrounding their own health situations as well as their concerns for loved ones who were being placed in a 'shielding' group. Our focus was to protect our NHS staff and prevent staff becoming critically ill, whilst also balancing the need to keep NHS services running.

Once the risk assessment tool, 'Rainbird' was launched, all staff could be risk assessed with outcomes being sent to line managers and the occupational health team with immediate effect. This tool became a very efficient, effective and consistent evidenced based assessment for all staff. This Covid-19 risk assessment tool is now being used by many NHS Trusts around the country.
https://rainbird.ai/case-study/assessing-covid-19-risk-for-thousands/

Staff Covid-19 Isolation advice and guidance

From the start of the pandemic, the Workplace Health & Wellbeing team have kept up to date with the ever-changing advice from the government regarding isolation. This started in the early days with advising when staff were returning from trips abroad, and over the year this has developed into a full in-house test and trace service for staff.

It was vital that staff had timely advice regarding any contacts they had in the workplace from colleagues and patient contact as well as any links form personal / home contacts to prevent unnecessary transmission within the workplace to both staff and patients.

The team have been providing a 7-day service ensuring any staff producing positive Covid-19 test results are contacted and if necessary ensuring contacts in the workplace commence isolation as per the national guidelines.

Incident Management Team

Throughout the pandemic, the management response to the crisis has been led by our Incident Management Team (IMT), headed by Chief Operating Officer Chris Cobb and comprising representatives from each Division and key corporate services across the Trust.
The IMT combined a strategic and operational response to PHE and NHSE directives and day-to-day management of the incident. It operated 08:00-20:00 7 days per week.

To try and keep everyone involved and aware of the constantly evolving position there was a daily 11:00 IMT meeting with members collecting information, making decisions and sharing it across the Trust. Each key decision was printed and given an incident number and was logged in the incident log book. A staff information Hub

was established to electronically share the output from the IMT meetings across the Trust.

The NNUH IMT formed part of a national framework and all Trusts had a similar team to ensure that the NHS response to the crisis was co-ordinated. Regular contact with and reporting to NHSE allowed the Trust to provide support across the health system where possible and helped establish the NNUH as a critical care surge hospital for the Pandemic.

Working in accordance with the Pandemic Infectious Respiratory Diseases Plan, the over-riding priority was to ensure that our staff and patients were as safe as possible and in the right locations to satisfy the national segregation and IP&C requirements. A local alert state with escalation and de-escalation triggers was established to help provide awareness to staff patients and public on the prevalence of Covid-19 within the hospital and to reduce the transmission of the virus.

Continuation of Services

"I have really struggled with this as I could write a novel on what we did and how great it was that the staff accepted the need to move patient treatment to Spire without moaning or causing any issues – just finding local solutions to make this work; plus how good it was to be able to continue to provide care during Covid for our vulnerable patients.
Dr Claire Euesden

Using Spire
In April 2020 a relationship was built with Spire, Norwich, to transfer services and care for vulnerable patients at a low risk site. Services undertaken at Spire throughout Spring and Summer, included:

- Outpatients,
- Minor procedures for urology & dermatology,
- Cardiology & echo care,
- Chemotherapy,
- Day case and elective surgery for high priority and cancer patients,
- Range of diagnostics.

Community midwifery and phlebotomy was also delivered at Spire for a while, which enabled NNUH patients to be treated safely and in a timely way.

During January 2021 this process was reactivated to support the NNUH patients during Wave 3.

The structure, process, managing and delivery of this move has commended as best practice with recognition from NHS England and the Spire groups as well as in local and national press. The swift transfer of services and provision of high volume and

high quality care at the Spire site was enabled by the strong communication processes and clear lines of responsibility, which were developed at the start of the process.

Further, a daily meeting was held during the collaboration that was represented operationally and clinically from both hospitals to ensure there was fast decision-making and the treatment delivered in theatres at Spire was undertaken as an extension to the theatre complex at the NNUH.

Delivery of the patient care required all related NNUH staff to expand their work to cover the Spire site and this was done professionally within all groups.

Ultimately, the key successes of this piece of work were:

- Spire Norwich has maintained a 'covid-19 protected surgical pathway' in order to provide a safe environment for all patients admitted for surgery. This is respected and supported by both organisations.
- Daily meeting to maintain dialogue and ensure no confusion, used to trouble-shoot and resolve problems.
- Commitment, flexibility and professionalism of clinical teams-both NNUH and Spire Norwich Hospital teams have integrated and worked well together.
- Monthly governance reports were developed to ensure that patient safety remains the highest priority for all partners. No hospital acquired any infections.
- Spire staff supported the NHS by working in ICU/ITU at NNUH and in community screening programmes

Maintaining Chemotherapy Services

As with every service in NHS Acute hospitals, things changed overnight as we went into National Lockdown and the first waved of Covid-19 started; there was the real possibility that NNUH would become filled with Covid-19 positive patients removing all elective admissions.

Oncology and Haematology patients quickly identified as Clinically Extremely Vulnerable with a lower / impaired immune system and high risk from Covid-19. Action was taken quickly across the system to identify 'Green' pathways that were Covid-19 free such as the local Spire Hospital.

A working group was formed to operationalise a physical service move to the Spire site; over 30 nurses, pharmacy services, administrative teams and over 80 patients a day. Every outpatient receiving chemotherapy, infusion therapies and supportive blood products would find the Spire site their home for the next four months.

The moving of services was massive and should not be underestimated.

Every element of operational activity was scrutinised through the booking of patients, to ordering chemotherapy drugs, to how patients entered the building. Safety parameters and governance processes had to be rethought and adapted to an environment usually used for day case procedures. Usual support mechanisms changed overnight and split over two sites and became constant helplines.

The clinical teams rose to the challenge and adapted their practice and usual thought processes overnight; patient safety and maintaining services being at the heart of every professional. Spire opened their doors and welcomed the team and patients in without hesitation.

Particular unsung heroes are the volunteer transport team who couriered chemotherapy from NNUH pharmacy to the Spire site throughout the day; the Stores and Top Up teams that maintained stock and responded to distress calls; the admin and clinical teams who rang every patient to talk through the move and gave reassurance; the Pharmacy and Clinical trials teams who changed pathways and operational processes to meet the demand…the list goes on. Every single person played their part and enabled the service to continue which is truly an inspiration.

Outpatient chemotherapy services returned in August 2020 to the NNUH. 80% of outpatient chemotherapy activity was able to be maintained with the remained being risk stratified to less invasive treatments. Every patient received the best possible care available in the middle of a pandemic with credit to every professional supporting that service.

As a service there has been a lot of learning particularly around our resilience and ability to change practice quickly and safely, how as a team we can pull together, and as always how amazing our patients continued to be.

Virtual Outpatient Appointments

Virtual consultations (via video or telephone) play an important role in helping remotely manage and improve communication between patients and clinicians. The use of video consultations can add value to patients care and experience whilst providing the ability to remotely teach, assess or monitor patients.

Currently around 46% of all of our outpatient consultations are delivered virtually. The speed and scale of this was initially influenced by the pandemic however we are

aiming to sustainably embed virtual consultations as the way we deliver care for up to 50% of outpatient consultations in the future.

With the right infrastructure in place, there has been a significant move to virtual delivery of consultations in line with the national transforming outpatients agenda. The associate reduction in 'foot fall' on the hospital site is also assisting the Trust in reducing its carbon footprint and coping with increasing patient demand without the need to always increase resources.

Patient feedback has been very positive with 94.2% of patients feeling they 'can communicate everything they want to' through virtual means and 93.7% of patients feeling that their 'needs were met'

Digital Health Pandemic Response

Since March 2020 the Digital Health team have upgraded over 80% of the Trust's user devices to Windows 10. All EPMA trollies and devices have been upgraded, which is helping the wards to complete their drugs round with greater ease. Within the first few months of the first lockdown we deployed approximately 600 laptops to enable working from home for the high-risk employees.

When we became a Covid-19 surge centre, there was a lot of work to help achieve the goals of the Trust. We set up 60 extra Metavision computers to help Critical Care staff to monitor their patients. These computers have been set up in different wards. We also had to install numerous Lantronix boxes for each area that require the Metavision computers.

We deployed multiple iPads to the wards with Skype installed so the patients could call families when visiting was prohibited. We also assisted in deploying and supporting the 'Attend Anywhere' solution to allow remote outpatient appointments to take place.

From a network perspective there were numerous work-streams that the Digital Health team were involved in and included various solutions that were implemented to allow Trust staff to work remotely during the pandemic. These included an 'Always on' VPN solution – where there was an urgent need for increased remote working.

We also implemented a new Wi-Fi (Wireless) system, replacing a legacy 15-year-old solution that had limited performance and generated numerous service calls. In excess of 740 access points were installed across all NNUH sites during the highest Covid-19 state in the Trust which was an incredible achievement.

From an infrastructure perspective some key technology solutions were rolled out to support a new way of working including; Windows Virtual Desktop and Microsoft Teams implementations. These work-streams allowed Trust staff to work remotely throughout the pandemic and remain in place. Both solutions were implemented successfully within a short time period and received positive responses from users.

Use of wearables
Digital Health invested in Current Health wearable technology. Current Health is an advanced remote patient monitoring platform, enabling insight into daily health and activity through continuous wearable vitals monitoring. Worn on the upper arm, the wearable is an accurate all-in-one wireless device, continuously and passively tracking vital signs. Alerts then enable earlier identification of potential deterioration and those patients at risk.

The solution was initially purchased as Current Health has the capability to monitor patients from afar, allowing healthcare staff to monitor, manage and intervene in the health of patients, without repeatedly exposing themselves to Covid-19. However, as the pandemic evolved we were able to identify other areas that wearable technology could support.

On the 13th January 2021 NHSE/I asked that all Acute Trusts create a Covid-19 Virtual Ward as soon as practically possible. Our Trust already had a digital strategy that supported the wider 'Digital Hospital' concept and by this point had an active programme of work around wearable technology upon which the virtual ward (VW) could be built.

The original ask (a Covid-19 Virtual Ward) was a secondary care led initiative to support early and safe transfer from a physical on-site bed to a virtual bed step down bed supported by remote monitoring for patients. As Covid-19 numbers rapidly declined the Virtual Ward team seized the opportunity to widen the scope of the NNUH virtual ward to encompass other relevant patient pathways. We have developed the virtual ward/hospital infrastructure and now have a number of pathways in place all supported by wearable technology including Covid-19, respiratory, palliative, and surgical with plans in place to also support oncology and heart failure.

There are a number of benefits

Patients

- Patients get home quicker (to their own bed & loved ones)
- Patient recovery accelerates in their own environment
- Bespoke monitoring against patient specific parameters
- Security of being monitored if nervous of transition from hospital to home
- Less clinical risk of hospital acquired infection and associated issues with extended length of stay in hospital

Clinicians

- New and flexible ways of working
- Increased flow within NNUH allows more patients to stay within their specialty with the know benefits of reduced LOS, Nurses trained in the specialty & accessibility to own consultant.
- New and flexible ways of working
- Rewarding supporting patients to be able to get home sooner safely

Organisation

- Length of stay is reduced
- Flow is improved
- Potential to close a ward (split %, CIP contribution, reinvest the savings in services & virtual ward)
- Opportunity to establish a permanent refurbishment ward
- Developing 21st century care in line with national direction / long term plan

Fab 2020

The initial Covid-19 lockdown in March 2020 led to suspension of normal visiting. Families and patients were suddenly disconnected and unable to visit, keep in touch and stay informed about their loved ones. Staffing was also an issue with many staff being designated as shielding or unable to be patient facing – this led to fewer staff available to answer ward phones.

The Fab 2020 initiative is about keeping people connected during a pandemic. We wanted to make sure the fantastic work from the last year is celebrated, and that the learning isn't forgotten.

The aim was to enable and ensure some visitations could still take place for certain key patient groups. This included end of life, those with dementia/cognitive impairment, learning disabilities and/or mental health issues and those demonstrating significant deterioration. We developed a range of responses to meet the variation of needs such as; virtual visiting and offering remote support for families. A policy to support key visiting was devised, we identified platforms to best suit our Critical Care Complex (CCC), Paediatric, Neonate and Adult Inpatient areas.

This included:

- ATouchaway is an e-platform designed to create a circle of care for patients and family. Co-designed by intensive care clinicians to enable a secure communication strategy from the Intensive Care team to families of patients under their care it supports secure text, audio and video communication.
- Skype is a voice-over-internet-protocol (VOIP) service that will allow patients within our adult inpatient areas to communicate with family and friends by voice, video, and instant messaging over the Internet.
- vCreate is a Secure Video Messaging service that allows clinical teams in Neonatal and Paediatric Units to send video updates to parents for those times when they're unable to be with their child.
- Procured significant number of i-pads for Virtual Visiting – mix of donations, purchased
- Digital Health team devised SOP and prioritised installing Skype on over 45 devices, ensuring every ward had access for their patients.
- Additional devices provided via Chaplaincy, SLT, and the main Operational Centre.
- Ramped up existing PALS 'messages to loved-ones' service

Creation of a Relatives Liaison Team (RLT)
This team comprised of 'blue zone' workers unable to work face-to-face with patients. The team was formed to act as the bridge between relatives and wards. The team contacted wards for updates each day and then called relatives to share agreed updates.

This service allowed the concerns of patients' families to be heard and addressed, and we sign-posted people to additional support within their communities that they otherwise may not have known about.

A standard operating procedure (SOP) was developed for the RLT and whilst it 'stood down' once the peak passed, the principles were established and built into the Covid-19 planning for second wave.

Benefits

- Patients and families were able to stay connected.
- Every ward now has an iPad or other virtual visiting option.
- PALS delivered 369 messages to loved ones at the peak, and the popularity of the service continues.
- RLT supported over 240 families with over 1,000 contacts at the peak.

Measures

- Although difficult to quantify, it was noted that the number of complaints dropped overall during this period.
- The Trust did not receive <u>any</u> complaints in relation to families being unable to keep in contact during the peak period. RLT have been instrumental in helping resolve matters received by PALS and complaints with regards to families facing difficulties getting through to wards. RLT resolved 23 such matters received via PALS.
- The feedback to the RLT was uniformly positive and appreciative.
- Visiting for those in the identified categories continued and was hugely appreciated by families and staff.
- During the second wave December 2020 to March 2021:157 families supported in second wave (Dec 20– March 2021). 1070 calls made and received in second wave, average of 80 per week
- Approximately 170 signposts to other services have been made.
- 13 referrals received from CCC, which allowed for continuation in communication when transferring patients from CCC to other wards.

Resources/Team

- The RLT was created through redeployment of workers who could not undertake clinical face-to-face duties.
- PALS staff altered work pattern to include weekends.

- Digital equipment was key to success of the virtual visiting

The Digital Health Lead studied the impact in Italy which informed our approach to virtual visiting.

The Heads of Patient Experience (HOPE) Network Futures Platform and meetings supported the sharing of responses to all aspects of visiting and relatives support.

Locally, the Norfolk & Waveney STP patient engagement and experience leads have met weekly to share and align practices ensuring a degree of consistency for the area.

Key Learning

- Rapid application of learning from other areas/countries.
- Staff, patients and communities can work together rapidly to identify and implement solutions.
- Better and easier access to IT solutions would help; designated space for staff needing an element of protection (not shielders/white zone workers) would assist in providing a contact line.

RLT members are returning to their substantive posts, and there is no funding within the Patient Experience budget to secure staff to secondments. Although visiting has been reinstated, some restrictions continue to be in place, and therefore some people remain unable to visit their loved ones. Aforementioned benefits of service to relatives will be lost and PALS concerns and complaints may increase due to challenges in communication between wards and relatives.

Feedback received from families

"My reason for writing is two-fold, firstly to say a personal thank you to Sophie and Jane and secondly to hope that the powers that be within the hospital can see the sense in such a team and make it a permanent facility within the organisation.
Patient's families don't always need a medical person to reassure them just someone to speak with and pass on their concerns. I will be forever grateful to the Relatives Liaison Team for their help in wending my way through a very difficult time for our family and hope that the team can be placed more prominently within the website so that other families can utilise their skills, expertise and knowledge."

"Since RLT have been involved things have been a lot easier and Nurses have been more helpful."

"One of the best things that has ever happened."

PPE Review Panel

At the start of the pandemic keeping staff safe was paramount and guidelines on PPE were released, this meant that the National Supply for PPE in the NHS (known as 'Push Stock') were unable to meet safe levels of PPE requirements at the NNUH resulting in buying of stock outside the normal supply chain.

As PPE was high in demand this created the opportunity for many companies to produce PPE which did not meet strict compliance for medical use. In addition, the generous public were also buying/making products to donate to the NNUH for staff use. Without robust governance controls there was a high risk of non-compliant PPE being used within the NNUH and could lead to staff not being fully protected as they expected. Therefore, the PPE Review Panel was implemented.

The PPE Review Panel reviewed each new item of PPE being purchased or donated for use in NNUH to ensure it met the requirements for medical use as well as identified areas of stock level concerns as well as tackled issues within clinical settings on use of PPE and surge planning for wave 2 and beyond.

As stock levels nationally became sustainable donations and buying outside of the Push Stock has reduced however it was identified through a couple of incidents that some of the PPE from Push Stock contained latex or was not fit for the category they were delivered for e.g. sterile gowns in a multi pack. Therefore, the Panel took on checking every new item of PPE which arrives at NNUH to make sure it complies with our latex free site and is fit for purpose. The Panel also acts on any notifications of recall on PPE and national guidance changes.

Improving patient care with redesigned plastic surgery

A plastic surgery service for patients who suffer serious hand injuries has been transformed into an outpatient setting at NNUH during the Covid-19 pandemic.

Since the start of the coronavirus pandemic, more than 1,000 patients have received emergency and elective hand surgery without the need to be admitted to hospital or have a general anaesthetic.

Surgeons and anaesthetists at NNUH established the Norwich Hand Unit and regional anaesthesia service in the Vanguard theatre, which is part of the Day Procedure Unit, and have taken referrals from across the region throughout the Covid-19 lockdown.

Patients with serious hand injuries previously had to wait on an emergency assessment unit and receive surgery in main NNUH theatres.

As a result of this initiative, patients had their operation, on average, about eight hours earlier and the Trust will be maintaining the service for emergency and urgent cases during the ongoing pandemic.

Sam Norton, Consultant Plastic and Reconstructive Surgeon at NNUH, said: "As a result of the Covid-19 pandemic, we came up with a plan to isolate this service from the main hospital, which has reduced the risk for patients and has changed our service for the better.

"It has been a positive step and has improved the patient journey by streamlining the service and has lowered infection risk for patients."

Norfolk and Norwich Kidney Centre (NNKC)

“The Norfolk and Norwich Kidney Centre, (NNKC)” opened its doors to patients at the beginning of March 2020. We are a nurse led, off site dialysis unit working in partnership with Diaverum UK.

We operate from Monday to Saturday and are open from 07.00am to 22.30pm and provide renal replacement therapy for up to 90 patients per day. The patients requiring dialysis attend thrice weekly and have many health problems aside from their dialysis. From the beginning of March 2020 to February 2021 we carried out 27456 dialysis treatments. The NNKC provided a clean, safe haven, for all who attended throughout the height of the pandemic.

As a team we implemented levels of change to our practice in order to keep infection rates down as listed below:

- We introduced a triage system at the main doors enabling all who entered the unit to be temperature checked along with a change of mask and hand gelling. Anyone who presented with symptoms was asked to wait and PCR swabs were taken. They were then transferred to the main site for their dialysis in a separate area until we were confident that they were clear.
- Thrice weekly PCR testing was undertaken on all regular patients at the height of the pandemic to capture any positive patients from one week to the next.
- All staff were asked to complete the Rainbird questionnaire and perform lateral flow tests twice weekly. They were also asked to check their own temperature on arrival to work and wear PPE at all times. Numbers were limited in the rest room and additional rest room facilities were created.
- All visitors to the unit were asked to no longer attend with their families and only essential support was allowed to reduce the footfall of the unit.

Our infection rates were low and have remained so to this day. Both staff and patients embraced the changes which we implemented and as a result we are proud of how we managed this extremely vulnerable group. The staff rallied and we created a rota to support the “red” dialysis programme back at the main site. The Renal Specialist Nurses provided daily support on the main dialysis unit and this enabled us to back fill and support staff deficits on Langley ward. The nursing team were fantastic as they pulled together also filling in the vacant duties from those who were home shielding.

Staff have been well supported and absence levels have been low. We had 1 nurse who tested positive to Covid-19 and thankfully she was asymptomatic at this time.

“We remain grateful that we moved into the purpose built unit just ahead of the pandemic and believe that it was fortuitous for all.”

THANK YOU NNUH!

This year we thought it would be appropriate to share some of thoughtful messages of gratitude our staff have received over the pandemic.

The pupils from Langham Village School have sent us some lovely letters and drawings.

Seven year old Nevaeh Webb has made some rainbow badges for staff in Mulbarton ward and she's is selling them to raise money for cancer research.

Nevaeh also made the letters of the ward which have been framed and displayed.

A recent patient feedback letter sent to Sam Higginson, CEO.

Dear Mr Higginson

I felt I had to write to you about my husband who was admitted to N&N at Christmas time last year. During his stay he was cared for in several wards and I was kept up to date on his treatments and condition throughout all his time with you. Unfortunately he did contract Covid which made him susceptible to other infections but everything was done to try to make him better.

His final days were spent in Docking Ward when he was on IV treatments to try and improve his health and deal with several ailments including dementia. When it was realised none of these were working I was consulted about him starting to receive palliative care to which I agreed. My husband would not have wanted intrusive treatment and sadly I knew by then that there was no more the medical staff could do for him. He passed away on 2 March.

The reason I am writing to you is because I would like you to know that all the staff on Docking Ward were so professional and praiseworthy. The nursing assistants, reception, nurses, his palliative nurse, doctors and consultants treated my husband with care, kindness and respect. In his final hours, they treated our children and myself with the same consideration. We shall be forever grateful.

With so much negativity one hears reported in the media about our hospitals it is a real pleasure for me to report the exact opposite

As part of the "Rainbow Superhero Celebration Day", 10-year old Jeanie from South Norfolk Primary in Hempnall produced a piece of work and a poem to show her appreciation for the NHS.

Annex 1 - Statements from Clinical Commissioning Boards, Local Healthwatch organisations and Overview and Scrutiny Committees

Statement from Healthwatch Norfolk

Healthwatch Norfolk Statement – NNUH Quality Report 2020/21
Healthwatch Norfolk appreciates the opportunity to make comments on this NNUH Quality Report, which includes a comprehensive review of how NNUH responded to the Covid-19 pandemic.

Healthwatch Norfolk pays tribute to all those who have lost their lives as a result of Covid-19 at NNUH, including NNUH member of staff, Estrella Catalan. We congratulate all members of staff who have undoubtedly saved the lives of so many patients during this period – both those suffering from Covid-19 and those with other medical problems treated and cared for.

Introduction
Covid-19, in line with all hospitals across England, has clearly had a very considerable impact on the ability of the NNUH to reach normal levels of performance. This is acknowledged by the CEO in his Introduction. It is also highly appropriate that he pays tribute to the staff who have responded magnificently to the difficulties brought about by the pandemic.

In this context it is therefore very encouraging that the Chief Executive has many positive issues to emphasize – notably being involved in a clinical trial of possible treatments for patients admitted to hospital with Covid-19 plus a research study on the effectiveness of Covid-19 vaccines; and it is very good to hear that over 500 people from the NHS, Norwich Research Park and the local community took part in the Novavax Covid-19 vaccine trial.

The Trust has opened a new 100 bed ward block, which will be home to three separate patient areas (emergency patients, stroke unit and high dependency unit) and at Bowthorpe there is a newly opened Norfolk and Norwich Kidney Centre which is a nurse-led dialysis unit assisting 90 patients a day, six days a week.

Healthwatch Norfolk also is very pleased to welcome the new Norfolk Centre of Interventional Radiology - the first in the country to house two Siemens Artis Pheno C-Arm robots and which will quadruple the number of interventional suites, placing NNUH among the foremost centres in the UK for interventional radiology.

Priorities for Improvement

The level of progress on the 12 priorities during the last 12 months is good – considering the impact of Covid-19 and it makes sense in the current circumstances to continue the same 12 priorities. Two additional priorities have been added: improving patient centred transfers of care and giving all pregnant women a discussion regarding preferred place of birth and a risk assessment at each scheduled Ante-natal appointment.

Reviews of Services

NNUH participated in 58 national clinical audits and benefitted from reviewing already published national clinical audits. This level of involvement in audits is impressive given the impact of Covid-19 on services.

A CQC inspection of the NNUH's Urgent and Emergency Care services took place in December 2020. A report was issued in February 21. This resulted in the CQC rating for Safe and Well-led in Urgent and Emergency Care remaining as Requires Improvement the same as the April 2020 CQC report. Ratings for Responsive remained at Requires Improvement. Effective and Caring stayed as Good.

Learning from Deaths

The report gives a breakdown of deaths during 20/21 at the hospital. 2694 in-patients died. A further 1299 died within 30 days of discharge, giving an overall total of 3993. The numbers are also broken down by quarter. The annual figures included the categories of In-hospital deaths with learning difficulties (23), In-hospital deaths with severe mental illness (33), in-hospital still births (12) and In-hospital neonatal deaths (18).

The report does not attempt to estimate the number of deaths attributable to Covid-19, which would have been interesting. With this in mind it would also have been useful to see comparisons of deaths with previous years. The figure in last year's report 2019/20 showed a total of 3675 deaths – which will presumably also include deaths from the early months of the Covid-19 pandemic. The 2018/19 Quality Report gave a figure of 3533 total deaths. More analysis of the causes of deaths would be helpful.

There were 22 Serious Incidents in relation to deaths, but 13 Serious Incident Investigations, all from Quarter 4, remain outstanding. Hopefully they will have been completed by the time the report is published.

Patient Safety Serious incidents

It is interesting to note that out of the 31,035 patient safety incidents recorded on Datix, 98% were deemed to have caused either no harm or low harm to patients. Also, interesting that 13251 of these related to 52-week breaches as a result of Covid-19. It would also have been useful to have received some comment on the 620 Serious Incidents (based on remaining 2% of 31,025), which did presumably cause harm. On the other hand, 3 never events is a relatively low figure, despite the implied rarity of "Never Events".

Performance against relevant indicators and performance thresholds

In common with all acute trusts across England Covid-19 has had a dramatic effect on performance, notably:

18 weeks from referral to treatment	50.2% against threshold of 92%
A &E maximum waiting times	66% (excluding Walk in Centre) against threshold of 92%
All cancers: 62 day wait for first treatment from GP:	59.8% against threshold of 85%
62 day wait from NHS cancer screening:	70.5% against threshold of 90%

It would be useful to have comparative data to set NNUH's performance in context with other acute hospital Trusts.

Cancer Services

Healthwatch Norfolk is very pleased to learn that NNUH is the biggest cancer centre in the East of England and among the top four centres in England for numbers of treatments delivered; also that NNUH is now providing treatments, in partnership with the cancer charity "Hope for Tomorrow" through a Mobile Cancer Care Unit, initially based at Attleborough, Beccles, Dereham and Fakenham.

Acute Services Integration

A single clinical team now runs the Norfolk and Waveney Urology Service across JPUH, NNUH and QEHKL; and JPUH and NNUH run the Norfolk and Waveney. Ear, Nose and Throat (ENT) service. Proposals for Haematology and Oncology are being worked up.

Staff Survey

There is no escaping the fact that some of the staff survey results are disappointing, particularly Quality of Care which is reported as the lowest score of all 128 acute trusts in England. As highlighted in the report staff engagement, team working and (satisfaction with) immediate managers also score very poorly.

On the other hand, it is interesting to read that the percentage of NNUH staff who would recommend the Trust as a provider of care to their family and friends is relatively positive 72.2% by comparison to 74.3% national average and 49.7% worst performer. In 2018/19 the Trust scored 62%.

NNUH has recruited a new Patient Engagement and Experience Team, created a Patient Panel, co-created a strategy, and brought volunteering under the patient experience umbrella. Hopefully, these measures will improve performance.

Freedom to Speak Up

The description of the Freedom to Speak Up Service suggests a stable team, with a consistent number of staff accessing the service. There are positive links with the Chair, CEO and Chief Nurse. The service links in with the Equality, Diversity and Inclusivity networks in the Organisation.

Covid-19 Pandemic Response

The report concludes with a comprehensive review of how the NNUH has responded to the Covid-19 pandemic. This includes:

- A very significant increase in measures to support, retain, recruit and compensate staff
- The development of a red response team
- Critical Care training and the setting up of a proning team (to turn Covid-19 patients over)
- Setting up a Covid-19 Information Hub
- Covid-19 Vaccination Hub
- Incident Management Team
- The use of Spire hospital as a transfer site for vulnerable patients

- Maintaining Chemotherapy Services
- Developing and expanding Virtual Outpatient Appointments
- Creation of a relatives Liaison team

Format of the Report

We were not able to locate any details about how to obtain the document in large print, Braille or another language. However we presume these will be added.

The provision of a glossary and definition of acronyms are very helpful to the lay reader.

Healthwatch Norfolk remains totally committed to working with the Trust to ensure that the views of the patients, their families and carers are taken into account and to make recommendations for change, where appropriate.

Alex Stewart
Chief Executive
Healthwatch Norfolk **June 2021**

Statement from NHS North Norfolk CCG

NHS
Norfolk and Waveney
Clinical Commissioning Group

Karen Watts, Associate Director of Nursing & Quality
NHS Norfolk & Waveney CCG

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karen.watts9@nhs.net

30 June 2020

Sent by email FAO: Karen Kemp, Associate Director of Quality & Safety
Norfolk and Norwich University Hospital NHS Foundation Trust, Colney Lane, Norwich NR4 7UY

Re: Commissioner Response to Norfolk & Norwich University Hospitals Foundation Trust Quality Account 2020-2021.

I am writing to confirm that NHS Norfolk and Waveney Clinical Commissioning Group (CCG) supports the Trust in its publication of a Quality Account 2020-2021. Having reviewed the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on information available.

The CCG recognises the significant challenge that the Trust has faced during the COVID-19 pandemic and the challenge of delivering safe care and services at this unprecedented time. The Trust has proactively developed adaptive ways of working to respond dynamically, in addition to becoming a regional surge centre. We commend the compassion and commitment of all staff during this time to keep patients, carers and staff connected and as safe as possible.

We were saddened to hear of the passing of Estrella Catalan who we know was a much-loved member of staff and to others who have experienced bereavement at this time. We recognise the skill and commitment of the staff, whom we know have gone above and beyond to deliver care to our communities and we express our gratitude to them.

The CCG recognises the challenges experienced by the Trust over the last contractual year and the impact that this has had on the organisation and commends the Trust for their resilience, acknowledging that there is great deal to celebrate and commend.

We are pleased to note the developments of the Trust estate, with the expansion of the Emergency Department completed and the opening of your highly specialised Negative Pressure Isolation Unit. The new 100 bed Ward Block will provide patient areas for Emergency patients, Stroke and a High Dependency Unit to care for inpatients within a modern, spacious, comfortable and safe environment. The newly opened nurse-led Dialysis Unit, and the expansion of Interventional Suites along with the expansion of Robotic-assisted surgery is to be commended.

We are pleased to see the promotion of a stronger research culture and the number of clinical trials that you have been engaged in over the year, for example, supporting the research community with vaccine development and improving patient care. This includes the COVID-19 RECOVERY Evaluation of COVID-19 Therapy, SIREN SARS-CoV-2 Immunity & Reinfection Evaluation and the Novavax COVID-19 Vaccine Trial.

We would like to highlight the Palliative Care Service and the Children's Learning Disability and Autism service, and the work undertaken to engage with young people and their experiences of accessing care and the development of your Youth Forum.

The CCG acknowledges the impact of COVID-19 in the delivery of planned care with the deterioration in 18-week Referral to Treatment and diagnostics performance, with a significant increase in the number of patients who are waiting over 52 weeks for treatment. The CCG supports your approach to the recovery and restoration of services, including your elective programme. The Trust has made sound progress and demonstrable improvements against your Integrated Quality Improvement Programme (IQIP), developed following CQC inspection feedback, which highlights significant improvements and progress over the past 12 months. The CCG supports the continued focus where progress has been made, but not fully achieved following the results of the National Staff Survey and acknowledges actions to ensure that there is improved staff engagement.

The Trust has worked in collaboration with system partners and other key stakeholders as part of the emerging Integrated Care System (ICS) to strengthen and enhance integrated working practice, focussing resources where our patients need them most. We thank the Trust for your work in supporting the system wide COVID-19 vaccination programme and the community discharge programme.

The CCG notes and supports the continuation of last year's Quality Priorities and a focus on two new areas of priority relating to Maternity and Transfer of Care for 2021/22. We welcome the opportunity to work collaboratively with you to achieve these as we develop as an Integrated Care System (ICS).

We would like to thank Trust staff for their strong leadership and hard work, underpinning continuous improvement in the quality of care delivered to the local population, and once again to thank all staff for their hard work and commitment to responding to the needs of their community.

On behalf of NHS Norfolk and Waveney CCG, I would like to thank you personally, for your continued hard work and we look forward to working with you throughout the 202 1-2022 contracting year.

Yours Sincerely

Karen Watts, Associate Director of Nursing and Quality NHS Norfolk and Waveney Clinical Commissioning Group

cc. Prof. Nancy Fontaine, Chief Nurse, Norfolk & Norwich University Hospital Foundation TrustCath Byford, Chief Nurse, NHS Norfolk & Waveney CCG

Feedback from Governors

One statement was provided, we have included this here. We did not receive feedback or comments from all governors; however, we received acknowledgement and approval from Carol Edwards and Janey Bevington.

Comment on the Quality Report from Erica Betts, Lead Governor, NNUH.
"*Thank you for a thorough report. While there is work to be done in several areas, such as communication to patients on discharge and more staff compliance with fully completing forms; the Essential Care Improvement Plan is to be commended. However, unqualified praise must be given to all staff, clinical and admin, for their amazing response to waves 1 & 2 of the Pandemic. They have been remarkable*."

Annex 2 – Approval of the Quality Account/Report

For the Quality Report 2020/21 NHS England's Foundation Trust Annual Reporting Manual 2020 – 21 stated *'there is no requirement for a foundation trust to prepare a quality report and include it in its annual report for 2020/21'* https://www.england.nhs.uk/wp-content/uploads/2021/03/FT_Annual_Reporting_Manual_2020-21_March.pdf Page 60

At the end of April 2021, NHS providers, including NHS Foundation Trusts, were informed that they were to publish a Quality Account for 2020/21.

As this Quality Report contains all the requirements for the Quality Account this report has been approved by the Quality & Safety Committee on the 27th July 2021

Annex 3 – Independent Auditor Report

As part of the Quality report requirements the Trust it is required that an external auditor is commissioned to provide independent assurance engagement review in respect of Norfolk & Norwich University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2021 (the 'Quality Report') and certain performance indicators contained therein.

However, in line with guidance issued on 15th January 2021 from NHS England: 2020/21 quality report: there is no requirement for a foundation trust to prepare a quality report and include it in its annual report for 2020/21. There is no requirement for a foundation trust to commission external assurance on its quality report for 2020/21

Annex 4 - Glossary of terms

Acute Medical Unit (AMU)	Rapid assessment and diagnosis unit for emergency patients
Bacteraemia	An infection resulting from presence of bacteria in the blood
BCIS	British Cardiovascular Intervention Society
Clinical Audit	The process of reviewing clinical processes to improve them
Clinical Governance	Processes that maintain and improve quality of patient care
Clostridium difficile, C difficile or C.diff	A bacterium that can cause infection
Coding or clinical coding	An internationally agreed system of analysing clinical notes and assigning clinical classification codes
CQC or Care Quality Commission	The independent regulator of all health and social care services in England.
CQUIN	Commissioning for Quality and Innovation. Schemes to deliver quality improvements which carry financial rewards in the NHS.
CT scan or Computed Tomography scanning	A technique which combines special x-ray equipment with computers to produce images of the inside of the body.
DAHNO	Data for Head and Neck Oncology, a database of information on head and neck cancer patients
Data Quality	The process of assessing how accurately the information and data we gather is held
Datix	A patient safety web-based incident reporting and risk management software for healthcare and social care organizations.
Decile	A statistical term, meaning one tenth of the whole.
Delayed Transfers of Care or DToCs	Term for patients who are medically fit to leave a hospital but are waiting for social care or primary care services to facilitate transfer
Dementia	The loss of cognitive ability (memory, language, problem-solving) in a previously unimpaired person, beyond that expected of normal aging
Dr Foster	A company that has developed a Hospital Standardised Mortality Rate and other data comparisons across the NHS
Drugs, Therapeutics and Medicines	An internal committee that considers all

Management Committee (DTMM)	drug related issues
Early Warning Score (EWS)	A clinical checklist process used to identify rapidly deteriorating patients
East of England Ambulance Service (EEAST)	The Ambulance Service which covers Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.
Escherichia coli or E.coli	Part of the normal intestinal microflora in humans and warm-blooded animals. Some strains can cause disease in humans, ranging from mild to severe.
GPs	General Practitioners i.e. family doctors
Health Protection Agency (HPA)	An independent body that protects the health and well-being of the population.
HPV	Human papillomavirus – a DNA virus from the papillomavirus family that is capable of infecting humans.
Hospital Standardised Mortality Ratio (HSMR)	An indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than should be expected.
ICNARC CMP	Intensive Care National Audit and Research Centre Case Mix Programme
LoS	Length of stay
MDT	Multi-disciplinary Team, composed of doctors, nurses, therapists and other health professionals
MI or Myocardial Infarction	A heart attack, usually caused by a blood clot, which stops the blood flowing to a part of the heart muscle
MINAP	Myocardial Infarction Audit Project
MRSA	Methicillin Resistant Staphylococcus aureus, a strain of bacterium that is resistant to one type of antibiotic
MSSA	Methicillin-sensitive Staphylococcus aureus, a strain of bacteria that is sensitive to one type of antibiotic
NBOCAP	National Bowel Cancer Audit Programme
NCAA	National Cardiac Arrest Audit, the national, clinical audit for in-hospital cardiac arrest
NCE – National Confidential Enquiries	A system of national confidential audits which carry out research into patient care in order to identify ways of improving its quality.
Neonates	Medical term for babies born prematurely in the first 28 days of life
NHFD	National Hip Fracture Database
NICE	National Institute for Health and Clinical Excellence

NICU – Neonatal Intensive Care Unit	The unit in the hospital which cares for very sick or very premature babies
NIHR	National Institute for Health Research
NLCA	National Lung Cancer Audit
Norovirus	Sometimes known as the winter vomiting bug, the most common stomach bug in the UK, affecting people of all ages
NNAP	National Neonatal Audit Programme
NRLS	National Reporting and Learning System – A database of patient safety information
Palliative Care	Form of medical care that concentrates on reducing the severity of disease symptoms to prevent and relieve suffering
Paediatrics	The branch of medicine for the care of infants, children and young people up to the age of 16.
Perinatal	Defines the period occurring around the time of birth (five months before and one month after)
PHSO	Parliamentary and Health Service Ombudsman
PLACE – Patient Led Assessment of Clinical Environment	A national programme that replaced PEAT from April 2013.
PPCI – Primary Percutaneous Coronary Intervention	A treatment for heart attack patients which unblocks an artery by opening a small balloon, or stent, in the artery
Prescribing	The process of deciding which drugs a patient should receive and writing those instructions down on a patient's drug chart or prescription
Pressure Ulcer	Pressure ulcers are a type of injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are also sometimes known as "bedsores" or "pressure sores".
PROM - Patient Reported Outcome Measures	A national programme whereby patients having particular operations fill in questionnaires before and after their treatment to report on the quality of care
Quartile	A statistical term, referring to one quarter of the whole
RCA or Root Cause Analysis	A method of problem solving that tries to identify the root causes of faults or problems
Screening	Assessing patients who are not showing symptoms of a particular disease or

	condition to see if they have that disease or condition
Sepsis	Sometimes called blood poisoning, sepsis is the systemic illness caused by microbial invasion of normally sterile parts of the body
Serco	The company that provides support services like catering, cleaning and engineering to the Norfolk and Norwich University Hospital
STEMI - ST segment elevation myocardial infarction	A heart attack which occurs when a coronary artery is blocked by a blood clot.
Stent	A small mesh tube used to treat narrow or weak arteries. Arteries are blood vessels that carry blood away from your heart to other parts of your body.
Streptococcus	A type of infection caused by a type of bacteria called streptococcal or 'strep' for short. Strep infections can vary in severity from mild throat infections to pneumonia, and most can be treated with antibiotics.
Stroke	The rapidly developing loss of brain function due to a blocked or burst blood vessel in the brain.
Surgical Site Infection (SSI)	Occurs when microorganisms enter the part of the body that has been operated on and multiply in the tissues.
TARN	Trauma Audit and Research Network
Thrombolysis or thrombolysed	The breakdown of blood clots through use of clot busting drugs
Thromboprophylaxis	Any measure taken to prevent coronary thrombosis
Thrombosis	The process of a clot forming in veins or arteries
Thrombus	A clot which forms in a vein or an artery
TIA or Transient Ischaemic Attack	This happens when blood flow to a part of the brain stops for a brief period of time. A person will have stroke-like symptoms for up to 24 hours, but in most cases for 1 – 2 hours. A TIA is felt to be a warning sign that a true stroke may happen in the future if something is not done to prevent it.
Tissue Viability (TV)	The medical specialism concerned with all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and leg ulcers

Annex 5 - Acronyms A-Z

A&E	Accident and Emergency Department (See ED)
ACU	Acute Cardiac Unit
BPT	Best Practice Tariff
C.difficile (C.diff)	Clostridium difficile
CAM	Confusion Assessment Method
CAPE	Carer and Patient Experience Committee
CCC	Critical Care Complex
CDI	Clostridium difficile infection
CG NICE	Clinical Guideline from NICE
CHD	Congenital Heart Disease
CHKS	Caspe Healthcare Knowledge Systems
CLAW	Collaborative Learning Action Workshops
CMP	Case Mix Programme
CMT	Core Medical Trainee
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
CRM	Cardiac Rhythm Management
CT	Computerised Tomography
CYP	Children and Young Persons
DNACPR	Do not attempt Cardiopulmonary Resuscitation
DVT	Deep Vein Thrombosis
EADU	Emergency Admission and Discharge Unit
EAHSN	Eastern Academic Health Science Network
ECG	Electrocardiogram
ED	Emergency Department (See A&E)
EEAST	East of England Ambulance Service NHS Trust
ENT	Ear, nose and throat
EPLS	European Paediatric Advanced Life Support
EPMA	E-Prescribing and Medicines Administration
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
FTSU	Freedom to Speak Up
FY	Foundation Year
GCP	Good Clinical Practice
GIRFT	Getting it right first time
HALO	Hospital Ambulance Liaison Officer
HANA	Head and Neck Cancer Audit
HAT	Hospital Acquired Thrombosis
HES	Hospital Episode Statistics
HMCI	Her Majesty's Chief Inspector of Education, Children's Services and Skills
HSCIC	Health and Social Care Information Centre

HTA	Human Tissue Authority
IBD	Inflammatory Bowel Disease
IG	Information Governance
IGT	Information Governance Toolkit
IS	Information Services
IT	Information Technology
JAG	Joint Advisory Group
JPUH	James Paget University Hospitals NHS Foundation Trust
KF	Key Finding
KLOE	Key Lines of Enquiry
MASH	Multi-Agency Safeguarding Hub
MINAP	Myocardial Ischaemia National Audit Project
MRI	Magnetic Resonance Imaging
MTPJ	Metatarsophalangeal Joint
N/A	Not applicable
NAD	National Audit of Dementia
NAOGC	National Oesophago-Gastric Cancer Audit
NBOCAP	National Bowel Cancer Audit
NCA	National Comparative Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NED	National Endoscopy Database
NELA	National Emergency Laparotomy Audit
NG	NICE Guidance
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NOFERP	Neck of Femur Enhanced Recovery Programme
NPDA	National Paediatric Diabetes Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning Service
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PCNL	Percutaneous nephrolithotomy
PE	Pulmonary Embolism
PICA	Net Paediatric Intensive Care Audit Network
PLACE	Patient-Led Assessments of the Care Environment
PODs	Patients' own drugs

PROMs	Patient Reported Outcome Measures
PSEC	Patient Safety and Effectiveness Committee
PSI	Patient Safety Incident
QI	Quality Improvement
QIR	Quality Incident Report
QS	NICE Quality Standard
RAG	Red/Amber/Green
RCA	Root Cause Analysis
ROP	Retinopathy of prematurity
SACT	Systemic Anti-Cancer Therapy
SAFER	Senior review, All patients, Flow, Early discharge, Review
SEND	Special Educational Needs and Disability
SHMI	Summary hospital level mortality indicator
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SSNAP	Sentinel Stroke National Audit Programme
STP	Sustainability and Transformation Plan
StR	Specialty Registrar
T&O	Trauma and Orthopaedic
TACO	Transfusion Associated Circulatory Overload
TARN	Trauma Audit and Research Network
UKRETS	UK Registry of Endocrine and Thyroid Surgery
VC	Virtual Clinic
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent

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