



NNUH Annual Summary of the Quality Account - 2023/2024

Quality Account Summary 2023/24

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Welcome

Welcome to our Quality Account Summary, which covers the financial year 2023 - 2024.

This is the summary version of the main Quality Account, which can be found on our website: www.nnuh.nhs.uk . The Quality Account 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 NNUH's quality improvement activities and achievements during 2023/2024 and identifies improvement opportunities the NNUH will focus on.

The Trust is required to compile a Quality Account as set out in the NHS Act 2009. However, the full account is a long and detailed document, involving lots of data, a significant part of which is prescriptive whereas this summary is intended to be more comprehensible.

There is also an easy read version of the summary and Quality Account which can be found on our website: www.nnuh.nhs.uk

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

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

Celebrating 75 years of our amazing National Health Service (NHS)

On 5th July 2023 the Country celebrated the amazing 75 year anniversary of the NHS.

Treating over a million people a day in England, the NHS really does touch all of our lives. When the NHS was founded back in 1948, it was the first universal health system to be available to all, free at the point of delivery. This is because, over the past 75 years, the NHS has always evolved and adapted to meet the needs of each successive generation.

We are sure that many would agree that the NHS is something we can all be proud of.



Some of the NNUH 75-year celebrations included a baking competition 'The Great NNUH Bake Off'

Tom Spink, NNUH Chairman, said:

"We are proud of the achievements of the NHS over the last 75 years and the NNUH's vital role within Norfolk and Waveney.

We were humbled by the public support for our hospital's 250th anniversary last year, and I'd like to thank all of our patients, carers and local community for their support and pay tribute to our more than 10,000 staff and volunteers for their dedication and hard work.

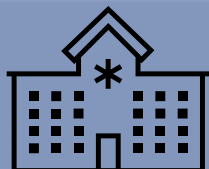
Our services are constantly evolving to meet the needs of our patients, and we are proud to be offering state-of-the-art healthcare including our award-winning Virtual Ward, robotic-assisted surgery, which is improving outcomes and recovery times for patients, and we are playing a key role in tailored genomic treatments. "



Various members of the NNUH staff were asked what they enjoy about their role. You can read some of these responses throughout this Quality Account.

Celebrating 75 years of our amazing National Health Service (NHS) continued....

Here are some Milestones of the NHS over the years.



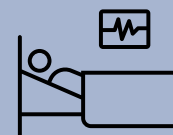
1948 – the NHS is born, providing healthcare services that are free for all at the point of delivery

1960 - First implantable heart pacemaker is used



1978 - The world's first test-tube baby, Louise Brown, is born as a result of in-vitro fertilisation (IVF), developed by Dr Patrick Steptoe

1987 - The world's first heart, lung and liver transplant is carried out by Professor Sir Roy Calne and Professor John Wallwork at Papworth Hospital in Cambridge



1992 - World's first laser surgery on babies in the womb to treat potentially fatal twin to twin transfusion syndrome takes place at King's College Hospital, London

2006 - NHS Bowel Cancer Screening Programme launched for those aged 60-69, the first ever screening programme to target both men and women



2012 - First UK hand transplant – a surgical team at Leeds General Infirmary carried out the operation

2020 - The NHS becomes the first health system in the world to commit to become carbon net zero



2021 - Dexamethasone, discovered as an effective treatment for COVID-19 in a clinical trial in the NHS, saves one million lives worldwide

You can find the full timeline at:

<https://www.england.nhs.uk/nhsbirthday/about-the-nhs-birthday/nhs-history/>



Lesley Dwyer

A very warm welcome to our Quality Account for 2023/24. This document provides an overview of activity that has been taking place within our Trust on the quality agenda over the past year. As this is my first Quality Account, I need to acknowledge and thank the clinical staff and leaders within our Trust who have provided an overview of activity that has been taking place within our Trust on the quality agenda over the past year.

We ended the year with many of our access indicators showing marked improvement and green across planned care, cancer services and urgent and emergency care. This followed a concerted effort from teams across the hospital who deserve thanks for all their hard work and willingness to think and work differently.

Urgent and emergency care

Our position on ambulance handovers was significantly challenged in the early part of 2023/24. In October our performance started to improve as we focussed on reducing ambulance handover waits of over 30 minutes. This approach has placed us in the top performing Trusts across the country and saved lives by enabling the Ambulance Service to respond more quickly to sick patients in the community. When demand for our services has been high, this has meant having escalation beds on wards. Whilst these are being phased out during May 2024, we recognise how difficult it is for our patients, visitors and our staff when we have beds in areas outside our usual practice. We have taken care to ensure those treated outside of main ward areas are treated safely and respectfully. We need to continue a clear focus on further improvements to reduce the challenges that we would otherwise face next winter.

Cancer performance

Our cancer performance has improved through 2023/24. In August 2023, we had 650 patients waiting longer than 62-days for their treatment against a national expectation of no more than 225. The hard work of our teams has brought the number of patients waiting over 62 days down to 179, fulfilling our nationally agreed improvement trajectory. For 2024/25, we will need to eliminate the backlog and focus on delivering the 62-day standard.

We have also seen an improvement in our performance on the faster diagnosis standard and in March 2024 we achieved the national standard of 75%. This performance compares well to other cancer centres nationally and provides vital treatment to the Norfolk and Waveney community we serve.

Planned care

After treating 78,000 patients for planned care, we have narrowly missed the 78 week standard with 268 patients still waiting longer for treatment. Industrial action has hampered our efforts and some patients can be reluctant to travel where we have sourced alternative capacity outside Norfolk.

We are continuing to look at all available options to treat patients in this cohort of patients and have some of our theatres working seven days a week alongside the use of the independent sector capacity wherever possible to help reduce these excessively long waits for treatment. We have also started our planning to ensure that we are doing all we can to get ready for the new national standard of no patients waiting longer than 65 weeks for treatment by September 2024.

Discharge and patient flow

Our 'Home for Lunch' Taskforce initiative was established in autumn 2023 to establish a new way of working, where everyone's focus is on achieving as many discharges as possible before lunch. Enabling more discharges earlier in the day creates capacity for incoming patients, reduces time spent waiting in A&E for an inpatient bed, reduces hospital length of stay and supports the Trust step out of escalation beds and areas. The project work is focused on three key areas: embedding daily flow, the weekend and evening operating model and urgent care flow pathways to reduce pressure on the hospital by increasing the number of discharges before midday. The number of discharges overall have increased and the number of patients discharged before lunch has risen since the taskforce first started from an average of 11% to 21%. We have also started to roll out Optica, a real-time reporting tool that provides information about a patient's healthcare journey, including with our partners and providers. It is an important way to help ward teams to streamline discharge processes.

CQC rated maternity as good

Moving onto our Midwifery colleagues, I would like to say a huge congratulations to everyone in the maternity team, whose CQC inspection report was published in February 2024 and rated our maternity services as 'Good'. This is an incredible achievement at a time when maternity services nationally are under so much scrutiny and is credit to the leadership team and whole team. NNUH is only one of three units in the East of England rated 'Good' and the CQC only identified three 'should dos' and no 'must dos' during their inspection in November. It is important that the best practice adopted and being practiced in our maternity services is shared across the organisation and with other Trusts.

Demonstrating our commitment to children's care, we celebrated the 170th anniversary of the Jenny Lind Children's Hospital in April 2024. Norwich became the second city in the UK to establish a dedicated Children's Hospital. As an example of the excellent care for all young patients, our Neonatal Intensive Care Unit has also achieved stage one accreditation of the UNICEF UK Baby Friendly Initiative (BFI). The initiative supports breastfeeding and developing close and loving parent infant relationships so that all babies get the best possible start in life. Trusts which implement the Baby Friendly standards receive the prestigious Baby Friendly award, a nationally recognised mark of quality care. I am delighted to have been asked to be the Trust UNICEF Baby Friendly Initiative (BFI) Guardian.

Staff survey

More generally I am pleased to report some improvements in our Staff Survey results although there is much more to be done. The results of the 2023 Staff Survey show a small upward trend in all seven People Promise themes, as well as those

relating to staff engagement and morale. However, the scores remain below the average for all 122 acute trusts nationally in each of these areas. In total, we scored above the acute trust average for five Staff Survey questions.

Giving staff a greater say in how we operate, listening carefully to their views and embedding a positive and connected leadership style are very important to me. We believe that we can do things differently, improve services for patients and make NNUH a better place to work. There are many challenges ahead, however we will continue the conversation about how we can improve staff experience and shape the work environment and more importantly make those changes.

Looking forward to the year ahead I can see tremendous potential across the organisation and the amazing work that is carried out by our staff, each and every day. I know how challenging things are, however all our efforts mean the Trust is making good headway and I have every confidence that together we will see the NNUH continue to move from strength to strength and be the place where we deliver high quality care consistently to every patient every day.

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.

A handwritten signature in black ink, appearing to be 'LD' or 'Lesley Dwyer', written in a cursive style.

Lesley Dwyer
Chief Executive

Tom Spink

To begin with I would like to offer my sincere thanks again this year to all members of staff and volunteers who have continued to work so hard to ensure the safe and effective care of our patients, whilst embracing changes for improvements to our services. Our hospital is at the centre of the community, affecting the lives of hundreds of thousands of families every year. It has been pleasing to see our continued and increased positive collaboration across the Norfolk and Waveney System involving the Queen Elizabeth Hospital Kings Lynn, James Paget Hospital, Norfolk Community Health & Care, Norfolk and Suffolk Foundation Trust, University of East Anglia and many others. This is always with the aim of improving our shared community's health journey.



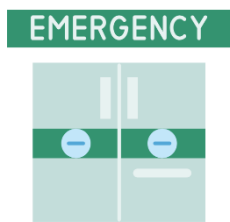
At each Trust Board meeting, we hear from a patient from our community who describes their experience of care. We recently heard from a patient who explained how we could make reasonable adjustments for patients who had hearing loss. The challenge for our services is having all staff trained to respond to reasonable adjustments and recognising that people have different ways of communicating. Patients should always be given a choice, selecting the method that is most accessible for them, whether that be telephone, email or text. Better communication with our patients will improve our level of care, reduce DNAs (Do Not Attends) and save more time in the long term. Some teams are better at accommodating patient requests than others and it is apparent that we need a more consistent approach to recording and actioning a patient's preferred communication method. Everyone should be able to understand their appointment information, diagnosis and medication. Technology can often make this easier and we expect that the introduction of an Electronic Patient Record will make it easier to record a patient's preferences. In the meantime, we continue to take simple steps such as asking, 'how can we support you with communication today'.

We have had a lot to celebrate over the year and I am immensely proud of the progress made regarding our staff recruitment and particularly that of our nursing profession. This was one of the priorities from last year's staff survey. I also offer congratulations to our Midwifery colleagues following their CQC rating of Good. Again, this year we are so proud that we have 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. I also want to acknowledge the fantastic efforts of everyone that contributed to the tremendous improvements in ambulance handovers, reducing elective waiting lists and improving cancer treatment times during the year.

I would like to take this opportunity to thank Nick Hulme, who was our Interim Chief Executive Officer (CEO) for much of the year. I would also like to welcome our new CEO Professor Lesley Dwyer. I look forward with great optimism to all our future achievements in this coming year.

Tom Spink
Chair

There were 148,832 Emergency Department attendances at the NNUH and Cromer Hospitals



We have 1,398 Hospital Beds

We have 11,446 Employees across all sites.



Across the sites, we had 83,200 hours of voluntary support



4,833 babies born

Of which 65 were sets of twins and 1 set of triplets

185 were born at home

2216 born in Theatre

540 born in Midwifery Led Birthing Unit and 1887 in the Delivery Suite





People Focused: We look after the needs of our patients, carers and colleagues to provide a safe and caring experience for all



Respect: We act with care, compassion and kindness and value others' diverse needs



Integrity: We take an honest, open and ethical approach to everything we do



Dedication: We work as one team and support each other to maintain the highest professional standards



Excellence: We continuously learn and improve to achieve the best outcomes for our patients and our hospital



Part 2.1 - Priorities for improvement

2024/2025 Quality Priorities

The 10 Quality Priorities for 2024/2025 contained in this account, were proposed by Hospital Management Board (HMB). These priorities have been aligned with new Chief Executive Officer's strategic commitments to support continuous improvement and to reduce some of our highest risks:

Patient Safety

- Care of patients who are frail: Develop Comprehensive Acute Frailty Services.
- Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Early recognition of Deterioration and Sepsis, and implementation of Martha's rule.
- Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Heart Failure Pathways.
- Hospital@Night transformation programme optimising out of hours care to deliver high quality safe care at night and supporting the wellbeing of those working at night.

Clinical Effectiveness

- Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Frailty and Fragility Fractures, Management of Older Major Trauma Patients.
- Improving Patient Flow to improve patient and staff experience and reduce number of patients cared for in escalation areas.
- Elective care recovery and Theatre Transformation / Cancer services
- Pharmacy Transformation: to provide the Trust with more robust, safe pharmaceutical services, create an improved working environment for our team and in the process increase efficiency.
- Health Inequalities.

Patient and Staff Experience:

- Transition Pathways for young people.
- Improving Communication around End-of-Life Care.
- Improving learner experience.

In addition to linking our quality priorities with our strategy commitment, we have also linked them to the Norfolk and Waveney Integrated Care System (ICS) quality priorities 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.

2023/2024 Quality Priorities

The 2023/2024 Quality Priorities will be absorbed as 'business as usual' in 2024/2025.

You can read more about the Quality Priority updates in the full Quality Account (pages 28 to 50).



New Quality Priorities for 2024/2025

Patient Safety

QP1 – New priority - Care of patients who are frail: Develop Comprehensive Acute Frailty Services	
Rationale	<p>Patients who are frail make up a substantial proportion of patients presenting to urgent and emergency care settings. Early, comprehensive assessment of these patients can improve outcomes by ensuring the acute care, management pathway, and future care plans are all tailored appropriately to the patient's needs.</p> <p>An Acute Frailty service routinely and systematically identifies and grades frailty in people who present acutely to Urgent and Emergency Care services. These services then consider the personalised needs of individuals living with frailty, considering their grade of frailty and degree of illness, supported by clear reliable pathways into and out of hospitals, aligned to the grade of frailty identified. The aim is to provide care in the right place, first time. This may be in the patient's home for a group of patients or through SDEC aiming to get the patient home with onward care as soon as initial diagnostics and treatment have been initiated. SDEC aims to reduce admissions and thus deconditioning of patients who would otherwise be admitted to hospital.</p>
QP2 – New Priority - Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Early recognition of Deterioration and Sepsis, and implementation of Martha's rule	
Rationale	<p>Acute physical deterioration can occur in any health and care setting and is a dynamic process in which a patient becomes suddenly more ill, potentially leading to death. It can be identified by changes in standard physiological indicators.</p>

	<p>Early identification of clinical deterioration is important in preventing subsequent cardiopulmonary arrest and to reduce mortality.</p> <p>Sepsis is a life-threatening emergency in which timely diagnosis and emergency therapy has been shown to reduce mortality.</p> <p>Evidence indicates that access to a rapid review from a critical care outreach team (CCOT) or paediatric critical care outreach team is an additional and beneficial safety net in the identification, escalation and response to deterioration.</p>
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QP3 – New Priority - Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Heart Failure Pathways	
Rationale	<p>Across Norfolk there are 8,600 patients who have been diagnosed with heart failure by their GP, but there are probably another 6,000 to 10,000 who haven't been diagnosed yet.</p> <p>Heart failure patients can rapidly deteriorate, leading to long hospital admissions, and this condition is the most frequent cause of hospitalisation for over 65-year-olds.</p> <p>Currently there are gaps in provision and many undiagnosed patients are seen in our Emergency Department.</p> <p>By establishing a dedicated service, we can achieve better continuity of care and a better experience for patients, their families and the clinicians.</p> <p>Last year there were 1,600 admissions, accounting for 17,000 hospital bed days for patients with heart failure.</p> <p>Hospitals admissions are expensive, they can also be harmful for patients, reducing their mobility and independence, and by intervening earlier we hope to avoid them.</p>

QP4 – New Priority - Hospital@Night transformation programme optimising out of hours care to deliver high quality safe care at night and supporting the wellbeing of those working at night.	
Rationale	<p>Hospital at Night is a clinically driven and patient focused approach to managing care out of hours, which has the capacity to call in specialist expertise when necessary. It advocates supervised multi-speciality handovers; other staff taking on some of the work traditionally done by junior doctors and moving a significant proportion of non-urgent work for the night to the evening or daytime. There is an emphasis on team working and flexibility across Specialities.</p>

	<p>The existing Hospital at Night model has been in place since January 2012 when the Trust made a commitment to working towards a 24/7 approach to the deteriorating ward patient and Hospital at Night was renamed Hospital 24/7. This Quality Priority will review the current hospital 24/7 model to ensure that it encompasses all hospital wide escalation processes including but not limited to, Recognise and Respond Team, and use of Alertive to provide safe care at night.</p>
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Clinical Effectiveness

QP5 – New priority - Reducing our standardised mortality scores through specific pathway improvement and clinical data quality improvement: Frailty and Fragility Fractures, Management of Older Major Trauma Patients	
Rationale	<p>The care of patients with fragility fractures of the femur has long demonstrated the importance of the coordinated input of multiple specialties in improving patient outcome. Concerted and effective pathways involve nurses, doctors, therapist and allied healthcare professionals both in hospital and in the community setting.</p> <p>Ageing, comorbid disease, medications and frailty may all affect the expected physiological presentation of major trauma in older people. Many patients with orthopaedic trauma injuries have to be admitted to hospital, most frequently due to associated frailty, immobility or co-morbidities.</p> <p>Older patients have been consistently shown to have poorer outcomes following rib fractures, which may be related to:</p> <ul style="list-style-type: none"> • Multiple comorbidities; • Reduced physiological reserve; • Greater difficulty in assessing and managing hemodynamics.

QP6 – New priority - Improving Patient Flow to improve patient and staff experience and reduce number of patients cared for in escalation areas	
Rationale	<p>Improving patient flow is not just about resourcing and expanding urgent and emergency care capacity to keep pace with rising demand – it is also about delivering transformation in how services are delivered, expanding out-of-hospital capacity, embedding preventative approaches and realising the benefits of emerging technologies.</p>

QP7 – New Priority - Elective care recovery and Theatre Transformation / Cancer services	
Rationale	<p>In line with 2024-2025 operational planning guidance to support elective care, a Theatre Transformation Programme has been implemented. The aim of this programme is to first drive the increased utilisation of theatre utilisation towards 85% and second, increase the level of day case procedures to 85%.</p> <p>This increase in both theatre utilisation and increased levels of day case procedures will help to reduce current waiting lists, whilst ensuring patients are getting the right care in the right location.</p>

QP8 – New Priority - Pharmacy Transformation Programme: delivering high quality efficient, productive care	
Rationale	<p>Recruitment and retention challenges (national shortages, plus competition with primary care roles and band inflation at neighbouring acute trusts) Inadequate job cover and succession planning for key roles (single point of failure).</p> <p>Inadequate levels of pharmacy staff to be able to provide reliable services to ward / departments and train new starters / students. Low staff morale and full potential of Pharmacist and Pharmacy Technician roles not understood or utilised by wider Trust.</p> <p>Lack of capacity to participate in clinical and practice research, and to deliver value added pharmaceutical clinical support for in patients and outpatient clinics.</p>

QP9 – New Priority - Equality, Diversity and Inclusion (EDI) and Diversity, Inclusion and Belonging (DIB) including developing and delivering a Core20PLUS5 plan	
Rationale	<p>For some people there are still unfair and avoidable inequalities in their health as well as their access to and experiences of NHS services. Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental, and economic conditions within societies. They can determine the risk of people getting ill, their ability to prevent sickness, or their opportunities to take action and access treatment when ill health occurs.</p> <p>The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.</p>

QP10 – New Priority - Transition Pathways for young people	
Rationale	<p>The transfer of health care for children and young people into adult services can often be difficult. In many cases, the health needs of young people will have been met by the same people who have looked after them for as long as the child or young person can remember. As they reach adulthood, they ‘transition’ to an adult healthcare environment they may be faced with having to consult with several different health teams, therapy teams and adult social care services.</p> <p>This Quality Priority will ensure that no child or young person will become lost in the gaps between children's and adult services, and their experience of moving between services will be safe, well planned and prepared for. They will feel supported and empowered to make decisions about their health and social care needs.</p>

QP11 – New priority - Improve patient experience of End-of-Life Care	
Rationale	<p>Poor communication with patients as they approach the end of their life is a recurring theme in complaints, feedback from the Medical Examiner reviews, Structured Judgement Reviews and in the results of the National Audit of Care at the End of Life (NACEL).</p> <p>Norfolk and Norwich University Hospitals NHS Foundation Trust has around 3000 deaths per year during admission or in the 30 days after discharge, and it is estimated that 30% of inpatients in acute hospitals are likely to be in their final year of life. As stated in the “Ambitions for Palliative and End of Life Care National Framework”, end of life care “has to be considered as everybody’s business”. This is because the majority of end-of-life care will be carried out by generalists working in all specialties across the hospital.</p> <p>Good communication, advance care planning and individualisation of care are recognised to be essential components of good end-of-life care in the National End of Life Care Strategy (2008), Ambitions for Palliative and End of Life Care National Framework 2021-2026, and NICE Quality Standard QS144 (2017).</p> <p>The Integrated Care Board has recently carried out a review which identified the actions that are urgently required to ensure that it delivers its statutory duty in the provision of palliative and end-of-life Care for Norfolk and Waveney, in accordance with the National Delivery Plan. The delivery of personalised care and to support planning was one of those urgent priorities.</p> <p>Improving the timing, quality and effectiveness of communication with patients and their loved ones offers an opportunity to greatly enhance</p>

	the quality of the care experienced by our patients. By identifying and clarifying patient's wishes and preferences as they approach the end of their life, good communication has the potential to not only enhance patient autonomy but can also reduce unwanted attendances at the Emergency Department, reduce admission to hospital, and shorten length of stay in hospital.
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QP12 – New Priority - Improving learner experience	
Rationale	<p>To meet requirement of education contract, and obligation as a University Teaching Hospital, ensure we are supporting our future workforce and meet our responsibility to be an exporter of excellence.</p> <p>To satisfy the General Medical Council standards and exit enhanced monitoring for Curriculum coverage, Staff behaviour; Supportive environment and Time for training</p>



Part 2.2 - Board Assurance Statements

Photo of inside the Norfolk Centre for Interventional Radiology (NCIR)

Review of services

The Trust is to advise in the Quality Account the number of different types of relevant health services provided or subcontracted out by the Trust during this reporting period (2023/2024). This will be determined by identifying which contracts, agreements or arrangements were provided, or, if outside of the NHS; the number of contracts, agreements or arrangements adopted by the Trust.

During the reporting period there were 83 sub-contracted relevant health services.

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

This section advises the number of NCAs that the Trust participated in during the reporting period. The audits are a way to find out if the healthcare that the Trust is providing is in line with the standards, but also to establish where there could be improvements. The NCAs looks at the standards of care nationwide, however the Trust will also look at the local audits. The Trust does look participate in additional national audits which are broader than the requested list for the Quality Account.

National Clinical Enquiries Patient Outcome and Death (NCEPOD) reviews the care of patients, by undertaking confidential surveys, and publishing the results to enable improvement to patient care.

During 2023/2024 the Trust participated in 100% NCAs and 100% NCEs that the Trust was mandated to participate in.

Participation in research and development

This segment relates to patients that received care provided by the Trust, or was subcontracted by the provider and were participating in a research study. This research would be approved by the research ethics committee, which is part of the National Research Ethics Service. During the reporting period, the committee approved 4,180 research studies.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care. There is a financial incentive to achieve the aims agreed. This section of the Quality Account looks at whether these aims were met. If the aims were not met, there is an opportunity to explain this.

During the reporting period, a proportion of the Trust's income was conditional on achieving improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement for.

Care Quality Commission (CQC) reviews

The CQC is the independent regulator of health and social care in England. Through monitoring, inspections and regulating, they make sure the health service the NNUH is providing is safe, effective, compassionate and of a high quality.

Within the Quality Account we provide a snapshot of any inspections, how we are progressing on our actions from previous inspections and inform if we are subject to any enforcement action.

During the reporting period we had the following inspections:

- An announced focused inspection of Maternity at the Norfolk and Norwich University Hospital
- Unannounced focused inspection of Diagnostic imaging, Outpatients and Surgery at the Norfolk and Norwich University Hospital.
- An announced Well Led inspection the Norfolk and Norwich University Hospitals NHS Foundation Trust

To see the breakdown of the inspection rating, the actions taken to address the recommendations and how we are progressing with all our actions please see pages 68 and 69 of the full Quality Account.

The NNUH is not subject to any enforcement action from the CQC.

Data Quality

The NNUH is to advise in the Quality Account whether or not we have submitted records to the Secondary Uses Service (SUS).

SUS is a repository for healthcare data in England which aids a range of reporting to support the NHS in delivering healthcare services. Whenever a patient or service

user is treated or cared for, information is gathered to support their treatment. The information is sent to a secure data warehouse, in line with national standards.

Please see the data of records of published data in month 10 (January 2024):

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%	99.8%
Outpatient care	100%	99.8%	100%	99.5%
Accident & emergency care	99.5%	98.9%	100%	99.5%

Information Governance Data Security & Protection Toolkit Attainment Levels

This section looks at the Trust's Information Governance Assessment Report overall score. The Toolkit is an online self-assessment tool that must be used to provide assurance that the Trust is practising good data security and that the patient's personal information is being handled appropriately.

During the reporting period, the Trust's overall score was of a 'Standards Met' assurance status.

Clinical Coding error rate

The NNUH is to advise whether we were subject to the Payment by Results (PbR) clinical coding audit. The PbR is a system that pays NHS healthcare providers a standard national price or tariff for each patient that has been seen and/or treated. This takes into account a patient's healthcare needs.

During the period considered, the NNUH was not subject to the PbR.

Improving Data Quality

This section identifies what areas within the NNUH require improvement in data quality, but also the action being taken to improve this.

Please see the actions to improve data quality on page 71 of the full Quality Account.

Learning from Deaths

This section of the Quality Account is looking at the data of patient deaths at NNUH in line with the National Guidance on Learning from Deaths Framework 2017, but it does not look at the Summary Hospital-level Mortality Indicator (SHMI) or Hospital Standardised Mortality Ratio.

The mandatory requirements of this section are to report on:

- the number of in-patient deaths in the reporting period;
- how many of these deaths have had a case record review or investigation in the same period;
- of those who have had a case record review how many were deemed to have had issues with their care that could have impacted on their death.

In addition to the data above, the NNUH are to highlight the themes arising from the case record reviews/investigations and the actions taken to address these.

The final part of this section is to report on the number of case record reviews and investigations which have happened in the reporting period but on patients who died in the previous year's reporting period, giving final totals for that period's data.

For the full data reported, please see pages 72 – 85 of the full Quality Account.

The NNUH has a well-established process for responding to patient deaths and this can be difficult to fully demonstrate in the mandatory reporting requirements. The process starts with every inpatient death receiving a full review by the Medical Examiner's Office where any concerns in care or feedback from the family is escalated through our governance channels.

The NNUH have two types of case record reviews: Perinatal Mortality Review Tool (PMRT) and Structured Judgement Review (SJR). It is to be noted that not every patient death requires a case record review.

PMRT is a systematic, multidisciplinary, high-quality review 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. These are nationally reported to MBRRACE-UK. For full criteria visit <https://www.npeu.ox.ac.uk/mbrrace-uk/pmrt>

SJR is a review conducted by an independent, trained, senior health professional/s using an evidence based methodology for reviewing case notes. The following is the criteria for an SJR:

- The patient had a Learning Disability.
- The patient had a Severe Mental Illness.
- The patient was 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 Review 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.

From the 1st September 2023, the Trust implemented the Patient Incident Response Framework (PSIRF) which replaced the NHS Serious Incident (SI) Framework. As set out in the Trust's [Patient Safety Incident Response Plan \(PSIRP\)](#) and [Patient Safety Incident Response Policy](#) any incident resulting in death will have an SJR conducted.

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

Up until the 1st September 2023, the National Serious Incident Framework required any death deemed a Serious Incident to be investigated using Root Cause Analysis (RCA), rather than by a Structured Judgment Review.

From the 1st September 2023, the Trust implemented PSIRF and conducts Patient Safety Incident Investigations (PSII) where patient safety incidents meets one of the following criteria:

- Patient safety incident is a Never Event
- Deaths more likely than not due to problems in care. This can be identified through an incident and/or the learning from deaths process.
- Missed/ Delay in Diagnosis (Patients under the care of the Emergency Department or Medical Specialties where a missed or delay in diagnosis leads to a significant delay in the initiation of essential treatment.)
- Sub Optimal Care (Incidents affecting patients where care is being managed between more than 1 clinical specialty, where management resulted in the patient being transferred to multiple wards and there was a failure or delay in acting on an escalation of a deteriorating clinical situation.)

All patient safety incidents which result in a death under PSIRF will have a SJR conducted to help determine if the incident meets one of the above criteria.

There are additional review processes for child and baby deaths:

- Child Death Overview Panel – these review every inpatient child death and 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 Healthcare Safety Investigation Branch (HSIB) maternity investigations – these are where deaths reported to MBRRACE-UK that meet a defined set of criteria for HSIB to investigate. The criteria is:
 - Intrapartum stillbirth: Where the baby was thought to be alive at the start of labour and was born with no signs of life.
 - Early neonatal death: Where the baby died within the first week of life (0 to 6 days) of any cause.
 - Severe brain injury: Where the baby was diagnosed with severe brain injury in the first 7 days of life.

HSIB also investigate maternal deaths where a pregnant woman/person dies within 42 days of the end of their pregnancy from any cause related to or aggravated by the pregnancy or its management, and not from accidental or incidental causes.



Part 2.3 - Reporting against core indicators

Photo of inside the Quadram Institute

This section of the Quality Account is a requirement to report the Trust's performance against a core set of indicators (something that is used to measure) using data made available to the Trust by NHS Digital. This means that NHS Digital will supply data of each of the NHS Foundation Trust's indicators, in England, which the Trust should compare their data with.

This comparison is made up by tables, reflecting either the number, percentage, value, score or rate for at least the past two reporting periods. As well as the tables, the Trust is to provide assurance that the information given within the figures is accurate and include the actions that will be taken to improve the figure.

The core indicators that the Trust report against are:

Summary Hospital-level Mortality Indicator (SHMI)

SHMI reports on mortality at Trust level across the NHS in England, using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust, and the number of patients who would be expected to die (based on the average England figures, given the characteristics of the patients treated there). This covers patients admitted to hospitals in England who died either while in hospital, or within 30 days of being discharged. Please note, Covid-19 deaths are excluded from the SHMI.

During the reporting period included (September 2022 – August 2023) the SHMI national average was: 1.0019. The Trust reported 1.1979, which is higher than anticipated.

You can find more information on the best performer, worst performer and the Trust's previous reporting periods in our full Quality Account (page 87).

% of patient deaths with palliative care

This indicator is in place to accompany the above SHMI publication.

The SHMI methodology does not make adjustment for patients who are recorded as receiving 'palliative care'. Contextual indicators on the percentage of provider spells and deaths reported in the SHMI where palliative care was reported at either treatment or speciality level are produced to support the SHMI.

During September 2022 – August 2023 the national average for the percentage of patient deaths with palliative care was 41%, compared with the Trust's 55%.

You can find more information on (as above) in our full Quality Account (page 88).

Patient Reported Outcome Measured Scores (PROMS)

From April 2009, patients having inpatient surgical procedures were invited to complete a pre and post-operative questionnaire on their general and condition-specific health. These questionnaires are completed on a voluntary basis. Some of these questions include the ability of the patient to pursue their usual activities, if the current experience has caused any anxiety and/or depression and how the patient would describe the results of their operation post-operatively.

This section is broken down into the following:

- Groin Hernia Surgery – no longer measured
- Varicose Vein Surgery – no longer measured
- Hip Replacement Surgery
- Knee Replacement Surgery

Unfortunately, at the time of publishing the Trust's Quality Account, the data was not available, therefore we could not complete this section. Some previous data is available from the Trust's previous reporting periods, which you can find on page 89.

28-day readmission rates

This indicator measures the percentage of emergency admissions to any hospital in England occurring within 28 days of the most recent discharge from hospital.

The indicator is broken down into the following:

- 28-day readmission rates for patients aged 0-15 years
- 28-day readmission rates for patients aged 16 or over

National data has not been published since 2012/2013, meaning we cannot compare our data. The Trust does still include our percentage, using the Trust's clinical coding.

For patients aged 0-15 the average rate between April 2023 and March 2024 was 5.6%.

For patients aged 16 or over, within the same reporting period, the average rate was 10.8%.

The Trust's previous reporting data can be found on page 90 of the full Quality Account.

Trust Responsiveness

In previous reporting years this data has been provided through the NHS Outcomes Framework (NOF). The indicators which are to be reported on an annual basis are currently in consultation. During this period the source data for this indicator is now being directed to the CQC's adult inpatient survey.

<https://www.cqc.org.uk/provider/RM1/surveys/34>

% staff employed who would recommend the Trust

This indicator is the percentage of staff who are employed by, or under contract to, the Trust, whom during the reporting period would recommend the Trust as a provider for their family and friends. This is measured based on question Q25d NHS Staff Survey 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'.

The NHS Staff Survey is carried out each autumn and gives anyone who works in the NHS in England an opportunity to provide an experience of their working lives.

For 2023, the national average of staff who would recommend the Trust they work in, based on question 25d, was 54.07%. You can find out what the Trust intends to do to improve on this in the full Quality Account on page 91.

% of patients assessed for Venous Thromboembolism (VTE)

The VTE data is collected via a Risk Assessment Collection. The data is submitted through the Strategic Data Collection Service, which is a secure data collection system used within health and social care, in order to submit data to NHS Digital.

This indicator requests the following data collection:

1. Number of patients aged 16 and over admitted in the month who have been risk assessed for VTE on admission to hospital using the criteria in a National VTE Risk Assessment Tool.
2. Total number of patients aged 16 and over admitted in the month.
3. Calculated from (1) and (2), the percentage of patients aged 16 and over, admitted within the month assessed for risk of VTE on admission.

The VTE collection has been paused, due to Covid-19, and has not yet carried on the process of collecting the data. This means there is no national average data available, as well as the best and worst performers.

The data that has been included in the Trust's Quality Account has been collected by the Digital Health, Business Intelligence Team. This means that for the 2023 – 2024 reporting period, the Trust's percentage of patients who were admitted to the hospital and who were risk assessed for VTE during the reporting period was 99.52%.

Clostridium Difficile (C Diff/ C Difficile)

This indicator measures the annual counts and rates of C difficile infections, within an acute Trust, in patients aged 2 years and over.

The data is sourced from the Health & Social Care Information Centre, compared to internal Trust data and data hosted by United Kingdom Health Security Agency (UKHSA).

The rate is worked out per 100,000 bed days of cases of C difficile infection that is reported within the Trust amongst patients aged 2 or over during the reporting period of 2022-2023. The national average was 18.47, with the Trust's rate at 15.4. The Trust has implemented actions to improve this rate, such as: adding measures to isolate and cohort-nurse patients with suspected and confirmed C difficile.

You can find more information on all of the actions in place, as well as the best performer, and the Trust's previous reporting periods in our full Quality Account (page 92).

Patient Safety Incidents

A patient safety incident is defined as 'any unintended or unexpected incident(s) that could have, or did, lead to harm for one or more person(s) receiving NHS funded healthcare'.

This indicator aims to measure the number of reported patient safety incidents across NHS care settings. The data was reported to the National Reporting and Learning System by each provider organisation, per 100,000 population. Since September 2023 this has been reported via the new LFPSE (Learning from Patient Safety Events).

The indicator is split into two sections:

- Number and rate of patient safety incidents per 1,000 bed days
- Number and percentage of patient safety incidents per 1,000 bed days resulting in severe harm or death

NHS England has confirmed the annual publishing of this data had been paused, due to the introduction of the Learning from Patient Safety Events (LFPSE) which will replace the National Reporting and Learning System (NRLS) therefore at the time of this publication, this data was not available.

Review of Implementation of 7 Day Services

The delivery of 7 day services across England is a priority for NHS England and the NHS Improving Quality Partnership. This is aimed at ensuring the equity in care for patients regardless of the day of the week.

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.

Review of Speak Up Policy

NHS England are responsible for producing the National Freedom to Speak up policy (June 2022) which Trusts are required to adopt as the minimum standard. At the NNUH we have taken this opportunity to engage with colleagues and teams across the organisation, to ensure that this policy is practical for the user, gives clear guidance and support and underpins safety, transparency, and learning, the key factors for healthy speak up culture.

It now includes more avenues for direct reporting into safety teams and governance channels in divisions. The policy ensures correct channels for escalation are clear, and that emphasis is on the “normality” of speaking up.

How matters are reported is included, making staff aware of what happens and the Trust more accountable to that process. This policy can now help educate its users on what best practice is and therefore what to expect. Speak up training is now categorised as essential for staff.

Freedom to Speak Up (FTSU) Guardian Service

“For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.” – Freedom to Speak Up Guide.

The Freedom to Speak Up Guardian Service consists of a network that is well established, with Non-Executive Director oversight. We have increased the number of trained Guardians and Champions, ensuring each division has representation. The Trust now has the following:

- Designated Non-Executive Director
- Executive Lead
- Lead of Service
- ❖ Guardians - Aligned to each division (8)
- Champions - Aligned to departments (17)

You can read more about the FTSU Guardian Service in the Trust’s full Quality Account on page 94.

Rota Gaps

Health Education England (HEE) has taken responsibility for working with employers, the British Medical Association’s Junior Doctors Committee, other Junior Doctor Groups and the Academy of Medical Royal Colleges amongst others to address the concerns that are known as ‘non contractual training issues’. A rota gap happens when a hospital or department is unable to cover the working shift pattern required to manage patients due to the lack of available Doctors.

HEE allocate Junior Doctors to our Trust, 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.

You can read much more about what the Trust is doing to prevent these rota gaps on page 94 of the full Quality Account.

Hospital Charity funds anaesthetic simulator



An epidural training simulator has been purchased by the N&N Hospitals Charity to benefit staff and patients in the Anaesthetic department.

The simulator models the lower back in silicone which is cast around plastic anatomy to form an exact copy of the human body. It can be used for training of a range of procedures, including a spinal block (injections of medicines that block pain from specific nerves which can be used for pain relief) and a spinal catheter which is placed into the epidural space of the spine and left in place for a period of time.

The simulator is not only a useful way to teach Anaesthetists, but also allows for more experienced staff to maintain their skills with practice and be able to perform procedures in many different conditions.

Dr Siddharth Adyanthaya, Lead Consultant for Obstetric Anaesthesia, said of the £3,650 grant: *"We are grateful to the N&N Hospitals Charity in helping us procure the Genesis Epidural-Spinal Injection Simulator. It is a valuable teaching and training tool that will help many anaesthetists to practise and hone their skills in a safe environment and, in the process, make the management of our patients safer and efficient."*

To find out more about the N&N Hospitals Charity or to make a donation please visit: www.nnhospitalscharity.org.uk

Together we are...

empathetic excellence resilient
forward-thinking positive people-focused
teamwork professional trust
honest friendly protect dedication
collaborative effective pride supportive
innovative helpful listening safe caring
respect together open dignity aspiring
quality kind welcoming communicate
inclusive appreciative learning
resourceful integrity hard-working
accountable creative interesting





This part of the Quality Account highlights relevant health services that have been provided, or subcontracted, by the Trust during the reporting period. This will include detail of historical data and benchmarked data, where available, to provide information for progress over time (not just the reporting period). Where possible, we also look to give detail of any future actions and projects.

As the Trust is an NHS Foundation Trust, there are specific indicators that the Trust have to provide information concerning. The categories for these are:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

We also include Staff Experience in this section.

Please see below the list of indicators that have been included in this Quality Account:

Patient Safety

Serious Incidents (SIs) (for April – August 2023)

This section details that 52 SIs were externally reported from the Trust to the national Strategic Executive Information System (StEIS) between April 2023 and August 2023. 4 of these were reported on the StEIS system and declared as void, however the relevant teams continued to investigate in the usual way.

There is also information concerning the reporting of incidents and the continuation of supporting patients and families through the SI investigation process.

You can read more information concerning this on page 103 in the full Quality Account.

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.

Like the SI section, the NE indicator details that were 4 NEs identified by the Trust during the reporting period.

Never Events remain a national priority that requires a full Patient Safety Incident Investigation under the Patient Safety Incident Response Framework.

You can read more information concerning this on page 104 in the full Quality Account.

Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) replaces the NHS Serious Incident (SI) Framework. The SI Framework mandated when and how to investigate a serious incident whereas PSIRF focusses on learning and improvement. With PSIRF, there are a set of principles which we need work to but outside of that, we are responsible for the entire process, including what to investigate and how. There are no set timescales or external organisations to approve what we do.

[Our Patient Safety Incident Response Plan \(PSIRP\)](#) was published in September 2023 and sets out how we intend to respond to safety incidents under the PSIRF.

One of the underpinning principles of PSIRF is to do fewer "investigations" but to do them better in a small number of areas of highest patient safety risk.

Better means taking the time to conduct a systems-based investigations by people that have been trained to do them.

There are only 2 mandated patient safety incidents that must be investigated under PSIRF:

- Patient safety incident is a Never Event
- Deaths more likely than not due to problems in care. This can be identified through an incident and/or the learning from deaths process.

Through analysis of our patient safety insights, we have identified 2 local patient safety priorities that will undergo an in-depth Patient Safety Incident Investigation (PSII), these were agreed at the Quality & Safety Committee in April 2023.

The 2 local patient safety priorities are:

- Missed/ Delay in Diagnosis
Patients under the care of the Emergency Department or Medical Specialties where a missed or delay in diagnosis leads to a significant delay in the initiation of essential treatment.

- **Sub Optimal Care**
Incidents affecting patients where care is being managed between >1 clinical specialty, where management resulted in the patient being transferred to multiple wards and there was a failure or delay in acting on an escalation of a deteriorating clinical situation.

You can read more information concerning this on pages 99 – 101 in the full Quality Account.

Learning Disability (LD) Readmission Rate Reduction

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

This section in the Quality Account explains that one of the metrics used to measure recent hospital readmission rates (within 30 days of discharge) had previously evidenced that patients with learning disabilities had a typically higher readmission rate. Since submitting data in 2018, the Trust has been reporting a high readmission rate, compared to other Trusts and a general population. However, recent reports indicate that there has been a significant and sustained improvement in the readmission rate for LD and autism.

For the 2022/2023 reporting period, the Trusts LD readmission rate was 16.60%, which has decreased from 20.90% the year before. This is compared to the general population rate in 2022/2023 of 9.60%.

There is also information concerning the steps that the LD team and autism team are taking to improve. If you would like to see the readmission rates for previous years, and more details on the amazing work going on, please see page 102 in the full Quality Account.



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.

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'.



In the last year we have seen great strides forward in the expansion of the NNUH VW and continuing collaboration with our wider Norfolk and Waveney organisations. We have now expanded to 60 acute beds with the capacity for an additional 33 'soft beds'. We have also transitioned to Feebris remote monitoring to ensure all organisations within the ICS are using the same technology.

If you would like to read more about the journey over the past reporting period, and aims for the next 12 months, please see pages 106 - 108 in the full Quality Account.

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 these independent reviews, regional NHS England visits and the Maternity Incentive Scheme have added to the request for compliance and evidence of a safe Maternity service.

The Trust is measuring success on:

- Our Good CQC Overall Rating and working on the 'Should Do's'
- Meeting the requirements to obtain the Maternity Incentive Scheme
- Our 'Maternity Vision' A 5-year strategy for maternity services
- Compliance with the Saving Babies Lives Bundle version 3
- Listening to our service user feedback and coproduced quality improvements

Inspected and rated



Following a CQC visit in November we have received a 'Good' rating for our maternity services. There were no 'Must Do's but three 'Should Do's which have been added to our Maternity Action Plan. We have also been successful in our compliance to the ten Safety Actions for the Maternity Incentive Scheme.

If you would like to know more about the journey that Maternity services have taken over this reporting period, and their aims, please refer to pages 109 and 110 in the full Quality Account.

Electronic Patient Record (EPR)

The three acute Trusts in the Norfolk and Waveney Acute Hospital Collaborative (James Paget University Hospital, Norfolk and Norwich University Hospitals and Queen Elizabeth Hospital) are investing in a single, shared, integrated Electronic Patient Record (EPR) system – Meditech Expanse.

The vision is that an EPR will act as an enabler for a greatly improved health care system in which care givers and patients have electronic access to more complete health records and are empowered to make better health decisions with this information. An EPR system contains patient-centric, electronically maintained information about an individual's health status and care and focuses on tasks and events directly related to patient care. The EPR provides support for all activities and processes involved in the delivery of clinical care.

If you would like to know more about the journey of the EPR over this reporting period, and the future aims, please refer to pages 111 – 113 in the full Quality Account.

Home for Lunch

Home For Lunch



Improving safety for every patient

The Home for Lunch Taskforce was created in recognition that the greatest risk to a patient is those waiting for health care. Therefore, the Trust committed to bringing in patients from ambulances in a timely manner and release the paramedic team to answer the next call in the community.

The taskforce is focused on the core outcome metrics. To increase the number of patients brought in from ambulance within 30 minutes / to increase the number of discharges before lunch to 30% and to reduce the average length of stay for non-elective admissions by 3 hours.

Phase 1 ran from October to December 2023 and looked at the patient flow in three stages: (a) ED to assessment areas, (b) assessment areas to wards and (c) more efficient discharges from wards. Each working group focused on the standardisation of documentation, improve efficiencies and reduction of unnecessary processes & steps. In Phase 1 there were a number of significant changes that enabled an increase in morning discharges and moved the discharge profile to earlier in day. The Trust increased morning discharges from below 10% in September to over 20% since January 2024 and moved the core time of discharges from 17:00-20:00 to 14:00-17:00

For more information on this initiative, please refer to pages 114 – 116 in the full Quality Account.



Patient Experience

We reviewed the Patient Engagement & Experience Strategy and it was agreed to extend it to 2025. Objectives were refreshed under the main headings of Partnership Working, Co-Production, Using Feedback, Supporting Staff and Volunteering. We have charted progress and actions during this year against each objective.

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

The Patient Engagement Team attended a total of 30 engagement events in 2023 to strengthen the voices of those less well heard or under-served.

Every day we collect feedback via the Friends and Family Test. This is a nationally endorsed question asking about the quality and experience of care received. In the last year we had over 48,000 responses. Most of these were positive with the Trust highly rated for staff interactions and attitude.

If you would like to see the progress that has been made over the course of 2023 – 2024 then please have a look at pages 118 - 123 in the full Quality Account.



The NHS Staff Survey 2023 launched at NNUH on 2nd October 2023 and closed on 24th November 2023. The response rate for the Trust was 47% with 4,348 staff sharing their views. The 2023 response rate was above the national acute trust 45% median response rate (benchmarked with 122 acute trusts).

2023 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. Please see pages 125 - 127 of the full Quality Account, if you would like to learn more about the National Benchmarking Results and next steps.

Annex – Acronyms A - Z

AAR	After Action Review
C Diff/ C Difficile	Clostridium Difficile
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
ED	Emergency Department
EDS2	Equality Delivery System 2
GP	General Practitioner
HEE	Health Education England
HMB	Hospital Management Board
HSIB	Healthcare Safety Investigation Branch
HSMR	Hospital Standardised Mortality Ratio
ICS	Integrated Care Systems
LD	Learning Disability
MBRRACE	National Maternal and Newborn Infant Clinical Outcome Review Programme
NCA	National Clinical Audits
NCE	National Confidential Enquiries
NCEPOD	National Clinical Enquiries Patient Outcome and Death
NE	Never Event
NaNOC	Norfolk and Norwich Orthopaedic Centre
NHFD	National Hip Fracture Database
NHS	National Health Service
NNUH/ The Trust	Norfolk and Norwich Hospitals NHS Foundation Trust
#NOF	Fractured neck of Femur
PALS	Patient Advice and Liaison Service
PbR	Payments by Results
PoC	Point of Care
PMRT	Perinatal Mortality Review Tool
PROMS	Patient Reported Outcome Measured Scores
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
RCA	Root Cause Analysis
SDM	Shared Decision Making
SHMI	Summary Hospital-Level Mortality Indicator
SJR	Structured Judgement Review
SI	Serious Incident
StEIS	Strategic Executive Information System
SUS	Secondary Uses Service
UKSHA	United Kingdom Health Security Agency
VTE	Venous Thromboembolism
VW	Virtual Ward

How to contact us

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Email: communications@nnuh.nhs.uk

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

