

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Quality Report

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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?

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

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. We carried out this comprehensive inspection because the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was inspected by CQC in August 2013, and was subsequently placed into 'special measures' in October 2013 due to the serious failings identified. We also received some whistleblowing accounts that gave us concerns.

The trust had four outstanding warning notices and eight compliance actions, which were reviewed as part of this inspection. We noted that improvements had been made around consent to care and treatment, care and welfare of patients, nutrition and hydration, incident reporting, respecting and involving service users, complaints, records, and co-operating with other providers. However, the service remained non-compliant with the regulations on staffing, support for workers, safeguarding and medicines management. The risk around medicines management has increased since our last inspection, and was having a moderate impact on the service and patients.

The trust remains non-compliant with the warning notice issued on safeguarding. This is because the trust has failed to improve the training and procedures for undertaking safe and ethical restraint of patients, and therefore patients and staff remained at significant risk.

The comprehensive inspections result in a trust being assigned a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each section of the service receives an individual rating, which, in turn, informs an overall trust rating. The inspection found that overall, the trust has a rating of requires improvement.

Our key findings were as follows:

- In all areas, we found that staff were kind, caring and compassionate towards patients.
- Good progress had been made in strengthening the executive capacity of the board and establishing a pace of change towards improving quality.
- Evident support for the interim CEO's style and influence across the trust, engendering a commitment to change and improvement.
- Staff were proud to work in the trust.
- Patients received adequate nutrition and hydration; however, medical wards, including Pentney, Necton and Oxborough, were reminded of their responsibility around nutrition and hydration needs during the inspection.
- There was a 'disconnect' between the local leadership and the trust board leadership styles, particularly in A&E and in surgery. This meant that communication messages across all areas were mixed and not consistent.
- While risks were robustly identified and placed on the risk register, there was little evidence of any action taken following this identification and recording.
- Resuscitation support, equipment, training and compliance with Resuscitation Council guidance were not consistent in practice or implementation throughout the trust.
- Management of medicines, including storage and recording of temperatures, was not always in accordance with national guidelines.
- Medical staffing levels across the medicine directorate were not sufficient.
- Skill mix across nursing staff required review to ensure that the skill mix was appropriate and to ensure the safety of patients.
- Nurse staffing was insufficient in both the neonatal and the paediatric unit.

Summary of findings

- Environmentally, there were concerns with the outpatients department, which required refurbishment improvement.
- The mortuary environment required refurbishment.
- The A&E environment for paediatric care was not in line with national requirements.
- There were insufficient side rooms in which to isolate high risk patients across the trust.
- Outpatients clinics were overbooked and cancellations frequently occurred.
- The elective surgery cancellation rates were significantly higher than expected, and therefore the service was not able to meet the needs of the local people.
- Infection control standards and practices around cleaning and equipment were not consistent.

We saw several areas of outstanding practice, including:

- The use and implementation of guideline-specific simplified care bundles through the acute medical unit (AMU) into the hospital, which have improved patient care and patient outcomes.
- The use of 'Project Search', which supports people in the community with a learning disability, to gain work experience and employment, in the community, and within the hospital.
- The endoscopy service, operating a single sex patient list for elective cases.
- The expert support available to babies transferred home with breathing or feeding requirement.
- The initiative of the director of nursing to bring together all nursing leaders across the locality to review issues affecting the quality of services to patients transferring to the independent sector.
- Daily surgical consultant ward rounds.
- The establishment of dementia coaches to supplement the dementia team in supporting patients and families.

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

Importantly, the trust must:

- Ensure that resuscitation support, equipment and training is consistent throughout the trust and compliance with Resuscitation Council guidance is achieved.

- Ensure that the management of medicines, including storage and recording of temperatures, is done in accordance with national guidelines.
- Ensure that patients are protected from the risks associated with the unsafe use and management of medicines, by means of ensuring that appropriate arrangements for the recording and use of medicines are in place.
- Review and improve medical staffing levels across the medicine directorate to ensure the safety of patients.
- Embed skill mix assessments for nursing staff to ensure skill mix is appropriate and ensures the safety of patients.
- Review nurse staffing levels in both the neonatal and the paediatric unit.
- Improve the environment in the emergency department, including paediatric A&E, and outpatients; the mortuary also required improvement.
- Improve access to training for both mandatory training requirements, and for staff 'required to undertake the role'.
- Review the elective surgery cancellation rates, and review the elective surgery service demand.
- Review and improve cancellation rates within outpatients.
- Ensure that patients are protected from infections by appropriate infection prevention and control practices.
- Ensure that there are sufficient numbers of staff on duty who are trained to restrain patients.
- Ensure that its governance systems, including committee structures, divisional structures, shared learning and incident investigation, are improved and embedded.
- Ensure that there are clear reporting processes and risk monitoring in place for the emergency planning and local security work, including the testing of resilience plans.
- Ensure that frontline staff are trained appropriately in breakaway techniques.

In addition, the trust should:

- Ensure that equipment storage within A&E resuscitation areas is improved.
- Ensure that the environment and storage of equipment in the neonatal unit is more organised.
- Ensure that patients are discharged in a timely manner across all wards and, in particular, at the end of their life.

Summary of findings

- Ensure that outpatient clinics are not overbooked, and cancellations are minimised.
 - Review the equipment used to transport the deceased from the wards to the mortuary to ensure it respects people's privacy and dignity.
 - Ensure that there are sufficient numbers of staff CBRN trained. (CBRN refers to chemical, biological, radiological and nuclear equipment and policies.)
 - Ensure that plans to strategically move over to NEWS are agreed and implemented. (The NEWS system relates to the management of deteriorating patients.)
 - Review the availability of hydration on Pentney, Oxborough and Necton Wards.
 - Ensure that patients are discharged in a timely manner.
- Ensure that all serious incident investigations are undertaken by trained investigators.
 - Ensure that all board members have revised training on emergency planning, business continuity and local security specialists.

We would normally take enforcement action in these instances; however, as the trust is already in special measures we have informed the regulator, Monitor, of these breaches, who will make sure they are appropriately addressed and that progress is monitored through the special measures action plan.

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.

Our inspection team

Our inspection team was led by:

Chair: Gillian Hooper, Inspection Chair

Head of Hospital Inspections: Carolyn Jenkinson, Care Quality Commission

Inspection Manager: Leanne Wilson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: nine CQC inspectors, six consultants, a pathologist, a junior doctor, nine nurses - four of whom were head of department, a student nurse, and two 'experts by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

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 1 and 3 July 2014.

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); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 1 July 2014, when people shared their views and experiences of the Queen Elizabeth Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or telephone.

Summary of findings

We carried out an announced inspection visit on 2 and 3 July 2014. 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 as requested.

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 NHS Friends and Family Test was implemented to assess whether patients, and their friends and family, would recommend the ward to their loved ones. The trust was performing below the England average in A&E and maternity.

The inpatient survey showed that the trust was performing in line with other trusts during 2013. However, there were three questions where the trust performed worse than other trusts, when it came to assistance with meals, and answering call bells, as well as providing information about discharge.

In the cancer patient survey, the trust was in the bottom 20% of trusts in England for 15 out of 34 questions; the hospital scored in the middle range for 18 questions, and

scored better than expected on one question. The questions included: how much sensitivity was used by staff, and whether there was privacy when telling the patients that they had cancer, as well as the information that they were given about their treatment, medication and options.

In the CQC maternity survey 2013, the trust scored in line with other trusts, but better than the average when it came to being treated with dignity and respect during labour and birth. The trust also scored higher than expected for patients having confidence in the trust staff who provided their care during the labour and birth process.

Facts and data about this trust

The Queen Elizabeth Hospital:

- Has 488 beds
- Serves 331,000 people
- Employs 2,659 staff
- Has an annual turnover of approximately £178 million
- Achieved Foundation Trust status in 2011
- Had a deficit of £865,000 in 2012/13

Between April 2013 and March 2014, the trust had:

- 63,821 inpatient admissions
- 295,207 outpatient attendances
- 53,467 A&E attendances
- 2,418 deliveries

Intelligent Monitoring – (March 2014)

- Safe: Applicable indicators (not specified), Risks = 0, Elevated risks = 0, Score = 0
- Effective: Applicable indicators (not specified), Risks = 0, Elevated risks = 1, Score = 2
- Caring: Applicable indicators (not specified), Risks = 0, Elevated risks = 0, Score = 0
- Responsive: Applicable indicators (not specified), Risks = 0, Elevated risks = 0, Score = 0
- Well led: Applicable indicators (not specified), Risks = 1, Elevated risks = 1, Score = 3
- Qualitative: Applicable indicators (not specified), Risks = 1, Elevated risks = 1, Score = 3
- **Total:** Applicable indicators = 92, Risks = 2, Elevated risks = 3, Score = 8

Summary of findings

Elevated Risks:

- Whistle-blowing
- In-hospital mortality on haematological conditions
- Monitor – Governance risk rating

Individual Risks:

- The proportion of staff reporting good communication between senior management and staff being worse than expected
- GMC enhanced monitoring of medical staff

Indicators by Domain:

Safe:

- 'Never events' in the past year 2
- Serious incidents (STEIS) in the past year 88
- National Reporting and Learning System (NRLS) incidents resulting in harm from March 2013-May 2014:
 - Death: 2
 - Severe: 18
 - Moderate: 211
 - **Total: 231**

Summary of findings

Safety thermometer results between May 2013 and May 2014:

- New pressure ulcers prevalence rate above national average for the year
- VTE above national average, except for March 2013 and November 2013
- Catheter UTIs below the national average for most of the period (except for four months)
- Falls with harm below national average for the whole period except for two months

Infections in the past year:

- C.difficile: 15 cases. Statistical analysis of C.difficile infection data shows that the number of infections reported by the trust is within a statistically acceptable range. However, it was noted that the trust had an outbreak of C.difficile in late 2013, where 19 cases were reported, which places them above the statically acceptable range.
- MRSA: No cases. Statistical analysis of MRSA infection data over the period April to November 2013 for Intelligent Monitoring shows that the number of infections reported by the trust is within a statistically acceptable range.

Effective:

- HSMR – No evidence of risk
- SHMI - As expected

Caring:

- CQC inpatient survey (9 areas): About the same as other trusts for all areas
- Cancer patient experience survey: In the bottom 20 % of trusts for 15 out of 34 questions
- In the middle 60 % of trusts for 18 questions
- In the top 20 % of trusts for the one remaining question

Responsive:

- Bed occupancy 89.5 % between October 2013 and December 2013. (Over the whole period April 2013-March 2014 the bed occupancy rate was 88.5 %.)
- A&E four hour target: The trust's performance has been poor throughout the period, missing the target for most of the weeks during that period, and usually being below the England average.

Intelligent Monitoring identified two indicators that related to delayed discharges

- The proportion of respondents to the adult inpatient survey who stated they were not given enough notice about when they were to be going to be discharged
- The proportion of respondents to the adult inpatient survey who stated that their discharge was delayed for more than four hours, due to waiting for medicine, to see a doctor, or for an ambulance
- Referral to treatment times under 18 weeks: admitted pathway (1st-30th November 2013): No evidence of risk
- Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test (1st-30th November 2013): No evidence of risk.

Well-led:

Staff survey

- An elevated risk identified around the proportion of staff reporting good communication between senior management and staff being worse than expected.

Sickness rate:

- 1.5 % for medical and dental staff (below the national average)
- 5.2 % for nursing and midwifery staff (above the national average) between December 2012 and November 2013 (source: Intelligent Monitoring)

Summary of findings

Our judgements about each of our five key questions

| | Rating |
|---|--|
| <p>Are services at this trust safe?</p> <p>Despite significant improvements to the safety of care at the trust, we found that further improvements are required in a number of areas, in order that services are safe for all patients. We had concerns around infection control practices in the outpatients department, and also regarding the use of non-disposable curtains in the ward areas. We found that there was a lack of assurance around the infection control processes, in relation to the cleaning of the curtains.</p> <p>We identified concerns around the management of medical outliers throughout the hospital. We found that the trust was not effectively tracking outliers, and therefore appropriate monitoring and follow-up care by specialist services was not always being provided.</p> <p>We identified that there were insufficient staffing levels for medical staff in the medical areas, particularly on AMU. We also found insufficient staffing levels in the neonatal and paediatric units. Whilst we noted that the trust had improved their overall staffing number levels for nursing staff, the skill mix amongst nursing staff required improvement. We found that the skill mix of nursing staff placed experienced staff under pressure, and affected the running of some services.</p> <p>We were also concerned with the processes in place for restraint. We found that trust staff had not been provided with physical intervention techniques training. The only people in the trust with this training were the security guards. From our conversations with staff, and review of records, in particular, incident records and security staff rotas, we found that one security guard was on shift during the day Monday to Friday, with two on duty overnight and at weekends. Best practice for ethical control and restraint suggests a minimum of 'two person' to 'five person' restraint. We found that trust staff were often required to assist with physically restraining patients during this time, due to a lack of security staff on duty. Untrained staff performing restraint places them at risk of legal action, and also places the patients at risk of potentially serious harm. Therefore, the risk remains high that staff and patients are not protected from harm because staff are not appropriately trained in restraint.</p> <p>We found that safeguarding processes throughout the trust were not robust. This included staff understanding of the lead nurse for safeguarding function. Whilst some staff were clearly able to</p> | <p>Requires improvement </p> |

Summary of findings

articulate the processes around safeguarding, staff spoken with in the medical division, were not clear about their responsibilities. They were not aware of the lead nurse for safeguarding adults, or how they should escalate concerns. We spoke with the lead nurse for safeguarding adults, and were further concerned as they could not provide us with key information, such as a breakdown of training by wards, or key areas for concern. Their role focused mainly on training and raising awareness.

Are services at this trust effective?

Most of services provided by the trust were effective. We saw that the relevant national guidelines were being used to improve care and monitor outcomes. Care bundles had been introduced to improve care, and the implementation of these trust-wide was ongoing. The majority of the staff were identifying patients who were deteriorating quickly, and appropriate action was taken.

Staff appraisal rates, particularly those relating to the nursing staff, were low in some areas. This meant that staff did not have an opportunity to reflect on, and improve, practice. Appraisals also highlight specific training required to undertake the role, or to further expand an individual's knowledge. We saw that the trust was working towards seven-day-working, and improving the services to support this function.

We found some issues throughout the trust, but especially in Medicine, in respect of the management of medicines. The trust had reported more than 300 medicine-related incidents in the most recent six month period. We found that there does not appear to be appropriate learning from this to effect change. We also found that the delivery of pharmacy services were significantly impaired, due to insufficient staffing levels within the pharmacy service. Whilst the trust has assured us that this is a recognised issue, and improvements are being made, we will continue to monitor this closely, and share our findings with Monitor to ensure improvements take place swiftly.

Within surgery, the department also had a low number of day cases in some specialities, which was due in part to the placement of these patients on surgical lists. In colorectal surgery, patients were admitted the day before their operation, despite the fact that they were not being prepared until the day of surgery. This meant that beds were being utilised unnecessarily. However the inability of the medical department to identify outliers led to them receiving substandard care and this was judged as inadequate.

We found that the quality of investigations, and identified learning from investigations, was poor. This was because the trust had not

Good



Summary of findings

ensured that all investigations were undertaken by staff trained in root cause analysis. There was also no robust internal quality assurance system testing the quality of investigations. This meant that there was a risk investigations were not being undertaken appropriately. There was also no investigation policy in place.

Are services at this trust caring?

While the trust still has a number of actions to take to improve the services it provides, the staff across all grades and disciplines were seen to be caring, supportive and friendly towards patients. Patients told us that the staff were excellent, efficient and went the extra mile.

On most wards, the dignity and privacy of patients was respected. The NHS Friends and Family Test results showed that the trust was on a par with the England average in all areas except maternity and A&E; however, at the time of our inspection, we found the service to be caring, and all people spoken with were positive about the care and treatment they had received. The Adult Inpatient Survey for 2013 showed that the trust was performing around the national average for all questions.

Good



Are services at this trust responsive?

Overall, we found that despite notable improvement by the trust, most services were not responsive to the needs of the local people. Some services, such as maternity, and children and young people's services, had actively engaged with the local needs and were responsive. In A&E we found that the service had transitioned to having a separate paediatric A&E, and that there was no foreseeable plan to rectify this. There was slow progress across the trust in respect of the four-hour A&E waiting time target. However, the service felt unsupported when escalating the recognition that the trust's discharge processes were directly impacting the provision of their service and admitting people within the four hour time frame.

In the surgery service, we found that the number of elective surgeries cancelled due to capacity and availability of beds within the hospital was much worse than expected. Therefore, people's elective needs were not being met, because the service was unable to meet the needs of the local people.

We found that the service had undertaken some significant work to improve the signage around the hospital. However, there was limited signage and instruction available to the local Polish population, as information and signage was only available in English. We also found that the signage in outpatients was not responsive in the retina and ophthalmology clinic, as patients were unable to read the signs.

Requires improvement



Summary of findings

The trust's involvement in 'Project Search', which offers 12 month internships within the hospital for young people with a learning disability, demonstrated an area of outstanding responsiveness to local community needs. The endoscopy unit was also demonstrating work towards outstanding practice, with the separation of endoscopy lists into single sex groups on elective days. The AMU consultant leads responsiveness to patient conditions also demonstrated outstanding practice, in relation to their implementation of condition specific care bundles. We established that other trusts throughout England are requesting information on the bundles, with a hope to implement them as a good practice benchmark.

Are services at this trust well-led?

There have been a number of changes within the leadership team over the past year with several interim appointments. More recently several substantive appointments have been made, though some were still to commence at the trust at the time of our inspection. Whilst some progress had been made in appointing substantive positions, such as the medical director, director of finance and director of nursing, it was clear that the lack of stable leadership presented challenges in demonstrating a sustainable and committed management team for this trust. The appointment of the new chair was seen as a positive step forward, as was the recruitment of two extra non-executive directors. This would ensure that appropriate challenge to the work of the trust was undertaken at trust board.

Good progress had been made in strengthening the executive capacity of the board and establishing a pace of change towards improving quality and there was evident support for the CEO from members of staff. The current leadership team were committed to delivering the improvements that were identified when this trust was placed into special measures. We found that some areas had seen improvement, such as dementia care, and the processes around consent, staffing numbers and training. The trust has complied with the warning notices served on regulations 10 (assessing and monitoring the quality of service provision), 22 (staffing), and 23 (support for workers). However, we identified areas of concern which the executive team and board were not aware of. This included the processes around security management, and the lack of safeguards in place with regards to restraint. Therefore, the trust has not complied with the warning notice issued on regulation 11 (safeguarding people who use services from abuse).

We found that members of the trust board were not aware or receiving critical information around trust-wide functions, including

Inadequate



Summary of findings

emergency planning and preparedness, and local security management services. Concerns were also identified with the service level and trust-wide business continuity plans, which were not fit for purpose in all cases.

The review of the governance system was new in place and required embedding. Whilst progress against the action plan had been made we found that the scale of the changes required had taken some time to achieve and were ongoing. Effective systems are required to ensure that appropriate assurances are provided to the board to maintain safe, high quality services.

At a local level, leadership was more embedded, but there were variations in our findings. Some areas worked better than others. For example, surgery and critical care had clear and accessible management systems, with a clear direction for the future. A&E and medical care, however, lacked a clear direction, and governance and management processes were poorly implemented. For example, we found that one ward within the medical division was working exceptionally well, but this had not been shared with other wards to enable learning and improvement. Whilst generally there was a well embedded culture of incident reporting and monitoring on a local level, we found that processes for learning lessons on a trust-wide basis were not robust.

Vision and strategy for this service

- The trust board had recently developed a new vision and values. The management team were aware of these, and committed to taking them forward.
- The majority of staff spoken with were not aware of the vision and values in place. It was noted that more work was needed to embed these.
- The majority of staff were also not able to clearly articulate any strategy or development planning for the trust or their service.
- It was however, noted that Monitor were to appoint a contingency planning team (CPT) to work with the trust, to find a system-wide solution to the trusts financial difficulties. This meant that long-term planning for the future of the trust could not be undertaken.

Governance, risk management and quality measurement

- Improvements had been made to some of the areas identified as non-compliant during our previous inspection. This included dementia care, processes around mental capacity and consent, staffing levels, and the support and training provided to staff.

Summary of findings

- Work had recently been undertaken to update the governance system within the trust following an external review of the systems by KPMG. At the time of our visit, we found that limited progress had been made in embedding a robust governance structure.
- We found that the processes around security management, and the lack of safeguards in place with regards to restraint, a significant concern. Members of the trust board stated to us that they were unaware of the concerns; however, the warning notice issued in August 2013 clearly demonstrated concerns around restraint. The annual local security management specialist (LSMS) report dated March / April 2014 also highlighted this concern. This meant that the trust were not actively aware of current risks around restraint.
- The revised committee structure had only recently been approved at board level, and we found that a lot of work was still needed to define the processes and responsibilities within it. For example, we identified that the radiation protection committee was not seen as a recognised meeting on the current meetings structure.
- Many staff we spoke with were unsure about how the structure worked to provide assurance to the board about quality within the organisation. We noted that the new structure had not yet been launched outside of the management team.
- We found that terms of reference for a number of the committees had not yet been updated to reflect the new structure. It was, however, evident that work had begun on reviewing these.
- At the time of our inspection, there were no structures in place to support governance systems within the divisions. We were, however, provided with explanations about how this work was to progress.
- There were designated members of staff in place to monitor policies and procedures within the trust. During our review of policies, we found that many were out of date. The trust confirmed that there were over 170 policies were out of date. This meant that the trust could not be assured that its staff were working in line with up to date policy and guidance.
- Risk management systems within the organisation were beginning to be developed. A new risk committee had been established. The risk management strategy was out of date, and regular monitoring of local and trust-wide risks had not been taking place.

Summary of findings

- Regular performance reports went to the board meeting, which looked at performance over time. This demonstrated that quality metrics, such as incidents and complaints, were being monitored.
- We found that incident trending and analysis was happening on a local level, and on a quarterly basis to the trust board through the CLIP (Complaints, Litigation Incidents and PALS) report.
- We found that members of the trust board were not aware or receiving critical information around trust-wide functions, including emergency planning and preparedness, and local security management services. There was a lack of clarity at board level with regard to responsibility for these functions, and a lack of understanding at board level about the roles of the emergency planning and (LSMS) functions. This was further demonstrated by the trust committee reporting structure, which did not promote or support the filtering of information around these topics to the trust board.
- Locally, we found that the emergency planning and LSMS roles were working effectively to implement procedures and preparedness within the local departments and services, including good links with the mortuary. However, the board were unaware of the activities required of these roles, including pandemic preparedness and whole premises lockdown.
- Concerns were also identified with the service level and trust-wide business continuity plans, which were not fit for purpose in all cases. We found that these plans had not been frequently tested. For example, in the surgery service, the business continuity plan demonstrated a plan for management of capacity within the hospital and how it would continue to deliver the surgery service. However, at the time of our inspection we found that cancellation rates had increased, due to capacity within the hospital. This meant that the plans for service delivery were not always effective.
- We viewed the annual report for security management at the trust. We found that two staff had sustained a serious injury following a violent or aggressive incident. We established that the trust does not provide staff with breakaway training to minimise injuries to themselves or others during an incident. Therefore, staff and patients are not protected from the risk of harm through violence and aggression.

Summary of findings

Leadership of service

- At the time of our inspection, the majority of executive appointments were interim. This presented challenges in being able to demonstrate a clear and sustainable way forward for this trust.
- We did, however, note that progress had been made with the appointment of a permanent board. The trust chair, medical director and director of nursing had both been appointed to substantive posts.
- Good progress had been made in strengthening the executive capacity of the board and establishing a pace of change towards improving quality
- Staff noted that the interim chief executive at this hospital was visible, and spending time with all levels of staff. There was, however, limited confidence in the current management arrangements, because staff were aware of the interim nature of many of the executive posts.

Culture within the service

- There was generally a more positive attitude within this trust. Many staff told us that the culture had changed, becoming more open and transparent. However, not all staff felt this way. In the medical care section of this report, for example, staff still felt fearful of reporting issues.
- We requested information formally under section 64 and 65 of the Health and Social Care Act 2008 in respect of cancer waiting times. This was supplied by the trust.

Public and staff engagement

- The Patient Advice and Liaison Service (PALS) and complaints departments had recently merged, and the Patient Advice and Liaison Service had been made more visible by being moved to the entrance of the hospital.
- The patient experience function within the trust was not prominent or well embedded. The last report submitted to the quality committee did not include results or analysis of patient experiences within the trust. This meant that the board was not provided with information which would allow it to be assured that patients were receiving positive experiences.
- There were many local level patient experience projects taking place, but the lead for patient experience did not articulate these.
- There was a lack of clarity about how individual patient groups were engaged with, for example, those with sensory impairments.

Summary of findings

- There were inconsistencies in the way in which staff felt engaged.
- More work is needed to engage clinical leads on key aspects of service delivery. For example, it was noted that clinical engagement had not been sought on the new governance structures for the organisation.

Innovation, improvement and sustainability

- Due to the cost improvement processes, long-term plans with regards to the sustainability of services within the trust were unclear. However, short-term planning and service improvement functions were in place. Work was on-going with the local CCGs to assess the services provided in the area. Internally, work was being undertaken to look at service line performance.
- Some work had already been undertaken to develop satellite and out-reach services to the surrounding areas in King's Lynn. We were told about projects taking place, looking at the efficiency of areas such as theatres, so as to drive improvement through performance management.
- The IT strategy was linked to the annual plan, and there were a number of initiatives being looked at, such as e-discharge, and pathology modernisation with neighbouring trusts.
- There were inconsistencies in service line innovation and improvement, and this was generally more apparent where areas were not being well-led.
- The trust was part of 'Project Search' which offers 12 month internships within the hospital for young people with a learning disability. This is made up of three 10 week internships in different departments over an academic year. The end goal for each student is to achieve employment, either within the trust, or elsewhere in the community, using the skills they have acquired. We met with several students who shared their experiences with us, and we also found that many students went on to gain employment within the hospital. This project and community involvement demonstrated an area of outstanding responsiveness to local community needs.

Overview of ratings

Our ratings for Queen Elizabeth Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------------|----------------------|----------------------|--------|----------------------|----------------------|----------------------|
| A&E | Requires improvement | Not rated | Good | Requires improvement | Requires improvement | Requires improvement |
| Medical care | Inadequate | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |
| Surgery | Good | Good | Good | Inadequate | Requires improvement | Requires improvement |
| Critical care | Good | Good | Good | Good | Good | Good |
| Maternity & Family planning | Good | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Children & young people | Requires improvement | Good | Good | Good | Good | Good |
| End of life care | Good | Good | Good | Requires improvement | Requires improvement | Requires improvement |
| Outpatients | 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 | Inadequate | Requires improvement |

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The use and implementation of guideline-specific simplified care bundles through the acute medical unit (AMU) into the hospital, which have improved patient care and patient outcomes.
- The use of 'Project Search', which supports people in the community with a learning disability, to gain work experience and employment, in the community, and within the hospital.
- The endoscopy service, operating a single sex patient list for elective cases.
- The expert support available to babies transferred home with breathing or feeding requirement.
- The initiative of the director of nursing to bring together all nursing leaders across the locality to review issues affecting the quality of services to patients transferring to the independent sector.
- Daily surgical consultant ward rounds.
- The establishment of dementia coaches to supplement the dementia team in supporting patients and families.

Areas for improvement

Action the trust MUST take to improve

- Ensure that resuscitation support, equipment and training is consistent throughout the trust and compliance with Resuscitation Council guidance is achieved.
- Ensure that the management of medicines, including storage and recording of temperatures, is done in accordance with national guidelines.
- Ensure that patients are protected from the risks associated with the unsafe use and management of medicines, by means of ensuring that appropriate arrangements for the recording and use of medicines are in place.
- Review and improve medical staffing levels across the medicine directorate to ensure the safety of patients.
- Embed skill mix assessments for nursing staff to ensure skill mix is appropriate and ensures the safety of patients.
- Review nurse staffing levels in both the neonatal and the paediatric unit.
- Improve the environment in the emergency department, including paediatric A&E, and outpatients; the mortuary also required improvement.
- Improve access to training for both mandatory training requirements, and for staff 'required to undertake the role'.
- Review the elective surgery cancellation rates, and review the elective surgery service demand.
- Review and improve cancellation rates within outpatients.

- Ensure that patients are protected from infections by appropriate infection prevention and control practices.
- Ensure that there are sufficient numbers of staff on duty who are trained to restrain patients.
- Ensure that its governance systems, including committee structures, divisional structures, shared learning and incident investigation, are improved and embedded.
- Ensure that there are clear reporting processes and risk monitoring in place for the emergency planning and local security work, including the testing of resilience plans.
- Ensure that frontline staff are trained appropriately in breakaway techniques.

Action the hospital SHOULD take to improve

- Ensure that equipment storage within A&E resuscitation areas is improved.
- Ensure that the environment and storage of equipment in the neonatal unit is more organised.
- Ensure that patients are discharged in a timely manner across all wards and, in particular, at the end of their life.
- Ensure that outpatient clinics are not overbooked, and cancellations are minimised.
- Review the equipment used to transport the deceased from the wards to the mortuary to ensure it respects people's privacy and dignity.
- Ensure that there are sufficient numbers of staff CBRN trained. (CBRN refers to chemical, biological, radiological and nuclear equipment and policies.)

Outstanding practice and areas for improvement

- Ensure that plans to strategically move over to NEWS are agreed and implemented. (The NEWS system relates to the management of deteriorating patients.)
- Review the availability of hydration on Pentney, Oxborough and Necton Wards.
- Ensure that all serious incident investigations are undertaken by trained investigators.
- Ensure that all board members have revised training on emergency planning, business continuity and local security specialists.