

Norfolk and Norwich University Hospitals NHS Foundation Trust – response to the Care Quality Commission report

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the Norfolk and Norwich University Hospitals NHS Foundation Trust's (NNUH) response to the report of the Care Quality Commission's (CQC) inspection between 10 October 2017 and 28 March 2018, published on 19 June 2018.

1.0 Purpose of today's meeting

1.1 To receive and examine the NNUH's action plan to address the issues raised by the CQC inspection report.

The key focus areas are:-

- (a) The NNUH's progress in addressing the CQC's requirements for improvement.
- (b) Capacity of the NNUH to manage current and future demand for services.
- (c) The commissioners' and wider health and care system's role in supporting the NNUH to improve.

1.2 The NNUH was asked to provide the following information:-

- (a) Details of its progress against the 'must do' and 'should do' actions set out by the CQC. (These are wide-ranging and include staffing, staff training, staff relationships and culture, functionality of the Board, bed and site management to increase capacity, risk assessment, safety of services and equipment,
- (b) Details of its capacity planning for this year and for the future.

Full details of progress against the 'must do' and 'should do' actions is available in the **N&N Quality Improvement Programme** document (141 pages) on the committee pages of Norfolk County Council's website in the via the following link :-

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1414/Committee/22/Default.aspx>

The NNUH has also provided:-

- A report summarising progress with the Quality Improvement Programme and details of its capacity planning for this year and the future - attached at **Appendix A**
- A slide presentation for today's meeting - attached at **Appendix B**

1.3 Representatives from the NNUH, North Norfolk Clinical Commissioning Group (lead commissioner for the NNUH's services) and Norfolk and Waveney Sustainability Transformation Partnership (STP) will attend to answer the committee's questions.

2.0 Background

2.1 The CQC report

2.1.1 The CQC inspected specific services at the Norfolk and Norwich Hospital (N&N) between 10 October 2017 and 28 March 2018. Services inspected were:-

- Urgent and emergency care
- Surgery
- End of life care
- Outpatients
- Diagnostic imaging services

Medical care (including older people's care), critical care, maternity and services for children and young people were not inspected. The NNUH's Cromer hospital site was not inspected.

2.1.2 The report was published on 19 June 2018 and is available on the CQC website:-

https://www.cqc.org.uk/sites/default/files/new_reports/AAAH0781.pdf

The CQC's Chief Inspector of Hospitals recommended that the Norfolk and Norwich University Hospitals NHS Foundation Trust be placed into special measures. This means:-

- An improvement director can be appointed to provide assurance of the trust's approach to performance
- NHS Improvement review the capability of the trust's leadership
- A 'buddy' trust may be chosen to offer support in the areas where improvement is needed
- Progress against action plans is published monthly on the trust's website and the NHS website.

NHS Improvement assigned Philippa Slinger as the improvement director with the NNUH. Ms Slinger is also the improvement director with Norfolk and

Suffolk NHS Foundation Trust and the Queen Elizabeth Hospital NHS Foundation Trust, who are also in special measures.

Collaboration with a designated 'buddy' trust is yet to be confirmed.

2.1.3 The ratings for the whole Trust were as follows:-

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 2018

Ratings for specific services now stand as follows:-

Ratings for Norfolk and Norwich hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Jun 2018	Requires improvement ↓↓ Jun 2018	Good ↓ Jun 2018	Requires improvement ↓ Jun 2018	Inadequate ↓↓ Jun 2018	Inadequate ↓↓ Jun 2018
Medical care (including older people's care)	Requires improvement Aug 2017	Good Mar 2016	Good Mar 2016	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017
Surgery	Inadequate ↓ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 2018
Critical care	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Maternity	Requires improvement Aug 2017	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Requires improvement Aug 2017
Services for children and young people	Requires improvement Aug 2017	Good Mar 2016	Good Mar 2016	Good Aug 2017	Good Aug 2017	Good Aug 2017
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 Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Diagnostic imaging	Requires improvement Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Overall*	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 2018

The CQC made 82 recommendations for improvements at the NNUH ('must do' and 'should do' actions).

2.2 The wider local health and care system

2.2.1 The current CQC overall ratings for the NHS trusts serving Norfolk (and the independent Community Interest Company (CIC) providing NHS community services) are as follows:-

NHS Trust / Community Interest Company	CQC overall rating
The Queen Elizabeth NHS Foundation Trust	Inadequate (Sept 2018)
Norfolk and Suffolk NHS Foundation Trust	Inadequate (Aug 2018)
East of England Ambulance Service NHS Trust	Requires improvement (July 2018)
Norfolk and Norwich University Hospitals NHS Foundation Trust	Inadequate (June 2018)
Norfolk Community Health and Care NHS Trust	Outstanding (June 2018)
East Coast Community Health and Care CIC	Good (March 2017)
James Paget University Hospitals NHS Foundation Trust	Good (Nov 2015)

2.2.2 In 'The state of health care and adult social care in England 2017/18'¹ the CQC reported that just 3% of NHS acute hospital core services across the country and only 1% of NHS mental health trust core services were rated 'inadequate' in 2018.

With three NHS trusts rated 'Inadequate' in Norfolk, there is clearly a need to consider issues in the county's wider health and care system as well as the individual responsibilities of the trusts involved.

2.2.3 In a report to the NNUH Board in July 2018², the Chief Executive Officer said,

"the Trust anticipates that demand will continue to rise significantly in excess of the national growth assumptions in some areas. We are working with system partners toward agreement of common activity assumptions and plans for how all the relevant services can be funded but this is a difficult 'square to circle'".

The NNUH had a £23.7m (approx.) deficit at the end of 2017-18 and in 2018-19 the Norfolk & Waveney health system is facing a deficit in the order of £66m on a combined turnover for all organisations of £2.8 billion (not including social care).

2.2.4 The Norfolk and Waveney STP's Interim Executive Lead's response to the CQC's report on the NNUH included the assurance,

¹ https://www.cqc.org.uk/sites/default/files/20171011_stateofcare1718_report.pdf

² NNUH Board papers July 2018 <file:///C:/Users/dcaor/Downloads/Trust-Board-Papers-July-2018.pdf>

“This is very much a report about the health of our whole system, rather than just one organisation.

We are already taking actions which will alleviate some of the pressure on the NNUH and our system, such as creating one Norfolk and Waveney wide A&E Delivery Board, appointing a Winter Director and having one plan for winter. This all runs alongside the work we are doing to strengthen primary care and more effectively integrate with social care and community services. Our challenge is to be bolder, to do more and to act faster, which I know we can do working in partnership together.”

- 2.2.5 The central Norfolk CCGs have been reporting to NHOSC since March 2013 (during ‘Ambulance response and turnaround times’ scrutiny) on their system-wide measures to manage demand for the N&N’s urgent and emergency services by admission avoidance initiatives, provision of more NHS services in the community and integrated working across the NHS and with social care. Despite the work that has been done, demand for the NNUH’s emergency and elective services has continued to rise.

3.0 Suggested approach

- 3.1 After the NNUH representatives have presented the action plan, the committee may wish to discuss the following areas with them and the Sustainability Transformation Partnership / commissioner representatives:-

For discussion with NNUH

- (a) With 69% of the required quality improvement actions in the Urgent and Emergency Care workstream either at risk of delivery (61%) or overdue or not on track (8%) at the start of the winter period, is there likely to be enough capacity in the busiest months to make the necessary progress?
- (b) 18% of the required quality improvement actions in the Diagnostic Imaging workstream are overdue or not on track. Given the importance of diagnostic services to patient flow through the acute hospital, what can be done speed up improvement in this area?
- (c) What effect does being rated ‘inadequate’ overall and placed in special measures have on the N&N as a teaching hospital?
- (d) The commissioners have been looking to agree ‘block contracts’ with the with acute hospitals. This means the hospital receives a fixed amount of funding regardless of how many patients it serves. Has the NNUH agreed to a block contract and, given the rise in demand in recent years, is the block contract a sustainable funding basis for the hospital?
- (e) The NNUH’s report (Appendix A) mentions a third party provider who has been engaged to provide a 30 bed virtual ward for patients

living within a 15 mile radius of the hospital. Who is the provider and how does this service fit in with the CCG-commissioned community health services?

- (f) Given the staffing challenges that have been experienced at the Queen Elizabeth Hospital, King's Lynn, and the pressures on its A&E department, does the NNUH's winter planning build in capacity for the possibility of more patients coming from the west of the county?

For discussion with commissioners

- (g) NHOSC has heard from commissioners over many years that they are working to shift the NHS emphasis towards primary and community services so that more people can be cared for outside of the acute hospital. How are the STP partners planning 'to be bolder, to do more and to act faster'? (see paragraph 2.2.3 above).
- (h) Even if the measures that the commissioners are planning for prevention of ill health and primary and community services are very successful, will it still necessary for the NNUH to expand its bed numbers (summer and winter) because of overall population growth in Norfolk and particularly the growth in the older population?
- (i) With the health organisations in Norfolk and Waveney facing a combined £66m deficit in 2018-19 and the NNUH approximately £27.3m in deficit at the end of 2017-18, (with the Queen Elizabeth Hospital approximately £18.9m in deficit and the James Paget Hospital approximately £8.9m in deficit) where is the scope for reallocation of resources away from acute care and towards preventative, primary and community services?



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