

**250
YEARS**

NHS

**Norfolk and Norwich
University Hospitals**
NHS Foundation Trust



**NNUH Annual Quality Account
2022 – 2023**

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Foreword

This report has been designed to provide assurance to our patients, the public and commissioners that 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 2022/2023 and identifies improvement opportunities the Trust will focus on.

This report also identifies and explains the Trust's quality priorities for 2023/2024.

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

This document will be available in an Easy Read version.

If you would like this document in another language, large print or braille, please email q-s.team@nnuh.nhs.uk.

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

Photo below: NNUH exterior in 1952



Celebrating 250 years of our wonderful Hospital....

We celebrated our 250th anniversary in 2022. We saw our first outpatients on 11 July 1772 and first inpatients on 7 November 1772.

We became the 17th voluntary hospital founded in England, with the original idea proposed by the then Bishop of Norwich Thomas Hayter. In 1758 Bishop Hayter asked local surgeon, Benjamin Gooch, to study the design and administration of London hospitals, to inform design of a hospital in Norwich. Mr Gooch later became a consulting surgeon at the hospital, although he never operated there.



*Photo: William Fellowes
(1706 – 1775)*

After a pause, following the transfer of Bishop Hayter to London, the plans were later taken forward by William Fellowes, who set up an open meeting at the Guildhall in Norwich in 1770 to discuss the hospital project where a committee was established, and subscription fund set up.



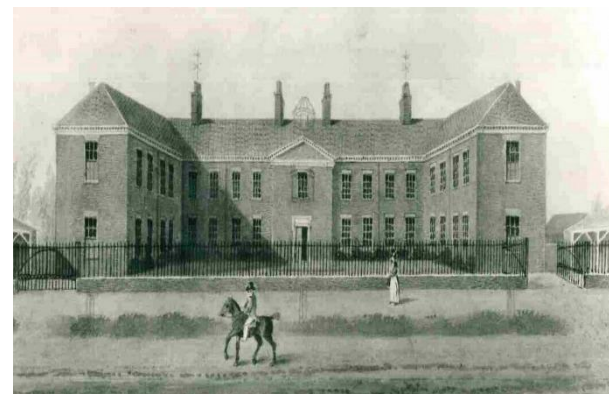
*Photo: Benjamin Gooch
(1708 – 1776)*

With the Foundation Stone laid in 1771, our hospital was opened in 1772 at a cost of £13,323, with a medical staff and matron, plus 20 beds ordered. In 2001, our hospital was rebuilt and opened at Colney Lane for a cost of £229m and now has over 1200 beds and 10,000 staff, treating over one million patients every year. After moving to the new site, we became a teaching hospital, in partnership with the University of East Anglia, with an increased focus on research as part of the Norwich Research Park.

Hospital Rules from 1782:

- No admission for anyone dying
- No admission for anyone suffering from anything infectious
- No admission for anyone suffering from anything incurable
- No admission for anyone heavily pregnant
- No admission for anyone with epilepsy
- No admission for anyone with venereal disease
- No surgeon, physician, treasurer or auditor will be paid
- No swearing
- No playing cards or dice
- Patients must help with the laundry if well enough
- Nurses must behave with tenderness to patients and respect patients

*Photo
(right):
Old
Hospital
in 1772*



*Photo (left):
Outpatients
casualty
department
at old
hospital*



A very warm welcome to the Norfolk and Norwich University Hospitals NHS Foundation Trust's Quality Account for 2022/23. This document provides an overview of all the activity that has been taking place within our Trust on the quality agenda over the past year.

There is no denying that this year has been an arduous time for the NHS and wider health and care systems; our staff and volunteers have worked extremely hard in very pressured environments right across our organisation. The Trust Board and I want to recognise the constant and tremendous efforts

everyone has gone to in order to provide a safe and responsive service to our patients especially during the various industrial action days we have encountered this year. You truly deserve our thanks.

As a Trust we acknowledge that that our level of quality of care, patient and staff experience has been impacted this year, despite the tremendous hard work of our staff. Throughout 2022/23 we have seen significant numbers of patients – between 150-280 on any day – with No Criteria to Reside and unable to leave hospital in a timely way due to lack of capacity in community and social care settings. This has meant the Trust taking unprecedented action in adding a 7th patient in a 6 bedded bay in some wards. We need access to more capacity in the community that will benefit patients and help us to reduce the use of escalation beds on our site and we are working very hard to address this issue with our partners.

In addition to the high numbers of No Criteria to Reside patients and use of escalation beds, there have been operational pressures for the Trust. From last April, we have treated 27,000 patients who had been waiting 78 weeks and we came remarkably close to clearing the backlog with just 169 patients remaining. Periods of industrial action late in the year made it difficult to re-book everyone by the end of March. The last few months have been particularly testing for our booking teams who deserve special recognition for their efforts in cancelling and re-booking so many patients as we manage our way through the disruption.

This difficult time is also reflected in our NHS staff survey results demonstrating how hard it is to work across our services. The results have seen us fall back both in comparison with last year's responses and against our 124 peer acute trusts, unfortunately putting us at the bottom of the NHS league table. As a Trust, I want to say sorry that we have not done as much as we said we would or to deliver the pace of improvements that you previously asked us for, as part of our People's Promise improvement plan we developed last year.



Together with the entire Trust Board, I am focused on delivering the commitments we made in our People Promise to ensure that NNUH is somewhere we all enjoy working and can thrive, safe in the knowledge that we're supported to deliver the best care for every patient. I recognise that we need to accelerate the delivery of these commitments and we need to do more this coming year which include addressing the main concerns the survey has highlighted. As part of that, we have identified a significant investment of £750,000 for staff facilities and further investment in large scale recruitment, particularly for overseas nurses as well as closer working with the wider integrated care system around discharges to reduce the number of patients with no criteria to reside.

There has been a couple of changes in our Trust Board this year with the appointment of Dr Ujjal Sarkar, a lead GP partner at one of the largest GP partnerships in the country, as Non-Executive Director in October. Also, the appointment of the Trust's Chair in March to Tom Spink, who has been the Interim Chair since May 2022.

We have opened our doors to Crackit Productions who will be filming in our Emergency Department for ITV's Emergency Nurses: A&E Stories until early June. The series will shadow colleagues who have given their consent to be included as they work their shifts across urgent and emergency care services at the hospital. Date for the showing of the series has not been released yet but I for one will be adding it to my watch list.

In November, the Care Quality Commission (CQC) carried out an unannounced inspection of Medical Care (including older people's care) where they visited five medical wards and spoke to colleagues in other areas around the hospital. The report reflects how impressed CQC inspectors were with the care and compassion of our teams. I'm particularly pleased that a culture of openness and honesty was seen throughout all levels of the organisation. It also highlights and echoes the challenges we have faced for many months with extremely high demand and the impact that has had on morale and retention. As I have previously mentioned we are working with our teams and system colleagues to reduce the operational pressures we face on a daily basis, and we are determined to improve.

In last year's Quality Account I mentioned that we were looking at and starting to join projects and services with the other two acute NHS Trusts in Norfolk &

Waveney (James Paget University Hospital NHS Foundation

Trust and The Queen Elizabeth Hospital Kings Lynn NHS

Foundation Trust), this year we have agreed to call ourselves the "Norfolk and Waveney Acute Hospitals

Collaborative" enabling us to reach our ambitions for patient care through a shared vision and objectives whilst remaining separate organisations. As the collaborative develops, there will be more opportunities to support each other operationally, making our services more resilient across the three Trusts.



There are many projects which have already started such as the development of a joint Acute Clinical Strategy which is looking at the needs of patients and design services around them. The aim is to reduce long waits through collaborative working, improve health by acting early and tackling health inequalities. Three Diagnostic Assessment Centres (DACs) are planned, one at each hospital, to improve access to diagnostics and reduce waiting times for treatment, especially for a cancer diagnosis.

The biggest joint project for the Norfolk and Waveney Acute Hospitals Collaborative is the implementation of an Electronic Patient Record (EPR),



which will transform our services in the longer term. At its most basic, the EPR will store and retrieve clinical information, everyone who works with patients will use it. We hope the EPR will make paper a thing of the past, improving efficiency and experience for patients and colleagues as well as providing more information

for primary care professionals, universally saving time. At present we have had the outline business case approved and are in the procurement stage, we hope to have a supplier identified by the autumn. It is a very exciting step towards a digital future for all three acute Trusts.

Of course, there are many other NHS services in the wider Integrated Care System we are working with, and we are looking to accelerate our system working over this coming year and beyond. We are working closely with Norfolk Community Health and Care Trust (NCH&C) around discharges impacting on operational services and the Priscilla Bacon Hospice Charity who are building a new facility next door to our main hospital on Colney Lane, supporting palliative care services for our patients.

Over the year there has been many initiatives launched in the Trust, such as the Personalised Outpatient Programme with the roll-out of patient initiated follow up (PIFU) appointments across specialities and “Red2Green” to help us improve our patient flow, increase the number of discharges happening earlier in the day and help reduce length of stay metrics. Whilst some initiatives are driven by NHS England a number come directly from our dedicated and compassionate staff. One such initiative is Lily Suite in ED; this suite offers families of patients who have died or who are in their last moments a dignified experience and help them spend time with their loved ones in a calm environment. I want to extend my thanks to Charlotte Grunbaum, Resus Lead, and Chris Chadwick, ED Consultant who came up with and implemented this suite which is gaining positive feedback from families.



Maternity services have continued to be in the spotlight with the release of the final Ockenden report at the very end of March 2022 and Kirkup Report into East Kent released in October 2022. Our Maternity team have been working hard on reviewing the areas identified in these reports, identifying where we have evidence meeting the requirements and actions for where there are gaps. A recent East of England peer review of our Maternity Service was positive as well as giving us some areas for thought. This peer review has helped in preparation for the CQC to inspect us as part of their schedule of unannounced maternity inspections across England.

Again, this year, has also seen numerous members of staff and departments internationally, nationally, and locally recognised for their hard work and dedication; such a wonderful achievement and congratulations to you all.



More praise for our Maternity Services has come in the form of Hayley Summerfield, Co-ordinating Professional Midwifery Advocate and Birth Reflection Service Lead, and Rachel Appleton, Fetal Medicine Midwife, receiving the NHS England Chief Midwifery Officer (CMidO) Award, developed to reward the “significant and outstanding” contribution made by nurses and midwives and their exceptional contribution to nursing and midwifery practice.

Not only have individuals won a CMidO Award but the Norfolk and Waveney Local Maternity and Neonatal system (LMNS) Practice Development team (Phillipa Noble of NNUH, Mollie Haskey of JPUH and Catherine Weatherill of QEHKL), have won the Team of the Year. The three trusts collaborate and help to implement transformational projects in maternity from NHS England. The LMNS Practice Development team has been described as working cohesively with passion and enthusiasm, supporting new and innovative ways. An excellent example of collaborative working across the Trusts and wider system.

The NHS England Chief Nursing Officer (CNO) also has an award which Anita Martins, Cromer Hospital Matron, has received. Anita has worked in Cromer since 1995 and has been a Matron for the past 13 years. Just one example of Anita’s outstanding contribution is that she was instrumental in getting the project off the ground for the new cancer unit which has now opened at Cromer Hospital. She worked with the Friends of Cromer Hospital to fundraise in her own time, outside of work. Congratulations Anita and thank you for dedication.



The Recognise and Respond Team (RRT) has won The Deteriorating Patients and Rapid Response Initiative of the Year award at the Health Service Journal (HSJ) Patient Safety Awards 2022. The award was for their expanded and enhanced Critical Care Outreach service which moved from 12 hours a day to a 24/7 service last year. The RRT works across inpatient wards responding to acutely deteriorating patients, attending resuscitation calls in the hospital as well as delivering education, training and quality improvement projects. Congratulations on this well-deserved win. This is a real testament to the brilliant work that they have been doing over the last couple of years.

Looking forward to the year ahead there are some building works which are due to be



completed, one is the paediatrics theatres, which will assist with meeting elective targets, we hope to see this completed in the summer. Another is the Norfolk and Norwich Orthopaedic Centre (NaNOC) which will be a stand-alone, Covid-secure, elective surgical facility containing, two new laminar flow theatres and a 21-bedded ward. Our hospitals Charity has pledged £2 million to this development – the largest donation in its history – and has already raised half that sum. It

has set up a justgiving page for donations: <https://www.justgiving.com/campaign/NANOC>.

I confirm, 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

Tom Spink

Tom Spink was appointed as Chair in March 2023 after taking up the Interim Chair role in May 2022. He has been a Non-Executive Director since June 2020.

Tom said: "I also want to add my enormous thanks to all members of staff and volunteers who have worked so tirelessly over the last 12 months, during an incredibly difficult period. Their efforts and dedication in support of patient care has been tremendous with dramatic improvements in elective waiting lists, improved cancer waits and one of the best 4 hr performances of any Trust in the country. The national award won by the NNUH Virtual Ward was a great accolade which was richly deserved. It was also hugely pleasing to see our maternity service achieve such positive results in the recent National Maternity Survey. These, and many other achievements, have been delivered despite the pressures of the aftermath of Covid and of course, the effects of industrial action which impacted patients and staff alike.

It has also been pleasing to see increased collaboration across the Norfolk and Waveney System involving the Queen Elizabeth, James Paget, NCH&C, UEA and many others on a variety of initiatives. This will be an increasingly important aspect of our work in the future and so I look forward to much greater collaboration across the system on projects including of course, the Electronic Patient Record, which will be of huge strategic importance to all the acute hospitals.

There have been many successes within the Trust during the year but in my view, the greatest disappointment has been the results of the Staff Survey. It is clear we have much to do, and the board are determined to address the issues that have meant staff do not feel engaged and valued. From the analysis of the results, it is clear we have two priorities: reduction in vacancies and removal of 7 patients in a 6-bed bay. Plans are in place to address the vacancy issue. Addressing the 7 patients in 6 will be even more challenging as we know much of the solution involves other parts of the system including social and community care. However, the board are committed to doing all we can as quickly as possible, as we know, delivery of high-quality patient care needs the right complement of engaged staff.

Once again, thank you all and I look forward to even greater success in the coming year."



Tom Spink
Chairman



1.1 million
people live in
Norfolk and
Waveney



1,424 Hospital
Beds



There were 139,041
Emergency Department
Attendances at the
NNUH and Cromer
Hospitals



May 2022 saw the most
patients across the
Emergency Departments
that year



Across the
sites, we had
93,000 hours of
voluntary support



Of which 80
were twins

4,975 births



184 were
born at
home

4,207 born in
the Delivery
Suite

561 born in
Midwifery Led
Birthing Unit



Spotlight on our Neonatal Intensive Care Unit (NICU)

Our NICU has been awarded a prestigious Gold Baby Charter Accreditation



The baby charity Bliss (Baby Life Support Systems) announced that our NICU has successfully completed its accreditation and shown that we have sufficient processes and facilities in place to deliver high-quality family-centred care.

What is Bliss?

Bliss exists to give every baby born premature or sick in the UK the best chance of survival and quality of life. They champion their right to receive the best care by supporting families, campaigning for change and supporting professionals, and enabling life-changing research.

Bliss Charter Accreditation

The Bliss Baby Charter is a growing programme, with over 175 neonatal units participating, and has become a nationally recognised tool referenced in the NHS England Neonatal Critical Care Review, Neonatal Critical Care Transformation Review, the BAPM Quality Indicators and the RCPCH (Royal College of Paediatrics and Child Health) Quality Improvement resource map, as well as being endorsed by the Scottish Government and included in the All-Wales Neonatal Standards.

The Bliss Baby Charter is now the UK standard for developing, measuring and improving family-centred care, and achieving Bliss Baby Charter accreditation is an esteemed marker of quality.



Bliss Assessment within the NNUH NICU

The Bliss assessment was carried out on 3 August 2022 by Bliss Baby Charter Programme Lead Holly Sullivan and Volunteer Assessors Lynne Wainwright and Jonny Pearson.



The assessment team said: *"The culture of the Norfolk and Norwich University Hospital neonatal unit is clearly family-centred, with a team culture that prioritises families and their involvement in their baby's care. Parents on the unit spoke of an amazing, compassionate and dedicated team, and how the support of the staff enabled parents to build their confidence. The unit psychologist offers extensive support for families and does so in a variety of ways while trying to remove any barriers to families accessing this support. Additionally, there is a great collaboration between the outreach team and the family support team, which assists with a smooth transition from unit to home."*

Resources and displays used around the unit enable families to access information and support in a way that is suitable for them. There is also a range of accommodations both on and off the unit enabling families to stay as close as possible to their babies."

Kate McColl, Family Care Sister and Baby Charter Lead at the unit, said: *"Being awarded our Gold Baby Charter Award means so much to myself and the entire team. It brings to the forefront all the amazing work the NICU team does to ensure the baby and family are at the centre of all we do."*

Family-centred care is embedded within our unit through the tireless work from all staff members - from our housekeepers, allied health professionals, through to our nurses and doctors – every single person has taken a role in our Baby Charter journey. It has taken us four years to get to our Gold Award due to the Covid-19 pandemic. Ensuring family-centred care during our assessment period was a challenge but due to the passion and commitment, our team has for the best outcomes for our families we were able to achieve our award. We look forward to continuing our accredited journey."

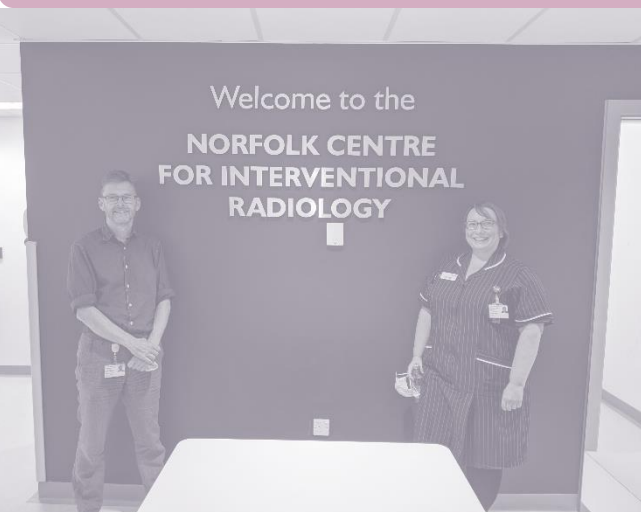




Part 2 – Priorities for improvement and Board Assurance Statements



NCIR achieves 'Exemplar Status'



The NCIR has been recognised by the British Society of Interventional Radiology (BSIR) for their commitment to the development of high-quality services.

The BSIR has awarded 'exemplar status' to the department because of the commitment they have shown towards patients care.

The multidisciplinary team, which consists of; Interventional Radiology consultants, nurses, operating department practitioners, paramedics, radiographers and support workers, have patient care and experience at the centre of their practice.

The team have developed new key roles, such as an audit practitioner to support the key commitments of exemplar sites such as the Vascular Registry and their commitment to meeting the Vascular Commissioning for Quality and Innovation.

The team are dedicated to learning and improving patient care and get regular positive patient feedback. The development of key projects continues in the NCIR, with involvement in the creation of an accredited IR Practitioner course and planning for service delivery of Mechanical Stroke Thrombectomy.

Mark Lewis, Consultant Radiologist said: *"This is great news and I'd like to thank all colleagues for their efforts. The 'exemplar status' represents the highest achievement for an interventional radiology department in this country, and it shows we offer an up to date, high quality, safe and committed service to our patients."*



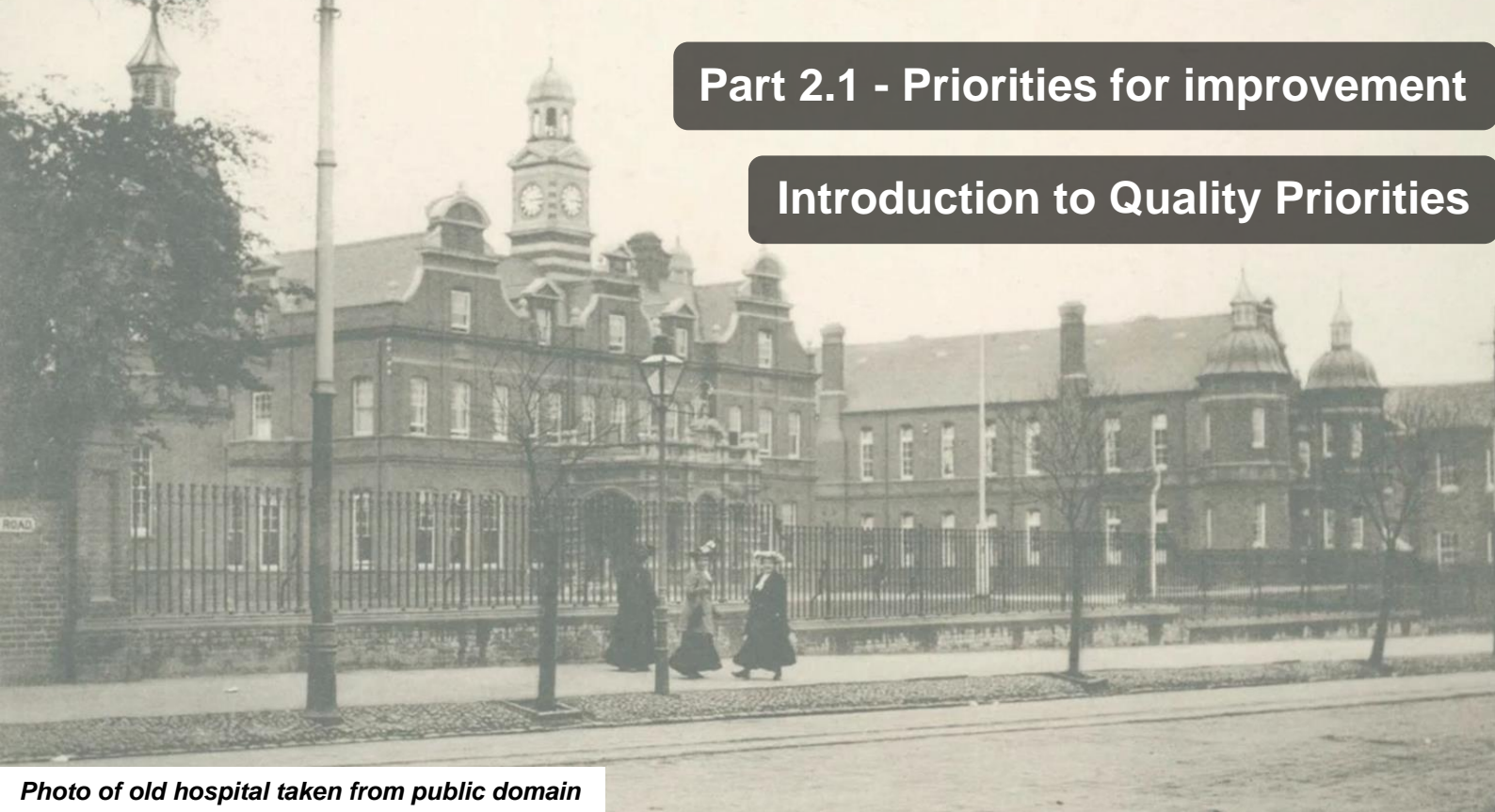


Photo of old hospital taken from public domain

2023/2024 Quality Priorities

The 10 Quality Priorities for 2023/2024 contained in this account, were proposed by Hospital Management Board (HMB), six are existing priorities from 2022/2023 that have been refreshed, and there are four new priorities (*):

Patient Safety

- Embed our patient safety culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) and the application of system-based approaches to learning *
- Safe Personalised Care for service users of Maternity and Neonatal services
- Elective Recovery: Reduce outpatient waiting list backlog

Clinical Effectiveness

- Elective Recovery: Improving Surgical pathways and outcomes *
- Non-Elective pathways fractured neck of femur (#NOF) *
- Improving Non-elective Pathways and Patient Flow

Patient Experience:

- Shared Decision Making and Personalised Care
- Improving equity of access to services
- Improving equitable experience of services *

Staff Experience

- Improve Staff Experience

The Quality Priorities set are aligned to our strategic commitments, and associated threats to support continuous improvement and to reduce some of our highest risks. In addition to linking our quality priorities with our strategy commitment, business assurance framework, risk register and corporate risk register, we have also linked

them to the Norfolk and Waveney Integrated Care System (ICS) quality priorities recently published in their Quality Strategy. They have identified four priorities:

1. Well-Led through a culture of compassionate leadership
2. Focussed on improving care quality and outcomes
3. Using insights around health inequalities and population health to achieve fair outcomes
4. Ensuring services are safe and sustainable for now and for future generations

2022/2023 Quality Priorities

The NNUH Board of Directors chose to refresh the quality priorities for 2022/2023 to align to the new Trust Strategy 'Caring with PRIDE' 2022-2026 published in April 2022. 11 new priorities were introduced; 8 were set to be met over 2 or 3 years with 3 to be completed in a year. The progress of these priorities is contained within our 'Quality Priorities Update' (pages 25 – 37).

The following 2022/2023 Quality Priorities will be absorbed as 'business as usual' in 2023/2024:

- Improve surveillance of patients who have delayed surgical treatment - (harm review process)
- COPD pathway improvements
- Safe record keeping and results management
- Orthopaedic pathways
- Home First Model



New Quality Priorities for 2023/2024

Patient Safety

QP1 – New priority - Embed our patient safety culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) and the application of system-based approaches to learning	
Rationale	<p>The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is replacing the current Serious Incident Framework.</p> <ul style="list-style-type: none"> • NHS Patient Safety Strategy • Strategic commitment 1, 2, and 4 • Risk Register: 2211 and 567 • Norfolk & Waveney Integrated Care System (ICS) – Quality Priority 2 & 4
How we will do this	<ul style="list-style-type: none"> • Write and publish a Patient Safety Incident Response Plan (PSRIP) • Revise governance structures to support PSIRF • Ensure sufficient resource is in place to manage PSIRF and meet national requirements via business case • Train staff in new learning response methods e.g. After Action Review • Write new Incident Management and Investigation Policy • Update the Learning from Deaths Policy to include the link with PSIRF • Ensure processes within Datix (incident reporting system) are revised to support PSIRF • Communicate PSIRF to staff and patients including carers and families • Go live with PSIRF in September 2023 in line with other ICS providers • Revise regular reports to Board Sub-Committees to reflect PSIRF requirements • Remove inappropriate related performance measures from all dashboards / performance frameworks
Improvement Measures	<p>QP1a By November 2023, 100% of Serious Incident Investigations (RCA) completed to conclusion.</p>

	<p>QP1b Revised Governance processes signed off and in place by September 2023</p> <p>QP1c Increased use of Learning Response Tools (After Action Review (AAR) and Patient Safety Incident Investigations (PSIIs).</p> <p>QP1d Number of staff trained in conducting Learning Responses,</p> <ul style="list-style-type: none"> 5% staff trained in AAR: Governance teams trained in multidisciplinary team (MDT) Thematic Review <p>QP1e 90% of staff have completed level 1 (essentials of patient safety), 85% of staff completed level 2 (access to practice) of the patient safety syllabus.</p> <p>QP1f Required resource is obtained and essential posts recruited to meet requirements</p> <p>QP1g PSII meet national standards for investigation</p> <p>QP1h The patient safety incident response policy is published on the website.</p>
Executive Lead and Delivery Leads	<p>Chief Nurse</p> <p>Associate Director of Quality & Safety (Patient Safety Specialist)</p>

QP2 - Safe Personalised Care for service users of Maternity and Neonatal services	
Rationale	<p>Central to Better Births is the principle that maternity care should be personalised and safe. Care should be centred on the woman, her baby and her family; based around her needs and decisions, where there has been genuine choice informed by unbiased information. This is essential to ensuring that women receive the best care possible</p> <p>The concerns raised in the recent Ockenden and Kirkup reports have highlighted the importance of positive, learning cultures underpinned by relational leadership.</p> <p>Creating the conditions for a positive safety culture in teams across the NHS is crucial to ensure that women and families using NHS services receive high quality care and better outcomes.</p> <ul style="list-style-type: none"> Strategic commitment 1. Norfolk & Waveney Integrated Care System – Quality Priority 2, 3 & 4
How we will do this	<ul style="list-style-type: none"> Co-production and implementation of Personalised Care Support Plans (PCSP) Participation in the Perinatal Culture and Leadership Programme Deliver SCORE culture survey as a means to understand current culture within teams and identify key themes that can be used to enhance team working.
Improvement measures	<p>QP2a: Progress tracked against the delivery plan for PCSP</p> <p>QP2b: By March 2024 each person has a sharable PCSP which records what matters to them, their outcomes and how they will be achieved</p> <p>QP2c: Achieve SCORE Survey response rates between 40% and 60%</p> <p>QP2d: Improvement plans are agreed, tailored to survey results and feedback.</p>
Executive Lead and Delivery Leads	<p>Chief Nurse</p> <p>Director of Midwifery</p> <p>Service Director Obstetrics</p>

QP3 - Elective Recovery: Reduce outpatient waiting list backlog	
Rationale	<p>The NHS was set a target to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 to release time for new appointments and additional procedure lists.</p> <p>One of the main challenges facing children and young people currently are significant backlogs in paediatric elective care. Long waits are likely to impact their ability to access education and lead full and active lives, exacerbating existing inequalities</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Corporate Risk Register 1 • Risk Register: 363, 513, 694, 908, 948, 1299, 1407, 1410, 1599, 1504, 1636, 1637, 1670, 1826, 1856, 1877 • Business Assurance Framework: 1.3 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<p>Focussing on challenged specialities:</p> <ul style="list-style-type: none"> • Paediatric outpatient pathways • Spinal Surgery, Ear, Nose & Throat (ENT), Trauma & Orthopaedics (T&O), Gynaecology, Dermatology, Ophthalmology & Respiratory Medicine
Improvement measures	<p>QP3a: No adult patient waiting longer than 52 weeks for first outpatient attendance by 31 March 2024</p> <p>QP3b: Paediatrics should wait no longer than 18 weeks for first attendance</p>
Executive Lead and Delivery Leads	<p>Chief Operations Officer</p> <p>Divisional Operational Directors</p>

Clinical Effectiveness

QP4 – New priority - Elective Recovery: Improving Surgical pathways and outcomes	
Rationale	<p>Prolonged waiting times for elective care with increased risk of harm whilst waiting.</p> <p>Long waits before accessing planned care can have life-long consequences on the development of children and young people (CYP). One of the main challenges facing children and young people currently are significant backlogs in paediatric elective care. Long waits are likely to impact their ability to access education and lead full and active lives, exacerbating existing inequalities.</p> <ul style="list-style-type: none"> • Strategic commitment 1, 4 • Corporate Risk Register - 1 score 20 • Risk Register: 363, 513, 694, 908, 948, 1299, 1407, 1410, 1599, 1504, 1636, 1637, 1670, 1826, 1856, 1877 • Business Assurance Framework: 1.3 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<p>Focussing on:</p> <ul style="list-style-type: none"> • Children and Young People's Elective Recovery Toolkit (Feb 2023)

	<ul style="list-style-type: none"> • Actions to reduce head and neck cancer backlog and waiting times • Critical care availability (and flow) looking divisionally at future ward capacity to increase cohort numbers to limit impact on HDU capacity and surgical delays • Safety restrictions on staffing levels and bed capacity for tracheostomy/laryngectomy patients
Improvement measures	<p>QP4a: Cancer performance measures, 62-day target for first treatment</p> <p>QP4b: Reduction in cancelled theatre lists due to critical care bed capacity</p>
Executive Lead and Delivery Leads	<p>Chief Operating Officer</p> <p>Deputy Director of Operations within Surgery</p>

QP5 – New priority - Non elective Pathways Fractured neck of Femur (#NOF)	
Rationale	<p>A hip fracture is one of the most common serious injuries affecting older people that requires them to be admitted to hospital, have emergency anaesthesia and surgery, followed by weeks of rehabilitation in hospital and the community.</p> <p>The National Hip Fracture Database (NHFD) is an online platform that uses real-time data to drive Quality Improvement (QI) across all 163 hospitals that look after patients with hip fractures in England and Wales. KPI overview for our Trust is included below</p> <p>Whilst a lot of work has been done on the overarching pathway, there remains elements outstanding that need to be addressed.</p> <ul style="list-style-type: none"> • Strategic commitment 1, 4 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<p>The purpose of this Quality Priority is to address the key areas of current under performance in the #NOF pathway, and achievement of Best Practice Tariff</p> <p>National Hip Fracture Database (NHFD) key performance indicators (KPIs) (2022) 5 out of 8 KPIs are below average,</p> <p>Admission to specialist ward</p> <p>Prompt orthogeriatric review %</p> <p>Not delirious post op%</p> <p>Return to original residence %</p> <p>Bone medication %</p> <p>2 are average</p> <p>Prompt surgery%</p> <p>NICE compliant surgery %</p> <p>1 is above average</p> <p>Prompt mobilisation %</p>
Improvement measures	<p>Baseline data taken from NHFD annualised values based on 841 cases averaged over 12 months to the end of March 2023.</p> <p>QP5a: To achieve scores that are average or above average across all KPIs</p> <p>QP5b: Mortality rate (March 23: 2.3%)</p>

	<div>QP5c: Best Practice Tariff achievement Target 100%</div> <div>KPI overview: NOR. Norfolk and Norwich Hospital</div> <div>Annualised values based on 841 cases averaged over 12 months to the end of March 2023.</div> <div><div><div>0. Admission to specialist ward</div><div>4%</div><div>NHFD overall: 6%</div></div><div><div>1. Prompt orthogeriatric review</div><div>69%</div><div>NHFD overall: 85%</div></div><div><div>2. Prompt surgery</div><div>63%</div><div>NHFD overall: 57%</div></div><div><div>3. NICE compliant surgery</div><div>67%</div><div>NHFD overall: 69%</div></div><div><div>4. Prompt mobilisation</div><div>86%</div><div>NHFD overall: 80%</div></div><div><div>5. Not delirious post-op</div><div>21%</div><div>NHFD overall: 63%</div></div><div><div>6. Return to original residence</div><div>66%</div><div>NHFD overall: 70%</div></div><div><div>7. Bone medication</div><div>6%</div><div>NHFD overall: 36%</div></div></div>
Executive Lead and Delivery Leads	<div>Medical Director</div> <div>Consultant Geriatrician, Consultant Orthopaedic Surgeon, Operational Manager, Earsham Ward Sister, Matron</div>

QP6 – Improving Non elective Pathways and Patient Flow	
Rationale	<p>Crowding within the Emergency Department (ED) increases delays in evaluation and essential care which is associated with increased mortality, medical errors, increased length of stay, worse outcomes, reduced patient satisfaction, over testing and overtreatment of patients, along with increased exposure to violence and increased stress on staff. The current ambulance handover delay position, and associated patient risk with this, has long been recognised as unacceptable to the ED, therefore, this remains a high risk on the risk register.</p> <ul style="list-style-type: none"> • Strategic Commitment 1, 3 • Corporate Risk Register 5 – score 20 • Risk Register: 717, 965, 1002, 1256, 1381, 1510, 1511, 1609 & 1689 • Business Assurance Framework:1.2 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<ul style="list-style-type: none"> • Improving patient flow by improving efficiency and effectiveness of the Red to Green process. • Developing a robust and reactive escalation process: using the national OPEL and resilience framework to enable a robust “seasonal plan” to react to internal and external pressures. • Same Day Emergency Care (SDEC)/ Early Assessment Unit – Surgery (EAUS)/ Minors Assessment Unit (MAU) capacity/capability. • Internal ED Flow.
Improvement Measures	<p>QP6a: 4-hour standard</p> <p>QP6b: 60 Minute Ambulance handovers</p> <p>QP6c: Reduction in use of escalation beds</p> <p>QP6d: Virtual Ward activity</p> <p>QP6e: Reduce criteria to reside (C2R) to ≤80 Pts (P1-3).</p> <p>QP6f: Proportion of Red to Green Days</p>
Executive Lead and Delivery Leads	<p>Chief Operations Officer (COO): Deputy COO – Non-Elective Care; Chief of Division (COD) Medicine</p> <p>COD Surgery, Emergency and critical care: Operations Director – Transformation and Integration</p>

QP7 - Shared Decision Making (SDM) and Personalised Care	
Rationale	<p>Achieving high quality shared decision-making conversations support patients to make informed decisions based on available evidence, knowledge of risks, benefits, consequences, and the options available to them and their preference.</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Commissioning for Quality and Innovation (CQUIN) • Compliance with NICE guidance and General Medical Counsel guidance on Shared Decision Making and consent • Norfolk & Waveney Integrated Care System – Quality Priority 1, 2 & 3
How we will do this	<p>Focus on the following areas for 2023-24:</p> <ul style="list-style-type: none"> • Identify clinical champions for SDM • To strengthen links with ICS • To identify delivery lead for SDM • Decision support tools Cancer, Cardiology and Musculoskeletal (MSK) • Gap analysis and actions to meet NICE guidance for SDM.
Improvement measures	<p>QP7a: Evidence of Decision Support Tools uploaded to the intranet.</p> <p>QP7b: Delivery of CQUIN for 23/245: The level of patient satisfaction with shared decision-making conversations –improvement to mean score between baseline data collection (in Q2) and subsequent data collection (in Q4), OR on maintenance of a score of 75% or above across the two collections.</p> <p>QP7c: Evidence of SDM resources for patients available on the Trust website</p>
Executive Lead and Delivery Leads	<p>Medical Director</p> <p>Deputy Medical Director</p> <p>Associate Director Patient Engagement and Experience</p>

QP8 - Improving equity of access to services	
Rationale	<p>Equality Delivery System 2 (EDS2)</p> <p>Core20PLUS5</p> <p>Reducing health inequalities</p> <ul style="list-style-type: none"> • By working with seldom heard groups we will ensure that everyone has equitable care • Strategic commitment 1, 3 • Norfolk & Waveney Integrated Care System – Quality Priority 2, 3 & 4
How we will do this	<ul style="list-style-type: none"> • Completion of Diversity, Inclusion and Belonging (DIB) strategy to launch in Q2 • Completion of review of Health Inequalities alignment with wider equality, diversity and inclusion (EDI) work for ongoing reporting/governance • EDS2022 self-assessment completed by using data gathered from variety of sources and feedback. Published to Trust website 2022/23 (nnuh.nhs.uk)

	<ul style="list-style-type: none"> To address the areas for improvement identified in it is proposed that our new Diversity, Inclusion and Belonging strategy will capture direct actions which will be progressed over the next five years (alongside of local action plans via Local Divisional Equality and Diversity Group (LEDG))
Improvement measures	<p>QP8a: DIB Strategy launched Q2 2023</p> <p>QP8b: Governance Structure agreed for DIB incorporating Health Inequalities.</p> <p>QP8c: A performance measurement framework agreed for monitoring improvements against the actions identified in the DIB</p>
Executive Lead and Delivery Leads	<p>Chief Nurse</p> <p>Associate Director Patient Engagement and Experience</p>

QP9 – New priority - Improving equitable experience of services	
Rationale	<p>Together, we will develop services so that everyone has the best experience of care and treatment</p> <ul style="list-style-type: none"> Strategic commitment 1, 3 Norfolk & Waveney Integrated Care System – Quality Priority 2, 3 & 4
How we will do this	<p>Publish 5-year DIB strategy – Year 1 objectives:</p> <ul style="list-style-type: none"> Implement the Accessible Information Standard (AIS) policy Reach out, engage and develop partnerships with seldom heard community groups Improve how we collate demographic data from our patients Investigate the development of an expanded EDI training package for staff
Improvement measures	<p>QP9a: Establish pilot areas for testing implementation of the policy and use of Reasonable Adjustments</p> <p>QP9b: Implement an engagement programme/plan to target seldom heard communities (link to Health Inequalities)</p> <p>QP9c: Develop information for communities to explain importance of collecting demographic information and for staff to ask</p> <p>QP9d: Track the number of staff who access EDI training</p>
Executive Lead and Delivery Leads	<p>Chief Nurse</p> <p>Associate Director Patient Engagement and Experience</p>

QP10 - People Plan to improve staff experience	
Rationale	<p>Staff Survey 2021 results indicate all 7 People Promise Themes and Staff Engagement, and morale theme are below the national average (of 126 acute trusts).</p> <p>Trusts with higher levels of staff engagement deliver services of higher quality and perform better financially, as rated by the Care Quality Commission. They have higher patient satisfaction scores and lower staff absenteeism. They have consistently lower patient mortality rates than other trusts.</p> <ul style="list-style-type: none"> • Strategic Commitment 2. • Corporate Risk Register: 10, 12 – Score 20 • Business Assurance Framework - 2.2, 4.4, 5.4 • Norfolk & Waveney Integrated Care System – Quality Priority 1
How we will do this	<p>We need to make transformational, sustained improvement into how our staff feel about working at NNUH.</p> <ul style="list-style-type: none"> • Improvements in staff shortages • Improvements in staff facilities • Improvements in Manager support and appreciation • Improvements in staff wellbeing • Improvements in addressing poor behaviours • Improvements in working and care environment • Improvements in digital health (new addition)
Improvement measures	<p>QP10a: Staff vacancy rate ($\leq 5\%$).</p> <p>QP10b: Improve key staff survey results in 2024.</p> <p>QP10c: Improve quarterly Pulse survey take up and score</p>
Executive Lead and Delivery Leads	<p>Chief People Officer</p> <p>Director of Workforce</p>

Patient Safety

Improve surveillance of patients who have delayed surgical treatment - (harm review process)	
Rationale	<p>Prolonged waiting times for elective care with increased risk of harm whilst waiting</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Corporate Risk Register - 1 score 20 • Risk Register: 363, 513, 694, 908, 948, 1299, 1407, 1410, 1599, 1504, 1636, 1637, 1670, 1826, 1856, 1877 • Business Assurance Framework: 1.3
How we will do this	<ul style="list-style-type: none"> • P codes assigned to all patients on a waiting list • Embed robust harm review process • Identify higher risk pathways and reprioritise the 'to come in' date • Identify themes from the harm reviews of those identified as experiencing moderate or above harm due to long waits
Executive Lead and Delivery Leads	<p>Medical Director Deputy Chief Operations Officer Elective Deputy Chief Nurse Elective Recovery Associate Medical Director</p>
Progress during 2022/2023	<p>All patients on a waiting list have a P code assigned, this is reviewed/confirmed at the weekly Patient Treatment List (PTL) meetings with the individual specialities.</p> <p>Clinical Harm Incident Group (CHIG) meets weekly and reviews patients who have been admitted as an emergency or have died whilst on an elective waiting list. The group also reviews patients who have breached 104 days on a cancer pathway</p> <p>Clinical harm information presented at the elective CHIG and clinical safety and effectiveness sub board.</p> <p>This priority has gone to business as usual (BAU) monitoring and will no longer be a quality priority.</p>

Safe record keeping and results management – 1 - 3 years	
Rationale	<p>Documentation and management of results are an identified theme from Structured Judgement Reviews and Serious Incidents</p> <p>Quality of discharge information is a theme identified from patient complaints and feedback from primary care partners</p> <ul style="list-style-type: none"> • Strategic commitment 1, 3 & 5. • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<p>Implement an enterprise electronic health record by 2024.</p> <p>Write guidance, learn from best practise from other hospitals Define and process map clinical processes and define the future state in preparation for Electronic Patient Record.</p> <p>Set up and resource an ICE filing Task and Finish group</p> <p>Implement a Standard Operating Procedure (SOP) for filing results</p> <p>Improve quality of electronic discharge letters – timeliness and completeness of letters</p>
Executive Lead and Delivery Leads	<p>Medical Director Chief Clinical Information Officer Deputy Medical Director Associate Medical Director Primary Care</p>
Progress during 2022/2023	<ul style="list-style-type: none"> • Scanning and Digitisation of Patient Health Records has now reached 462,719 (138.6 million images) over the programme lifetime. • Destruction of 233,158 scanned records has been undertaken as of Jan 2023. • Integration of document feeds from electronic data transfer (EDT) (Clinic Letters) and ORSOS (Theatre Records) • Trust-Wide Deployment to Adult Services (Excl. Ophthalmology) complete and successfully transferred to BAU with post implementation reviews undertaken in partnership with the system vendor, IMMJ Systems. • eLearning Packages developed by Applications Support & Training Team, facilitating training for new clinical starters. • Health Records recruitment and training of Health Records Training resource completed – this resource will help maintain BAU processes and upskill new admin starters on electronic document management (EDM) processes <p>This priority has gone to BAU monitoring and will no longer be a quality priority.</p>

Improving Emergency Pathways – 1-2 years	
Rationale	<p>Increasing numbers of people requiring unplanned care</p> <ul style="list-style-type: none"> • Strategic Commitment 1, 3 • Corporate Risk Register 5 – score 20 • Risk Register: 717, 965, 1002, 1256, 1381, 1510, 1511, 1609 & 1689 • Business Assurance Framework:1.2 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4

<p>How we will do this</p>	<ul style="list-style-type: none"> • Safer Better Faster programme • Reconfigure Emergency Department (ED) footprint to make flow through dept more efficient • Establish an Urgent Treatment Centre at Cromer and the main hospital site. • Maximise efficient use of Same Day Emergency Care (SDEC) 																								
<p>Executive Lead and Delivery Leads</p>	<p>Chief Operations Officer (COO) Deputy COO– Urgent and Emergency Care Chief Of Division (COD) Medicine COD Surgery, Emergency and critical care Operations Director – Transformation and Integration</p>																								
<p>Progress during 2022/2023</p>	<ul style="list-style-type: none"> • The following metrics are behind trajectory but have seen improvement in the last quarter towards trajectory– Initial assessment <15mins, total time in ED <12 hours, average time in ED (non-admit), 4-hour standard, SDEC activity as a total of emergency presentations in ED, virtual ward activity, GP streaming. • 7/16 metrics have seen progression towards trajectory • As an aside in terms of numbers of hours lost on ambulance hand over delays beyond 30 mins, this improved in December and January from lowest 4 Trusts in England to the top 4 Trusts in England <div data-bbox="427 987 946 1406"> <p>ED 4hr Target</p> <p>Variation Assurance</p> <table border="1"> <tr> <td>76.0%</td> <td>75.2%</td> </tr> <tr> <td>Result</td> <td>UPL</td> </tr> <tr> <td>76.0%</td> <td>70.3%</td> </tr> <tr> <td>Target</td> <td>Mean</td> </tr> <tr> <td></td> <td>65.4%</td> </tr> <tr> <td></td> <td>LPL</td> </tr> </table> <p>Mar 2023</p> <p>ED 4hr Target</p> <p>● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCCConcern ● SCCCommonCause ● SCImprovement</p> </div> <div data-bbox="970 987 1481 1406"> <p>ED % Assessed W...</p> <p>Variation Assurance</p> <table border="1"> <tr> <td>50.80%</td> <td>60.50%</td> </tr> <tr> <td>Result</td> <td>UPL</td> </tr> <tr> <td>N/A</td> <td>47.40%</td> </tr> <tr> <td>Target</td> <td>Mean</td> </tr> <tr> <td></td> <td>34.30%</td> </tr> <tr> <td></td> <td>LPL</td> </tr> </table> <p>Mar 2023</p> <p>ED % Assessed Within 15mins</p> <p>● ResultPercent ● Mean ● UPL ● LPL ● MetricTarget ● SCCConcern ● SCCCommonCause ● SCImprovement</p> </div> <div data-bbox="427 1442 766 1478"> <p>Fig1: 4-hour standard</p> </div> <div data-bbox="997 1442 1441 1478"> <p>Fig 2: Initial assessment <15mins</p> </div> <div data-bbox="427 1478 1441 1980"> <p>SPC - SDEC Activity as % of Emergency Presentations</p> <p>70% 60% 50% 40% 30% 20% 10% 0%</p> <p>03/04/2022 17/04/2022 01/05/2022 15/05/2022 29/05/2022 12/06/2022 26/06/2022 10/07/2022 24/07/2022 07/08/2022 21/08/2022 04/09/2022 18/09/2022 02/10/2022 16/10/2022 30/10/2022 13/11/2022 27/11/2022 11/12/2022 25/12/2022 08/01/2023 22/01/2023 05/02/2023 19/02/2023 05/03/2023 19/03/2023</p> <p>— Data — Mean — Process Limits - - - Target ● Special cause concern ● Special cause improvement</p> </div>	76.0%	75.2%	Result	UPL	76.0%	70.3%	Target	Mean		65.4%		LPL	50.80%	60.50%	Result	UPL	N/A	47.40%	Target	Mean		34.30%		LPL
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Provide personalised safe care to women, people, babies and their families – 1-2 years	
Rationale	<p>Maternity services are experiencing high levels of scrutiny</p> <p>Several published reports that highlight maternity safety concerns</p> <p>CQC State of Care report 2021 – ongoing quality concern that Maternity Improvements are too slow</p> <ul style="list-style-type: none"> • Strategic commitment 1. • Norfolk & Waveney Integrated Care System – Quality Priority 2, 3 & 4
How we will do this	<ul style="list-style-type: none"> • Assess our services against the recommendations from national reports: <ul style="list-style-type: none"> ○ Ockenden (Shrewsbury and Telford Hospital NHS Trust 2020 and 2022) ○ Kirkup (Morecambe Bay 2015 and East Kent 2022) ○ Nottingham • Develop robust safety assurance processes • Create a maternity metrics dashboard
Executive Lead and Delivery Leads	<p>Chief Nurse</p> <p>Director of Midwifery</p> <p>Service Director Obstetrics</p>
Progress during 2022/2023	<ul style="list-style-type: none"> • Ockenden 1 immediate and essential actions (IEA's) 1-6 have been through the evidence group process. This has highlighted what has been achieved and actions to improve compliance. Due to the release of Ockenden 2, Kirkup 2022, and review of Clinical Negligence Schemes for Trusts (CNST), it was agreed a new process was required for compliance to recommendations as the themes through all national recommendations are similar. • Maternity is working with the Quality Improvement Team (QI) in developing a master document with all recommendations from all reports where themes can be reviewed, and compliance achieved and crossmatched to save repetition and time. • Work continues to achieve compliance where further evidence required for NNUH sign off. There are 19 actions which require further evidence to be completed and archived from the IEA's presented.

Clinical Effectiveness

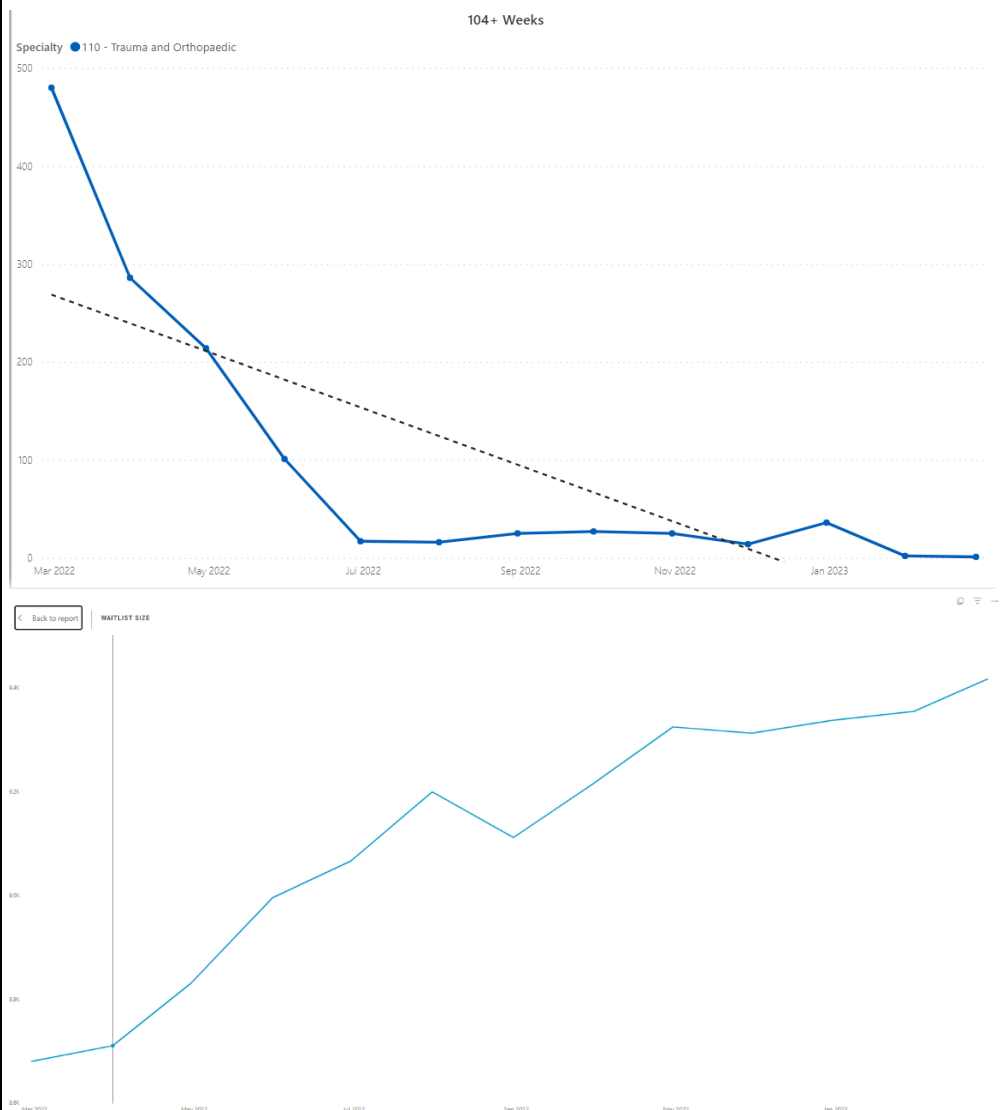
Reduce waiting list backlog (Personalised Outpatient Programme)	
Rationale	<p>NHS target to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 to release time for new appointments and additional procedure lists</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Corporate Risk Register 1 • Risk Register: 363, 513, 694, 908, 948, 1299, 1407, 1410, 1599, 1504, 1636, 1637, 1670, 1826, 1856, 1877 • Business Assurance Framework: 1.3 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<ul style="list-style-type: none"> • Introduction of a Personalised Outpatient Programme

	<ul style="list-style-type: none"> Implement two new IT systems: <ul style="list-style-type: none"> Infinity – a referral task management platform linked to the Patient Administration system (PAS) DrDoctor – a cloud-based platform for 2-way communication between the hospital and patients
Executive Lead and Delivery Leads	<p>Chief Operations Officer Operations Director – Transformation and Integration</p>
Progress during 2022/2023	<div data-bbox="518 526 1428 1019"> <p>PIFU Dashboard Patient Initiated Follow Up (PIFU) and Personalised Outpatient Programme (POP) dashboard</p> <p>The dashboard includes the following sections:</p> <ul style="list-style-type: none"> Latest Figures: <ul style="list-style-type: none"> Total Added: 403 PIFU % of OP: 3.8% Conversion rate: 21.1% OP appointments: 10,609 Current WL: <ul style="list-style-type: none"> Total Follow up: 175,576 PIFU: 17,418 XPIFU: 4,623 POP: 182 Number added to PIFU, XPIFU or POP Waiting list: A bar chart showing monthly additions from July 2022 to April 2023. PIFU added as Percentage of OP Activity: A line chart showing the percentage of PIFU relative to OP activity, with a 5% target line. Conversion from PIFU to OP attendance: A line chart showing the conversion rate from PIFU to OP attendance, with a 20% target line. Total Follow up Waiting list: A line chart showing the total follow-up waiting list over time. Total Follow up Outpatient attendances: A line chart showing total follow-up outpatient attendances over time. Selected Attendance outcomes (New + Follow up): A line chart showing PIFU, XPIFU, and POP outcomes over time. </div> <ul style="list-style-type: none"> 18,000+ patient initiated follow up (PIFU) patients now able to request an appointment through DrDoctor. 42 PIFU pathways live on Infinity, some to include questionnaires. Notifications Pilot Project progressing to go live in May 2023 enabling to contact patients with SMS/email for appointment confirmations and will then roll out Trust wide. Integration work with DrDoctor/Wayfinder for the NHS app. Quick Book facility through DrDoctor in Audiology, Medical Illustration, phlebotomy and Andrology in May. Phlebotomy will save patients having to call to make a blood test appointment and can book via this function (approx. 200 per day). Audiology has seen a take up of 90% of patients booking via Quick Book. Lab integration project through Infinity/Trust in progress. <div data-bbox="507 1563 1444 2083"> <p>Outpatient Face to Face Monitoring Attendances by contact type since 01 March 2020</p> <p>The dashboard includes the following sections:</p> <ul style="list-style-type: none"> Face to Face Attendances: A bar chart showing monthly face-to-face attendances from 2021 to 2023. Telephone / Video Attendances: A line chart showing monthly telephone and video attendances from 2021 to 2023. Appointments cancelled by / on behalf of patient: A bar chart showing monthly cancellations from 2021 to 2023. Appointments cancelled due to Covid 19: A bar chart showing monthly cancellations due to Covid 19 from 2021 to 2023. </div>

Improve Chronic Obstructive Pulmonary Disease (COPD) pathway 1-2 years.	
Rationale	<p>Current COPD pathway is secondary care focussed and a significant number of patients attend ED or are admitted with exacerbation of COPD who could be managed effectively in the community.</p> <ul style="list-style-type: none"> • Strategic commitment 3 • Corporate Risk Register 5 score 20 • Risk Register: 717, 965, 1002, 1256, 1381, 1510, 1511, 1609 & 1689 • Business Assurance Framework:1.2 • COPD National Action plan Feb 2021. • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<ul style="list-style-type: none"> • Analysis of Getting It Right First Time (GIRFT) and Right Care data to identify pathway issues • Reduce unnecessary inpatient stays • Increasing the number of planning discussions for end of life • Implement Shared Decision Making • Increase use of Virtual Ward • Explore community model to include pulmonary rehab and alternate pathways • Engage and work with system partners to redesign pathway to a more self-managed community supported model • Adopt and embed best practice care bundle and COPD national action plan
Executive Lead and Delivery Leads	<p>Operational Lead Respiratory Respiratory Matron Medical Lead (to be confirmed)</p>
Progress during 2022/2023	<p>Project re-commenced. ICE referrals up and running from Feb 2023. Referral criteria created.</p> <p>This priority has gone to BAU monitoring and will no longer be a quality priority.</p>

Improve Orthopaedic pathways and outcomes	
Rationale	<p>Prolonged waiting times for elective care with increased risk of harm whilst waiting. Trauma and Orthopaedics is the specialty with the largest waiting list.</p> <ul style="list-style-type: none"> • Strategic commitment 1, 4 • Corporate Risk Register - 1 score 20 • Risk Register: 363, 513, 694, 908, 948, 1299, 1407, 1410, 1599, 1504, 1636, 1637, 1670, 1826, 1856, 1877 • Business Assurance Framework: 1.3 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4
How we will do this	<p>Provide a dedicated orthopaedic centre comprising of two new laminar theatres and a dedicated bed base.</p>
Executive Lead and Delivery Leads	<p>Director of Strategy Project Manager Deputy Director of Operations within Surgery</p>
Progress during 2022/2023	<ul style="list-style-type: none"> • Equipment lists finalised. Long lead time equipment ordered. Other equipment to be reviewed for budget and ordered.

- Lead in contract for NANOC1 not yet confirmed with Octagon delaying opening of the unit. Likely now opening not before October 2023.
- Business case for expanding NANOC to 5 days operating (1.5 days backfill) being competed in quarter 1 2023.
- Outline plans for an additional Orthopaedic elective centre ("NANOC 2") being developed by Director of strategy & Major projects with Surgical division and external consultants (scoping stage).
- Established strategic initiatives (in conjunction with BCG) around LoS in Orthopaedics and increased provision of day case procedures (not yet in delivery phase)
- Set to not achieve 78-week position by 31st March 2023 by approx. 120 cases (down from 4000)
- 104-week position over last 12 month demonstrates significant recovery (top graph) but not linked to NANOC. Overall orthopaedic waiting list size continues to increase (9.4k – bottom graph)



This priority has gone to BAU monitoring and will no longer be a quality priority.

Shared Decision Making (SDM) and Personalised Care – 1-3 years	
Rationale	<p>Achieving high quality shared decision-making conversations support patients to make informed decisions based on available evidence, knowledge of risks, benefits, consequences and the options available to them and their preference</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Commissioning for Quality and Innovation (CQUIN) • Compliance with NICE guidance and General Medical Counsel guidance on Shared Decision Making and consent • Norfolk & Waveney Integrated Care System – Quality Priority 1, 2 & 3
How we will do this	<ul style="list-style-type: none"> • Focus on the following areas for 2022/23: Primary immune deficiencies, Bone marrow transplant, Palliative chemotherapy, Cardiology COPD
Executive Lead and Delivery Leads	<p>Medical Director Deputy Medical Director Associate Director Patient Engagement and Experience</p>
Progress during 2022/2023	<p>Set up draft content for SDM on The Beat, user testing to review content and ease of navigation, ideal location etc. prior to the launch of The Beat at the end of March</p> <p>The approach/content mirrors the SDM Implementation Model.</p>

Improving equity of access and experience to services 1-2 years	
Rationale	<p>Equality Delivery System 2 (EDS2) Core20PLUS5 Reducing health inequalities</p> <ul style="list-style-type: none"> • By working with seldom heard groups we will ensure that everyone has equitable care • Strategic commitment 1, 3 • Norfolk & Waveney Integrated Care System – Quality Priority 2, 3 & 4
How we will do this	<ul style="list-style-type: none"> • Using EDS2 data as a baseline to inform required improvement work • Conduct Patient and community survey • Programme of Community engagement • Set up a community reference group • Set up robust governance structure
Executive Lead and Delivery Leads	<p>Chief Nurse Associate Director Patient Engagement and Experience</p>
Progress during 2022/2023	<ul style="list-style-type: none"> • EDS2022 self-assessment completed by using data gathered from variety of sources and feedback using the engagement plan. Published to website - Norfolk and Norwich University Hospitals NHS Foundation Trust » Equality Delivery System – EDS2 2022/23 (nnuh.nhs.uk) For Domain 1 this was also submitted to the Integrated Care Board (ICB) for the ICB submission. In summary the assessment showed <p><u>Domain 1: Commissioned or Provided Services</u></p> <p>Patients (service users) have required levels of access to the service – Developing/ Achieving Individual patients (service users) health needs are met – Developing/ Achieving</p>

	<p>When patients (service users) use the service, they are free from harm – Developing/ Achieving</p> <p>Patients (service users) report positive experiences of the service – Developing/ Achieving</p> <ul style="list-style-type: none"> • Our new Diversity, Inclusion and Belonging strategy will capture direct actions from the EDS2002 report which will be progressed over the next five years (alongside of local action plans via LEDGes). Engagement and feedback from stakeholders have helped influence the strategy which is due to launch in quarter 1 of 2023/2024. • Health Inequalities – core stakeholders (internal) met to review Core20PLUS5 requirements and associated mapping across to all other EDI (Equality, Diversity and Inclusion) work streams/strategy. • Work is continuing on the implementation of The Accessible Information Standard (AIS) (Trust Docs ID: 20348) which was published in December 2022. There are two pilot sites (Audiology and Ophthalmology) with a focus on PAS alerts to enable the identification, recording and flagging of patients' communication needs. • Transgender patients update – risk identified and taken to HMB. This is to be added to the risk register to enable next steps to finding appropriate digital solutions. • Norfolk & Waveney (N&W) Carers ID Passport roll out has been successful and feedback from carers at NNUH has been positive so far. In line with this the team have been working on the review of the NNUH Carers passport and working in partnership with carers guidance with the Carers Forum and the nursing and clinical colleagues. • NNUH was reaccredited for the Carer Friendly Tick Award Health in April 2023 with excellent feedback from the reviewing panel. • Military Community working group- Veteran aware reaccreditation being worked towards, the working group has the support of an Executive Lead in the Chief Nurse. The Military Community Working Group is co-chaired by a senior member of our Patient Panel who also has extensive history and lived experience in the armed forces and veteran leads from the workforce. The working group is supported by the Patient Experience team in an administrative capacity. • The INTRAN policy and resource/information is being reviewed by a working group joined by colleagues from various departments and teams. The review is to be completed by June 2023.
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Introduce the Home First model (Discharge to Assess (D2A)) 1-2 years	
Rationale	<p>Increasing numbers of patient medically fit for discharge without criteria to reside</p> <p>Enhanced therapy and rehab input with this model of care which supports improved experience and outcomes for patients</p> <ul style="list-style-type: none"> • Strategic commitment 1 • Corporate Risk Register - 6 – Score 20 • Risk Register: 1371 & 1173 • Business Assurance Framework:1.3 • Norfolk & Waveney Integrated Care System – Quality Priority 2 & 4

How we will do this	<ul style="list-style-type: none"> Establish a dedicated Home first Unit with the right skills and experience to rehabilitate patients whilst waiting an ongoing care placement Roll out and embed SAFER (Senior review, All patients, Flow, Early discharge, Review)
Executive Lead and Delivery Leads	Chief Nurse Chief Of Division Clinical Support Services Divisional Director Clinical Support Services
Progress during 2022/2023	<ul style="list-style-type: none"> Patients on the unit are medically optimised but waiting for packages of care or Inpatient beds for rehabilitation. Suitable patients on the discharge list are identified by ward team who notify Home First Unit. Average length of stay on the unit is approx. 7 days, the median length is approx. 2 days. Of 83 Inpatient patients requiring rehabilitation beds on the unit, only 2 went onto rehabilitation, the rest went home with packages of care. Patients are being discharged with 1 carer rather than the 2 initially required when admitted on the unit. The nursing staff on the unit are trained in re-enablement; ward cleaners, ward clerks etc. are also included and trained in interactions with patients which is demonstrating a positive impact on the patients (not requiring rehabilitation beds and reduction in carers required). There is a stakeholder development group to work with older people's medicine (OPM) colleagues and complete assessments in patient's own homes.

Staff Experience

Improve Staff Experience 1-2 years	
Rationale	<p>Staff Survey 2021 results indicate all 7 People Promise Themes and Staff Engagement, and morale themes are below the national average (of 126 acute trusts).</p> <p>Trusts with higher levels of staff engagement deliver services of higher quality and perform better financially, as rated by the Care Quality Commission. They have higher patient satisfaction scores and lower staff absenteeism. They have consistently lower patient mortality rates than other trusts.</p> <ul style="list-style-type: none"> Strategic Commitment 2. Corporate Risk Register: 10, 12 – Score 20 Business Assurance Framework - 2.2, 4.4, 5.4 Norfolk & Waveney Integrated Care System – Quality Priority 1
How we will do this	<p>We need to make transformational, sustained improvement into how our staff feel about working at NNUH.</p> <p>Year one priorities:</p> <ul style="list-style-type: none"> Improve staff facilities across the Trust following investment Improve quality of appraisal, with new Personal Development Review (PDR) process. This will include a health and wellbeing discussion and career conversation. Recruitment to establishment.

	<ul style="list-style-type: none"> Reform Dignity at Work Policy <p>Please see the full breakdown of these priorities below.</p>
Progress during 2022/2023	A total of 24 individual workstreams commenced during 2022/23 to deliver improvement actions, which have been reported monthly. During the 12-month period, 15 of the 24 actions were completed as below:
Improve staff facilities following investment	
Rationale	<p>Staff survey results indicate widespread dissatisfaction regarding staff facilities/rest areas</p> <p>Survey also shows high levels of staff burnout and fatigue</p> <ul style="list-style-type: none"> Supports NHS People Promise commitment of “We are safe and healthy” Strategic commitment 2 Norfolk & Waveney Integrated Care System – Quality Priority 1
How we will do this	<ul style="list-style-type: none"> £1 million of investment has been agreed for improvements Establishment of a joint decision-making council to enable staff to play a part in identifying what will make the biggest impact Communication to staff of the staff Council’s purpose and how to enable their voice to be heard Programme of improvements to be identified, scoped and costed Obtain key stakeholder engagement to ensure projects are achievable and potential barriers identified Communication plan to ensure staff are kept informed and able to contribute
Executive Lead and Delivery Leads	<p>Chief People Officer</p> <p>Head of Facilities/Estates</p>
Progress during 2022/2023	<ul style="list-style-type: none"> Agreed refurbishments/improvement plan (July 2022) Refurbishments/improvement programme communicated (August 2022) Revised travel to work options and parking offering published (September 2022)
Improve quality of appraisal with new Personal Development Review (PDR) process	
Rationale	<p>Staff survey results indicate that current process did not help them to do their job better, nor set high quality objectives.</p> <p>Appraisal is a key part of staff engagement and building a good relationship with your line manager. Trusts with higher levels of staff engagement deliver higher quality services, perform better financially and have higher patient satisfaction scores and lower staff absence.</p> <ul style="list-style-type: none"> Supports all seven of the People Promise Commitments Strategic commitment 2 Norfolk & Waveney Integrated Care System – Quality Priority 1
How we will do this	<ul style="list-style-type: none"> Revised PDR process to be implemented, aligned to People Promise and organisational strategic commitments Programme of line manager training and supporting materials to be in place PDRs to be delivered on a “cascade” basis during a 6-month period, starting with the most senior posts

	<ul style="list-style-type: none"> Divisions to agree and implement a detailed plan to deliver and monitor against Key Performance Indicators (KPIs) Health and wellbeing and career conversations to form a key part of PDR, with appropriate signposting to wider resources and support within the organisation to enable meaningful discussion
Executive Lead and Delivery Leads	Chief People Officer Director of HR and Head of Corporate HR Management
Progress during 2022/2023	<ul style="list-style-type: none"> Meaningful PDR discussion with your line manager (90% of staff by end September 2022) A wellbeing conversation as part of your PDR (90% by end September 2022)
Recruitment to Establishment	
Rationale	<p>Current vacancy factor of 18.8% and turnover of 14.2%</p> <p>Reliance on bank and agency to ensure staffing levels are maintained</p> <p>Staff survey results show high levels of burnout, fatigue and that staff feel there are not enough staff to enable them to do their job properly.</p> <ul style="list-style-type: none"> Supports "We are a Team" and wider People Promise Commitments Strategic commitment 2 Norfolk & Waveney Integrated Care System – Quality Priority 1 & 4
How we will do this	<ul style="list-style-type: none"> Reduction in each stage of time to hire process to meet 55 days by end June 2022 Line manager education and support regarding recruitment best practice through Licenced to Lead Programme and bespoke training packages Review of each step of the pre-employment checks and opportunities to streamline Internal recruitment processes streamlined to facilitate faster internal moves Continued international nursing recruitment programme Large-scale Healthcare Assistant (HCA) recruitment programme and enhanced support to increase retention Increased access to flexible working opportunities and bank to permanent Updated and best practice candidate attraction via advertising and website with greater opportunities for candidates to learn more about the role prior to application
Executive Lead and Delivery Leads	Chief People Officer Director of HR
Progress during 2022/2023	<ul style="list-style-type: none"> Achieving an average of 55 days from placing job advert to completing employment checks (June 2022) At least 25% of job adverts include options for flexible working (June 2022)
Reform Dignity at Work Policy	
Rationale	Staff survey results show an increase in the number of staff reporting they feel bullied at work

	<p>This is also reflected within Speak Up complaints, together with concerns regarding the length of time investigations can take and the impact on staff.</p> <ul style="list-style-type: none"> • Supports “We are safe and healthy” and wider People Promise Commitments • Strategic commitment 2 • Norfolk & Waveney Integrated Care System – Quality Priority 1
How we will do this	<ul style="list-style-type: none"> • External review of current Communicating with PRIDE and Dignity at Work processes • Workstream established to review key findings and consider potential changes to policy and supporting processes • Revised policy to be drafted and agreed with trades unions • Each division to identify “heatmap” of areas of concern from staff survey results, with Chief of Division (CoD) as Senior Responsible Owner (SRO) for action plans to improve • Training for line managers in managing conflict as part of the Licensed to Lead programme • Introduction of trained mediators to enable faster resolution • Launch and delivery of Health and Wellbeing Framework
Executive Lead and Delivery Leads	<p>Chief People Officer Director of HR and Head of HR Corporate Development</p>
Progress during 2022/2023	<ul style="list-style-type: none"> • A monthly programme of senior management visits to ward and specialty areas (from June 2022) • Introducing divisional oversight for approving flexible work requests to ensure greater equity (September 2022) • Schwartz Rounds reintroduced • Increase Professional Nurse Advocate and Professional Midwifery Advocate roles and promotion of other wellbeing support (end September 2022) • A monthly programme of “Rest & Restore” days (ongoing to March 2023) • Practical cost-of-living support and information (June 2022) • Agreed divisional actions for areas reporting high incidence of bullying or feeling unable to speak up in the Staff Survey (June 2022) • “No excuse for abuse” campaign launched (June 2022) • Protocol to withdraw patient care where behaviour is unacceptable (July 2022).

An Act of Kindness



Hospital beds donated to Eastern Ukraine

The Norfolk and Norwich University Hospital and Medstrom Ltd have been working together to recycle and rehome outgoing hospitals beds to support those affected by the war in Ukraine.



In excess of 50 beds have transited through charitable organisations and Ukrainian Non-Governmental Organisation across the Polish border, to reach hospitals in some of the hardest-hit regions in Eastern Ukraine. Owing to destruction of key medical infrastructure, there was a severe shortage of hospital beds and mattresses to support the wounded and patients who have been transferred. These donated beds have been greatly received by healthcare staff, providing essential equipment to improve patient care and outcomes.

The beds provided as part of this support to Ukraine had recently been removed from the Trust as part of the bed replacement programme.

Stacy Hartshorn (**pictured to the right**), project lead for the bed replacement programme at NNUH, said: *"We are grateful to Medstrom for organising for our older beds to be sent to help the people of Ukraine. The beds were in use for our patients until the day they were removed so we know these will be a great addition to whichever hospital they are deployed into. We are privileged in our Trust to be at the end of a bed replacement programme where all of our bed frames have been replaced with high specification standard and low-rise frames, which has afforded us this opportunity for donation."*

Rachel Apsey, Commercial Director for Medstrom, added: *"This is an incredible achievement from everyone involved and I'm proud that Medstrom could support NNUH with this project. The logistical organisation, transport and volunteer time should all be recognised, but we all had one clear objective in mind; providing the necessary equipment, as quickly as possible, to help those throughout Ukraine. We will continue to do our utmost to support with further donations."*



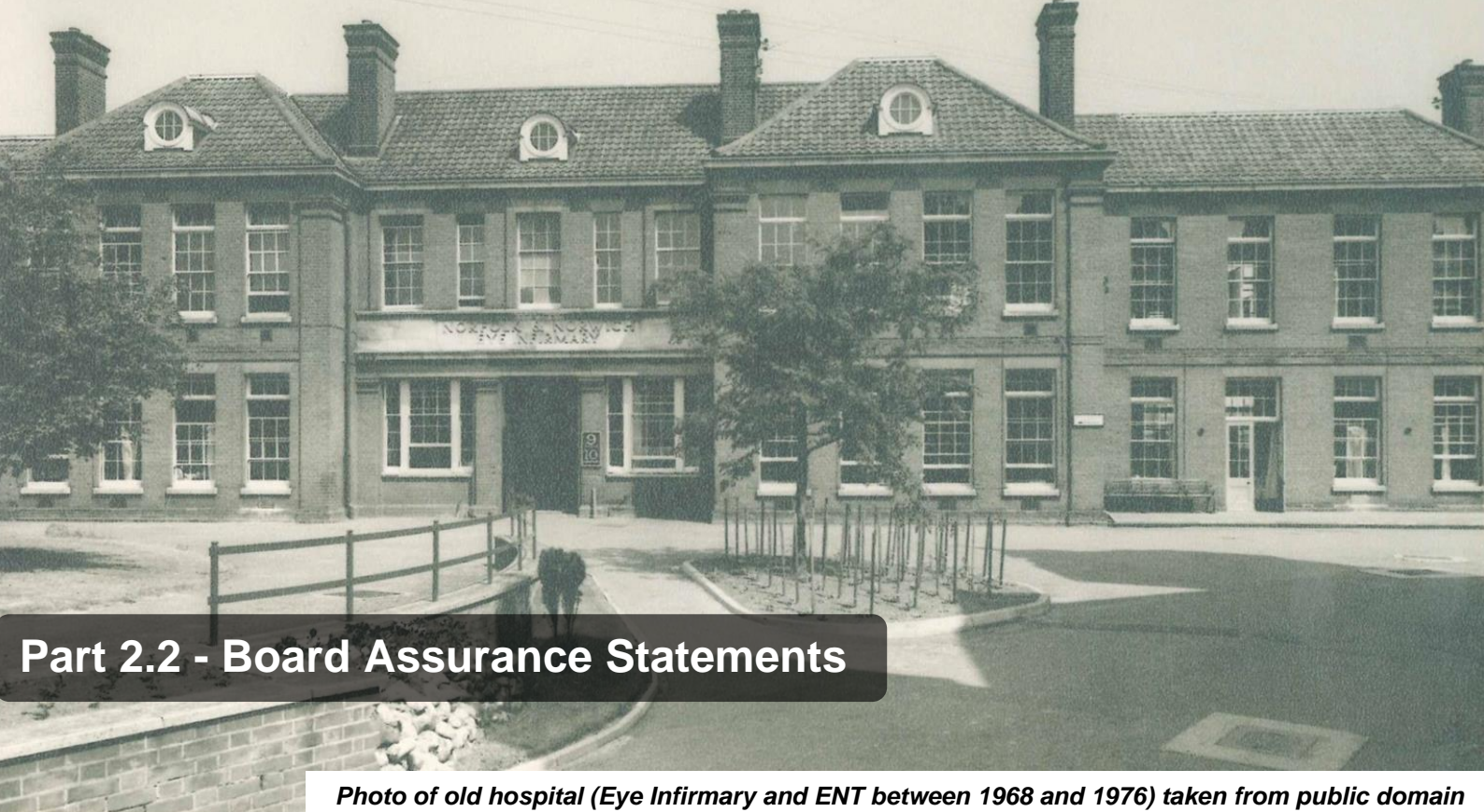


Photo of old hospital (Eye Infirmary and ENT between 1968 and 1976) taken from public domain

Part 2.2 - Board Assurance Statements

Review of services

During 2022/2023 the Norfolk and Norwich University Hospitals NHS Foundation Trust provided and/or sub-contracted 81 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 81 of these relevant health services.

Owing 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 2022/2023.

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

During 2022/23 53 of the Quality Account national clinical audits and 4 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.

We participated in other National Audits which fall outside of the Quality Account recommended list.

The national Quality Account clinical audits and national confidential enquiries that Norfolk and Norwich University Hospitals NHS Foundation participated in during 2022/23 are listed below alongside the number of cases submitted to each audit or

enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

[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.]

Table 1: National Clinical Audit in Alphabetical Order

National Clinical Audit (Alphabetical order)	Eligible Y/N	Took part Y/N	Participation Rate Cases Submitted	Completed/ In-progress/ Ongoing
Breast and Cosmetic Implant Registry	Y	Y	15 (100%)	Ongoing
Case Mix Programme	Y	Y	1627/1627 (100%)	Ongoing
Child Health Clinical Outcome Review Programme	Y	Y	Transition Study: 15/28 (54%) Testicular Torsion Study: 3/3 (100%)	Ongoing
Cleft Registry and Audit Network Database	N	n/a	n/a	n/a
Elective Surgery: National Patient Reported Outcome Measures (PROMs) Programme	Y	Y	Hips: 505/521 (97%) Knees: 521/549 (95%)	Ongoing
Emergency Medicine Quality Improvement Project:				
<i>a. Pain in children</i>	Y	Y	228/228 (100%)	Completed
<i>b. Assessing for cognitive impairment in older people</i>	Y	n/a	n/a	Deferred to 2023/2024
<i>c. Mental health self-harm</i>	Y	Y	n/a	Audit extended into 2023/2024
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	Y	Y	79/79 (100%)	Ongoing
Falls and Fragility Fracture Audit Programme:				
<i>a. Fracture Liaison Service Database</i>	Y	N	n/a	n/a
<i>b. National Audit of Inpatient Falls</i>	Y	Y	0/19 (0%)	Data being submitted for 21-22 anticipated submissions for 22-23 will commence shortly
<i>c. National Hip Fracture Database</i>	Y	Y	748/748 (100%)	Ongoing
Gastro-intestinal Cancer Audit Programme:				
<i>a. National Bowel Cancer Audit</i>	Y	Y	569/569 (100%)	Ongoing
<i>b. National Oesophago-gastric Cancer</i>	Y	Y	184/184 (100%)	Ongoing
Inflammatory Bowel Disease Audit	Y	Y	16/16 (100%)	Ongoing
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Y	Y	15/15 (100%)	Ongoing
Maternal and Newborn Infant Clinical Outcome Review Programme	Y	Y		Ongoing

			Maternal deaths: 1/1 (100%) Late Fetal Loss: 10/10 (100%) Terminations: 10/10 (100%) Stillbirths: 16/16 (100%) Early Neonatal Deaths: 11/11 (100%) Late Neonatal Deaths (includes Transfers in): 7/7 (100%)	
Medical and Surgical Clinical Outcome Review Programme	Y	Y	Epilepsy Study: 3/5 (60%) Crohn's Disease Study: 3/5 (60%) Community Acquired Pneumonia Study: 2/5 (40%)	Ongoing
Mental Health Clinical Outcome Review Programme	N	n/a	n/a	n/a
Muscle Invasive Bladder Cancer Audit	Y	Y	11/11 (100%)	Completed
National Adult Diabetes Audit:				
<i>a. National Diabetes Core Audit</i>	Y	Y	Data collection starts in April for 2022-23 audit	Ongoing
<i>b. National Diabetes Foot care Audit</i>	Y	Y	260/260 (100%)	Ongoing
<i>c. National Diabetes Inpatient Safety Audit</i>	Y	Y	33/33 (100%)	Ongoing
<i>d. National Pregnancy in Diabetes Audit</i>	Y	Y	50/50 (100%)	Ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:				
<i>a. Adult Asthma Secondary Care</i>	Y	Y	186/186 (100%)	Ongoing
<i>b. Chronic Obstructive Pulmonary Disease Secondary Care</i>	Y	Y	457/457 (100%)	Ongoing
<i>c. Paediatric Asthma Secondary Care</i>	Y	Y	15/15 (100%)	Ongoing
<i>d. Pulmonary Rehabilitation- Organisational and Clinical Audit</i>	N	n/a	Trust does not have Pulmonary Rehabilitation service	n/a
National Audit of Breast Cancer in Older Patients	Y	Y	573/573 (100%)	Completed
National Audit of Cardiac Rehabilitation	Y	Y	2780/2915 (95%)	Ongoing
National Audit of Cardiovascular Disease Prevention (Primary Care)	N	n/a	n/a	n/a
National Audit of Care at the End of Life	Y	Y	50/50 (100%)	Complete
National Audit of Dementia	Y	Y	75/80 (94%)	Complete
National Audit of Pulmonary Hypertension	N	n/a	n/a	n/a
National Bariatric Surgery Registry	N	n/a	n/a	n/a
National Cardiac Arrest Audit	Y	Y	40/40 (100%)	Ongoing

National Cardiac Audit Programme:				
<i>a. National Congenital Heart Disease</i>	N	n/a	n/a	n/a
<i>b. Myocardial Ischaemia National Audit Project</i>	Y	Y	788/868 (91%)	Ongoing
<i>c. National Adult Cardiac Surgery Audit</i>	N	n/a	n/a	n/a
<i>d. National Audit of Cardiac Rhythm Management</i>	Y	Y	Pacemaker: 1444/1444 (100%) Electrophysiology: 641/661 (97%)	Ongoing
<i>e. National Audit of Percutaneous Coronary Interventions</i>	Y	Y	1305/1320 (99%)	Ongoing
<i>f. National Heart Failure Audit</i>	Y	Y	601/601 (100%)	Ongoing
National Child Mortality Database	Y	Y	All child deaths are registered as required via the Child Deaths Overview Panel (CDOP) and the national database takes its data direct from the CDOPs.	Ongoing
National Clinical Audit of Psychosis	N	n/a	n/a	n/a
National Early Inflammatory Arthritis Audit	Y	Y	23 cases submitted percentage not known	Ongoing
National Emergency Laparotomy Audit	Y	Y	229/229 (100%)	Ongoing
National Joint Registry	Y	Y	828/828 (100%)	Ongoing
National Lung Cancer Audit	Y	Y	380/380 (100%)	Ongoing
National Maternity and Perinatal Audit	Y	Y	100% All births are registered as required and data is taken directly by NHS Digital	Ongoing
National Neonatal Audit Programme	Y	Y	978/978 (100%)	Ongoing
National Ophthalmology Audit Database	Y	Y	1777/1777 (100%)	Ongoing
National Paediatric Diabetes Audit	Y	Y	297/297 (100%)	Ongoing
National Perinatal Mortality Review Tool	Y	Y	34/34(100%)	Ongoing
National Prostate Cancer Audit	Y	Y	427/427 (100%)	Ongoing
National Vascular Registry	Y	Y	441/441 (100%)	Ongoing
Neurosurgical National Audit Programme	N	n/a	n/a	n/a
Out-of-Hospital Cardiac Arrest Outcomes	N	n/a	n/a	n/a
Paediatric Intensive Care Audit	N	n/a	n/a	n/a
Perioperative Quality Improvement Programme	Y	Y	4 cases submitted Data submissions from NNUH only commenced January 2023	Ongoing

Prescribing Observatory for Mental Health:	N	n/a	n/a	n/a
<i>a. Improving the quality of valproate prescribing in adult mental health services</i>	N	n/a	n/a	n/a
<i>b. The use of melatonin</i>	N	n/a	n/a	n/a
Renal Audits:				
<i>a. National Acute Kidney Injury Audit</i>	Y	Y	6180/6180 (100%)	Ongoing
<i>b. UK Renal Registry Chronic Kidney Disease Audit</i>	Y	Y	849/849 (100%)	Ongoing
Respiratory Audits:				
<i>a. Adult Respiratory Support Audit</i>	Y	Y	Data being collected not yet submitted	Ongoing
<i>b. Smoking Cessation Audit- Maternity and Mental Health Services</i>	Y	n/a	Audit did not commence	n/a
Sentinel Stroke National Audit Programme	Y	Y	687/687 (100%)	Ongoing
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Y	Y	26/26 (100%)	Ongoing
Society for Acute Medicine Benchmarking Audit	Y	Y	115/115 (100%)	Complete
Trauma Audit and Research Network	Y	Y	471/672 (70%)	Ongoing
UK Cystic Fibrosis Registry	Y	Y	Paediatrics: 57/57 (100%) Adults: 89/89 (100%)	Ongoing
UK Parkinson's Audit	Y	Y	OPM: 22/22 (100%)	Complete

The reports of published national clinical audits or confidential enquiries were reviewed by the provider in 2022/23. These are reported through department's local governance teams and the Clinical Effectiveness Operational Group. Some examples of actions undertaken following review are given below.

Table 2: Example of actions following review:

National Audit Title	Keys Successes	Key Concerns	Key Actions
National Audit of Cardiac Rehabilitation	All patients who have a cardiac event invited to the Cardiac Rehabilitation Programme at discharge. Involvement with the East of England Cardiac Rehabilitation Steering Group Committee. Working with Service Managers to develop new clinics. Cardiac Rehabilitation programme at NNUH given green fully certified status from the National	Need to review patient assessment protocols and routine practice assessment. Need to ensure that all patients taking part in Cardiac Rehabilitation exercise have a baseline exercise test.	Implementation the Co-op Dartmouth Quality of Life Assessment; and Introduced assessments for patients who are physically frail.

	Certification Programme for Cardiac Rehabilitation.		
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) (Part of the National Cardiac Audit Programme)	86.66% of elective Percutaneous Coronary Interventions for stable symptoms were discharged on the same day as the procedure (Standard >75%). Trust had 100% use of drug-eluting stents where a stent was deployed to treat a ST-Elevated Myocardial Infarction (STEMI) (Standard >90%).	65% of use of intracoronary imaging during Percutaneous Coronary Intervention procedures to treat unprotected Left Main Stem disease (Standard >75%).	Continue open and honest communication with the East of England Ambulance Service NHS Trust regarding delayed Call-to-balloon and Door-to-balloon times. Submit business cases for Cardiac Catheter Laboratories refurbishment. Secured non-recurrent funding for the Non-ST-Elevated Myocardial pathway improvement project.
National Diabetes Core Audit (Part of the National Adult Diabetes Audit)	70% of patients had timely reviews. Well established operational structures to deliver streamlined annual reviews. Well established intermediate care services.	Need for support with data entry, phlebotomy and medication reconciliation.	Clinic letter templates changed to clearly reflect care processes; Support for data entry on the DIAMOND Diabetes System has been escalated.
National Hip Fracture Database (NHFD) (part of the Falls and Fragility Fracture Audit Programme)	Performance at or above national average for prompt mobilisation following surgery, time to surgery, and NICE compliant surgery. Steady increase in the rate of cases where surgery is supervised by Consultant Surgeon and Anaesthetist. Greater engagement from Site and Divisional Management in regard to direct admit capabilities of Ortho-Medical Unit. When discharge destination is available, Orthogeriatric Team are able to discharge within 12 days of surgery.	Performance below national average for direct admission to specialist ward, prompt orthogeriatric review, post operative delirium assessment, and return to original residence. Decrease in attainment of Best Practice Tariff (39.9%). Mortality rate remains worse than national average. Phlebotomy priority for Ortho-Medical Unit increases likelihood of delay to surgery and receipt of post operative indicators.	Increase provision of dedicated Orthogeriatric Consultant care to support the return to the pre-covid model of excellent Older People's Medicine care.
National Bowel Cancer Audit (NBOCA)	Excellent performance in relation to surgical quality, length of stay, and mortality, as recognised by a recent Getting It Right First Time (GIRFT) visit.	Poor quality of data entry, with the reported case ascertainment figures for the Trust.	Divisional leadership team coordinating a division-wide review of data entry requirements for national audits to determine the level of investment in resources required to improve data submissions.

National Emergency Laparotomy Audit (NELA)	100% of cases had pre-operative risk assessment. Good performance in general, with high numbers of procedures and a low mortality rate.	Low input from Geriatrician. Appropriate timing to theatre. Presence of both Consultant Surgeon and Anaesthetist when risk >5%	Opening of the new Orthopaedic Centre to improve accessibility of emergency theatres during daylight hours. Reinforced standards with Surgeons and Anaesthetists via Governance meetings.
Muscle Invasive Bladder Cancer Audit (British Association of Urological Surgeons (BAUS))	Good outcomes reported for cystectomy. Patients offered all options for muscle invasive disease.	Median length of time to bladder cancer diagnosis 61 days vs 41 days nationally.	Cancer diagnostic pathway being reviewed as part of diagnostic delay and cancer pathway work.
National Vascular Registry (NVR)	Trust is the 9th busiest Aortic Centre in UK for elective infrarenal Abdominal Aortic Aneurysms (AAA) and 2nd busiest for Ruptured Abdominal Aortic Aneurysms (RAAA). Our practice of a large proportion of open surgery is evidence based and in line with the latest National Institute of Health and Clinical Excellence (NICE) guidelines. Our elective AAA is amongst the best in the UK. The adjusted mortality rate is excellent for both elective AAA repairs and RAAA. All elective AAA patients have a pre-op computerised tomography (CT) and are discussed at Vascular Multi-Disciplinary Team (MDT) Meeting. When compared to previous years, we have improved on the documentation of various parameters. For Carotid Endarterectomy (CEA) cases, the Trust's time from symptom to surgery continues to be good, with a median time of 10 days. 60% of symptomatic patients achieved the GIRFT target of 7 days from symptom to referral, and 80% received their surgery within the NICE target of 14 days.	Documentation of multi-disciplinary assessment could improve, for AAA cases. There is further improvement that could be achieved in respect of time from assessment to surgery so that the Trust sits within the best 10 Trusts. Of CEA cases, the adjusted stroke and/or mortality rate had increased to 4.8% compared to national average of 2.2%, which will be monitored over the next 2 years to ensure it remains below the acceptable upper limit.	No specific targeted clinical actions identified from the report. Results highlighted importance of accuracy and completeness of data entry to the Registry and continued monitoring of in-hospital mortality rates via monthly Governance Meetings. The results highlight the importance of the provision of adequate extended recovery, Critical Care bed capacity and the recruitment and retention of ward-based staff to enable the Vascular Department to continue to provide excellent patient care and achieve excellent patient outcomes.

National Neonatal Audit Programme (NNAP)	Neonatal Intensive Care Unit (NICU) exceeded 3 of the national audit standards. NICU exceeded the national average rates in a further 7 standards.	Below national standard in 3 areas.	Both the audit and benchmarking data are reviewed quarterly, and a rolling action plan is in place with ongoing initiatives to raise standards. These include education; case reviews; audits and ad-hoc data quality reviews. Improvements have been achieved over the 2022 calendar year such that local performance now exceeds the national average.
National Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)	The Trust was compliant with 16/18 recommendations.	The National Maternity Early Warning Score system to monitor pregnant women in all hospital settings and the National Patient Group Direction allowing prescription of aspirin for pregnant women at risk of pre-eclampsia not fully implemented in the Trust.	The Modified Early Obstetric Warning Scores (MEOWS) recording system to be made available electronically Trust wide and discussion of Midwives utilising a Patient Group Directive for Aspirin being undertaken.
National Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	Good performance against key performance indicators (KPIs).	Assessment of disease activity was based on PGA (Physician Global Assessment) but not on the Paediatric Crohn's Disease Activity Scores (PCDAI) or the Paediatric Ulcerative Colitis Activity Index (PUCAI). Transfer of patients to adult services resulted in appearance of incomplete data sets at 12-month follow-up.	Incorporation of a template (paper based initially then electronic) for recording disease activity scores at every patient visit. Trust's electronic patient record to include disease activity score as a key element. Patients transferred to adult services are taken off the Paediatric database.
National Paediatric Diabetes Audit (NPDA)	Least hospital readmissions compared to national and regional figures. Paediatric Diabetes service offers excellent service to patients.	Quality dietetic and psychology time for patients.	Improve process of collecting data by effective use of information technology systems, for example DIAMOND.
Surgical Site Infection Surveillance Service	Annualised Surgical Site Infection rate was below the United Kingdom Health Security Agency (UKHSA) threshold.	There was a need for data entry support for the orthopaedic elements to enable continuous surveillance	Recruitment of a data entry person in Orthopaedic Department to facilitate Surgical Site Infection

	Improved electronic recording of Caesarean-section wound surveillance provided access to 100% of cases as paper forms were no longer required. This provided improved oversight of infection rates.	for all categories to obtain more accurate figures. Due to staffing pressures, demands on services and acuity of admissions some surveillance information has not been collated. The Covid-19 pandemic and increased prevalence of winter viruses, increased the workload of the Infection Prevention & Control Team. This delayed analysing and reporting of Surgical Site Surveillance.	data entry along with other audits in the department. Surgical Site Infection Surveillance results were taken to Clinical governance meetings and fed back to the clinicians for discussion and learning. These were also discussed at Hospital Infection Control Committee (HICC) meeting quarterly with divisional and governance leads.
LeDeR - Learning from Lives and Deaths of People with a Learning Disability and Autistic People	Overall improvements in quality of care and suitability of care packages.	Poor discharge arrangements. Lack of reasonable adjustments in acute settings and delays in treatment, diagnosis and onward referral.	Introduction of bespoke training to individual areas. Regular meetings with Community Learning Disability Teams. Meeting with Complex Discharge Team leads to highlight concerns and establish a working pathway. A review of End-of-Life care for people with Learning Disabilities in the Norfolk and Norwich University Hospital, in collaboration with the Norfolk and Waveney Integrated Care Board. A specific audit of ReSPECT and reasonable adjustments to be completed.

Case study

Mark Andrews – Lead Consultant



NNUH Doctor awarded a National Diploma in Obstetric Medicine

An NNUH Doctor has become the only Consultant in the country to be awarded a National Diploma in Obstetric Medicine.

Dr Mark Andrews has a specialty in renal (kidney) disease. He is the first Consultant in the country to complete Obstetric Medicine training at consultant level following an NHS initiative to improve medical care in maternity services, by funding training in medical problems in obstetrics for existing Consultant specialists.

NNUH has also become home to one of two Maternal Medicines Centres in the East of England and Dr Andrews is leading this service with fellow Obstetric Consultant Ms Fran Harlow.

As part of the national strategy to create these centres of excellence, NHS England funded the training of 12 Consultant Physicians in Obstetric Medicine. Dr Andrews had had experience of Obstetrics and “high risk pregnancy” as it was called, while a Medical Registrar in Nottingham. Since that time, he has continued an interest within his own specialty of renal (kidney) disease and has long experience of the management of kidney disease in pregnancy.

This experience meant he was an ideal candidate, and he became the first person to complete the year-long part-time programme at Guy’s and St Thomas’s Hospital and University College London Hospital. Dr Andrews remains the only person in the country to be awarded the prestigious Diploma in Obstetric Medicine.

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 2022/2023 that were recruited during that period to participate in research approved by a research ethics committee was 4014.

Commissioning for Quality and Innovation (CQUIN)

A proportion of NNUH income in 2022/23 was conditional on achieving quality improvement and innovation goals agreed between NNUH and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for NNUH and for the following 12- month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/2022-23-cquin/>.

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 not taken enforcement action against Norfolk & Norwich University Hospitals NHS Foundation Trust during 2022/23.

Norfolk and Norwich University Hospitals NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2022/23:

- **Unannounced focused inspection of medical care (including older people's care) at the Norfolk and Norwich University Hospital.**

Table 3: CQC Ratings of Medical care (including older people's care), reported January 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Not rated	Not rated	Requires Improvement

There were no changes in the level of ratings given during this inspection to Medical Care (including older people's care).

Whilst during 2022/23, the NNUH did not receive a Trust Well Led inspection by the CQC, the inspection into medical care (including older people's care) highlighted: *'Leaders ran services well using systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The culture was centred on the needs and experience of people who used services and encouraged openness and honesty at all levels within the organisation. All staff were committed to continually learning and improving services.'*

Norfolk and Norwich University Hospitals NHS Foundation Trust intends to take the following action to address the conclusions or requirements reports by the CQC A full quality improvement plan is in place to address these recommendations.

Table 4: CQC 'Must Do' and 'Should Do' Recommendations for Medical care (including older people's care) reported January 2023

Area	Level	Ref	Recommendation
CORE SERVICES			
Medical care (including older people's care)	Must Do	Med 2022.a	The trust must ensure that patients' physiological observations are reassessed and recorded in line with trust policy. (Regulation 12(2)(a))
		Med 2022.b	The trust must ensure that risk assessments relating to the health, safety and welfare of people using services are completed and reviewed in accordance with trust policy. (Regulation 12(2)(a))
		Med 2022.c	The trust must ensure that resuscitation equipment is checked in accordance with trust policy. (Regulation 12(2)(e))
		Med 2022.d	The trust must ensure that patients have drinks and call bells within reach. (Regulations 14(4)(a) and 9 (1))
		Med 2022.e	The trust must ensure that work to improve the support that patients receive to meet their nutritional and hydration needs continues. (Regulation 14(4))
		Med 2022.f	The trust must ensure that intentional rounding is carried out and recorded in accordance with trust policy. (Regulation 12 (2)(b))
	Should Do	Med 2022.g	The trust should ensure that nursing and healthcare assistant staffing levels continue to be regularly monitored and

			adjusted when required. Work to increase staffing levels in order to meet establishment levels should continue (Regulation 18(1))
		Med 2022.h	The trust should ensure that monitoring of compliance and risk assessment of the trust policy for the use of additional beds in bays continues. (Regulation 15(1)).
		Med 2022.i	The trust should ensure that actions identified following the completion of local audits are implemented. Action plans should be updated when actions have been implemented. (Regulation 17 (2))
		Med 2022.j	The trust should continue to work closely with all system partners to tackle the capacity pressures on urgent and emergency care in the health and social care system in Norfolk and Waveney.
		Med 2022.k	The trust should continue work to improve Friends and Family Test response rates.
		Med 2022.l	The trust should continue work to improve the time of day that patients are discharged.
		Med 2022.m	The trust should work to reduce the number of patient moves for non-clinical reasons, particularly during night-time hours.

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

Norfolk and Norwich University Hospitals NHS Foundation Trust has made the following progress by 31st March 2023 in taking such action

Table 5: Progress on CQC 'Must Do' and 'Should Do' Recommendations for Medical care (including older people's care) reported January 2023

Area	Level	Ref	Recommendation
CORE SERVICES			
Medical care (including older people's care)	Must Do	Med 2022.a	The Trust observation system WebV has been upgraded to allow retrospective observation. PowerBI where metrics are viewed has also been updated to show easily the results of observations. A QI project has begun to review and improve the remaining actions.
		Med 2022.b	All superseded risk assessments have been removed from the Trust. Singular risk assessments are available to all staff. The new risk assessment booklet began trials on the 31/3/2023.
		Med 2022.c	Tendable audits for checking resus equipment have been updated from the 31/3/2023. This should improve consistency with documentation.
		Med 2022.d	Tendable audits will include checking intentional rounding from 31/3/2023. WebV will be explored for future recording.
		Med 2022.e	Weekly project meetings are taking place. Meal service observations were added to Tendable on 31/3/2023. New fluid balance chart will be trialled from 31/3/2023.
		Med 2022.f	Review of the intentional rounding documentation and Tendable audits.
	Should Do	Med 2022.g	Continue with 3 x daily Safer Staffing meetings, monitoring red flag data and care hours per patient per day (CHPPD) Continue with the Trust recruitment and retention programme

		Med 2022.h	There are effective, real time risk assessments in place as business as usual Revised additional patients in corridors and 7th patient in a bay SOP is now uploaded on Trust Docs
		Med 2022.i	Monitor actions from Tendable audits via monthly performance meetings with the Divisional Senior Nursing team Action planning training for staffing using Tendable Clear historical actions prior to September 2022
		Med 2022.j	Daily update and review regarding patient's criteria to reside status Continue long length of stay patient review with system partners
		Med 2022.k	Continue roll out SMS messaging for friends and family responses Focus volunteers to areas where SMS unlikely to be used Add friends and family questions to the care assurance process
		Med 2022.l	Relaunch of Red2Green process Executive review of red days in planning phase QI project discharge bloods
		Med 2022.m	Improving Red2Green process to identify discharges earlier in the day Trial of risk assessment for selecting boarding patients

As of the 31st of March 2023 there are **25** open recommendations from our previous inspections, please note this does not include the recommendations above.

The breakdown of the recommendations is as follows:

Green – On track to meet outcome date.	6
Amber – At risk of not meeting outcome date.	8
Red - Will not meet the outcome date or has already passed outcome date.	5
Blue – Recommendation is complete but requires further monitoring from Quality Programme Board (QPB).	6

Once a recommendation has been agreed as complete it is turned **Black** and is archived. Since January 2022, 29 recommendations have been turned black.

Data Quality

The Norfolk and Norwich University Hospitals NHS Foundation Trust submitted records during 2022/2023 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Table 6: Records of published data Month 9 December 2022

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%	99.6%	100%	99.7%
Outpatient care	100%	99.8%	100%	99.5%
Accident & emergency care	99.4%	98.6%	100%	99.1%

- Completed Referral to Treatment (RTT) Audit Programme for 2022/23

- Reviewed effectiveness of Key Systems Audit programme with plan to move to a different way for working for 2023/24
- Referral to Treatment and Data Quality web pages reviewed and updated, providing guidance documents and SOPs to further support staff with policy, process and progressing patient pathways.
- Policies reviewed and updated to provide further clarity and understanding.
- Provided RTT training and coaching to Operational Managers, Admin Managers and RTT Validators to support at specialty level
- Introduced 40 Data Quality Metrics to support robust management of patient pathways
- To use benchmarking tools such as the Secondary Uses Services (SUS) dashboard and Data Quality Maturity Index (DQMI) Dashboards to ensure the NNUH are meeting national averages and proactively work with stakeholders to ensure resolution in areas of weakness if identified.
- Introduced multiple PAS enhancements and SOPs to support NHS-England guidelines i.e., introduction of C1 patient unavailability
- Worked with the development team to introduce Robotic Process Assurance (RPA) to undertake repetitive duties to keep data clean i.e. automatic discharge of PIFU referrals once the target date has expired
- Supported with multiple validation objectives to support recovery and NHSE directives, used findings to deliver learning and coaching via the Referral to Treatment Operational Management Group Meetings (RTTOMG)
- The trust was visited by the NHS Elective Care Improvement Support Team Review team in April 2022 who reported a high level of confidence in the data quality of the PTL. The Data Quality (DQ) team provide a service the Elective Care IST would describe as best practice.

Information Governance Data Security & Protection Toolkit Attainment Levels

Norfolk and Norwich University Hospital Foundation Trust's Data Security & Protection Toolkit overall score for 2022-23 was of a "Standards Met" assurance status and is graded satisfactory.

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 2022/23 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:

- Completion of Referral to Treatment (RTT) action plans will enhance performance in RTT within specialties

- Information Asset Administrators IAAs to produce/review Key Systems Policy & Procedures document, (master copy produced collaboratively with Digital Health, Data Quality & Information Governance)
- Monthly Data Quality RTTOMG to discuss RTT performance by Specialty, discussing RTT issues / concerns, this is a forum to share best practice. Meeting minutes are provided and can be used as a reference tool.
- 40 Data Quality Metrics have been introduced which will highlight under performance in key areas to support the management of patient pathways and RTT validation
- New post introduced in Data Quality to support the robust management of how activity/data is recorded, tariff generated, and preparation work for EPR
- Introduce the new standard staff induction for team members with manage patient pathways
- Continue to provide RTT training and coaching to Operational Managers, Admin Managers and RTT Validators to support as part of their induction programme.
- Train on DQ metric processes

Charity Café opens at Cromer Hospital

A new café has opened at Cromer Hospital, funded by the Norfolk & Norwich Hospitals Charity, offering hot and cold food, to eat in or takeaway, and accessible without entering the main hospital building.



The café is called “Mardle”, a name suggested by Sharon Grimwood, Cromer Minors Injury Unit (MIU) Receptionist.

It is run by the Balanced Food Co, with proceeds to be reinvested into further improvements at Cromer Hospital with staff offered a discount.

John Paul Garside, Charity Director, said: *“We are really excited to have been able to provide this wonderful facility for*

Cromer Hospital and are keen to see the proceeds from the café go towards further developments for NHS patients in North Norfolk”.

To find out more about the N&N Hospitals Charity or to make a donation please visit:

www.nnhospitalscharity.org.uk





Learning from Deaths

Learning from deaths of patients in the care of NNUH) is a key priority for the organisation to ensure that it learns from the care and treatment provided to patients who have died, in order to identify where it can develop and implement improvements to the quality of care.

During the financial year 2022/23 2,842 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:

623 in the first quarter, of which 7 were patients with Learning Difficulties, 6 had a Severe Mental Illness, 8 were Still Births and 1 was a Neonatal Deaths.

711 in the second quarter, 7 were patients with Learning Difficulties, 3 had a Severe Mental Illness, 3 were Still Births and 3 were Neonatal Deaths.

761 in the third quarter, 14 were patients with Learning Difficulties, 8 had a Severe Mental Illness, 5 were Still Births and 4 were Neonatal Deaths.

747 in the fourth quarter, 4 were patients with Learning Difficulties, 13 had a Severe Mental Illness, 3 were Still Birth and 8 were Neonatal Deaths.

Table 7: Summary of In-Hospital deaths and deaths within 30 days of discharge for the financial year 2022/23

Financial Year 2022/2023	Total Discharges	Deaths within 30 days of Discharge	In-hospital deaths	Total Deaths	In-hospital Deaths with Learning Difficulties	In-hospital Deaths with Severe Mental Illness	In-hospital Still births	In-hospital Neonatal Deaths
Q1	17874	272	623	895	7	6	8	1
Q2	18078	267	711	978	7	3	3	3
Q3	18927	297	761	1058	14	8	5	4
Q4	18364	263	747	1010	4	13	3	8
Total	73243	1099	2842	3941	32	30	19	16

Medical Examiner Reviews

Table 8: Medical Examiner reviews and escalations

Financial Year 2022/2023	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	667	2	10
Q2	769	4	49
Q3	825	2	36
Q4	820	2	41
Total	3081	10	136

(In Q4 28 of the total deaths reviewed were community cases.

No escalations to SJR/ Morbidity and Mortality (M&M) of deaths within 30 days of discharge.)

The Medical Examiner Service has scrutinised 100% of all inpatient deaths in 2022/2023 and the service is continuing to expand into the community. The statutory phase of the Medical Examiner Service is expected in late 2023, whereby all non-coronial deaths in all settings will be reviewed by a Medical Examiner. The service has embarked on engagement with several GP practices and community providers to begin the community roll-out.

Learning Disabilities

The Trust takes seriously the learning gained from LeDeR (Learning from Lives and Deaths - people with a learning disability and autistic people (external reviewers)) and other mortality-related projects. It is well-evidenced that people with learning disabilities die younger than a 'general population', and often due to potentially preventable reasons, with a higher proportion dying in hospital. The Norfolk and Waveney Integrated Care Board, with whom the learning disability team works closely, approached the Trust to share positive feedback about its 'learning from deaths' programme, and with a view to expanding the Trust's model to other local acute hospital Trusts.

The Trust's model for learning from deaths for learning disabilities (and other Complex Health focuses) incorporates several key approaches:

- Structured Judgment Review (SJR)
- Parallel internal learning disability specialist mortality review (exploring issues of health inequality, diagnostic overshadowing, bias and discrimination)
- Escalation to SJR Scrutiny Panel for patients with learning disabilities where concerns have been identified (10 in the past year, 5 of which highlighted concerns and significant learning)
- Transparent process inviting external LeDeR reviewers to panel to encourage cross-agency learning
- Engagement with regional LeDeR steering group, and associated working groups
- Regular learning disability report summarising internal and external mortality-related learning to the Trust's Learning from Deaths committee

The learning disability team is currently engaged in several working groups associated with LeDeR learning, including respiratory care, end of life care, acute care, and will continue this work in the coming year, also aiming to turn its focus on to other key areas as identified via the LeDeR process.

Child Death Overview Panel Reviews (CDOP)

CDOP reports data in line with the National Child Mortality Database annual reporting period (1st March to the 28th February). By the end of the 2022/2023 reporting period, 17 deaths were reviewed at the Child Death Overview Panel Review Group in relation to the 18 child deaths reported during 2022/2023. These reviews may include children who died elsewhere such as children who were under paediatric follow up but died at home and who were transferred to other hospitals for intensive care and died on Paediatric Intensive Care Unit. The outstanding case is on the agenda for the next upcoming panel meeting.

Case Record Reviews: Structured Judgement Review (SJR) Method

An SJR is a review conducted by an independent, senior health professional/s using an evidence based methodology for reviewing case notes. It is based on the principle that health professionals trained in SJR use explicit statements to comment on the quality of healthcare in a way that allows a judgement to be made that is reproducible.

Following the implementation of the SJR process across the Trust in May 2019, trained SJR reviewers independently undertake case record 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, Summary Hospital-level Mortality Indicator (SHMI)/ Hospital Standardised Mortality Ratio (HSMR)/ Structured Medication Reviews (SMR) alerts, concerns raised by CQC/ other external regulators
- Coroners Regulation 28 Report (actions which NNUH should take to prevent further deaths)
- Aligned to Trust QI priorities

Following the completion of the SJR, a scrutiny panel may be held with input from relevant expert and specialist teams and, where appropriate, external stakeholders.

The scrutiny panel will review the SJR findings to identify key learning and areas of focus for improvement which may ultimately help all patients. The panel will also agree the appropriate governance response and thank teams for any notable practise highlighted in the review.

An SJR scrutiny panel will be held when any of the following criteria are met:

- Overall care score is Poor or Very Poor
- Quality of care score indicates Avoidability
- Regulation 28 from the Coroner
- Patient was homeless
- Paediatric patients who have an SJR completed
- Escalation of concerns following a local Learning Disabilities or Severe Mental Illness review
- Escalation of outstanding practice identified through the SJR or following a local Learning Disabilities/Severe Mental Illness review

Table 9: Case record reviews completed during the 2022/2023 reporting period, including a breakdown by vulnerable group.

Financial Year 2022/23	Total Number of SJR's completed 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	39	7	12	0
Q2	39	12	12	0
Q3	79	13	10	1
Q4	51	17	12	1
Total	208	49	46	2

A collaboration led by MBRRACE-UK developed and established a national standardised Perinatal Mortality Review Tool (PMRT) building on the work of the Department of Health/Sands Perinatal Mortality Review 'Task and Finish Group'.

The PMRT was released in January 2018, used by all NHS maternity, and neonatal units in England, Wales and Scotland, as well as being wholly integrated within the MBRRACE-UK programme of work.

The PMRT tool is used on all Stillbirths delivered from 24 weeks, and Neonatal deaths from 22 weeks.

The tool supports:

- Systematic, multidisciplinary, high-quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death, and the deaths of babies who die in the post-neonatal period having received neonatal care.

- Active communication with parents to ensure they are told that a review of their care and that of their baby will be carried out and how they can contribute to the process.
- A structured process of review, learning, reporting and actions to improve future care.
- Coming to a clear understanding of why each baby died, accepting that this may not always be possible even when full clinical investigations have been undertaken; this will involve a grading of the care provided.
- Production of a clinical report for inclusion in the medical notes.
- Production of a report for parents which includes a meaningful, plain English explanation of why their baby died and whether, with different actions, the death of their baby might have been prevented.
- Other reports from the tool which will enable organisations providing and commissioning care to identify emerging themes across a number of deaths to support learning and changes in the delivery and commissioning of care to improve future care and prevent the future deaths which are avoidable.
- Other reports for use by the Child Death Review process and the PMRT will link with the soon to be commissioned National Child Mortality Database.
- Production of national reports of the themes and trends associated with perinatal deaths to enable national lessons to be learned from the nation-wide system of reviews.
- Parents whose baby has died have the greatest interest of all in the review of their baby's death. Alongside the national annual reports, a lay summary of the main technical report will be written specifically for families and the wider public. This will help local NHS services and baby loss charities to engage patients with the local review process and improvements in care.

Table 10: Case Record Review - Perinatal Mortality Review Tool (PMRT) –

Financial Year 2022/23	Total Number of PMRTs completed during the reporting period on Neonatal/Post Neonatal deaths	Total Number of PMRTs completed during the reporting period on Still Births
Q1	8	3
Q2	1	4
Q3	6	8
Q4	6	6
Total	21	21

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 11: Serious Incidents reported, and investigations completed in relation to the deaths which occurred during the 2022/2023 reporting period:

Financial Year 2022/23	Total Number of Serious Incidents reported in relation to the deaths which occurred during the report period	Total Number of SI Investigations completed
Q1	7	7
Q2	4	3
Q3	18	16
Q4	2	1
Total	31	27

Total number of case record reviews and investigations in 2022/2023

By the end of Quarter 4, 117 case record reviews and 27 investigations have been carried out in relation to the 2,842 in-patient deaths reported during the 2022/2023 financial year, however, all in-patient deaths are scrutinised by the Medical Examiners Service.

In 3 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: 7 in the first quarter; 17 in the second quarter; 51 in the third quarter; 42 in the fourth quarter.

Of the 144 deaths reviewed, 41 representing 1.4% of patient deaths during 2022/2023 (2842) 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: 5 representing 0.8% of patient deaths during 2022/2023 (623)

Quarter 2: 4 representing 0.6% of patient deaths during 2022/2023 (711)

Quarter 3: 22 representing 2.9% of patient deaths during 2022/2023 (761)

Quarter 4: 10 representing 1.3% of patient deaths during 2022/2023 (747)

This number has been estimated using the following:

1. Case record reviews:

Table 12: SJR Case record reviews completed in relation to deaths which occurred during the 2022/2023 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2022/2023	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	0	0	0%
Q2	11	2	18%
Q3	21	4	19%
Q4	29	9	31%
Total	61	15	25%

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.

12: PMRT Case record reviews completed in relation to Neonatal/Post Neonatal deaths which occurred during the 2022/2023 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2022/2023	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	0	0	0%
Q2	1	0	0%
Q3	6	1	16.6%
Q4	6	0	0%
Total	13	2	15%

(Care provided by local hospital, not NNUH, therefore this will not be included in the figures above)

Table 13: PMRT Case record reviews completed in relation to Still Births which occurred during the 2022/2023 reporting period, where the death was judged to be more likely than not due to problems in care

Financial Year 2022/2023	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	0	0	0%
Q2	2	0	0%
Q3	8	1	12.5%
Q4	6	0	0%
Total	16	1	6%

2. Serious Incident Investigations:

Table 14: Investigations completed in relation to patients who have died during the 2022/2023 reporting period where the death was judged to be more likely than not due to problems in care

Financial Year 2022/2023	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	7	5	71%
Q2	3	2	67%
Q3	16	16	100%
Q4	1	1	100%
Total	27	25	93%

Thematic analysis of the 27 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; Dedicated pages on the Trust Intranet the Beat, Grand Rounds, SJR panel meetings, Local Mortality and Morbidity meetings, Governance Meetings and Trust wide OWLS (Organisation Wide Learning).

Table 15: Learning from Case Record Reviews – SJRs

	Themes identified through case record review	Update/ Action
1	Diagnosis	<p>This was the top theme from the SJR process this year. Main sub-themes include:</p> <ul style="list-style-type: none">- Lack of timely recognition that a patient is approaching end of life- Lack of a clear plan and oversight of complex patients- Failures/delays to obtaining senior reviews <p>These are inter-related themes and discussions at SJR scrutiny panels often reveal that they are underpinned by resource constraints including staffing shortfalls and lack of bed availability. These increase the risk of multiple patient moves/handovers and fragmentation of care. The constraints are well-recognised and kept under close review</p> <p>The AMBER care bundle is being trialled on specific wards as a means of enabling clinical teams to recognise patients at risk of dying and better communicate their concerns with them and their families and, where possible, to realise their preferences for place of care and death.</p>
2	Non-compliance with the Mental Capacity Act	<p>This is a recurrent theme coming through the SJR process and is a trust wide concern. The main sub-theme is that no mental capacity assessment was undertaken. Other sub-themes include best interest decision meetings not held and no evidence that best interest decision making included balancing of risks and benefits to the individual.</p> <p>These cases often come through the SJR scrutiny panel where there is an opportunity to discuss SJRs in detail. It is common to find that assessments and best interest decisions have been made but not documented appropriately in the case-notes</p>

		<p>The action plan to address this issue is undergoing a refresh with the appointment of a new Mental Capacity Act (MCA) lead. Focused training sessions are being made available and there will be a review of MCA associated documentation to ensure these are concise and clear.</p>
3	Communication and coordination	<p>The main sub-themes are sub-optimal communication between teams, inadequate handover communication within or between teams and sub-optimal communication with patients/families. There are also specific concerns relating to ready identification of the responsible Consultant/team and the lack of joint handover processes between medical & nursing staff</p> <p>Several initiatives have been rolled out in the past year to improve communication between teams Trust wide including the Alertive tool and internal professional standards. The Alertive app setup requires the mapping out key roles and responsibilities within specialties/departments, enabling the redesign and strengthening processes in support of improved communication.</p> <p>Work is being undertaken to improve handover communication between nursing and medical staff.</p> <p>The Trust continues work to improve communication with patients and families via measures such as relative liaison staff. Discussions at SJR scrutiny panels and Learning From Deaths committee suggest that patients who are outliers or those subject to multiple moves are at greatest risk of poor communication with the clinical team.</p>
4	Gaps in documentation	<p>This is a recurrent theme coming through case record reviews as well as other mortality reviews including Medical Examiner reviews. The main sub-themes are gaps in medical and gaps in nursing documentation. The Trust is still using paper case records so there is a higher risk of poor legibility, misfiling, mishandling, loss, or damage</p> <p>Direct feedback is provided to speciality teams, and this is a regular item of discussion at Learning From Deaths Committee to raise awareness</p> <p>The financial plan for a shared EPR across the 3 acute trusts in Norfolk and Waveney has been approved and the procurement process has started. EPR implementation with the associated training, should help reduce the risk of poor</p>

		documentation and record keeping. There are also several initiatives taking place that will support improvements in documentation including an electronic discharge letter (EDL) improvement workstream as well as a nursing documentation improvement workstream to streamline current requirements
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Table 16: Learning from Case Record Reviews – PMRT

	Themes identified through investigations	Update/ Action
1	Preterm birth	<p>Occasional missed opportunities to predict and prevent preterm birth.</p> <p>Themes reminder presentation already undertaken at Maternity Governance.</p> <p>LMNS focus on next Clinical Safety & Quality Oversight Group Meeting to ensure improvements in offer across the LMNS, as NNUH take the preterm babies from the local units in the LMNS due to the level 3 NICU provision.</p> <p>Change in skin prep for the extreme preterm babies to protect skin integrity.</p>
2	Fetal Anomaly	2x quartiles include fetal anomalies that were predicted to have poor outcomes, but families have chosen to continue these pregnancies in any case.
3	Access to Triage	Birmingham Triage criteria and methods being instigated – pilot being undertaken and removal of Medicom/CallEast being considered to avoid this extra layer.
4	Ongoing concern regarding staffing to offer appropriate care appointments and 1:1	Ongoing recruitment drive to ensure backfill for maternity and long-term sick leave.

The main themes identified through the Serious Incident investigations are listed below. This learning will be used to inform our Patient Safety Incident Response Plan (PSIRP) and our focused future quality improvement work to minimise recurrence.

Table 17: Learning from investigations

	Themes identified through investigations	Comments
1	Delay in diagnosis	<p>NNUH will transition to the new National PSIRF from September 2023. This will replace the existing Serious Incident Framework.</p> <p>All NHS providers are required to publish a PSIRP on their websites. This sets out the level of review and investigation that will be undertaken for patient safety incidents. The highest patient safety risks will have a systems investigation called a PSII conducted by a Patient Safety Incident Investigator.</p>
2	Sub optimal care of deteriorating patient – monitoring and escalation of vital signs	<p>Alongside two national PSII priorities, Provider Trusts will identify their highest risk patient safety areas for PSII. Insight from SJR is being utilised along with other incident and complaint information to inform the local priorities for PSII.</p>
3	Suboptimal communication with families	<p>A Family Liaison Support Officer role was put in place during Covid pandemic to primarily support the emotional wellbeing of the patient, providing a creative and practical means to maintain a 2-way communication with family, loved ones and carers. In addition, the role also supports ward teams to ensure that patient/family concerns are listened to, recorded and acted upon and will regularly liaise with ward colleagues to escalate patient and family concerns and questions requiring a response from a clinical / medical colleague.</p> <p>This role is funded until March 2024 and is being evaluated with a view to embedding it into the establishment.</p>

Reporting

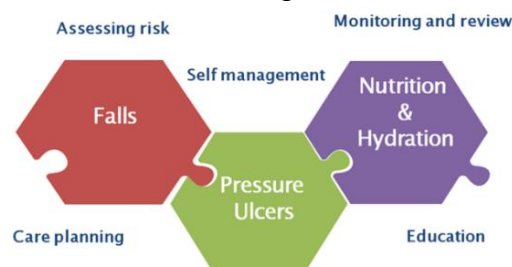
A comprehensive report on morality and learning from death data and information including themes, areas for improvement, risks and key actions is compiled and presented to Clinical Safety and Effectiveness Sub-Board, Quality and Safety Committee (committee of the Board) and through to Trust Board.

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 is focused on five commonly occurring themes across all three domains as shown (to the right) -



Reducing Harm from Falls Quality Improvement Programme

The falls improvement programme is being rolled out across the Trust and builds on the learning from local and national improvement work. The Tendable © audits are being used at ward level to identify areas for improvement.

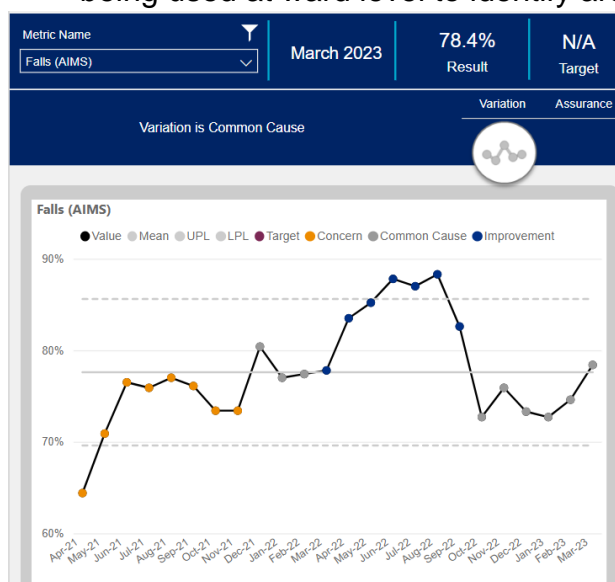


Fig 1.0 (above). shows the monthly compliance scores for the Tendable Falls Audit.

5 Lowest Scoring Questions

Question	Score
3f. Has the Post Falls Hot Debrief been completed and uploaded to Datix?	36.1%
2a. Has the patient had a lying and standing blood pressure documented as per procedure on WebV ?	56.4%
2b. Is there documented evidence that the Safety Sides Matrix has been completed?	71.2%
3c. Has the Multi-Disciplinary Team Standard Assessment and Falls Prevention Actions for all Adult Inpatients been reassessed and updated following the fall?	75.0%
2. If required, has Part 2 of the Multifactorial Falls Risk Assessment been completed in full and is dated and signed by the assessing staff member.	77.1%

Fig 2.0 (above) is an example of the lowest scoring questions that identifies areas for improvement

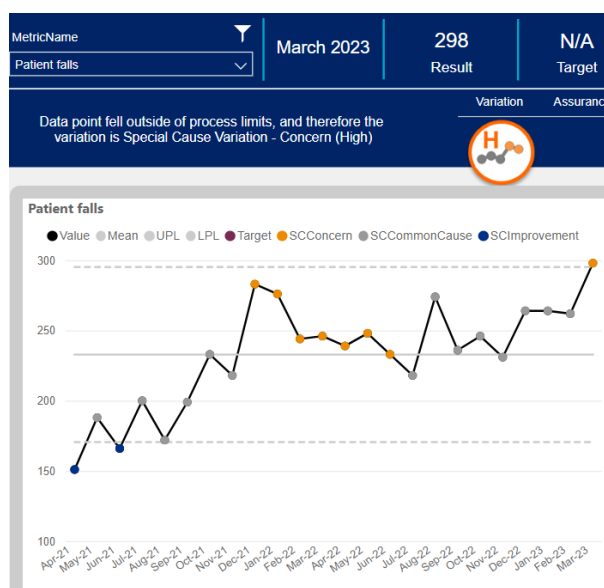


Fig 3.0 (above) The number of inpatient falls per month

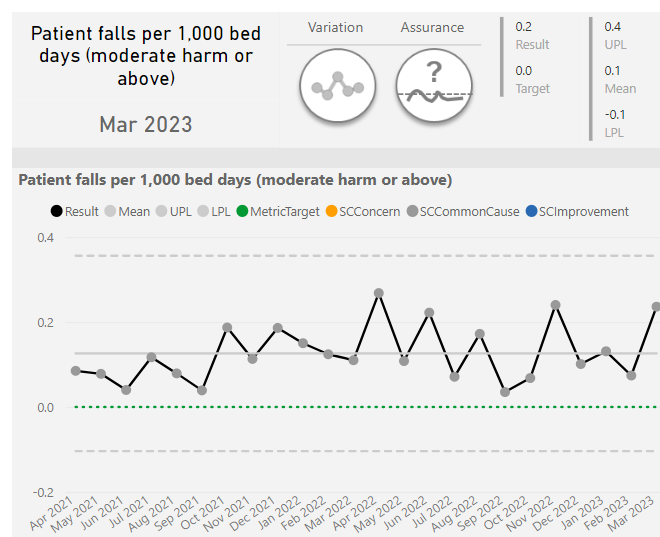


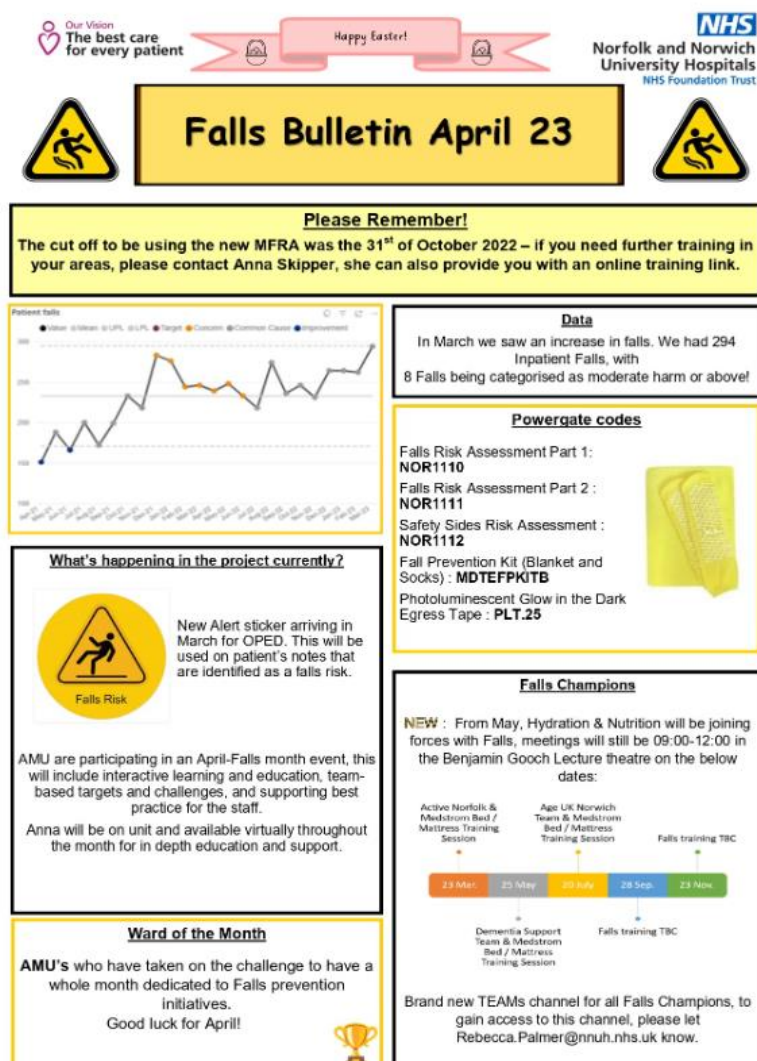
Fig 4.0 The rate of falls per 1000 bed days causing moderate harm and above

Falls Prevention & Management Lead Initiatives

- Introduction of new Multifactorial Risk Assessment (MFRA) & Safety Sides Risk Assessments with rolling training across the MDT/Trust
- Ward MDT Educational Training on Falls Prevention
- Bespoke MFRA created for Critical Care Complex (CCC) & Kidney Units
- Refreshed Tenable AIMS Falls & New ED AIMS Falls
- Falls Alertive Group created to respond to multiple fallers
- Think Yellow rolled out Trust Wide
- Assistive Technology Trial underway
- ICS Collaborative working
- Collaborative working with Medstrom on Ultra-Low Bed Training
- Development of Falls Champion Training
- Creation of Physiological Falls Category on Datix

Falls Steering Group

This group is responsible for monitoring and reviewing falls rates and trends, carrying out thematic reviews and advising on changes to practice in light of new and emerging evidence and best practice.



Example of monthly Falls Bulletin

MetricName

Hospital Acquired Pressure Ulcers

Variation is Common Cause

March 2023

30 Result

N/A Target

Hospital Acquired Pressure Ulcers per 1,000 bed days

Mar 2023

Hospital Acquired Pressure Ulcers

Variation Assurance

1.0 Result

N/A Target

1.0 Mean

0.5 LPL

Hospital Acquired Pressure Ulcers per 1,000 bed days

Variation Assurance

1.0 Result

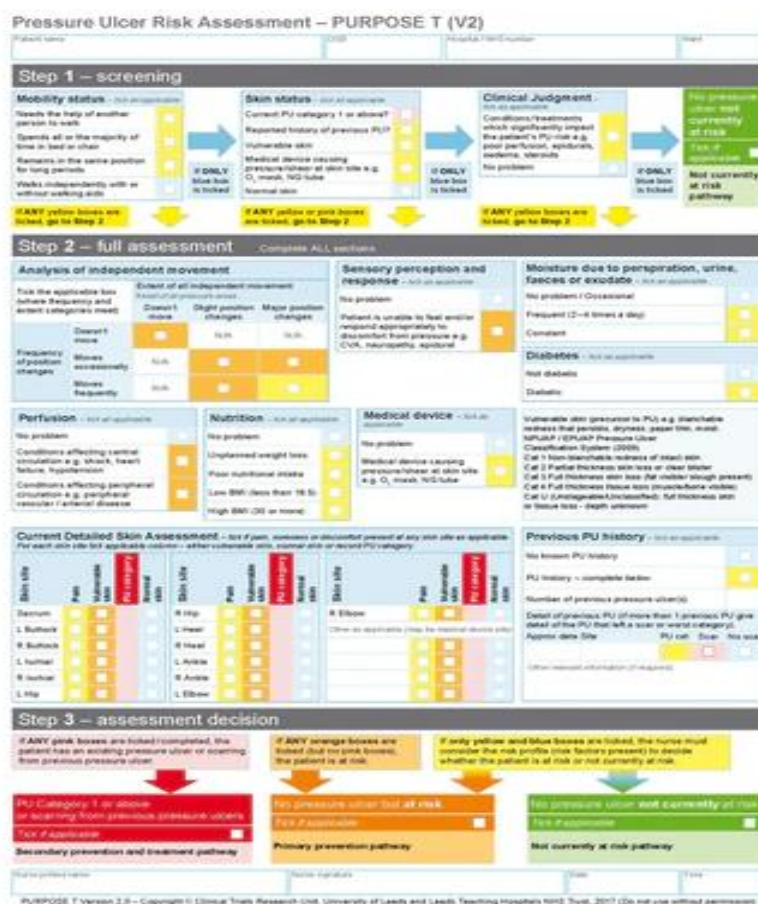
N/A Target

1.0 Mean

0.5 LPL

Refreshed and updated mandatory E-learning for all staff has been completed along with Tissue Viability input on new staff induction days

- Study days and ad hoc teaching with use of the “pressure ulcer apples” are increasing staff knowledge and confidence with identification of early signs of damage, action and reporting.
- We have introduced a new nationally approved Risk Assessment tool (Purpose T) to support more consistent risk assessment and identification of individualised patient care needs during their stay.
- Purpose T allows for RAG rating and the Trust have agreed our colour linked care plans to support individualised care for each patient with regards to their pressure area risks.



Nutrition and Hydration

The improvement focus has been on food charts, improving diet signage around meal choices and dietary needs of patients. Including finger food menu.

NICE recommends the use of BAPEN's interactive e-learning resource on nutritional screening using 'Malnutrition Universal Screening Tool' (MUST) for staff working in hospitals, to aid implementation on the new NICE Quality Standard for Nutritional Support of Adults.

Staff are able to access the MUST e-learning training to improve compliance with MUST screening assessments. MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.



Areas for improvement identified in the Tendable© audits include dietitian review within 3 days of referral. Mouth care, MUST reassessment at 7 days and Care plans being evaluated daily

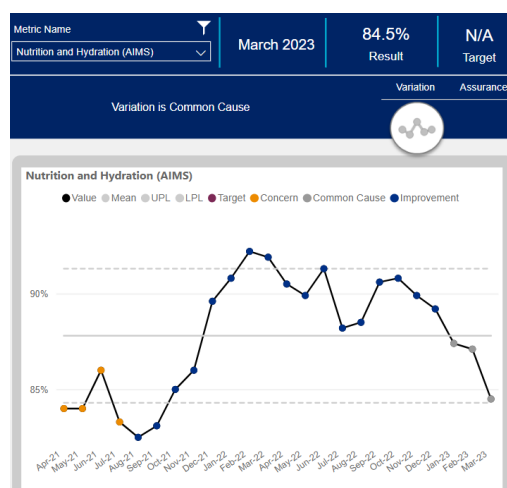


Fig 7.0. shows the monthly compliance scores for the Tendable Nutrition Audit.

Nutrition Steering Group have oversight of QI projects and other improvement initiatives that are in progress.

5 Lowest Scoring Questions

Question	Score
4.2. Is there documented evidence that shakes/soups have been offered?	54.2%
5.2. Is there documented evidence that shakes/soups have been offered?	54.4%
7.2 Has the chart been totalled at midnight?	54.7%
5.3. Has the High Calorie/Protein diet sign been displayed?	56.1%
4.3. Has the High Calorie/Protein diet sign been displayed?	65.5%

Fig 8.0 is an example of the lowest scoring questions that identifies areas for improvement

Update on Case Record Reviews and Investigations for 2021/2022

75 case record reviews and 9 investigations were completed after 1st April 2022 which related to in-patient deaths which took place before the start of the reporting period.

Of the 84 deaths reviewed, 16 representing 0.7% of in-patient deaths before the reporting period (2,397) 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 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.

35 representing 1.5% of the in-patient deaths (2,397) during 2021/2022 are judged to be more likely than not to have been due to problems in the care provided to the patient.



Spotlight on the Voluntary Department

Sally Dyson – Volunteer Manager of the Year 2022



Congratulations to Sally Dyson who won Volunteer Manager of the Year at the Helpforce Champions Awards 2022.

The Helpforce Awards, which were held on 4th November 2022, celebrated the very best of volunteering in healthcare. Sally, who has been Voluntary Services Manager at the hospital since 2004, deservedly won the Manager of the Year award.

Sally and her team in Voluntary Services have grown our volunteer workforce to more than 700 and provide 3,000 hours of help per week throughout the Trust. There are 45 different volunteering roles across seven sites.

Sally said: “I’m delighted to win this award, which is wonderful recognition of our volunteer programme at NNUH and my amazing team in Voluntary Services who make it all happen. By embedding volunteers into our clinical infrastructure right across the Trust, we are able to support our hard-working staff to focus on clinical priorities, help to improve quality and productivity, support strategic objectives and attract our future workforce. Volunteers are able to assist older people with hydration and nutrition, provide therapeutic and dementia activities, sit with patients at end of life, support their pathway through ED, drive patients home and settle them in on their day of discharge and provide welfare calls post discharge.”

Norfolk High Sheriff praises NNUH Volunteers

The High Sheriff of Norfolk, David McLeavy Hill DL, visited the hospital on 26th January 2023 and was “extremely impressed” by the work of our volunteers.

David was appointed High Sheriff in April 2022 and helps support the voluntary sector and charities across our county. He met CEO Sam Higginson and other members of the Executive team before touring the hospital accompanied by Sally Dyson, Voluntary Services Manager.

He talked with volunteer drivers and those who support discharge and patients with dementia, as well as volunteers in the Emergency Department, Butterfly volunteers and those who help run Hospital Radio.



“It was wonderful to see how many volunteers are involved in the life of the hospital and how well their activities are organised,” said David. “Their enjoyment, passion and dedication are clear in everything they do, and their help is invaluable. I’ve heard some great stories by chatting to volunteers and I’ve been extremely impressed by how well they’re integrated in the operation of the hospital.”

“Our volunteers work tirelessly, and it was such a treat for them to receive recognition and praises from the High Sheriff of Norfolk, we can’t thank him enough,” said Sally.



Photo of old hospital taken from public domain

Part 2.3 - Reporting against core indicators

Please note that the guidance 'Detailed requirements for quality reports 2020/21 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 Oct 21 – Sep 22 Published by NHS Digital	National Average	Best performer	Worst performer	NNUH Nov 20- Oct 21	NNUH 19/20
SHMI value and banding	1.2340 Band 1	0.9995	0.6454	1.2340	1.1860 Band 1	1.1688 Band 2
<p>Location: https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2023-02/shmi-data > SHMI data at trust level</p> <p>Latest version available covers October 2021 to September 2022, published 9th February 2023</p> <p>The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: NNUH has a comprehensive mortality surveillance programme in place. Investigation of our 'higher than expected' SHMI by SJR cohort review has not shown that our SHMI is being driven by poor quality care. In addition, there is no signal from the Medical Examiner office that the NNUH is an outlier for potentially preventable deaths. SHMI appears to be driven by 3 factors:</p> <ol style="list-style-type: none"> 1. <i>Data Quality relating to our continued use of paper case records and fragmented IT systems</i> 2. <i>Removal of SDEC (same day emergency care) activity from the APC data set/SHMI denominator*</i> 3. <i>Palliative care – NNUH has high palliative care activity and this is not factored in by the SHMI model</i> <p><small>*Please note that NNUH is an SDEC pilot site whereby the Trust captures SDEC activity as emergency care (ECDS) rather than in the admitted patient care (APC) data set. It has recently been acknowledged by NHS Digital that removal of SDEC from the APC data set by SDEC pilot sites is associated with an increase in SHMI.</small></p>						

% of patient deaths with palliative care						
Indicator	NNUH Nov 21 – Oct 22 Published by NHS Digital	National Average	Best performer – Lowest %	Worst performer – highest %	NNUH Nov 20 – Oct 21	NNUH Nov 19 – Oct 20
% of patient deaths with palliative care coded at either diagnosis or specialty level for the reporting period	55%	40%	12%	65%	54%	52%
Location: Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, November 2021 - October 2022 - NDRS (digital.nhs.uk)> interactive data visualisation > page 7 (contextual indicators: Palliative Care) Latest version available covers November 2021 – October 2022, published 9 th March 2023.						

PROMS –						
Indicator	2021/2022				NNUH 20/21	NNUH 19/20
	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	No data available	No data available
Patient reported outcome scores for varicose vein surgery	No data available	No data available	No data available	No data available	No data available	No data available
Patient reported outcome scores for hip replacement surgery	No data available	No data available	No data available	No data available	0.444 2020/21	0.452 2019/20
Patient reported outcome scores for knee replacement surgery	No data available	No data available	No data available	No data available	0.271 2020/21	0.309 2019/20
At the time of publication, the data for 2021/2022 has not been released by NHS Digital due to merging with Education Health England and NHS England						

28-day readmission rates						
Indicator	2022/2023 (NNUH reported based on the NHS Outcomes Framework Specification)				NNUH 21/22	NNUH 20/21
	NNUHFT (Apr 22 – Mar 23)	National Average	Best performer	Worst performer		
28-day readmission rates for patients aged 0-15	Average rate 7.09%	No data published	No data published	No data published	Average rate 10.9%	Average rate 15%
28-day readmission rates for patients aged 16 or over	Average rate 9.27%	No data published	No data published	No data published	Average rate 11.2%	Average rate 8%
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	2021/2022 NHS Digital				NNUH 20/21	NNUH 19/20
	NNUHFT	National Average	Best performer	Worst performer		
Trust's responsiveness to the personal needs of its patients during the reporting period.	No data available	No data available	No data available	No data available	72.9	67.1
At the time of publication, the data for 2021/2022 has not been released by NHS Digital due to merging with Education Health England and NHS England						

% Staff employed who would recommend the trust						
Indicator	2022 NHS Staff Survey Results				NNUH 2021	NNUH 2020
	NNUHFT	National Average	Best performer	Worst performer		
NHS Staff Survey Q23d – “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”	47.3%	61.9%	86.4%	39.2%	60%	72.2%
<p>The Norfolk and Norwich University Hospitals NHS Foundation Trust considers that this score is as described for the following reasons:</p> <p>The 2022 results represent a difficult period where we have seen decline in our staff experiences. Data from the 2022 staff survey has provided the Trust with strong evidence that there is significant work to be done to improve our staff experiences working at the trust.</p> <p>The results reflect the continued and sustained pressure we face across our Trust. We recognise we have more work to do to improve staff experience and the actions we have already launched will take longer to embed throughout our organisation.</p> <p>We are still recovering from the impact of the Covid-19 pandemic and we're putting a lot of work in across the Trust, as well as with our system partners, to improve flow and discharge to reduce the pressure on our inpatient wards and emergency areas. We are making progress on recruitment and reducing our vacancy rate as well as investing in staff facilities, the opportunity for more colleagues to work flexibly and a strong focus on wellbeing as part of our NNUH People Promise.</p> <p>We are reviewing our results to identify necessary actions to make improvements. We will work together, both internally and with the wider healthcare system, to make transformational changes</p> <p>We are reviewing our results with corporate People Promise priority action plans, and leaders/managers are also reviewing their local action plans, to ensure improvements are identified. We want to deliver improvements to the way in which we work, care for patients and care for each other, in wanting to improve our staff experience of working at the trust.</p>						

% of patients assessed for Venous Thromboembolism (VTE)						
Indicator	2022/2023 (Trust data)				NNUH 21/22	NNUH 20/21
	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	99.35%	No data available	No data available	No data available	No data available	No data available
VTE data collection was paused due to the Covid-19 pandemic and has not been restarted; therefore, no official publication of data is available. Data presented has been collected from the Digital Health – Business Intelligence Team at NNUH.						

Clostridium difficile						
Indicator	2021/2022 NHS Digital				NNUH 20/21	NNUH 19/20
	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	13.68	16.46	0	53.6	14	8.6
<p>Note: Data is always a year behind due to the publishing of data after the quality report deadline dates.</p> <p>Latest data available for 2021/22</p> <p>Location: https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data#history (drop down selection of rate and hospital onset)</p> <p>Current version uploaded: September 2022</p> <p>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 United Kingdom Health Security Agency (UKHSA)</p> <p>The Norfolk and Norwich University Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and the quality of its services: Measures are in place to isolate and cohort-nurse patients with suspected and confirmed C. <i>difficile</i>, in order to contain the spread of infection, and our Infection Prevention & Control team works in a targeted way to quickly contain any Periods of Increased Incidence. Clinical cleaning processes are in place to contain any suspected infections and avoid an outbreak.</p>						

Patient Safety Incidents						
Indicator	2021/2022 NHS Digital				NNUH 20/21	NNUH 19/20
	NNUHFT	National Average (Rate)	Best performer (Rate)	Worst performer (Rate)		
Number and rate of patient safety incidents per 1,000 bed days	No data available	No data available	No data available	No data available	Rate 118.7 (n32,917)	Q1/2 Rate 49.7 (n8069) Q3/4 Rate 52.5 (n8585)
Number and percentage of patient safety incidents per 1,000 bed days resulting in severe harm or death	No data available	No data available	No data available	No data available	Rate 0.25 (n69)	Q1/2 Rate 0.2 (n39) Q3/4 Rate 0.3 (n41)
At the time of publication, the data for 2021/2022 has not been released by NHS Digital due to merging with Health Education England and NHS England						

Review of Implementation of 7 Day Services

Acute Service providers are not required to submit a board assured self-assessment return or provide any monitoring reports to NHS England or NHS Improvement, against Version 2 of the Seven Day Services Clinical Standards.

The Norfolk and Norwich University Hospital (NNUH) has embedded the ten standards through appropriate operational groups within the organisation, to ensure that each of the standards are included in service design, delivery and improvement.

Reports are submitted to the Quality Programme Board, in line with the Board Assurance Framework regarding these standards.

Review of Speak Up Policy

The National Speak Up Policy has undergone a review. Following publication in June 2022, we have been raising awareness within the organisation of the National guidance. We are currently sharing this work with key stakeholders and staff networks to improve understanding. This is providing us with an opportunity to myth bust any preconceptions and update users on best practice.

We are looking to adopt the National Speak Up policy in full before the deadline of 31st Jan 2024, submitting the paper through our appropriate governance channels. The policy underpins the NHS people promise that we each have a voice that counts. It outlines; how staff can speak up, how we will listen and what will happen next. It also outlines making a protected disclosure. Users are signposted to appropriate support, both internal and external to the organisation.

Freedom to Speak Up (FTSU) Guardian Service

The Freedom to Speak Up Guardian Service consists of a network that is well established in our vertical framework with Non-Executive Director oversight. Our

focus is now on horizontal growth across the organisation with Guardians and Champions, aiming to continually reduce barriers of support to users.

- ❖ Designated Non-Executive Director – Sandra Dineen
- ❖ Executive Lead – Paul Jones, Chief People Officer
- ❖ Lead of Service – Frances Dawson
- ❖ Guardians – Aligned to each division
- ❖ Champions – Aligned to departments

We are active in the National and East Regional FTSU networks and Communities of practice (COP's). This provides opportunity for sharing practice and learning from other NHS organisations, without boundaries.

Rota Gaps

Health Education England (HEE) allocate junior doctors to our organisation, and as such we continue to work collaboratively with HEE to review and improve processes related to these rotations and the Junior Doctors experience whilst working here, so that they feel valued and part of our team. In addition, the Trust recruits and appoints locally employed Doctors, Advanced Nurse Practitioners, and Physician Associates to support vacancies in training rotas.

NNUH has a Guardians of Safe Working Hours, who acts as a champion for safe working hours for Doctors and Dentists in training.

The Medical Director and Chief People Officer have a governance framework in place for reviewing, managing and escalating short or longer term gaps in rotas and provide reports to a number of groups and committees up to Trust board. The roll-out of Health Roster is underway. When this is complete, we will be able to review rota gaps corporately, by division and specialty, allowing granular oversight and increased potential to manage our rota gaps proactively.

A bespoke Medical & Dental Workforce Improvement Programme was executed in 2022-2023. This intense programme has resulted in improved performance across a number of workstreams and subjects related to our medical and dental workforce, such as Junior Doctor rostering, work schedules, induction, bank and agency use and paying promptly for additional hours worked. A number of the workstreams for this improvement programme include representatives from various grades of Doctors and Dentists in Training through to Consultant level.

Additionally, a bespoke group of stakeholders relevant to Junior Doctor employment and educational experience has been established to provide a 12-month forward look of aspects relevant to employment and educational experience. Group representation spans medical workforce, Postgraduate Medical Education, office of the Medical Director, operational services, in addition to other co-opted membership.

NNUH International Recruitment receives Pastoral Care Quality Award



NHS England and NHS Improvement International Recruitment Programme team have recognised the high quality of our international recruitment by awarding us their Pastoral Care Quality Award.

This award scheme requires Trusts to assess the quality of pastoral care they provide to their internationally recruited nurses and midwives and to collate a portfolio of evidence. In the past year, we have recruited 137 international nurses and are expecting another 79 to join us within the coming months.

Lisa Dennis, International Recruitment Programme Lead said –

"I am truly thrilled that in September 2022 our Trust received this award. We take great pride in ensuring internationally recruited colleagues arrive safely, have their induction and a positive experience.

They are supported and valued as part of team NNUH as they train to gain their Nursing and Midwifery Council (NMC) registration and adapt to their new roles in the UK. I'm very passionate about the welfare and experiences of our nurses and midwives and always ensure we go above and beyond in supporting our new workforce to not only stay with us but also to progress in their personal development.

We value the experiences of our new colleagues and ensure they are welcomed at the airport and settled into their accommodations, and we look after all their needs. We have a great training programme that covers all the essential learning and skills for their exams and ensure that nurses are well prepared for clinical practice."

Internationally Recruited Buddy Network

A team of 24 internationally recruited nurses have recently come forward to form part of our Internationally Recruited Buddy Network. This network aims to support new overseas nurses and provide a friendly welcome to our Trust. The network also helps new staff preparing for their Objective Structured Clinical Examination. The network will also provide help to colleagues once they're sent to work in different wards.

Frimpomaa Akoto, Pre-registered Nurse in Interventional Radiology and Buddy Network member, joined our hospital just over one year ago, having previously worked in Ghana said:

"Coming to a new workplace is always challenging, but even more if this is also in a different country. I remember when I arrived the country was in lockdown, and I had to self-isolate for two weeks. It also took me a while to adapt to the new system at the hospital and do all the training. I remember preparation for the OSCE exam was intense but that was not the only challenge: I did not know anything about Norwich and having our colleagues from the Practice Development and Education (PD&E) team to ask the simplest questions, such as which areas of the city are nice to go for a walk, made a huge difference. But I believe for the new cohort of international nurses it would be even better, now that the buddy network is well established."

In the last five years our Trust recruited 246 international nurses and our PD&E team has provided pastoral care support before and after their arrival in Norwich.





Part 3 - Overview of the Quality of Care

(All photos taken from the public domain)





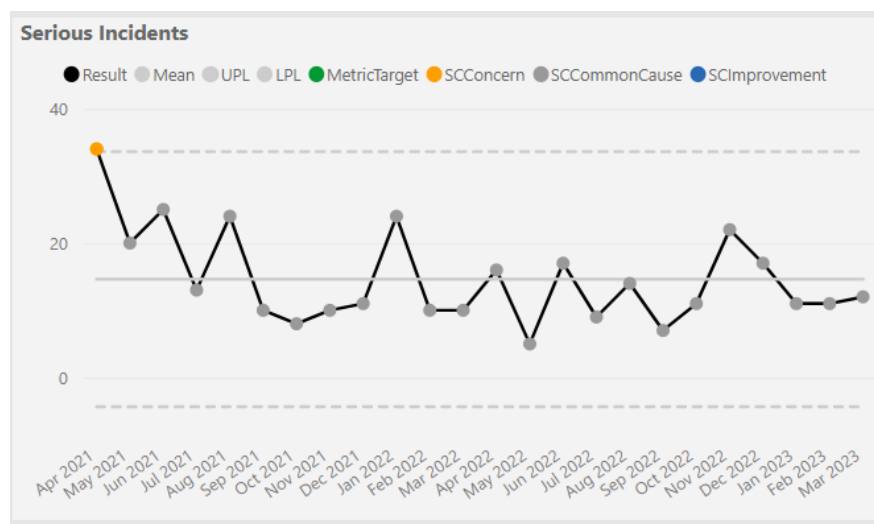
Patient Safety

Serious Incidents (SIs)

All patient incidents, regardless of their severity, are recorded onto our local DATIX reporting system. This data is submitted quarterly to the National Reporting and Learning System (NRLS).

In the twelve months ending 31st March 2023, 176 Serious Incidents were externally reported to the national StEIS (Strategic Executive Information System). 14 Serious Incidents that were reported onto StEIS were declared void and removed from the system but continued to be investigated by the relevant teams.

Fig 1.0 Serious Incidents Reported April 2021 – March 2023; extract from Integrated Performance Report (IPR)



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 reinforce a just and learning culture, reporting through the daily Serious Incident Group. There has been an 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 investigation process 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, 44 Serious Incident cases where patients and families are undergoing varying levels of support according to individual needs and wishes. The Bereavement Midwife team are supporting 13 families at the time of this report.

Patient Safety

Never Events (NEs)

'Never Events' are a sub-set of Serious Incidents and are defined as 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 five never events during the period covered by this Quality Account

April 2022	Foreign body unintentionally left in situ
May 2022	Foreign body unintentionally left in situ
January 2023	Misplaced naso gastric tube
February 2023	Operation/procedure on wrong patient/ wrong part of body
February 2023	Operation/procedure on wrong patient/ wrong part of body

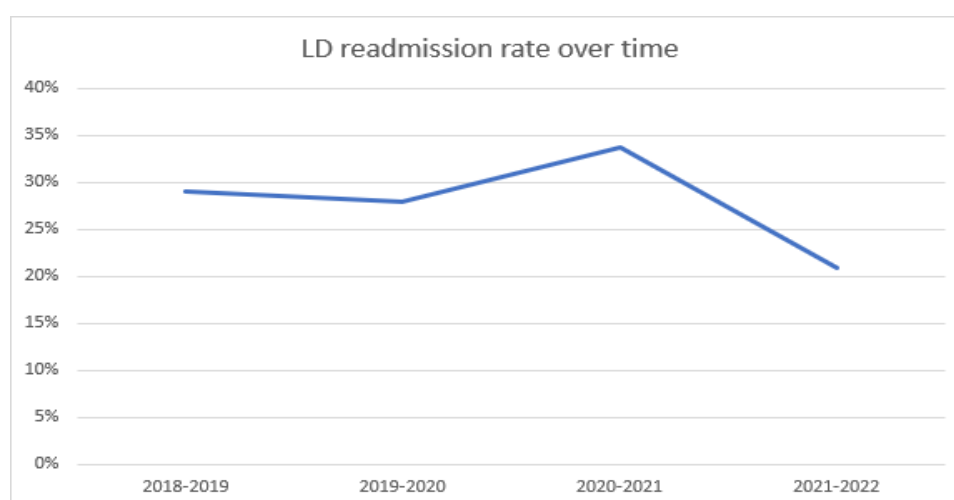
Learning Disability Readmission Rate reduction

The Trust has been submitting data to the NHS Benchmarking Network annually since 2018. The submission comprises patient and staff feedback in addition to service data covering key areas.

One metric that is measured is hospital readmission rate (within 30 days of discharge), which evidence suggests is typically higher for patients with learning disabilities. The Norfolk and Norwich University Hospital has reported a high readmission rate for people with learning disabilities consistently since 2018, both in comparison to other Trusts and to a 'general population'.

The most recent data submission (2021-2022) demonstrated that this rate has been reduced:

- 18/19 – LD readmission rate **29%** (compared to general population rate 13%)
- 19/20 – LD readmission rate **27.9%** (compared to general population rate 13.7%)
- 20/21 – LD readmission rate **33.7%** (compared to general population rate 14.5%)
- 21/22 – LD readmission rate **20.9%** (compared to general population rate 14.9%)



Readmission rate for people with learning disabilities, which evidence suggests is often potentially preventable, was identified as a key focus of the learning disability and autism team and several improvement steps were taken, including:

- Thematic review of 'failed' discharges
- Close engagement with the Complex Discharge team
- A proactive strategy for identifying potentially complex discharges alongside Complex Discharge team
- Establishment of cross-agency forums with community services

In addition, the team are now able to identify with more clarity where in the Trust readmissions are concentrated by division/ward/specialty, which enables targeted support for those areas.

Whilst a certain disparity in readmission rate is to be expected – people with learning disabilities are more likely to have Long Term Conditions which require frequent admission – the team believes it is a positive step towards ever-improving equity between patient groups.

In the coming year, the team intends to focus further on those areas in which potentially preventable readmission rate is high and aim to sustain the improvement trend already noted.

Future Planned Projects...

The learning disability & autism team, in collaboration with the Patient Experience team, is in the process of developing a suite of initiatives aimed at making patient engagement more accessible and gaining enhanced patient feedback.

Informed by the Ask, Listen, Do approach (NHS England), the initiatives are expected to involve inviting patients and their families/carers to the hospital to assess the hospital environment. This will be using a modified version of the Patient Led Assessment of the Care Environment framework, which will be more accessible, and will enable feedback to be offered in a wider variety of ways.

The teams will then be able to use information gathered via this approach to co-produce improvement actions and monitor progress.

After Action Review (AAR)

Baseline: what increased the focus After Action Review

The new Patient Safety Incident Response Framework (PSIRF) published by NHS England in August 2022 signals a significant shift from the existing incident investigation approaches. It recommends a decrease in the number of lengthy Patient Safety Incident Investigations using Root Cause Analysis and an increase the use of other more agile and inclusive approaches including After Action Review (AAR).

AAR is a structured, facilitated discussion of an event or incident, led by a trained “AAR Conductor,” which provides a safe reflective environment where psychological safety is actively created and maintained throughout. Learning during the AAR is the main focus, and, as a group learning process, the interactions between members of the team are available to learn from and improve. This has a strong effect on team performance and patient safety.

All AARs follows a four-question model:

1. What was expected?
2. What actually happened?
3. Why was there a difference?
4. What are we learning?

The journey so far this year (April 2022 – March 2023) including successes and challenges

The first cohort of 32 AAR conductors have been trained and are starting to use the AAR model to identify learning following a patient safety incident.

What you are aiming to achieve over the next 12 months and beyond.

AAR is a highly adaptable process, and as we adopt PSIRF we will be incorporating AAR into our range of standard responses to patient safety incidents.

In June, 9 conductors will be undertaking the Train the Trainer programme in preparation for rolling out AAR training across the Trust.

Case Study

Update on the Anti-Spiking Campaign

An Anti-Spiking Campaign pilot, launched by NNUH Specialist Biomedical Scientist Michelle Frost in Norwich, has been rolled out further across the region, with kits now also available in venues in Great Yarmouth and King's Lynn.

In last years Quality Account, we introduced Michelle Frost, Specialist Biomedical Scientist, who along with the Toxicology team, have created the Anti-Spiking Campaign. It is believed that the spiking of drinks – adding drugs or substances to a person's drink – or injecting them without their prior knowledge or agreement, has become more prevalent across the country, with a number of incidents reported in Norwich and the whole of the UK.

The aim of the Anti-Spiking Campaign was to raise awareness that it is a criminal offence to spike drinks or inject someone without their knowledge or consent, and to gather data on what substances are being used.

We have caught up with Michelle and the team to see what they have been doing since last year:

NNUH anti-spiking campaign extended across Norfolk towns

The Norfolk Police and Crime Commissioner has funded the kits, which are now available in Britannia Pier, The Empire, Empire Lounge, Peggotty's and Uptown Bar all in Great Yarmouth, and the Ocean Rooms in Gorleston.

The SOS bus in King's Lynn also now holds the kits, and after a meeting in King's Lynn, a further 12 venues have also signed up to have the kits. This is in addition to the 17 venues and the SOS bus in Norwich holding the kits, allowing the initiative to cover a wide area to keep people safer over the spring and summer period. Campaign creator Michelle Frost has confirmed that Leeds and Reading Festival are providing the anti-spiking kits for festivalgoers.

Michelle said: *"This really is now starting to take off with more venues coming on board. It means we can make sure that people going out can feel safe and we can really start to find out the true extent of this problem. The NNUH will be delivering enhanced patient care to festival goers at both Reading and Leeds for their annual festival. The kits will allow anyone who thinks they may have been spiked, through either the spiking of drinks – adding drugs or substances to a person's drink – or through injection, to personally access a full toxicology analysis. Drinks can also be tested to find out if they contain unconsented substances. Results will be sent back to kit users within seven days."*

She added: *"It's brilliant to know that we can help with patient care, even remotely. It also shows just how committed the organisers of Reading and Leeds Festival are about people's safety. I would like to thank them for taking our kits. I am so excited about this. It means it's official – we've gone national."*

Anti-Spiking Campaign

Use this kit if you think you have been spiked. This kit has been produced by the Norfolk and Norwich University Hospitals Laboratory. If your condition deteriorates call NHS 111

Email antispiikingcampaign@nnuh.nhs.uk for more info

SOSN POLICE & CRIME COMMISSIONER NORFOLK NORFOLK CONSTABULARY Our Priority is You SOY Group NHS Norfolk and Norwich University Hospitals NHS Foundation Trust

Working together to help keep you safe

LEEDS FESTIVAL 2022 READING FESTIVAL 2022



Clinical Effectiveness

Virtual Ward

Baseline: what increased the focus on the virtual ward

On the 13th of January 2021 all NHS Trusts were asked by NHS England/Improvement to set up a virtual ward (VW) to support inpatients with COVID. Within Digital Health we had already purchased and piloted a number of remote monitoring kits and were able to launch our VW at pace, on the 3rd February 2021 we admitted our first patients. Our initial focus was COVID, but we knew we wanted to use the VW to support recovery.

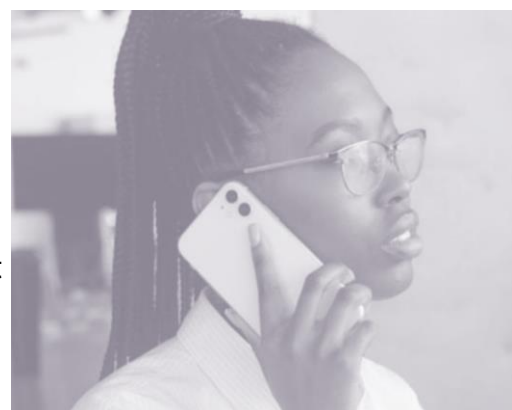
Since its launch, the VW has gained national recognition as being an exemplar acute hospital VW, winning 3 local and national awards and supporting up to 40 patients at one time.

In 2022, Integrated Care Systems (ICS) across England were asked to deliver VW capacity equivalent to 40 to 50 VW 'beds' per 100,000 (equivalent to the delivery of up to 24,000 VW beds), by December 2023.

There is a requirement for the Norfolk & Waveney ICS VW, which NNUH is part of, to meet the following trajectory:

- 173 virtual wards beds by April 2023
- 368 virtual wards beds by April 2024

Ongoing work with our community providers and the other 2 acute NHS hospitals in Norfolk and Waveney present a significant opportunity to optimise and scale up the



current setup. The NNUH itself has been asked to support the trajectory by expanding our VW to support up to 60 VW 'beds'.

What you are measuring success on

Success for the VW will be:

- Offloading bed capacity and reducing readmission by about 15-45%
- New flexible way of working and more time for 1:1 patient interaction
- Treatment costs reduced by 20-30%
- Patients are three times more likely to be satisfied, and lower incidence of complications
- Sets a platform for integrated Virtual Care across the ICS, to improve patient flow through the whole system

The journey so far this year (April 2022 – March 2023) including successes and challenges

The Virtual Ward was designed initially for 20 patients VW 'beds', however in 2022 this was doubled to support 40 patients VW 'beds', with recruitment in place to extend this to support 60 patients VW 'beds' by June 2023. Our major challenge has been active referrals from teams so that flow is not solely reliant on the VW driving referrals and transfers.

Two major milestones have recently been reached, the VW welcomed their 2,000th patient and shortly after reached more than 16,000 bed days saved within NNUH.



The VW team have also received a lot of recognition over the last year:

- Winners of the Healthcare Financial Management Association (HFMA) 'Delivering Value with Digital Technology Award' 2022
- Highly Commended in the 'Digitising Patient Care Award' at the Health Service Journal (HSJ) Awards 2022
- Finalists at the HSJ partnership awards 2023 for the 'Best Healthcare Provider Partnership with the NHS' for the work with Homelink and the QEHKL, JPUH, N&W ICB.
- Winners of the special award for Innovation in the NNUH annual staff awards

Other achievements include:

- Publication in the British Journal of Nursing (Volume 31, Issue 20) 'Successful implementation of round-the-clock care in a virtual ward during the COVID-19 pandemic'
- Publication in BioMed Central Pregnancy and Childbirth (Article 550 (2022)) 'Remote care and triage of obstetric patients with COVID-19 in the community: operational considerations'

- 'Rapid Service' evaluation paper – gold standard and being used as a template for service excellence
- Recognition as a potential 'low carbon model of care' and contributing to the NHS' commitment to delivering a 'net zero health service'

What you are aiming to achieve over the next 12 months and beyond.

Our current focus is to:

- Maintain current 40 bed ward, with focus on ensuring consistent pathways while recruitment of staff to support expansion
- Optimise Length of Stay in the VW
- Launch the use of Hoveton Isolation Ward to free up physical beds sooner
- Increase active referrals from teams

Longer term

- Introduce new remote monitoring technology in line with Norfolk and Waveney ICS
- Reach a 10% increase in transfers into the VW, with their stay saving approximately 10 more acute beds (about 30 total)
- Integrate new specialties and care to transfer additional patients into the home, maintaining a 60-bed ward
- Reach 140 more patients, with their stays in the virtual ward helping to save approximately 20 more acute beds (between 50-55 total)

Future ambitions

- To have a single ICS wide VW hub so that no matter where you are in across the ICS as a patient you have equal access to the same care.
- Integrated community and acute VW
- Standardised approach

Maternity Reviews

Baseline: what increased the focus on the whole of the maternity reviews

NHS Maternity services across the whole of England have been under the spotlight following the release of reports from independent reviews of Maternity services such as Ockenden (Shrewsbury and Telford Hospital NHS Trust 2020 and 2022) and Kirkup (Morecambe Bay 2015 and East Kent 2022). These reports identified essential and immediate actions not only for the individual NHS Trusts being reviewed but everyone delivering NHS Maternity services.

As well as the independent review reports requirements, regional NHS England visits and the Maternity Incentive Scheme have added to the request for compliance and evidence of a safe Maternity service.

What you are measuring success on

- Good CQC Overall Rating for Maternity Services
- Meeting the requirements to obtain the Maternity Incentive Scheme



The journey so far this year (April 2022 – March 2023) including successes and challenges

The NNUH Maternity Services have been assessing themselves against the action plans for each of the recommendations produced by the independent review reports, regional visits and the Maternity Incentive Scheme, providing evidence against each where they have been met or demonstrating the journey in order to meet the requirement.

The evidence for compliance is collated and then reviewed by the specialist Maternity evidence group which is attended by multidisciplinary colleagues across the Trust for increased independent scrutiny and RAG rated with any recommendations and timelines.

Green – On track to meet outcome date.

Amber – At risk of not meeting outcome date.

Red - Will not meet the outcome date or has already passed outcome date.

Blue – Recommendation is complete but requires further monitoring from Quality Programme Board (QPB).

Black – Recommendation is agreed as complete.

The implementation of maternity evidence group has highlighted areas for improvement in meeting the requirements and identified where we are excelling; this has been useful in creating a robust evidence repository for any regulatory body or request when required.

The challenge has been the level of resource required to collate the evidence of compliance for our Maternity service due to the amount of similar repetition of recommendations/themes in the separate action plans and the limitation of a monthly evidence group all whilst maintaining a high standard of care to our patients.

What you are aiming to achieve over the next 12 months and beyond.



Due to the increasing ask from national reports and reoccurring themes, NNUH maternity services are working collaboratively with the Quality Improvement Team to produce an overarching Maternity Action plan which will include all the data and recommendations from all the various audits, reports and inspections which will be cross referenced. This should reduce the number of meetings required, remove duplication of work to meet the similar requirement for several individual action plans and allow the Maternity teams to

focus on identifying and implementing improvements.

In addition, the action plan will be shared widely with maternity staff via open forums and updates at maternity meetings to ensure staff are aware of progress and our position within national recommendations.

We are waiting on the CQC to conduct an inspection of the NNUH Maternity Services in the next few months as part of their aim to inspect all NHS Maternity services in England.

Orthopaedics Knee Replacement Research

Baseline:

The Trust is currently conducting research in Orthopaedics on knee replacement.

Within this research we are focusing on a number of different areas:

- Comparing pre-existing implants to more modern implants
- Looking at rehabilitation before and after knee replacement
- Looking at novel diagnostic tests for infection
- Looking at novel painkillers to try and decrease the number of patients having knee replacement.

The reason why we are doing this is:

Comparison of implants

Our findings so far have demonstrated that a pre-existing implant (Genesis 11) is equal, if not superior, in the outcome of surgery to more modern designs.

The importance of this research is:

- Patients can feel reassured that they will get a knee replacement that is supported by quality evidence.
- To determine the design of implant that will deliver the best performance
- To communicate the benefits to Surgeons (and in turn to patients) of the choices of implant
- The potential cost saving to the NHS with the pre-existing implant cheaper in comparison to the modern design.
- To guide implant companies in focusing their research efforts

Rehabilitation and prehabilitation

We have found that the use of novel devices and not using face to face physiotherapy, which reduces costs to the NHS, can continue to improve outcomes of patients following hip and knee replacements.

Diagnostics

We are looking at new diagnostics to try and diagnose infection and differentiate it from other types of joint pain. The focus on this research is on patients coming to the Emergency Department or General Practice who can have a quick diagnostic test which can differentiate between different types of knee pain. Tests currently do not allow this, meaning patients are often admitted to hospital, thereby taking a bed and more resources. If we can develop a diagnostic that will allow patients to be discharged safely from the Emergency Department where they do not have an infection, meaning that the patient can have the right treatment at the right time and avoid an unnecessary admission.

New painkillers

We are currently in the set up phase of trialling new painkillers to treat patients with arthritis with the aim to reduce the number of patients requiring joint replacement.

The journey so far this year (April 2022 – March 2023)

The successes of this research work are:

1. In the first trial we have published a paper which has changed our practice and we continue to work with knee implant companies to develop better techniques.
2. The paper which was published is now undergoing NICE review and a further ethical review which could see changes across the whole of the UK.
3. The research is undergoing ethical review

What we are aiming to achieve over the next 12 months and beyond.

1. Start a trial looking at better implant insertion to try and improve outcomes.
2. Look at methods of decreasing our waiting list by focusing on prehabilitation and rehabilitation which we hope will decrease length of stay in hospital and improve patients recovering in the Community.
3. Improve pain relief for patients who have arthritis.

Spotlight on our Oncology Team

NNUH becomes brain cancer centre of excellence

Our Oncology Department is one of six NHS brain cancer centres that have been granted excellence status by the Tessa Jowell Brain Cancer Mission. The East of England service, including Cambridge University Hospitals and Ipswich Hospital teams, has been working collaboratively to provide exceptional treatment and care for all patients, regardless of their location. This initiative is part of the Tessa Jowell Brain Cancer Mission is to ensure that all patients have access to outstanding care.

Our team, which treat approximately 100 new patients annually with brain cancer, has been commended for its exemplary excellence in clinical service and patient-centred approach. Pinelopi Gkogkou, Consultant Clinical Neuro-Oncologist and Brain Cancer Lead, expressed her pride in being part of an amazing team that has developed an excellent multi-disciplinary approach for patients. Patients can feel confident in knowing that they will receive high-quality care throughout their treatment at the Trust as part of the East Anglia Network.

Pinelopi, said: *"When I started here seven years ago, it was a single-handed service. Now I am proud to be part of an amazing team that has developed an excellent multi-disciplinary approach for our patients, and I am delighted that our high-quality holistic care has been recognised."* Pinelopi added: *"This achievement acknowledges the hard work and dedication of Norfolk and Norwich Brain team; Caroline Barry, Palliative Medicine Consultant, Jeff Cochiu, Consultant Neurologist responsible for Seizure Service, Janak Saada, Neuroradiologist Lead, Dr Andrew Ho, Neuro-Oncologist and Hannah Hendry, Clinical Nurse Specialist-Neuro-Oncology and many others."*

The excellence status was awarded by a panel of experts including Health Care Professionals and Academics, this is a tangible way of providing reassurance for patients and their families and carers.

Patients in Norfolk have the opportunity to participate in Study ERIC-QoL (IRAS: 300115), which aims to quantify radiation-induced neuro-cognitive dysfunction, anxiety, and Quality of Life (QoL) in patients with high-grade gliomas. The hospital has high recruitment numbers to national studies related to brain tumours and aims to continue recruiting more patients to national and international studies in the near future.

Looking forward, our goal is to involve all healthcare professionals who play a role in brain tumour care, such as clinicians, nurses, palliative care specialists, psychologists, and neuro-rehabilitation colleagues in the community. We plan to concentrate on the entire patient journey, from the point of diagnosis to end-of-life, by organizing presentations, workshops, and educational resources in collaboration with the Tessa Jowell academy and the University of East Anglia. Moreover, our clinical nurse specialist, Ms. Hendry, is collaborating with the Brain Tumour charity to introduce a new support group. This group is designed to provide education, support, and enjoyable activities while also promoting inclusivity and support for families. Patients will have the opportunity to express their thoughts and feelings through this group.





Patient Experience

We identified 4 Key Priorities for 2019-2023; these are set out below, with progress to date in March 2023. There has been some interruption in achieving all we set out to in 2019 due to COVID. Therefore, we are going to continue to work on these priorities through 2023 alongside conducting a review of the Patient Engagement and Experience Strategy which may amend our priorities going forward.

The Trust developed its NNUH Caring with Pride Trust Strategy, publishing during 2022. This included extensive stakeholder engagement and participation from staff, partners and the Patient Panel as well as reaching out to local communities, especially those less well heard – detail of the Strategy and how this was developed is available here - <https://www.nnuh.nhs.uk/about-us/caring-with-pride/>

The NNUH Caring with Pride Strategy and Patient Engagement and Experience Strategy have aligned to ensure 'Our Commitment to Patients' is a central tenet and objective for the trust as a whole.

We said we would....	2021-2022	2022-2023
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.	Created a proactive, diverse and engaged Patient Panel and 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.	The Patient Panel have continued to go from strength to strength and have been working closely with Trust staff on a range of projects including improving how we respond to concerns and complaints, a shared consent process for the three acute hospitals in Norfolk and Waveney, ensuring carers are supported appropriately, taking part in our new Care Assurance process - we have

<p>Patients and service users will be involved from the conception of any service change -all project initiation documents and processes must reflect this</p> <p>Provide support and training for staff to build capacity for co-design</p> <p>Provide resources to support capacity for co-design</p> <p>Volunteer roles will be innovative and developed to directly improve the care experience</p> <p>Partnerships with external partners and stakeholders will be developed to ensure consistency and to involve the seldom heard</p>	<p>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</p> <p>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</p> <p>Developing Toolkits, training and support offer to support embedding patients and service users into any service redesign/improvement projects</p> <p>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</p> <p>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.</p> <p>Strong partnership working developed and enhanced during the pandemic with acute partners at JPUH and the QEHL as well as system partners</p>	<p>published a short report covering their work since launching https://issuu.com/nnuhinformation/docs/patient_panel_report_2019_to_2022</p> <p>The Carers Forum meet bi-monthly and have continued to work on improving identification of and recognition of carers. We are awaiting re- accreditation for the Carer Friendly Award Tick-Health from Caring Together. The Forum and team supported the system wide Co-Production of a Carers Identity Passport, now in use across Norfolk and Waveney.</p> <p>The first Patient Safety Partner (PSP) has been recruited to for NNUH as part of an ICB wide recruitment drive for a pool of committed system-wide PSPs.</p> <p>Involvement toolkit has been developed and will be available on the Trust intranet (the Beat).</p> <p>End of Life Butterfly Volunteering has strengthened during the year with additional volunteers recruited, post Covid.</p> <p>Volunteer drivers continued throughout Covid and are now re-building their capacity to support safer discharges – coupled with a new innovation – Post Discharge 'Safety Net' volunteer follow up calls - they ask a series of questions around meal and shopping provision, mobility, personal care and medications. Any concerns and queries are forwarded to a dedicated coordinator who can provide "in-house" support and advice or signpost to community-based services.</p> <p>The Older People's Medicine (OPM) volunteers have also been able to expand and strengthen – they provide assistance at mealtimes, a wide range of enrichment activities, interactive games which encourage movement</p>
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	<p>NCH&C and the CCG (Care Commissioning Group). 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.</p>	<p>and memory box activities to stimulate memory and reminiscence. OPM volunteers are able to support in the Older People's Emergency Department where they will meet, reassure and accompany patients to further investigations for the duration of their visit. They also offer support to the dementia support team by calling patients' next of kin to discuss and complete 'This is Me' booklets. These booklets provide staff and visitors with information about the patients' background, likes and dislikes and enable a more person-centred approach to care and support.</p> <p>Volunteers now support patients in all areas of the emergency department. They sit with patients who may be alone, anxious, elderly, confused, homeless or even those at end of life. They will assist staff in a wide range of tasks such as providing refreshments, stocking up clinical areas, taking telephone calls, finding wheelchairs, carrying out basic admin tasks and collecting patient feedback. We have also recently launched a new project within the Emergency Department which enables our volunteers to support our mental health team.</p> <p>Research provides evidence that dogs can have a positive effect on our patients' wellbeing and assist a speedier recovery. The companionship of a dog and their handler can decrease loneliness, stimulate conversation, encourage movement and social interaction. The hospital is supported by twelve Pets as Therapy (PAT) volunteers who visit ten different wards. Feedback from the wards is extremely positive, the PAT dogs lift the</p>
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		<p>mood of some of our long stay patients - they allow our patients with dementia to reminisce about having a dog of their own and staff morale is always greatly improved.</p> <p>A new Military Community Working Group has been set up in order to improve experiences of care for patients, staff and carers who have a military background. Supported by an Executive Lead the group is led by 2 staff (volunteer) veteran leads and a patient panel member, the priority for the group this year has been to support the Veteran Aware (VA) reaccreditation award.</p> <p>Healthwatch Norfolk visits continued to several areas within the hospital, with continued guidance and advice from our infection prevention and control colleagues. Feedback collected from the visits and via the website is shared at the Patient Engagement and Experience Group sub-board quarterly.</p>
<p>Create a culture where we really listen to patients and carers and take action, at all levels through:</p> <p>Provide and promote multiple ways for patients and carers to give feedback easily</p> <p>All staff will be supported, empowered to take action to rectify problems or concerns at the Point of Care (PoC)</p> <p>Increase the profile and availability of the Patient Advice and Liaison Service (PALS) team</p> <p>Complaints policy and process will be reviewed and updated to ensure it is</p>	<p>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</p> <p>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.</p>	<p>Engagement Team have been working with creating a presence in the local communities through various engagement activities and participation in public events gathering feedback.</p> <p>More opportunities for feedback for patients and carers opened through the introduction of SMS for FFT in ED and Outpatients. Plans underway to introduce similarly for other appropriate areas in the hospital.</p> <p>NNUH has engaged with the new Parliamentary and Health Service Ombudsman (PHSO) framework as an early adopter and work was carried out to align our processes to the changes in the framework. The team continue to have training and support in aligning to these changes. This has also meant close working with the Business Intelligence team to update reporting systems and divisional</p>

<p>accessible, user-friendly and responsive</p>	<p>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.</p> <p>PALS and Complaints will merge into one front door service during the coming year ensuring the new PHSO framework is enacted – the service will be co-designed with colleagues and Patient Panel members.</p>	<p>teams to ensure all concerns and complaints are managed in a timely manner and where appropriate learning gained to inform improvements in service provision.</p> <p>The Patient Panel Complaints Sub-group continues to meet regularly to review and support the improvements for PALS and Complaints.</p>
<p>Build an infrastructure for reflection and learning from feedback through:</p> <p>Patient stories are utilised for learning at Board, other meetings, training, films etc.</p> <p>Make the data available and easily accessible for staff and others (e.g., Patient Panel) to use for learning and quality improvements</p> <p>Improve triangulation and analysis of patient feedback from all sources</p> <p>Processes will be developed to evidence that practice has changed following complaints and improvements have been sustained</p> <p>Publicise the feedback, actions and outcomes to encourage learning and inform staff and public of outcomes.</p>	<p>Patient stories are reviewed at Patient Engagement and Experience Governance Sub-Board (PEEG) and other key committees.</p> <p>Patient thanks are highlighted within daily communications within the Trust.</p> <p>IPR for some data – work in progress for Innovative Medicines Initiative (IMI) greater access and greater access to complaints and triangulation of positive and negative feedback to influence services.</p> <p>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.</p> <p>You Said We Did posters/ward boards embedded – and on website.</p> <p>Greater presence on website for Patient Experience and Engagement.</p>	<p>The Divisions have been strengthening their local patient and carer engagement - Clinical Support Services Division have their own patient panel, promoting co-production in quality improvement projects; Medicine Division have a Patient Panel 'partner' embedded and supporting their improvement initiatives and Maternity have continued to develop and strengthen their relationship with Maternity Voices Partnership (MVP).</p> <p>Patient stories continue to be reviewed at Patient Engagement and Experience Governance Sub-Board (PEEG) and other key committees with regular updates on further improvements made from the learning.</p> <p>IPR for FFT data completed, work underway for PALS and Complaints data with the Business Intelligence team to update reporting systems and divisional teams to ensure all concerns and complaints are managed in a timely manner and where appropriate learning gained to inform improvements in service provision.</p> <p>Using the Equality Delivery System as a tool to measure how we are performing against key equality priorities, work with divisions and communities has continued. With the launch of the new EDS2022 the team focussed on the patient focused domain 1 and chose maternity and cancer services as the two services to</p>

		<p>grade, including contributing evidence to the system wide EDS submission.</p> <p>The work on EDS2022 has informed the development of the Trust's Diversity Inclusion and Belonging Strategy which will launch in the coming year.</p> <p>The Accessible Information Standard Policy was finalised, and reasonable adjustments guidance devised for staff to enable the Trust to support patients with a communication need.</p> <p>You Said We Did posters/ward boards embedded and on website.</p> <p>Greater presence on website for Patient Experience and Engagement.</p>
<p>Develop a sustainable continuous Quality Improvement model that centres around the patient through: Implement the Quality & Safety Improvement Strategy and faculty</p> <p>Patients are involved as partners in QI projects from conception to implementation to evaluation</p> <p>Always Events are adopted as a patient centred QI methodology</p>	<p>The impact from Covid-19 has meant that recruitment for the faculty was put on hold however two positions have now been recruited to.</p> <p>Patient Panel members are being involved within the recruitment of positions which involve improvement to services at the NNUH.</p>	<p>Two Patient Panel members supported the creation of the ICS wide QI faculty. The Faculty has been strengthened during the year with the support of the NNUH QI Team and wider participation as the ICB develops.</p> <p>Two NNUH projects have taken part in ICB wide QI Co-Production initiative, funded through NHSE which are contributing to the development of the N&W model of working for QI Co-Production.</p>

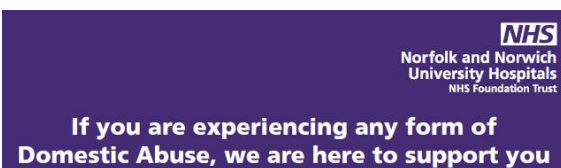
Case Study – Working Together

The HEAR (Help, Educate Awareness, Respond) Campaign



Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%). The charity Refuge recorded an average of 13,162 calls and messages to its National Domestic Abuse Helpline (NDAH) every month between April 2020 and February 2021, this constitutes a 60% increase in comparison to monthly calls and messages at the start of 2020.

The HEAR pledge



If you need immediate help please speak to a member of staff, our staff are trained to support you



QR code to link you to Norfolk County council homepage

The Trust have 11,570 employees. We feel it is extremely important that we provide access to the right support to both our employees as well as our patient groups. Angela Johnson said, *"We are committed to recognising and responding to domestic abuse whilst providing a safe environment to do so. As part of that commitment Rebecca Fish, Ward Sister and Domestic Abuse Champion has designed posters to be displayed around the hospital to make support more accessible"*.

Posters are displayed across the Trust, and we are encouraging all teams to support the campaign by printing their own posters to place on the back of toilet doors and changing facilities in both staff and public areas of their department. This would enable vulnerable people to discretely scan the QR code and access the help they need by taking them directly to the Norfolk County Council homepage.

To mark the second anniversary of Norfolk County Councils, HEAR (Help, educate awareness, respond) campaign, The Norfolk and Norwich University Hospital Foundation Trust signed the pledge in support of breaking the silence around domestic abuse. This was facilitated by Angela Johnson, Named Nurse for Safeguarding Children. The campaign calls on employers to break the silence around domestic abuse and HEAR help and provide support to their staff on this important issue.

The trust signed the HEAR pledge to promote awareness that the workplace is a safe environment and will provide support where appropriate. The pledge is supported by the Women's Staff Network and Domestic Abuse Champions.





Staff Experience

NHS Staff Survey

The NHS Staff Survey 2022 launched at NNUH on 4th October 2022 and closed on 25th November 2022. The response rate for the Trust was 51% with 4,347 staff sharing their views, exceeding the 2021 49% response rate. The 2022 response rate was also above the national acute trust 44% median response rate (benchmarked with 124 acute trusts).

2022 Staff Survey - benchmark results

The NHS Staff Survey is aligned to the NHS People Promise which describes what NHS staff can expect from their leaders and from each other. These set out, in the words of NHS people, the things that would most improve their working experiences. The NHS Staff Survey therefore tracks progress towards the seven elements of the People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team



In addition to the 7 People Promise themes, there are two additional themes Staff Engagement and Morale.

National benchmarking Results – 124 acute trusts

NNUH scored below the national acute trust average for All 7 themes of the People Promise and Staff Engagement and Morale themes.

In comparison to 2021:

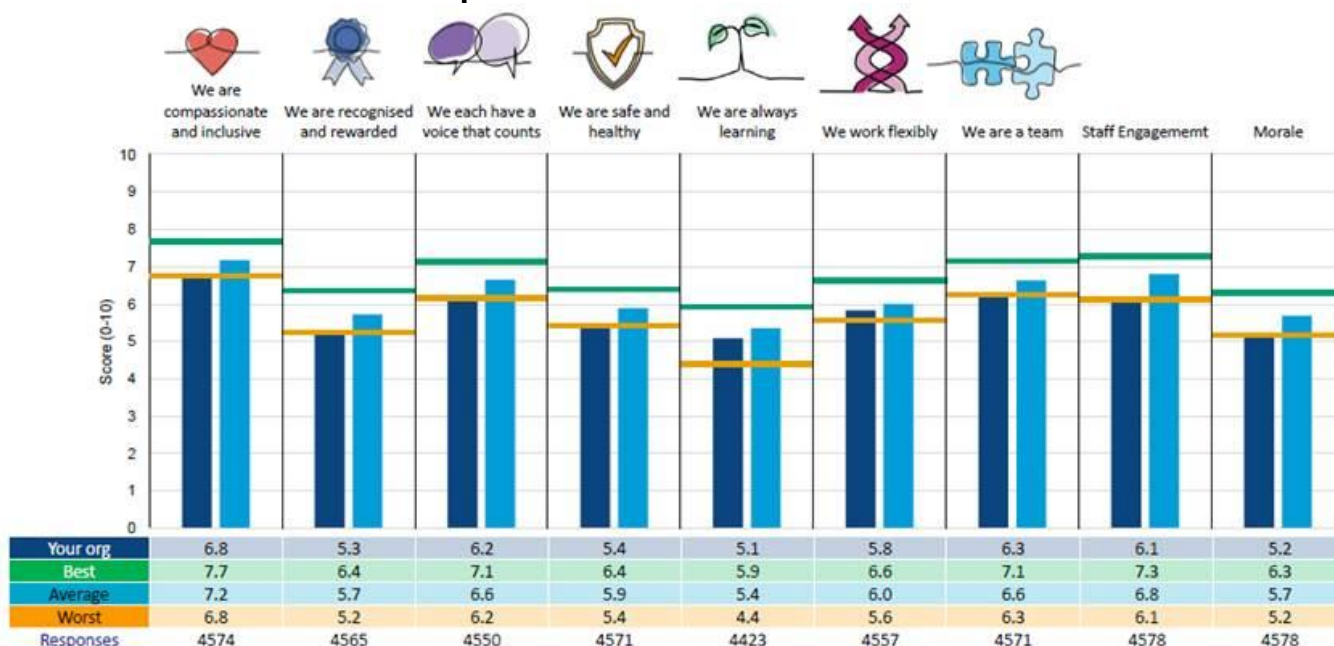
- One theme score improved
- Two theme scores remained the same
- Six theme scores were worse

The nine themes have 21 sub-scores which make up the overall theme score. From these scores compared to 2021:

- 5 improved: Compassionate leadership, Development, Appraisals, Support for work-life balance, Line management
- 4 remained the same: Autonomy and control, Burnout, Involvement and Stressors.
- 12 scores worsened: Compassionate culture, Diversity and equality, Inclusion, raising concerns, Health and safety climate, Negative experiences, Flexible working, Team working, Motivation, Advocacy, Thinking about leaving and Work pressure.

Appraisal was the NNUH most improved score, and **Advocacy** was the NNUH most worsened score in the 2022 survey.

NNUH 2022 theme scores compared to the benchmark of 124 acute trusts



Next Steps

The results are extremely disappointing for the trust. It has been a particularly difficult year for the hospital in terms of capacity, escalation, flow/ discharge, and pressures on our services and this has evidently had a negative impact on our staff experiences.

We recognise the wealth of studies which evidence staff experience impacting on patient care and organisational outcomes.

We have firm foundations in the commitments in our NNUH People Promise on which to build and will continue to focus on delivering the key changes we identified from staff feedback, that are needed to make NNUH a great place to work.

We are making progress on recruitment and reducing our vacancy rate as well as investing in staff facilities, the opportunity for more colleagues to work flexibly and a strong focus on wellbeing as part of our NNUH People Promise.

Each Division will examine their own results to identify actions they feel require escalation to our corporate People Promise action plan and those they will take forward themselves.

The Executive Board are focused to deliver the commitments we made in our People Promise to ensure that NNUH is somewhere our staff enjoy working and can thrive, safe in the knowledge that they're supported to deliver the best care for every patient.

Our staff listening doesn't end with staff survey and we will continue to hear the views from staff from various channels such as the National Quarterly Pulse Survey, Connected, through our Staff Side, Staff Network and Staff Council representatives and local teams.

Preventing Falls – ‘Think Yellow’

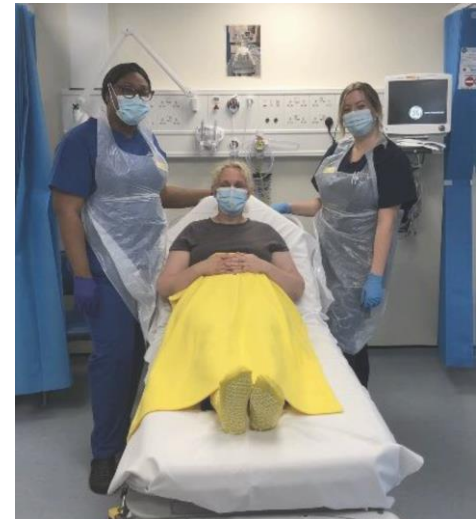


The Emergency Department have reduced patient falls by using the ‘Think Yellow’ initiative.

The Emergency Department (ED) has a fast-paced environment, with a high turnover of patients. Unfortunately, this means that sometimes it can be difficult to have a constant oversight of all patients that are at risk of a fall. ED carried out an ‘ED Specific Falls Risk Assessment’ in 2020 Initially the compliance with this risk assessment was good and there was a reduction in falls.

Sadly, since December 2021, the ED have reported 5 moderate and above harm incidents in relation to in-patient falls. Patients with a fractured neck of femur have an increase in mortality and morbidity.

Stacey Butcher, ED Governance/Risk Facilitator, along with support from ED colleagues, implemented an ED specific Fall Reduction Initiative – ‘Yellow Visual Cueing Falls awareness kits in ED’.



The yellow falls kits contain a small fleece blanket with a pair of yellow double tread falls prevention slipper socks. The socks have been designed to migrate with the patient throughout their stay at the hospital and can go home with the patient upon discharge.

There is a scoring system in place, which staff complete to identify if a patient requires the yellow kit.

Since using the yellow kits, for those patients within the ED there has been a significant reduction of falls that have resulted in Moderate or above harm to patients.

This initiative is now being used within the wider hospital.

Score 1 for each of the following risks (maximum score is 5):

1	Presenting due to a fall	
2	Acutely unwell (i.e. respiratory compromised, DKA, heart problems etc)	
3	Patients with confusion due to dementia or delirium with any of the following features: Agitation Wandering Inability to use the call bell reliably Challenging behaviour Reduced safety awareness and disorientation	
4	Likely to attempt to mobilise on their own and unsafe to do so	
5	Alcohol or drug misuse causing challenging behaviour	
Total score		/5

If scores two or more provide a yellow kit

Statement from Healthwatch Norfolk



Healthwatch Norfolk Statement – NNUH Quality Account 2022/23

Healthwatch Norfolk appreciates the opportunity to make comments on this NNUH Quality Report.

Chief Executive's Statement on Quality

It is inspiring to read about the hospital's 250th anniversary, including the fascinating criteria for admission, such as "No admission for anyone who is dying"! 20 beds in 1772, compared with 1200 for the 2001 rebuild and 1424 now.

It is undoubtedly right that the Chief Executive begins by praising and thanking the staff for their constant and responsive service to patients in very pressured environments across the hospital. It is sad to see NNUH at the bottom end of the NHS staff survey league table.

The Chief Executive is also right to acknowledge the difficulties faced by patients in gaining admission to the hospital and problems with timely discharge. Some 6 bedded bays on wards have had to accommodate 7 patients.

The new investment of £750,000 for staff facilities and further investment in large scale recruitment, particularly for overseas nurses is obviously welcome.

Good news is welcome:

The CQC November 22 unannounced inspection of 5 medical wards praised the care and compassion of staff and a culture of openness and honesty throughout the organization (although the overall outcome was "Requires improvement").

There is greater collaboration with Norfolk's other acute hospitals including new Diagnostic Assessment Centres and the planned implementation of an Electronic Patient Record.

The Trust's own initiative in opening the Lily suite in ED to try and ensure dignity and calm for relatives of patients who are dying or have died is very welcome.

It is also inspiring to read that so many members of staff have received awards for their hard work and dedication - notably and especially in Maternity Services. Also, the Matron at Cromer Hospital for the creation of a new cancer unit, and the brilliant Recognise and Respond Team for patients across the hospital who are acutely deteriorating or need resuscitation.

The Report also highlights the new Baby Life Support Systems accreditation and the "Exemplar Status" achieved by the Norfolk Centre for Interventional Radiology.

Priorities for Improvement

Quality priorities have been updated - these include Patient Safety, Clinical Effectiveness, Patient Experience and Staff Experience.

The Trust has refreshed the quality priorities to bring them in line with “Caring with PRIDE.”

The priority of improving surveillance of patients who have delayed surgical treatment has been met. Other priorities for 2023/24 are still under review.

The Trust is engaged with a wide range of National clinical audits which are either met or ongoing, with examples of action taken following review.

Hospital Beds Donated to Eastern Ukraine

NNUH, in partnership with Medstrom Ltd have successfully donated more than 50 beds to Eastern Ukraine across the border with Poland. What a fantastic achievement and gesture of goodwill and support!

Review of In-hospital Deaths and Deaths within 30 days of Discharge

It is interesting to read about deaths at the hospital in 22/23: 2842 inpatient deaths, compared with 2397 reported in 21/22 and 2694 in 20/21. Similarly, the overall figure, including deaths within 30 days of discharge was 3941. This compares with 3479 reported in 21/22 and 3993 in 20/21. It would be interesting to compare these figures with admissions to the hospital over these 3 years and attempt to assess the effect of both COVID and now Long COVID on these figures.

Healthwatch Norfolk is pleased to note that deaths of people with a learning disability or autism are reviewed. Similarly, that the Child Death Overview Panel Reviews are reported. Also, that the 31 serious incidents reported deaths resulted in serious incident investigations, with subsequent Learning also reported.

It is noted that, as a result of internal reviews of the previous year 20/21, that 35 deaths (1.5%) were “judged to be more likely than not to have been due to problems in the care provided to the patient”.

Reporting against Core Indicators

The drop in numbers of staff who would recommend the Trust to friends or relatives for standard of care has dropped significantly: 47.3% compared to 60% in 2021 and 72.2% in 2020. The national average in 2022 was 61.9%. The Report includes details of how the Trust intends to improve this.

It is regrettable that figures on 18 weeks referral to treatment, ED maximum waiting times, all cancers: 62 day wait for first treatment from urgent GP referral or cancer screening have not been reported on at the time of this Healthwatch Review.

Never Events

There were 5 Never Events in 2022/23, compared with 2 in 2021/2 and 3 in 2020/21.

Freedom to Speak Up Guardian Service

NNUH is seeking to adopt the new National Speak Up Policy and has Designated Leads and Guardians in place. The number of staff speaking up is not reported in either this or last year's report, which is a shame.

Virtual Ward

It is positive that support systems have been set up for people with Covid, aiming for 60 virtual beds by June 23.

Spotlight on Oncology

Congratulations to the Oncology Department – one of 6 NHS brain cancer centres that have been granted excellence status by the Tessa Jowell Brain Cancer Mission. Working collaboratively with Cambridge University Hospitals and Ipswich Hospital Teams.

Hear: No to Domestic Abuse

The report includes an excellent case study on the NNUH's commitment to breaking the silence around domestic abuse.

Format of the Report

The foreword provides details about how to obtain the document in large print, Braille or another language. The provision of a glossary of terms used in the Report is also welcome.

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

Alex Stewart
Chief Executive
Healthwatch Norfolk

June 2023

Statement from the Integrated Care Board (ICB)



Norfolk and Waveney
Integrated Care Board

NHS Norfolk and Waveney ICB
Floor 8
County Hall
Martineau Lane
Norwich
Norfolk
NR1 2DH

Date: 31/05/2023

Sam Higginson,
Norfolk and Norwich University Hospitals NHS Foundation Trust,
Colney Lane,
Norwich,
NR4 7UY

Dear Sam,

Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the draft 2022/2023 Quality Account from the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) and welcomes the opportunity to provide this statement.

Based on the information and data available within the draft report NHS Norfolk and Waveney Integrated Care Board (ICB) supports NNUHFT in the publication of its Quality Account for 2022/2023. We are satisfied that it incorporates the required mandated elements.

The ICB recognises the challenges experienced by the Trust over the last contractual year and the significant pressures the workforce has faced. We acknowledge that the level of quality of care, patient and staff experience has been impacted throughout the year and thank the Trust and staff for their sustained commitment in caring for those using your services. We support the Trust and welcome your commitment to improve staff experience in line with the People Promise, with a focus on recruitment, staff facilities and engagement.

The Trust has worked in collaboration with system partners within the Integrated Care System (ICS) to strengthen and enhance integrated working practice, focussing resources where our patients need them most. This has been evident in the work that is starting to join projects and services with the James Paget University Hospital NHS Foundation Trust and The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.

The ICB recognises the positive progress and improvements against the 2022/2023 priorities and appreciates the challenges and constraints that have affected the progression of others. The ICB supports the refresh of six existing priorities, and four

new priorities for 2023/2024. The focus will be patient safety and experience, clinical effectiveness and staff experience aligning with the Trust strategy 'Caring with Pride'.

The ICB acknowledges the Trust's clear focus and commitment to patient safety through a culture of openness and engagement with patients and relatives. We note this was recognised by the Care Quality Commission (CQC) following their unannounced visit in November 2022 and is a new Trust priority for 2023/2024. The ICB acknowledges the work undertaken in progressing their Patient Safety Incidence Response Plan (PSIRP) aligned to the Patient Safety Incident Response Framework (PSIRF) guidance and is confident the Trust is on trajectory for the implementation date of 01 September 2023.

The ICB recognises the work that the Trust has undertaken to assess maternity services against the national recommendations and the development of a safety assurance processes. The ICB anticipates working collaboratively with the Trust to support on-going developments in Local Maternity and Neonatal systems (LMNS), including the three-year delivery plan for Maternity and Neonatal services and the NHS Long Term plan. We thank staff for their hard work and dedication that resulted in a positive recent peer review of these services and appreciate the ongoing efforts to focus on the recommendations made for further improvement.

The ICB appreciates that many quality improvement initiatives have been rolled out across the Trust as part of The Essential Care Improvement Programme. We recognise the significant work that has taken place around falls, pressure ulcers and nutrition and hydration, all with an aim to improve patient experience and prevent harm. We also recognise the efforts made to improve patient flow and bed capacity with the relaunch of Red to Green and the expansion and optimisation of the Virtual Ward.

The Care Quality Commission has undertaken an inspection to Medical Care including older people's care which requires improvement. The ICB looks forward to working collaboratively with you to address the recommendations.

The ICB recognises the challenges ahead and values the commitment from all staff within the Trust. The ICB believes the report capture key elements of safety, clinical effectiveness, and patient experience and well led Trust and demonstrates the Trust's commitment to continuous improvement and quality.

On behalf of NHS Norfolk and Waveney ICB, I would like to personally thank you, the individuals involved in developing and producing this account and all the staff. I look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2023/24.

Yours Sincerely



Karen Watts
Director of Nursing and Quality
NHS Norfolk and Waveney Integrated Care Board

Feedback from Governors

Comment on the Quality Account from Erica Betts, Lead Governor, NNUH:



'Thank you to the team for producing another comprehensive document this year, which while covering a lot of data, includes many interesting stories about initiatives and innovations in the Trust. It has been a difficult year with many pressures on performance and staff. Progress is being made but it is slow and there is clearly still much to do to improve both the staff and patient experience, which we know are intrinsically linked. It is good to see that these challenges are recognised in this report.'



Comment on the Quality Account from Jackie Hammond, Governor, NNUH:

'Overall, the QA demonstrates the breadth of work carried out by NNUH staff and the collaboration with other providers and voluntary organisations across the county.'

'It is a weighty tome, but this reflects the many achievements and patient and service excellence set against a backdrop of huge pressures affecting the NNUH and the NHS in general.'

‘Sponge on a string’ pilot launched by Endoscopy Unit

A ‘sponge on a string’ pilot has started in our Gastroenterology Department as a new diagnostic test for patients referred from primary care with symptomatic gastro-oesophageal reflux disease.

The first Cytosponge clinic has taken place at the Quadram Institute, which is being offered as a less invasive alternative to endoscopy.

The Cytosponge (**in the right-hand side picture**) consists of a spherical sponge within a dissolvable capsule attached to a string. The Cytosponge is swallowed, the capsule dissolves and the sponge expands within the stomach. Using the string, the sponge is retrieved and collects approximately one million cells lining the oesophagus. The sponge is then sent for histological and biomarker analysis, and with high accuracy can diagnose Barrett’s oesophagus, which is a condition where some of the cells in the oesophagus grow abnormally and can lead to oesophageal cancer.



By offering Cytosponge to patients, it is hoped that most patients with reflux symptoms can safely avoid more invasive investigations and that endoscopy can be prioritised for those most in need.

Tracy McDonnell, Lead Nurse for Endoscopy Services, said: *“We are excited to be taking part in this NHS England funded pilot for the next 12 months, which is supported by Norfolk and Waveney ICB, and we will initially carry out one clinic a week. It is less invasive than a gastroscopy procedure and can be done in a clinic room. The feedback during trials from patients who have endoscopy regularly is that they prefer Cytosponge to gastroscopy.”*



Annex 2- Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendments Regulation 2011, 2012 and 2017 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.



Tom Spink
Chairman

Date: 07.06.2023



Sam Higginson
Chief Executive

Date: 07.06.2023

HIPEC programme hailed as success

Two years ago, the hospital started the UK's first gynaecology hyperthermic intraperitoneal chemotherapy (HIPEC) programme and the only colorectal HIPEC programme in the East of England. It is used to treat advanced ovarian or bowel cancer, which has already spread to the abdominal cavity.

In that time the multidisciplinary team has completed 40 cases with good outcomes for the patients. This has been achieved by the efforts of a vast multi-disciplinary team. HIPEC is a procedure carried out following the completion of complex surgery to remove all visible disease in the abdomen and pelvis. After the initial procedure has been completed, a 40-42°C solution is washed through the patient, in an attempt to kill off any cells the surgeons have not been able to see.

Patients must meet very strict criteria to be eligible; their cancer must be advanced but not spread to other organs and they need to be assessed fit enough to undergo this extensive surgery.

Nikos Burbos, Consultant Gynaecologist Surgeon and Adam Stearns, Consultant Colorectal Surgeon, have led the collaboration and are encouraged by the results they have recorded. Nikos said: *"At the moment we are treating around 20 of our most advanced ovarian cancer patients a year. These are people who have the most aggressive form of cancer, but who we feel benefit from this procedure. "We require highly specialised anaesthetists to be alongside the patient throughout. These are trailblazing anaesthetists who we have on board here."*

Our experience here means we are the only established centre in the UK to offer this service to ovarian cancer patients as part of the standard care. Recently, two other centres in England have started treating patients with ovarian cancer, The Christie in Manchester and the Royal Marsden in London. The development of this service has been more than 10 years in the making and requires a huge level of collaboration across multiple teams including nurses, HCAs, pharmacy, oncologists, anaesthetists, intensive care team and various surgical specialties.

Adam said: *"This has been an enormous team effort and we want to celebrate this achievement. This would not have been possible without the generous support of the Norfolk and Norwich Hospitals Charity and the Friends of NNUH, who gave £50,000, as well as donations from Norfolk businesses insurance specialists Alan Boswell, and charity supporter David Geiss."*

Julie Cooper, Head of Grants said: *"The Norfolk and Norwich Hospitals Charity are delighted to have been able to fund the purchase of the HIPEC, thanks to money transferred from the Friends of the Hospital when they closed their charity. This is yet another example of our local community donating to support improvements at our hospitals, over and above what the NHS must fund, and we are very grateful to everyone who has made this possible."*



Annex 3- 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.
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.
Dementia	The loss of cognitive ability (memory, language, problem-solving) in a previously unimpaired person, beyond that expected of normal aging
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.
GPs	General Practitioners i.e., family doctors
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.
LeDeR	Learning from Lives and Deaths - people with a learning disability and autistic people
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
MLBU	Midwifery Led Birthing Unit
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
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.
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
No criteria to Reside	Term for patients who are medically fit to leave a hospital but are waiting for social care or primary care services to facilitate transfer
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)
PLACE – Patient Led Assessment of Clinical Environment	A national programme that replaced PEAT from April 2013.
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
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
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.
Thrombolysis or thrombolysed	The breakdown of blood clots through use of clot busting drugs
Thrombus	A clot which forms in a vein or an artery
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



In Memoriam: Her Majesty the Queen

The NNUH were deeply saddened to hear of the passing of Her Majesty the Queen.

Photo taken from: <https://www.royal.uk/>

NNUH Chief Executive Sam Higginson and Chair Tom Spink said: *“On behalf of everybody at NNUH, we’d like to send our sincerest condolences to the Royal Family at this difficult time.”*



Photo from 1957 at the old NNUH



Photo taken from 1957

“For many of us, Queen Elizabeth II has been our only monarch and head of state and she will be fondly remembered for her unwavering dedication, long service and influence across the country and the Commonwealth.”

“The Queen played a hugely important role in the official opening of the new NNUH hospital in 2004 and we are extremely sad to hear of her passing.”

The Queen officially opened the NNUH on 5th February 2004, which at the time had 989 beds and replaced the former Norfolk and Norwich and West Norfolk Hospitals.



Photo of the Queen opening the new NNUH in 2004

Annex 4 -Acronyms A-Z

A&E	Accident and Emergency Department (See ED)
AAA	Abdominal Aortic Aneurysm
AAR	After Action Review
ACU	Acute Cardiac Unit
AIS	Accessible Information Standard
APC	Admitted Patient Care
BAPM	British Association of Perinatal Medicine
BAU	Business As Usual
BAUS	British Association of Urological Surgeons
Bliss	Baby Life Support Systems
BSIR	British Society of Interventional Radiology
C.difficile (C. diff)	Clostridium difficile
CAPE	Carer and Patient Experience Committee
CCC	Critical Care Complex
CCG	Clinical Commissioning Groups
CEA	Carotid Endarterectomy
CEO	Chief of Operations
CG NICE	Clinical Guideline from NICE
CHD	Congenital Heart Disease
CHKS	Caspe Healthcare Knowledge Systems
CHPPD	Care hours per patient per day
CNST	Clinical Negligence Schemes for Trusts
CMP	Case Mix Programme
CMT	Core Medical Trainee
CPR	Cardiopulmonary Resuscitation
COD	Chief of Division
COO	Chief Operations Officer
COP	Communities of Practice
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
C2R	Criteria 2 reside
CRM	Cardiac Rhythm Management
CT	Computerised Tomography
CYP	Children and Young Persons
D2A	Discharge to Assess
DIB	Diversity, Inclusion and Belonging
DNACPR	Do not attempt Cardiopulmonary Resuscitation
DQ	Data Quality
DQMI	Data Quality Maturity Index
EADU	Emergency Admission and Discharge Unit
EAUS	Early Assessment Unit – Surgical
ECG	Electrocardiogram
ED	Emergency Department (See A&E)
EDI	Equality, Diversion and Inclusion

EDL	Electronic Discharge Letter
EDM	Electronic Document Management
EDS	Equality Delivery System
EDS2	Equality Delivery System 2
EDT	Electronic Data Transfer
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
GCP	Good Clinical Practice
GIRFT	Getting it right first time
HALO	Hospital Ambulance Liaison Officer
HANA	Head and Neck Cancer Audit
HAPU	Hospital Acquired Pressure Ulcers
HCA	Healthcare Assistant
HDU	High Dependency Unit
HEAR	Help, Educate Awareness, Respond
HEE	Health Education England
HES	Hospital Episode Statistics
HFACS	Human Factors Analysis and Classification System
HICC	Hospital Infection Control Committee
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HSCIC	Health and Social Care Information Centre
HSMR	Hospital Standardised Mortality Ratio
HTA	Human Tissue Authority
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICS	Integrated Care Systems
IEA	Immediate and Essential Actions
IG	Information Governance
IGT	Information Governance Toolkit
IMI	Innovative Medicines Initiative
IPR	Integrated Performance Report
IR	Interventional Radiology
IS	Information Services
IT	Information Technology
JPUH	James Paget University Hospitals NHS Foundation Trust
KPIs	Key Performance Indicators
KF	Key Finding
KLOE	Key Lines of Enquiry
LD	Learning Disability
LEDG	Local Divisional Equality and Diversity Group

LMNS	Local Maternity and Neonatal System
MASH	Multi-Agency Safeguarding Hub
MAU	Minors Assessment Unit
MBRRACE	National Maternal and Newborn Infant Clinical Outcome Review Programme
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MEOWS	Modified Early Obstetric Warning Score
MFRA	Multifactoral Risk Assessment
M&M	Morbidity and Mortality
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
MTPJ	Metatarsophalangeal Joint
MUST	Malnutrition Universal Screening Tool
MVP	Maternity Voices Partnership
N/A	Not applicable
NAD	National Audit of Dementia
NAOGC	National Oesophago-Gastric Cancer Audit
NCA	National Clinical Audits
NCE	National Confidential Enquiry
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCH&C	Norfolk Community Health and Care NHS Trust
NCIR	Norfolk Centre for Interventional Radiology
NC2R	No Criteria to Reside
NDA	National Diabetes Audit
NDAH	National Domestic Abuse Helpline
NDFA	National Diabetes Footcare Audit
NE	Never Event
NED	National Endoscopy Database
NELA	National Emergency Laparotomy Audit
NG	NICE Guidance
NGO	Non-Governmental Organisation
NHFD	National Hip Fracture Database
NHS	National Health Service
NHS E	NHS England
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NNAP	National Neonatal Audit Programme
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NMC	Nursing and Midwifery Council
#NOF	Fractured neck of Femur
NOFERP	Neck of Femur Enhanced Recovery Programme
NPDA	National Paediatric Diabetes Audit
NPSA	National Patient Safety Agency

NRLS	National Reporting and Learning Service
NVR	National Vascular Registry
N&W	Norfolk & Waveney
OSCE	Objective Structured Clinical Examination
OPM	Older People Medicine
PAF	Patient Assurance Framework
PALS	Patient Advice and Liaison Service
PAS	Patient Administration system
PAT	Pets as Therapy
PCDAI	Paediatric Crohn's Disease Activity Scores
PCI	Percutaneous Coronary Interventions
PCNL	Percutaneous nephrolithotomy
PCSP	Personalised Care Support Plans
PDR	Personal Development Review
PE	Pulmonary Embolism
PEEG	Patient Engagement and Experience Governance Sub-Board
PGA	Physician Global Assessment
PHSO	Parliamentary and Health Service Ombudsman
PICA	Net Paediatric Intensive Care Audit Network
PIFU	Patient Initiated Follow Up
PLACE	Patient-Led Assessments of the Care Environment
PMRT	National Perinatal Mortality Review Tool
PoC	Point of Care
PODs	Patients' own drugs
PD&E	Practice Development and Education
PROMs	Patient Reported Outcome Measures
PSEC	Patient Safety and Effectiveness Committee
PSI	Patient Safety Incident
PSIIs	Patient Safety Incident Investigations
PSP	Patient Safety Partner
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
PTL	Patient Treatment List
PUCAI	Paediatric Ulcerative Colitis Activity Index
QI	Quality Improvement
QIR	Quality Incident Report
QoL	Quality of Life
QS	NICE Quality Standard
RAAA	Ruptured Abdominal Aortic Aneurysm
RAG	Red/Amber/Green
RCA	Root Cause Analysis
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
ROP	Retinopathy of prematurity
RPA	Robotic Process Assurance

RTT	Referral to Treatment
RTTOMG	Referral to Treatment Operational Management Group Meetings
SAFER	Senior review, All patients, Flow, Early discharge, Review
SCEC	Surgery, Critical and Emergency Care
SDEC	Same Day Emergency Care
SEND	Special Educational Needs and Disability
SHMI	Summary hospital level mortality indicator
SHOT	Serious Hazards of Transfusion
SJR	Structured Judgement Review
SI	Serious Incident
SMR	Structured Medication Reviews
SOP	Standard Operating Procedure
SRO	Senior Responsible Owner
STP	Sustainability and Transformation Plan
STEMI	ST-Elevated Myocardial Infarction
StR	Specialty Registrar
SUS	Secondary Users Service
T&O	Trauma and Orthopaedic
TACO	Transfusion Associated Circulatory Overload
UEA	University of East Anglia
UKHSA	United Kingdom Health Security Agency
UKRETS	UK Registry of Endocrine and Thyroid Surgery
VA	Veteran Aware
VC	Virtual Clinic
VTE	Venous Thromboembolism
VW	Virtual Ward
WESB	Workforce and Education Sub-Board
WTE	Whole Time Equivalent

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If you are worried about your care, or your families care, or have some positive feedback to share, please contact our Patient Advice Liaison Service and Complaints Team on:

Telephone Number: 01603 289036

Email: palsandcomplaints@nnuh.nhs.uk

