The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Quality Report

Queen Elizabeth Hospital
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a scheduled focused inspection at The Queen Elizabeth Hospital Kings Lynn between the 9 and 11 June 2015. The trust had been placed into special measures in October 2013 due to serious failings and had undergone a full comprehensive inspection in July 2014 where we rated the trust as requires improvement. We carried out the focused inspection in 2015 to review services that had been previously rated as requires improvement or inadequate and to consider the current status of the trust in relation to special measures. Critical care services had been previously rated as good throughout and therefore were not re-inspected. We did not formally reassess the key question relating to caring as this had been rated as good throughout in 2014

The trust had two outstanding warning notices in relation to safeguarding (safe and ethical restraint) and medicines management which were reviewed as part of this inspection. We judged that the trust was now meeting the requirements under the regulations and therefore we have removed the warning notices.

During this inspection we inspected those areas rated as requiring improvement or inadequate at our previous inspection in 2014. We also reassessed the leadership capacity and capability of the senior management team. The senior leaders had recently been appointed and the trust board consisted of a new chief executive, new director of nursing and a new medical director. The chair had been appointed the day of our previous inspection and the chief operating officer was an interim appointment. Governance systems had been reviewed and strengthened and the culture of the trust had become more open and quality focused.

Our key findings were as follows:

- In all areas staff were kind, caring and compassionate towards patients.
- Overall the trust leadership is strong and cohesive with a clear vision and strategy, the exceptions to this being some local leadership issues within maternity and end of life services.
- There is good direction and leadership from the chief executive which resonates down through the leadership team.
- There is good communication throughout the organisation and the morale and culture of the organisation has improved since our comprehensive inspection in 2014.
- Increased stability of the board has improved the pace of change at the trust and the confidence in the ability to drive improvements throughout the trust.
- Significant improvements had been made throughout many specialties including the emergency department, medicine and surgery.
- Evidence was not consistently recorded in the emergency department due to the combined use of paper and electronic systems.
- Patient assessments and records were not consistent or updated to reflect changes in a patient's condition within medicine
- The total number of cancelled operations remained high however a downward trend was beginning to emerge in the number of cancelled operations alongside an improving performance on patients rebooked within 28 days.
- The previous concerns regarding privacy and dignity for patients within the breast unit remained in place however the service was due to relocate to new premises which would eradicate the issues.
- Patient outcomes were not being reviewed due to a lack of clinical outcome information within the maternity service.
- Nurse staffing was insufficient in both the neonatal and paediatric unit.
- Complaints and significant events were not being appropriately coded for end of life care so information was not being used to improve services
- The hospital used a prescription and medication administration record chart for patients which facilitated the safe administration of medicines. Medicines interventions by a pharmacist were recorded on the prescription charts to help guide staff in the safe administration of medicines.

Management of medicines had improved across the trust with the exception of some storage concerns within outpatients and storage of intravenous fluids within the emergency department

Summary of findings

In summary urgent and emergency care, medical care and surgery which had previously been rated as requires improvement have now been rated as good, alongside critical care and children and young people's services which had been rated as Good in 2014. Maternity and gynaecology services, end of life care services and outpatients services still require improvement.

We saw several areas of outstanding practice including:

- The waiting area for children within the emergency department, whilst small, was designed in an outstanding way which responsive to all children who visit the service.
- The commitment of midwifery staff to develop effective midwifery services for women from the King's Lynn area. Midwifery staff rotated throughout the service to maintain their knowledge and skills.
- Relatives and staff told us the paediatric team were a well organised and effective team who provided a good service for the children and families of the Kings Lynn area.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that medicines are stored securely at all times including those within the outpatients department, and IV fluids in the emergency department.
- Ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines.
- Ensure that an accurate record of each patients care is recorded.
- Ensure that the staffing is in line with national guidance. Examples include but are not exclusive to: registered children's nurses in the emergency department, patients requiring non-invasive ventilation, paediatric staff on the children's ward, endoscopy medical staffing, midwives in maternity and staffing on the neonatal intensive care unit.
- Ensure that there is a robust governance system to assess monitor and improve the quality of services especially in respect of decontamination of flexible cystoscopes, clinical outcome data within maternity services and the management of ASIs (Appointment Slot Issues) within outpatients.

Overall we observed marked improvement in the quality of care being delivered by the trust and we commend the new leadership for the steps that they have taken.There is no doubt that leadership of the trust is much stronger than in the past. This has helped to drive very considerable improvements in the quality and safety of patient care in a relatively short period of time. Importantly more of the core services are now rated as 'good' than when we inspected in 2014. I am therefore recommending that the trust should now come out of special measures

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

The Queen Elizabeth Hospital is an established 488 bed general hospital which, together with 12 cots in the newly-refurbished neonatal intensive care unit (NICU), provides healthcare services to West and North Norfolk, in addition to parts of Breckland, Cambridgeshire and South Lincolnshire. The trust provides a comprehensive range of specialist, acute, obstetrics and community-based services. The Macmillan Centre provides palliative care for patients with cancer and other chronic illnesses, and the radiology department is one of only five units to have achieved the Imaging Standards Accreditation Scheme status. The trust also works in partnership with Bourne Hall, to bring IVF and fertility treatment locally. The trust achieved Foundation Trust status in 2011.

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 1 and 3 July 2014. The inspection was undertaken because the trust was identified as having elevated risks in haematology mortality and governance. We also received some whistle-blowing accounts, which gave us concerns. The trust had four outstanding warning notices, and eight compliance actions. These issues were reviewed during the inspection. We found that the trust remained non complaint with one warning notice and had some significant challenges in order that services protected patients from avoidable harm and were delivered in a responsive manner.

Our inspection team

Our inspection team was led by:

Chair: Richard Quirk, Medical Director, Sussex Community NHS Trust

Head of Hospital Inspections: Fiona Allinson. Head of Hospital inspections, Care Quality Commission

The team included 11 CQC inspectors and one CQC pharmacy inspector and a variety of specialists including, two senior nurses, two medical consultants, a consultant in obstetrics and foetal medicine, a consultant surgeon, a consultant anaesthetist, a senior nurse in A&E services.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place between 9 and 11 June 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE) and the local Healthwatch.

We carried out an announced inspection visit between 9 and 11 June 2015. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists. We also spoke with staff individually.

Summary of findings

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Queen Elizabeth Hospital.

What people who use the trust's services say

The experience of patients using Queen Elizabeth Hospital was in general very good.

For admitted patients, the referral to treatment performance in April 13 to November 14 was very good in medical care and consistently above standard with the exception of October 14. Performance was poorer in surgery where it fell below standard but was fairly consistent with the England average. Referral for treatment for outpatients was also positive and above the standard and the England average.

The Inpatient survey results showed that the responses at the trust were in line with the average responses across trusts in England. Only one question showed a result that it in line with the worse performing trusts which was for the length of time it usually took to get help after using the call bell.

Around 98% of cancer patients were seen by a specialist within two weeks of an urgent GP referral, which is above the operational standard of 93 %. The proportion of patients waiting less than 31 days from diagnosis to first definitive treatment was better than the England average and consistently higher than 98%. Performance for percentage of patients waiting less than 62 days from urgent GP referral to first definitive treatment was in general also performing better than the England average. Results from the Cancer Patient Experience Survey showed that the trust was in the top 20% of all trusts for 4 questions, the bottom 20% for 6 questions and in line with average for 24 of the questions.

Questions where the trust showed better results compared to others were that staff explained how the operation had gone in an understandable way; all staff asked the patient what name they preferred to be called by; family were definitely given all the information needed to help care at home and the patient was definitely involved in decisions about care and treatment. Negative responses related to the GP being given enough information about patient`s condition and treatment; patient had confidence and trust in all ward nurses; nurses did not talk in front of patient as if they were not there; always/nearly always enough nurses on duty; hospital staff did everything to help control pain all of the time and patients always treated with respect and dignity by staff

For the A&E survey, responses from patients were generally in line with other trusts, however, there were some questions where Queen Elizabeth Hospital Kings Lynn responses were better than other trusts. These related to how long patients waited at A&E before being examined by a doctor or nurse, the time patents received pain relief after requesting it and whether patients were able to get food and drink when they were in the A&E department.

The trust performed in line with the majority of trusts in England for the Children and Young People's survey. Of the 48 questions analysed, responses for 47 were categorised as similar to other trusts with only one question showing a result that was in the bottom 20% of trusts. This related to a question asked of parents of 0-7 year olds as to whether members of staff treating their child communicated with them in a way that their child could understand

Summary of findings

Facts and data about this trust

The latest intelligent monitoring report published in May 2015 identified four risks and five elevated risks for the trust. The majority of these were related to the Well-Led section and the time periods for the indicators referred to when the trust was under its previous management.

Safe

Never event incidence – **Elevated Risk**

Incidence of Clostridium difficile (C.difficile) – **Elevated Risk**

Effective

Composite indicator: In-Hospital mortality – Haematological conditions – **Risk**

Well Led

Monitor - Governance risk rating – **Elevated Risk**

Monitor - Continuity of service rating – **Elevated Risk**

NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff **- Risk**

Composite risk rating of ESR items relating to staff sickness rates - **Risk**

Snapshot of whistleblowing alerts – **Elevated Risk**

GMC - Enhanced monitoring **- Risk**

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? At our inspection in 2014 we found that there were significant concerns across the safety domain. These were predominantly in Urgent and emergency services, medicine, children's services and in outpatients. When we inspected in 2015 we found that the trust had made significant improvement in all areas to ensure that patients were protected from avoidable harm. There remained areas where this work was on going but the trust was monitoring these areas. We have rated this domain as requiring improvement as there remained issues around documentation of care, medicines storage and the care of patients with single organ failure.	**Requires improvement** 

Duty of Candour

- Managers we spoke with had a good understanding of their responsibilities around duty of candour and informing patients when incidents occur. The Duty of Candour requires healthcare providers to disclose safety incidents that result in moderate or severe harm, or death. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.
- Where serious incidents had occurred we reviewed the reports which had recorded that the families and the patients, where appropriate, where informed about the incident and the investigation in accordance with duty of candour requirements.
- The senior staff within the service informed us that they would routinely feedback to families if an incident had occurred even if the threshold for duty of candour had not been met. They informed us that they wanted to create an open culture around incidents and that there was "nothing to hide".

Safeguarding

- Staff had completed training for safeguarding adults and children and staff were confident in reporting safeguarding concerns. 91% of healthcare staff in outpatients had attended training in safeguarding children and adults.
- Information was available in all departments on how staff should escalate concerns with details of how to contact the safeguarding team.
- Staff gave us examples of when they had escalated concerns, for example when children did not attend (DNA) more than two clinic appointments or where there were concerns about vulnerable adults.

Summary of findings

Incidents

- Between March 14 and February 15 there were 6 never events at this trust, and 88 serious incidents. There were 7,349 incidents reported to NRLS between March 14 and February 15, of which 0% caused death or severe harm to the patient.
- There was a good awareness and understanding of incidents with an open incident reporting culture. There was evidence of learning from incidents and mortality and morbidity meetings.
- Where serious incidents had occurred we reviewed the reports which had recorded that the families and the patients, where appropriate, where informed about the incident and the investigation in accordance with duty of candour requirements.

Staffing

- The trust continued to have challenges with recruiting to specialist posts in both medical and nursing disciplines.
- We found that recruitment to palliative care consultants, endoscopy consultants and within nursing nurses with paediatric and neonatal skills as well as registered midwives was ongoing and this meant that services were not always covered by staff with the appropriate skills and experience. The trust had taken action to mitigate these risks but further improvements were required to ensure that patients were protected from avoidable harm and received a high quality service.

Are services at this trust effective?

Good

At our inspection in 2015 we reviewed the effectiveness of two core services which had previously been rated requiring improvement or were not rated. We reviewed the effectiveness of urgent and emergency services and medicine. We had previously not rated the effectiveness of urgent and emergency services as our methodology had not included this service. However in 2015 we found that the effectiveness of the urgent and emergency services was good and patients experienced good outcomes within this service. In medicine we had previously rated the service s as requiring improvements in this domain due to issues with staff not receiving feedback from audits and service improvement not being made following audits. At this inspection we found that improvements had been made. Treatment was in line with national guidance and although some results were poor the trust had investigated and found that these were due to poor data collection. The trust had a plan in place to address this. .

Evidence based care and treatment

Summary of findings

- The urgent and emergency services and in medical services provided care and treatment in line with guidelines from the National Institute for Health and Care Excellence (NICE). Local policies were written in line with these guidelines.
- During our last inspection in 2014 the stroke pathway was not in line with NICE guidance. On this inspection we found that the pathway had been updated and was in line with national guidance.
- The fracture neck of femur pathway between the emergency department and the orthopaedic service required improvement. The department provided care to patients in accordance with CEM guidelines however they were unable to meet the key indicator of review by orthopaedic teams and transfer to the orthopaedic wards in a timely way due to the availability of the orthopaedic teams in attending the department to review patients.

Patient outcomes

- The unplanned re-attendance rate within 7 days was at times lower than or similar to the standard and approximately 2.5% lower than the England average.
- The consultant sign off audit showed that about 16% of discharged patients and 8% of all admitted and discharged patients were seen by a consultant or associate specialist. 58% of discharged patients and 51% of all admitted and discharged patients were seen by an ED doctor of ST4 seniority or above. This was an area which required some improvement.
- The readmission rate for elective general medicine was better than the England average, at 80 with performance worse than the England average for elective haematology and oncology patients at 130 and 123 respectively. For non-elective patients, the trust performed better than the England average for medical readmissions with all rates below 100.
- Most recently available data from Sentinel Stroke National Audit Programme (SSNAP) for July to September 2014 showed that the trust scored in the highest band A for case ascertainment rate however scored in band D overall. Audit data showed there was good access to thrombolysis but response to therapies was poor. Therapy staff we spoke with told us that they now provided therapy to stroke patients within 24 hours.

Multidisciplinary working

Summary of findings

- There was effective multidisciplinary working. Ward teams consisted of doctors, nurses, physiotherapists, occupational therapist and dieticians and other allied health and social care professionals.
- The team spoke to each other with genuine respect and appeared to have a good working relationship.
- We observed an MDT meeting that planned clearly the care of the patients discussed whilst seeking input from all members of the MDT. This ensured a holistic and consistent care plan was created.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Patients gave their consent appropriately before any care or treatment was carried out. We observed, on several occasions, patients being asked their verbal consent before staff carried out minor procedures such as phlebotomy or giving an injection.
- Patients requiring a more major intervention signed a formal consent form prior to the treatment. Consent forms were appropriately completed and filed in the notes. Two patients we spoke with told us that they had been asked for their permission before staff carried out a procedure.
- Where there were concerns about a patients capacity to give consent, staff appropriately applied the mental capacity act. We saw two assessments completed that showed the appropriate professionals had undertaken the assessment and that a best interest decision had been made.

Are services at this trust caring?

Good

We did not formally assess the care given to patients at this inspection as at our inspection in 2014 we found that the staff provided good care to patients. However we observed patients being treated with dignity and respect. We saw that staff and patient interactions were positive and staff genuinely wanted to provide good care for patients. Significant work had been undertaken to make the patient experience a positive one.

Are services at this trust responsive?

Requires improvement

At our inspection in 2014 we found that five of the eight core services required improvements and that the surgery service was inadequate in providing a service that was responsive to the need of individual patients. During our inspection in 2015 we found that all services had improved although Maternity, end of life and outpatients still required further improvements to ensure that they met people's

individual needs. We found that surgery had moved from inadequate to good as services had worked hard to improve their responsiveness to patients through improved waiting times for surgery and reduced cancellations of operations.

Service planning and delivery to meet the needs of local people

- The medical assessment unit saw patients referred from the emergency department (ED) or referred directly from their GP. This meant that patients could be seen by a senior doctor and be fully assessed without the need to visit the emergency department. Patients with neutropenia sepsis attended the MAU directly without attending the ED.
- There was a downward (improving) trend from quarter one (April to June 2014) through to quarter four (January to March 2015) with cancelled numbers being 116, 89, 85, and 55 respectively. Alongside this there was an improving performance on patients rebooked within 28 days (73%, 65%, 80%, and 93%).
- Bed Occupancy was analysed for April 2013 to September 2014 Bed occupancy was high ranging between 79% and 83% each quarter (compared to England averages of between 55% - 60%).
- A 'time to talk' service had been introduced to support women who had previously had complications of pregnancy. Women were referred to discuss mode of delivery. We spoke to one person who told us they found this helpful in allaying any past concerns.
- The water pool room had been refurbished in April 2014 and increased staffing levels meant more women were offered the choice of a water birth
- The trust had looked at local demographic data when developing their strategy, highlighting a high proportion of older residents and that only 50% of people die in their usual place of residence.

Meeting people's individual needs

- The outpatients department was clearly signposted and upon entering the hospital a receptionist was available to direct people when required. The receptionist was friendly and proactive in addressing people's needs, for example she approached an elderly couple as they entered the hospital and assisted them in finding their way. However some clinics were not well sign posted, for example, way-finding signs to the pain clinic stopped abruptly en route, meaning there was a risk patients could become lost or confused.

Summary of findings

- Following feedback from people accessing the service, there had been an increase in seating provided, with the trust purchasing an extra 20 seats for the outpatient department and a ramp had been installed at the entrance to improve accessibility.
- Mental health liaison services were available in the trust Monday to Friday, and an out of hour's service was available at the weekends. Access to mental health services were available through the local mental health trust who would respond to care when needed.
- We observed the staff access the translation service, known as language line, when they were trying to communicate with a patient whose first language was not English. This telephone service was available to the department 24/7.
- There is a named nurse for learning disabilities and staff had received training in understanding learning disabilities and complex needs. The LD nurse was available Monday to Friday however information is available to staff on the intranet to support them with a patient who has complex needs if required.

Dementia

- The trust has a named nurse for dementia and the service had access to this person Monday to Friday where needed for advice and guidance.
- There was information available in the department for people with Dementia and there were dementia friendly signs displayed and one of the male toilets and one female toilet were colour coded to be classed as dementia friendly.
- Dementia awareness training had been completed by 95% of nursing and support staff and 61% of medical staff.

Access and flow

- The layout of the emergency department being in individual zones made the system challenging to observe the capacity and flow throughout the department. Each of the five zones were in individual areas and this meant that identifying peaks and demands on capacity was a challenge and were often not picked up until the service was at a really busy point.
- The flow of the service had been significantly improved by the management of bed capacity within the hospital. At the last inspection the department felt blamed for the flow issues with capacity in the hospital, this was no longer the case. The Clinical Director told us that it had been realised within the trust

that "if you sort the bed flow and capacity then the ED runs itself." With capacity in the hospital available we observed that the flow within the ED worked well throughout the duration of the inspection.

- Last available referral to treatment time data (RTT) showed that the medical directorate was meeting the 90% target for March 2015 in general medicine and dermatology.
- Average length of stay for elective general medical patients was in line with the England average, slightly better than the England average for clinical haematology and worse than the England average for respiratory medicine at 7.2 days compared to an average of 3.5.
- On Gayton orthopaedic ward, there was only one bed ring fenced as an emergency bed. This was identified as an area for improvement by the staff and was identified on the vision poster on the ward. Part of the trauma nurses role was to liaise with medical and nursing staff regarding appropriate care when there were orthopaedic outlier patients on non-surgical wards.
- Improvement had been made to achieve referral to treatment within the 18 week target. Data provided from the trust indicated that the target of 90% had been reached in January and February 2015 (93.5% and 92% respectively). Latest figures for May 2015 show that in general surgery the referral to treatment times were above the national standard at 96%.
- The care of women experiencing a miscarriage or ectopic pregnancy was provided by the surgical directorate. Staff on the surgical assessment unit told us the facilities were limited and there was often a delay whilst patients waited for medical review. When a woman needed to be admitted there were no specifically identified wards for gynaecology patients. This meant that any available surgical bed may be used and in some areas staff were unlikely to have any gynaecology experience.
- There were four beds on Shouldham ward that were dedicated palliative care beds but staff told us that as there was no palliative care consultant in post patients would be looked after under the care of the haematology or oncology consultant.

Learning from complaints and concerns

- The minutes of the maternity service line quality and business board (SQaBB), meetings showed complaints and concerns were discussed regularly to identify the key lessons and ensure the learning was disseminated throughout the service. Complaints, learning from incidents and patient feedback via the friends and family patient survey were all discussed by the

Summary of findings

service and quality board. We spoke to one woman who told us they would speak to senior staff if they wanted to complain. They said they were not aware of the trusts procedures but they would ask if they needed to know.

- Patients informed us that they felt that the service was good and that they had no concerns or complaints. Patients were aware that complaints could be raised through the patient advice and liaison service (PALS) office within the hospital.
- Ward managers attended a monthly key learning and actions group at which never events, complaints, policy changes, risks and implementing changes required following incidents and serious events are discussed. Information is disseminated to the ward staff via email, communication books and notice boards to ensure that learning is widespread and this was confirmed by staff.

Are services at this trust well-led?

Good

Whilst there are some local leadership issues which require improvement in Maternity and in end of life care services overall the trust leadership is strong and cohesive with a clear vision and strategy therefore we have rated this as good. There is good direction and leadership from the chief executive and the manner of her leadership ensures that others are signed up and motivated to succeed. There is good communication throughout the organisation and the morale and culture of the organisation has improved since our comprehensive inspection. Leaders have a good grip on issues and are aware of plans to tackle them. Increased stability of the board has improved the pace of change at the trust and the confidence in the ability to drive improvements throughout the trust.

The leadership team are committed to improving relationships with external stakeholders, staff and patients to improve services. There is good joint working with other providers to assist them on aiming for excellence. Improved governance systems alert the trust to issues of concern and whilst these still need embedding they are already bringing about improvements.

Vision and strategy

- The trust has a vision and strategy which was displayed throughout the hospital and communicated through the weekly publication called “The Knowledge.”
- The vision included aiming for excellence which staff we spoke with were fully aware of.

- The senior management team were aware of the strategy and were able to articulate actions taken to address pervious and ongoing issues.
- The trust has a set of values, Pride, Curiosity, Courage and Compassion. Most of the staff we spoke with were able to articulate what these meant in practice.

Governance, risk management and quality measurement

- There is a clear governance structure of which staff are aware how to utilise to report issues.
- The trust has moved their departmental risk registers to the reporting system Datix. This allows them to record issues and actions taken to mitigate them.
- The trust has refreshed governance systems since our comprehensive inspection and has refreshed over 150 policies including whistleblowing and reporting of incidents. They have complimented this with risk management training for managers. There is a new risk committee which reports to the board and a governance and risk team who offer support to individuals to manage risk.
- The executives are champions for named wards and undertake walk rounds to ensure that they are aware of any quality or delivery issues within these wards that require escalation.
- The executives we spoke to were able to articulate the issues in their areas of responsibility and on the wards they championed. They were also aware of current issues and actions taken to address them.
- The quality strategy has been refreshed since our previous inspection in order to aim for excellence. This includes the delivery of safe care, prevention of infection, listening to patients, supporting staff and providing a safe clinical environment for a high quality patient experience.
- The Board Assurance Framework and other risks are highlighted at trust board meetings. Action is taken where necessary and assurances gained or concerns raised.
- The trust has set up a transformational programme which is well led and robust in its approach.
- The non-executive for quality was able to demonstrate a clear understanding of the issues and actions taken alongside a robust understanding of the governance processes.
- The executive team were able to articulate the improvements that had been made since our comprehensive inspection in July 2014.

Leadership of the trust

- At our previous inspection in July 2014 the chair had just commenced with the trust. Since then there has been a new chief executive officer, director of nursing, medical director and an interim chief operating officer. Hence there is a new permanent leadership at the trust some of whom have held previous posts at the trust.
- The leadership are cohesive in their approach and values. They ae well known to staff and approachable.
- There is an open style approach to sharing information from the leadership team and this is demonstrated through the production of "The Knowledge", other trust circulars and corroborated through our discussions with the leaders of the staff side representatives on site.
- Everyone we spoke with gave positive feedback on the impact of having a stable and permanent leadership team.

Culture within the trust

- There was a noticeable difference to the culture and morale within the trust. Staff reported that communication had improved and that they were aware of the issues and the actions taken to address them. The staff representatives we spoke with stated that here was a drive and enthusiasm to get things right and that staff felt that everyone was pulling together to deliver a high quality service.
- Staff we met in the departments and wards stated that they had had opportunities to learn from others delivering good practice and that this had made them realise that some practices within their own hospital may be considered good practice.
- This change in culture and attitude had been driven by the new chief executive who was visible and available to staff through both the staff newsletter and at a variety of meetings held to engage with staff.
- Staff felt that they could raise concerns without fear of reprisal and that issues would be taken seriously.

Fit and Proper Persons

- We reviewed four personnel files for executives employed by the trust. We found that there was a check list of information which should be contained within these files to ensure that all relevant information had been collected. These were complete in all cases.
- The trust board discussed the fit and proper person regulation in November 2014 and put in place systems to ensure that the trust complied with this regulation. The trust has a system in place for senior staff to make a declaration of fitness.

Public and staff engagement

Summary of findings

- The board regularly hears patient's stories either from patients or their relative to ensure that board members are sighted on issues of quality of care. The board reviews the actions taken from previous patient stories at the board meeting.
- The trust takes on board the complaints from patients and takes action where appropriate. This includes the appointment of extra call handlers in the outpatient's area to change the way in which it handles follow up appointments to ensure that patients do not receive multiple clinic letters.
- Delayed discharges and cancelled operations are other source of complaints to the hospital and the leadership team are taking action to address the delay such as the introduction of a discharge planner and the theatre improvement group who seek to address issues relating to avoidable cancellations.
- The leadership team engage with staff on an informal level through their championing of named wards and departments but also through "Leading the Way" briefings the first of which was held in June 2015. These are to be monthly meeting which all staff can attend and provide the transition of information to all staff. The Knowledge also invites staff to share questions and ideas on how the trust can improve.
- The staff survey for 2014 demonstrates improvement in the questions around staff recommending the hospital as a place to be treated. The results are similar to the previous year and reflect the perceptions of staff prior to the new leadership team being in post.

Innovation, improvement and sustainability

- The trust recognise that their new governance structures are in the early stages however they anticipate that the systems and more open communication with members of staff will allow them to respond earlier to issues.
- The trust has a number of joint appointments with other providers to ensure that they can recruit to challenging posts and provide a high quality care to patients.
- There are plans for certain services which involve joint working with others to ensure that patients at Kings Lynn and surrounding areas are able to receive a service at their local hospital.

Overview of ratings

Our ratings for The Queen Elizabeth Hospital King's Lynn

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Notes

Please note that as the critical care service was not inspected on this occasion there are no changes to previous ratings which were good across the service.

Outstanding practice and areas for improvement

Outstanding practice

- The waiting area for children within the emergency department, whilst small, was designed in an outstanding way which responsive to all children who visit the service.
- The commitment of midwifery staff to develop effective midwifery services for women from the King's Lynn area. Midwifery staff rotated throughout the service to maintain their knowledge and skills.
- Relatives and staff told us the paediatric team were a well organised and effective team who provided a good service for the children and families of the Kings Lynn area.

Areas for improvement

Action the trust MUST take to improve

- Ensure that medicines are stored securely at all times including those within the outpatients department, and IV fluids in the emergency department.
- Ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines.
- Ensure that an accurate record of each patients care is recorded.
- Ensure that the staffing is in line with national guidance. Examples include but are not exclusive to: registered children's nurses in the emergency department, patients requiring non-invasive ventilation, paediatric staff on the children's ward, endoscopy medical staffing, midwives in maternity and staffing on the neonatal intensive care unit.
- Ensure that there is a robust governance system to assess monitor and improve the quality of services especially in respect of decontamination of flexible cystoscopes, clinical outcome data within maternity services and the management of ASIs (Appointment Slot Issues) within outpatients.