

Norfolk and Norwich University Hospitals NHS Foundation Trust

Inspection report

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Ratings

Overall trust quality rating

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 
Combined quality and resource rating	Requires improvement 

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

Summary of findings

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RM1/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RM1/inspection-summary).

Background to the trust

Norfolk and Norwich University Hospitals NHS Foundation Trust operates primarily across two sites:

- Norfolk and Norwich University Hospital (NNUH) – this was built in 2001 and is based on the Norwich Research Park. Care is provided for a tertiary catchment area from Norfolk and neighbouring counties across the sustainability and transformation partnership (STP)
- Cromer and District Hospital – this was rebuilt by the Trust in 2013. It has a minor injuries unit and provides a range of outpatient and day-case services

The trust has made significant investments in additional capacity, which includes additional inpatient facilities, four new interventional radiology laboratories and a fourth cardiac catheter laboratory which are due to open in Spring 2020. The Trust also recently opened a new positron emission tomography computed tomography (PET CT) scanner. At Cromer hospital, a new ambulatory cancer centre is planned to open in 2021 in partnership with Macmillan cancer.

The trust opened the Quadram Institute in December 2018 in research partnership. This houses the largest endoscopy unit in Europe and research facilities, providing teaching and clinical training to a wide range of health professionals in partnership with the University of East Anglia and the Norwich Medical School. The trust also hosts the National Institute for Health Research (NIHR) clinical research network for the Eastern region.

The trust is involved in partnership working across the healthcare system, including joint clinical appointments with neighbouring trusts, a shared electronic prescribing system, an STP wide urgent and emergency care delivery board and a referral to treatment (RTT) management board which works across the system to support delivery against key targets.

The trust has also embarked upon an STP sponsored programme to redesign acute service provision across three acute hospital sites. This work will result in NNUH becoming the lead provider for a range of services across the county.

(Source: Routine Provider Information Request (RPIR) – Acute context tab)

Hospital sites at the trust

A list of the hospitals at Norfolk and Norwich University Hospitals NHS Foundation Trust is below.

Summary of findings

(Source: Routine Provider Information Request (RPIR) – Sites tab)

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement 



What this trust does

Norfolk and Norwich University Hospital NHS Foundation Trust provides acute, maternity and some community health services.

Acute services are provided at the Norfolk and Norwich Hospital and encompasses urgent and emergency care, planned medical and surgical care, critical care, maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services.

The trust has over 1100 inpatient beds and around 10,000 staff.

There is a minor injuries unit, day procedure unit and outpatients' services provided at Cromer.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. The trust was placed in special measures in June 2018 following significant concerns found in several services and was told it must take action to improve.

We inspected four acute core services provided by the trust as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe, responsive and well led as requires improvement and caring as good. Effective went up from requires improvement to good. Ratings for four key questions, safe, caring, responsive and well led remained the same whilst effective improved. The rating for the well led question at trust level remained the same as requires improvement.

Summary of findings

- We rated two of the trust's four acute core services as requires improvement (urgent and emergency care and surgery), one as good (outpatients) and one as outstanding (end of life care). Overall ratings for urgent and emergency care and surgery remained the same, and outpatients and end of life care had improved. In rating the trust, we took into account the current ratings of the four services not inspected this time.

On the basis of this inspection, the Chief Inspector of Hospitals has recommended that the trust is removed from special measures.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- There continued to be issues with mandatory training completion in the core services mainly related to medical staff training.
- In some areas, such as the emergency department, there were vacancies. In the emergency department there was not the correct skill mix in the department, particularly amongst consultant and specialist trainee staff. In surgery, staffing did not always meet planned numbers.
- Medicines were not stored securely or managed properly across the core services.
- Records in surgery and outpatients were not always up to date and were not stored securely in a number of areas.
- In outpatients we found that staff did not always report incidents.

However,

- Infection prevention and control was managed well. We saw staff following policy and were 'bare below the elbows' in clinical areas.
- There was improved understanding of and application of safeguarding within the trust.
- Patients at risk of deterioration were generally managed well with staff clear on the steps they should take if they had concerns about patients.
- In surgery, urgent and emergency care and end of life care, staff recognised and reported safety incidents well.
- There had been significant improvement in mental health services in the emergency department.

Are services effective?

Our rating of effective improved. We rated it as good because:

- All the services we inspected followed national guidance and there was clear evidence based practice. Staff understood their responsibilities under the Mental Health Act 1983.
- There had been significant improvement across the services in staffs understanding and application of the Mental Capacity Act 2005.
- We saw excellent multidisciplinary working in most areas we inspected. Patients were the clear focus of professional discussions.
- Patients received pain relief in a timely way.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff had access to up to date information, policies and guidance. All staff we spoke with could access this information.

Summary of findings

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We saw numerous examples of staffing treating patients with compassion and kindness, respecting their privacy and dignity.
- Staff clearly took account of patient's individual needs and actively involving patients' families in discussions.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- In end of life care patients staff went beyond what would be expected to provide them with care. Relatives were equally empowered to support patients care.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The trust had ongoing demand, flow and capacity issues which we observed across the services we inspected. Whilst there were plans in place to address this, the impact on patient care was still apparent.
- People did not always access the service when they needed it. In the emergency department, surgery and outpatients waiting standards were not always met including referral to treatment times for a number of specialities. In the emergency department there were delays in admitting patients after a decision to admit was made. This represented ongoing issues with demand and capacity at the trust.

However,

- Across the series we found that staff took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and meet their need whilst they were inpatient. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- In end of life care we found that the service responded quickly, within 24 hours to almost all patients. There was a proactive approach to understanding and meeting the needs and preferences of different groups of people.

Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- There was ongoing cultural concerns in some teams in the emergency department. This was challenging and impacted on relationships, decision making and patient flow. Whilst culture was improving, there remained pockets of staff who felt undervalued with poor morale.
- The services did not meet national performance targets for seeing and treating patients, which impacted on patient outcomes.
- The recent changes in the emergency department leadership were not fully imbedded and required additional time to improve the department's overall performance.

However,

- Leadership in the divisions were stronger and clearly sighted on their challenges and risks.

Summary of findings

- Governance was improved within the divisions with staff aware of accountabilities. There were regular governance meetings which clearly fed into wider trust governance though governance in the divisions needed further embedding.
- There was improved risk management and appropriate actions were taken to mitigate risks.
- There was a clear commitment to innovation and quality improvement in the staff we spoke with who felt supported in moving the quality improvement agenda forward.
- In end of life care we found there was compassionate, inclusive and effective leadership. Leaders had the skills and abilities to run the service. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond and managed the priorities and issues the service faced.

Use of resources

Our rating of stayed the same. We rated it as requires improvement because:

We rated the use of resources at this NHS foundation trust as Requires Improvement. The NHS foundation trust was last assessed in February 2019 (nine months from the date of this assessment), and although there have been some actions taken to improve workforce and service productivity, it was too early to evaluate their impact. The metrics associated with the costs of delivering activity had not yet been updated and several initiatives had either recently been implemented or were just being scoped. For areas where the assessment data had been updated, the NHS foundation trust's performance is variable. It continues to compare well against some clinical services productivity metrics but its performance against constitutional operational standards has declined and its financial position continues to deteriorate.

Combined quality and resource

Our rating of stayed the same. We rated it as requires improvement because:

- We rated safe, responsive and well led as requires improvement, and effective and caring as good.
- We took into account the current ratings of the core services at the Norfolk and Norwich Hospital not inspected at this time.
- The overall rating for the trust's acute location stayed the same.
- The trust was rated requires improvement for use of resources.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice.

For more information, see the Outstanding practice section of this report.

Summary of findings

Areas for improvement

We found areas for improvement including a number of breaches of legal requirements that the trust must put right. We found minor concerns that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued three requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements at a trust-wide level and three of the four core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following outstanding practice:

For the trust

- There was a clear and enhanced commitment to research within the organisation. There was a dedicated deputy medical director for research and an ambitious plan to significantly increase the amount of research conducted.

For surgery:

- There were innovations in surgery which included the service development of intrabdominal chemotherapy. This would make the trust only the third centre to offer this treatment.

For end of life care:

- The specialist palliative care team (SPCT) provided a seven-day service including medical input.
- The SPCT attended 99% of patients within 48 hours of referral.
- Every patient who was receiving specialist palliative care was reviewed by a specialist palliative care consultant at least weekly.
- Palliative and end of life care training was part of the induction programme for all medical and nursing staff joining the trust.
- The SPCT provided outpatient clinics in three different locations to reduce the travelling distance for patients using the service.
- Relatives visiting the bereavement office to collect the patient's medical care certificate could visit the registrar to register the patient's death at the same time.

Summary of findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements.

Urgent and emergency care:

- The service must ensure it has enough medical staff with the right skills mix and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Regulation 18
- The service must ensure staff use systems to record and store medicines safely. Regulation 12
- The service must ensure that safety checks are completed in line with guidance on all emergency equipment. Regulation 12
- The service must ensure all staff complete mandatory training in key skills including life support training and safeguarding. Regulation 18

Surgery:

- The service must ensure that medicines are stored, checked and recorded in line with the trust policy and national guidance. Regulation 12
- The service must ensure that patients records are updated regularly and stored securely. Regulation 17
- The service must continue to improve medical staff mandatory and safeguarding training compliance, so it is above trust targets. Regulation 18
- The service should reduce the number of overdue incidents. Regulation 17

Outpatients:

- The service must ensure that medicines are stored, checked and recorded in line with the trust policy and national guidance. Regulation 12
- The service must ensure that sterile equipment is checked for expiry and removed from clinical areas when out of date. Regulation 12
- The service must ensure that patients records are updated regularly and stored securely. Regulation 17

Action the trust **SHOULD** take to improve

We told the trust that it should take action either because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

Surgery

- The service should ensure they have suitable facilities and equipment to meet patient's needs and keep them safe.
- The service should ensure that action is taken wherever possible to reduce referral to treatment waiting lists and provide patients with care and treatment within agreed timeframes and national targets.

End of life care

Summary of findings

- The trust should ensure syringe driver checks are completed in line with trust policy.

Outpatients:

- The service should ensure that staff report all incidents that may impact patient care, including delays in clinics.
- The service should ensure that action is taken to provide patients with care and treatment within national timeline targets.
- The service should ensure that staff mandatory and safeguarding training compliance is above the trust target for all topics.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as requires improvement because:

- The trust had a relatively new senior leadership team with the CEO starting at the trust in October 2019 initially on a fixed term contract with a planned review of performance after six months. The review was in progress to assess performance and it was anticipated that a satisfactory assessment would lead to a permanent appointment. Leaders had the skills and abilities to run the service. At the time of our inspection the director of finance was to retire from the trust. They understood and managed the priorities and issues the service faced. However, the senior teams were still coalescing to become a highly productive team.
- Whilst there had been improvements in culture within the organisation this remained a work in progress. We found pockets of poor culture persisted, particularly in the emergency department. Staff in other areas felt under pressure and were not always able to offer the care in their environment which they would like to.
- The trust's 2018 NHS Staff Survey scores for the following themes were significantly lower (worse) when compared to the 2017 survey: Health and wellbeing and quality of care. At the time of the inspection the latest NHS staff survey had yet to be published and executives expected it to show improvement.
- Governance in the divisions had improved. We were told this was in part due to the fairly recent appointment of governance managers. This role required further embedding to further strengthen the divisional decision making.
- Whilst there was better oversight of risk within the organisation, early in our inspection of cores services we found that standard operating procedures designed to ensure patient safety were not consistently used in the emergency department. We raised this concern at the time and the board took measures to address this. However, staff told us the use of the SOPs had been ad hoc at times, usually in response to pressure of work in the department.
- Given the financial status of the trust we found that financial sustainability was not given sufficient comment in many conversations. The trust had had no capital equipment replacement plan until this year, and we were aware that the business case process was new in place.

Summary of findings

- While there was an improving culture of high quality care, there was less evidence of a culture of sustainable care. Sustainability, financial improvement and/or productivity were not prominent features described when Board members described the Trust strategy, plans, vision or values. The Trust has recently implemented an accountability framework which is yet to be embedded, and there is a lack of evidence that processes are effective at mitigating identified financial risks, issues and improving performance.
- The paper copy of the risk register that was given to NED's was a reduced version that was missing a number of columns which would have been on the electronic spreadsheet. This meant that NED's would find it impossible to fully understand the risks, response to the risks and any review that had been carried out. This was of particular concern given that a number of the NED's were new in post.
- The trust collected, managed and used information well to support all its activities. Digital immaturity remained a risk to the organisation and its data security. The trust were sighted on this with action plans in place to mitigate the risks.

However,

- Communication amongst leaders and the executive team was open and transparent. Staff felt able to challenge and we saw them do so. Leaders were increasingly visible in the organisation.
- There was strong clinical leadership supported by the other directors and NEDs. This had enabled an effective focus on quality and safety at the trust.
- The trust had an FPPR policy in place to support the process of appointing senior managers. This trust was meeting the requirements of this regulation at the inspection.
- The divisional management structure was working well with divisional leaders supported to make decisions about their services. The governance throughout the divisions had been improved by the appointment of a governance manager to work with the triumvirates
- There were plans for the governors to sit on committees and whilst being able to input into the discussions they would not have voting rights. This meant that the governors would be able to provide a lay perspective on the issues discussed.
- Staff were aware of the trust strategy and vision and values. Work was ongoing to develop a new strategy following the end of the current strategy in 2021.
- The trust had taken steps to improve culture. In particular, the PRIDE awards had been welcomed by staff. The FTSUG had taken a mature and thoughtful approach to their role and had significantly increased the number of people who felt able to raise concerns internally.
- The trust had undertaken some significant work in addressing equality and diversity in the workplace. We met with the equality and diversity leads at the trust who were able to describe the measures the trust had taken to improve the challenges identified. The trust had an action plan in place which demonstrated the compliance with their objectives.
- There had been a governance review that was approved at trust board in November 2019. This was a periodic review of the governance structure and accountabilities. The outputs of the review included revised terms of reference for board sub committees and actions to enhance the governance of the trust. The governance structure was effective in supporting the delivery of the current strategy and of supporting the divisions and staff to deliver high quality care.
- Risk management was generally more effective with an increased responsibility of the divisions in managing their risk. There were clear processes to identify, escalate and mitigate risk which was an improvement since our last inspection.

Summary of findings

- Staff engagement had improved since our last inspection through a number of initiatives. Development programmes and the reintroduction of the PRIDE awards had a positive influence. There was a patient engagement strategy due to be signed off by board and a dynamic patient panel chair that was increasing the volume of the patient voice within the organisation.
- Learning, quality improvement and research were becoming more prominent within the organisation. Leaders in these areas were passionate and committed to their roles and developing the organisation.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Norfolk and Norwich Hospital

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

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

Norfolk and Norwich University Hospital

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Key facts and figures

Norfolk and Norwich University Hospitals NHS Foundation Trust operates primarily across two sites:

- Norfolk and Norwich University Hospital (NNUH) – this was built in 2001 and is based on the Norwich Research Park. Care is provided for a tertiary catchment area from Norfolk and neighbouring counties across the sustainability and transformation partnership (STP)
- Cromer and District Hospital – this was rebuilt by the Trust in 2013. It has a minor injuries unit and provides a range of outpatient and day-case services

The trust has invested £150 million in operational service developments, including additional capacity for winter including a positron emission tomography computed tomography (PET CT) scanner; a fourth cardiac catheter laboratory and interventional radiology suite; 100 new beds; Cromer cancer centre in partnership with Macmillan and a new diagnostic assessment centre.

The trust opened the Quadram Institute in December 2018 in research partnership. This houses the largest endoscopy unit in Europe and research facilities, providing teaching and clinical training to a wide range of health professionals in partnership with the University of East Anglia and the Norwich Medical School. The trust also hosts the National Institute for Health Research (NIHR) clinical research network for the Eastern region.

The trust is involved in partnership working across the healthcare system, including joint clinical appointments with neighbouring trusts, a shared electronic prescribing system, an STP wide urgent and emergency care delivery board and a referral to treatment (RTT) management board which works across the system to support delivery against key targets.

The trust has also embarked upon an STP sponsored programme to redesign acute service provision across three acute hospital sites. This work will result in NNUH becoming the lead provider for a range of services across the county.

(Source: Routine Provider Information Request (RPIR) – Acute context tab)

Hospital sites at the trust

Norfolk and Norwich University Hospital, Colney Lane, Norwich, NR4 7UY

Services include:

Day procedure unit, Dermatology, ENT/Oral health, General surgery, Oral surgery, Plastic surgery,

Summary of findings

Urology, Trauma and orthopaedics, Vascular

Cromer Hospital, Mill Road, Cromer, NR27 0BQ

Services include:

Day procedure unit, General surgery, Ophthalmology

Summary of services at Norfolk and Norwich University Hospital

Requires improvement ● → ←

Our rating of services stayed the same. We rated them as requires improvement because:

- We rated safe, responsive and well led as requires improvement and rated effective and caring as good.
- Out of the four hospital services we looked at we rated two as requires improvement, one as good and one as outstanding.
- The ratings for end of life care improved whilst the ratings for urgent and emergency care, surgery and outpatients remained the same.
- Capacity and patient flow continued to impact services at the trust including the ongoing use of escalation areas.
- Culture continued to improve but there remained pockets of a negative challenging culture that the trust continued to work on.
- There were medicines management issues across the core services.

However;

- Staff across all services we inspected treated patients with compassion, kindness, dignity and respect. We saw people actively involved with their care.
- There was improved divisional leadership and nursing leadership in the emergency department.
- There was improved knowledge of the Mental Capacity Act 2005 in the core services we inspected.

Urgent and emergency services

Requires improvement   

Key facts and figures

The trust has a type 1, major injuries unit at Norfolk and Norwich University Hospital and a minor injuries unit at Cromer Hospital.

The major injuries unit is equipped with:

- Six resuscitation spaces including a paediatric assessment space and cardiac bay.
- Sixteen majors cubicles and space for three trolleys for patients awaiting ward transfer.
- Six minors cubicles and a plaster room.
- Five ambulatory rooms for GPs co-located with minors.
- Eight rapid assessment and treatment (RATS) cubicles.
- Three dedicated quiet rooms.
- 12 clinical decisions unit (CDU) spaces.
- Nine children's emergency department (ChED) cubicles and a dedicated waiting area.
- Four older people's emergency department (OPED) cubicles.
- Two OPED side rooms and a dedicated waiting area.

The minor injuries unit has four treatment spaces operating from 8am to 8pm seven days per week.

General practitioner (GP) cover is from 8am to 11pm seven days a week and is mainly for ambulatory illness. Appropriate patients requiring GP intervention are streamed on arrival at the emergency department to the urgent care centre. Ambulance arrivals can be referred to the urgent care centre once the patient has been assessed in the emergency department.

The emergency department also hosts an early intervention therapies team (EIT) seven days a week, with a physiotherapist, occupational therapist, rapid discharge planning and admission avoidance service.

(Source: Routine Provider Information Request (RPIR) – Acute context tab)

Activity and patient throughput

From July 2018 to June 2019 there were 144,238 attendances at the trust's urgent and emergency care services.

(Source: Hospital Episode Statistics)

Urgent and emergency care attendances resulting in an admission

The percentage of A&E attendances at this trust that resulted in an admission increased in 2018/19 to 24.3% compared to 22.7% in 2017/18. In both years, the proportions were higher than the England averages.

(Source: NHS England)

Urgent and emergency care attendances by disposal method, from July 2018 to June 2019

- The service admitted 27,880 patients

Urgent and emergency services

- The service discharged 97,968 patients where no follow up was required
- The service referred 17,953 patients to another speciality
- The service transferred 369 patients to another provider
- 68 patients had an unknown outcome

(Source: Hospital Episode Statistics)

During our inspection we spoke with 63 members of staff including matrons, nurses, health care assistants, doctors, junior doctors, consultants, paediatric doctors, and nurses. We also spoke with housekeeping staff, reception staff, deputy safeguarding adults lead, advanced care practitioners, psychiatric liaison staff, emergency department flow coordinators, the clinical director, and operations manager.

We inspected the ambulatory minors, resuscitation area including a paediatric assessment space and cardiac bay, majors and minors, rapid assessment and treatment (RAT), the clinical decisions unit (CDU), paediatric ED, the older people's ED (OPED) and reception areas.

Following our previous inspection in January 2019, we issued an S29A Warning Notice having found some significant ongoing concerns in the urgent and emergency service. We followed up these concerns during our inspection on the 10/11/ and 12 December 2019 and found that the trust had made significant efforts to become compliant.

We spoke with 14 adult patients, six relatives and one child to ask about their experience of care.

We also spoke with senior staff who were part of the trust's new management team within the emergency department that replaced the trust's previous "Winter Pressures Team". The winter pressures team had been formed in January 2019 to deal with access and flow through the department during the winter period. However, the new team were focused on managing flow throughout the whole year to deal with the increasing demands placed on the trust's urgent and emergency services.

We reviewed 34 sets of patient records in relation to their care, treatment and medication. We also reviewed policies, procedures and guidelines within the emergency department and reviewed equipment to ensure it was clean and serviced in line with manufacturer guidance.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills including life support training and safeguarding, however not all staff completed it.
- The service did not have enough or medical staff with the right skills mix and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not use systems to record and store medicines safely and staff did not complete safety checks on all emergency equipment.
- People did not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Staff monitored the effectiveness of care and treatment but outcomes for patients were not always positive, consistent or met expectations, such as national standards.

Urgent and emergency services

- The service did not meet national performance targets for seeing and treating patients, which impacted on patient outcomes.
- The recent changes in leadership were not fully imbedded and required additional time to improve the department's overall performance.
- The culture within the medical staff team was challenging and impacted on relationships, decision making and patient flow.

However;

- Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills including life support training and safeguarding. However, they did not make sure all staff completed it.
- The service did not have enough medical staff with the right skill mix and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not use systems and processes to record and store medicines safely.
- Staff did not complete safety checks on all emergency equipment.

However;

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Urgent and emergency services

- The design, maintenance and use of facilities, premises kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patient care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty

However;

- Staff monitored the effectiveness of care and treatment but outcomes for patients were not always positive, consistent or met expectations, such as national standards.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

Urgent and emergency services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People did not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint

Is the service well-led?

Requires improvement ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- The culture within the medical staff team was challenging and impacted on relationships, decision making and patient flow.
- The service did not meet national performance targets for seeing and treating patients, which impacted on patient outcomes.
- The recent changes in leadership were positive but not fully imbedded and required additional time to improve the department's overall performance.

However;

- The service had a trust wide vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The trust wide vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Urgent and emergency services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Surgery

Requires improvement   

Key facts and figures

The trust offers a range of general and tertiary surgical services covering general surgery, urology, trauma and orthopaedics, ear nose and throat (ENT), ophthalmology, oral surgery, plastic surgery, thoracic surgery, vascular surgery, and pain management. Many specialties run a hub and spoke service, with complex surgery performed at Norfolk and Norwich University Hospital (NNUH).

The trust has 29 main operating theatres across two sites covering:

- general surgery
- urology
- trauma and orthopaedics
- ear, nose and throat (ENT)
- ophthalmology
- oral
- plastic
- thoracic
- vascular surgery

There are seven surgical wards with 230 inpatient beds for elective and non-elective patients. A further 20 beds for non-elective patients are located in the surgical emergency assessment unit (EAUS) based on Easton ward. This service receives GP referrals via a telephone service as well as referrals from A&E.

The department has access to 29 theatres (six in the day procedure unit - DPU), 17 in the main theatre complex, two obstetric theatres, two ophthalmic theatres, one Vanguard theatre and one at Cromer Hospital). Elective surgery is provided from Monday to Saturday. There are three emergency theatres which run every day, two of which provide 24 hour a day care, with the additional one covering from 7.30am to 2am daily.

All elective patients are assessed pre-operatively by nurses in the pre-assessment unit and, where appropriate, by a consultant anaesthetist. Patients are seen again on the pre-assessment unit for final pre-operative checks. The orthopaedic department specialises in major joint revision surgery, pelvic reconstruction surgery spinal surgery and paediatric surgery.

The trust has a supra-regional cancer status for penile cancer and is the regional cancer centre for head and neck cancer. The trust also has a regional diagnostic centre for sarcoma as well as acting as the regional centre for vascular surgery.

Our inspection of Norfolk and Norwich Hospital was unannounced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During the inspection we spoke with 32 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with ten patients and two relatives, reviewed 12 patient records and considered other pieces of information and evidence to come to our judgement and ratings.

Surgery

The trust is among the largest national centres for robotic prostatectomy and for colorectal resection. They have supra-regional cancer status for penile cancer and are the regional cancer centre for head and neck cancer and a regional diagnostic centre for sarcoma

The trust is a participant in getting it right first time (GIRFT); with initiatives in orthopaedics to reduce costs and in urology to reduce rates of intervention for urinary tract stones by 50%. The ENT and urology teams are driving the Sustainable and Transformation Partnership (STP) agenda to redesign and enhance services regionally in partnership with neighbouring trusts.

(Source: Acute Routine Provider Information Request (RPIR) – Acute context tab)

The trust had 48,882 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 17,491 (35.8%), 23,455 (48.0%) were day case, and the remaining 7,936 (16.2%) were elective.

(Source: Hospital Episode Statistics)

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Staff had training in key skills but not everyone completed it. The service did not always have suitable facilities or enough equipment. The service did not always safely and effectively manage, store and dispose of medicines. Records were not always kept in good order, complete or secure.
- People could not always access the service when they needed it and had to await treatment for long periods. They did not always receive the right care promptly. Waiting times from referral to treatment (RTT) and arrangements to admit, treat and discharge patients were varied and not always in line with national standards.
- The service provided mandatory training in key skills to all staff but not everyone completed it. Nursing staff were close to the 90% trust target for mandatory training in all but two of their twelve modules but medical staff were still further below trust target for seven modules. Medical staff did not meet the trust target in any safeguarding training modules for which they were eligible
- The service did not always have suitable facilities or enough equipment.
- The service had less medical staff, nurses and health care assistants than planned.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always up-to-date or stored securely.
- The service did not use systems and processes to safely prescribe, administer, record and store medicines.

However;

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. Staff learned lessons from incidents. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available seven days a week. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff but not everyone completed it. Nursing staff were close to the 90% trust target for mandatory training in all but two of their twelve modules but medical staff were still further below trust target for seven modules. Medical staff did not meet the trust target in any safeguarding training modules for which they were eligible
- The service did not always have suitable facilities or enough equipment.
- The service had less medical staff, nurses and health care assistants than planned.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always up-to-date or stored securely.
- The service did not use systems and processes to safely prescribe, administer, record and store medicines.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Nursing and support staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Medical staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Surgery

- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain. Staff gave patients pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People could not always access the service when they needed it. They did not always receive the right care promptly. Waiting times from referral to treatment (RTT) and arrangements to admit, treat and discharge patients were varied and not always in line with national standards.
- The service used two bays in the day procedure unit (DPU) to escalate inpatients which meant paediatric patient procedures were cancelled. This led to increased service demand on the waiting list and delays to RTT times.
- The service received elective patient complaints due to cancellations related to the DPU ward areas.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Although the service's open culture continued to improve, pockets of staff did not always feel as supported as they could have been.
- Information systems were not integrated and secure. Data or notifications were not consistently submitted to external organisations as required
- There were ongoing issues with performance in surgical services and people could not always access treatment as quickly as they should.
- We found ongoing concerns with patient records and records storage in the division as well as concerns about medicines management.

Surgery

However;

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles. Managers were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders monitored progress. Staff mostly understood or knew how to apply the vision and strategy.
- Staff felt respected and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. Patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

End of life care

Outstanding ☆ ↑↑

Key facts and figures

The trust provides end of life care at Norfolk and Norwich University Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The Specialist Palliative Care Team (SPCT) delivers a seven-day service with outpatient provision. Rapid response to front door services is provided by a consultant who holds an on-call mobile telephone.

The trust provides End of Life Care (EoLC) education to all staff groups. A multidisciplinary individualised EoLC care plan has been developed by Norfolk and Norwich University Hospital's SPCT and has been adopted by all partner organisations in Central and West Norfolk. The care plan has been implemented in all adult wards.

The trust has an EoLC strategy which is available to all staff on the trust intranet. All wards have a palliative care link nurse and training sessions are provided by the SPCT. The integrated palliative care outcome scale (IPOS) measures are used for both inpatients and outpatients.

During our inspection we visited eight wards, the outpatient clinic, the Multi faith room, the mortuary and the bereavement office. We spoke with 30 staff including; doctors, consultants, nurses, mortuary staff, porters, Chaplains, administration staff and bereavement office team. We spoke with three relatives and seven patients.

We reviewed a variety of records including medical records of 10 patients who were recently deceased and five records of patients who were currently receiving care from the specialist palliative care team (SPCT).

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed medicines and safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They understood patients' personal, cultural, social and religious needs; took them into account, and found innovative ways to meet them. Staff empowered and involved patients, families and carers to understand their condition, make decisions and become partners in their care and treatment. Patients' individual preferences and needs were always reflected in how care was delivered. Staff provided emotional support to patients, families and carers which exceeded their expectations.

End of life care

- The service planned care to meet the needs of local people, was flexible, provided informed choice and ensured continuity of care. Patients' individual needs and preferences were central to the delivery of services. There was a proactive approach to understanding the needs and preferences of different groups of people, for example travellers and homeless people, and to delivering care in a way that meets these needs. People could access the service and appointments in a way and at a time that suits them. The service can demonstrate where improvements have been made as a result of learning from feedback and that learning.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. The strategy was stretching, challenging and innovative, while remaining achievable and staff understood it. There was a systematic approach to monitoring, reviewing and providing evidence of progress and quality. Staff felt respected, supported and valued and there were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. Staff were clear about their roles and accountabilities. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and there was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Is the service safe?

Good  

Our rating of this service improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

End of life care

However:

- Staff did not always carry out syringe driver checks in line with trust policy. Three out of eight patient medical care records we reviewed evidenced nursing staff had not completed checks four hourly or six times in 24 hours which was the trust's policy.

Is the service effective?

Good ● ↑

Our rating of this service improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Outstanding ☆ ↑

Our rating of this service improved. We rated it as outstanding because:

- Patients and their relatives valued their relationships with the staff team and felt that they often go 'the extra mile' for them when providing care and their care and support exceeded their expectations.
- Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. Staff treated patients with compassion and kindness, respected their privacy. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

End of life care

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural, social and religious needs; took them into account, and found innovative ways to meet them. Staff considered the emotional and social needs as being as important as the patient's physical needs.
- Staff empowered and involved patients, families and carers to understand their condition, make decisions and become partners in their care and treatment. Patients' individual preferences and needs were always reflected in how care was delivered.

Is the service responsive?

Good ● ↑

Our rating of this service improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There was a proactive approach to understanding the needs and preferences of different groups of people, for example the traveller community and to delivering care in a way that meets these needs.
- The service was inclusive and took account of patients' individual needs and preferences. Patients' individual needs and preferences were central to the delivery of services. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers for example, the local hospice.
- Patients could access the specialist palliative care services and appointments in a way and at a time that suits them and when and where they needed it for example outreach clinics. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service can demonstrate where improvements have been made as a result of learning from reviews, for example renaming the outpatient support clinics and that learning is shared with other services. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Outstanding ☆ ↑↑

Our rating of this service improved. We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership. Leaders had the skills and abilities to run the service. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The strategy was stretching, challenging and innovative, while remaining achievable and focused on sustainability of services. The strategy fully aligned with plans in the wider health economy. Leaders had a systematic approach to monitoring, reviewing and providing evidence of progress and performance and staff understood them.

End of life care

- There were high levels of satisfaction across all staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. Staff were proud of the team and spoke highly of the culture. Staff, patients, their families were actively encouraged to speak up and raise concerns without fear.
- Leaders operated effective governance processes with all levels of governance functioning effectively and interacting with each other appropriately throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- There was a demonstrated commitment to best practice. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- There was a demonstrated commitment to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outpatients

Good  

Key facts and figures

Outpatients services are provided at Norfolk and Norwich University Hospital (NNUH), Cromer Hospital and at a number of community locations across the local area.

At NNUH there is no central outpatient department; services are provided under the leadership of each clinical division in a number of physical locations across the site. This includes:

- Medical outpatients;
- Ear, nose and throat (ENT);
- Ophthalmology clinic;
- Surgical outpatients;
- Cardiology;
- Plastics;
- Colney Centre breast imaging.

The outpatient booking call centre is based in offices across the city at Rouen Road.

The trust has an outpatients forum which has a focus on staff engagement and is led by four senior outpatient sisters. The aim of the forum is to spread best practice across the trust's outpatient services and is integral to service improvement.

The trust has launched an outpatient transformation programme with a remit to ensure consistency in respect of outpatient quality standards. The programme will explore options to move to digital solutions for outpatients via a large-scale change process involving patients, clinicians and a wide range of clinical and non-clinical stakeholders across the local health system. The trust also participates in the national NHS benchmarking network.

A regular quality audit tool is in development and there are plans to review and transform some of the basic outpatient processes such as standardised appointment letters to meet information access standards.

The physiotherapy service provides classes such as cardiac rehabilitation and vascular exercise classes as well as specialist musculo-skeletal, women's health, facial nerve palsy, plastics and hand therapy.

Rheumatology, neurology, pain management services, and respiratory outpatient services are held mainly onsite but also at community centres.

A specialist occupational therapy service assesses and treats patients referred from rheumatology consultants and general practitioners that require specialist input.

The hand therapy service is an integrated service across occupational therapy and physiotherapy, providing assessment and treatment of patients referred from hand surgeons and other plastic and orthopaedic consultants.

A specialist occupational therapy pain management service is provided as part of the trust pain management service. Occupational therapists also provide a pre-operative education and assessment service to elective hip and knee replacement patients, as part of the hip and knee school.

(Source: Acute Routine Provider Information Request (RPIR) – Context acute tab)

Outpatients

Total number of first and follow up appointments

The trust had 829,560 first and follow up outpatient appointments from July 2018 to June 2019.

(Source: Hospital Episode Statistics)

Number of appointments by site

The trust held a total of 1,133,638 appointments from July 2018 to June 2019. The appointments attributed to the trust were those where the site was not specified.

- Norfolk and Norwich University Hospital held 1,029,129 appointments
- Cromer Hospital held 61,447 appointments
- Grove Road Ophthalmology Clinic held 14,857 appointments
- Norfolk and Norwich University Hospitals NHS Foundation Trust held 10,377 appointments
- The Roundwell Medical Centre held 4,657 appointments

(Source: Hospital Episode Statistics)

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff competence was monitored, and staff development was supported. Doctors, nurses and allied health professionals worked collaboratively and provided patients with access to key services 24 hours per day. Staff promoted healthier lifestyles and supported patients to make decisions. Staff had a good understanding of mental capacity and worked with colleagues to ensure care was provided in the patients' best interest. However, compliance with appraisals did not meet the trust target for all staff groups.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. Emotional support was available for patients and their relatives and patients' preferences were taken into consideration. Staff supported patients and their families to understand conditions and make informed decisions.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were varied and not always in line with national standards. However, the service worked collaboratively with the wider health system to provide individualised patient care and treatment. Services were inclusive and considered any special requirements, adjusting services to meet patients needs where possible. Patients were able to give feedback, and when they did, it was considered and acted upon by the clinical team. Patients were given feedback about their concerns.
- Leaders had skills and abilities to run the service. They were visible and approachable and supported staff. There was a vision and a strategy which had been developed with relevant stakeholders. Staff felt respected, supported and valued. The service had effective governance processes and performance was reviewed. Risks were escalated, and actions taken to reduce their impact. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations. All staff were committed to continually learning and improving services.

However;

Outpatients

- We found several sterile equipment items which were out of date and therefore not safe to use. There was not always safe and effective management of medicines and records were not always kept in good order or securely. Staff did not always report incidents. However, services managed infection control risks well, and environments were clean and suitable for their use. There was adequate staff, who were trained appropriately for their roles. Staff were inducted into clinical areas and supported.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found some sterile equipment was found to be out of date.
- Staff kept records of patients' care and treatment, but they were not stored securely.
- The service had systems and processes to prescribe, administer, record and store medicines. However, these were not always followed or in line with guidance.
- Staff recognised incidents and near misses, but they did not always report them.

However;

- The service provided mandatory training in key skills to all staff. Qualified nursing staff and allied health professional staff compliance was below the trust targets in a number of topics.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Outpatients

Is the service effective?

We currently do not rate effective.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Outpatients services did not routinely provide nutrition and hydration for patients. This was because, patients were attending for a short period only.
- Staff assessed patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

- Compliance with appraisals did not meet the trust targets for all staff groups.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

Outpatients

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However;

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were varied and not always in line with national standards.

Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Fiona Allinson, Head of Hospital Inspection led this inspection and an executive reviewer supported our inspection of well-led for the trust overall.

The team included an inspection manager, four further inspectors and eleven specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.