NHS

James Paget University Hospitals NHS Foundation Trust

QUALITY ACCOUNT 2023/24

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Foreword

What is a Quality Account?

All providers of NHS services in England have a statutory duty to produce an annual account to the public about the quality of services they deliver. This is called the Quality Account and includes the requirements of the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012. The Quality Accounts (and hence this report) aims to increase public accountability and drive quality improvement within NHS organisations. They do this by getting organisations to review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year.

Quality consists of three areas that are essential to the delivery of high quality services:

- How safe the care is (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Some of the information contained within this Quality Account is mandatory. This report contains all of NHS England's detailed requirements for quality reports but most is decided by patients and carers, Foundation Trust Council of Governors, staff, commissioners, regulators, and our partner organisations, collectively known as our stakeholders.

Scope and structure of the Quality Account

This report summarises how well the James Paget University Hospitals NHS Foundation Trust ('the Trust') did against the quality priorities and goals we set ourselves for 2023-24 (Looking back)

It also sets out the Quality Priorities we have agreed for 2024/25 and how we intend to achieve them (Looking forward)

This report is divided into three Parts, the first of which includes a statement from the Chief Executive and looks at our performance in 2023/24 against the priorities and goals we set for patient safety, clinical effectiveness and patient experience.

Part 2 sets out the quality priorities and goals for 2024/25 for the same categories and explains how we decided on them, how we intend to meet them, and how we will track our progress.

Part 2 includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It includes a description of audits we have undertaken and our research work. We have also looked at how our staff contribute to quality.

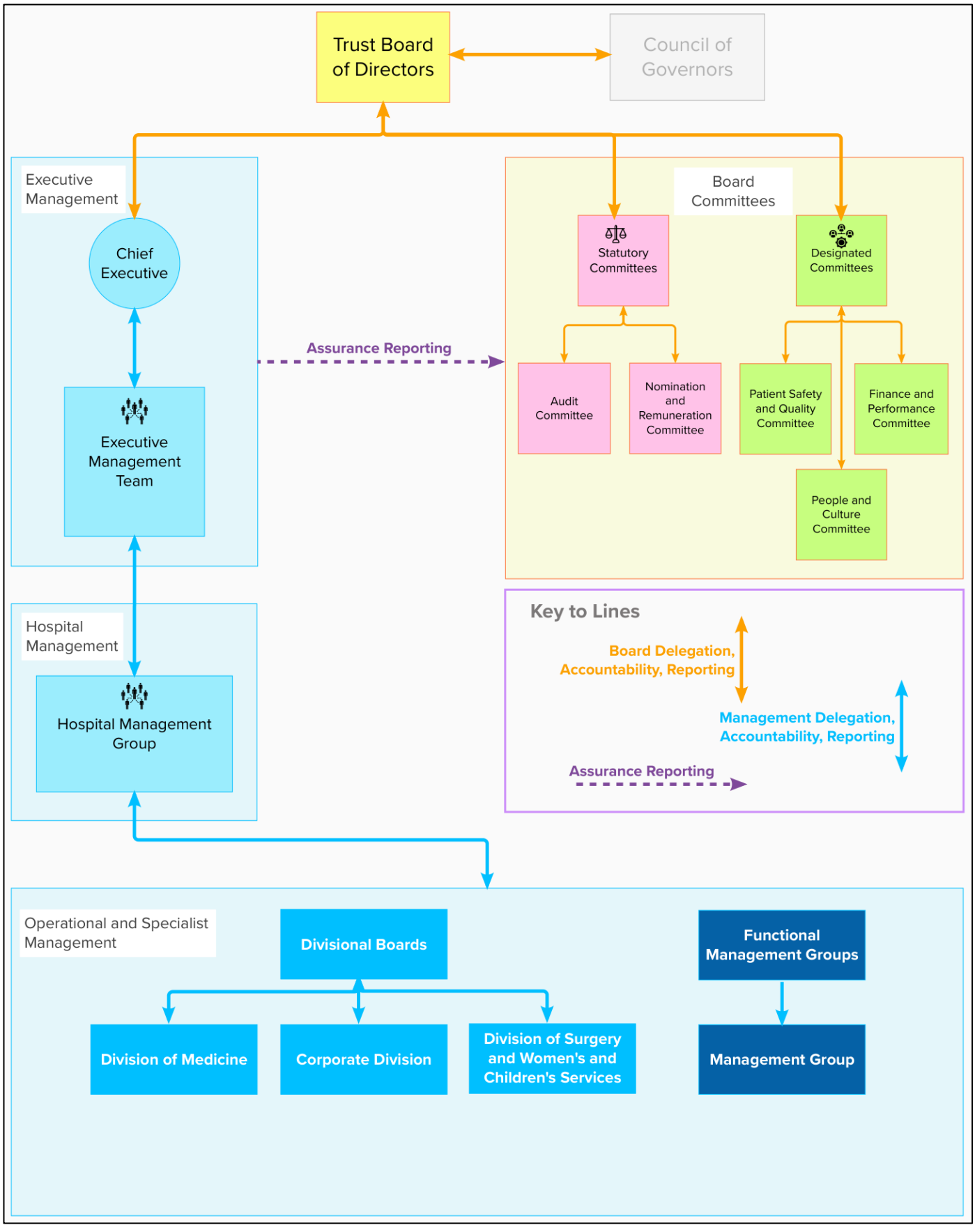
Part 3 sets out how we identify our own priorities for improvement and gives examples of how we have improved services for patients. It also includes performance against national priorities and our local indicators.

The annexes at the end of the report include the comments of our external stakeholders. The annexes also include a glossary of terms used.

Any text shown in blue boxes is a compulsory requirement to be included in the Quality Account as mandated within the NHS England's (formerly NHS Improvement's) Annual Quality Accounts

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Assistant Director of Patient Safety and Quality by calling 01493 452887 or emailing hannah.sullivan@jpaget.nhs.uk.

Organisational Structure for Quality Performance



Part 1

Statement on Quality from the Chief Executive

As Chief Executive of the James Paget University Hospitals NHS Foundation Trust I am proud to present this report as a summary of the work the hospital has delivered over the last year in our ongoing commitment to providing high quality, safe and compassionate care to our patients, and the communities we serve.

Our hospital, like all other NHS providers and health and care organisations, has continued to recover services impacted by COVID-19 and faced significant challenges with industrial action and demand for our urgent and emergency care services.

Through all of this, our focus has been on the fundamentals of care – the quality and safety of the services we provide, the experience of our patients, and the training and development of the people who provide that care. I am pleased to see that in this year's Quality Account, we have continued to achieve this in many areas.

These achievements would not be possible without the spirit of openness and willingness to learn that exists across the organisation. Only by truly embracing the opportunities to learn and committing to an improvement approach will we improve the quality and safety of the services we provide. This can be seen throughout the report where numerous areas demonstrate this approach.

These include learning from incidents through adopting the PSIRF methodology, welcoming participation from patients/families and carers alongside compassion to staff by understanding that unforeseen events do occur, and that our reaction to them and how we support everyone involved defines who we are.
The extensive audit programme helps us all understand where service gaps exist and how we work together to address them as well as being able to celebrate when areas of good practice are identified and shared for others to learn from us.

We continue to actively collaborate with our Norfolk and Waveney Integrated Care System partners, our regulators and the wider NHS to meet national commitments, working closely with teams to improve both our maternity services and access targets where we know improvements are needed.

This leads us to our priorities for next year, building on the successes for performance during 2023-24. We have taken a revised approach, which addresses specific challenges but also recognises our ambition to build a healthier future together over a three year period.

Through embracing these developments across our Trust, and working closely with our partners, we can show real improvement to our services. This provides us further impetus to demonstrate our commitment to learning and continuous improvement across the hospital.

To the best of my knowledge, the information in this document is accurate

Jo Segasby
Chief Executive
James Paget University Hospitals NHS Foundation Trust

Part 2

Priorities for improvement and statements of assurance from the Board

2.1 Quality Priorities for Improvement

The Board of Directors agree key quality priorities annually under the three domains of quality for:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

These are identified from and/or aligned to the:

- Trust's Quality Improvement Strategy 2018-2023
- Care Quality Commission (CQC) five Key Lines of Enquiry (KLOE)
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led
- Governors/Trust Members/local population feedback via questionnaires
- Quality Account priorities from the past year
- Issues identified from the CQC Quality Assurance Framework
- Priorities identified by:
  - NHS England
  - Health Education England
  - Public Health England
  - National Institute for Health and Care Excellence (NICE)
- Learning taken from the Trust's response to the COVID-19 pandemic to ensure this is embedded in any new or developing services and or building developments.

The public and patients are involved in identifying risk and bringing this to the attention of the Foundation Trust in a variety of ways, including:

- Via Healthwatch;
- Via our Council of Governors (involved in setting the priorities within the Quality Account);
- Priorities Questionnaire sent to all members via post, social media and Trust website;
- The Trust Board of Directors has continued to include personal patient experience feedback at each monthly meeting to help identify, manage and mitigate key risks;
- Patients and relatives are involved in addressing issues identified through complaints, claims, Patient Advice and Liaison (PALS) and incidents via involvement in action planning;
- Patient Satisfaction Surveys.

Public Stakeholders are involved in managing risks that affect them, for example:

- There are Foundation Trust meetings at all levels with members of the Integrated Care Board at which risk is assessed;
- Health Overview and Scrutiny Committees;
- Partnership working with Social Services; and
- Joint working with other health and social care providers as part of the Integrated Care System (ICS) i.e. Norfolk and Norwich University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, East of England Ambulance Service NHS Trust, Norfolk and Suffolk NHS Foundation Trust, and East Coast Community Health Community Interest Company.

Summary of Achievement for Quality Priorities Agreed For 2023/24

The table below lays out a list of all the agreed Trust Quality Priorities for 2023/24 by domain with their end of year status, with corresponding supplementary information reported below each section.

Patient Safety

a	We will implement the Patient Safety Incident Response Framework (PSIRF)	**Achieved**
b	We will reduce the risk of development of Category 2 pressure ulcers for patients whilst they are in hospital	**Not Achieved**
c	Demonstrate robust processes are in place to address the immediate and essential actions from the Maternity Improvement Plan.	**Achieved**

a. We will implement the Patient Safety Incident Response Framework (PSIRF)

This Priority was **Achieved** for 2023/24.

Develop a Patient Safety Incident Response Plan (PSIRP) in line with the Patient Safety Incident Response Framework (PSIRF) guidance

We intended to achieve:

- The meaningful involvement of patients throughout Trust learning processes.
- Asking patients directly if they have any queries about their care
- Provide patients with every opportunity to feed into the learning process

Quarter 4 and Year End Update

The Trust went live with PSIRF on the planned launch date of 1st September 2023 and has been largely well received.

Over the past 12 months, The James Paget University Hospitals NHS Foundation Trust (hereafter referred to as JPUH) has focused on improving our approach to patient safety incidents, with many examples of learning and involvement; this includes our engagement with key individuals, patients, their loved ones, and our staff to prepare for the transition from the Serious Incident Framework (SIF) to PSIRF. Within this period JPUH have been following a phased implementation approach, which includes our safety culture, with communication supported by education and training.

We have been applying the principles of PSIRF to our incident investigations prior to this date and the understanding of the principles of PSIRF are evident across the Divisions.

As we finish Quarter 4 of 2023/24 and 6 months into using the new framework, we continue to achieve good quality engagement and communication with patients and families when undertaking a level 1 Patient Safety Incident Investigations. We look to further embed the process of an Engagement Lead for each Level 2 incident learning process as a single point of contact for a patient or their chosen other(s) in relation to the incident they were involved in.

Engagement of staff has been evident especially seen from the nursing and midwifery professions. Increased engagement is required from both the medical profession and operational teams as we continue to transition.

Dedicated training has been requested and is being coordinated across the system led by the ICB, training that can support increased confidence to have early conversations with patients and families.

b. We will reduce the risk of development of Category 2 pressure ulcers for patients whilst they are in hospital

This Priority was **Not Achieved** for 2023/24.

We intended to achieve:

- To reduce incidence of category 2 pressure ulcers by 5% from 2022/23 baseline of 273, now adjusted to 208 following tissue viability nurse specialist review and recategorisation. Therefore, our threshold for 5% reduction is now 198 2023/24 threshold = 259 (198 total)

Quarter 4 and Year End Update

Performance by Quarters for 2023/24

Quarter 1 = 88

Quarter 2 = 43

Quarter 3 = 48

Quarter 4 = 54

Year End Total =233

The Trust did not achieve the Quality Priority target of 198

Details below of current actions

a. Management of Quality topics are being reviewed as newly appointed corporate lead nurse responsibility.

b. Development of new action focused Pressure ulcer group, with focus on education on offloading/repositioning

c. Implementation of QSAFE has enabled staff to feel confident in reporting pressure ulcers in a timely manner, but further education is required to support staff to correctly identify skin integrity issues

d. Each reported incident reviewed and triaged at daily meeting and actions identified to be undertaken.

e. Positive attendance at NEACU study days in which focused training on pressure ulcer prevention and management is delivered. Development of roll out of focused teaching in clinical areas alongside quality trolley and with support of clinical educators.

f. Purpose T and change of pressure ulcer grading system still awaiting national update for details and roll out ongoing work with Central treatment suite business case.

c. Demonstrate Robust Processes Are In Place To Address The Immediate And Essential Actions From The Maternity Improvement Plan.

This Priority was **Achieved** for 2023/24.

We intended to achieve:

- Develop a strong governance structure encompassing leadership, culture and collaborative trust working.
- Ensure active engagement with the Local Maternity and Neonatal System (LMNS)
- Develop an internal maternity improvement plan.
- Delivery and monitoring of the 92 recommendations from the Ockenden report, CQC feedback, East Kent review.

Quarter 4 and Year End Update

An Improvement Plan was approved by the Board of Directors with four key priorities identified. The plan had actions for 2023/24 against which Quarter of the year they were to be addressed.

We benchmarked our service against the recommendations from the below Maternity Investigation Reports that have taken place which allowed us to identify the areas for service development that are included within the Improvement Plan.

- Morecambe Bay (Kirkup Report), East Kent Report, Ockenden Report, 60 Steps 2021, Ockenden Insight 2022 and Ockenden Regional Visit 2022, Care Quality Commission (CQC) Key Lines of Enquiry for Maternity Services, Three Year Delivery Plan for maternity and neonatal services

We included the “must do" and “should do" requirements following the January 2023 Care Quality Commission (CQC) Inspection.

- Staffing - 14 actions - All actions are underway, with 10 completed.
- Culture - 7 actions - All actions are underway, with 6 completed.
- Governance and Oversight - 20 actions - All actions are underway, with 10 completed.
- Enhanced Maternal Care - 2- Both actions are underway.

Progress with these actions will be completed once all staff have completed training planned for QI 2024/25

- Must Do actions - 3 - All actions are underway with 1 completed.
- Should do actions - 4 - All actions are underway with 1 completed

Current focus

The Head of People Experience, Learning and Organisational Development has begun a full diagnostic of the Culture within the service. Using semi-structured interviews of individuals and groups; he has spoken to several staff across the Midwifery and Consultant workforce (including Consultant Secretaries). This approach is to enable a clear understanding of the themes that need to be addressed and to engage the wider workforce in the change.

The next steps are to facilitate a conversation with the Senior Midwifery Team to understand what barriers are being faced in creating a compassionate and inclusive culture. Ultimately, these individuals will need to lead the change and The Head of People Experience intends to support this team and coach them through the required approach.

Once the diagnostic has been completed, a thematic analysis will be undertaken to give an understanding of the main focal points. Alongside amalgamating the themes that have been presented in the Culture Workshops and 2023 staff survey data.

In place, as this has been extended as we theme following reviews by external support, or internal review. Currently at V17, this summarises the work underway to meet all of the requirements detailed in each of the National Reports and CQC Inspection Report.

Clinical Effectiveness

a	To demonstrate effectiveness of multidisciplinary learning from deaths	**Achieved**
b	Improve timeliness of access	**Partially achieved**
c	To optimise the Trust's clinical guideline process	**Achieved**
d	To establish a robust process for participating in, and learning from, national clinical audits	**Achieved**

a. To Demonstrate Effectiveness Of Multidisciplinary Learning From Deaths

This Priority was **Achieved** for 2023/24.

We intended to achieve:

- Consistent and rigorous process for learning from deaths that results in Trust wide improvement activities.

Quarter 4 and Year End Update

During this period, the revised Mortality Review Process has been formalised within the Learning from Deaths policy, which is in the approval process. This policy has integrated all the processes involved in the management of patient deaths.

The number of consultants and other senior doctors trained in the completion of Structured Judgement Reviews (SJRs), together with the clear criteria for the allocation of reviews, enable a limited negative impact on the reviewer's workload. This is already reducing the number of SJRs that are completed beyond the agreed timescales and the number of outstanding reviews.

The number of SJRs completed using the SJR Plus system has reached almost 100%. The Mortality Electronic Dashboard linked to the data held in the SJR Plus system will be available from April 2024. This will enable more effective monitoring and learning processes.

The Mortality Surveillance Group (MSG) and the Clinical Mortality Review Group (CMRG) continue to scrutinise, investigate and address issues, concerns and opportunities for learning derived from the management of patient deaths. Additional work is being completed to increase the effectiveness of the connection between these groups and the Mortality and Morbidity groups operating at specialty or department level.

Other forums such as the Safety Action & Assurance Group and the Joint Case Review Meeting continue escalating and requesting the review of specific cases in order to support the management of patient safety incidents and coronial processes.

b. Improve Timeliness of Access

This Priority was **Partially Achieved** for 2023/24.

We intended to achieve:

- Delivery of the Activity and finance Plan Improvement in waiting times in line with Planning Guidance

Quarter 4 and Year End Update

During this period, we have seen progress in improving access and reducing overall waiting times but we have not made as much progress as we would have liked.

We have experienced an unprecedented amount of industrial action taken by junior medical staff. Despite this, we have delivered the activity set out in our plan

We have eliminated 104 week waits for elective surgery.

However, as a result of the industrial action we have seen approximately 7,000 patients (cumulatively) having to be cancelled and rebooked for their outpatient appointment or surgery. This has resulted in us not achieving the 78 week expectation in the timeframe, but do have plans in place for the remaining patients. The focus will continue to reduce the waiting times to 65 weeks as the next step in the elective recovery

A cancer improvement plan has been developed and agreed and focus is on delivery of that plan. Our 6-week diagnostic performance is one of the best in the region and is approximately 90%.

We are working on the solution for the Early Pregnancy Unit; however, the options put forward so far have been unaffordable. This work will continue with Estates & Facilities Delivery Group.

c. To Optimise The Trust's Clinical Guideline Process

This Priority was **Achieved** for 2023/24.

We intended to achieve:

- Easily accessible, up-to-date and evidence based clinical guidelines available to all staff.
- Collaboration with the Norfolk and Waveney Hospitals Partnership to align guidelines where applicable and appropriate.

Quarter 4 and Year End Update

The Trust's internal process for publishing and review of clinical guidelines continues to function effectively and there are no current concerns with the number of JPUH-only guidelines due for review. Review deadlines are monitored continually, and reports are produced monthly highlighting areas for special attention.

Internal processes for the approval of guidelines is being reviewed to improve timeliness and effectiveness.

The Clinical Effectiveness Group (CEG) monitors the clinical guidelines process with escalation to Hospital Management Group (HMG); CEG provides assurance on the clinical guidelines process to the Patient Safety and Quality Committee (PSQC).

For Joint Partnership / National Guidelines, there are a larger number of out of date guidelines, although the majority of these are concentrated in a single specialty and there is a work plan to address this. The Clinical Effectiveness and Quality Assurance (CEQA) department have discussed the review process with counterparts at the Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH) and have agreed to move towards a process with earlier involvement of clinicians on the JPUH side in the process to enable more timely review for Joint Guidelines. A barrier identified is the updating of guidelines to the current template and the administrative capacity to support with this from both Trusts.

A new process is being introduced to formalise the adoption of Non-NICE National or International Guidelines into local practice and monitor the associated review dates. This has been approved at CEG as guidance and awaiting approval at HMG. National Guidelines can replace locally written guidelines where appropriate to reduce the number of local guidelines for review

d. To Establish A Robust Process For Participating In, And Learning From, National Clinical Audits

This Priority was **Achieved** for 2023/24.

We intended to achieve:

- Establish a Clinical Audit Annual Programme, led by the Assistant Medical Director (AMD) for Quality & Safety.
- Ensure that the annual programme reflects all applicable external requirements (Healthcare Quality Improvement Partnership (HQIP) as well as contractual governance arrangements).
- Ensure multidisciplinary learning from audits that results in improvement.

Quarter 4 and Year End Update

The 2023/24 Annual Clinical Audit Plan (National and Local) is in place and progressing, incorporating all external requirements from HQIP and other national and local priorities.

New processes for gaining assurance on national audit participation and data submission have been put in place from the CEQA department with reporting to the Clinical Effectiveness Group.

There is an existing process for learning from National Clinical Audits, whereby a gap analysis is completed by the specialty on recommendations when a National Clinical Audit Report is published. This has recently been expanded to capture any additional learning and actions arising from all National Clinical Audit data.

The QSAFE Clinical Audit Module went live in February 2024, with all data migrated from the previous Ulysses Audit System and will be used to track and monitor National Clinical Audit actions and learning going forward. Reporting is being developed to enable assurance, oversight and timely updates being recorded. A manual data catch-up is in progress due to the 12-month gap following the Trust Ulysses system going offline in February 2023, where no live system for tracking audit actions was in place. This is aimed to be completed during the financial year of 2024/25.

Patient Experience

a	Redesign of the Patient Advice and Liaison Service (PALS).	**Partially achieved**
b	Ensure we receive and act upon feedback from patients and their families on their experiences and feedback on their care and our services	**Achieved**

a. Redesign of the Patient Advice and Liaison Service (PALS).

This Priority was **Partially Achieved** for 2023/24.

We intended to achieve:

- Relocate the PALS service to the front
- Offer an accessible, confidential PALS drop in service
- Improve overall communication and experience for service users

Quarter 4 and Year End Update

Plans for redesign of front Cashiers' Office have been drawn up and agreed. Quotations for the work have been received and awaiting agreed funding source via the Executive team. Additional PALS officers have been recruited and are in post. The Total PALS resource is now at four whole time equivalents (WTE). (a resource increase of 100%)

b. Ensure we receive and act upon feedback from patients and their families on their experiences and feedback on their care and our services.

This Priority was **Achieved** for 2023/24.

We intended to achieve:

- Requesting formal feedback following patients' involvement will help inform future developments in involving patients in patient safety.
- Achieve the Friendly Carer Tick accreditation to evidence that we work in partnership with family carers (adult and young carers).
- Ensure that family carers are given the recognition and support required to enhance the patient experience.
- Members of the patient-led user group actively contributing to representing patients within the organisation as "expert patients"

Quarter 4 and Year End Update

The Carer Friendly Tick Accreditation was achieved in November 2023 and is valid for two years.

Our Co-Produced Carers Identity Passport is well advertised on all our carer-related information and promoted at every opportunity.

We have an updated Carer handbook in place (hard copy and e-version)

We have two new members recruited to JPLJH User Group. An advert is live for continued recruitment of additional members. No further expressions of interest to date.

Quality Priorities for improvement agreed for 2024- 2027

Patient Safety. Aligned to CQC Key Lines of Enquiry: Safe, Caring, Responsive, Well led
Clinical Effectiveness. Aligned to CQC Key Lines of Enquiry: Effective, Safe, Caring
Patient Experience. Aligned to CQC Key Lines of Enquiry: Safe, Caring, Responsive, Well led

This is priority is aligned with Clinical Effectiveness, Patient Safety and Patient Experience.

1. What we set out to do (Priority):
We Will implement and optimise our Patient Safety and learning Culture through the implementation of the Patient Incident Response Framework (PSIRF), QSAFE and learning from incidents
Why we chose this (Rationale):
Following the introduction the PSIRF in 2023 it is vital we embed and develop our learning from incidents culture, to ensure we have continuous improvement and learning
What we intend to achieve (Goal):
• 100% of our staff will be trained in Level one Patient Safety Syllabus • 85% of our staff will be trained in Level 2 Patient Safety Syllabus • At least 90% of staff, patients and relatives will be involved in the incident management process Implementation of "Hot" debriefs, Action After Reviews, Timelines to be fully utilised by all staff across the organisation
How we will deliver and monitor progress:
We will monitor and see a reduction, year on year in complaints relating to poor communication when things go wrong, delays in responding to Patients, Families and staff concerns and not being informed of the outcome/findings
Responsible Person
Chief Nurse

This is priority is aligned with Clinical Effectiveness and Patient Safety

2. What we set out to do (Priority):
Deliver Personalised and Safe Care for Maternity and Neonatal service users through our Maternity Improvement Plan (MIP)
Why we chose this (Rationale):
Saving Babies lives, better births and our MIP all indicate the need to view and focus on maternity services
What we intend to achieve (Goal):

- Ensuring the lessons learnt from Ockenden and Kirkup are monitored through robust action plans delivered through the MIP developing a culture of openness, learning and compassionate leadership
- Annual reduction of 10% of still births per 1000 live births
- Annual reduction of 10% Neonatal deaths per 1000 live births
- Smoking at time of delivery 6%
- Have 0 maternal deaths

How we will deliver and monitor progress:

We will deliver this priority and monitor through the Maternity Improvement Plan, Reviewed Yearly.

Responsible Person:

Chief Medical Officer, Chief Nurse, Chief Operations Officer

This is priority is aligned with Clinical Effectiveness, Patient Safety and Patient Experience

3. What we set out to do (Priority):

Patients in our care do not come to harm by reducing the incidence of avoidable harm by reducing the incidence of harm monitored by our quality matrix including; Learning From Deaths (LFD) , Structured Judgment Reviews (SJR), Getting It Right First Time (GIRFT), National Institute of Health and Care Excellence (NICE) recommendations

Why we chose this (Rationale):

We know that a 1/3 of patients aged 65 or over and 1/2 of those aged 80 and over have poorer clinical outcomes, morbidity and psychological distress. As we know pressure ulcers increase length of stay, increase deconditioning and results in harm to the patient both physically and psychologically

What we intend to achieve (Goal):

- 5% reduction in falls
- 5% reduction in pressure ulcers
- 10% reduction in medication incidents
- 15% reduction in year on year Gram Negative infections
- >90% compliance with nutritional assessments
- 10% reduction year on year with Sepsis
- Improvement in all end of life Metrics
- 75% of clinical areas assessed for ward accreditation and have achieved and maintained at least good

How we will deliver and monitor progress:

This will be monitored monthly through monthly Trust Quality Reporting to the Board

Responsible Person:

Chief Medical Officer, Chief Nurse

Clinical Effectiveness. Aligned to CQC Key Lines of Enquiry: Effective, Safe, Caring
This is priority is aligned with Patient Experience

4. What we set out to do (Priority):
Embed and build on our Patient and Public Engagement Plan, delivery our second year objectives
Why we chose this (Rationale):
We are facing some of the most challenging times in the history of the NHS, but also we have some of the biggest opportunities to shape the way we deliver healthcare. It is therefore vital our communities and service user's views are heard to ensure these influence the future, with both a new hospital and Electronic Patient Record System coming in the next five years.
What we intend to achieve (Goal):
• Engagement workshops will be established to connect with both our local community and service users to ensure we develop accessible, high quality and responsive services. • Partnership working will be integrated into all patient experience work streams • Improvements in care, treatment and services will be evidenced through our patient experience feedback.
How we will deliver and monitor progress:
This will be monitored through the Carer and Patient Experience Group and reported to the Patient Safety and Quality Committee
Responsible Person:
Chief Nurse

This is priority is aligned with Clinical Effectiveness, Patient Safety and Patient Experience

5. What we set out to do (Priority):
To deliver high standards of care and access to services for our Older Peoples Medicine.
Why we chose this (Rationale):
The Great Yarmouth and Waveney area has a greater than national average of those over 65 and is in the top 20 most deprived areas in the United Kingdom
What we intend to achieve (Goal):
• Establish an Older Peoples Medicine Multi-Disciplinary Team • Develop and Enhance the Older Peoples Medicine Pathway with bespoke services that avoid admission • Achieve a reduction in the length of stay

- Achieve a reduction in admission of those over 65 to 80
- Development in Research into non-medical interventions and measuring impact

These will be confirmed once the system wide approach to Older Peoples Medicine has been finalised, led by the Integrated Care Board (ICB).

How we will deliver and monitor progress:

We will deliver over the next three years with a year on year improvement monitored through the Patient Safety and Quality Committee.

Responsible Person:

Chief Medical Officer, Chief Nurse, Chief Operations Officer

2.2 Statements of Assurance from the Board

During 2023/24 the James Paget University Hospitals NHS Foundation Trust provided and/or subcontracted 58 relevant health services, [listed in the table below].

The James Paget University Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in **all** of these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents **100%** of the total income generated from the provision of relevant health services by the James Paget University Hospitals NHS Foundation Trust for 2023/24.

Specialties and services:	
Accident and Emergency (A&E)	General Surgery
Anaesthetics	Gynaecology
Antenatal screening	Haematology
Audiology	Hyperbaric services
Bereavement Services	Intensive Care Services
Blood Transfusion	Maternity services
Breast Surgery	Medical illustration
Cardiology	Neonatology
Care of the Elderly	Nephrology and renal dialysis
Children's Centre	Obstetrics
Clinical Measurement	Oncology
Community Dental Services	Ophthalmology
Community midwifery	Oral Surgery
Community Paediatric Service	Paediatric Surgery
Continence and Stoma Care	Paediatrics
Coronary Care	Pain Management
Dental and Orthodontics	Palliative Care
Dermatology	Pharmaceutical services
Diabetes	Rehabilitation
Diabetic Liaison	Respiratory Medicine
Diagnostic Imaging	Rheumatology
Ear, Nose and Throat	Safeguarding children
Endocrinology	Sandra Chapman Centre
Endoscopy	Stroke Services
Fertility services	Therapies e.g. physiotherapy
Gastroenterology	Trauma and Orthopaedics
Gastro-intestinal Surgery	Urology
General Medicine	Vascular Surgery

Clinical Audits and National Confidential Enquiries

During 2023/24 **52** national clinical audits and **seven** national confidential enquiries covered relevant health services that James Paget University Hospitals NHS Foundation Trust provides.

During that period James Paget University Hospitals NHS Foundation Trust participated in **52/52 (100%)** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust was eligible to participate in during 2023/24 are as follows: [see table below].

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust participated in during 2023/24 are as follows: [see table below].

The national clinical audits and national confidential enquiries that James Paget University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry [where available].

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Adult Respiratory Support Audit	British Thoracic Society	Yes	Yes	100% (minimum 25 cases required, 30 submitted)
BAUS Nephrostomy Audit	The British Association of Urological Surgeons (BAUS)	Yes	Yes	100%, (1 patient identified and submitted)
Breast and Cosmetic Implant Registry	NHS Digital	Yes	Yes	100% - Details for every implant case are captured prospectively preoperatively, and subsequently entered into the Implant Registry.
British Hernia Society Registry	British Hernia Society	Yes	N/A	Audit has not yet commenced.
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	100% (668/668). All patients with an ICU stay are eligible and uploaded.
Elective Surgery (National PROMs Programme)	NHS Digital	Yes	Yes	100% of questionnaires distributed to patients. However, completion and submission of questionnaires is dependent on patients.
Emergency Medicine QIPs: a) Care of Older People	Royal College of Emergency Medicine	Yes	Yes	0% for data collection period May 2023 – October 2023. The JPUH planned to fully participate in the RCEM Care of Older People audit for 2023/24. However, the allocated personnel were unable to complete the data collection

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
				for the first data period due to lack of capacity. Data collection for the October 2023 to October 2024 period is ongoing with resources in place to achieve the target.
Emergency Medicine QIPs: b) Mental Health (Self-Harm)	Royal College of Emergency Medicine	Yes	Yes	For the data period 04/10/22 to 03/10/23, 22% case ascertainment was achieved (56 cases submitted, target of 260). 4 months of initial data entry (67 cases) in this period was rendered obsolete due to data entry issues with RCEM portal. For the data period 04/10/23 to 03/10/24, data collection is ongoing. Based on the target of 5 cases per week, case ascertainment for the year to date as of 29/04/24 is 37% (54 cases submitted, target of 145.)
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	Yes	Yes	100% (14/14)
Falls and Fragility Fracture Audit Programme (FFFAP): a) Fracture Liaison Service Database (FLS-DB)	Royal College of Physicians	Yes	Yes	Final submission deadline for 2023/24 is 31/05/24. Current case ascertainment stands at 45% (1077/2394). Projected to be 66% (1571/2394) by deadline date.
Falls and Fragility Fracture Audit Programme (FFFAP): b) National Audit of Inpatient Falls (NAIF)	Royal College of Physicians	Yes	Yes	100% (10/10) for 01/01/23 to 31/12/23.
Falls and Fragility Fracture Audit Programme (FFFAP): c) National Hip Fracture Database (NHFD)	Royal College of Physicians	Yes	Yes	99.6% (494/496)
Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory	IBD Registry	Yes	Yes	Unable to submit any data due to the lack of consent obtained from the patients we had registered.

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
Bowel Disease (IBD) Audit]				
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	NHS England	Yes	Yes	100% (8/8) cases submitted for 01/04/23 - 31/03/24.
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Mortality Surveillance	University of Oxford / MBRRACEUK collaborative	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	University of Oxford / MBRRACEUK collaborative	Yes	Yes	100%
National Adult Diabetes Audit (NDA): b) National Diabetes Inpatient Safety Audit (NDISA)	NHS Digital	Yes	Yes	19 cases submitted for the period 01/04/23 - 31/03/24. This represents 100% of cases of DKA, HHS and Diabetic Foot Ulcers. Episodes of hypoglycaemic rescue are submitted where identified however, a case ascertainment figure cannot be provided due to difficulties identifying cases.
National Adult Diabetes Audit (NDA): c) National Pregnancy in Diabetes Audit (NPID)	NHS Digital	Yes	Yes	100% (17/17) case ascertainment
National Adult Diabetes Audit (NDA): d) National Diabetes Core Audit	NHS Digital	Yes	Yes	As of 30/04/24, 1190 cases submitted for the period 01/04/23 - 31/03/24. 100% submitted for Type 1 Diabetes patients. The deadline for other diagnoses is 23/05/24; the Trust is on track to submit 100% for this.
National Asthma and COPD Audit Programme (NACAP): a) COPD Secondary Care	Royal College of Physicians	Yes	Yes	366 patients submitted for the period 01/04/23 – 31/03/24. 95% (169/178) for period 01/04/23 – 30/09/23. 87% (86/99) for period 01/10/23 – 31/12/23. Currently 100% (111/111) for period 01/01/24 – 31/03/24, **however further**

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
				eligible patients may be identified by Clinical Coding following the deadline.
National Asthma and COPD Audit Programme (NACAP): c) Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	100% (115/115) case ascertainment for 01/04/23 - 31/03/24.
National Asthma and COPD Audit Programme (NACAP): d) Children and Young People's Asthma Secondary Care	Royal College of Physicians	Yes	Yes	100%
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	N/A	National audit was paused for data collection for 2023.
National Audit of Dementia (NAD)	Royal College of Psychiatrists	Yes	Yes	100% (50 patients submitted, minimum target was 40)
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Royal College of Surgeons of England (RCS)	Yes	Yes	100% Automatic data collection via COSD submission.
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Royal College of Surgeons of England (RCS)	Yes	Yes	100%. Automatic data collection via COSD submission.
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	100% case ascertainment confirmed. Latest available figures from the NCAA show 30 cases from 01/04/2023 to 31/12/2023
National Cardiac Audit Programme (NCAP): c) National Heart Failure Audit (NHFA)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	Yes	Data is submitted for all heart failure patients that the cardiac nursing team are aware of. A case ascertainment figure cannot be provided because the exact number of patients is unknown.
National Cardiac Audit Programme (NCAP): e) Myocardial Ischaemia National Audit Project (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	Yes	Data is submitted for all patients identified by the cardiac nursing team as having a discharge diagnosis of non-ST elevation myocardial infarction (NSTEMI). A case ascertainment figure cannot be provided because the exact number of patients is unknown.
National Child Mortality Database (NCMD)	University of Bristol	Yes	Yes	Data for the National Child Mortality Database is submitted by the relevant Local Child Death Overview Panels.

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Comparative Audit of Blood Transfusion: a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138	NHS Blood and Transplant	Yes	Yes	100% for 3 standards. Only 3 applicable patients for 4th standard, NCA aware and accept.
National Comparative Audit of Blood Transfusion: b) 2023 Bedside Transfusion Audit	NHS Blood and Transplant	Yes	Yes	100% (10/10 cases)
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	73% (43/59) for 01/04/23 - 31/03/24.
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	Yes	<95% (149 entries so far)
National Gastro-Intestinal Cancer Audit Programme (GICAP): a) National Bowel Cancer Audit (NBOCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	100% Automatic data collection via COSD submission.
National Gastro-Intestinal Cancer Audit Programme (GICAP): b) National Oesophago-Gastric Cancer Audit (NOGCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	100% Automatic data collection via COSD submission.
National Joint Registry	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	100% – JPUH awarded a Gold Quality Data Provider Award certificate for data quality and submission in 2023.
National Lung Cancer Audit (NLCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	100%. Automatic data collection via COSD submission.
National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	100% - Data is extracted from the MSDS submission.

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	100% - Data is automatically submitted via BadgerNet.
National Ophthalmology Database (NOD) Audit - National Cataract Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	Yes	100% - All the cataract operations are recorded on Medisight , which is linked to the national NOD database
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	100% (153/153)
National Prostate Cancer Audit (NPCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	100% Automatic data collection via COSD submission.
National Vascular Registry (NVR)	Royal College of Surgeons of England (RCS)	Yes	Yes	National Vascular registry data is submitted by Norfolk and Norwich University Hospitals for JPUH patients, JPUH specific case ascertainment cannot be calculated.
Perinatal Mortality Review Tool (PMRT)	University of Oxford / MBRRACEUK collaborative	Yes	Yes	100%
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Yes	7 new patients recruited in 2023. This is a research study, so participation is voluntary, and the number of eligible patients cannot be calculated.
Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	90%+ for all data periods from April 2023 – March 2024
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	100% of known cases submitted for 01/04/23 - 31/03/24.
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	Yes	Yes	100%,(50/50)
The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	Yes	Yes	TARN data has been collected for the entire 2023/24 financial year. However due to a cyber attack at the University of Manchester, who host the TARN audit, on 15th June 2023, only data for the April to June 2023 period was entered onto the national portal. TARN national downtime has continued to the end of March 2024 in anticipation of the National Major Trauma Registry

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
				(NMTR) going live to replace the system. Due to TARN downtime, no national statistical reporting is available to calculate case ascertainment. However 104 cases were submitted between April and June 2023, which is in line with expected submission rates based on numbers from previous years.
UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	Yes	Yes	Renal Registry data submitted by Norfolk and Norwich University Hospitals for JPUH patients
UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	Yes	Yes	Renal Registry data submitted by Norfolk and Norwich University Hospitals for JPUH patients
Cleft Registry and Audit Network (CRANE) Database	Royal College of Surgeons of England (RCS)	No	N/A	
National Adult Diabetes Audit (NDA): a) National Diabetes Footcare Audit (NDFA)	NHS Digital	No	N/A	
National Asthma and COPD Audit Programme (NACAP): b) Pulmonary Rehabilitation	Royal College of Physicians	No	N/A	
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	NHS Benchmarking Network	No	N/A	
National Audit of Pulmonary Hypertension	NHS Digital	No	N/A	
National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	No	N/A	
National Audit of Cardiac Rehabilitation	University of York	No	N/A	
National Cardiac Audit Programme (NCAP): a) National Adult Cardiac Surgery Audit (NACSA)	National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A	
National Cardiac Audit Programme	National Institute for Cardiovascular	No	N/A	

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
(NCAP): b) National Congenital Heart Disease Audit (NCHDA)	Outcomes Research (NICOR)			
National Cardiac Audit Programme (NCAP): d) National Audit of Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A	
National Cardiac Audit Programme (NCAP): f) National Audit of Percutaneous Coronary Intervention (NAPCI)	National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A	
National Cardiac Audit Programme (NCAP): g) National Audit of Mitral Valve Leaflet Repairs (MVLR)	National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A	
National Cardiac Audit Programme (NCAP): h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	National Institute for Cardiovascular Outcomes Research (NICOR)	No	N/A	
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists	No	N/A	
National Obesity Audit (NOA)	NHS Digital	No	N/A	
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	No	N/A	
Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	No	N/A	
Prescribing Observatory for Mental Health (POMH): a) Use of medicines with anticholinergic (antimuscarinic) properties in older	Royal College of Psychiatrists	No	N/A	

Audit Title	Provider	Relevant to JPUH Services?	Trust participation	Case Ascertainment
people's mental health services				
Prescribing Observatory for Mental Health (POMH): b) Monitoring of patients prescribed lithium	Royal College of Psychiatrists	No	N/A	
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	

The reports of **10** national clinical audits were reviewed by the provider in 2023/24 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

A selection of actions from the **10** national clinical audit reports reviewed:

MBRRACE - Reducing Risk through Audits and Confidential Enquiries (MBRRACE) - Perinatal Mortality Surveillance

- ✓ A new initiative for enhanced cessation support is planned at JPUH and Quitzy[1] is now in place to be reviewed in 6 months.
- ✓ Review and develop current processes to emphasise the importance of pre-conception health, as a routine part of every health professional's interaction with people who have risk factors for congenital anomaly.

National Oesophago-Gastric Cancer Audit (NOGCA)

- ✓ Patients are discussed in a weekly cancer patient tracking list and are escalated via the escalation policy for those with delays over 104 days from referral to treatment. We liaise with other relevant hospitals to organise the waiting list and patient flow, taking into consideration treatment from another hospital for Surgery, Radiotherapy and staging investigations.
- ✓ We use radiotherapy or chemotherapy for all patients who are appropriate. Alternative non evidence-based regimens are not used. Best supportive care is used for patients with very poor prognosis who would not benefit from the above treatments.
- ✓ All appropriate dysplasia patients are discussed at the cancer MDT (multi-disciplinary team) for consideration for endoscopic treatment in line with current BSG (British Society Gastroenterology) recommendations.

Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls (NAIF)

- ✓ High quality multi-factorial falls risk assessment (MFRA) is already in place in every ward including Early Assessment and Discharge Unit (EADU), Tendable[2] audits are done twice yearly to assess compliance.
- ✓ Flat lifting equipment is available.
- ✓ Post Falls stickers with checklist available in every ward, medical assessment performed rapidly with appropriate action.
- ✓ NICE Guidelines and recommendations from NAIF are followed.

National Early Inflammatory Arthritis Audit (NEIAA)

- ✓ New dedicated early arthritis nurse specialist has been employed, and there are now systems in place to ensure all patients get specialist advice within 24 hours.

National Bowel Cancer Audit NBOCA ✓ Individual local outcomes provided by NBOCA reviewed and quality improvement initiatives targeted on areas not being met. ✓ Reviewed and taken action to improve participation, coding, data quality and timely reporting for NBOCA
National Neonatal Audit Programme ✓ Reviews of mortality results in place, Neonatal GIRFT (Getting It Right First Time) ✓ A quality improvement approach is in place for the delivery of evidence based strategies to reduce mortality. An audit on deferred cord clamping has been undertaken. ✓ Shared learning is already in place from locally delivered, externally supported multidisciplinary reviews of deaths.

The reports of **98** local clinical audits were reviewed by the provider in 2023/24 and James Paget University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

A selection of actions from local clinical audit reports reviewed:

Audit of Newborn Early Warning Trigger & Track Charts (NEWTT) ✓ To ensure accurate and full completion of NEWTT chart to enable quality patient care, visual prompts have been added to the Nursery on Ward 11, and to the message board on central delivery suite and Ward 11. ✓ Review to ensure prompts remain visible for staff.	Administration of Tranexamic Acid During Elective Hip Replacement ✓ Posters or Sticker templates for documentation of Tranexamic Acid in Operative notes to be created to improve compliance. ✓ Discussions to be had around adding Tranexamic acid to the WHO (World Health Organisation) checklist for Hip Arthroplasty. ✓ Audit presented and discussed at clinical governance.
Compliance with NICE Guidelines (NG232) for Traumatic Head Injury (CT) ✓ Email all ED (Emergency Department) clinicians a reminder about 'Head Trauma' to be included at the top of CT head requests for traumatic head injury to allow for quicker vetting. (Discussed with senior ED Consultant for approval.) ✓ Email all ED clinicians a reminder about NICE guidelines risk factors/ indications to be clearly mentioned on CT head requests for traumatic head injury	Inpatient Surgical Clerking Proforma (FY1 Doctors) ✓ New clerking proforma is now in use ✓ Training around the proforma and clerking included as part of the Junior Doctors induction. ✓ Posters have been created to inform staff of the new proforma. ✓ Inclusion of proforma in 'Blue Book' being considered.
Neutropenic Sepsis Audit for Oncology ✓ Neutropenic Sepsis Management and PGDs (Patient Group Directions) to be explained at Trust Inductions or in their handbook ✓ Re-audit of notes to be carried out continuously as per East of England cancer network requirement ✓ All new Ward 17 and ED nursing staff to be trained in cannulation ✓ Neutropenic Sepsis Management Guideline updated following audit	Comparison of Hip Fractures Old and New Consent Forms ✓ Present the audit project in the departmental educational meeting to inform clinicians about using the standardised consent forms for patients undergoing Neck of Femur Fracture Surgery ✓ Provide copies of the consent forms on Orthopaedic Trauma Ward and ED
Provision of EIDO leaflet to patients undergoing emergency general surgery	Audit on Intrapartum CTG ✓ New Intrapartum CTG stickers have been purchased, these are now compliant with

✓ All ward clerks to print out leaflets from the intranet and staple to consent forms.	guidelines, colour coded and allow for contemporaneous use.
Maternity Documentation Audit ✓ Guideline for maternity specific record keeping and documentation has been produced. ✓ Practice Improvement and Development feedback form created and in use. To provide direct feedback to staff to identify areas of improvement.	Re-audit of radiographer effectiveness in 'red dotting' pathology on ED imaging ✓ Radiographers will be reminded of the need to annotate all images ✓ Further radiographer education sessions to be scheduled – led by feedback from reporting radiographers ✓ Improve learning resources for radiographers – 'learning from errors'. A learning database has been created, with a focus on false negatives. Lunchtime 'red dot' education sessions have been restarted

National Confidential Enquiries

NCEPOD – What is it?

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care for the benefit of the public. They do this by undertaking confidential surveys and research covering many different aspects of care and making recommendations for clinicians and management to implement.

Title	Aim	Relevant to JPUH Services	Trust participation	Percentage of Cases Submitted
Endometriosis	To review remediable factors in the quality of care provided to patients aged 18 and over with a diagnosis of endometriosis between the 1st February 2018 - 31st July 2020	Yes	Yes	100%
End of Life Care	To identify and explore areas for improvement in the end-of-life care of patients aged 18 and over with advanced illness, focusing on the last six months of life.	Yes	Yes	100%
Juvenile Idiopathic Arthritis (JIA)	Will include young people aged 0 to 24 years, inclusive, with JIA/inflammatory arthritis. All providers of healthcare where patients with JIA might be cared for will be asked to participate in the study; this will include acute, community and independent organisations.	Yes	Yes	100%
Rehabilitation following critical illness	This study will evaluate the rehabilitation provided to critically ill adults within intensive care units, as well as throughout the recovery pathway to encompass both ward and community care	Yes	Yes	In progress
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) - Perinatal mortality and serious morbidity confidential enquiry	Confidential enquiries into stillbirths, infant deaths and cases of serious infant morbidity on a rolling basis	Yes	Yes	100%
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) - Maternal Morbidity Confidential Enquiries	Confidential enquiries into maternal deaths during and up to one year after the end of the pregnancy	Yes	Yes	100%

Title	Aim	Relevant to JPUH Services	Trust participation	Percentage of Cases Submitted
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) - Maternal Morbidity confidential enquiry - annual topic based serious maternal morbidity	Confidential enquiries into cases of serious maternal morbidity on a rolling basis	Yes	Yes	100%
Mental Health Clinical Outcome Review Programme - Real-time surveillance of patient suicide	The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 25 years.	No	N/A	
Mental Health Clinical Outcome Review Programme - Suicide (and homicide) by people under mental health care	The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 25 years.	No	N/A	
Mental Health Clinical Outcome Review Programme - Suicide by people in contact with substance misuse services	The NCISH database includes a national case series of suicide by patients under the care of mental health services over more than 25 years.	No	N/A	

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by James Paget University Hospitals NHS Foundation Trust in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee: 850***.**

* Figures based on projected final recruitment as confirmed figures are not available at the time of writing.

Commissioning for Quality and Innovation (CQUIN) Framework

A proportion of James Paget University Hospitals NHS Foundation Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between James Paget University Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2023/24 and for the following 12-month period are available electronically at: NHS England » 2023/24 CQUIN

The amount of income in 2023/24 conditional upon achieving quality improvement and innovation goals is: **£0**

The amount of income received for the associated payment in 2021/22 was: **£0***

*The CQUIN programme was suspended nationally in 2021/22 due to the Covid-19 pandemic.

Care Quality Commission (CQC)

James Paget University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is with no conditions attached to registration.

The Care Quality Commission **has** taken enforcement action against James Paget University Hospitals NHS Foundation Trust during 2023/24.

The overall CQC rating for the James Paget University Hospital NHS Foundation Trust remains 'Good'. This rate includes all sites of the Trust.

As a hospital, the CQC rating for the James Paget Hospital remains rated 'Requires Improvement' since the Maternity and Midwifery Services Inspection completed in the period 2022/23. As a result of this inspection, the CQC issued a Section 29A[1] Warning Notice of the Health and Social Care Act 2008.

In order to best respond to the areas for improvement identified by the mentioned inspection and the Warning Notice, a comprehensive programme of improvement actions was developed and its implementation has continued during the period 2023/24. The monitoring and oversee of the progress and effectiveness of the improvement programme continues being undertaken by an Executive Maternity Improvement Group led by the Chief Executive.

The processes and methods for monitoring compliance with Fundamental Standards have been improved. These new arrangements ensure a closer oversight on all elements of compliance and a more effective reporting and assurance processes.

James Paget University Hospitals NHS Foundation Trust **has not** participated in any special reviews or investigations by the CQC during the reporting period.

Secondary Uses Service

James Paget University Hospitals NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 99.8% for admitted patient care
  - 99.9% for outpatient care and
  - 99.3% for accident and emergency care
- which included the patient's valid General Medical Practice Code was:
  - 100% for admitted patient care
  - 100% for outpatient care and
  - 100% for accident and emergency care.

[1] [1] The CQC can serve a warning notice under section 29A of the Health and Social Care Act 2008 when they identify concerns across either the whole or part of an NHS trust or NHS foundation trust and decide that there is a need for significant improvements in the quality of healthcare. This includes concerns that are probably systematic and affect the entire system or service rather than being an isolated matter and that result in the risk of harm or actual harm.

Information Governance Assessment Report

James Paget University Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2023/24 was [not available at time of writing] and was graded Standards met*****

	JPUH 2020/21	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**
Data Security Protection Toolkit Assessment	Standards exceeded	Standards met	Standards exceeded	Standards met

Payment by Results

James Paget University Hospitals NHS Foundation Trust **was not** subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Data Quality

James Paget University Hospitals NHS Foundation Trust will be taking the following actions to improve data quality.

To fulfil the obligations for Data Quality assurance as outlined in Data Security Standard 1, the Trust uses a combination of external and internal validation resources to ensure the completeness and validity of data.

Externally, this includes the Data Quality Maturity Index[2] (DQMI), Secondary Uses Service (SUS) Data Quality Dashboards and error reporting through submissions to Hospital Episode Statistics (HES). Internally, the Trust Data Quality team produce daily, weekly and monthly reports for the Divisional teams which identifies errors for immediate correction. Internal and external reporting covers admitted patient care, outpatients, waiting lists and emergency care (A&E).

The output from external and internal validation sources forms part of the Data Quality report submitted to the Information Governance Committee and internal audits are also shared with divisional teams.

The Trust has an approved Data Quality Strategy that will establish a new monitoring forum for Data Quality at the Trust and commits the Trust to the creation of a Data Quality Kitemark to quality assure board-level metrics.

Learning from Deaths

Item 1
In the period 32023/244, **1,218** patients of the James Paget University Hospitals NHS Foundation Trust died.

The number of patient deaths in each quarter is detailed below:

- **316** in the first quarter (01/04/2023 to 30/06/2023)
- **278** in the second quarter (01/07/2023 to 30/09/2023)
- **310** in the third quarter (01/10/2023 to 31/12/2023)
- **314** in the fourth quarter (01/01/2024 to 31/03/2024)

[2] The Data Quality Maturity Index (DQMI) is a monthly publication intended to highlight the importance of data quality in the NHS. It provides data submitters with timely and transparent information about their data quality.

Item 2

During the 2023/24 period, out of the 1,218 patient deaths occurred, **113** (9%) cases were reviewed and/or investigated. The number of these cases reviewed and/or investigated each quarter is listed below:

- **52** in the first quarter (01/04/2023 to 30/06/2023)
- **26** in the second quarter (01/07/2023 to 30/09/2023)
- **20** in the third quarter (01/10/2023 to 31/12/2023)
- **15** in the fourth quarter (01/01/2024 to 31/03/2024)

Of these 113 cases, **98** (87%) were identified as requiring a case record review. The methodology used for this review is the Structured Judgement Review (SJR).

Of these 98 cases requiring an SJR, **6** were also reviewed or investigated under the Patient Safety Incident framework applicable.

In addition, **15** cases were reviewed or investigated as per the applicable Patient Safety Incident framework.

Of the 98 cases requiring an SJR, **12 (**representing **0.99%** of the patient deaths during 2023/24) cases are still going through the SJR process.

Item 3

None of the 98 cases reviewed using the SJR methodology have identified clear probability of the outcome having been linked to problems in the care provided to the patient. In **one** case, it was considered that death had some possibility of having been preventable (estimated less than 50-50 chance). This case occurred in July 2023.

Of those deaths that have been reviewed or investigated within the Patient Safety Incident Response Framework (PSIRF), in 13 cases the incident has been considered to affect the outcome of the incident:

Period	The incident possibly affected the outcome	The incident probably affected the outcome	The incident caused the outcome	Total
Quarter 1 (Apr – Jun 23)	3	3		***6***
Quarter 2 (Jul – Sep 23)	2	1		***3***
Quarter 3 (Oct – Dec 23)	2			***2***
Quarter 4 (Jan – Mar 24)	1		1	***2***
TOTAL: 2023/24	***8***	***4***	***1***	13

Item 4

A summary of what the provider has learnt from case record reviews and investigation conducted in relation to the deaths identified in item 3

Learning from deaths where incidents and care may have had an effect on the outcome include the following subjects:

- Comprehensive discussion with patient about the possible complications of a procedure.
- Appropriate consultant anaesthetic cover.
- Timely and comprehensive discharge summaries.
- Consistency of care for *outlier* patients.
- Improved communication between medics and nurses and between different specialties.

- Timely use of pressure relieving equipment, especially for patients who remain high risk.
- Delays in care and their impact on care and management (e.g. metastases) of patients and staff.
- Importance of pregnancy tests for women between age of 12 and 55 who present with abdominal pain in ED.
- Clear documentation in clinical records and comprehensive documentation of patient health risks.
- Timely communication with bereaved families.
- Completion of capacity assessments.
- Support from the mental health team for prescribing and patient reviews.
- Consideration to be taken to keeping patients overnight in cases with wide patient co-morbidities and high risk procedures.
- Using ReSpect forms for identifying patient decision in relation to DNACPR and to identify ceilings of care and clear escalation plans.
- The importance of medicines reconciliation in back to back admission cases.
- Early involvement of palliative care.
- Appropriate NEWS scoring and escalation.
- Accurate frailty scoring.
- Delays in hospital transfers.

Item 5

A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 4)

Below are some of the key actions undertaken to address the opportunities for improvement identified during the reviews and investigation of deaths:

- Relevant consent form updated to include further information about potential complications.
- Educational sessions for relevant staff (this has been included to support several of the lessons learnt identified above).
- Strengthening of the oversight processes, including escalation, when treatment timeframes are breached (cancer).
- Implementation of pregnancy tests in ED for women between the age of 12 and 55 who present with abdominal pain.
- Review of procedures for pregnancy testing in ED.
- Review of Rapid Access Chest Pain Clinic (RACPC) pathway.
- Organisational communication with bereaved families.
- Distribution of workload for the completion of discharge summaries.
- To develop an SOP to support the reviews of mental health patients waiting for an assessment and for those awaiting mental health beads.

Item 6

An assessment of the impact of the actions described in item 5, which were taken by the provider during the reporting period

The actions mentioned above have contributed not only to drive improvements in the clinical practice, the safety and quality of care. They have improved the awareness and recognition amongst all members of staff of the importance of learning from the death of patients.

In addition to the changes driven by the learning of lessons, the Learning from Deaths processes within the trust have been significantly strengthen during this period. This improvement has included a deep review of

the Learning from Deaths Policy, which links all the different processes and teams involved in the management and learning from patient deaths.

A second fundamental change has involved the review of the process for the management of Structured Judgement Review (SJR). Pivotal to this has been the wide embedment of the NHS England SJRPlus platform, which has enabled the development of an electronic dashboard. This dashboard is driving a more in depth learning from SJRs and a more effective management of the process to manage the Mortality Register and the review of patient deaths.

The combination of the SJR Dashboard and the existing Mortality Dashboard has enabled the triangulation of the general morality data and the mortality review data. All this is complemented by the use of a model for the prediction of mortality data.

These changes have allowed the production of more responsive and comprehensive reports, which are included in the portfolio of multiple Trust governance forums to inform and provide assurance to all levels, including the Trust's Board.

Item 7

28 case record reviews were completed after 1st April 2023, which related to deaths which took place before the start of the reporting period.

Item 8

None of the cases mentioned in 'item 7' above were judged to be more likely than not to have been due to problems in the care provided to the patient.

Item 9

13 cases, representing **1.1%** of all patient deaths during 2023/24 are judged to have affected the outcome of the case.

2.3 Reporting against core indicators

Summary hospital-level mortality indicator (SHMI)

	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**	National Average 2022/23	Highest SHMI for FT	Lowest SHMI for FT
(a) Value and (banding) of the SHMI for the Trust	1.0723 (as expected)	1..0721 (as expected)	1..1117 (as expected)	1.0000	1.2548	0.7202

The SHMI for 2023/24 (January 2023 to December 2023) currently remains within expected limits.

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data, which is audited on an annual basis by external auditors.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

A monitoring and improvement programme is in place led by the Trust's Chief Medical Officer and overseen by the Mortality Surveillance Group, which receives information from Mortality & Morbidity Groups at specialty level, Clinical Mortality Review Group and the patient safety processes and governance systems.

Hospital re-admissions

	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**	National Average 2023/24	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Patients aged 0-15 years	12.0%	10.7%	10.2%	12.8%	37.7%	3.7%
Patients aged 16 or over	13.2%	12.1%	11.7%	14.4%	27.5%	2.5%

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data, which is audited on an annual basis by external auditors.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ This will include reviewing readmission rates and other clinical improvements emerging from various sources such as the national Getting it Right First Time programme, information presented on the Model Hospital Portal and the NHS benchmarking tool service peer reviews and any contract breaches

Patient reported outcome measures (PROMs)

PROMs – What is it?

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering two clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The two procedures are:

- hip replacements
- knee replacements

PROMs have been collected by all providers of NHS-funded care since April 2009.

PROMs participation rates

	JPUH 2020/21	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**
Groin hernia surgery	No longer collected			
Varicose vein surgery	No longer collected[3]			
Hip replacement surgery	95.8%	76.9%	*not available	*not available
Knee replacement surgery	86.2%	62.1%	*not available	*not available
All procedures	91.2%	69.8%	*not available	*not available

PROMs expected number of participants is calculated using Hospital Episode Statistics data. As such, the final number of participants may exceed the expected number from HES and result in a percentage of above 100%.

*****2022/23 and 2023/24 data is not yet published.

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- There is a process in place within pre-operative assessment for PROMs to ensure that all patients eligible for participation are given the opportunity to participate. Staff keep a record of how many PROMs are distributed and how many are completed.
- The pause in elective surgery due to the COVID-19 pandemic resulted in a lower participation rate for 2019/20 and overall participation improved in 2021/22.

James Paget University Hospitals NHS Foundation Trust has taken/intends to take the following actions to improve these percentages, and so the quality of its services, by:

✓ Estimated PROMs participation rates are monitored monthly and any actions will be implemented based on those figures.

[3] Varicose vein and groin hernia PROMS are no longer collected following a consultation undertaken by NHS England.

Responsiveness to the personal needs of patients

JPUH 2019/20	JPUH 2020/21	JPUH 2021/22	**JPUH 2022/23**	**JPUH 2022/23**	**England score 2021/22[4]**
75.6	73.8	*not available	*not available	*not available	74.5

* Data publication, which was due to be released March 2023, has been delayed following the merger of NHS Digital and NHS England on 1st February 2023. As a result, the future presentation of the NHS Outcomes Framework indicators are being reviewed.

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is based on questions from the National Inpatient Survey and patients have scored the Trust highly on the five aspects taken as part of this indicator.
- The Trust score is in line with the national average indicating a 'good' patient experience.

James Paget University Hospitals NHS Foundation Trust intend to take the following actions to improve these percentages, and so the quality of its services, by:

✓ Quality Improvement actions and bespoke surveys are carried out in response to the national survey.

Friends and Family Test (FFT) – Staff

Percentage of staff employed by, or under contract to, the trust during 2023/24 who would recommend the trust as a provider of care to their family or friends.

JPUH 2020	JPUH 2021	**JPUH 2022**	**JPUH 2023**	England 2022	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
79.2%	71.5%	63.3%	65.3%	1.9%	86.4% (tbc)	39.2% (tbc)

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

✓ Staff at the trust have a strong sense of pride in relation to the care they provide and towards colleagues and the organisation.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

✓ Encouraged a higher level of participation through multiple communications exercises.

[4] 2022/23 data not available

***Clostridioides difficile* (*C.difficile*)**

This measure shows the rate per 100,000 bed days of cases of *C.difficile* infection that have occurred within the Trust amongst patients aged two years or over during the reporting period.

	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**	National Average 2023/24	Highest score for Foundation Trusts	Lowest score for Foundation Trusts
Rate per 100,000 bed days *C.diff* infection	13.01	18.70	10.38	*Not available	*Not available	*Not available
Number of cases of *C.diff* infection	21	30	22	*Not available	*Not available	*Not available

*Data due to be published later in the year (month not specified).

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- ✓ Continuing strong focus on prevention as well as control
- ✓ Symptomatic carriers are isolated so the Trust is proactive in controlling the risk

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- ✓ Encouraging prudent use of antibiotics through:
  - Antibiotic policies
  - Encouraging the use of narrow-spectrum antibiotics
  - Limiting the duration of antibiotics usage
  - Engagement with clinicians around their practice
- ✓ Encouraging intravenous to oral switch.

Patient Safety Incidents

	JPUH 2020/21	JPUH 2021/22	JPUH 2022/23	**JPUH 2023/24**	Highest score for Acute (non-specialist) trusts	Lowest score for Acute (non-specialist) trusts
Number of patient safety incidents	5461	6009	6272	***13689**	*Not available	*Not available
					JPUH	
Rate per 1000 bed days	39.9	37.2	37.4	***77**	*Not available	*Not available
					JPUH	
Percentage of incidents resulting in Major Harm	0.5%	0.48%	0.3%	**0.4%**	*Not available	*Not available
					JPUH	
Percentage of incidents resulting in Death	0.09%	0.07%	0.08%	**0.2%**	*Not available	*Not available
					JPUH	

*This data was previously based on the National Reporting and learning Service (NRLS) data. Nationally we have moved over to the Learning from Patient Safety Events (LFPSE) Service, which does not specify patient safety incidents as a metric. The increase is due to the data being based on patient related incidents which is the closest metric we report on, but not directly comparable. The highest and Lowest score data is not available.

James Paget University Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Anonymous reporting and the ability to report incidents without logging in has been introduced.
- Awareness has been raised as to what constitutes a patient safety incident (PSI) through training and communications.
- Monthly monitoring of what has or, more importantly, has not been submitted as a PSI.

James Paget University Hospitals NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- ✓ New incident reporting system implemented that allows people to report incidents without logging in
- ✓ Quality checking of incidents will continue with the Learning From Patient Safety Events Service (LFPSE) being implemented – we will no longer have to manually upload patient safety incidents, the LFPSE is a live reporting platform
- ✓ From September 2023, the Patient Safety Incident Response Framework came into effect, greatly changing the face of how we look at incidents.
- ✓ Trust patient safety priorities have been agreed and detailed in the trust Patient Safety Incident Reporting Plan (PSIRP)
- ✓ Daily Triage and Multi Disciplinary review takes place of all incidents reported and escalation to the three times weekly Safety Assurance and Action Group (SAAG), with external attendance from the ICB. This facilitates timely discussion of incidents and Near Miss incidents, allocation of patient safety priority incident category and agreement of the learning pathway and immediate actions required.
- ✓ Introduction of the Patient Safety Improvement Group (PSIG) receives escalation of themes and trends relating to patient safety topics and reporting of the learning achieved in the trust, related to patient safety and quality activity and implementation of PSIRF.
- ✓ Incident reporting and learning is also discussed at Divisional governance meetings monthly with trends and themes analysed and cascaded to wider teams.
- ✓ All data is provided by bed days/number of contacts for Divisions to provide context when analysing incident data.

NHS Oversight Framework Indicators

Performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS England. For 2023/24 these are:

Indicator	Threshold 2023/24	JPUH 2023/24
Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	0	1,285
Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	76%	74.1%
Reduce adult general and acute (G&A) bed occupancy to 92% or below	92%	97.5%
Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	75%	72.5%
Continue to reduce the number of patients waiting over 62 days for Cancer referrals	96	71
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	95%	86.0%

For definitions for all Indicators, please see the use the link: 23-24 priorities and operational planning guidance v1.1

Guardian of Safe Working Hours end of year report

This report summarises progress to the year ending 31 March 2024 in providing assurance that doctors are safely rostered and enabled to work safe hours.

The work schedules for the doctors are now compliant with the new contract and the monitoring system for exception reporting is being used well.

The Trust continues to work to ensure that any exceptions are raised appropriately and that the trust has an open and transparent culture.

1.0 Rota Gaps / Vacancies

1.1 Medical and Dental Establishment v Actual Full Time Equivalent (FTE)

Row Labels	FTE Establishment	Actual FTE
Foundation Year 1	42.60	42.00
Foundation Year 2	34.00	40.87
Specialty Registrar	102.01	104.11
Trust Grade Doctor - Foundation Level	0.00	0.00
Trust Grade Doctor - Specialty Registrar	3.00	7.63
Grand Total	**181.61**	**194.61**

1.2 Specialties with Trainee Gaps:

- Acute Medicine / General Medicine
- General Surgery
- Obstetrics and Gynaecology
- Anaesthesia
- Radiology

The deficiencies were similar to those in previous years.

2.0 Wellbeing

There were further improvements in doctors' mess and rest facilities. Continued promotion of well-being offered by trust, including BMA, HEE PSA and other external support available specific for the medical workforce.

3.0 Submitted Exception Reports 01.04.2023 to 31.03.2024

Total number of exception reports received	277
Number relating to immediate patient safety issues	14
Number relating to hours of working	254
Number relating to pattern of work	11
Number relating to educational opportunities	8
Number relating to service support available for the doctor	4

Note: Within the reporting system, an Exception relating to hours of work, pattern of work, educational opportunities and service support have the option to specify if it is an immediate Patient Safety Concern (ISC), therefore ISC is not an exception type by itself.

4.0 Exception Reports with Immediate Patient Safety Concerns

There were 14 exceptions reported related to Immediate Patient Safety Concerns in the last year. The following table summarises these exceptions with outcomes and comments.

	Date	Speciality	Grade	Reason	Details	Comments
1	28/4/23	General Medicine	SHO	Extra hours	Low staffing because of sickness, stayed extra to finish jobs.	Not critically low staffing level. Paid for extra hours worked.
2	10/9/23	General Surgery	CT2	Service Support	During night asked to cover ortho SHO who become sick.	It was accordance to Hospital at night rule
3	16/1/24	General Surgery	CT2	Extra hours	Low staffing (sickness), stayed extra to finish jobs.	Not critically low staffing level. Paid for extra hours worked.
4	20/11/23	General Medicine	FY1	Extra hours	Unusably busy take, have to extra to finish jobs.	Normal staffing level. Paid for extra hours worked.
5	20/11/23	General Medicine	FY1	Extra hours	Low staffing (sickness), stayed extra to finish jobs.	Staffing tried to fill sickness by locum. Paid for extra hours.
6	20/11/23	Acute Medicine	FY1	Extra hours	Low staffing (sickness), stayed extra to finish jobs	Not critically low staffing level. Paid for extra hours worked.
7	13/12/23	Acute Medicine	FY1	Extra hours	Unusably busy take, have to extra to finish jobs.	Paid for extra hours worked.
8	15/11/23	Acute Medicine	FY1	Service Support	Low staffing (sickness), stayed extra to finish jobs.	Locum does not turn up until late. Had support from Seniors. Paid for extra hours worked.
9	19/11/23	General Medicine	FY1	Extra hours	Low staffing (sickness), stayed extra to finish jobs.	Not critically low staffing level. Paid for extra hours worked.
10	29/1/24	General Medicine	FY1	Service Support	Low staffing (sickness) at night.	EADU SHO helped until midnight, Not critically low staffing.
11	28/1/24	GP trainee (rostered in Medicine)	ST1	Extra hours	Asked to cover 3 wards during weekend day cover, stayed extra to finish jobs.	Not critically low staffing level. Paid for extra hours worked.
12	27/1/24	GP trainee (rostered in Medicine)	ST1	Extra hours	Asked to cover 3 wards during weekend day cover, stayed extra to finish jobs.	Low staffing because of sickness Paid for extra hours worked.
13	19/2/24	Acute Medicine	ST3	Service Support	Low staffing because of sickness.	Support was locums from 8AM to 5 PM
14	20/2/24	Acute Medicine	ST3	Service Support	Low staffing because of sickness.	Not critically low staffing level.

5.0 Exception Reports Relating to Educational Opportunities

There were 8 exception reports related to educational opportunities in the last year. The following table summarises these exceptions with outcomes and comments.

	Date	Speciality	Grade	Reason	Details	Comments
1	5/9/23	General Medicine	FY1	Missed Teaching	Missed teaching as very busy ward, no one able to hold bleep.	TOIL granted to give time to learn missed topics (default option).
2	16/10/23	Acute Medicine	FY1	Half Day	Not able to take bleep free half day for self-development.	TOIL granted to give time to learn missed topics.
3	24/10/23	General Surgery	CT2	Missed Training	Theatres cancelation due to lack of beds.	Alternative theatres arrangement for future.
4	16/12/23	Obs/Gynae (GP trainee)	ST2	Missed Teaching	Missed GP VTS teaching because of unusually busy labour wards.	TOIL granted to give time to learn missed topics.
5	24/1/24	General Medicine	FY1	Half Day	Missed 1 hour of bleep free half day for self-development.	TOIL granted for missed time.
6	26/1/24	General Medicine	FY1	Missed Teaching	Junior Doctors Forum meeting and weekly teaching was scheduled at same time.	Trainee decided to attend JDM meeting. TOIL granted.
7	28/2/24	Obs/Gynae	ST1	Missed Teaching	Unusually busy labour wards.	TOIL granted to give time to learn missed topics.
8	5/3/23	Paediatrics (GP trainee)	ST1	Missed Teaching	Missed GP VTS teaching because of Junior Doctor strike no one available to hold bleep.	TOIL granted to give time to learn missed topics.

6.0 Details and Response to Unresolved Exception Reports

No unresolved exception reports in the last year.

7.0 Fines

There have been no fines to trust in the last 12 months.

8.0 Work Schedule Reviews

There were a few minor but important issues in the General Surgery, Gynae, and Acute Medicine work schedule. Therefore, work schedule reviews were initiated. In Surgery, the main problem was that online Rota timings were different from Generic Work Schedule. For example, the online Rota states SAU finishes at 17:30, and Theatres finishes at 18:00. Generic Work Schedule finishes at 17:00 on these days. These disparities were sorted. In Gynae and Acute Medicine (A&E), the main issue was the lack of consideration for handover takeover time (overlap). Now all work schedule recommendations have been incorporated in the rotas. All exceptions were either granted payment or TOIL while awaiting implementations causing some increase in the exceptions reports in last year.

9.0 Junior Doctor Forums

No major issue was identified in formal or informal JDF meetings.

10.0 Summary

There was about a three-fold increase in exception reports in the last year compared to the previous year (277 vs. 92). Most of this was from encouragement and better Exception Reporting Trainees but also from the detection of some flaws compensated by TOIL or Payment.

The Medical time to hire for 2023/24 was similar to that of 2022/23. Gateway Doctors, Locally Employed Doctors (LED), Medical Training Initiative (MTI) and Physician Associates (PA) were employed to mitigate medical trainee gaps. Any gap left after that was filled with locums.

The Trust continued promoting well-being offers and other external support which are available specifically for the medical workforce.

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Annex 1

Statements from Stakeholders

1. Norfolk and Waveney Integrated Care Board

NHS
Norfolk and Waveney
Integrated Care Board

Paul Morris, Chief Nurse,
James Paget University Hospital
Lowestoft Road,
Great Yarmouth,
NR31 6LA

Our Ref: 01 July 2024

County Hall,
Martineau Ln,
Norwich,
NR1 2DH
Direct Tel: 01603 595857
Web: https://www.improvinglivesnw.org.uk/
Email: nwicb.contactus@nhs.net

Dear Paul,

The Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the 2023/2024 Quality Account from the James Paget University Hospital (JPUH) and welcomes the opportunity to provide this statement.

Based on the information and data available within the draft report, the ICB supports JPUH in the publication of its Quality Account for 2023/2024. We are satisfied that it incorporates the required mandated elements.

The ICB recognises the challenges experienced by the Trust over the last contractual year and the significant pressures that the workforce has faced during sustained system wide pressure, recovering from the COVID-19 pandemic and the impact of industrial action. We thank the Trust and staff for their sustained commitment in caring for those using your services.

The ICB notes the Trust's overall Care Quality Commission (CQC) rating remains 'Good' and acknowledges the progress made in maternity services following the CQC issue of a Section 29A Warning Notice of the Health and Social Care Act 2008. The ICB welcomes collaborating with you to support developments across the Local Maternity and Neonatal systems (LMNS), including the delivery of a three-year plan for Maternity and Neonatal services and the NHS Long Term plan. The ICB welcomes the Trust's work in bringing the clinical teams more closely together.

The ICB is pleased to see the positive progress and improvement achieved against the 2023/2024 priorities and acknowledges the Trust's further actions to meet the reduction of category two pressure ulcers, improving timeliness of access, and redesign of patient advice and liaison service (PALS).

The ICB recognises the Trust's engagement with the national Learning from Patient Safety Events (LFPSE) to support system learning by providing greater insight and

analysis to support local and national safety improvement. The ICB recognises the ongoing scrutiny of the Medical Examiner Service and the Trust's commitment to Learning from Deaths and supports this being a key priority alongside the continued embedding of the Patient Safety Incident Response Framework (PSIRF), to ensure proportionate learning and continued implementation of improvements to quality of care.

The ICB is pleased to see the Trust engagement with national and clinical audits and confidential enquiries, noting the actions identified to improve the quality of healthcare provided. We welcome your continued internal focus led by your teams and your collaborative approach in working with the broader system to improve patient experience and safety.

We note your progress against the quality improvement priorities for 2023/2024 and acknowledge your quality priorities for 2024/2027, welcoming the opportunity to collaborate with you on the following domains: Patient Safety, Clinical Effectiveness and Patients Experience through,

- Implementation and optimisation of the patient safety and learning culture of PSIRF.
- Delivering Personalised and Safe Care for Maternity and Neonatal service users through the Maternity Improvement Plan (MIP).
- Reducing the incidence of avoidable harm.
- Embedding and building on the Patient and Public Engagement Plan.
- Delivering high standards of care and access to services for our Older Peoples Medicine.

The ICB recognises the challenges ahead and values the commitment from all staff within the Trust, we believe the report captures key elements of safety, clinical effectiveness, and patient experience and the Trust's commitment to continuous improvement and quality.

On behalf of NHS Norfolk and Waveney ICB, I would like to personally thank you, the individuals involved in developing and producing this account and all Trust staff. We look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2024/2025.

Kind regards

K Watts

Karen Watts

Director of Nursing and Quality
NHS Norfolk and Waveney Integrated Care Board.

2. Health Watch Norfolk

Healthwatch Norfolk (HWN) welcomes the opportunity to review the Quality Account for 2023-24. We fully recognise the challenges the Trust has experienced during the previous 12 months due to pressures on the NHS both locally and nationally. However, the document sets out a summary of achievement for those quality priorities agreed for 2023/24 and the priorities set for 2024/25 in a format which is accessible and meaningful, taking into account the mandatory requirements of the NHS Annual Quality Accounts Regulations.

The Quality Account clearly demonstrates where the Trust has achieved its goals for improvements in quality set for 2023-24 and we congratulate the Trust on its achievements.

The Trust has clearly embraced the implementation of the Patient Safety Incident Response Framework (PSIRF). In accordance with HWN's focus on patient, family and carers' experiences we welcome the introduction of an Engagement Lead for each Level 2 incident learning process as a single point of contact. We firmly believe in the principle of those involved not having to repeatedly engage with different members of staff to offer and ask for information. We also note the daily triage and multi discipline review of all incidents reported. This demonstrates the Trust's focus on learning.

Whilst we applaud the achievements, we are disappointed to note that the Trust did not achieve its 5% reduction in the risk of patients developing Category 2 pressure ulcers. There is no clear explanation as the reasons for this not being achieved but we do note the proposed actions to hopefully make progress in achieving a reduction during 2024/25.

In terms of patient experience, there are no examples as to how the actions achieved to date have impacted on the implementation of the maternity improvement plan but clearly the Trust continues to work hard on improvements to reflect the recommendations from a number of published maternity investigation reports.

We welcome the impact of the improvements in the timescales for completing Structured Judgement Reviews relating to learning from deaths. There are a

significant number of actions detailed later in the Quality Plan as a result of learning from case record reviews of deaths.

HWN recognises the impact of industrial action (by some NHS staff) resulting in the non-achievement of the priority around improvements to access and waiting times. It would be helpful for information to be included regarding regular communication with those patients who have to be cancelled and rebooked for outpatient appointments or surgery.

Work on the optimisation of the Trust's clinical guideline process can only help to ensure a smooth pathway of treatment for patients.

The work being done participating in clinical audits is another example of the Trust's focus on learning.

HWN is pleased to note the increase in the number of PALS officers. It would be useful to know if the increase in resources has impacted on the timescales for resolution of enquiries to PALS.

We also commend the Trust's accreditation for the carer friendly tick and the recruitment of two new members to the patient led user group. We very much support the value of 'expert patients' when reviewing where improvements could be made to the quality of care.

With regard to the quality priorities for improvements going forward we note the longer time frame for a 3-year plan up to 2027. In terms of communication when things go wrong, it would be useful for the Quality Account to provide baseline information on complaints to date about poor communication, delays in responding and not being informed of outcomes/findings. This baseline information would help readers to understand the extent of the problem and better be able to monitor the impact of the proposed actions to improve matters.

With regard to the Maternity Improvement Plan, we note the Plan will be reviewed yearly but HWN would appreciate an interim update on delivery of the Plan.

Relating to the proposals to reduce incidence of avoidable harm, as previously mentioned we are pleased to note the inclusion of a reduction in pressure ulcers in the list of goals to be achieved.

We are also pleased to note the proposals for engagement workshops, and we would be very willing to share our experience and expertise with the Trust as and when it develops a programme for the workshops.

With regard to the Trust's proposed work on Older People's Medicine, in particular to reduce the length of stay and reduce admissions HWN believes it is important to include the caveat that any such reductions must be within the parameters of other care and support being provided to patients e.g. care at home, community support schemes, co-ordinated discharge plans, use of pharmacy first etc. Although not clearly referenced, we have no doubt the Trust will work collaboratively across the health and social care sectors to achieve this goal with no detriment to those seeking care and support.

Going forward HWN would very much welcome the opportunity to review progress on achieving the quality priorities set for 2024-25, as detailed in the Quality Account, through engagement with an appropriate Quality Lead. In addition, we believe there would be merit in meeting with the Trust during the planning stage for drafting next year's Quality Account.

In conclusion, HWN believes the document details progress made during the past year and outlines future plans for continuous quality improvement against a background of challenges for the NHS as a whole. We fully endorse the Trust's commitment to continued learning and improvement as detailed in the document. We look forward to continuing to work with the Trust to ensure patient, family and carers' experiences are taken into account as services are monitored and improved from the perspective of safety and quality.

Alex Stewart
Chief Executive Officer
June 2024

Annex 2

Statement of directors' responsibilities for the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England (Formerly NHS Improvement) has issued guidance to NHS foundation trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

- the content of the quality account meets the requirements set out in the *NHS foundation trust annual reporting manual 2022/23* and supporting guidance *Detailed requirements for quality reports 2019/20*

- the content of the quality account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2023 to 31/03/2024
  - papers relating to quality reported to the board over the period April 2023 to 31/03/2024
  - feedback from commissioners dated -**16.06.24**
  - feedback from governors dated – Shared with the governors for comment
  - feedback from local Healthwatch organisations dated -**10.05.24**
  - feedback from Overview and Scrutiny Committee dated -**16.06.24**
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated
  - the 2023 national patient survey **05.06.24**
  - the 2023 national staff survey **29.05.24**
  - the Head of Internal Audit's annual opinion of the trust's control environment dated – not required this year
  - CQC inspection report dated **31.05.23**

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered.

- the performance information reported in the quality report is reliable and accurate.

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

- the quality report has been prepared in accordance with NHS England's (Formerly NHS Improvement's) annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board: **Date: 01/07/2024** **Chair**

Date: 01/0/2024 **Chief Executive**

Glossary of terms and abbreviations

Term	Meaning
A&E	Accident and Emergency Department
AMD	Assistant Medical Director
BAME	Black and Minority Ethnic
BAUS	British Association of Urological Surgeons
BCN	Breast Care Nurse
BFI	Baby Friendly Initiative
BTS	British Thoracic Society
C.difficile or *C.diff*	*Clostridioides difficile*
CAPE	Carer and Patient Experience Committee
CEG	Clinical Effectiveness Group
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 19
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement and Innovation
DKA	Diabetic Ketoacidosis
DoC	Duty of Candour
DQMI	Data Quality Maturity Index
EADU	Emergency Admissions and Discharge Unit
ENT	Ear, Nose and Throat
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
FFT	Friends and Family Test
FLO	Family Liaison Officer
FTE	Full Time Equivalent
FY	Foundation Year
GP	General Practitioner
GY&W	Great Yarmouth and Waveney
HES	Hospital Episode Statistics
HHS	Hyperosmolar Hyperglycaemic State
HMG	Hospital Management Group
HQIP	Healthcare Quality Improvement Partnership
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICNARC	Intensive Care National Audit and Research Centre
ICS	Integrated Care System
IPA	Interpretative Phenomenological Analysis
IPQR	Integrated Performance Quality Report
JIA	Juvenile Idiopathic Arthritis
JPUH	James Paget University Hospitals NHS Foundation Trust
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicators
LeDeR	Learning from Lives and Deaths - People with a Learning Disability and autistic people
LFPSE	Learning From Patient Safety Events Service
LMNS	Local Maternity and Neonatal System
LQBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and More
MBRRACE	Mothers and Babies: Reducing Risk Through Audits And Confidential Enquiries
MDT	Multidisciplinary Team

Term	Meaning
N&W	Norfolk and Waveney
N/A	Not Applicable
NABCOP	National Audit of Breast Cancer In Older Patients
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life
NaDIA	National Diabetes Inpatient Audit
NBOCA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiry Into Patient Outcome And Death
NCISH	The National Confidential Inquiry Into Suicide and Safety in Mental Health
NEACU	Nursing Essential Assessment and Care Updates
NHS	National Health Service
NHSE/I	NHS England and Improvement
NICE	National Institute for Health and Care Excellence
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NSFT	Norfolk and Suffolk Foundation Trust
ORBIT	Outcomes Registry for Better Informed Treatment of Atrial Fibrillation
PALS	Patient Advice and Liaison Service
PROMs	Patient Reported Outcome Measures
PSI	Patient Safety Incident
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
PSP	Patient Safety Partner
PSQ	Patient Safety and Quality Committee
PwC	PricewaterhouseCoopers
QIP	Quality Improvement Programme
QSAFE	Quality, Safety, Assurance, Feedback, Excellence - The Trust's Safety and Assurance System
RAAC	Reinforced Autoclaved Aerated Concrete
RCEM	Royal College of Emergency Medicine
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RITA	Reminiscence/Rehabilitation and Interactive Therapy Activities
RTT	Referral to Treatment
SHMI	Summary Hospital Level Mortality Indicator
SJR	Structured Judgement Review
SOP	Standard Operating Procedure
SUS	Secondary Uses Service
TCI	To-Come-In
TDT	Tobacco Dependence Treatment
TOIL	Time Off In Lieu
UEA	University of East Anglia
UEC	Urgent and Emergency Care
UK	United Kingdom
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism

Term	Meaning
WHO	World Health Organisation