

Norfolk and Norwich University Hospitals NHS Foundation Trust

Inspection report

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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.

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.

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.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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.

Summary of findings

Background to the trust

The Norfolk and Norwich University Hospital is an established NHS Foundation Trust which provides acute hospital care for a tertiary catchment area of up to 1,016,000 people. The trust has 998 adult and child inpatient beds across 31 inpatient wards, 154 day case beds, 90 maternity beds and 29 operating theatres (including one Vanguard theatre).

The status of foundation trust was achieved in May 2008. The trust is one of the largest teaching hospitals in the country. It operates from a large purpose-built site on the edge of Norwich and from a smaller satellite at Cromer in North Norfolk. The Norfolk and Norwich Hospital opened in late 2001, having been built under the private finance initiative (PFI). Cromer and District Hospital was rebuilt by the trust in 2012. Cromer hospital offers surgical (day surgery and local anaesthetic only) and outpatient services (including a minor injury unit and radiology department). Radiology outpatients at Cromer offers an appointment based GP referral service as well as a walk-in service for plain film, ultrasound and MRI.

The majority of patients live in Norfolk, North Suffolk and Waveney, however tertiary services are provided beyond these boundaries. The trust has the largest catchment population of any acute hospital in the East of England.

The trust's main clinical commissioning group (CCG) is NHS Norwich Clinical Commissioning Group. The trust has five commissioning groups in total.

The trust is part in the Norfolk and Waveney Sustainability and Transformation Plan (STP). The NHSE STP progress assessment rated Norfolk and Waveney STP as 'advanced' (level 2). This triggered the release of additional funding for the STP, which was allocated to mental health.

The Eastern Pathology Alliance is a joint venture between all three acute trusts in Norfolk. The Norfolk and Norwich hospital is the network host laboratory.

We undertook a comprehensive inspection at the trust between 10 October 2017 and 28 March 2018. We undertook enforcement action and told the trust it must take action to improve. The trust was rated inadequate overall and placed into special measures following this inspection.

A focused inspection was carried out in November 2018, to follow up on concerns raised in the urgent and emergency care service. There were no overall service ratings attached to our findings for this inspection.

We undertook a comprehensive inspection of the following seven core services on the 22 and 23 January 2019; urgent and emergency care, medical care, surgery, children and young peoples' services, critical care, maternity and outpatients. We inspected services at the Norfolk and Norwich Hospital and surgery services at Cromer hospital. A well led inspection at provider level took place between the 25 and 27 February 2019.

Overall summary

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

What this trust does

Norfolk and Norwich University hospitals NHS Trust provides a full range of acute clinical services across the following locations: Norfolk and Norwich University Hospital and Cromer Hospital.

Summary of findings

Acute services are provided at Norfolk and Norwich University Hospital and encompass 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. Including more specialist services such as oncology and radiotherapy, neonatology, orthopaedics, plastic surgery, ophthalmology, rheumatology, paediatric medicine and surgery.

Cromer Hospital is based in Cromer on the North Norfolk coast and serves the North Norfolk population. The hospital provides a wide range of consultant-led outpatient services, day case operations and a minor injuries unit (MIU).

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.

Following the comprehensive inspection between 10 October 2017 and 22 March 2018, we undertook enforcement action and told the trust it must take action to improve. CQC served one warning notice under section 29A of The Health and Social Care Act 2008 having found some significant concerns in the urgent and emergency service. We followed this up at a focused inspection in November 2018 and found that the trust was partly compliant. CQC served two Requirement Notices; one in relation to Regulation 12, Health and Social Care Act (HSCA) (RA) Regulations 2014 Safe care and treatment. The other was in relation to Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We inspected seven core services on 22 and 23 January 2018 and inspected well led between 25 and 27 February 2018. We undertook further unannounced inspections on 5 February 2019 (Cromer hospital), 6 February 2019 and 14 February 2019.

We inspected the following core services: urgent and emergency care, medical care, surgery, services for children and young people, critical care, maternity and outpatients. Whilst we found some improvement in the urgent and emergency service we remained concerned and issued a further S29A Warning Notice on date 22 March 2019. The trust is required to make improvements and provide CQC with an action plan.

What we found

Overall trust

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

Safe, effective, responsive and well led were rated as requires improvement and caring was rated as good.

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Summary of findings

On the basis of this inspection, the Chief Inspector of Hospitals has recommended that the trust remain in special measures.

- Urgent and emergency care rating improved from inadequate to requires improvement overall. Safety and well led improved from inadequate to requires improvement. Effective and responsive remained the same at requires improvement and caring remained good. There were concerns regarding culture, leadership and the management of patient flow through the emergency department and staff recognising and responding to patient risks.
- Medical care (including older people's care) remained requires improvement overall. Nursing and medical staff were still not meeting the trust target for mandatory training, staff were still not consistent in the monitoring and recording of fridge temperatures for fridges where medicines were stored. Staff did not adhere to policies and procedures relating to mental capacity assessments (MCA) and deprivation of liberty orders (DoLS). Staff were not aware of any local vision for the service and the service was performing worse than the England average for referral to treatment (RTT) in two specialities. Governance process were not embedded or robust which allowed for inconsistencies across the speciality and while managers reviewed their open risks, they were not being actioned to reduce the level of risk in a timely way. However, the service had improved their infection prevention and control, management of resuscitation equipment and patient record storage. Staff told us the culture in the service had improved and the service had developed new ways of meeting patient needs for example the older people's emergency department (OPED). Staff treated patients with care, dignity and respect.
- Surgery rating went up from inadequate to requires improvement overall. The question of safety and well led went up from inadequate to requires improvement. Caring and effective stayed the same as good. Responsive stayed the same as requires improvement. There remained concerns with the environment and there were two further never events. People were unable to access all services in a timely way and not all staff were aware of their responsibilities under the Mental Capacity Act 2005. Further work on embedding a positive culture and effective management of risk was required by divisional leadership.
- Critical care went down from good to requires improvement overall. Safety remained as requires improvement, effective, responsiveness and caring were rated as good and well led went down to requires improvement. There was no supernumerary nurse coordinator available out of hours, the critical care outreach team did not provide a 24 hour, seven day a week service and there were also no child friendly environments.
- Maternity services were rated as requires improvement overall. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe and well led as requires improvement. We rated effective, caring and responsive as good. We identified concerns with safety aspects including out of date consumable equipment and medicines within the community, a lack of level 3 safeguarding children training for medical staff and issues with the consistency of checking resuscitation trolleys and medicine refrigeration temperatures. We found that there was a lack of oversight for issues we identified in the community and that issues we had identified on our previous inspection had not been resolved.
- Services for children and young people went down from good to requires improvement overall. The question of safety remained the same at requires improvement. Effective and caring remained the same and were rated as good. Responsive and well led went down in rating from good to requires improvement. There were long standing concerns with safety aspects relating to emergency equipment checks, fridge temperature checks, the completion of early warning scores and nurse staffing. A high proportion of children were waiting a long time for treatment, including after they had had their surgeries cancelled. The governance of the service was not robust and risks that we found on inspection were not always identified by the service for assessment and monitoring.

Summary of findings

- Outpatients remained rated as requires improvement overall. Caring remained the same at good. Safe, responsive and well led remained requires improvement. We do not currently rate the effectiveness of outpatient services. Records and medicines were not always stored correctly and waiting times from referral to treatment were not in line with good practice. However, the service controlled infection risk well, staff cared for patients with compassion, and managers promoted a positive culture.

Are services safe?

Our rating of safe improved. We rated it as requires improvement because:

- Services for urgent and emergency care improved to requires improvement. The service provided mandatory training in key skills to all staff, but did not ensure everyone completed it. The service did not respond appropriately to changing risks to patients who used the services. There were not enough nursing or medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- Medical care (including older people's care) remained requires improvement for safe. Nursing and medical staff in the service were still not meeting the trust mandatory training compliance target. Staff across medicine wards were still not consistently monitoring and recording fridge temperatures. However, the service had improved their infection prevention and control, patient record management and the monitoring of resuscitation equipment. The service had recruited additional nursing and medical staff but had not yet reached establishment.
- Services for surgery improved from inadequate to requires improvement for safety. There had been further never events at the trust and not all staff had completed mandatory training. There were gaps and omissions in patient records and some environments remained sub optimal for patient care. Shifts did not always have the correct number of nursing staff required for safe patient care. However, the service used safety data well, medicines were prescribed and given safely and there were good infection control practices.
- Services for critical care remained requires improvement for safety. Appropriate action had not happened in a timely way following our last inspection. This was because there was still no supernumerary clinical nurse coordinator available 24 hours a day, seven days a week. There was also not a dedicated pharmacy team in place and nursing vacancies remained high which led to regular bed closures. New concerns we identified included the critical care outreach team (CCOT) not being available 24 hours a day, seven days a week, curtains around cubicles were not disposable in line with national requirements, there was no standard operating procedure (SOP) in place for paediatric emergency admissions and for the hospital at night team, there had been a high number of medicines incidents and there was no dedicated child friendly area for children and young people.
- Services for maternity were rated as requires improvement for safety. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. The service did not always have systems, processes and practices implemented in place to manage equipment and medicines to keep people safe. We found pieces of expired consumable equipment and medicines in the community setting, saw that resus trolleys were not always checked daily and trolley's tagging system was not effective. The service did not meet their target for mandatory training for staff and did not train doctors to level 3 in children's safeguarding in line with national guidance. However, the service controlled infection risk well, completed and updated risk assessments for women and knew when to escalate concerns.
- Services for children and young people remained requires improvement for safety. Mandatory training compliance was not consistently achieved. There were long standing issues we found around the checks of emergency equipment, medication fridge temperature checks, and nurse staffing numbers, including nurses to provide high dependency care. Early warning score completion, frequency and escalation was not consistently achieved. Staff were not well educated in the use of simultaneous paper and electronic prescribing and there were a number of prescribing incidents reported.

Summary of findings

- Outpatients remained rated as requires improvement for safety. Records were not always stored securely and medicines were not always stored appropriately in outpatient areas. Processes for following the World Health Organisation (WHO) and five steps to safer surgery checklist use was not embedded across the service and management of prescription sheets was not embedded or consistent across the service.

Are services effective?

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

- The rating for urgent and emergency care services remained requires improvement for effective. The trust performed much worse than other trusts for percentage of all Trauma Audit and Research Network (TARN) eligible patients having their data submitted to the audit. From October 2017 to September 2018, the trust's unplanned re-attendance rate to emergency department within seven days was consistently worse than the national standard. Not all managers appraised staff's work performance or held supervision meetings.
- Medical care (including older people's care) worsened to requires improvement from effective. Staff across the service had not received their annual appraisals in line with the trust target. Staff on Elsing ward did not adhere to trust policy regarding completing mental capacity assessments (MCA) or deprivation of liberty orders (DoLS) and managers did not use the findings from local and national audit to develop robust action plans in order to improve quality. However, the service provided effective multi-disciplinary working, and staff delivered care in line with national guidelines. Staff ensured patients were pain free and provided enough food and drink to meet their needs.
- Services for surgery stayed as good for effective. Treatment and care pathways were based on national guidance. The service monitored patient outcomes and there were good examples of multidisciplinary working. Patients had their nutritional needs met and at Cromer, staff understood their responsibilities under the Mental Capacity Act 2005. However, staff at the Norfolk and Norwich Hospital had an inconsistent knowledge of the Mental Capacity Act 2005, there was a lack of local audit in main theatres and performance in some national audit was mixed. We did not receive action plans when we requested them.
- Services for critical care remained good for effective. People's care was assessed and planned based on evidence-based practice. People's pain was assessed regularly and care was delivered by a multi-disciplinary team who worked collaboratively. There was consultant presence seven days a week, with an on call rota. Outcomes for people who used the service were good and the service participated in national benchmarking and clinical audits, with outcomes used to improve service provision. Staff demonstrated they acted in accordance with relevant legislation and guidance for the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).
- Services for maternity were rated as good for effective. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. The service had processes in place to follow national guidance and put processes in place to work towards compliance in areas which they had not yet met. The service demonstrated strong multidisciplinary working among staff of different grades and actively sought input and worked alongside other services in the hospital and local community. Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Services for children and young people remained good for effective. The service provided evidence based care and participated in accreditation programmes. The service performed well in national audits for patient outcomes, and also had a robust internal clinical audit programme in place. Children had their pain well assessed and managed. Staff were consistently appraised and there was a good understanding of Gillick competence throughout the service.

Summary of findings

- We do not currently rate the effectiveness of outpatient services. Policies were aligned to national guidance and audits were being carried out to monitor compliance and identify service improvements. Staff of different kinds worked together as a team to benefit patients. However, we could not be assured that appropriate follow up actions were taken following audits.

Are services caring?

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

- Services for urgent and emergency care remained good. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness, providing emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- Medical care (including older people's care) remained good for caring. Staff cared for patients with compassion and feedback from patients confirmed that staff treated them well and with dignity and kindness. Staff provided emotional support to patients to minimise their distress and involved patients and those close to them in decisions about their care and treatment.
- Services for surgery stayed as good for caring. We saw numerous examples of staff treating patients with care and compassion. Patients were kept up to date with their care and treatment and were actively involved with their care. Staff provide emotional support for patients and were able to sign post or arrange additional support if required.
- Services for critical care remained good for caring. Staff consistently treated people who used the service and those close to them with kindness and compassion, whilst respecting their privacy and dignity. As much as possible, people who used the service or those close to them were actively involved in making decisions about their care, support and treatment, and there were advocacy services available. Additional support services existed including from the trust's dementia, learning disability and mental health teams. Within the CCC there was also a dedicated bereavement team who offered support to bereaved families following the loss of a loved one.
- Services for maternity were rated as good for caring. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Staff cared for women with compassion. Feedback from women and their partners confirmed that staff treated them well and with kindness. Staff provided emotional support to women to minimise their distress and could signpost women and their relatives to other organisations offering emotional support.
- Services for children and young people remained good for caring. The service consistently performed well in the Friends and Family Test, and feedback was displayed throughout the service along with how the service was responding to it. Children and their families were well supported by various peer support groups facilitated by the service and there was access to the chaplaincy service for emotional and spiritual support. Families told us they were aware of planned care and felt involved in care planning.
- Outpatient services remained rated as good for caring. Staff took the time to interact with patients in a respectful manner and were supportive and reassuring. Patients provided positive feedback about the care and compassionate attitude of staff.

Are services responsive?

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

- Services for urgent and emergency care remained requires improvement for responsive. Patients did not always access services to receive the right care at the right time. During times of high demand access to care was not managed by staff to consider patients with urgent needs.

Summary of findings

- Medical care (including older people's care) improved to good for responsive. The service had recently opened the older people's emergency department (OPED) and the Quadram institute which had improved patient access. The service took account of individual patient needs and treated complaints and concerns seriously. The average length of stay for medical elective patients at the trust was lower than the England average and six specialties were close to, or better than, the England average for referral to treatment (RTT). However, waiting times from referral to treatment were significantly below the England average for two out of eight specialities and the trust had undergone some ward relocations but not updated hospital signage to reflect this.
- Service for surgery stayed as requires improvement for responsive. People could not always access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were not in line with good practice and worse than the England average. The use of escalation areas impacted the functioning of clinical pathways. The day procedure unit and emergency assessment unit surgical both had inpatients during our inspection that negatively impacted activity in those areas. Response times in dealing with complaints had got worse since our last inspection. However, the service planned care to meet the needs of the local population and we saw examples of the service meeting the individual needs of patients.
- Services for critical care remained good for responsive. People's care was planned and delivered according to individual need. Complaints about the service were low. Access to the service was seamless. Delayed discharge rates, non-clinical transfers to other units and out of hours discharges (non-delayed) were within expected range. Unplanned readmission rates were also low.
- Services for maternity were rated as good for responsive. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. The service took account of women's individual needs. The service worked in partnership with local organisations to ensure care was delivered and coordinated in a way that supported women with complex needs. People could access the service when they needed it. Waiting times were audited and processes changed to improve women's experience. The service investigated complaints, learned lessons from the results, and shared these with all staff. However, the service was not following national guidance for tracking women who had booked within the service and staff did not always promote the complaints system within the service.
- Services for children and young people had gone down from good to requires improvement for responsive. The time children had to wait to be treated, from referral was too long. Approximately 27% of children referred for treatment had to wait longer than 18 weeks. Children who had their surgeries cancelled had to wait too long to be rebooked for their treatment. An average of 45% of children having their surgeries cancelled waited from 35 to 77 days to have their procedures rebooked. The likelihood of surgeries being cancelled for children was high as the children's day surgery ward was used as an escalation area for adults in times of high demand.
- Outpatient services remained requires improvement for responsive. Waiting times from referral to treatment were not in line with good practice. The trust did not monitor clinic waiting times but patients told us that clinics frequently ran behind time. A high number of clinics were cancelled at short notice. However, outpatient specialties offered some flexibility and choice in appointments and took account of patients' individual needs.

Are services well-led?

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

- Services for urgent and emergency care had improved from inadequate to requires improvement for well led. There remained a lack of leadership within the department. Staff roles and responsibilities were not coordinated effectively to manage patient care. The trust had no specific vision or plan for the emergency department. Managers across the service did not promote a positive culture that supported and valued staff, or create a sense of common purpose based on shared values. The trust did not always engage with its staff team to implement change.

Summary of findings

- Medical care (including older people's care) remained requires improvement for well led. Staff were not aware of the local vision for the service and service leads did not use findings from local and national audit in order to improve quality of services. Governance process for oversight of compliance with mandatory training and appraisal were not embedded or robust which allowed for inconsistencies across the speciality and the medicine service risk register had 36 risks open; six of these remained open from 2012. While managers reviewed the risks, they were not being actioned to reduce the level of risk in a timely way. However, managers in the service had the right skills and abilities to run the service. All the staff we spoke with told us the culture in the service had improved and they felt valued by their local managers and colleagues. The service engaged well with patients, staff and the public to plan and manage appropriate services. The service had recently introduced some innovative care pathways and processes to improve patient services.
- Services for surgery improved to requires improvement from inadequate for well led. The division had undertaken work to improve the culture but not all staff felt it had yet had an effect. Some risks on the risk register had been on the register for years with insufficient mitigation or actions taken to address the risk. The division's strategy for service improvement was not articulated by the staff. There were ongoing performance issues within the division. However, there had been work to engage staff within the division to make changes to the benefits of patients and staff. The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Cromer had a clear vision of what it wanted to achieve and had engaged local people to help design services. Staff spoke highly of local leaders.
- Services for critical care went down from good to requires improvement for well led. Leaders were relatively new in post and showed strong leadership skills and worked well together. We saw that they had made significant improvements to the service in a short period of time. In relation to the majority of concerns we have raised in this report we found that either appropriate action was already taking place, or that following us raising new concerns leaders were quick to take appropriate action. The culture of the service was good. Staff reported they felt well supported by leaders and were engaged with the service.
- Services for maternity were rated as requires improvement for well led. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. There was a lack of oversight for medicines and equipment in the community setting. The impact of this included expired medicines and consumable equipment in use in the community. Progress against the delivery of the services strategy was not routinely monitored and reviewed. Some of the issues that we had identified on our previous inspection remained unresolved including the regular checking of resuscitation equipment, the level of safeguarding training doctors were trained to was not in line with national guidance, medicine refrigeration temperatures were not being monitored consistently and the storage of patient records did not protect patient confidentiality. However, managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values and the service had an extensive programme of quality improvement which was used to systematically improve the quality of services.
- Services for children and young people went down from good to requires improvement for well-led. Long standing safety issues such as emergency equipment checks and fridge temperature checks demonstrated a poor culture around safety improvement in the service. Governance scrutiny was poor in the service which meant that we were not assured there was appropriate oversight of clinical issues in the service by the leadership. Risks we found on inspection were not all noted on the service risk register. There was an acknowledgement of potential staff burn out from the leadership due to low staffing numbers and a culture of low morale in some parts of the service.

Summary of findings

- Outpatient services remained requires improvement for well led. There was limited ongoing monitoring of performance in the outpatient service. There was no overall lead for outpatient services, which led to inconsistencies in oversight across the various specialities. The service did not always effectively plan to eliminate risks. However, leaders had the skills, knowledge and experience that they needed. There was a positive and supportive culture and staff said that they felt respected and valued.
- Overall the trust had improved from inadequate to requires improvement for well led. The trust had taken appropriate action in response to many of our concerns raised in our previous report, published June 2018. There had been significant changes in the executive leadership team that had brought improvement. We found that there was a stronger clinical voice and a more cohesive approach from operational and clinical perspectives. Improvements had been made to refocus quality of care as a priority. However not all divisions had matured at the same pace, we found pockets of poor culture remained in certain areas and more needed to be done to strengthen staff and patient voice at board. Governance processes, risk management and quality improvement had been reviewed and revised but needed to become embedded across the organisation. Further changes at executive board level were due to take place throughout 2019 which meant a potential risk to the newly found stability of the board.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital 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.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

Outstanding practice

We found examples of outstanding practice in surgery and critical care service areas.

These included the use of robotics to enhance surgery and improve patient outcomes, the use of information technology to improve safety such as a QR code for monitoring emergency equipment in theatres and specific electronic healthcare records in critical care.

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

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found a number of things 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.

On the basis of this inspection, the Chief Inspector of Hospitals has recommended that the trust remain in special measures.

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

Action we have taken

We issued one warning notice under section 29A of The Health and Social Care Act 2008 in relation to ongoing concerns in the urgent and emergency care service. The trust is required to make improvements and has provided CQC with an action plan in response to the warning notice. CQC will be monitoring the timely progression of this plan.

Summary of findings

We issued four 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 in a number of 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 check 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 examples of outstanding practice in surgery and critical care services.

We found the following outstanding practice:

- Shortly before our inspection theatres had put QR codes (a sort of bar code) on resuscitation trolleys in theatres and DPU. These were scanned by the member of staff who was checking the trolley on that day. It allowed managers to see remotely to see if equipment had been checked and escalate it if the checks were not recorded as complete.
- The surgical division had maximised the use of the urology robot for major urological cancer resection, and have demonstrated improvements in outcome and reductions in length of stay.
- The Norfolk and Norwich University Hospital was the first trust in East Anglia to carry out robotic colorectal cancer surgery. A consultant surgeon was the first surgeon in Norfolk to be certified by the European Academy of Robotic Colorectal Surgery (EARCS) after completing a robust training and assessment programme.
- Within critical care a new one hour target had been introduced in aim of admitting patients in one hour from consultant intensivist authorisation opposed to the national four hour target. An audit was being carried to determine compliance with this target.
- There was a critical care specific electronic healthcare records (EHR) system in place. One CCC consultant took lead for this EHR and modified the software as required. This meant that this technology was consistently being adapted to improve patient access to care and treatment.
- The CCC was in the process of developing its own set values. Staff were engaged in developing these. There was a bereavement service available for bereaved families following the loss of a loved one. The team consisted of two registered nurses who provided additional support and could sign post people to other support service locally.
- Within critical care there was strong emphasis on the safety and well-being of staff. Staff told us that there were staff running groups and regular activities arranged for the team. We also saw a staff room board displaying future planned social events.
- A team of senior medical staff called the “fatigue team” supported doctors in reducing fatigue levels due to work. Doctors told us that this team had helped them improve their staff rooms, including putting in place black out blinds and do not enter notices on doors when doctors were on call and resting. They also told us that they were encouraged to take their break by consultants and had to report when this did not happen.

Areas for improvement

Summary of findings

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. This action related to all core services inspected and the trust overall.

For the overall trust:

- The trust must ensure that process for governance and oversight of risk and quality improvement continue to embed and become consistent across the organisation.
- The trust must ensure that, across the organisation, local audit findings are utilised to identify actions for improvement and that these are monitored, and reviewed.
- The trust must continue to take definitive steps to improve the culture, openness and transparency throughout the organisation and reduce inconsistencies in culture and leadership.
- The trust must continue to improve the assessment and quality of care delivered to patients with mental health concerns.

In Urgent and Emergency services:

- The trust must ensure all staff complete mandatory training and complete the appropriate level of safeguarding adults and children training.
- The trust must ensure staff respond appropriately to changing risks to patients who use the services.
- The trust must ensure it employs enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The trust must ensure it employs 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.
- The trust must ensure that all managers appraise staff's work performance and held supervision meetings to monitor and improve staff performance.
- The trust must ensure that patients access services to receive the right care at the right time and that during times of high demand access to care was is managed by staff to consider patients with urgent needs.
- The trust must ensure all staff are clear on leadership within the department, identifying staff roles and responsibilities to coordinate and effectively manage patient care.
- Managers across the service must promote a positive culture that supports and values staff, and creates a sense of common purpose based on shared values.
- The trust must engage with its staff team proactively to implement change.

In Medical care:

- The trust must ensure nursing and medical staff complete mandatory training and safeguarding training in line with the trust target.
- The trust must ensure nursing and medical staff complete mental capacity assessments in line with trust policy.

Summary of findings

- The trust must ensure deprivation of liberty safeguard (DoLS) orders are completed appropriately in line with the Mental Capacity Act 2005.
- The trust must ensure fridges where medicines are stored, have their temperatures monitored and recorded on a daily basis.

In Surgery:

- The trust must ensure medical staff receive mandatory training.
- The trust must ensure accuracy, security of patient records.
- The trust must ensure patients have timely access to care and treatment. The trust must continue to work with stakeholders to improve treatment times.
- The trust must ensure that staff feel able and are supported to raise concerns.
- The trust must ensure that there are adequate staff on each shift to safely care for patients.
- The trust must review the risk register, in particular long-standing risks on the divisional risk register with insufficient mitigation.

In Critical Care:

- The provider must ensure that there is a supernumerary clinical nurse coordinator available for the critical care service 24 hours a day, seven days a week.
- The provider must continue to improve nursing staff numbers for the critical care service.
- The provider must ensure that there is a dedicated, child-friendly area within the critical care service for admitted children and young people.
- The provider must ensure that there is a written and agreed procedure in place for the emergency admission of children and young people to the critical care service.
- The provider must ensure that curtains are changed throughout the critical care service in line with national best practice guidance.
- The provider must ensure that records relating to the management of the critical care service are kept up-to-date and are completed.

In Maternity:

- The trust must ensure staff complete mandatory training in line with the trust target.
- The trust must ensure staff complete safeguarding training to a level appropriate to their job role.
- The trust must ensure that medication is stored in line with trust policy and that staff record medication refrigeration temperatures to ensure the safe storage of refrigerated medicine.
- The trust must implement processes to ensure that equipment and medicines used in the community have not expired.
- The trust must ensure that patient records are stored securely.
- The trust must ensure that resuscitation equipment in wards, theatres and other areas is checked in accordance with trust policy.
- The trust must ensure that staff have access to enough medical equipment including variable speed infusion pumps.

Summary of findings

In Services for Children and Young People:

- The trust must ensure that there are enough staff to provide a safe service.
- The trust must ensure that medicine fridge temperatures are recorded consistently and any issues actioned.
- The trust must ensure that emergency equipment checks are performed consistently.
- The trust should ensure that coding and recording of training compliance, multiple admissions and readmissions, and complaints data is accurate to prevent inappropriate monitoring of the service.
- The trust must ensure that children and young people having their surgeries cancelled are rebooked in a timely manner.
- The trust must ensure that referral to treatment times for children are in line with national recommendations.
- The trust must improve its governance and assurance processes so that recurring safety issues are not left unresolved.

In Outpatients:

- The trust must ensure that the use and monitoring of the World Health Organisation (WHO) and five steps to safer surgery checklist is embedded across all relevant areas.
- The trust must ensure that patient records are stored securely.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to urgent and emergency care, medical care, surgery, critical care, maternity and outpatient services.

For the overall trust:

- The trust should ensure that the leadership development programme across the organisation continues at all levels, from board to ward, to ensure leaders have the experience, knowledge, capability and support to lead effectively.
- The trust should ensure that empowerment of the divisional model continues to strengthen clinical engagement and decision making to improve performance and drive improvements in patient care.
- The trust should ensure that actions are taken to obtain the views of patients, children, relatives and people who use the services.
- The trust should ensure it continues to develop relationships and work with system partners to improve and develop good quality, sustainable care across Norfolk.
- The trust should ensure that work continues to improve and embed equality, inclusion and diversity across the organisation.

In Urgent and Emergency services:

- The trust should ensure it improves its performance for percentage of all TARN eligible patients having their data submitted to the audit.
- The trust must ensure it has a specific vision and plan for the emergency department to meet the needs of the patients.

In Medical care:

Summary of findings

- The trust should continue to recruit medical and nursing staff to trust establishment
- The trust should continue to improve staff annual appraisal rates in line with trust target.
- The trust should update signage throughout the hospital to reflect the ward relocations.
- The trust should develop actions plans in order to address any noncompliance or areas for improvement identified at audit in order to improve services.
- The trust should ensure risks added to the risk register are actioned and closed in a timely way.

In Surgery:

- The trust should improve the environment, particularly in the day surgery and interventional radiology units.
- The trust should improve response times to complaints.
- The trust should ensure all staff understand their responsibilities under the Mental Capacity Act 2005.

In Critical Care:

- The provider should consider introducing a critical care outreach team or rapid response team who is available 24 hours a day, seven days a week.
- The provider should consider evaluating the friends and family test (FFT) regularly in critical care and introducing a child-friendly feedback system for children and young people who use the service.
- The provider should consider covering mental health and emotional wellbeing of patients in the audit programme for critical care.
- The provider should consider introducing the Lester tool, or equivalent, to support the health assessment of people living with severe mental health conditions.
- The provider should consider assessing local population needs and use this information to feed in to service planning for the critical care service.
- The provider should consider developing a vision and strategy for the critical care service.
- The provider should consider improving overnight facilities for those patients close to relatives.
- The provider should consider improving signage throughout the hospital showing people how to access critical care.

In Maternity:

- The trust should ensure that the safety thermometer results are displayed for staff and the public to see.
- The trust should ensure that staff and women are aware of the complaints process.
- The trust should ensure that progress against the delivery of the maternity strategy is routinely monitored and reviewed.
- The service should ensure that it's maternity dashboard demonstrates where the service has met or failed to meet its targets.
- The trust should ensure that the lone working policy is adhered to ensure staff safety.

In Outpatients:

- The trust should ensure that the management of referrals into the organisation reflects national guidance in order that the service meets referral to treatment times.

Summary of findings

- The trust should ensure that there is an effective process for risk management.
- The trust should ensure that medicines are stored securely and in line with national guidance.
- The trust should ensure that equipment is maintained and fit for use.

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 improved. We rated well-led as requires improvement because:

- Due to resignations and retirements (end of tenure) significant changes in the executive leadership team were due to continue throughout 2019. These included the chair, chief executive officer, director of workforce and three non-executive directors. This meant there was an increased risk to the sustainability of the newly established and stabilised board.
- Inconsistencies remained amongst the effectiveness of the leadership within the divisions. The level of support and oversight provided varied depending on core service, and not all leaders had the experience, knowledge, capability or support to lead effectively. This was more evident in areas of increased pressure.
- Improvement in culture was not consistent across the trust. Staff did not always feel actively engaged or empowered. In certain services pockets of poor behaviour remained with staff displaying a lack of respect and civility towards each other. There was recognition that there would need to be a long term concerted effort, with multiple areas of focus before any sustainable change would be achieved.
- Local individual service strategies varied, in stage and development, with inconsistencies found in the clarity of direction from divisions. The divisions had not matured at the same pace. More needed to be done to improve consistency and empowerment of the divisional model to strengthen clinical engagement and decision making to improve performance and drive improvements in patient care. The governance and oversight of risk and performance needed to embed and improve at a divisional level.
- There remained concerns in relation to improving care for patients with mental health concerns. Newly formed governance processes needed to become embedded. Delays occurred with access to specialist reviews and mental health beds. There was recognition of system wide pressure across Norfolk. Support was being sought from stakeholders to seek a system wide solution.
- There was a limited approach to sharing information with and obtaining the views of patients, children, relatives and people who use the services. We were informed of plans to improve this but at the time of inspection these were not realised. The lack of patient voice was not recorded on the high-risk tracker.
- Equality, inclusion and diversity was not embedded across the trust. Progress against the focused action plan had been slow with only two of the twenty actions completed. Two new staff networks had been introduced since our last inspection, however we were only informed of one having had an initial meeting.

Summary of findings

- The absence of a financial strategy placed the sustainable delivery of high quality care at risk. The trust benchmarked poorly against peers for digital maturity, as per Model Hospital 2018, and they had not maintained a clinical equipment replacement programme. The joint appointment of a chief information officer (CIO) and a digital strategy indicated that steps were being taken to address sustainability as part of a wider transformation programme.

However:

- Actions had been taken in response to our previous concerns with leadership, culture and line management processes at executive team level. There had been some significant changes in the executive leadership team. New appointments included the chief nurse, medical director, chief financial officer and interim chief operating officer. This had positively improved team dynamics and functionality and strengthened the clinical voice at board.
- There was an improved, cohesive approach from operational and clinical perspectives with the chief nurse, medical director and interim chief operating working together as a triumvirate. The previous disparity in leadership had been eradicated with the new appointments. We found a unified approach with healthy constructive challenge.
- There was an established board development plan in place that outlined actions taken following our previous report, published in June 2018. This included training and development for executive and non-executive directors. There was recognition that the experience and knowledge of the senior leadership team varied. The plan included individual elements and had been widened to include scheduled events for the hospital management board and senior management team.
- Improvements had been made in the processes to ensure that directors, or equivalent, are fit and proper for the role (FPPR). Previous inconsistencies in the recruitment and line management of the executive team had reduced.
- Staff knew the trust corporate vision, values and strategy. The trusts executive team had a good understanding of the needs of its local population and the continuing pressures on the health system as a whole. The corporate strategy had been developed to take these into account and align to the wider health and social care economy. This included collaboration with local partners, acute services, external organisations and stakeholders to move forward sustainability and transformation plans.
- The trust had effective governance structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees and team meetings. Improvements had been made to refocus quality of care as a priority. The quality and safety committee had been reconfigured to monthly, a daily serious incident group and mental health board had been introduced.
- The trust had taken steps to improve staff engagement. These included the appointment of a full-time lead freedom to speak up guardian, local staff meetings, drop in sessions and the monthly “Viewpoint” meetings continued. There was a quarterly junior doctors’ forum. The guardian of safe working hours was proactive and passionate about their role, ensuring that issues with safe working hours were reported and addressed.
- There was an increased focus and commitment towards continuous learning, improvement and staff development and a quality and safety improvement strategy had been drafted.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

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 ↑ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↑ Apr 2019	Requires improvement ↑ Apr 2019

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 2019	Requires improvement →← Apr 2019	Good →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↑ Apr 2019	Requires improvement ↑ Apr 2019
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 2019	Good →← Apr 2019	Good →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↑ Apr 2019	Requires improvement ↑ Apr 2019
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	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Outpatients	Requires improvement →← Apr 2019	Not rated	Good →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement →← Apr 2019
Diagnostic imaging	Requires improvement Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Overall*	Requires improvement ↑ Apr 2019	Requires improvement →← Apr 2019	Good →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↑ Apr 2019	Requires improvement ↑ Apr 2019

*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

The Norfolk and Norwich University Hospital is an established 998 bedded hospital that provides acute hospital care for a tertiary catchment area of up to 1,016,000 people.

The trust provides a full range of acute clinical services including more specialist services such as oncology and radiotherapy, neonatology, orthopaedics, plastic surgery, ophthalmology, rheumatology, paediatric medicine and surgery. Services are provided 24 hours a day, seven days a week.

The majority of patients live in Norfolk, North Suffolk and Waveney, however tertiary services are provided beyond these boundaries. The trust has the largest catchment population of any acute hospital in the East of England.

During this inspection we spoke with 241 members of staff including, but not limited to, doctors, nurses, support workers, administrative staff, pharmacists, allied health professionals, operations staff, advanced clinical practitioners, senior managers and members of the executive team. We spoke with 57 patients, relatives and carers and reviewed 84 sets of patient records.

Summary of services at Norfolk and Norwich University Hospital

Requires improvement  

Norfolk and Norwich Hospital

What we found is summarised above under the sub-heading Overall trust.

Urgent and emergency services

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

- The service provided mandatory training in key skills to all staff, but did not ensure everyone completed it.
- The service provided training on how to recognise abuse but not all staff had completed the training.
- The service did not respond appropriately to changing risks to patients who used the services.

Summary of findings

- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The service did not have 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.
- The trust performed much worse than other trusts for percentage of all TARN eligible patients having their data submitted to the audit.
- From October 2017 to September 2018, the trust's unplanned re-attendance rate to the emergency department within seven days was consistently worse than the national standard.
- Not all managers appraised staff's work performance or held supervision meetings.
- Patients did not always access services to receive the right care at the right time. During times of high demand access to care was not managed by staff to consider patients with urgent needs.
- There was a lack of leadership within the department, staff roles and responsibilities were not coordinated effectively to manage patient care.
- There was no specific vision or plan for the emergency department.
- Managers across the service did not promote a positive culture that supported and valued staff, or create a sense of common purpose based on shared values.
- The trust did not always engage with its staff team to implement change.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Equipment and premises were clean. Staff used control measures to prevent the spread of infection. This was an improvement on our last inspection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe. This was an improvement on our last inspection.
- Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care. This was an improvement on our last inspection.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service reported safety incidents well, staff recognised incidents and reported them appropriately.
- The service monitored performance and activity to understand risks and provide a clear accurate picture of patient safety.
- The service provided care and treatment that was planned and delivered in line with current evidence based practice.
- Staff assessed patient's nutrition and hydration needs appropriately.
- Staff assessed, managed and reviewed patient's pain relief effectively.
- Staff of different kinds worked together as a team to benefit patients.
- Key services were available seven days a week to support patient care.
- Staff obtained consent to care and treatment in line with legislation. This was an improvement on our last inspection.

Summary of findings

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Services were tailored to meet individual needs and person-centred pathways involved other providers.
- The service demonstrated a pro-active approach to understand the needs of the different patient groups to deliver care to meet those needs, which is accessible and promotes equality.
- The service managed and responded to concerns and complaints.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them. This was an improvement on our last inspection.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training.
- Governance arrangements are proactively reviewed and reflected best practice.
- The trust collected, analysed, managed and used information to support its activities. This was an improvement on our last inspection.

Medical Care

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

- Nursing and medical staff across the service were not meeting the mandatory training target. We had raised this as a concern at our previous inspection and medical staff across the service were not meeting the trust target for safeguarding adults level 2 training.
- In five of the wards we visited, staff did not consistently monitor and record fridge temperatures to ensure medicines were stored correctly. We had raised this as a concern at our previous inspection.
- The service did not have enough medical or nursing staff to meet the establishment. We had raised this as a concern at our previous inspection. The trust was taking steps to recruit staff of all grades and the service used bank, agency and locum staff, as well as developing clinical nurse specialists, to mitigate risks to patients
- Staff on Elsing ward did not consistently assess and document whether a patient had the capacity to make decisions about their care. They did not always follow the trust policy and procedures when a patient could not give consent.
- Staff on Elsing ward did not follow the trust policy relating to the Mental Capacity Act 2005. They did not ensure patients who were under the deprivation of liberty safeguards (DoLS) had their DoLS applications completed in line with their local policy or national guidance.
- The service had undertaken audits but not developed detailed and robust action plans to address findings. For example, the audit of MCA and DoLS documentation (November 2018), the chronic obstructive pulmonary disease (COPD) audit (September 2018) and the lung cancer action plan in response to audit findings (2017).
- Waiting times from referral to treatment were significantly below the England average for two out of eight specialities.
- Staff we spoke with on the wards were unaware of any local vision or strategy held by the trust in relation to the medical division and the service did not consistently meet the trust target for staff receiving their annual appraisal. Guist ward was performing the lowest at 63% followed by Mulbarton ward at 73% compliance.

Summary of findings

- Process for oversight of compliance with mandatory training and appraisal were not embedded or robust which allowed for inconsistencies across the speciality.
- The trust had recently undergone some ward relocations but signage throughout the hospital had not been updated to reflect the changes. For example, acute medical unit (AMU) was now located on level one but wall signs still stated level two.
- The medicine service risk register had 36 risks open. Six of these remained open from 2012. While managers reviewed the risks, they were not being actioned to reduce the level of risk in a timely way.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff of different specialities worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care
- The service controlled infection risk well. Staff used control measures to prevent the spread of infection, side room doors were closed to prevent the spread of infection. This was an improvement on our previous inspection.
- The service had suitable premises and equipment and looked after them well. Staff in all the wards we visited carried out resuscitation equipment checks in line with guidance. This was an improvement on our previous inspection.
- The service provided care and treatment based on national guidance. Staff completed and updated risk assessments for each patient. They kept clear records detailed records of patients' care and treatment. Staff stored records in closed trolleys. This was an improvement on our previous inspection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. Feedback from patients confirmed that staff treated them well, with kindness and involved patients and those close to them in decisions about their care and treatment.
- Staff gave patients enough food and drink to meet their needs and improve their health and monitored patients regularly to see if they were in pain.
- The service planned and provided services in a way that met the needs of local people and took account of patients' individual needs. Six specialties were close to, or better than, the England average for referral to treatment (RTT).
- The average length of stay for medical elective patients at the trust was 3.7 days, which is lower than the England average of 6.0 days. For medical non-elective patients, the average length of stay was similar to the England average of 6.3 days.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service and promoted a positive culture that supported and valued staff. The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Surgery

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

Summary of findings

- The service did not manage patient safety incidents well. There were a further two never events in surgery since our last inspection in March 2018. Work had been done to reduce never events but this was not fully embedded.
- Staff did not keep appropriate records of patients' care and treatment. Records were not always clear, and there were gaps and omissions in patient records. Records were not always stored securely.
- There was a need for independent audit reviews and oversight of the WHO checklists at Cromer.
- The service provided mandatory training in key skills to all staff but not everyone completed it. Training rates were variable with medical staff being below trust target for mandatory training.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Shifts did not always have the planned numbers of registered nurses. It was not clear that patient acuity was always considered in determining shift numbers.
- The service did not have suitable premises for the care of all patients. The environments in interventional radiology unit and day procedure unit were sub optimal for patient care.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff gave us inconsistent responses when asked about the Mental Capacity Act.
- People could not access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were not in line with good practice and worse than the England average.
- The use of escalation areas impacted the functioning of clinical pathways. The day procedure unit and emergency assessment unit surgical (EAUS) both had inpatients which negatively impacted activity in those areas.
- There remained delays in responding to complaints.
- Whilst there had been a focus on improving the culture since our last inspection, not all staff felt the culture had improved.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Some risks had been on the risk register for as long as eight years without effective measures to address them.
- There had been ongoing issues with referral to treatment times, capacity and staffing over the preceding four years that had not been fully addressed.
- The division had a strategy for service improvement but this was not articulated by division staff.

However:

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication, at the right dose, at the right time.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

Summary of findings

- 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 personal preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- 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.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided some services in a way that met the needs of local people. Some services such as lithotripsy was provided to patients on the day.
- The service took account of patients' individual needs.
- The trust collected, analysed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Cromer hospital and staff had a local vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- At Cromer staff spoke highly of local leadership, the senior matron and new executive directors who had visited Cromer on a number of occasions to speak with staff and understand the services.

Critical Care

Our rating of this service went down. We rated it as requires improvement because:

- In 2015 we raised concerns about low nursing staffing numbers. In 2019 there was still no supernumerary nurse coordinator available out of hours. This meant the service was not meeting national standards from the Guidelines for the Provision of Intensive Care Service (2015). Action was being taken to improve nursing staffing numbers however the vacancy rate was still high (16%). However, we did find that action was being taken to improve this.
- The critical care outreach team (CCOT) were not available 24 hours a day, seven days a week nor was there an alternative rapid response team available. This meant that the service was not adhering to Guidelines for the Provision of Intensive Care Services (2015).
- Cubicle curtains were not disposable which meant the service was not meeting The Department of Health's Health Building Note 04 -02 for critical care units. However, following us raising this concern appropriate action was taking place to change this.

Summary of findings

- There was no standard operating procedure (SOP) in place for the emergency admission of children and young people to the CCC despite this happening regularly. There was also no SOP for the hospital at night team service.
- There was no dedicated child-friendly area within CCC where children and young people were cared for. However, following us raising this concern we saw that managers were taking prompt and appropriate action to ensure this.
- Only 81.6% of nursing staff had received an appraisal in the past 12 months, against a trust target of 90%. However, this was being actioned with rates improving.
- Nursing staff had not completed paediatric competencies; however, necessary action was being taken to improve this.
- Only 46% of registered nurses had completed their post registration award in critical care nursing against a national standard of 50% (Guidelines for the Provision of Intensive Care Service, 2015). However, necessary action was being taken with plans in place to bring compliance above this standard by the end of 2019.
- The service regularly closed four of its level two beds. This was due to low nursing staffing numbers and done to keep patients safe. However, we saw that this contributed to 88 cancelled elective operations between December 2017 and January 2019.
- The Friends and Family Test (FFT) had not been reviewed monthly as planned, which presented a missed opportunity to gather feedback from patients and visitors.
- Records for the management of the service, including meeting minutes, were not always complete and detailed.
- There had been six same sex breaches against a trust target of zero between December 2017 and December 2018.

However:

- 90.7% of nursing and 88% of medical staff were up-to-date with mandatory training requirements.
- A business case had been approved to recruit a dedicated CCC pharmacy team and these roles were actively being recruited to. This was an improvement on our last inspection.
- The hospital were trialling the National Early Warning Score 2 (NEWS) which was due to be implemented trust-wide in April 2019.
- Infection rates reported by the service were low.
- Equipment was checked regularly and maintained in line with manufacturers servicing requirements.
- The medical staffing establishment was as planned with no vacancies. Medical staffing requirements met national standards for critical care. This was an improvement on our last inspection.
- The service had a good track record for safety including mortality rates within expected ranges. The NHS Safety Thermometer also showed patient free-harm was improving overtime.
- There was a robust incident reporting and analysing system in place. Lessons were learnt when things went wrong and led to service improvement.
- People's care was assessed and planned based on evidence-based practice, with service participation in national benchmarking clinical audits.
- People's nutrition and hydration needs were identified, monitored and met.
- People's pain was assessed regularly and managed effectively, including for those with difficulties communicating.
- The multidisciplinary team (MDT) worked well together.

Summary of findings

- Staff consistently treated people using the service and those close to them with compassion, respecting their privacy and dignity at all times.
- Complaints about the service were low and handled effectively.
- Patients received care that was tailored to their individual need, including those with complex needs receiving additional care.
- Emergency access to the service was seamless. Delayed discharge rates and out of hours discharges (non-delayed) were low. Non-clinical transfers to other units did not happen.
- The culture of the service had improved significantly over the last year.
- The new leadership was strong. We saw that leaders for the service had driven significant improvements despite only been in post for a short time. When we raised concerns, leaders responded promptly and took appropriate action.

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The trust target for mandatory training attendance was not met by the service.
- The service's medical staff were not trained to level 3 safeguarding children which was not compliant with national guidance. We had raised this as a concern on our previous inspection in April 2017.
- The service did not always have systems, processes and practices implemented in place to manage equipment to keep people safe. The service did not always follow best practice when storing medicines. The service could not access variable speed infusion pumps on the delivery suite during our inspection and we found expired intravenous fluids in the community setting.
- Records were not always stored in a way that protected women's confidentiality. We had raised this as a concern on our previous inspection in April 2017.
- The service collected safety information for the safety thermometer but it was not routinely shared it with staff, patients and visitors. We had raised this as a concern on our previous inspection in April 2017.
- Progress against the delivery of the services strategy was not routinely monitored and reviewed.
- There was a lack of oversight for medicines and equipment. The impact of this included expired medicines and consumable equipment in use in the community.
- Issues that we had identified on our previous inspection remained unresolved. This included poor safeguarding training rates for medical staff for level 3 children's safeguarding, inconsistent checking of resuscitation equipment, storage of medicines and the storage of women's records.
- Outcomes on the maternity dashboard were not clearly colour coded meaning that it was difficult to identify where the service had not met their targets.

However:

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

Summary of findings

- Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed women's safety incidents well. Staff recognised incidents and reported them appropriately. 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.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and put steps in place to work towards compliance for guidelines not yet met.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. They followed the trust policy and procedures when a woman could not give consent.
- Staff cared for women with compassion. Feedback from women and their partners confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of women's individual needs. The service worked in partnership with local organisations to ensure care was delivered and coordinated in a way that supported women with complex needs.
- Managers at all levels in the trust had the right skills and abilities to run the service.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an extensive programme of quality improvement which was used to systematically improve the quality of services.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Services for children and young people

Our rating of this service went down. We rated it as requires improvement because:

- Compliance to statutory and mandatory training was not always achieved for both nursing and medical staff across the service, and there was not a consistent overview of safeguarding training compliance.
- The service did not have enough nursing staff at the right skill mix, to provide a safe, effective, and responsive service.
- Safety checks of medicines fridge and ambient temperatures, resuscitation equipment, and medicine related incidents were ongoing unresolved issues from our previous inspections in both 2015 and 2017.

Summary of findings

- Children's early warning scoring was not consistently performed at the right frequency, to completion and escalation was not consistently sought.
- The quality of medical records was not consistent throughout the service.
- The service had higher multiple admission and readmission rates than the national average for children over one years old after both elective and emergency admissions.
- Referral to treatment times were acknowledged by the service to be too long.
- Surgical cancellations and rebooking times were not consistently achieved within 28 days.
- The leadership of the service had a poor culture around the improvement of known safety issues.
- The children's board did not provide adequate governance scrutiny for the service.
- Leaders of the service told us that some staff felt close to burn out due to the higher demands on the service and the poor staffing numbers.

However:

- The service had an appropriate amount of medical staff to provide safe and effective care and treatment.
- Infection prevention and control measures had improved from our previous inspection.
- The service performed well in national audits such as the National Paediatric Diabetes Audit and the National Neonatal Audit Programme.
- The service was effective in assessing and managing pain in children.
- Staff were supported in maintaining and gaining new competencies.
- Multidisciplinary working was effective throughout the service. The child and adolescent mental health service working with the service was effective.
- Staff understood consent and this was demonstrated in patient records.
- Families and children all provided positive feedback for the service and felt listened to, involved in care and cared for.
- Children's individual needs were met with a wide variety of resource, such as individual recreation rooms and the use of 'This is Me' passports for children with complex needs.
- Managers were proactive in implementing projects to improve access and flow through clinical areas.
- Staff felt that the changes at executive level were positive, with improved visibility and access to the chief nurse and other senior leaders.

Outpatients

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

- Records were not always stored securely and medicines were not always stored appropriately in outpatient areas, which were both raised at our previous inspection.
- Data on waiting times was not formally recorded and therefore efficiency and areas for improvement could not be monitored and identified. This was raised at our previous inspection.
- People could not always access the service when they needed it. Waiting times from referral to treatment were not in line with national guidance.

Summary of findings

- Clinics continued to run behind time. We observed, and patients told us, that clinics frequently ran late, however the trust did not monitor clinic waiting times formally to enable oversight and improvement.
- An average of 18.8% of clinics were cancelled at short notice (under six weeks).
- The service was not always managing information effectively. Staffing related information held by the trust, such as training, appraisals and vacancy numbers, did not always clearly identify compliance for outpatient medical staff. Therefore, we were not assured there was sufficient oversight of medical staffing of the service.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- There was an appropriate process for responding to risk for patients that were waiting for appointments.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion, involved them in decisions about their care and treatment and provided them with emotional support to minimise their distress.
- Outpatient specialties offered some out-of-hours appointments, one-stop clinics, community based appointments, and telephone appointments, which provided patients with flexibility and choice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients and staff to plan and manage appropriate services.

Urgent and emergency services

Requires improvement  

Key facts and figures

The main urgent and emergency care services at the trust are primarily provided at Norfolk and Norwich University Hospital. The type 1 service includes the following:

- Six resus spaces including a paediatric assessment space and cardiac bay
- 16 majors cubicles
- Six minors cubicles and plaster room
- Five urgent care centre (UCC) rooms for GPs co-located with minors
- Eight rapid assessment and treatment (RATS) cubicles
- 12 clinical decisions unit spaces
- Four older people's ED (OPED) cubicles, along with two OPED side rooms and dedicated waiting area.

The emergency department (ED) majors and minors, clinical decisions unit (CDU), paediatric ED and the older people's ED (OPED) were open 24 hrs per day and seven days per week. The main ED also had two cubicles dedicated to supporting ambulatory care patients.

The urgent care centre (UCC) (Type 3) is a general practitioner (GP) led service operating 8am to 11am seven days per week. Appropriate patients requiring GP intervention are streamed on arrival at the ED to the UCC.

The acute medical unit (AMU) has two wards (male and female) with a total of 55 beds. AMU receives GP referrals via a telephone service as well as referrals from ED and ambulatory emergency care (AEC). AEC operates 8am to 8pm Monday to Friday, and 9am to 5pm Saturday to Sunday in nine trolley spaces on AMU.

There is also a minor injury unit (MIU) at Cromer Hospital (type 3), which has four treatment spaces operating 8am to 8pm, seven days per week.

The children's emergency department (CED) sees approx. 25,000 children per year. The CED has four treatment cubicles, one escalation of care cubicle (1 bed space and 1 resucitaire), two isolation cubicles and one quiet room.

From August 2017 to July 2018 there were 134,398 attendances at the trust's urgent and emergency care services.

The percentage of emergency department attendances at this trust that resulted in an admission decreased in 2017/18 compared to 2016/17. In both years, the proportions were higher than the England averages.

During our inspection we spoke with 50 staff including matrons, nurses, health care assistants, doctors, junior doctors, consultants, paediatric doctors and nurses. We also spoke with housekeeping staff, reception staff, a safeguarding lead for children, advanced care practitioners, psychiatric liaison staff, agency mental health assistants, flow coordinators, occupational therapy staff, the clinical director, operations manager, ambulance staff, hospital ambulance liaison officer (HALO) and chaplain.

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

Urgent and emergency services

Following our previous inspection in October 2017, we issued a S29A Warning Notice having found some significant concerns in the urgent and emergency service. We followed these up at a focused inspection in November 2018 and found that the trust was partly compliant. However, we remained concerned around the care and assessment for patients with mental health concerns, environments used for patients at risk of deliberate self harm, isolation procedures and governance and quality assurance were not fully effective. We issued two requirement notices, which we followed up at this inspection. Whilst we found some improvement we remained concerned and issued a further S29A Warning Notice on date 22 March 2019. The trust is required to make improvements and provide CQC with an action plan.

We spoke with five adult patients, relatives and two children to ask about their experience of care.

We also spoke with senior staff as part of the trust new “Winter Management Team” specifically formed by the trust to deal with access and flow through the department due to the number of patients attending the emergency department.

We reviewed 24 sets of patient records in relation to their care, treatment and medication. We also reviewed policies, procedures and guideline within the emergency department and reviewed equipment to ensure it was clean and serviced in line with manufacturer guidance.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, but did not ensure everyone completed it.
- The service provided training on how to recognise abuse but not all staff had completed the training.
- The service did not respond appropriately to changing risks to patients who used the services.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The service did not have 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.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Equipment and premises were clean. Staff used control measures to prevent the spread of infection. This was an improvement on our last inspection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe. This was an improvement on our last inspection.

Urgent and emergency services

- Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care. This was an improvement on our last inspection.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service reported safety incidents well, staff recognised incidents and reported them appropriately.
- The service monitored performance and activity to understand risks and provide a clear accurate picture of patient safety.

Is the service effective?

Requires improvement ● → ←

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

- The trust performed much worse than other trusts for percentage of all TARN eligible patients having their data submitted to the audit.
- The trust did not provide up to date data in relation to Royal College of Emergency medicine (RCEM) audits and or provide action plans in response to previous audit outcomes.
- The trust was unable to demonstrate how patients care and treatment outcomes were monitored or how they compared with other similar services.
- From October 2017 to September 2018, the trust's unplanned re-attendance rate to the emergency department within seven days was consistently worse than the national standard.
- Not all managers appraised staff's work performance or held supervision meetings.

However:

- The service provided care and treatment that was planned and delivered in line with current evidence based practice.
- Staff assessed patient's nutrition and hydration needs appropriately.
- Staff assessed, managed and reviewed patient's pain relief effectively.
- Staff of different kinds worked together as a team to benefit patients.
- Key services were available seven days a week to support patient care.
- Staff obtained consent to care and treatment in line with legislation. This was an improvement on our last inspection.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.

Urgent and emergency services

- Staff involved patients and those close to them in 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:

- Patients did not always access services to receive the right care at the right time. During times of high demand access to care was not managed by staff to consider patients with urgent needs.
- Patients with the most urgent needs did not always have their care and treatment prioritised.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

From November 2017 to October 2018 the trust failed to meet the standard in every month and performed worse than the England average.

- From November 2017 to October 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average.

However:

- Services were tailored to meet individual needs and person-centred pathways involved other providers.
- The service demonstrated a pro-active approach to understand the needs of the different patient groups to deliver care to meet those needs, which is accessible and promotes equality.
- The service managed and responded to concerns and complaints.

Is the service well-led?

Requires improvement ● ↑

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

- There was a lack of leadership within the department, staff roles and responsibilities were not coordinated effectively to manage patient care.
- There was no specific vision or plan for the emergency department.
- Managers across the service did not promote a positive culture that supported and valued staff, or create a sense of common purpose based on shared values.
- The trust did not always engage with its staff team to implement change.

However:

- The trust had effective systems for identifying risks, planning to eliminate or reduce them. This was an improvement on our last inspection.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training.

Urgent and emergency services

- Governance arrangements are proactively reviewed and reflected best practice.
- The trust collected, analysed, managed and used information to support its activities. This was an improvement on our last inspection.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at Norfolk and Norwich University Hospitals NHS Foundation Trust provides care and treatment for a number of specialities. The trust provides medical care within the following wards:

- Coronary care unit (eight beds)
- Kilverstone ward (cardiac ward)
- Three cardiac catheter suites
- Radial lounge (six spaces)

Older people's medicine (OPM):

- Loddon ward
- Kimberley ward
- Elsing ward
- Brundall ward

Respiratory medicine:

- Hethel ward
- Gunthorpe ward
- Respiratory investigation unit

The trust provides a neuroscience service which includes a Hyper-Acute Stroke Unit (HASU), a

gastroenterology service which consists of Guist ward and a day-case facility providing diagnostic and therapeutic endoscopy, colonoscopy and flexible sigmoidoscopy located in the multi million-pound, state of the art and purpose built Quadram Institute. An acute renal unit is located on Langley ward and the Jack Pryor haemodialysis unit (JPU) provides a full dialysis service at NNUH.

The rheumatology regional centre of excellence includes a day unit (RDU), inpatient oncology and haematology services are provided on Mulbarton ward and day-case chemotherapy is provided by the Weybourne day unit (WDU). Endocrinology consists of Earsham ward and a clinical investigation unit with two spaces.

The trust had 97,273 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 29,066 (29.9%), 2,385 (2.5%) were elective, and the remaining 65,822 (67.7%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 26,168 admissions
- Clinical oncology: 21,299 admissions
- General medicine: 16,303 admissions

(Source: Hospital Episode Statistics)

Medical care (including older people's care)

During the inspection we visited ten medical wards including Elsing, Mulbarton, Dunston, Kimberley, Langley, Earsham, Heydon, Guist, Gunthorpe and Mattishall. We visited the Quadram, the acute medical unit (AMU) and the Jack Pryor unit. We carried out an unannounced part of the inspection on 6 February 2019.

We spoke with 52 staff including the chief of division, director of division, the division nurse director, 29 registered nurses (RNs), three health care assistants (HCAs), 12 doctors, two consultants, one physio therapist, one pharmacist and one tissue viability nurse (TVN). We spoke with eight patients and four relatives or carers.

We reviewed nine sets of patient medical notes and eight patient nursing notes.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement ● → ←

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

- Nursing and medical staff across the service were not meeting the mandatory training target. We had raised this as a concern at our previous inspection. Nursing staff on Mulbarton ward were only 52% compliant with resuscitation training against a trust target of 90%.
- Medical staff across the service were not meeting the trust target for safeguarding adults level 2 training.
- In five of the wards we visited, staff did not consistently monitor and record fridge temperatures to ensure medicines were stored correctly. We had raised this as a concern at our previous inspection.
- The service did not have enough medical or nursing staff to meet the raised establishment levels. We had raised this as a concern at our previous inspection. The trust was taking steps to recruit and bank, agency and locum staff were in use as well as developing clinical nurse specialists to mitigate risks to patients.

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. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection, side room doors were closed. This was an improvement on our previous inspection.
- The service had suitable premises and equipment and looked after them well. Staff in all the wards we visited carried out resuscitation equipment checks in line with guidance. This was an improvement on our previous inspection.
- Staff completed and updated risk assessments for each patient. They kept clear and detailed records of patients' care and treatment. Records were up-to-date and easily available to all staff providing care. Staff stored records in closed trolleys. This was an improvement on our previous inspection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

Medical care (including older people's care)

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Managers did not use the findings from local and national audit to develop robust action plans in order to improve quality. For example, an audit of MCA and DoLS documentation (November 2018) in which noncompliance was identified but no action plan was drawn up to address this. The lung cancer action plan in response to audit findings (2017) lacked detail simply stating the service would continue to take part in the audit to indicate areas of strength and weakness and the chronic obstructive pulmonary disease (COPD) audit (September 2018 to January 2019) action plan lacked detail around action owners and completion date.
- Staff on Elsing ward did not consistently assess and document whether a patient had the capacity to make decisions about their care. They did not always follow the trust policy and procedures when a patient could not give consent.
- Staff on Elsing ward did not follow the trust policy relating to the Mental Capacity Act 2005. They did not ensure patients who were under the deprivation of liberty safeguards (DoLS) had their DoLS applications completed in line with their local policy or national guidance.
- The service did not meet the trust target for staff receiving their annual appraisal.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 dietary adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff of different specialities worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide holistic care.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Medical care (including older people's care)

Is the service responsive?

Good ● ↑

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

- The service planned and provided services in a way that met the needs of local people. The service had recently opened an older people's emergency department (OPED), the Quadram institute for endoscopy and developed a fractured neck of femur pathway.
- Six specialties were close to, or better than, the England average for referral to treatment (RTT).
- The average length of stay for medical elective patients at the trust was 3.7 days, which is lower than the England average of 6.0 days. For medical non-elective patients, the average length of stay was 6.5 days, which is similar to the England average of 6.3 days.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Waiting times from referral to treatment were significantly below the England average for two out of eight specialities.
- The trust had recently undergone some ward relocations but signage throughout the hospital had not been updated to reflect the changes. This led to some difficulties and confusion when navigating around the hospital. For example, acute medical unit (AMU) was now located on level one but wall signs still stated level two.

Is the service well-led?

Requires improvement ● → ←

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

- Staff we spoke with on the wards were unaware of any local vision or strategy held by the trust in relation to the medical division.
- Whilst there were sufficient managers within the service there was limited oversight of governance, risk management and quality improvement. The service leads did not use findings from local and national audit in order to improve the performance of services. Action plans were not implemented.
- Process for oversight of compliance with mandatory training and appraisal were not embedded or robust which allowed for inconsistencies across the speciality.
- The medicine service risk register had 36 risks open. Six of these remained open from 2012. While managers reviewed the risks, they were not being actioned to reduce the level of risk in a timely way.

However:

- Managers at all levels in the service had the right skills and abilities to run a service and promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All the staff we spoke with told us the culture was better than at our previous inspection.

Medical care (including older people's care)

- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

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 surgery service has seven inpatient wards, with 237 beds, for elective and non-elective patients. There are a further 20 beds for non-elective patients on Easton ward, the emergency assessment unit (EAUS).

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 announced. 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 37 of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with 11 patients and their relatives, reviewed 14 patient records and considered other pieces of information and evidence to come to our judgement and ratings.

Minor procedures for ophthalmology, dermatology, plastic surgery, urology and gynaecology are provided at Cromer Hospital. All procedures are carried out with local anaesthetic only with no sedation or general anaesthesia used at Cromer.

There are two procedure rooms, six trolleys on the ward and a waiting area. All elective patients are assessed pre-operatively by nurses in the pre-assessment unit.

Our inspection of Cromer 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 nine staff including nurses, students, health care assistants and non-clinical staff. We spoke with two patients, reviewed three patient records and considered other pieces of information and evidence to come to our judgement and ratings.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Surgery

Is the service safe?

Requires improvement ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service did not manage patient safety incidents well. There were a further two never events in surgery since our last inspection. Work had been done to reduce never events but this was not fully embedded. Not all managers undertaking root cause analysis (RCA) had training to complete them. Local guidelines for theatres had not been developed in response to national guidelines.
- Staff did not keep appropriate records of patients' care and treatment. Records were not always clear, and there were gaps and omissions in patient records. Records were not always stored securely.
- The service provided mandatory training in key skills to all staff but not everyone completed it. Training rates were variable with medical staff being below trust target for mandatory training. Medical staff did not meet mandatory training targets in safeguarding and nurses' resuscitation training was 56% and basic life support was 69%.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Shifts did not always have the planned numbers of registered nurses. It was not clear that patient acuity was always considered in determining shift numbers.
- The service did not have suitable premises for the care of all patients. The environments in IRU and DPU were sub optimal for patient care. Plans were in place to improve facilities in the interventional radiology unit by the end of 2019.
- There were inconsistent medication checks on Edgefield ward.
- There was a need for independent audit reviews and oversight of the World Health Organisation (WHO) and five steps to safer surgery checklists at Cromer.

However:

- The service had taken steps to address the issues raised at the last inspection in relation to inappropriate escalation areas. The assessment of risk and monitoring of escalation areas when in use had improved.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors such as safety thermometer data that was displayed prominently in public areas.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service prescribed and gave medicines well. Patients received the right medication, at the right dose, at the right time.

Is the service effective?

Good ● → ←

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

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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 preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Performance in some national audits was positive including bowel cancer audit and National Ophthalmology Database Audit were in line with or better when compared to other hospitals. In most areas they compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- 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.
- At Cromer staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff gave us inconsistent responses when asked about the Mental Capacity Act.
- There was a lack of local audit in theatres. For example, despite concerns with pre-operative marking of some patients, this had not been audited locally.
- The National emergency laparotomy audit and national Oesophago- gastric Audit showed a mixed picture when compared to other hospitals. Action plans were not provided when we requested them.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Requires improvement ● → ←

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

Surgery

- People could not access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were not in line with good practice and worse than the England average. This was despite a full recovery plan being in place and agreed by stakeholders.
- The use of escalation areas impacted the functioning of clinical pathways. The day procedure unit and EAUS both had inpatients which negatively impacted activity in those areas.
- There remained delays in responding to complaints. Response times were not in line with local policy with only 40% being completed within 25 days.

However:

- The trust planned and provided services in a way that met the needs of local people. The trust had undertaken initiatives that had reduced length of stay for some patients.
- The service took account of patients' individual needs.

Is the service well-led?

Requires improvement ● ↑

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

- Whilst there had been a focus on improving the culture since our last inspection, not all staff felt the culture had improved.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Some risks had been on the risk register for some years without effective measures to address them.
- There had been ongoing issues with referral to treatment times, capacity, access and flow and staffing over a number of years that had not been fully addressed.
- The division had a strategy for service improvement but this was not articulated by division staff.
- There was no formal talent identification or management plan in place for the division.
- The division had a strategy for service improvement but this was not articulated by division staff at Cromer.
- Staff told us divisional leadership was not as visible at Cromer.

However:

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There had been new initiatives to engage staff at all levels of the organisation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Cromer hospital and staff had a local vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

Surgery

- At Cromer staff spoke highly of local leadership, the senior matron and new executive directors who had visited Cromer on a number of occasions to speak with staff and understand the services.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Critical care

Requires improvement  

Key facts and figures

The critical care service at Norfolk and Norwich University Hospital was collectively known by staff as the “Critical Care Complex” (CCC). The CCC consisted of 28 adult critical care beds over two locations within the hospital, providing level two and level three services. Level two patients require higher levels of care and more detailed observation and intervention. Level three patients require advanced respiratory support alone, or basic respiratory support together with support of at least two organ systems.

The main CCC unit has 20 beds with ten level two and ten level three beds. Gissing High Dependency Unit (GHDU) was a short walking distance away from the main CCC and has eight level two beds. Level two patients were nursed one nurse to two patients (1:2) and level three patients nursed one nurse to one patient (1:1).

The CCC service included a critical care outreach team (CCOT). They supported acutely ill patients in other areas of the hospital including, those discharged from the CCC as required. The CCOT was led by a band eight nurse supported by a team of six registered nurses and a critical care consultant. The team were available seven days a week between 8am and 8:30pm.

A cardiac arrest team, consisting of two registered nurses and a team of six operating department practitioners were also part of the CCC service. They responded to hospital-wide cardiac arrest calls 24 hours a day, seven days a week. This team was supported by doctors of varying speciality from across the hospital.

The CCC accepted emergency and elective admissions and provided level two and level three organ support, and post-operative care for major cancer surgeries, including oesophageal, head and neck and abdominal/gynaecological; vascular surgery, spinal surgery and emergency procedures.

Children of all ages could be admitted to the CCC in an emergency, whilst being stabilised and awaiting transfer out to a paediatric intensive care unit (PICU) facility. This included newborn babies weighing over 5kg. Between the ages of 12 and 16 children were also admitted to the CCC after elective surgery, if they required enhanced care beyond the provision of the hospital’s dedicated children’s high dependency unit (Buxton ward).

The CCC was part of the hospital’s surgical directorate, led locally by a clinical lead, matron and operations manager. There were ten critical care consultants, one of whom was the clinical lead and another a paediatric anaesthetist by background. There were five teams of nurses each led by a senior nurse (band seven), a clinical nurse educator, four physiotherapists, six operating department practitioners (ODPs), a research team, pharmacy team, speech and language therapist, dietician and additional support staff.

Between December 2017 and December 2018 there were 522 adult admissions to the CCC, of which 29 were emergency admissions for children and young people. There were no elective admissions reported for children and young people during this period.

We last inspected this service in November 2015 and identified a number of concerns. This included inconsistent multidisciplinary input on ward rounds, low nursing and medical staffing numbers, high number of delayed discharge rates, a lack of dedicated pharmacy support, and leaders reported they did not feel well supported by hospital managers.

Critical care

During this inspection on 22 to 23 January and 06 February 2019 we inspected the whole core service and looked at all five key questions. This included following up on our previous concerns from 2015. We spoke with 35 members of staff including the clinical lead, matron, operations manager, doctors, nurses, senior managers, support staff, cleaners, a pharmacist, an ODP, students and physiotherapists. We reviewed the electronic healthcare records (EHR) of eleven patients and spoke with nine patients and relatives.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement ● → ←

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

- In 2015 we raised concerns about the lack of a supernumerary nurse coordinator out of hours, low numbers of registered nurses and there was no dedicated pharmacy team available. At this inspection in 2019 we found that some improvements had been made with necessary action being taken following the appointment of a new nursing lead.
- There continued to be no supernumerary nurse coordinator available out of hours. This meant the service continued not to meet national standards from the Guidelines for the Provision of Intensive Care Service (2015). However, action was being taken to address this.
- The vacancy rate for nurses remained high (16%). Subsequently the service regularly closed level two beds, which in turn contributed to a high number of cancelled elective operations. However, action was being taken to address this also.
- Whilst there was still no dedicated pharmacy team in place this was being mitigated against with seven day a week pharmacy support available. There was also a business case agreed to recruit a team of pharmacists for the CCC. These positions were being recruited to at the time of our inspection.
- The critical care outreach team (CCOT) were not available 24 hours a day, seven days a week nor was there an alternative rapid response team available. This meant that the service was not adhering to Guidelines for the Provision of Intensive Care Service (2015). A recent peer review process carried out in 2017 also raised this same issue.
- Cubicle curtains were not disposable which meant the service was not meeting The Department of Health's Health Building Note 04 -02 for critical care units. However, following us raising this concern we found that appropriate action was being taken to change these curtains.
- There was no standard operating procedure (SOP) in place for the emergency admission of children and young people to the CCC despite this happening regularly. There was also no SOP for the hospital at night team service.
- There was no dedicated child-friendly area within the CCC where children and young people were cared for. However, following us raising this concern we saw that prompt and appropriate action was being taken to ensure this.
- Between December 2017 and December 2018 there had been 47 medicines incidents reported, of which 45 were classified non-harm and two with the potential to cause harm. However, we found that necessary action was being taken to reduce future medicine incidents. This included continued monitoring and additional staff training.

Critical care

- There were no formal safeguarding risk assessments carried out for people using the service. There was also no safeguarding alert system in place. However, following us raising this concern we found that these processes had been introduced into practice.
- Staff had not received any formal training for major incidents.

However:

- The hospital were trialling the National Early Warning Score 2 (NEWS) which was due to be implemented trust-wide in April 2019.
- 90.7% of nursing and 88% of medical staff were up-to-date with mandatory training requirements.
- Infection rates reported by the service were low and staff adhered to infection, prevention and control procedure.
- Equipment was checked regularly and maintained in line with manufacturers servicing requirements.
- The medical staffing establishment was as planned with no vacancies.
- Patient healthcare records were stored securely and contained all the necessary patient information required.
- The service had a good track record for safety. This included the NHS Safety Thermometer results for the service, which showed harm-free care was low and improving over time.
- There was a robust incident reporting and analysing system in place. Lessons were learnt when things went wrong and lead to service improvement.
- The service used the NHS Safety Thermometer which showed patient free-harm was improving overtime.

Is the service effective?

Good   

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

- People's care was assessed and planned based on evidence-based practice, with service participation in national benchmarking clinical audits.
- Outcome measures from audit were good and where outcomes were below expectation, this information fed into service improvement.
- Staff told us that training opportunities were good.
- People's nutrition and hydration needs were identified, monitored and met. There was a designated dietician for the unit who was available Monday to Friday, with robust dietetic protocols in place for staff to follow out of hours.
- People's pain was assessed regularly and managed effectively, including for those with difficulties communicating.
- The CCC multidisciplinary team (MDT) worked well together.
- Outcomes for people using the service were good. This included risk adjusted mortality rates which were within expected ranges.
- Staff understood consent, the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with relevant legislation and guidance.

However:

Critical care

- Nursing staff had not completed paediatric competencies despite children and young people regularly being admitted to the CCC. However, four selected registered nurses were due to complete competencies and work experience in a nearby paediatric intensive care facility (PICU) commencing March 2019.
- Only 46% of registered nurses had completed their post registration award in critical care nursing against a 50% national standard. However, six nurses were completing this course which meant the service would be meeting this standard by the end of 2019.
- Only 81.6% of nursing staff had received an appraisal in the past 12 months, against a trust target of 90%. However, we saw that necessary action was being taken to improve this.
- There were no audits conducted which related to mental health and emotional wellbeing.
- The Lester tool or a similar resource was not used to monitor the physical health of people with severe mental illness.

Is the service caring?

Good ● → ←

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

- Staff consistently treated people using the service and those close to them with kindness and compassion.
- As much as possible, people who used the service or those close to them were actively involved in making decisions about their care, support and treatment. Advocacy services were available and used.
- People's privacy and dignity needs were always respected including during physical or intimate care and examinations.
- There was a bereavement service available for bereaved families following the loss of a loved one. The bereavement team consisted of two registered nurses who provided support and sign posted people to other providers as required.

However:

- From December 2017 to December 2018 there were four months where the service did not collect The Friends and Family Test (FFT). This presented missed opportunity to gather feedback from people who used the service and those close to them.

Is the service responsive?

Good ● → ←

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

- Patients received care that was tailored to their individual need, including those with complex needs who received extra support from specialist services within the trust, such as for learning disability, dementia and mental health.
- CCC visiting times were flexible if a patient was very unwell or in exceptional circumstances, such as visitor travelling from far away.
- Complaints about the service were low and handled effectively.

Critical care

- Emergency access to the service was seamless with a new one hour target time set, from decision to admit to admission to the CCC. This was opposed to the national four hour target. Compliance with this new one hour target was being audited during our inspection.
- Delayed discharge rates and out of hours discharges (non-delayed) were low. Non-clinical transfers to other units did not happen.
- Unplanned readmission rates were within expected range.

However:

- The service regularly closed level two beds whereby the service only operated 24 of its 28 bed spaces. This was due to low nursing staffing numbers and to keep patients safe. However, we saw that this contributed to 88 cancelled elective operations between December 2017 and January 2019.
- There had been no formal needs assessment conducted to support the planning of the CCC service provision.
- There was a lack of suitable overnight facilities for those close to patients.
- From December 2017 to December 2018 there had been six same sex breaches against a trust target of zero.
- Signage for the CCC throughout the hospital was not clear.
- There were no child-friendly feedback systems in place. However, following us raising this concern by February 2019 we found that prompt and appropriate action was being taken to address this.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Not all the concerns we raised in 2015 had been addressed. There was still no supernumerary nurse coordinator out of hours and nursing staffing numbers were still low. However, following us raising these concerns again, in February 2019 we found that appropriate action was being taken to address these issues.
- The critical care outreach team did not operate 24 hours a day, seven days per week nor was there an alternative rapid response team in place. This was not in line with the Guidelines for the Provision of Intensive Care Service, 2015. This issue was also raised through a peer review process in 2017. Therefore, necessary action had not been taken nor in a timely way.
- There was no formalised vision and strategy for the service.
- Records for management of the service were not always completed. This included for monthly quality, performance, risk and governance meeting minutes and mortality and morbidity reviews.
- The service's clinical dashboard did not show of hours discharges, admission rates, readmission rates and standard mortality rates.

However:

- We saw that progress was being made to improve the service.
- When we raised concerns to leaders we found that they responded promptly and took appropriate action. This included the safety concerns we raised about the CCC environment not being fit for purpose for children and young people.

Critical care

- The culture of the service had improved significantly since our last inspection in 2015. Staff also told us they felt engaged with the service, well respected and valued.
- We saw that leaders for the service worked incredibly well together and dynamically, to lead effectively and to drive improvements to the service. Despite all three leaders for the service being relatively new in post.
- Staff spoke incredibly highly about leaders for the service. They told us that leaders had made significant improvements to the service in a short time from being in post.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Maternity

Requires improvement ●

Key facts and figures

Norfolk and Norwich University Hospitals NHS Foundation trust provides community and hospital based midwifery and obstetric care, with services being provided at Norfolk and Norwich University Hospital. The service had 68 maternity beds of which 14 are antenatal, 32 are post natal, three are part of the maternity assessment unit and they have 15 birthing rooms on the delivery suite and four rooms on the midwifery birthing unit.

The trust also employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service

The community midwives are aligned to the local GP practices.

Our inspection was announced in accordance with our new inspection methodology.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings.

During this inspection we:

- Spoke with 43 members of staff including service leads, matrons, midwives, nurses, doctors, anaesthetists, sonographers and midwifery support workers.
- Spoke with ten women and three partners who were using the service.
- Reviewed 11 care records of women who has used the maternity service in the previous 48 hours.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The trust target for mandatory training attendance was not met by the service. The trust set a target of 90% for completion of mandatory training. The service had an average completion rate of 79% for midwifery staff and 86% for medical staff. The service had a poor rate of compliance with resuscitation training for medical staff of 53%.
- The service's medical staff were not trained to level 3 safeguarding children which was not compliant with national guidance. We had raised this as a concern on our previous inspection in April 2017.

Maternity

- The service did not always have systems, processes and practices implemented in place to manage equipment to keep people safe. We found pieces of expired consumable equipment in the community setting, saw that resus trolleys were not always checked daily and their tagging system was not effective.
- The service did not always follow best practice when storing medicines and had difficulties accessing medical equipment during our inspection. The service could not access variable speed infusion pumps on the delivery suite during our inspection and we found expired intravenous fluids in the community setting
- Records were not always stored in a way that protected women's confidentiality. We had raised this as a concern on our previous inspection in April 2017.
- Staff collected safety information for the safety thermometer but it was not routinely shared it with staff, women and visitors. We had raised this as a concern on our previous inspection in April 2017.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

Is the service effective?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and put steps in place to work towards compliance for guidelines not yet met.
- Staff gave women enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored women regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

Maternity

- 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for women with compassion. Feedback from women and their partners confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress and could signpost women and their relatives to other organisations offering emotional support.
- Staff involved women and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of women's individual needs. The service worked in partnership with local organisations to ensure care was delivered and coordinated in a way that supported women with complex needs.
- People could access the service when they needed it. Waiting times were audited and processes changed to improve women's experience.
- The service investigated complaints, learned lessons from the results, and shared these with all staff.

However:

- Promoting the complaints process was not embedded practice for staff within the service.

Is the service well-led?

Requires improvement ●

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Progress against the delivery of the services strategy was not routinely monitored and reviewed.
- Not all risks we identified on inspection featured on the risk register such as the risks of medicines and equipment management within the community setting.
- There was a lack of oversight for medicines and equipment in the community setting. The impact of this included expired medicines and consumable equipment in use in the community.
- Some of the issues that we had identified on our previous inspection remained unresolved including the regular checking of resuscitation equipment, the level of safeguarding training doctors were trained to was not in line with national guidance, medicine refrigeration temperatures were not being monitored consistently and the storage of patient records did not protect patient confidentiality.
- Outcomes on the maternity dashboard were not clearly colour coded or given a target meaning that the service was not able to effectively track the quality of the services. The service was not following national guidance for tracking women who had booked into the service at ten weeks.

However:

- Managers at all levels in the trust had the right skills and abilities to run the service.
- The trust had a vision for what it wanted to achieve developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an extensive programme of quality improvement which was used to systematically improve the quality of services.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong and through promoting research and innovation.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Services for children and young people

Requires improvement  

Key facts and figures

The Norfolk and Norwich University Hospitals NHS Foundation Trust provides services for children and young people, comprising of a tertiary level three neonatal unit and a children's department named the Jenny Lind Children's Hospital.

The neonatal unit has 42 cots, inclusive of nine intensive care cots, six high dependency cots, 22 special care cots and five transitional care cots. Babies born between 23 weeks of pregnancy and 44 weeks of pregnancy are cared for in the unit, with the provision of neonatal surgery when required.

The Jenny Lind Children's Hospital comprises of the children's outpatient department; a children's assessment unit; a children's day ward; a children's ward named Buxton ward; and the provision of six beds on the day procedure unit named Lion ward. There are 10 clinic rooms in the children's outpatient department; eight beds, two side rooms and a treatment room on the children's assessment unit; three beds and a treatment room on the children's day ward; and 33 beds including four high dependency beds on Buxton ward.

The trust had 9,183 spells from August 2017 to July 2018. Emergency spells accounted for 75% (6,930 spells), 21% (1,952 spells) were day case spells, and the remaining 3% (301 spells) were elective.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection, we visited the neonatal unit, the children's outpatients department, the children's assessment unit, the children's day ward, Buxton ward, Lion ward, and theatre recovery.

We spoke with five parents or carers and one young person, six members of management including the head of safeguarding, 15 registered nursing staff, five support staff including health care assistants, play specialists and administrative staff, and two medical staff. We reviewed 11 sets of medical records and information requested by us and provided from the trust.

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement   

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

- Management of mandatory training compliance was inconsistent across the service, with some clinical locations exceeding the trust target for compliance, and others not meeting it at all. Mandatory training compliance for medical staff was very poor with the majority being under trust target.
- Although the service ensured staff knew how to recognise signs of abuse and escalate those concerns, compliance in nursing staff to safeguarding children level three training was not well achieved.

Services for children and young people

- Resuscitation trolley checks and defibrillator checks were not consistently achieved throughout the service. This was a long-standing issue we had found on our previous inspection.
- We were not assured that staff were learning from the early warning score audits as staff did not hear feedback from this.
- The service also did not have enough high dependency competent staff, or room, for the demands of the service.
- The service did not have enough nursing staff to meet the demands of the service. There was high bank and agency use to fill shifts and there was a proposal going forward to increase staffing establishments.
- Some patient records were disorganised and inconsistent, where nursing staff could not clearly see when observations were due and fluids and weights were not consistently recorded.
- Whilst medicines and controlled drugs were stored securely with appropriate record keeping, we found that fridge temperature checks across the service were inconsistent. There were several prescribing related medicines incidents related to the use of both paper and electronic prescribing.

However:

- Staff knew how to recognise and report incidents, and learning was feedback to them at team meetings.
- There was a clear understanding of the duty of candour and this was well documented in root cause analyses we saw.
- Medicines were securely stored and reconciliation of controlled drugs was always completed correctly.
- Medical staffing numbers were stable in the service and were sufficient to provide safe and effective care.
- The service consistently had nurses on each shift who were trained in European Paediatric Advanced Life Support.
- The escalation process for poorly children requiring transfer out of the service was established and well understood by staff.
- Equipment throughout the service was consistently within date for servicing and electrical safety testing, and came in age appropriate sizing where needed, such as oxygen masks and suction equipment.
- Infection prevention and control measures had improved following an incident. Equipment was consistently cleaned and cohort nursing was performed appropriately.
- There was a safeguarding team in place for the service, with established links internal and external to the trust for support and shared learning.

Is the service effective?

Good   

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

- The service provided evidence based care. This was underpinned by participation in accreditation schemes such as UNICEF Baby Friendly and the neonatal unit gaining approval to provide sub-speciality training to medical students.
- The service was set up well to ensure that patient's pain was well assessed and managed. There were pain link nurses who had completed specialist training and staff used different pain scoring tools for different aged patients.

Services for children and young people

- The service performed well in national audits such as the national paediatric diabetes audit and the national neonatal audit programme. The service had been proactive in engaging in peer reviews to further enhance performance.
- Staff were appraised regularly throughout the service.
- The service had good multidisciplinary working in place. This was both internally between different staff groups involved in the care of patients, and externally such as cross working with the local child and adolescent mental health service, and the regional neonatal network.
- Staff had good understanding of Gillick competence, where a child or young person is assessed to see if they have the capacity to consent to treatment, and recorded these assessments in patient's notes.
- The recording of nutrition and fluid balancing was not completed consistently.

However:

- The service had some higher rates of re-admissions and multiple admissions for some long-term conditions, and for both elective and emergency surgeries.
- Whilst the service held transition clinics there was no transition lead nurse for the service or wider support for the aims of the longer term transition strategy.

Is the service caring?

Good ● → ←

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

- Feedback from children and their families and carers, and the friends and family results showed that staff cared for children with compassion.
- Children and the families and carers received emotional support from the service, such as the provision of the chaplaincy service and the facilitation of peer support groups.
- Children and their families and carers were involved in their own care.

Is the service responsive?

Requires improvement ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Referral to treatment waiting times were acknowledged by the service to be low. This was an unresolved issue found on our previous inspection, with only approximately 73% of children and young people receiving their treatment within 18 weeks of referral.
- Children having their surgeries cancelled were likely to have to wait up to 77 days to have their surgery rebooked. An average of 45% of children having their surgeries cancelled waited from 35 to 77 days to have their procedures rebooked. Surgery cancellations were a likely occurrence as the children's day surgery unit, Lion ward, was used as an escalation area for adults when the trust was at capacity.

However:

Services for children and young people

- Children and young people's individual needs were consistently met.
- Ward managers were proactive in finding ways to improve access and flow, with good examples seen on the neonatal unit and the children's assessment unit.
- Learning from complaints, and the sharing of that learning was an established process.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- There was a poor culture around safety. Recurring safety issues such as resuscitation equipment checks, fridge temperature checks and medicine related incidents first identified on our inspection in December 2015, in April 2017 and again in this inspection were still unresolved.
- We were not assured that adequate the service had adequate governance processes in place as we saw no oversight of governance issues in the minutes of the children's board meetings.
- Service leads told us that some staff felt close to burn out due to the high activity of the service and the lack of appropriate staffing numbers.
- There had been a decline in positive culture on the neonatal unit that senior managers were having to work hard to rectify.
- Risks we identified on inspection were not all listed on the service's risk register, which meant they were not highlighted for action and improvement.

However:

- Staff consistently told us that senior managers were visible and approachable in clinical areas.
- Staff were all aware of planned improvements and changes to their working environments.
- The service was proactive in the participation of clinical research.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Outpatients

Requires improvement   

Key facts and figures

Norfolk and Norwich University NHS Foundation Trust provides outpatient services from two locations, Norfolk and Norwich Hospital and Cromer Hospital. We did not inspect Cromer Hospital during this inspection.

The trust had 788,922 first and follow up outpatient appointments from August 2017 to July 2018.

Outpatient services are provided for a wide range of specialties including anti-coagulant/venous thromboembolism (VTE), audiology, cardiology, gastroenterology, respiratory, rheumatology, paediatrics, ophthalmology, physiotherapy, general surgery, ear, nose and throat (ENT), oncology, dermatology, diabetes, trauma and orthopaedics, neurology, general medicine, and urology.

Outpatient services are managed within all four of the hospital's divisions, dependent on their specialty.

Outpatient appointments are available Monday to Friday, with occasional evening and weekend clinics dependent on speciality, capacity and need.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

Throughout our inspection we visited eight of the outpatient areas managed throughout the divisions. We used a variety of methods to help us gather evidence to assess and judge the outpatient services. We spoke with eight patients and those important to them, four doctors, 18 registered nurses, three health care assistants (HCAs), three allied healthcare professionals, and three administration support staff. Members of the inspection team interviewed the clinical leads for the Medical and Surgery Divisions, as these are the divisions under which most outpatient services sit. We observed the care and the environment and we looked at seven sets of records. We also looked at a wide range of documents, including policies, minutes of meetings, action plans, risk assessments, and audit results.

We last inspected this service in September 2017 and rated Outpatients as Requires Improvement overall. We rated safe, responsive, and well led as requires improvement and caring as good. We do not currently rate the effectiveness of outpatient services

Summary of this service

A summary of our findings about this service appears in the Overall summary.

Is the service safe?

Requires improvement   

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

- Equipment was not consistently serviced in line with manufacturers guidelines.
- Storage of records for patients waiting for consultation was not always secure. This has been raised on our two previous inspections.
- The service did not follow best practice when recording and storing medicines

Outpatients

- Trust audits showed World Health Organisation (WHO) and five steps to safer surgery checklist use was not embedded across the service.
- The process for collating and auditing prescription sheets to record how many sheets had been used in each clinic was not embedded or consistent across the service.

However:

- The service provided mandatory training in key skills to all staff and made sure the majority of staff completed it. Overall, training compliance had improved slightly since our last inspection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care
- 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 kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

Is the service effective?

We do not currently rate the effectiveness of outpatient services. However, we found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service had systems in place to ensure compliance with relevant best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.
- Staff assessed and monitored patients regularly to see if they were in 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- The trust did not provide a copy of their audit action plan when requested at the time of the inspection. Therefore, we could not be assured the trust had robust audit action plans moving forward.

Outpatients

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

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. Waiting times from referral to treatment were not in line with good practice. Cancer waits had deteriorated.
- Clinics continued to run behind time. We observed, and patients told us, that clinics frequently ran late, however the trust did not monitor clinic waiting times formally to enable oversight and improvement.
- An average of 18.8% of clinics were cancelled at short notice (under six weeks).
- The trust took an average of 32 days to investigate and close complaints, and 34.4% of the complaints were closed within 25 days. This is not in line with their complaints policy, which states that more than 50% of complaints should be closed within 25 days.

However:

- The trust planned and provided services in a way that met the needs of local people. For example, the outpatient service offered some out-of-hours appointments, one-stop clinics, community based appointments, and telephone appointments, which provided patients with flexibility and choice.
- The service took account of patients' individual needs. For example, the trust had a play therapist to provide support for children who were frightened or had individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Requires improvement ● → ←

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

- The service did not always manage information effectively. Staffing related information held by the trust did not always clearly show outpatient staff, especially for medical staff.

Outpatients

- The outpatient risk register contained 25 risks, eight of which had been on the risk register for over three years.
- There was no specific long-term vision or strategy for the outpatient services as a whole.
- The trust was not monitoring risks to ensure mitigation was in place or improvements were embedded, for example for medicine room temperature checks or patient record storage.

However:

- Staff were aware of the trust strategy and were able to describe the trust values.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with and staff to plan and manage appropriate services.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

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

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

The inspection was led by Tracey Wickington, Inspection Manager. Fiona Allinson, Head of Hospital Inspection, supported our inspection of well led for the trust overall.

The team included thirteen inspectors and fourteen specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.