

# Quality Account 2020/2021



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## 1.1 Executive summary

As a provider of NHS health services, we write this annual Quality Account for our staff, stakeholders and for the people who use our services. In essence, it reflects and demonstrates the importance our organisation places on quality.

The Quality Account 2020/21 is divided into three sections.

**Part One** contains an introduction by the Trust Chair, the Chief Executive and the Director of Nursing and Quality. It also contains the first of a series of mandated statements, which are designed to allow comparison with other trusts' Quality Accounts.

**Part Two** looks ahead and contains our priorities for improvements for 2021/22 and further mandated statements.

**Part Three** contains a review of our progress in 2020/21.

## 1.2 Introduction by the Norfolk Community Health and Care (NCH&C) Trust Chair, Chief Executive Officer and Director of Nursing and Quality

We are proud to present our Quality Account for 2020/21. It describes another successful year through a challenging time to deliver our vision 'to improve the quality of people's lives, in their homes and community, through the best in integrated health and social care'. Our achievements were made possible through the care, compassion and resilience of our staff, who deliver outstanding care every day.

This year continued to show rising demand for our services against the challenge

of sustaining these services through the COVID-19 pandemic. Our Executive team, Senior Management teams and clinical leaders have supported the Norfolk & Waveney Integrated Care System (ICS) our Norfolk & Waveney Sustainable Transformation Partnership (STP) to develop patient pathways, deliver new services and provide leadership. We have committed both our time and our responsibility to system leadership roles in order to work in a more integrated

way for the benefit of our patients and to ensure we are developing a culture where our staff will continue to thrive.

This year was like no other as our staff worked through the pandemic, the use of virtual consultations and virtual meetings ensured patient care was not compromised. Staff were redeployed to ensure safe staffing, and the trust operated an incident control centre, with daily briefings.

We would like to highlight a few key areas of our progress this year:

### Improving Our Quality

- Our 2020 NHS National Staff Survey results show that the organisation has reported an improvement for the 5th year running on the Safety Culture theme – maintaining at the average for community trusts. 93% of our staff reported that the organisation encourages them to report errors, near misses or incidents, and 78% reported that the organisation acts to ensure errors, near misses or incidents do not happen again.
- We have established a Clinical Reference Group (CRG), that was developed to support clinical decision making through the pandemic. This has proven to be an invaluable addition to the trust governance framework and will be adopted permanently going forward.
- A new Safe Staffing Escalation Group (SSEG) now meets virtually Monday to Friday to manage safe staffing across the trust, during the height of the pandemic it met twice each week day.
- The Falls and Pressure Groups have been further developed to become centred on learning, and to include all staff in the discussions.
- The Safety Team, newly formed in 2020 has worked towards implementing the new National Patient Safety Strategy,

with the introduction of the new Patient Safety Specialist roles.

- We completed a major re-modelling of our structure, aligning operational services to the new Primary Care Networks (PCNs) and ensuring clear operational and quality leadership for each of these areas. The quality structure now has a Clinical Quality Director for each of the operational services aligned to the four PCNs, who are supported by dedicated and aligned Quality Matrons and Governance and Quality leads.
- The Learning Huddle implemented last year has been developed further to include safeguarding and other specialist teams.
- We have held a number of kitchen table events where staff of all levels get together to discuss a specific topic. Some of our events have focused on Duty of Candor, sepsis, syringe drivers and Insulin management. All events have led to service improvement that has been designed and led by the staff involved in the service supported by the Quality team.
- We continue to be a high reporter of incidents, with the significant majority resulting in no or low harm. We have demonstrated that key learning has been taken from these incidents and processes put in place to reduce the risk of these occurring again in the future.
- The overall number of participants recruited to Portfolio studies in 2020/21 (828) represents an 133% increase on the previous year's participants (355), which was achieved during the pandemic and when a number of research and development staff were redeployed to other services.
- 89 nominations for staff recognition badges were received during the year. The Staff Recognition Badge scheme is a way that staff can nominate colleagues who go above and beyond in the

delivery of our services. Initially during the early stage of the pandemic staff could continue to nominate although the judging process was suspended. It has since been restarted and continues to be a foundation of our recognition scheme at the trust.

- A new Patient Experience and Involvement Group has been established which includes representation from our external partners, i.e. Healthwatch and the trust has continued the valuable work with Voluntary Norfolk.

### Enabling Our People

- We were pleased to see that the 2020 NHS National Staff Survey demonstrated that despite responding to the COVID-19 pandemic the trust results remained stable across all ten themes. Quality of Care and Safety Culture had both improved for the trust.
- The 2020 NHS National Staff Survey results showed that 82% of staff believe the care of patients is the organisation's top priority – demonstrating a continual improvement from 2016 when only 62% reported this. Furthermore, the trust is above average for community trusts for staff recommending the trust as a place to work, and to receive treatment.
- NCH&C continues to build on its research capacity and have been involved in 34 recruiting studies during the year.
- 90% of our staff feel that their role makes a difference to patients and service users.
- Staff across our services are learning and developing all the time and the trust is committed to growing its own staff. Through the pandemic the majority of apprenticeships continued. Students were supported to work within the trust as valued members of staff.
- Over the last 12 months, despite the pandemic, NCH&C continued to welcome

apprentices. The trust has had clinical and non-clinical staff start on 13 different apprenticeships including Nursing, Health Care Assistant, Assistant Practitioners, Pharmacy, HR, Finance, Customer Services and Senior Leadership.

- We are delivering three new leadership programmes to support the development of our staff, these are; Leading in NCH&C: a two day induction for all new managers whether they are new to the trust or to a leadership role; REAL First Line Leader: a programme of events for first line leaders; and the Operational Leader programme: creating good networks across clinical and support services.
- Although some training and development was suspended during the pandemic virtual training was developed wherever possible, and our Quality Champion Programme was able to restart using virtual learning. All essential training continued throughout the year, using e-learning and virtual platforms.

### Securing the Future

- Our Health and Care Strategy was launched in 2015 and significant progress has been made against the workforce plan. This has been reviewed and will relaunch during the next year. In particular, the trust has been working with the Norfolk and Waveney ICS on the implementation of Trainee Nursing Associates and our first Registered Nursing Associates (RNAs) qualified in the autumn of 2020.
- NCH&C currently has 135 active apprenticeships which is 5.7% of trust staff, exceeding the 2.3% public sector target. 75% of all our apprentices stayed with the trust after completing their apprenticeship in 2020/21.
- NCH&C continues to build collaborations with University of East Anglia (UEA) and is part of UEA Health and Socialcare Partners- a collaboration with health and social care providers and UEA to develop

and support research ideas across Norfolk.

- 81% of our staff would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.
- The trust has been involved in supporting the system to deliver the COVID-19 vaccine not only to our staff, but to health and social care staff and the general population of Norfolk and Waveney.

This Quality Account again demonstrates a positive year of achievements, learning, and continuous improvement against the back drop of the COVID-19 pandemic. Our commissioners and partners have been instrumental in supporting us to achieve safe, compassionate and effective care for our patients.

[We would like to thank all our staff for both their commitment and for continuing to deliver the highest standard of care to our patients.](#)

## 1.3 Mandated statement by Trust Chair and Chief Executive in respect of the Quality Account 2020/21

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (in line with requirements set out in Quality Account legislation).

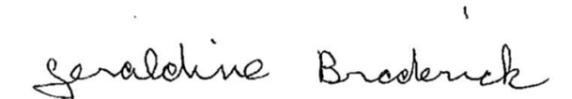
In preparing their Quality Account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the reporting period
- 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 they are working effectively in practice
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance

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

By order of the Board:

Trust CEO



Dated :

Trust Chair



Dated :

## 2.1 NCH&C Vision, Values and Priorities for the future

The trust's vision will be delivered through the achievement of a number of longer term, strategic objectives. The Board has agreed a number of strategic objectives that are interconnected and mutually dependent strategic priorities to achieve the NCH&C vision.

In addition, the Board has agreed the three key strategic objectives for the trust which in turn identifies key priority areas of work. These inform the annual planning cycle and the annual priorities that are developed with staff. The annual priorities are:

### Improving our Quality

- Learn from the major incident and sustain and implement improved ways of working including the use of technology e.g. self-care or focus on 'Home first'.
- Develop our safety culture to ensure it is everybody's business and for Places/ Specialist, Systems Operations and Childrens Services (SSOCS) to implement safety initiatives such as our Safer Staffing Review and local accreditation (ward and community).
- Explore additional methods as well as continue our approach to quality improvement and innovation.
- Increase patient and carer involvement in service redesign and develop shared decision making.

### Enabling Our People

- Recover from the major incident, finding ways to provide psychological support, space and time for staff and ensuring a psychologically safe culture is embedded.
- Implement initiatives that improve Health and Wellbeing, our working environments and use of technology to support productivity and communication.
- Improve staff experience through Place and Service specific action plans e.g. from Staff Survey and Equality, Diversity and Inclusion.

### Securing the Future

- Recover from the major incident, restoring services and embedding innovations that worked well.
- Work in partnership to lead the development of the Norfolk and Waveney Integrated Care System and new models of care.
- Deliver our financial plan, identifying opportunities to remove waste and inefficiencies internally and across the system.
- Continue to embed our involvement in Primary Care Networks and actively shape and participate in the development of 'Place' and 'Place-based' services to improve population health.

Setting our annual priorities really helps us focus our attention on the right things so that we are prioritising the actions that will help us make sure we are providing outstanding services for patients, taking care of our staff and making sure our services are sustainable for the future.

## Introduction

In this section we will describe our priorities and plans for future quality improvements in 2021/22 and how we are working with partners to achieve this. We will include further mandated statements within this section, all of which are clearly noted.

## 2.2 Our commitment to continuous quality improvement

As a trust, we have not adopted a single methodology in relation to innovation and quality improvement, rather we have selected preferred tools and have trained staff in a range of models including Lean and Six Sigma, Agile Management, process reengineering, and theory of constraints.

Where appropriate we do seek process accreditation and recognition of our Quality Management Systems and industry best standards eg our IT Service Desk has been awarded the Service Desk Institute accreditation.

If we were to identify a model most commonly used within our trust it would be the use of Plan – Do – Study – Act cycles (PDSA) and our approach to innovation is supported by skills programmes e.g. our Quality Champions Programme (QCP); by skilled individuals e.g. Lean methodology facilitators; by various project management methods and by approaches to encourage new ways of thinking.

In January 2020 the organisation proposed structure changes to support the alignment to Primary Care Networks. During the past year (2020/21) the implementation of this new structure was progressed in a number of phases. Initially this created two focused quality posts for each operational service, Clinical Quality Directors and Quality Matrons, who are responsible for the implementation and embedding of a number of core functions a local level. These posts work in partnership with the Operational Directors to achieve this. These quality posts are clinical leaders at a local level who provide visible, professional leadership to staff, supporting the development and embedding of local and national quality improvement initiatives.

As the calendar year progressed during the latter stages of the year the next phase of this restructure was completed with the creation of a third quality post. The Governance and Quality Lead role works alongside the Clinical Quality Director and the Quality Matron in each operational service again supporting the embedding of local and national quality improvement initiatives and working towards a constant attainment of best practice.

NCH&C continues to progress the QCP and we continue to increase the organisational skills and knowledge associated to quality improvement activities. More about the achievements of QCP during the last twelve months is available in Part 3 section 3.2.2

As we move through the 2021/22 year quality improvement will continue to be an organisational objective. The trust's Annual Priorities for 2021/22 have been set with quality improvement being at the centre of a number of the objectives;

- Learn from the major incident and sustain and implement improved ways of working including the use of technology e.g. selfcare or focus on 'Home first'.
- Develop our safety culture to ensure it is everybody's business and for Places/SSOCs to implement safety initiatives such as our Safer Staffing Review and local accreditation (ward and community).
- Explore additional methods as well as continue our approach to quality improvement and innovation.
- Increase patient and carer involvement in service redesign and develop shared decision making.

## 2.3 Mandated statements

Below are a set of mandated measures required for the Quality Account and set out in the format recommended within the guidance.

### 2.3.1 Mandated statement: CQC Registration

NCH&C is required to register with the CQC (see <https://www.cqc.org.uk/provider/RY3>), and its current registration certificate confirms that we are registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and Screening procedures
- Personal care
- Surgical procedures
- Treatment of Disease, disorder or injury

NCH&C received an overall rating of 'Outstanding' in our latest inspection

(21 February to 23 March 2018) below. The latest Inspection report can be downloaded from: <https://www.cqc.org.uk/provider/RY3/reports>



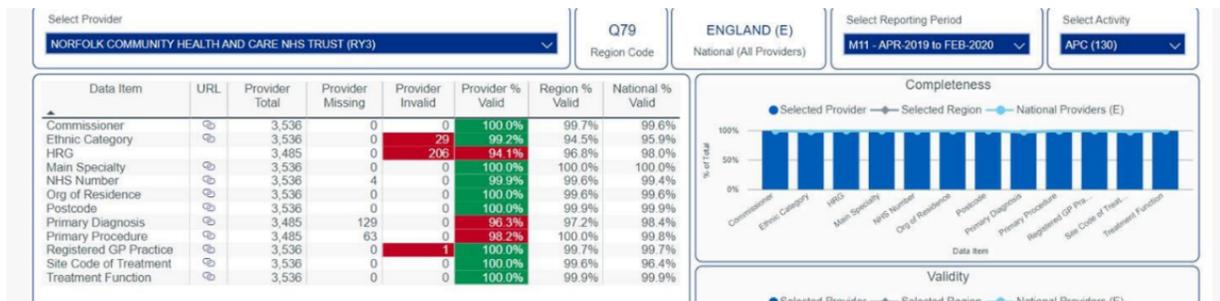
### 2.3.2 Mandated statement: Data Security & Protection Toolkit attainment level

Due to the pandemic the date for the submission of the Data Security and Protection Toolkit (DSPT) has been extended to 30 June 2021. The trust has recently commissioned an audit on this work which will support the continuous

improvements made year on year in this area. At the time of writing this document, NCH&C is on track to be compliant with the mandatory requirements and achieving overall DSPT compliance.

## 2.3.3 Mandated statement: clinical coding error rate

We were delighted by the feedback from our in year clinical coding audit. We learned that the clinical coding at the trust is of a very high standard. The auditor noted that the clinical coders demonstrate excellent extraction and code assignment skills, particularly with the depth of coding (co-morbidity capture). The coders also clearly demonstrate a competent understanding of national clinical coding standards.



### Data Quality Maturity Index (DQMI) - Provider View



Select a Provider, Reporting Period and Data Set below.

Provider Name & Code: NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST (RY3) | Reporting Period: February 2021 | Data Set: All | Score: 92.9

Data Set	Data Item	Suppressed Data Item score	National Data Item Average	Complete Denominator Rounding	Valid Numerator Rounding	Default Numerator Rounding	Defaults in Excess Rounding
APC	ACTIVITY TREATMENT FUNCTION CODE	21.5	97.8	290	60	0	0
APC	ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)	100	98.4	290	290	0	0
APC	ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	100	99.4	290	290	0	0
APC	CARE PROFESSIONAL MAIN SPECIALTY CODE	93.4	97.0	290	270	0	0
APC	CONSULTANT CODE	77.2	92.4	290	290	165	65
APC	DECIDED TO ADMIT DATE	100	68.9	290	290	-	-
APC	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	100	100.0	255	255	-	-
APC	DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	100	98.9	255	255	0	0
APC	DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	100	98.5	255	255	0	0



### Steps towards improving our data quality

We are aware that our Community Services Data Set (CSDS) score is low which we continue to monitor and improve. This is in part due to the introduction of six new measures in July 2019 and whilst some improvements have been made, some areas still need further understanding such as Coded Findings (51%).

The trust is also low at recording both "ethnicity" (66%) and "Main Spoken Language" (46%) and a pilot to collect this information was planned by the projects team during this reporting period and following some delays the pilot has now commenced.

## 2.3.5 Mandated statement: NHS number and General Medical Practice code validity

We submit monthly APC, CSDS and MHSDS data sets as part of the national submissions (often referred to as SUS data) which is available in the DQMI and SUS publications. NCH&C regularly scores between 99% and 100% validity

across all data sets on completion and for the validity of NHS number and General Medical Practice codes. This is shown in the diagram below taken from DQMI 'Power BI' report:

Data Provider	Dataset	Data Item	Field Proportion (%)
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	ADMITTED PATIENT CARE	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	100.0
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	ADMITTED PATIENT CARE	NHS NUMBER	100.0
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	COMMUNITY SERVICES	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	100.0
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	COMMUNITY SERVICES	NHS NUMBER	100.0
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	MENTAL HEALTH SERVICES	GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	100.0
RY3 - NORFOLK COMMUNITY HEALTH AND CARE ...	MENTAL HEALTH SERVICES	NHS NUMBER	100.0

Table 1 Coding accuracy findings

	% Diagnoses coded incorrectly		% Procedures coded incorrectly	
	Primary	Secondary	Primary	Secondary
Norfolk Community Health and Care NHS Trust	4.00%	4.65%	2.13%	0.00%

As the recently rolled out digital inpatient system (SystemOne) becomes more embedded across our inpatient units we will see changes to the way codes are captured which in turn will help us improve our coding error rate.

## 2.3.4 Mandated statement: data quality

We send three different submissions nationally which feed into the Data Quality Maturity Index (DQMI). Admitted Patient Care (APC), Community Services Data Set (CSDS) and Mental Health Services Data Set (MHSDS). NCH&C is at 92.9% overall compliance.

## 2.3.6 Mandated statement: Central Alerts System: CAS Reporting

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. NCH&C NHS Trust has a CAS Liaison Officer (CLO) in place who is the trust's Health, Safety and Security Manager. Along with subject matter experts, the CLO assesses all central alerts for relevance to the trust. Relevant alerts are then cascaded to the appropriate service areas for action or for information where relevant. The Health and Safety Committee monitors communication and supporting actions in conjunction with the trust's local place\SSOCS Health and Safety Groups.

A monthly summary report containing information about all open alerts, action taken and any alerts closed within the month is sent to the Executive Directors' Team for approval.

Norfolk Community Health and Care NHS Trust received a total of 135 CAS alerts during the reporting period 01.04.2020-31.03.2021.

Of the CAS alerts received:
111 x Alerts were for information only with no response required
6 x Alerts required actions which have been completed
18 x Alerts were assessed as not requiring action

Abbreviations used in the table below	
MDA: Medical Device Alert	EFN and/or EFA: Estates & Facilities
CH: Central Help Desk	CMO: CMO Messaging Alert
CHT: Central Alert Helpdesk	DDL: Dear doctor letter alert
MDSB: Medical Devices Safety Bulletin	EL: Drug Alert
NHSEI: NHS England Improvement	PSA: Patient Safety Alert
SDA: Supply disruption alert	

	MDA	EFN	EFA	CHT	EL	PSA	CMO	SDA	CH	DDL	MDSB	NHSEI
Alerts by category 2020	9	0	0	1	42	8	45	22	2	1	2	3

## 2.3.7 Mandated statement: Review of our performance against indicators in 2020/21

We report 18-week Referral to Treatment (RTT) compliance for 30 of our services and we also report nationally for consultant led services. Our trust achieved a performance of 83.1% for 2020/21 and for consultant-led services it was 98.1%.

There were 14 services that breached their RTT performance by one month or more in the year (incomplete pathways).

Service reported from SystmOne	No of months RTT breached in year	Service reported from SystmOne	No of months RTT breached in year
Adult Speech and Language Therapy Central	3	Foot Health	6
Lymphoedema West	4	MSK Occupational Therapy North and West	1
Pulmonary Rehabilitation	5	Specialist Neurology Team West	4
Wheelchairs (West) - Adults	11	Wheelchairs - Adults	12
SCSCYP Non Neurodevelopmental Services	7	Childrens Community Nursing Team	2
Childrens Epilepsy	8	SCSCYP Neurodevelopmental Services	12
Wheelchairs (West) - Children	11	Wheelchairs - Children	12

Whilst we continually strive to improve our 18-week compliance across all of our services, we are fully sighted on those services where performance has not been as good as we would have wished over the year.

We work closely with our commissioners to address performance and actively manage waiting lists, measuring capacity alongside demand and when necessary developing trajectories and action plans which are closely monitored.

NCH&C has continued to monitor the performance of waiting times for services affected by the COVID-19 pandemic in line with national guidance. We will continue to monitor the impact during 2021/2022.

NCH&C outsources diagnostic procedures to Global Diagnostics and during the period 2020/21 we reported 96.1% compliance with the maximum six week wait target.

## 2.3.8 Mandated statement: service review

During the reporting period April 2020 to March 2021, NCH&C held contracts for 78 services, covering the broad service areas as follows:

Service areas		
Admission Avoidance	Biomechanics	Community Podiatry
Amputee Rehabilitation	Physiotherapy	Early Intervention Team
Cardiac Rehabilitation	Phlebotomy	Heart Failure
Cardiac Vascular Disease	COPD	Inpatient Rehabilitation
Children's Community Nursing	Diabetes	Neurological Rehabilitation
	Community Dietetics	
Children's Epilepsy	Dermatology	Occupational Therapy
Children's Occupational Therapy	Continence	Orthopaedic Triage
Children's Psychology	Lymphoedema	Specialist Nursing
Children's Shortbreaks	Neurology	Specialist Paediatric Continence
Community Dentistry	Tissue Viability	Speech and Language Therapy
Community Matrons	Palliative Care	Stroke Early Supported Discharge
Community Nursing	Epilepsy	Wheelchair Service
Community Paediatricians	Oxygen Management	Inpatient Specialist Stroke Rehabilitation
Out of Hours Unplanned Care	Care at Home	Pulmonary Rehabilitation

The income generated by these services represents 100% of the total income generated from the provision of NHS services by NCH&C for 2020/21.

## 2.3.9 Mandated statement: clinical research participation

The number of patients receiving NHS services provided or sub-contracted by NCH&C in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 828. In total, we were involved in 34 research studies during the course of the year. The National Institute for Health Research (NIHR) supported 79% of these studies through its research networks.

## 2.3.10 Mandated statement: participation in clinical audits and local audits

During the reporting period of April 2020 to March 2021 there were eight\* national clinical audits and no national confidential enquiries that covered relevant health services provided by NCH&C. During this reporting period, there was an international response to the COVID-19 pandemic which resulted in reprioritisation of clinical work and a change in schedule for clinical audits (at both national and local level). Due to this, data collection and publication of reports for many clinical audits was halted until services could return to normal, however, where NCH&C was eligible to participate, we did participate in national clinical audits and national confidential enquiries where possible.

The national clinical audits and confidential enquiries that NCH&C was eligible to participate in during 2020/21 area were as follows:	
Learning Disability Mortality Review Programme (LeDeR)	National Diabetes Foot Care Audit
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) - Pulmonary Rehab (*see below)
Sentinel Stroke National Audit programme	National Audit of Care at the End of Life (*see below)
National Audit of Inpatient Falls	National Audit for Cardiac Rehabilitation (*see below)
Learning Disability Mortality Review Programme (LeDeR)	National Diabetes Foot Care Audit
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	National Audit of Inpatient Falls
Sentinel Stroke National Audit programme	

\*Please note: Data collection for National Audit of Care at the End of Life (NACEL) was suspended during 2020-21 due to the COVID-19 pandemic; nonetheless, NCH&C audit lead did work to develop a learning plan to identify areas in which we could improve in going forward with this audit. Similarly, data collection was put on hold for National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) - Pulmonary Rehab and National Audit for Cardiac Rehabilitation as the Cardiac team (including the audit lead) were redeployed to the other clinical areas due to the COVID-19 pandemic. The team aims to recommence work on these audits for 2021-22 with a new audit lead in post.

Learning was identified from the Sentinel Stroke National Audit Programme (SSNAP) report published earlier this year and it was shared at the Clinical Effectiveness Group meeting as well as with other relevant clinicians. Seven reports from local clinical audits were reviewed and shared at CEG meetings, which is a low number compared to previous years, but this is as a result of the clinical audit programme being halted, whilst staff were redeployed and clinical work was prioritised due to COVID-19 pandemic as mentioned before.

## 2.3.11 Management of National Institute for Health and Care Excellence: NICE Guidance

NICE guidance is published monthly and the guidance that is applicable to the trust is then reviewed by the Clinical Effectiveness Group and sent to relevant services for assessment. Guidance is also prioritised based upon its impact on our patients.

Low priority guidance is reviewed by a relevant clinician and any significant gaps are then identified. Medium and high

impact guidance have baseline audits undertaken with action plans tracked through to implementation.

There was a total of 185 pieces of NICE guidance published in the period April 2020 to March 2021. Of these, 23 pieces were considered relevant to trust services. There were no medium or high impact pieces of guidance requiring further action.

## 2.3.12 Mandated statement: Learning from Deaths

During the reporting period 2020/21 there were 294 in-patient deaths within NCH&C in-patient units. This comprised the following number of deaths in each quarter of that reporting period in the table below.

Quarter 1	106
Quarter 2	49
Quarter 3	71
Quarter 4	68

By 31 March 2021, 293 case record reviews (screening review) had been carried out in relation to the deaths included above. In one case a death was subjected to further Stage 2 investigation. The number of deaths in each quarter for which a case record review or an investigation was carried is detailed in the table overleaf.

Quarter 1	106
Quarter 2	49
Quarter 3	71
Quarter 4	67

None of the patient's deaths during the reporting period are judged to be more likely than not to have been due to problems in care provided to the patient.

During this year death due to COVID-19 gave higher than expected death rate particularly in the months of April 2020 and January 2021. However, the overall total annual number of deaths was the same as 2019/20. All COVID-19 in-patient deaths were reviewed and reported nationally. The majority of deaths were due to the patients existing long term condition, frailty or old age with COVID-19 a contributing factor. There were three cases of nosocomial COVID-19 infection where the patients died in NCH&C in-patient units however the cause of death was not directly attributable to the infection.

One key area of learning was the impact of restrictions to visiting of family and friends particularly at end of life. This caused distress for families and had a negative impact on the experience as evidenced in the reviews undertaken.

# 3

## 3.0 Looking back over the last year: 2020/21

In this section we will use Lord Darzi’s (NHS Next Stage Review Dept. of Health 2008) ‘Framework for Quality’ in the NHS which identifies three core domains for describing and measuring quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

What do we cover under the three domains of quality?		
<p><b>Patient safety</b></p> <p>This includes the Duty of Candour, Freedom to Speak Up, information from the safety thermometer, falls causing harm in our inpatient units, pressure ulcers, venous thromboembolisms, catheter acquired infections, effective use of medicines (including antibiotic stewardship and prescribing review) and increasing the percentage of patients receiving harm-free care.</p> <p>We will report on our safeguarding activity in this section and our actions in implementing a consistent process of mortality reviews.</p> <p>We will also tell you about our response to COVID-19.</p>	<p><b>Clinical effectiveness</b></p> <p>This includes our clinical audit programme, participation in local and national audit and research, actions taken in relation to NICE guidance, and a review of our achievements against CQUIN indicators set by our commissioners.</p> <p>It also means reviewing the success rates of different treatments and conditions, key performance indications and patients achieving their identified goals.</p> <p>We will also report on our progress over the past year in embedding learning and our commitment to continuing quality improvement.</p>	<p><b>Patient experience</b></p> <p>This includes feedback, involvement and engagement of patients, carers, staff and partners in all aspects of our provision.</p> <p>We will review all the different ways patients tell us about their experiences such as the Friends and Family test, compliments, complaints, patient opinion, patient advocacy and liaison, patient focus groups, service user groups, Patient Led Assessments of the Care Environment (PLACE) and patient stories at Board.</p>

We will look back at both our achievements over the year – as well as what hasn’t gone as well as we would have hoped, and we will tell you what our patients, commissioners and partners have told us about our services.

## 3.1 Patient safety

This domain includes a whole range of measures that ensures our patients and service users are kept safe. By monitoring and learning from incidents, safeguarding, working with other organisations, listening and acting when staff speak up we aim to achieve the very best outcomes for our patients.

### 3.1.1 Safety thermometer results for 2020/21

Safety thermometer data collection ceased at the end of March 2020, therefore there is no performance data for this report.

NHSI have indicated that a replacement data set will be drawn using alternative data sources which in turn will be used to support improvement. This data set

is yet to be published but is expected during 2021/22. We look forward to providing more information on this in next year's Quality Account. For more information please see [www.safetythermometer.nhs.uk](http://www.safetythermometer.nhs.uk)

### 3.1.2 Incident reporting: by month and by category

Overall, the total number of incidents reported has increased compared to the same period last year. The high numbers of incidents being reported reflect a culture of openness and transparency. Staff feel encouraged and supported in being able to report an incident, helping to promote learning and patient safety.

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
No Harm	274	259	259	377	346	355	351	331	338	291	257	321	3843
Low harm	298	357	289	291	270	263	275	286	294	307	293	349	3572
Moderate harm	82	90	70	76	89	75	99	82	85	88	79	85	968
Severe harm	4	7	10	8	2	5	5	5	5	9	5	9	74
Death not related to patient safety incident (expected death)	1	0	1	0	0	1	0	6	6	2	6	2	25
Death related to patient safety incident (unexpected death)	4	1	3	3	1	2	0	4	0	0	1	1	20
Learning Disabilities - Notifiable Death	2	2	6	1	5	1	2	0	2	7	7	3	38
<b>Total</b>	<b>665</b>	<b>756</b>	<b>672</b>	<b>756</b>	<b>707</b>	<b>702</b>	<b>726</b>	<b>714</b>	<b>730</b>	<b>684</b>	<b>658</b>	<b>770</b>	<b>8540</b>

The majority of incidents reported were No and Low harm (87%). All incident reporting is closely monitored, and all incidents considered moderate harm and above are reviewed at the twice

weekly Learning Huddle. The membership of the Learning Huddle is comprised of Clinical Quality Directors and Quality Matrons from each Place/SSOCS as well as representatives from Safeguarding

and relevant subject matter experts as required. Incidents discussed at Learning Huddle are reviewed to identify any learning opportunities and to agree any actions required. For those incidents requiring further investigation members agree if the incident requires local investigation, or if it meets the criteria of a Serious Incident (SI) and therefore reportable to commissioners.

All incidents, including themes, actions and learning, are reported to the Board

each month via the Quality report. All SIs are thoroughly investigated using root cause analysis methodology. We aim to submit our initial investigation report to our commissioners within three days of reporting a SI and aim to submit our full investigation together with any resulting action plan to the Norfolk commissioners within 60 working days of the SI being reported. During the past twelve months we have achieved this on 79.6% of reported incidents.

### 3.1.3 Learning from incidents

The new NHS Patient Safety Strategy 20191 describes a significant change in approach to managing patient safety incidents going forward with a greater emphasis on promoting a safety culture and an emphasis on improvement and learning.

Early adopter sites have been working with NHSE to develop local plans in line with the new strategy to test out proposals and help pave the way for other trusts to follow.

NCH&C Patient Safety Specialists are keeping abreast of developments and have begun to review NCH&C's Patient Safety Incident Management processes in accordance with the new national strategy. This has resulted in more emphasis on learning from incidents and the emergence of 'Quality Improvement' groups led by subject matter experts along with support from other colleagues to ensure the learning that is identified is both shared across teams and embedded.

Below are examples of how learning was identified from incidents. One example is from the newly created Quality Improvement working groups. Learning was identified from a joint review of

two similar incidents as well as one from a serious incident root cause analysis (RCA). This was commissioned in response to an incident that occurred due to a change of process in the height of the COVID-19 pandemic.

#### Deteriorating Patients Quality Improvement Group

There have only been two cases of patient deterioration that have required an RCA – both incidents related to bowel care. Following separate investigations, a joint review of the incidents was undertaken, and a number of recommendations were jointly made. These included discussion of bowels at Red2Green handovers, staff training on the SystemOne documentation and charts and, handover of information between unregistered staff and registered nurse. Since implementation of the learning and actions, there has been no further incidents reported which related to bowel care.

#### Serious Incident Investigation using Root Cause Analysis

A shared-care model of intervention whereby care is shared between the patient/carer and the health care

team was introduced at the height of the pandemic. This approach continues to be used successfully. However, in one instance a patient was incorrectly placed on the self-care model which led to a severe deterioration in the condition of the patient's wound. The investigation uncovered the learning that the self-care model did not have a standard operating procedure, guidelines or process map. This model of intervention was instigated

quickly due to demand and capacity issues during the first wave of COVID-19.

As a result of the learning from this incident a Standard Operating Procedure has been produced with inclusion/ exclusion criteria to ensure patients are appropriately placed on a self-care care plan and this has been implemented to support the self-care model across the trust.

## 3.1.4 Our role in safeguarding

At NCH&C we take our safeguarding responsibilities very seriously and discharge our duties fully in complying with national and local legislation, policy and guidance. Our work is underpinned by the Children's Act (2004), Working Together to Safeguard Children Statutory Guidance (2006, 2015 and 2018) and the Care Act (2014) in relation to safeguarding adults. We contribute to a range of performance and quality measures as required by CQC, Norfolk Safeguarding Children Partnership (NSCP), Norfolk Safeguarding Adults Board (NSAB) and our CCG. The CCG suspended their reporting requirements for 2020/21 except for quarterly Prevent Data which is also a national reporting requirement and was produced as required. However, to ensure the trust continued with its safeguarding duties the Head of Safeguarding continued to gather the data and monitor the requirements. These were then reflected in quarterly Safeguarding Reports monitored by Quality Committee and Board.

The Safeguarding team provide safeguarding supervision for staff and provide training on adult and child safeguarding. All training was moved to online learning via MS Teams in 2020 using workbooks and interaction with the Safeguarding team. These sessions were well attended and have had excellent feedback. The Safeguarding team have seen an increase in calls following this training giving assurance that staff are confident in contacting the team for advice and support or to raise safeguarding concerns.

In 2019 a safeguarding referral pathway for paediatric medical assessments was developed. This new way of working was successful in supporting paediatricians in examining and being involved in child protection meetings more efficiently and effectively. In 2020 we set up a new joint Safeguarding Adults and Safeguarding Children group.

## 3.1.5 Working in partnership with other organisations

The NCH&C Safeguarding team has continued to work and improve partnership working in the last year. In early 2021 meetings with Safeguarding Children's Services in both Norfolk County Council and Cambridgeshire Community Services (CCS) re-commenced to improve relationships and communication for safeguarding children and young people.

In November 2020 a regular meeting with the Norfolk County Council (NCC) Safeguarding Adults Team and Quality Assurance Team was commenced. This has greatly improved communication and referrals into the appropriate teams to ensure patient safety. Attendance at

monthly meetings with the Safeguarding Adults National Network (SANN) has ensured the team are up to date with the latest national guidance and an opportunity to learn and share best practice.

Level Three Safeguarding Adults training was developed in partnership with the East Coast Community Health CIC Head of Safeguarding in mid-2020. This development has enabled both organisations to deliver this training to staff. The two teams have met online weekly to support further learning, share best practice and support each other to ensure patients were safeguarded.

## 3.1.6 Domestic Abuse

During the COVID-19 Pandemic there was a reported rise in domestic abuse calls to charitable organisations. This was not evident in many statutory partners including NCH&C. However, since the lockdown restrictions were eased in spring of 2021 and a move back to business as usual for staff visiting patients in their homes more cases are being seen and reported by NCH&C staff.

Domestic Abuse Champions (DACs) were introduced across the Trust in 2019. Within the role they can offer support to staff and patients who are experiencing (or have experienced) domestic abuse. It is well known that individuals' emotional and potentially physical health will be impacted if they are experiencing domestic abuse.

In line with our Health and Well-being strategy having DACs available to offer support to staff will help in keeping them at work, maintaining physical and mental health and general well-being.

A scoping of DACs in the local places has now taken place and to ensure we are able to maintain this role across all areas. Where there are gaps identified the Safeguarding Team will be supporting the recruitment of new DACs who will then complete a 2-day training course.

Additional in-house training to enable them to remain confident and up to date with all aspects of current thinking in this important area will be facilitated by the Safeguarding team.

In October 2020 NCH&C staff contributed to the publication of a Domestic Homicide Review for Mary.

Until the murder of this lady, by her husband of 50 years, domestic abuse

was not apparent. However, there were elements of behaviour in their relationship which indicated coercion and control. The learning from this case is now incorporated into Level 3 Safeguarding Adults training.

### 3.1.7 Serious Case Reviews (SCRs)

Norfolk Safeguarding Children’s Partnership (NSCP) has continued to complete SCRs during 2020 and actions from these that were commenced up to October 2019. The trust has contributed to one SCR as an employer of staff involved in a case which concluded in 2020. Actions from that SCR are now being led by the Norfolk Designated Safeguarding Children Team with contribution from the trust’s Named Doctor for Safeguarding Children and Quality Matron for Children and Young People.

Norfolk Safeguarding Adults Board has published two SCRs (adults) in 2020/21. NCH&C were not directly involved in these cases however learning from all SCRs has been rolled out in the Level Three Safeguarding Adults training.

NCH&C is an active member of Norfolk Safeguarding Adults Board (NSAB) and associated subgroups of both NSAB and the NSCP.

### 3.1.8 Freedom To Speak Up

Following an open recruitment process last year NCH&C appointed a dedicated Freedom To Speak Up (FTSU) Guardian for 22.5 hours per week. Our FTSU Guardian has worked alongside the trust’s existing FTSU Champions to continue to embed the importance of Speaking Up and raising concerns. Despite the COVID-19 restrictions the Guardian has visited a number of locations across the trust and joined many more virtual team meetings. The Champions remain easily identifiable by their green lanyards, which are also worn by the Board Directors, as a sign of their commitment to Speaking Up. All staff can access the Guardian via a dedicated phone and email address, in person or by using

Datix, the trust incident reporting process. Posters with these details and photos of the Guardian are in place across all services and promoted through trust communications at regular intervals.

During the year, 66 colleagues have contacted the Guardian to raise concerns. 80% of these concerns related to patient safety issues and 20 % related to issues of a staffing nature. The most commonly used method for contacting the Guardian is via Datix. The Guardian is alerted confidentially when a Datix entry has been completed, with any subsequent conversations or correspondence being completed outside of the Datix system.

During 2020 the National Guardians Office published their second index for all NHS Trusts. Our trust was 18th overall in the 2020 index (based on data collected from 2019 National NHS Staff Survey responses).

	2019 Index report	2020 Index report
Best Performing Community Trust	87%	86.6%
NCH&C	83%	83.4%

During the year the Freedom To Speak up intranet page has been updated with a new policy and a variety of resources, including a full list of Champions by Place/SSOCS. For 2021/22 a new strategy has been created which will focus on continuing to improve

access to the Guardian and Champions, as well as reviewing the training for staff. The importance of sharing learning will be a focus for the Guardian, Champions and the Places/SSCOS.

### 3.1.9 Complaints

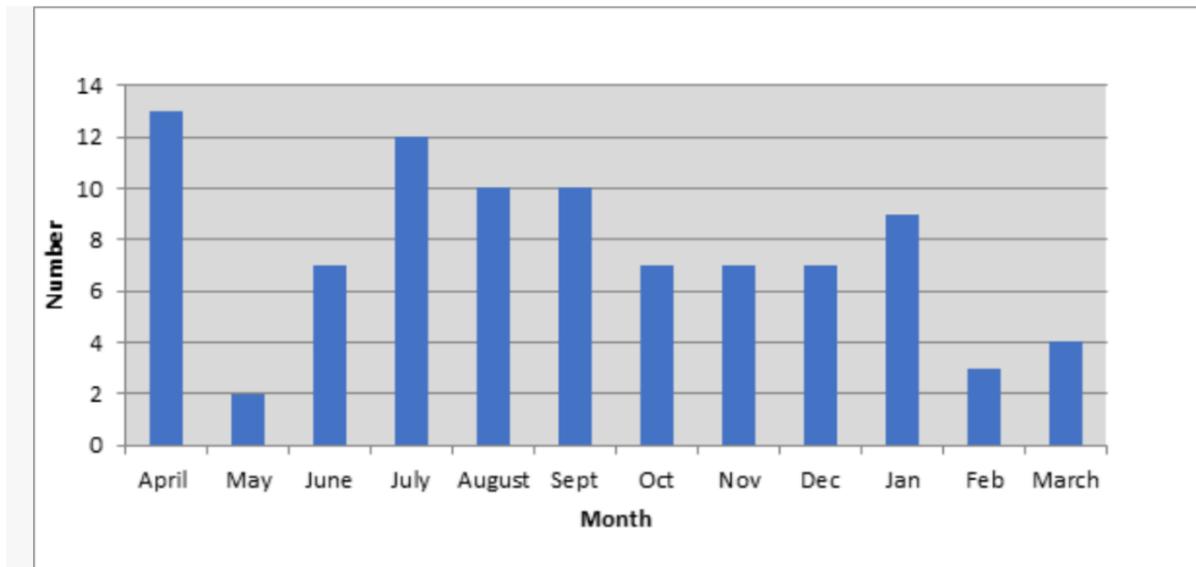
Our aim is to provide high quality services at all times but occasionally things can go wrong, and our complaints procedure is one way that our patients can tell us if they feel we have let them down. We take all complaints seriously and act swiftly whenever we can. We learn as much as we can from both individual complaints in real time and from the trend analysis that we undertake on a regular basis to ensure wherever possible we prevent further harm arising.

During the period 1st April 2020 to 31st March 2021 the trust received 91 formal complaints showing a decrease from the 94 we received during the year 2019/20 and 193 the year previously. Undertaking regular thematic analysis of the complaints received helps us to identify opportunities for learning which we disseminate across the trust. Themes and outcomes from complaints have been discussed at relevant committees and at Trust Board meetings throughout the year.

We have identified the following broad themes over the past year:

- At the beginning of the financial year, which was also the start of the pandemic, we saw a theme around the use of a sites taking COVID patients;
- Complaints about waiting times for the Neurodevelopmental service reduced during the year but have risen again in the last three months;
- There have been a few complaints during the year about problems with discharge processes from in-patient units, although not all from the same unit;
- There were some locally resolved complaints linked to difficulties in trying to get through to the dental service by telephone which has continued since last year. The telephone lines are busy as the patients are currently being triaged over the telephone before being seen by a dentist. The challenges with the volume of calls are raised regularly to NHS England, and NHS England are undertaking some work with 111 to support that.

The table below shows the number of formal complaints received on a month by month basis from April 2020 to March 2021:



Assurance around the complaints process, themes and trends, and learning continues to be provided in a number of ways:

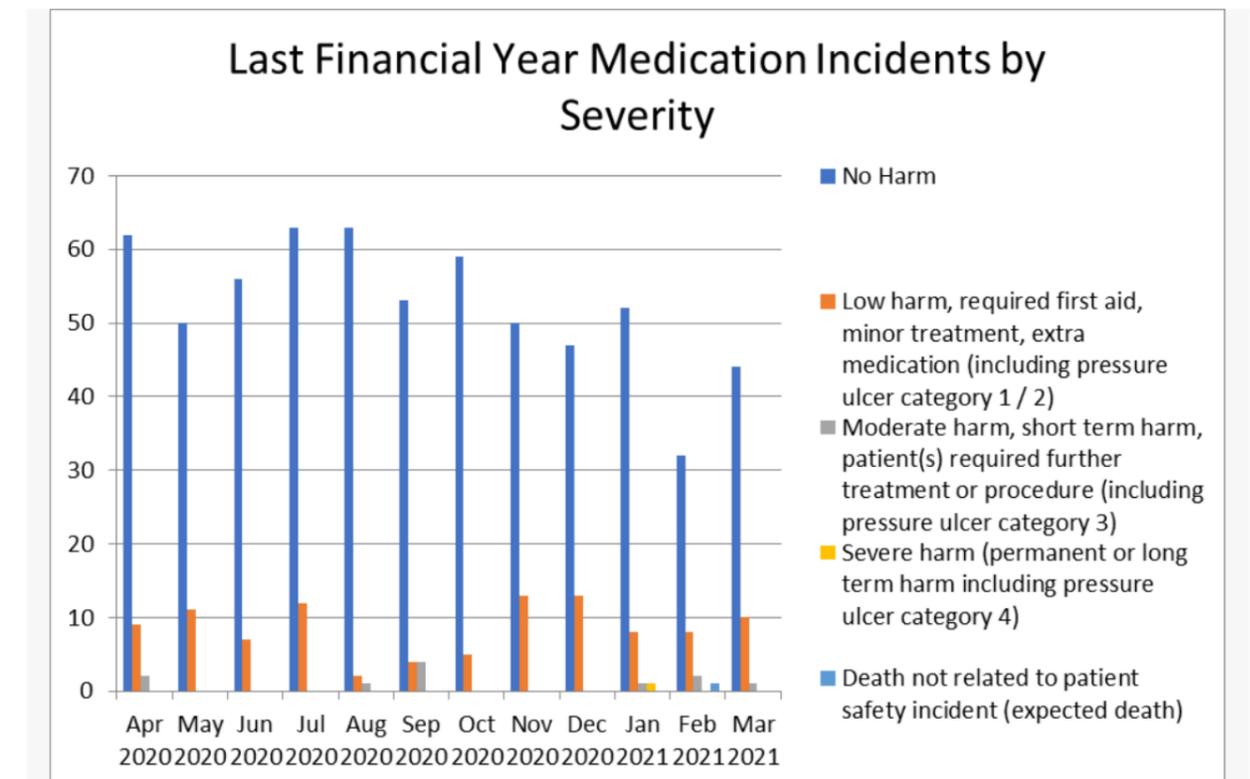
- Thematic reviews continue on a six-monthly basis, and are shared with the Quality Committee
- The trust has started to submit quarterly KO41a returns to the Health and Social Care Information Centre, after these were put on hold during 2020 due to the pandemic,
- Six monthly reports are provided for review at the trust's Equality Diversity and Inclusion Steering Group meeting

- Non-Executive Directors have and will begin again to support the complaints process using the deep dive methodology to examine certain complaints (Deep Dive sessions were put on hold during the pandemic) and the outcome of these are shared with the Quality Committee
- The Complaints Officer shares a weekly SitRep report with Executive Directors detailing the number of complaints received and responded to during the previous week.

## 3.1.10 Medicines Management

Through 2020/21 there were 746 medicines related incidents reported on Datix. This is a 6% increase on the 695 incidents which occurred the year before. The current global pandemic may be a factor of the this increase due to increasing staff pressures within more strenuous

working environments. Moreover, this data shows all incidents raised by NCH&C staff and therefore the incidents may not be attributable to NCH&C. In these cases there is ongoing work being undertaken with our system partners to ensure all learning opportunities are shared.



An analysis of the data shows that the top five most common types of medicines management incident reported on Datix were:

- Medicines omitted
- Wrong dose
- Syringe driver failure
- Medicines missing/unaccounted for
- Delay/problem obtaining medication

NCH&C is proactive in identifying trends and learning opportunities by instilling a culture that supports staff to regularly report on Datix. Through the Medicines Optimisation Working Group, common themes from recent incidents are cascaded to trust staff & system partners from the CCG to prompt further discussion and reflection. A Patient Safety Pharmacist was recruited to be the Medication Safety Officer within the Trust to continue improving medicines safety.

Working towards our Medicines Optimisation strategy

Medicines Optimisation Strategy 2020-2022

<p>Improve quality and safety of medicines - improve monitoring of high risk medicines, reduce medicines related and prescribing errors</p>	<ul style="list-style-type: none"> <li>• Reporting and learning from near misses and incidents in a no blame culture</li> <li>• Investigate and take action following medication related incidents</li> <li>• Reduce controlled drugs incident rate.</li> <li>• High risk medicines monitoring audits and improvement</li> </ul>
<p>Improve patient experience of medicines and improve health outcomes</p>	<ul style="list-style-type: none"> <li>• Reduce inappropriate polypharmacy using de-prescribing and STOPP/ START</li> <li>• Medicines reconciliation within 24 hours of admission</li> <li>• Initiatives to treat patients locally and avoid re-admissions to acute hospitals</li> </ul>
<p>Medicines optimisation as part of routine practice, ensuring a person centred approach</p>	<ul style="list-style-type: none"> <li>• Empower patients across the in patient wards to self-administer medicines</li> <li>• Medicines optimisation to improve equity and reduce risk for inpatients, NEAT &amp; community</li> <li>• Education and training strategy</li> <li>• Research strategy, working with the UEA health partnership</li> </ul>
<p>Resource pharmacy clinical care workforce to deliver high quality services</p>	<ul style="list-style-type: none"> <li>• Design and recruit a pharmacy team to deliver high quality pharmacy services</li> <li>• Become a site for pre-registration pharmacy technician training</li> <li>• Pilot innovative roles such as medicines administration pharmacy technicians</li> </ul>
<p>Communicate effectively about medicines when patients are transferred between care settings, or where care is provided by multiple organisations</p>	<ul style="list-style-type: none"> <li>• Review of medicines for discharge, supporting care co-ordinators</li> <li>• Empower carers and patients to self administer medicines at home</li> <li>• New Medicines Service referral and liaison with community pharmacy</li> </ul>
<p>Promote antibiotic stewardship principles</p>	<ul style="list-style-type: none"> <li>• Monitor and promote adherence to the antibiotic policy and formulary</li> <li>• Antibiotic prescribing audits to meet contractual and clinical objectives</li> <li>• Infection control to prevent infections and diagnostics for appropriate prescribing</li> <li>• Reduce MRSA and C. Diff rates</li> </ul>
<p>Deliver safe and effective use of medicines using digital solutions</p>	<ul style="list-style-type: none"> <li>• Implement Electronic prescribing and administration of medicines (EPMA) by August 2022</li> <li>• Implement Electronic Prescription Service (EPS) by December 2020</li> </ul>
<p>Improve cost-effective use of medicines working collaboratively with multi professional teams</p>	<ul style="list-style-type: none"> <li>• Audit trust medicines formulary compliance and work with clinicians and leaders to develop processes to support cost effective use of medicines</li> <li>• Use data and evidence to identify priority projects to improve patient care</li> </ul>

A new and enhanced structure has been approved. A full time Chief Pharmacist and Senior Pharmacists with responsibility for one or two areas and a trust-wide role within the team will be appointed. A new 'grow your own' approach to developing Pharmacy Technicians has also been developed, due to the shortage of pharmacy workforce within the region. This coincides with a project to implement

an Electronic Prescribing and Medicines Administration (EPMA) system, which will also improve safety and reduce the risk of medication errors. The continued integration of an in-house pharmacy workforce will enable the identification of good practice and implementation of the Medicines Optimisation Strategy throughout the trust.

# 3.1.11 Infection Prevention & Control (IPAC)

The Director of Nursing & Quality is NCH&C's nominated Director of Infection, Prevention and Control (DIPC) and is responsible to the Board for all infection prevention and control matters in the organisation.

In addition, a service level agreement with the Eastern Pathology Alliance (EPA) provides appropriate consultant level support for the role of Infection Control Doctor including antimicrobial prescribing. The DIPC role is supported by the IPAC team who work across all NCH&C services. Monitoring and reporting, both internally and externally, is led by the IPAC team. The trust's Infection Control Committee is accountable to the Board and reports quarterly to the Quality Committee.

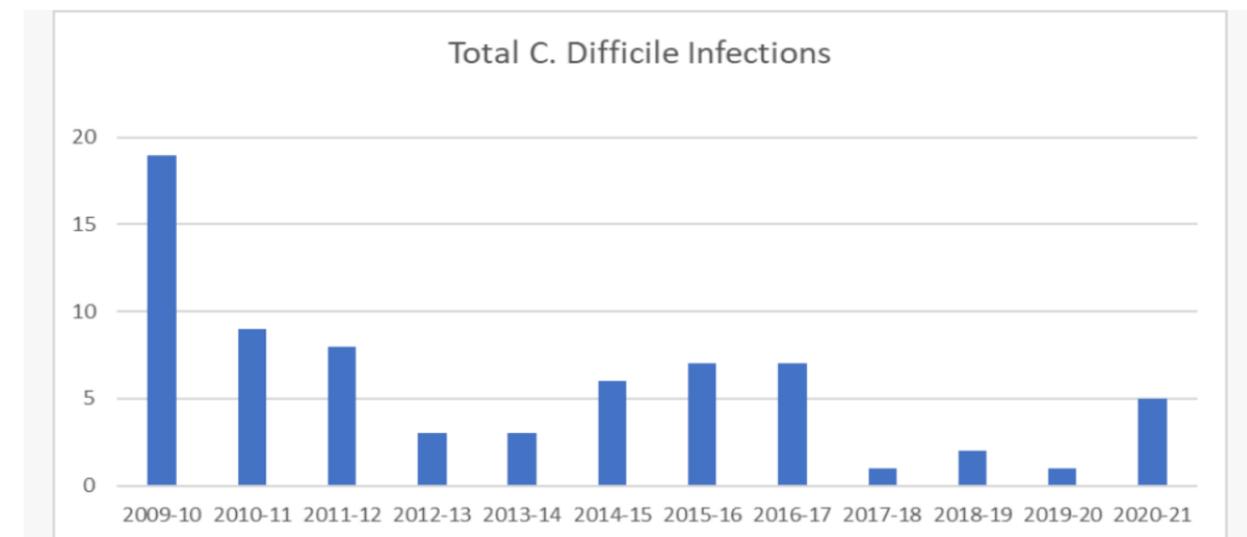
**Healthcare associated infections statistics: Methicillin-Resistant Staphylococcus Aureus (MRSA) non-bacteraemia**

We continue to screen patients for MRSA on admission to our inpatient units, although this no longer forms part of contractual reporting requirements. Adherence to MRSA admission screening for 2020-21 was 94.5%.

There were no MRSA bacteraemia cases in this reporting period of 2020/21.

**Healthcare associated infections statistics: Clostridioides difficile (C. difficile)**

The trust target set by our commissioners was a ceiling of eight cases for 2020/21 and we have remained under this figure ending the year with five cases of C. difficile within our in-patient units. Twelve cases of C. difficile were reported through the year however seven were removed from attribution through the post-infection review process.



### Norovirus

There have been no cases of Norovirus in any inpatient unit throughout 2020-21.

### Flu Campaign

We are proud of our 88% uptake of our staff flu vaccination programme in 2020-21.

#### How did we do it?

- Peer vaccinators across all places\SSOCS ensured easy access for staff. The contact details for each vaccinator were published on the staff intranet with their own dedicated page for the flu campaign. They were provided with all necessary equipment and refreshment packages for coffee morning drop-in sessions if required.
- Our Occupational Health service held a small number of drop-in clinics in areas known to historically have high take-up.

They also provided a small number of vouchers for those staff who could not reach a clinic or whose team did not have a peer vaccinator.

- Mobile clinics were organised for teams and departments where attending a clinic away from their workplace would have been difficult.
- This year we continued with the enamel 'Flu Bug' badges which have the year printed on them. This is part of a longer-term incentive for staff whereby those that have been vaccinated for three years consecutively, commencing in the flu campaign of 2018-19, and have received the three corresponding badges were entered into a draw for an overnight stay with dinner at The Assembly House or an overnight glamping stay.

Services to take referrals for screening to allow emergency social care admissions or a change of facility in a timely manner.

When lockdown restrictions eased in June 2020 acute hospitals began routine admissions again. At this point the IPAC team were sufficiently flexible to support our acute colleagues and provide a pre-admission screening service for patients unable to attend a drive-through. This service due to the nature of NNUH's work, took the team beyond Norfolk's borders on occasion.

The IPAC team became involved in managing COVID-19 outbreaks in businesses in collaboration with Public Health in the Local Authority (LA) in August 2020, often food factories which could involve up to 1000 screens over two-three days. Flexibility of the team was paramount at this point, as numerous shift patterns of workers needed to be captured and this could see the team screening up until midnight. Collaboration with Eastern Pathology Alliance was critical in order to process such a high volume of COVID-19 screens which often required additional laboratory capacity including laboratory staff to work throughout the night to process screens.

It was believed imperative to aim to process community screens via Pillar 1 for both speed of result and provision of local intelligence. NCH&C played an integral role in providing Pillar 1 testing wherever possible.

The significant number of business outbreaks led to the inception of the Rapid Response Team which is under NCH&C IPAC remit. This has been made possible via non-recurrent funds from the Local Authority. The team continues to work within the wider system to ensure Government guidance is followed whilst ensuring the highest standards are adopted locally.

April 2020 – March 2021

Screening Site	Screens taken
Business Outbreaks	2008
Care Home Screening	3794
NCH&C Staff / Household Screening	558
Other Screening	1941
Total number of screens	8301

In order to support the Norfolk healthcare system NCH&C reviewed and aligned the bed stock according to current requirements across the system. During the first wave of the pandemic Foxley Ward, Dereham Hospital was identified to admit any COVID-19 positive patients which they managed incredibly well with negligible transmission to staff. Due to the changing situation, new variants and higher transmission rates being observed by the second wave further changes were made with the inpatient beds and increased the bed stock able to take COVID-19 positive patients. At this point North Walsham Community Hospital was identified to take over as the receiving ward, with Ogden Court in Wymondham admitting patients exposed to COVID-19 and Pineheath, Kelling taking only recovered patients. This also allowed us to keep staff assessed to be at moderate/high risk at work and safe by redeployment of staff across inpatient sites. Ultimately and at the height of the second wave both Foxley Ward, Dereham Hospital and Swaffham Hospital had to be used as COVID-19 positive receiving wards to cope with demand. Detailed planning and liaison were required for this to be

## 3.1.12 COVID-19 and our responses

We are so proud of our IPAC team who have played an integral part in the Norfolk healthcare systems response to COVID-19.

Personal Protective Equipment (PPE) has been key throughout the pandemic and foresight of the IPAC team alongside close working with our Procurement department has ensured sufficient stock has been maintained across the trust. We have used our team of volunteers to really good effect having changed to machine driven FIT testing across the trust. FIT testing is a means of checking that a respirator (FFP3) matches a person's facial features and seals adequately to their face. This method provided a quantitative result rather than the qualitative subjective hood which is

reliant on a taste/smell test.

NCH&C drive-through screening service for the population of Norfolk and Waveney began in February 2020 and ran through until April 2020 at which point IPAC continued to provided a drive-through service exclusively for trust staff and members of their household. This service has continued to run throughout the pandemic to the current day. From April 2020 and with support from Door to Door charity, the IPAC team developed a screening service for people in their own homes who were unable to attend a drive-through and care home residents. This has progressed to working with Social

managed successfully.

As the pandemic emerged NCH&C took decisive and planned activity and formally mobilised after initial planning and testing, the trust's Incident Command Centre quickly upgrading to operating a seven-day programme and enacted our Business Continuity Infrastructure plan in March 2020 which has continued throughout and to date.

A wide range of measures ensured robust governance at strategic level was maintained and some examples include our Board adjusting its sub committees to ensure oversight continued, an addendum to the trust's Standing Financial Instructions helped us manage financial controls and we identified our strategic risks relating to COVID-19 on our Board Assurance Framework (BAF) risk register.

Operationally a range of measures were quickly put in place including a wide range of policies, guidelines and Standard Operating Procedures (SOPs) being adapted in light of COVID-19. The development of the daily Clinical Reference Group working closely with the Incident Control Centre meant that information was quickly interpreted and disseminated to our frontline staff as a priority.

Our communications plan ensured key messages were quickly circulated, and a central area of the trust's intranet dedicated to COVID-19 related information was kept

updated.

At NCH&C we have prided ourselves on having good digital maturity and this has enabled significant working from home which in turn has helped with managing compliance with the government guidance to keep staff safe in the workplace.

Along with systems partners we declared the pandemic a Major Incident on 20th March 2020. Following this, alongside system partners we endorsed the shared strategic intent which was 'NCH&C aims to MITIGATE the impact of the COVID-19 virus on service provision in order to maximise the organisations capacity to TREAT those in most need, reduce morbidity and mortality.

At the time of writing this Quality Account we remain within the recovery phase of schematic however as we step down some of our activity and plan to return to a "Business as Usual" approach we remain vigilant and responsive.

NCH&C would like to genuinely and sincerely thank the many businesses, local and national who have helped and supported our staff in so many ways none of which have gone unnoticed. We also would like to acknowledge and say thank you to the way our staff and volunteers who have worked together through this extremely difficult and unprecedented times, going the extra mile and with many undertaking unfamiliar duties.

## 3.2 Clinical Effectiveness

This domain includes a whole range of measures that ensures high quality care is delivered according to the best evidence as to what is clinically effective. By applying best knowledge, derived from research, clinical experience and patient preferences we try always to achieve the very best outcomes for our patients.

### 3.2.1 Clinical research programme

The trust have continued to build on its research capacity throughout the pandemic and has been involved in 34 research studies during the course of the year. This includes seven studies which actively recruited, with the remainder either in the set-up or follow-up stages, or on pause due to the COVID-19 pandemic. The overall number of participants recruited to Portfolio studies in 2020/21 (828) represents an 133% increase on the previous year (355).

Due to the COVID-19 pandemic, the National Institute for Health Research (NIHR) has not published Clinical Research Activity League Tables for 2020/21. However, data from ODP indicates that the trust ranked 6th amongst all NHS Trusts nationally with regard to participants recruited to Portfolio studies during 2020/21. Collaboration with the Primary Care Research team, which is hosted by NCH&C also took place on a number of studies this year including BASIL+ and COVID-19 in care homes, and is planned to continue into 2021/22.

Particular highlights with regards to research for 2020/21 include:

- In Autumn 2020, the trust was the first site to reopen the FEMUR III study following the easing of COVID-19 restrictions and were successful in recruiting nine participants between September and November before recruitment was again put on hold. This represents more than half of the national recruitment (19 in total) that has taken place in 2020/21.

- High levels of recruitment were achieved for the Clinical Characterisation Protocol (CCP) study (318 participants), which is badged as nationally important

and a priority Urgent Public Health study relating to COVID-19, and also the Psychological Impacts of COVID-19 survey (449).

- NCH&C is the only site in the Eastern region to have been selected for the upcoming Urgent Public Health BASIL+ study, which is testing an intervention designed to mitigate and prevent loneliness and depression amongst those who are isolated as a result of COVID-19.

In 2021, building on the success of previous years, NCH&C again received £20,000 NIHR Research Capability Funding (RCF) for successfully recruiting over 500 people to studies in the previous reporting year. This money is used to support continued research development in the trust.

The trust continues to build collaborations with UEA and is part of UEA Health and Social Care Partners - a collaboration with Health and Social Care Providers and UEA to develop and support research ideas across Norfolk. Current work streams include: Medicines Optimisation, Frailty, Palliative Care, Rehabilitation and Concussion. NCH&C continue to have clinical representatives on each work stream to represent community interests. During 2020/21 NCH&C has been supporting UEA Health and Social Care Partners on a Learning Disabilities/Autism research group with UEA Health and Social Care Partners. Representation on the UEA Health and Social Care Partners management board is through the NCH&C Medical Director.

## 3.2.2 Quality Champion Programme (QCP)

The Quality Champion Programme was set up in 2016 with the aim of creating a culture for quality improvement across NCH&C and we look forward, year on year to telling you about some of the new and exciting projects our staff have undertaken. The Quality Champions Programme is an internal four day programme that includes:

- Day 1 – NHS Change Model, Model for Improvement, Measurement for Improvement
- Day 2 – Patient Safety and Human Factors, Thinking Differently, Resilience
- Day 3 - Influencing Others and Compelling Narrative, Experience Based Design, Project Management, Leading Change
- Day 4 – Delegates presentations – personal learning from the programme together with an outline of their project, aim, scope, project team, project plan and QI tools that have been used to develop project

There have been 124 staff who have completed the four day programme from a range of roles, professions and seniority including clinical and non-clinical staff. Delegates have included ward managers; tissue viability nurse; a management accountant; medical secretary; specialist physiotherapist; occupational therapist; housekeeper; clinical practice educator; orthotic technician; health care assistant; business analyst; speech and language therapist and a clinical research nurse.

The most recent projects that have been completed through the programme are:

- Small steps to big savings – cost effectiveness in orthotics
- Speak easy, eat safe: Improving recognition and visibility of International Dysphagia Diet Standardisation Initiative (IDDSI) within ward settings
- Care behind closed doors: can we hear their voices - measuring quality of care within patients own homes
- Locations of physio classes in relation to patient homes – making it equitable.
- Medicines management in health centre setting
- Hand contractures – introducing a preventative approach in care homes
- Changing outlook calendar permissions

Due to the pandemic, Cohort 10 was postponed. There are 15 staff members ready to begin in May 2021. In September 2021 the QCP becomes embedded within the first line leader programme and in January 2022 we are planning to offer an extra cohort as part of collaboration with IC24, East Coast Community Healthcare CIC and the East Anglian Ambulance Service Trust to enhance collaborative working with these organisations whilst working together on quality improvement.

In order to offer a variety of ways staff can access information and support for Quality Improvement, the intranet is being updated to offer links and information that can be utilised at the users request, this includes a QI Bitesize video that is in development.

For more about our broader approach to learning and our commitment to continuous quality improvement please see Part 2, section 2.2

## 3.2.3 Health Coaching at NCH&C

We have told you in previous accounts about our commitment to the health coaching model because we believe this is an approach that changes the conversation between clinical staff and their patients and can be used across all disciplines. This commitment has been supported by senior leaders within the trust enabling the programme to be valued and supported by teams. The trust funded an initial project as part of work to empower staff and patients as part of the organisation's Health and Care strategy. The ability to personalise care and to offer something extra for patients beyond standard medical treatment, aligned with the trust's strategic objectives enabled charitable funding to be made available to expand the programme.

A health coaching skills development programme has so far trained over 300 staff to take a less directive approach with patients. Instead, the patient can identify goals which are meaningful for them which can be aligned with clinical outcomes. Encouraging people to think about how their behaviour impacts their health helps them to understand their condition and increases their confidence to manage themselves.

To enable colleagues from other local organisations to use the same approach with patients we have offered training to colleagues from primary care, social care and our neighbouring acute trusts in order to ensure a continuity of approach.

Health coaching approaches have been employed by health improvement practitioners in the high intensity user service. NCH&C work closely with other NHS organisations to identify those who frequently attend services. This work has contributed to a drop of 58% in accident and emergency attendances and a subsequent 62% reduction in admissions

from this group of patients.

Increased confidence and improved quality of life can be difficult to measure but qualitative feedback has shown positive outcomes for the approach, for both patients and staff. Health coaching techniques have been effectively used to support people to manage their pain. For example, one patient with multiple co-morbidities was not happy taking medication as the patient was concerned about becoming addicted. Health coaching techniques helped them to consider the impact that appropriate medication had on quality of life. The conversation also identified that it was easier for them to cope with their pain when they were occupied; the healthcare professional was able to suggest a befriending service which could lead to getting out of the house more often.

For another patient, the holistic approach of the health coaching conversation helped them to realise that they were undertaking too many unnecessary activities which were exacerbating the condition. By considering what household tasks were really important, the patient was able to come up with their own suggestions on how they could change their habits in order to better manage their pain.

The health coaching approach can also support staff wellbeing as patients are empowered to take more control and responsibility for their condition, removing some concerns from the staff working with them. One staff member who supported a patient at the end of their life, reported that their ability to have an open conversation and enable the patient to realise what was important to them, meant that the health professional did not leave the appointment emotionally exhausted. The staff member was therefore better able

to support the rest of the people that they saw that day.

Services have delivered “better conversations” to enable people to thrive by feeling more motivated, confident and

in control of managing their own health care. This has been hugely supportive during the COVID-19 pandemic to improve relationships and behaviours that have a positive impact on patient outcomes.

## 3.2.4 Some innovations over the year that help us improve clinical effectiveness

We always like to take this opportunity to share some of the innovative practice that our services undertake during the course of the year that help us to continuously drive up our standards and improve our clinical effectiveness.

Care Plan Outcomes and Outcomes Audit:

The trust wanted to develop and implement a process to measure patient outcomes across the Community Nursing and Therapy (CNT) Service. Some services, such as Adult and Paediatric Continence and Speech and Language Therapy (SaLT), already successfully captured outcomes measures to improve delivery of patient care.

NCH&C considered three established measures (Patient Activation Measure, EQ-5D-5L and the Care-Giver Strain Index) but these were found to be too restrictive in application to be used to cover the complex range of interventions delivered through peripatetic community-based healthcare. The trust worked with clinicians to develop a system which would cover as many interventions as possible and deliver meaningful outcome measures. It was decided to use SystemOne’s care plan outcome function.

A planned outcome (an outcome goal) is set by the clinician undertaking a first

patient contact, and where appropriate, in discussion with the patient. Some care plans suit physical goals to be agreed (i.e. “To ensure the catheter remains patent and infection free until removal/review”, or “A blood sample will be successfully taken and sent to pathology on the patient’s appointment date”). Other care plans suit qualitative or aspirational goals to be set i.e. “by the date of ##/##/####, I will be able to walk upstairs unaided”.

Working with clinicians, an outcome scoring mechanism was co-designed to ensure that the scores were easily understood and simple to use. The mechanism is based on the East Kent Outcome Score (EKOS), an outcome-based tool widely used by Speech and Language Therapists.

When ending each individual care plan, clinicians consider whether the care delivery has achieved one of the following five qualitative measures against the original goal:

- Outcome fully achieved;
- Outcome three quarters achieved;
- Outcome half achieved;
- Outcome quarter achieved; or
- Outcome not achieved.

The process was successfully piloted in West and Norwich and then implementation began in early 2020 but before complete implementation could be fully mobilised from March 2020, the pandemic started. As services have begun to roll back and recover, the use of the outcomes process has been promoted and encouraged. A snapshot of data indicated that over four thousand care plans were ended with an outcome in the West in March 2021.

The West are due to undertake a comprehensive clinical audit of both the goal setting and evaluated outcomes during the summer of 2021. This is to ensure standards of goal setting at the start of episodes of care are of a high quality and have been developed in conjunction with the patient. Where any deficiencies are identified, actions will be put in place to improve. Patients will benefit through improved personalised goal setting leading to better outcomes. It is also planned to involve patients via structured interviews to establish patient’s involvement in, and their views on, goal setting. Once the methodology has been approved, and proved to work, implementation will resume and it can be rolled out across the North, Norwich and South.

### Quality Meetings and ‘Knowing how we’re doing’ dashboard

The Place Based Quality Teams have implemented regular Quality meetings with all local teams and services. Frequency of these meetings is usually monthly, but for larger teams, fortnightly meetings have been set up. These meetings follow a comprehensive quality agenda under the CQC Key Lines of Enquiry including Safety, Safeguarding, Patient Involvement and Feedback, Complex Case reviews, Equality, Diversity and Inclusion, Information Governance and Incidents to name some agenda items as examples. These meetings are currently chaired by the Clinical Quality Director or the

Quality Matron. The purposes of these meetings are:

- To provide opportunities to support teams with any quality related issues;
- To provide assurance that the teams are managing issues related to safety and quality;
- To embed a robust continuous quality improvement approach and environment;
- Providing feedback to the Quality Team with regards to learning from best practice and always events.

In addition, there is a focus on enabling all staff to be involved in change that affect them or their service. The changes being led at a team level often mean staff are engaged in the process, and change is innovative and sustainable.

To support these meetings (with a residual benefit of teams being able to self-serve in due course) from a data perspective, The Place Based Quality Teams have collaborated with NCH&C Informatics Team to develop a suite of dashboards of quality related metrics and information. As with many NHS trusts, NCH&C utilise a number of different types of software for various things (e.g. SystemOne for the patient records, DATIX for incident reporting, Meridian dashboard for FFT etc.). The principle behind the dashboards is to bring all of the relevant data and information together in one place, including qualitative information for analysis from systems/processes that contain a lot of free text information (e.g. FFT comments, DATIX incidents).

Functionality has been built into the dashboards that enable the user to select data at various levels and to drill down into the detail. The benefit of this is that quantitative and qualitative data can be reviewed and analysed at the same time (triangulation).

Below is a screenshot of a typical dashboard (tabulated trend data are also available within the dashboards):



Selecting Moderate Harm Pressure Ulcers in the middle left chart above would open further information relating to Moderate Harm Pressure Ulcers, including a live hyperlink to the incident on the DATIX system, notes of the incident and actions taken.

Ref	hyperlink to actual report click	Severity	Category	Notes	Action Taken
12345678	<a href="#">https://datix.norfolk.nhs.uk/.../12345678</a>	Moderate	Pressure Ulcer	Assessed with no action needed. Upon assessment patient noted, I noticed no signs, and no discomfort in the middle leg part of the leg. upon asking the patient the pressure was not felt. The patient is category 1. This updated accordingly.	I asked the patient the photograph to be taken and then I checked the risk accordingly. I also advised that the patient needed to be repositioned frequently to reduce the risk of the wound developing further.
12345679	<a href="#">https://datix.norfolk.nhs.uk/.../12345679</a>	Moderate	Pressure Ulcer	Reassessed dressing - it was found to be category 2 patient with no action. (Previously managed pressure ulcer)	Wound reassessed and found to be category 2. I advised the patient that the dressing needed to be changed and the patient was reassessed. The patient was reassessed and found to be category 2. The patient was reassessed and found to be category 2. The patient was reassessed and found to be category 2.

Utilising the data and information, and the discussions at the local Quality meetings will assist the local teams in feeding back to the monthly Business, Quality and Governance meetings. A specific agenda item for team feedback on quality related issues has been created for this feedback, which in turn will provide assurance to the West Senior Management team.

To support the teams feedback process, a key highlights template has been created with suggested headings/topics for the teams to complete –

**Key Highlights – TEAM NAME**

<u>Safeguarding / Complex Cases:</u>	<u>Patient Experience / Equality &amp; Diversity:</u>	<u>IPAC:</u>
<u>Datix &amp; Dashboards / Learning from Investigations:</u>	<u>Moments of Excellence / Always Events:</u>	<u>Team Risks (inc IG):</u>
<u>Learning from Complaints:</u>	<u>Quality Initiatives:</u>	<u>Team Culture:</u>

**Key highlights sent to staff each month**

From March 2021, the West Place has provided all West members of staff with a key highlights report, compiled by the West Operational Director and the West Clinical Quality Director. This report is structured as per the CQC Key Lines of Enquiry, with highlights and information provided under each domain. This is an initiative that is being scaled up to be replicated across all places and SSOCS

In addition, further information is included that is of interest to West based staff, as well as messages from West senior management, staff notices (e.g. long service recognition, moments of excellence etc.) and a selection of compliments received. This initiative is currently being looked at to implement trust-wide. Copy of the latest report embedded below.

**Norfolk and Waveney Post COVID Syndrome Assessment Service**

In December 2020, Norfolk CCG set-up a post COVID-19 assessment service led by NCH&C to offer support to patients suffering the ongoing effects of COVID-19. The service brings together healthcare

professionals from multiple areas of specialty for example physiotherapy, occupational therapy, respiratory and mental health to make sure that patients are offered a full holistic assessment with particular additional screening where required.

The service is for patients who continue to show signs or symptoms of COVID-19 for more than 12 weeks after initial infection, and the symptoms cannot be explained by a different diagnosis. Patients with post COVID usually have more than one symptom at a time. These can change or progress over time and can affect any part of the body. Symptoms may include general pain, fatigue, a continually high temperature and mental health problems

**Catheter Care**

Blocked catheters cause patient pain and distress and patients often have to wait for a visit to resolve the blockage. The clinical leads in Norwich reviewed best practice evidence to see if blockages could be prevented and managed better by implementing a flow chart for all nurses to follow and ensure patients and carers were

given appropriate advice and managed effectively. Ongoing monitoring is in place to see if this has had an impact on patient care and number of visits and the team are working with the wider trust to share outcomes and learning.

#### Diabetes care

The Norwich CNT Service have implemented a process to ensure all diabetic patients are reviewed and care prioritised to ensure safe management of their diabetes. This has included support of self-management by patients and carers with appropriate monitoring and guidance, referring on to GP to review medication where needed and planned visits by registered nurses to support management of complex patients. This has enabled a more targeted approach and planned care for patients.

#### Stroke rehabilitation – Sentinel Stroke National Audit Programme

The neurological rehabilitation service has since its inception submitted national data via the Sentinel Stroke National Audit Programme (SSNAP). The purpose of this is to ensure that all stroke services are being provided in line with the best practice to ensure a standard approach to stroke management that promotes optimal recovery for stroke patients.

This year there will be some modifications to the SSNAP data set. Some of the data changes reflects the diverse ways that the effectiveness of therapy rehabilitation and patients outcomes are assessed: EQ-5D-5L (a health questionnaire for patients),

the duration of nursing care received and mood screening (Brief Assessment Schedule Depression Cards, BASDEC) are some examples. This will have a positive outcome for patients and their carers and ensure services continue to adapt and provide best practice in stroke care.

The framework for collecting this data is in place and NCH&C has submitted an interest in becoming a pilot site for the new data set. Additionally, the Stroke team is establishing a quarterly SSNAP meeting across the stroke rehabilitation services to review audit results, identify service improvements and potential training needs for staff. This will enable the team to continue to improve clinical effectiveness and support best practice to ensure the optimal outcomes for patients.

Improving the resource and engagement of Children and Young People (CYP) with communication needs during their respite breaks.

A play specialist member of staff at Squirrels (residential respite centre for CYP) has developed a structured feedback assessment to support those CYP who have non-verbal communication skills. This offers a traffic light system which records a CYP's response to an activity and helps build up a resource of activities which can be used with the CYP to support their short break. This has helped improve interaction and engagement with CYP and their carers during their stay and provided a more individualised approach to their care. (See attachment).

## 3.2.5 Patient-Led Assessments of the Care Environment (PLACE)

PLACE is a self-assessment tool designed to measure standards of:

- Cleanliness
- Food
- Privacy, Dignity & Wellbeing
- Building Condition, Appearance & Maintenance
- Dementia friendly environment
- Disability access

The assessment focuses on in-patient facilities and the surrounding patient accessed environment. Staff areas are excluded from this assessment.

As a result of the pandemic, NHS Digital cancelled the PLACE assessment programme for 2020. They have since contacted participating organisations to inform them of the ongoing discussions regarding the feasibility of undertaking some form of national assessment towards the end of 2021.

In the meantime, NHS Digital have encouraged that local assessments be undertaken via the PLACE-Lite module. PLACE-Lite is recommended by NHS England and Improvement as good practice to complement the annual collection. It is generally recommended that these assessments are undertaken with the support of patient assessors, but this is not a requirement at present. PLACE-Lite assessments were undertaken at our seven in-patient sites during April and May 2021 with a small internal assessment team only, given the current access restrictions and the advice from

NHS Digital. The outcomes from the assessments will be reviewed for future capital investment.

Work to address the outcomes of the 2019 assessments has been ongoing. Although the remedial works could not take place in 2020, a capital project is planned for completion during the summer months of 2021. The actions arising from the food assessment are being jointly managed by the trust's Nutritional Steering Group and the Contract Manager for Food Supply and Service.

A series of Disability Access Surveys was undertaken at all NCH&C owned sites in March 2021 as a planned output from the last round of PLACE assessments. The results of the surveys were received in May 2021 and will be reviewed, prioritised and a capital plan created to address the outcomes.

Until a clear direction is received from NHS Digital on future PLACE assessments, the ongoing focus will be to:

- Effect improvement in those domains which scored below national average in 2019
- Maintain or improve those domains scoring above national average in 2019
- Create action plans to address the outcomes from the PLACE Lite assessments conducted in 2021
- Plan and prioritise a capital project to address the outcomes of the Disability Access Surveys undertaken in 2021

## 3.2.6 The Patient Environment Group (PEG)

The drive to continuously improve our patient environment continues and benefits greatly from the commitment and engagement of internal stakeholders throughout the trust, together with external stakeholders and our much-valued patient assessors. The re-launch of the PEG in 2019 provided additional robust and regular governance to the PLACE assessment process, alongside identifying and providing oversight to programmes of work that develop, improve and enhance the environment in which patient care is delivered. At the same time the PEG extended its membership to the Chair of the Friends organisations who support us in funding patient environment projects through charitable funds and their input continues to be a valued contribution to the business of the group.

The COVID-19 pandemic placed the patient environment agenda on hold for the most part in 2020 as most existing projects could not progress or new projects commence due to access restrictions. We were, however, fortunate to be able to complete a project during this time to provide a garden room for the in-patients at Dereham Hospital and the development of a landscaped garden around the exterior of the garden room is planned for 2021.

The PEG formally reconvened monthly meetings in March 2021 and commenced planning to resume those projects placed on hold and plan a series of new projects. The pandemic has taught us the value of the outside space we are fortunate to have at most of our sites and the focus for 2021/22 will be on several grounds and gardens projects to provide therapy gardens, outdoor visiting and improve existing garden areas where required. A full and varied programme of projects for the coming year has been agreed by the Patient Environment Group and approved at Estates & Facilities Steering Group.

PEG also manages the action plans arising from the annual programme of PLACE assessments, agrees the priorities for the expenditure of an annual PLACE capital budget and regularly monitors progress throughout the year. PEG ensures that the projects we manage always have a strong focus on the dementia friendly environment, disability access, the inclusion of art wherever possible and the increased use of our outdoor social spaces.

The combined membership of the Patient Environment Group is looking forward to resuming our work with patient assessors and extending out further to the individuals and organisations who provide us with the patients' voice so that it remains at the heart of everything we do.

## 3.3 Patient experience

The quality of our services and the experience of our patients is what counts the most. Feedback from our patients about our services helps us improve. We use all the feedback we receive to understand what we are doing well, and where we need to raise our standards even higher. To support us to gather a range of feedback to inform our understanding we use a range of methods of gathering patient and carer feedback, including the Friends and Family Test, Patient Opinion, patient and carer surveys, focus groups and patient stories.

To help meet our vision NCH&C has developed a Patient Experience and Involvement Strategy which sets out key goals and how we intend to improve patient experience and involvement. It builds on previous, existing and new initiatives and is delivered and monitored through an annual implementation plan. We ensure that when listening to and acting upon feedback we use our core values of Community, Compassion and Creativity to improve care. Please see <https://www.norfolkcommunityhealthandcare.nhs.uk/patient-experience> for further details.

### 3.3.1 Patient experience and involvement strategy

Last year we held workshops for a range of stakeholders to discuss the priorities for patient experience and involvement. From this we have been able to identify key areas on which to focus as we recover and move forwards following what has been an unprecedented time.

In recognition of the work undertaken by National Voices, the leading coalition of health and care charities in England, and the theme 'Nothing about us, without us', virtual workshops were held to draw on local experiences and learning as a result of the impact of the pandemic.

From all the workshops our new strategy sets out the immediate plan for 2021-22 in line with the recovery phase following the COVID-19 pandemic. Key changes from our previous strategy is the emphasis on both patient and carer experiences and the local

ownership of delivery plans to ensure that the patient and carer voice is at the heart of everything we do.

The patient experience and involvement strategy objectives are:

- Actively engage with, understand what matters to, and improve the experiences for those who have been most affected locally during the COVID-19 pandemic
- Strengthen and enhance personalised care to ensure people are treated with dignity and respect, and receive safe, effective care for their needs
- Empower our staff and volunteers with the tools, techniques and confidence to effectively capture, act upon and improve the experiences of patients, carers and families receiving our care

In order to deliver against these objectives, Places/SSOCS have developed their own local workplans which are monitored and supported by the Patient and Carer Experience and Involvement Steering Group.

A review of the strategy will take place in April 2022.

## 3.3.2 Local patient experience surveys

Some services approached the Patient Experience team as they wanted to conduct a local survey to gather specific feedback from their patients on their experiences of their services during the pandemic.

Surveys were conducted within the Starfish Plus service; the Nurse Specialist Respiratory team and the Children's Community Nursing Team and Short Breaks Service. An example of one such survey is described below.

### Children's Short Break Services

During September and October, Children's Services ran a bespoke survey regarding the Children's Short Break Residential and Home Nursing services. The survey asked families about the type of Short Break Service they receive, how they find accessing the service, what works well, what could be improved and what impact COVID-19 had on families. The survey also asked whether there would be interest for engagement sessions which would aim to offer support to families, enhance communication, provide a route for regular feedback of our services, offer information and advice around subjects that are important to you and contribute to the future development of our services.

16 responses were received which was comparatively high for the numbers of families who receive the Short Breaks Service.

Results indicate that,

- Half of the families wished to access further engagement and additional three would like further information
- 12 families reported that if they were to attend engagement events, they would prefer virtual method
- 11 families reported that transition and play were the topics that they would most like more information about

Comments included reflections of the service, what could be better and how life has been affected during lockdown:

"Squirrels gives my daughter time away from the home, in a caring and safe environment. Giving her care away from the home is valuable for her and our family. Short breaks also gives her first class care and enables the rest of the family to do other activities inc. taking siblings to clubs and being able to pick them up and spend time with them. "

"Constant worrying. What if...what if... We all shielded and that made me feel in control but now there has been life, it is difficult not to worry about if \*\*\*\* catches COVID."

"That she (child) enjoys going to squirrels and feels listened to and her opinions and needs are taken into account. She has fun. Short breaks nurse having the same person is important and not too frequent changes in staff. "

### Patient enhancement packs

Initiated by the NCH&C Wellbeing Team and with support from the trust's charitable funds, each ward received a patient enhancement pack that contained a variety of items to improve the patient's stay. This included notelets – for patient's to write to loved ones, a range of activities including puzzle books, art paper and pencils, packs of cards, personal DAB radios - for patients to have individually for use during their stay, and also a polaroid camera and film - for staff to use with

patients who wanted to send photos to loved ones

### Knitted Hearts project

Knitted hearts, one for a patient and one for relatives, initiated through the Priscilla Bacon Lodge Hospice group for end of life patients helped to connect loved ones during the pandemic. Volunteers knitted the hearts and donated these to the trust to be used to support patients and loved ones during the pandemic.

## 3.3.3 Patient Voice at Board

We have continued with our Patient Voice at Board programme, ensuring a range of stories and experiences of patients, carers and family members have been heard throughout the year.

The COVID-19 pandemic meant that during the peak of the pandemic, Board meetings were changed in the way they were delivered. This meant a change in the way patient voices were heard. A video story was included at one meeting and then spotlight sessions were introduced to focus on patient stories. The range of formats used to ensure patient and carer stories were heard at Board has continued to provide unique insights into services and the subsequent learning from patient stories has informed programmes of work throughout the trust, for example, the use of the 'Attend Anywhere' (virtual consultation) platform and other new ways of working as a result of living through the pandemic.

The range of stories heard has included:

- A patient sharing his experience of the care he has received from the South Continence service. The patient received care on both an individual basis and as part of a men's health group and

described how the care he received has helped him to maintain a normal, active life.

- A patient who received treatment during the peak of the first wave of COVID-19 via the virtual platform 'Attend Anywhere'. The patient described how he felt his care was managed during the pandemic and the improvements he has experienced both in his diabetes control but also in his health and wellbeing during the pandemic.
- Patient's wife and carer, sharing her experiences of receiving care, treatment and support for her husband and herself from Specialist Palliative Care Services who were able to carry out the patient's wishes of remaining at home.
- A patient sharing his experience of the care he has received from the Attleborough Leg Ulcer Clinic. The patient described how the dietary advice and stop smoking advice given by the team has aided the healing process.
- A patient sharing his experience of the care he has received from the Out of Hours nursing team when his catheter was blocked and causing him pain.

## 3.3.4 Friends and Family Test (FFT)

Between April 2020 and March 2021 NCH&C received 2,546 responses to the FFT, with over 2,400 positive comments given. The number of responses was lower during the year, as FFT was put on hold during the COVID-19 pandemic.

The overall percentage of patients recommending (Extremely likely or likely) was 98% which has now been maintained for the past six years.

A new standard FFT question for all NHS settings was introduced from 1st April 2020: "Overall, how was your experience of our service?" and a new response scale of:

[ ] Very good [ ] Good [ ] Neither good nor poor [ ] Poor [ ] Very poor [ ] Don't know

NCH&C also introduced two follow up questions;

1. Please can you tell us why you gave your answer?
2. Please tell us about anything that we could have done better

In addition, two supplementary questions remain as part of our questionnaire;

- Did the staff explain things well?
- Did the staff listen to you and your family?

Demographic questions, including the question about faith, remain as recommended in the national guidance.

## 3.3.5 Electronic feedback

In terms of feedback received via the FFT survey, 44% of feedback from our patients, families and carers was collected electronically through the online FFT link, tablet devices in our in-patient units and reception areas and by volunteers telephoning patients.

Whilst overall FFT figures were lower this year, due to the pandemic, the use of electronic feedback is higher than last year.

### 'Attend Anywhere' Virtual Consultation Platform

Despite the impact of the pandemic disrupting service provision, many patients have been able to continue having appointments with our clinicians via video consultation using the 'Attend Anywhere' system. At the end of the consultation there is the option for patients to give

their feedback on their experience of video consultation.

To date over 2500 patients have completed a survey.

The top two services for usage are Physiotherapy and Occupational Therapy service and the Children's and Young People service.

Key results:

- 87% found it very easy or easy to join the call
- 90% were very likely or somewhat likely to choose video consultation as an option again
- 92% felt very positive or positive that their needs were met
- 92% felt very positive or positive that

they were able to communicate everything they wanted to

Several comments were received in response to 'how could we improve this service?'

Key themes:

- Sound quality
- Clearer instructions
- Ability to blur the background
- More accessible to people with a Learning Disability

### "Thinking of you" Keeping in touch initiative

During the peak of the pandemic the health, safety and well-being of everyone meant that relatives and friends could no longer visit their loved one in hospital apart from in exceptional circumstances, including end of life. To help families and friends keep in touch, a web-based form

was developed allowing family and friends to send a message and photo to their loved one. Ward staff were then able to print off and share with the patient.

### Virtual visiting

Following a successful pilot of connecting visitors with their loved one at Priscilla Bacon Lodge using tablets, all other wards were invited to take up the offer of two devices per ward. These have been a great source of comfort for both patients and their families in being able to connect with their loved ones and supporting their recovery and rehabilitation. Their use has also supported the ward staff during periods when they were experiencing high volumes of telephone calls as the device was an alternative means of connecting. Due to the success of this initiative, use of devices has continued as an alternative option even though visiting restrictions have reduced.

## 3.3.6 Care Opinion/NHS Digital feedback

Care Opinion [www.careopinion.org](http://www.careopinion.org) and NHS Digital feedback platforms enable patients/carers and their families to tell us about their experience via a web-based feedback tool which enables staff to interact with patients online to help improve care.

In 2020/21, there were nine stories posted on Care Opinion and NHS Digital feedback for NCH&C which is a drop in comparison to the same time period last year. Of the nine stories, seven were wholly positive (although two related to the Breast Clinic which is an NNUH service but on NCH&C premises), and two wholly negative (although one appears to relate

to the attitude of a receptionist at a GP surgery).

The one negative story at NCH&C relates to Priscilla Bacon Lodge and was referencing visiting arrangements and not being able to visit as often as the family would like, and also the sterile surroundings. This was during the COVID-19 pandemic and unfortunately, the visiting arrangements and surroundings were as a result of the COVID-19 pandemic, and a lot of "homely" things such as pictures had been removed for infection control purposes.

The positive stories related to:

- the Kings Lynn Dental Access Centre and praised the team on how they made the patient feel more relaxed, and not nervous about their treatment;
- thanking staff for giving the COVID-19 vaccination;
- the podiatry service and how they helped with an in-growing toenail;
- the physiotherapy service and, even though it was by telephone, 'they cannot praise the service enough';
- thanking staff at Dereham Hospital for looking after their relative.

NHS Digital Feedback are responded to online by the Patient Safety and Experience Team as soon as is possible. Where the stories are more complex, we request the author contacts the Head of Patient Safety and Experience or PALS directly to explore the concern in more detail and to fully understand in order to improve the communication and outcome for that individual, and where possible and learn from this to improve services for other patients, families and carers.

All stories entered on Care Opinion and

## 3.3.7 Patient Advice and Liaison Service (PALS)

PALS is part of our commitment to provide high standards of care and support to patients, carers and the public. It provides an informal way for resolving concerns that our service users may have. The core functions of PALS are to manage concerns, comments and enquiries effectively and to reduce the number of issues that may escalate to a formal complaint. Common themes over the last year related to waiting times in Children's Services, advice about where and when to get a COVID-19 vaccination, and access to the dental service.

839 enquiries were received in the last year, which is an increase from last year. These enquiries cover appointment queries, guidance and information, and queries for other trusts. Themes have included:

- Comments received for patients from their family to be passed to in-patient units
- Referral and waiting times for the neurodevelopmental service
- Community nursing visiting times
- Access to continence products
- Access to the dental service

## 3.3.8 Compliments and thanks

We recorded receipt of 833 compliments from the period April 2020 to March 2021 which is lower than the figure reported the previous year of 1,397. The Patient Experience team continued to support and encourage Places/SSOCS to record compliments, and the Datix patient feedback form is available on all computer desktops and is being used for those with Datix accounts to capture, report and utilise this data alongside other quality indicators. Some examples of compliments received are included below:

<b>Priscilla Bacon Lodge</b>
A very small token to say a massive thank you for looking after our mum so well and for letting us in to say our goodbyes to her. It was very hard not being with her at the end but we took comfort from the fact that she was in such safe and loving hands. Thank you
<b>Children's Services – Squirrels</b>
Mother of child fed back that the respite stay had gone very well. Particularly when she left her child at the unit, the child smiled as her mother left. This was recognised as being very positive and the mother left feeling relaxed and less apprehensive than on previous stays.
<b>Community Nursing Team - North Place</b>
I went to see a patient on my ledger today and she cried as she stated she was so happy to see me back and that she had really missed me. She said she had asked where "the singing nurse" was.
<b>Community Nursing Team - South Place</b>
I have just spoken to the daughter of a patient you saw yesterday for catheter care. She spoke very highly of you and the care he is receiving. You changed his catheter because it was not draining, his daughter said you were bubbly and lovely to him.

<b>Autism Service Norfolk</b>
Dear Sir or Madam, I have recently received my paperwork confirming my autism diagnosis for which I am extremely grateful. K, J and S were really kind and supportive throughout the assessment process; I feel lucky to have been seen and assessed by them. ... Thank you once again for my diagnosis, and for all the work that you do. Best wishes to you all.
<b>Community Nursing Team – West</b>
Thank you for the care and attention you gave my wife after her discharge from Queen Elizabeth Hospital. You are the best. Thank you again. Stay well all.
<b>Beech ward</b>
To all the staff on Beech Ward We just wanted to say a huge thank you for all your kindness and care, for x. The telephone calls and video calls you helped us make meant so much in these difficult times. Mum cannot speak highly enough of how much she appreciated all you did. Special thanks must go to those that wheeled her in her bed and to the doorway on her birthday, so that we could see her and whoever made her birthday cake - you are an absolute wonder! We are now so happy to have her home. We know it won't be easy but she deserves to be where she is happy. Thank you again.

# Closing statement

The last twelve months have been successful despite the enormous challenges of delivering health and care during a global pandemic. We continued to deliver our vision through the care, compassion and resilience of our staff and outstanding leadership during unprecedented times. Our commitment to 'looking after you locally' has been unwavering during the past year. Thank you to all staff and service partners who have made this possible.

We look forward to continuing to serve the population of Norfolk as we head into another year of working towards achieving our Annual Priorities and playing a key role in delivering community health and care as part of the developing local Integrated Care System.





## Glossary of terms for the Quality Account 2020/21

**Advanced Care Plan**

An advance care plan is a written statement that sets out your wishes your future care and offers people the opportunity to plan their care and support, including medical treatment, while they have the capacity to do so.

**Average Length of Stay**

The average length of stay refers to the average number of days that patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges

**Care Opinion**

Formerly known as 'Patient Opinion' this is an online platform to enable people to share honest feedback on their experiences of health and care services. See <https://www.careopinion.org.uk/>

**C. Diff: Clostridium Difficile**

A form of bacteria that is present naturally in the gut of around two thirds of children and 3% of adults. On their own they are harmless, but under the presence of some antibiotics, they will multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. At this point, a person is said to be infected with C. diff.

**CAUTI: Catheter-acquired urinary tract infection**

A bladder infection that has occurred as a direct result of the presence of an indwelling catheter (a mechanism used initially to help the bladder).

**CCG: Clinical Commissioning Group**

These are groups of GPs that are responsible for planning and designing local health services in England. They do this by 'commissioning' or buying health and care services.

**CQC: Care Quality Commission**

An independent organisation that checks whether hospitals, care homes and care services are meeting government standards.

**CQUIN: Commissioning for Quality and Innovation**

The Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

**Darzi (2008) High quality care for all: NHS Next Stage Review final report (2008)**

Available online: <https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report>

**DSPT: Data Security and Protection Toolkit**

The DSPT is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' DSPT assessments.

**DATIX risk and incident database**

DATIX is a web-based risk management monitoring tool that aids NCH&C staff in the reporting and management of incidents, risk, complaints and PALS enquires.

**Delayed Transfer of Care**

A delayed transfer of care occurs when a patient is ready for discharge from acute or non-acute care and is still occupying a bed.

**Dementia**

Dementia is a long-term condition. Symptoms include change of thinking speed, mental agility, language,

understanding, judgement as well as memory loss, cognition, health and behaviour changes experienced by the person and their family/carer. Each affected person will experience dementia differently.

**DPA: Data Protection Act (1998) – also see GDPR**

The Data Protection Act 1998 requires every organisation processing personal data to register with the Information Commissioner's Office (ICO) unless they are exempt.

**DPO: Data Protection Officer**

A DPO is a leadership role required by the General Data Protection Regulation (GDPR). DPO's are responsible for overseeing data protection strategy and implementation to ensure compliance with GDPR requirements.

**DoLS: Deprivation of Liberty Safeguards**

The DoLS are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

**EDT: Executive Directors Team**

The team of executive directors of NCH&C, that meets weekly.

**FFT: Family and Friends Test**

A nationally driven patient satisfaction survey using the question 'Would you recommend this service to your friends and family?'

**FTSU: Freedom to Speak Up**

This programme ensures that NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result, that appropriate action is taken when concerns are raised by NHS workers and where NHS whistleblowers are mistreated, those mistreating them will be held to account.

**GDPR: General Data Protection Regulations**

The General Data Protection Regulation (Regulation (EU) 2016/679) is a regulation by which the European Parliament, the Council of the European Union and the European Commission intend to strengthen and unify data protection for all individuals within the European Union.

**Health and Care Strategy**

This document sets out NCH&C's intentions to meet the current and future challenges to deliver quality patient centred care locally. The strategy adopts a Levels of Care model of service delivery which aims to provide a consistent approach to care and underpins how services will be developed and managed by NCH&C. At the heart of the Levels of Care model is the needs of patients and the requirement of coordinated care to improve the patient's experience of the care delivered. Available at:

[www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm)

**IG: Information Governance**

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

**KPI: Key performance indicator**

Key performance indicators help an organisation to define and measure progress towards organisational goals.

**LD: Learning disability**

A learning disability affects the way a person learns new things in any area of life. It affects the way they understand information and how they communicate.

**LeDeR Programme: Learning Disabilities Mortality Review Programme**

The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people

with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere. It is not an investigation nor is it aimed at holding any individual or organisation to account.

**MCA: Mental Capacity Act 2005**

The Mental Capacity Act (MCA) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

**MRG: Mortality Review Group**

All deaths (including unexpected deaths) are reviewed by the MRG to ensure that any trends and learning are appropriately disseminated. This group reports to Quality Committee and upwards to the Trust Board

**MRSA: Methicillin-resistant Staphylococcus Aureus**

A bacterium responsible for several difficult-to-treat infections in humans due to its resistance to methicillin and other beta-lactam antibiotics. MRSA is especially troublesome in hospitals and nursing homes, where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.

**NCH&C: Norfolk Community Health and Care NHS Trust**

We are a community NHS trust serving a population of 1.5 million people, in and around Norfolk and Suffolk. Our aim is to constantly improve our patients' lives by providing you with the best care, close to where people live.

**NED: Non-executive Director**

A non-executive director is a member of the Board appointed by the Appointments Commission, to hold the executive to account, bring independence, external skills and perspectives and challenge on strategy development, risk management,

shaping culture, and the integrity of financial and quality intelligence.

**NEWS2: National Early Warning Score 2**

NEWS2 is a tool which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

**NHSI: NHS Improvement**

NHSI is responsible for overseeing NHS trusts and independent providers that provide NHS-funded care. NHSI offers providers support to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.

For further information see <https://improvement.nhs.uk>

**NICE: National Institute for Health and Clinical Excellence**

The National Institute for Health and Clinical Excellence provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

**Norovirus**

The most common cause of upset stomach. It's sometimes called 'small round structured virus' (SRSV) or 'Norwalk-like virus'. However, most people are familiar with it as 'the winter vomiting bug' because they're most likely to catch it during the winter months. The main symptoms are diarrhoea and vomiting. Some people also experience fever, headache, stomach cramps or aching limbs. Although it's an unpleasant illness, it is generally mild and people usually recover within two to three days of being infected.

**NRLS: National Reporting and Learning System**

Through the National Reporting and Learning System, the Patient Safety Division collects confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts help analyse these reports to identify common risks and opportunities to improve patient safety.

**PALS: Patient Advice and Liaison Service**

The Patient Advice and Liaison Service has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

**PLACE: Patient-Led Assessments of the Care Environment**

This is the annual system for assessing the quality of the patient environment and applies to hospitals, hospices and day treatment centres providing NHS funded care. The assessments will see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance.

See [www.england.nhs.uk/ourwork/qual-clin-lead/place](http://www.england.nhs.uk/ourwork/qual-clin-lead/place)

**PREM: Patient reported experience measure**

Patient-reported experience measures (PREMs) are psychometrically validated tools (e.g. questionnaires) used to capture patients' interactions with healthcare systems and the degree to which their needs are being met.

**Pressure ulcer**

Pressure ulcers are injuries that break down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as 'bedsores' or 'pressure sores'.

Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

**QRAC: Quality and Risk Assurance Committee (now called the Quality Committee)**

This is a sub group of the Trust Board and provides assurance to the board on all matters related to quality and risk management. The committee meets on a monthly basis as per the terms of reference and is chaired by a NED.

**ReSPECT: Recommended Summary Plan for Emergency Care and Treatment**

The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

**RCA: Root cause analysis**

RCA is a process designed for use in investigating and categorising the root causes of events. When incidents happen, it is important that lessons are learned across the NHS to prevent the same incident occurring elsewhere. Root Cause Analysis investigation is a well-recognised way of doing this.

**SBAR: Situation, Background, Assessment, Recommendation**

The SBAR communication tool can be used to facilitate prompt and appropriate communication. This communication model has gained popularity in healthcare settings, especially amongst professions such as physicians and nursing

**Safety Thermometer (NHS)**

The Safety Thermometer is a monthly point of care survey instrument which provides a 'temperature check' on harms that can be measured alongside other local measures of harm. Information on urine infections (inpatients with a

catheter, falls, venous thromboembolism and pressure ulcers are reported nationally. More available at: <https://www.safetythermometer.nhs.uk/>

**Sign up to Safety**

A national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

See: [www.england.nhs.uk/signuptosafety](http://www.england.nhs.uk/signuptosafety)

**SIRI: Serious Incident Requiring Investigation**

The former National Patient Safety Agency has developed a national framework for serious incidents in the NHS, titled 'National Framework for Reporting and Learning from Serious Incidents requiring Investigation'. An incident or event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public. A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in for example unexpected or avoidable death of one or more patients, staff, visitors or members of the public; serious harm to one or more patients, staff, visitors or members of the public etc.

**STEIS: Strategic Executive Information System**

A system to collect data for the Department of Health. All serious incidents requiring investigation (SIRIs) are recorded onto this system by all NHS organisations.

**STP: Sustainability and Transformation Partnership**

These are local plans that aim to improve health and care. Produced collaboratively by local NHS organisations and local councils, they set out practical ways for the local NHS to improve NHS services and health outcomes for people in every

part of England. For further detail please see [www.healthwatchnorfolk.co.uk/ingoodhealth](http://www.healthwatchnorfolk.co.uk/ingoodhealth)

**Starfish Learning Disability Child and Adolescent Mental Health Service (Starfish LD CAMHS)**

This service offers interventions to children/young people who have a diagnosed learning disability who present with challenging behaviour and or emerging mental health difficulties.

**Starfish + Service**

Starfish+ is a specialist learning disability service that provides an intensive multi-disciplinary therapeutic approach to children and young people up to 18 years.

**S1: SystemOne**

SystemOne is a centrally hosted clinical computer system developed by The Phoenix Partnership. It provides clinicians and health professionals with a single shared Electronic Health Record available in real time at the point of care.

**The Herbert Protocol.**

The Herbert Protocol is a national scheme which encourages carers, family members or friends to compile useful information which could be used in the event of a vulnerable person going missing.

**VTE: Venous Thromboembolism**

A blood clot that forms within a vein.

## Email

[communications@NCH&C.nhs.uk](mailto:communications@NCH&C.nhs.uk)

## Website

[www.NCH&C.nhs.uk](http://www.NCH&C.nhs.uk)



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[NCH&Ctrust](https://www.instagram.com/NCH&Ctrust)



[Norfolk Community Health and Care NHS Trust](https://www.linkedin.com/company/norfolk-community-health-and-care-nhs-trust)