The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	10
Report Title:	CQC Core Service and Well-Led Inspection Feedback		
Author:	Louise Notley; Director of Patient Safety		
Executive Sponsor:	Caroline Shaw: Chief Executive Officer		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	The provision of safe and effective care is set out in KS01. Hospital modernisation to support delivery of optimal care is set out in KSO2. The BAF updates for KSO1 and KSO2 are received and reviewed within the Quality Committee.	
Significant risk register	Significant Risk ID 2483 (Reputational damage/CQC regulatory notices)	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	KSO1 - Provision of safe and compassionate care KSO2 - Supporting the delivery of optimal care
Legal and regulatory	Y	Regulatory compliance/Special Measures Reputational damage
Financial	N	None identified

Assurance route

Previously considered by:	CELM Quality Committee – Verbal feedback

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	The purpose of this report is to inform the Board of Directors of: • The outcome and the initial findings of the December 2021 Core Service and January 2022 well-led inspection.
Summary of Key issues:	This report details the high level feedback following the CQC's unannounced inspection of three core services in December 2021 and the planned well-led inspection in January 2022. Whilst this high level feedback does not replace the final report, letters from the CQC summarising, their finding from both the December and January inspections are very positive. These early findings demonstrate further improvement in the delivery of safe and compassionate care and organisational leadership and insight regarding its performance against the fundamental standards of care, including the awareness and effective management of risk. This report is accompanied by the two formal letters from the CQC detailing their high level findings and the Trust's initial response following the core service

	inspection in December 2021. It is anticipated the CQC's draft report, which will comprise of the outcome of the core service inspection in December, the well-led findings in January and include an overall Trust re-rating against respective domains, will be shared with the Trust for factual accuracy checking, in February. The Trust will have approximately 10 days in which to review the report and respond. It is hoped the report will be published soon after.
Recommendations	The Board of Directors is asked to note: a) The initial high level feedback from both the December 2021 core service and January 2022 well-led inspections b) To note the next steps
Acronyms	CQC – Care Quality Commission IQIP – Integrated Quality Improvement Plan SOF – System Oversight Framework

Background and Context

The Queen Elizabeth Hospital King's Lynn (QEHKL) was placed in Special Measures in 2018 following a Care Quality Commission (CQC) Inspection. Despite a re-inspection in 2019, the Trust remained in Special Measures with a rating of 'Inadequate' overall.

Since 2019 the Trust has undergone significant change, unpinned by experienced leadership, a five year corporate strategy, and a robust Integrated Quality Improvement Plan (IQIP) and governance arrangements. With evidence of sustained improvement throughout 2020, including a number of positive external reviews and assurance arrangements, the Trust had hoped to undergo a full core service and well-led inspection in late 2020, to inform an overall Trust re-rating by the CQC. However, due to the COVID-19 pandemic, the CQC was forced to pause all routine inspections, assessing healthcare providers on a risk base only.

Despite this the CQC did undertaken an unannounced inspection at the QEHKL in September 2020 of six core services, spanning 3 of the CQC domains. This inspection confirmed significant improvement across all services with no core services being rated 'Inadequate' and all services rated 'Good' for caring. However, despite this significant improvement, the Trust's overall ratings could not be changed without a further core and well-led inspection.

In addition to these overall improvements in the quality of care delivery at the QEHKL, the CQC formally lifted 18 of the 22 Section 31 conditions from its Certificate of Registration during 2020 and 2021; with confirmation the CQC will consider lifting the remaining 4 conditions without a further application once additional evidence of improvement is submitted.

CQC Core Service Inspection December 2021

The CQC carried out an unannounced inspection over two days in December 2021 of three core services; Urgent and Emergency Care, Critical Care and Medicine, led by Zoe Robinson; Interim Head of Hospital Inspection. Whilst the high level feedback does not replace the final report, a letter summarising the CQC's key findings was very positive, the details of which can be found in **Appendix One.** This letter acknowledges further improvement in the quality and safety of care and organisational culture. Importantly, they described patients being treated with kindness and compassion, using words such as happy, compassionate, caring, engaged and supported, in their observations of care and interactions with staff.

High level findings include:

Medical Care

- Staff reported a positive culture and enjoy working at the Trust
- Staff reported management are supportive and everyone works as a team
- Observed positive interactions between patients and staff and particularly from the Family Liaison Officers.

Critical Care

- The leadership for both nursing and medical teams appeared to be robust and strong, supporting innovation. Staff were clear that there was a proactive approach to innovation and research.
- Staff felt engaged, were happy and provided a good support network for each other.

Urgent and Emergency Care

- All risk assessments reviewed were completed in full
- Improvements had been made against all existing should do actions
- Compassionate care was observed

Whilst the CQC highlighted a few areas where improvement is required, they did not raise any significant or immediate concerns. It is important to note that the Trust was already sighted on the areas highlighted by the CQC which are being addressed through the existing IQIP, the Trust's culture and engagement programme, or the Urgent and Emergency Care workstream. This is a further demonstration of organisational insight and maturity of its performance against the fundamental standards of care, risk and an awareness of any gaps in compliance. Details of the Trust's formal response to the CQC can be found in **Appendix Two.**

CQC Well-Led Inspection January 2022

The CQC undertook a planned well-led inspection on 11th and 12th January 2022, led by Zoe Robinson; Interim Head of Hospital Inspection and included interviewing all members of the Trust Board and organisational leads such as the Divisional Leadership Teams, Safeguarding and Freedom to Speak Up leads. The Trust's Chairman; Steve Barnett and Chief Executive; Caroline Shaw received high level feedback at the end of the well-led inspection, which was extremely positive, the details of which were captured in a feedback letter to Caroline Shaw on 13th January 2022, see **Appendix Three.**

Key well-led inspection findings:

- Leaders had the capacity and capability to deliver care. They were visible and approachable and there was a clear focus on embedding improvements that are sustainable.
- Leaders used measurable outcomes and there was evidence of impact being monitored and cascaded throughout the organisation.
- Open and honest culture whereby people were encouraged to be brave and speak out against inappropriate behaviours. The inspection team noted good progress had been made regarding organisational culture, although recognised there were some pockets where culture still needed to be developed and improvement plans were in place. The inspection team also heard how some staff felt middle management did not always take concerns seriously.
- Staff knew if concerns were raised through the Freedom to Speak Up function, it would have executive scrutiny and were assured action would be taken. This level of confidence was not consistent at middle management level.
- The inspection team heard and saw clear governance and reporting arrangements in place.

- Risk management arrangements were fit for purpose and the executive team were responsive to any risk escalated with action taken.
- Good use of statistical process control charts to review information.
- Clear plan in place regarding both internal and external engagement. Systems and processes were in place to gauge how people felt in real time.
- Quality improvement had been embedded throughout the organisation and research was encouraged.
- All those our CQC colleagues spoke with were very clear of the risks of the Trust moving to a group model within the (Norfolk and Waveney) system and had given thought how to mitigate risk therefore demonstrating a living strategy.

Next Steps

Following the well-led inspection and at the time of writing this report (25/01/22), the CQC confirmed they do not require any further additional information, or evidence prior to the writing and submission of their draft inspection report, which is a further positive sign.

It is anticipated the CQC's draft report, which will comprise of the outcome of the core service inspection in December, the well-led findings in January and include an overall Trust re-rating against respective domains, will be shared with the Trust for factual accuracy checking, in February. The Trust will have approximately 10 days in which to review the report and respond. It is hoped the report will be published soon after.

The CQC report findings and re-ratings of assessed domains will confirm the progress the Trust has made since 2019 and inform any decision regarding its overall rating and what this may means in relation to the System Oversight Framework (SOF) 4. Once the report is received, and reviewed by the Trust's Quality Forum, a recommendation will be shared with the Quality Committee ahead of discussion at the Trust Board. This recommendation will outline the future IQIP arrangements and how it will evolve alongside key quality improvement plans and programmes such as the Culture Transformation Programme and core service improvement plans already established, to further embed and sustain change, while continuing to drive improvements in the delivery of safe and high quality care for our patients.