Care Quality Commission

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Inspection report

Queen Elizabeth Hospital
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Ratings

Overall trust quality rating	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RCX/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RCX/inspection-summary).

Background to the trust

The Queen Elizabeth Hospital King's Lynn is an established 515 bed general hospital on the outskirts of King's Lynn, Norfolk. It provides healthcare services to West and North Norfolk in addition to parts of Breckland, Cambridgeshire and South Lincolnshire. The trust achieved Foundation Trust status in 2011 and is part of the Norfolk and Waveney Sustainability and Transformation Plan (STP). The trust is commissioned by clinical commissioning groups from three counties. The lead commissioner is West Norfolk Clinical Commissioning Group.

The local population of this area is approximately 331,000 people which includes a high proportion of older residents; however, new housing developments in recent years have seen large population growth of principally young families.

The trust provides a comprehensive range of specialist, acute, obstetrics and community-based services. The trust works with neighbouring hospitals for the provision of tertiary services and is part of regional partnership and network models of care, such as the trauma network. Some specialist services and clinics were provided in community facilities, such as the North Cambridgeshire hospital in Wisbech.

Trust activity:

Between September 2019 to August 2020 there were:

- 53,909 adult accident and emergency attendances
- 11,530 children accident and emergency attendances

From April 2019 to March 2020 there were:

- 44,281 medical admissions (22,630 emergency admissions, 21,348 day case admissions and 263 elective admissions).

Summary of findings

- 25,736 surgical admissions (including 6,288 emergency admissions and 2,005 elective admissions).
- 1,087 deaths.

From January 2019 to December 2019 there were:

- 2,018 births.

The trust has been inspected on four occasions and was rated inadequate overall at the last inspection. The trust was placed in special measures in September 2018 following significant concerns in several core services and was told it must take action to improve.

Our inspection, in July 2019 identified that actions necessary for improvement had not been made and compliance with our previous enforcement actions in relation to maternity and midwifery had not been sustained or actioned effectively to improve the service. We also identified significant concerns within the urgent and emergency care service and diagnostic imaging. We issued the trust with an urgent notice of decision to impose conditions on the trust's registration as a service provider, under Section 31 of the Health and Social Care Act, 2008 on 18 March 2019. The notice imposed conditions on the trust registration as a service provider in respect of two regulated activities: Treatment of disease, disorder or injury and Assessment or medical treatment for persons detained under the Mental Health Act 1983. These conditions set out specific actions to enable the improvement of safety within the service.

We issued a warning notice, on the 19 March 2019, under Section 29A of the Health and Social Care Act 2008. This identified specific areas that the trust must improve and set a date for compliance as 30 April 2019. The trust initiated an immediate action improvement plan.

We undertook an unannounced focused inspection of six core services on 14 to 23 September 2020. This inspection was focused on core services which had been rated either inadequate or requires improvement at our last inspection in July 2019. The inspection was planned to review areas of concern identified in the last inspection, to follow up on actions taken in response to previous enforcement and to identify any areas of improvement. We inspected: urgent and emergency care, medicine, surgery, maternity, end of life care and diagnostic imaging. As this was a focused inspection, we did not inspect all key questions and focused on safe and well led. We gathered evidence to review caring in urgent and emergency care and medicine as these services had previously been rated as requires improvement.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Inadequate ● →←

What this trust does

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust provides a comprehensive range of specialist, acute, obstetrics and community-based services. Services are provided at The Queen Elizabeth Hospital in King's Lynn and some specialist services and clinics are provided in community facilities, such as North Cambridgeshire hospital in Wisbech and St Georges Medical Centre in Littleport.

Services provided at The Queen Elizabeth Hospital include urgent and emergency care, medical and surgical care, critical care, maternity and gynaecology, neonatal and paediatric care, end of life care, outpatient services and diagnostic imaging services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. The trust was placed in special measures in September 2018 following significant concerns found in several services and we told the trust they must take action to improve.

At the July 2019 inspection, four out of nine services were rated as inadequate, four were rated requires improvement and one rated as good. We had planned to complete a routine inspection of the hospital to identify progress against enforcement action. However, this was not possible due to changes in the inspection process in response to COVID- 19. We therefore reviewed the information held by the commission, and that provided by the trust through monitoring and compliance with audits and decided that a focused safe and well led inspection was required to provide assurances that progress had been made to improve safety for patients.

Where it is considered necessary to arrange a focused inspection outside of the regular core service inspection schedule, the focused inspection covers a targeted part of the service response to a specific concern. We do not assess or report on all the key lines of enquiry (KLOEs) in a focused inspection.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as inadequate because:

When we complete focused inspection, we do not rate at trust level. Therefore, the overall rating for the trust remains inadequate despite improvements in the core services inspected. We rated urgent and emergency care, medicine, surgery, end of life care, maternity and diagnostic imaging services as requires improvement.

Our inspection of the core services covered The Queen Elizabeth Hospital Kings' Lynn only.

- We found that there were regulatory breaches resulting in requirement notices and found that the organisation was preforming at a level which led to the overall rating of requires improvement at core service level.

Urgent and Emergency Care

- The urgent and emergency service were rated as inadequate at the July 2019 inspection, with safe, effective and well led rated as inadequate and caring and responsive rated as requires improvement. We inspected all key questions at this inspection and rated the service as requires improvement overall. We rated the service as good for caring, and requires improvement for safe, effective, responsive and well led at this inspection. Across all key questions we saw that there had been a number of improvements which were focused on patient safety and improving the patients journey. There had been changes to local leadership and governance processes had been strengthened, however, leaders had not been in post for sufficient time to demonstrate a sustained improvement in performance. The service was not meeting national targets and the recruitment to substantive posts had been challenging. However, staff

Summary of findings

ensured that patients were assessed and escalated if necessary. There were processes in place to support a team approach to care and the multidisciplinary team worked cohesively to a common goal. Staff felt supported by the local, divisional and senior leadership teams. Robust governance structures aligned to the trust board was clear accountability across the division.

Medicine

- The medicine service was rated as inadequate at the July 2019 inspection, with safe, effective and well led rated as inadequate and caring and responsive rated as requires improvement. We inspected safe, effective, caring and well led at this inspection and rated the services as requires improvement overall. Safe and caring were rated as good and effective and well led were rated as requires improvement. We found that there had been improvements across the service, however, leaders had not been in post for a sufficient time to demonstrate a continued and sustained improvement. Patient records were complete and detailed, although not always stored securely. Staffing levels were regularly reviewed and adjusted to manage peaks in activity on wards, although this sometimes left clinical areas short staffed. There were equipment checks in place, although these were not always completed (in one clinical area). Performance with national audits varied. However, there had been a number of changes in response to COVID -19, and staff had been trained to manage patients with different conditions to their usual speciality. Risk assessments were completed, and staff acted on findings. Patients and their families were considered when planning care and included where possible. Staff demonstrated compassionate care and were supportive to patients, relatives and each other in perceived difficult circumstances. There were robust processes underpinning the divisions functioning with regular risk assessments and meetings to review performance and share learning across medicine specialities.

Surgery

- Surgical services were rated as requires improvement at the July 2019 inspection, with effective, caring and well led rated as good and safe and responsive as requires improvement. We inspected safe and well led at this inspection, and rated safe as good and well led as requires improvement. Since our last inspection the service had made a number of changes. Patients admitted to surgical area, were assessed and monitored for risks, any deterioration was escalated quickly and there was enough staff to manage patient care and treatment. Incidents were recognised and shared locally and across the wider team. Staff were aware of and had learnt from incidents that impacted on their services. The World Health Organisation (WHO) five steps to safer surgery process had been embedded, and there were robust processes in place to monitor performance and risk. Staff were largely positive about their jobs and the teams in which they worked. However, the service had been affected by the COVID- 19 outbreak and referral to treatment times had been impacted negatively. The service had robust recovery plans and service development plans in place to ensure protected activity. Mandatory training compliance was also lower than the trust target.

Maternity

- Maternity services were rated as requires improvement at the July 2019 inspection, with effective, caring and responsive rated as good and safe and well led as requires improvement. We inspected safe and well led at this inspection and rated both key questions as requires improvement. Maternity services had taken action to address concerns raised at the last inspection. There had been changes to staff training and competence and agency staff were fully inducted. Equipment was serviced regularly. Medicines were stored securely. Patient risks were identified and escalated appropriately, and staff shared learning from incidents. There had been changes to the leadership team and governance processes had been reviewed and embedded. However, staffing numbers were not within establishment which impacted on coordinators abilities to be supernumerary. There was minimal representation from midwifery staff at meetings and although work had been completed on improving engagement, there were some pockets where the culture was not as positive.

End of Life Care

Summary of findings

- End of Life Care services were rated as inadequate at the July 2019 inspection, with caring rated as good, safe rated as requires improvement and effective, responsive and well led rated inadequate. We inspected all key questions at this inspection and rated the service as requires improvement overall. We rated effective, responsive and well led as requires improvement and safe and caring as good. Since the outbreak of COVID- 19 there had been a trust wide focus on providing end of life care which resulted in significant improvements. The end of life team worked collaboratively across the health economy to manage patients, ensure their comfort and support families, although patients did not always receive timely care. There was an end of life care strategy which addressed concerns raised at the April 2019 inspection, and staff were engaged with the processes of embedding practical elements to ensure good quality end of life care. There was a governance process which included regular auditing which helped to identify areas of improvement and performance against targets. Improvements were being driven by the team and trust wide staff, despite the lack of palliative care consultants. Records sometimes lacked details, such as printed staff names and mental capacity assessments were not always completed, however, records were generally to a good standard detailing action taken. Performance against national and local standards were variable.

Diagnostic Imaging

- Diagnostic Imaging services were rated as inadequate at the July 2019 inspection, with caring rated as good, responsive rated requires improvement and safe and well led rated inadequate. We currently do not rate effective. We inspected safe and well led at this inspection and rated both key questions as requires improvement. There were some gaps in team leadership and staffing numbers which sometimes impacted on out of hours cover and morale. Capacity issues also impacted on the trust wide performance in meeting referral to treatment times. New governance processes and risk management systems were not fully embedded, although there was recognition by leaders that further work was needed. We also found that there had been a number of improvements within diagnostic imaging, particularly around the safe administration of contrast media. Staff ensured there were processes in place to review the use of contrast media and ensure it was administered in line with guidance. Staff were familiar with their roles and responsibilities on ensuring patients safety using appropriate risk assessments as necessary. A new leadership team had developed systems for supporting staff to develop and staff were committed to improving. There was a positive team culture amongst staff.

Are services safe?

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

The Queen Elizabeth Hospital

- Due to the COVID- 19 pandemic, there had been a reduction in face to face mandatory training. This included life support training and safeguarding adults and children's' training. The trust had changed face to face training to eLearning modules where possible, however, mandatory training compliance was below the trust target across all core services. There was a trust wide delivery plan to improve compliance and face to face training had recommenced, although social distancing impacted on the size of classes.
- Across the trust, staff prioritised infection control and prevention. Staff were observed wearing appropriate personal protective equipment and encouraging visitors to wash their hands and wear PPE when attending. Entrances displayed prompts for visitors. All areas were visibly clean and free from clutter.

Urgent and Emergency Care

- The urgent and emergency service were rated as inadequate for safe, at the July 2019 inspection, with significant concerns around staffing skill mix, risks not being identified, non escalation of the deteriorating patient, lack of learning from incidents and poor patient records. At this inspection we rated the service as requires improvement for safe. Since our last inspection, there had been an increase in the nursing establishment by 46 whole time equivalent (WTE) nurses to 127 (WTE) staff. We saw that staffing levels were maintained, although there was a number of agency

or locum staff used to achieve this due to a number of vacancies. Although there had been changes to the physical environment, some areas remained cramped which did not always facilitate safe distances between patients. We saw that there was a multidisciplinary team focus on patient safety, patients were assessed and treated appropriately and escalated to lead clinicians as necessary. The team had introduced additional steps to maintain safety, such as two hourly safety huddles. Patient records were maintained, risk assessments were timely, and medicines were stored and administered in line with policy. There was evidence that incidents were investigated fully, and any learning shared across the trust.

Medicine

- Medicine services were rated as inadequate for safe, at the July 2019 inspection, with concerns around the safe management of infection control, patients records, staff knowledge of safeguarding and vacancy rates for nursing and medical staffing. At this inspection we rated the service as good for safe. We saw that infection control and prevention was managed well, all areas were visibly clean, and staff promoted good hand hygiene and the use of protective equipment. Although there was some variation in the storing of patients records, they were of a good quality and detailed treatment plans and care given. Staff were aware of their roles in escalating concerns, and managed deteriorating patients well. Patients were treated respectfully and with compassion. Staff were positive about their work, felt respected, valued and supported by their local, divisional and senior leaders. Staffing was managed to ensure safe staffing levels, however, there were some gaps in establishment and some equipment checks were not always completed in isolated areas.

Surgery

- The Surgery services were rated as requires improvement at the July 2019 inspection, with concerns around mandatory training compliance, the completion of the World Health Organisation (WHO) and five steps to safer surgery checklist, staffing levels and the timely administration of medicines. At this inspection we rated the services as good because, we saw that the WHO checklist was embedded and there were processes in place to ensure compliance was maintained. Patients were assessed and monitored for risks and deterioration and staff escalated any concerns appropriately. Medicines were stored, and administered in line with guidance and there were processes in place to ensure that incidents were reported, investigated and shared across the team. Staffing numbers were appropriate for the clinical needs. However, mandatory training compliance was lower than the trust target although the COVID- 19 outbreak had impacted this there was a recovery plan in place.

Maternity

- Maternity services were rated as requires improvement at the July 2019 inspection, with concerns around mandatory and safeguarding training compliance, midwifery vacancies, and staff competency particularly the interpretation of cardiotocography (CTG) traces. At this inspection we rated the service as requires improvement because although there had been work completed to address concerns previously highlighted, there remained a number of vacancies and staff relied on agency midwives to support numbers. CTG meetings were held, but midwife representation was not always robust and training compliance had been impacted by COVID- 19. However, staff were able to identify risks and escalated concerns appropriately. Incident were reported and staff shared learning within the team and across the organisation. Anaesthetists compliance for PROMPT (Practical Obstetric Multi-Professional Training) was significantly below the trust target.

End of Life Care

- At the July 2019 inspection, end of life care was rated requires improvement for safety. There were concerns with mandatory training compliance, patient records were not always clear, and not secure, individualised plans of care were not always completed, palliative care consultant numbers were not in line with national guidance and safety incidents were not being captured or managed appropriately. At this inspection we rated the service as good because we saw that the majority of these issues had been addressed. Patients records were detailed, although missed

printed names next to signatures. Individualised plans of care were completed, and detailed conversations with patients and their relatives about treatment plans or wishes. There continued to be a lack of palliative care consultant, however, there had been a trust wide, multidisciplinary focus on caring for patient nearing the end of their lives in response to COVID- 19.

Diagnostic Imaging

- Diagnostic imaging services were rated as inadequate for safety at the July 2019 inspection, due to staffs lack recognition of incidents and consequential lack of reporting, poor infection control management, lack of understanding of roles and responsibilities for administering contrast media, and lack of staff with the relevant training and competence to ensure patients received timely care and treatment. At this inspection, we rated the service as requires improvement because, we found that there had been a number of improvements around safety. Staff were clear about their roles and responsibilities, and supported each other to develop. There was a robust process in place to manage medicines used within the department, including contrast media. There were some concerns regarding staffing out of hours, as there were a few vacancies which were being recruited to.

Are services effective?

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

Urgent and Emergency Care

- In July 2019, we rated the urgent and emergency services as requires improvement for effectiveness. This was because we saw that guidance was not always followed, there were limited numbers of audits to monitor performance, national audit results were varied and there was limited evidence of learning in response to audit results. At this inspection we rated the service as requires improvement because, we saw that patients outcomes were not always in line with national targets. Performance was variable in audits, although there was evidence that learning was taken from results. We also saw that there were processes in place to ensure that national guidance and local policies were updated and followed. Staff managed patients nutritional, hydration and pain relief well and were competent to complete their roles. Staff worked collaboratively with each other for the benefit of patients and ensured patient consent was considered.

Medicine

- At our last inspection, in July 2019, we rated medicine as inadequate for effective. There were concerns that care and treatment was not based on national guidance, and the service did not monitor the effectiveness of care and treatment to improve care. Audit results were poor, staff did not have access to up to date information and gave inconsistent information about the Mental Capacity Act 2005 (MCA). At this inspection we rated the service as requires improvement because performance in national and local audits was not always in line with targets and staff did not always receive appraisals. However, staff were competent and received targeted training according to their roles. Staff understood how to assess mental capacity and could access support and guidance when necessary. Patients nutritional and hydration needs were met. Staff worked well together.

End of Life Care

- End of life care services were rated as inadequate for effective at the July 2019 inspection. We found that the individualised plan of care (IPoC) was not fully implemented or consistently used, additional work was required to embed the completion of the do not attempt resuscitation forms (DNACPR), and audits were not used to improve practice. At this inspection we rated the service as requires improvement because we found that patient outcomes were variable and the IPoC was not fully embedded. However, there was clear guidance for staff to follow and audits were completed to monitor performance. Staff ensured that patients received adequate nutrition, hydration and pain relief. There had been a focus on ensuring staffs abilities and understanding of the needs of a dying patient and staff were assessed for competence. Staff worked collaboratively for a common goal across the trust and external partners.

Summary of findings

Are services caring?

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

We did not inspect this key question in all core services.

Urgent and Emergency Care

- The urgent and emergency service were rated as requires improvement for caring, at the July 2019 inspection. Privacy and dignity were not always maintained, staff were not always understanding of the patients' needs and there was mixed feedback about staff from patients. At this inspection, we rated the service as good because we saw that patients were treated with respect, kindness and dignity was maintained. We saw good examples of effective communication, where staff would explain conditions and treatment options. Families were included in conversations and feedback from patients was largely positive.

Medicine

- Medicine services were rated as requires improvement for caring, at the July 2019 inspection, with concerns around some staff lacking compassion, not including patients in decisions about care and poor communication with relatives. At this inspection we rated medicine as good, because we saw that staff were caring and considerate. They included patients in decision making, treated them with kindness and considered their individual needs. Patients were included in conversations during their care and feedback from patients was positive.

End of Life Care

- We rated end of life care as good at our July 2019 inspection. Feedback was positive and staff treated patients with compassion. At this inspection, we rated the service as good because we saw that staff took patients wishes into consideration and ensured their comfort in the last few days of their lives. There were processes in place to support relatives and loved ones throughout the patients admission and following their death.

Are services responsive?

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

We did not inspect this key question in all core services.

Urgent and Emergency Care

- At the July 2019 inspection, urgent and emergency care was rated as requires improvement because people could not access care and treatment in a timely way. Flow had not been addressed and there were no systems in place to meet patients individual needs. At this inspection we rated the services as requires improvement because although performance was reviewed regularly, there remained some delays in accessing treatment or admission to hospital. Due to COVID- 19 changes had occurred within the department to ensure staff and patient safety which had impacted on space.

End of Life Care

- We rated end of life care inadequate for responsiveness at our July 2019 inspection. Data collected was not accurate. The service had failed to monitor the number of patient referrals to the palliative care team, and could not provide data about referral to treatment times. At this inspection we rated the service as requires improvement because performance against key indicators was not always positive. Patients did not always die in their preferred location. However, staff ensured that patients needs were met whilst in hospital and there were additional facilities which could be offered to relatives to ensure their comfort.

Summary of findings

Are services well-led?

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

Urgent and Emergency Care

- The urgent and emergency service was rated as inadequate for well led, at the July 2019 inspection, with significant concerns around risk management, lack of support to leaders, lack of oversight of department, there was no strategy and staff felt unable to raise concerns with leads. At this inspection we rated the service as requires improvement because leadership had not demonstrated a sustained improvement and the team were not meeting performance targets. However, we saw that there was a positive culture within the department with a shared vision for what the team wanted to achieve. There were robust processes in place to ensure good governance and all staff were aware of the risks and what actions needed to be taken to mitigate them. Staff were engaged with the development of the department and felt included, supported and valued. There was strong visible leadership within the team and staff displayed mutual respect for their colleagues.

Medicine

- Medicine services were rated as inadequate for well led, at the July 2019 inspection, with concerns around the skills of divisional leads to effect change, there was no vision or strategy, a mixed culture with poor communication and low staff morale. There were no robust systems in place to identify or manage risks and information was not collected or used to drive improvements. At this inspection we rated the service as requires improvement because we divisional leaders were relatively new to post and had not evidenced sustained improvements. However, we saw that there had been a number of improvements. Divisional leads and matrons were enthusiastic and passionate about ensuring patients received good quality care and had processes in place to monitor performance and challenge any variances. Staff were aware of their roles and were held to account. There was a clear vision which was aligned to the trusts vision and strategy and staff had been included in its development. Ward managers were encouraged to develop their teams and staff felt supported. There was an eagerness to improve services across all clinical areas and teams.

Surgery

- Surgery services were rated as good at the July 2019 inspection although there were concerns that there was not a robust audit plan within theatres and the World Health Organisation (WHO) and five steps to safer surgery checklist were not embedded. At this inspection, we rated the service as requires improvement because they were not meetings targets and people were waiting longer than they should for treatments. COVID- 19 had impacted negatively on the surgical division, although there were plans in place to move provide a protected area for elective cases. The division had a plan for what it wanted to achieve although this had not been formalised. However, we saw that there was a robust audit plan across the division. Information was gathered and analysed to monitor performance and if necessary, improve. The WHO and five steps to safer surgery were embedded and regular monitoring ensured compliance. Risks were identified and actions taken to monitor them. Staff were largely positive about their team and roles.

Maternity

- Maternity services were rated as requires improvement at the July 2019 inspection. There had been improvements, but these were not embedded. There was no established leadership and a reliance on interim positions, risk and quality processes were not fully embedded, there was no formal vision and a lack of communications about changes. At this inspection we rated the service as requires improvement because although there was an established leadership team in place, although some staff were in interim posts. There was a robust governance process although

midwifery staff did not always attend meetings which meant that midwifery staff may not always be kept informed of service activity, plans or changes. However, there was a strategy in place which was aligned to the trust strategy and vision. Staff were largely positive about their jobs and the service. They felt respected, valued and able to contribute to the development of the service. Risks were identified and there were plans in place to address them.

End of Life Care

- At the July 2019 inspection, end of life care was rated inadequate for well led. There were concerns with the lack of ownership from senior leaders, there was no plans to implement the strategy, individualised plans of care were not embedded, and staff were unfamiliar with the documents, there were no effective systems in place to identify risks. At this inspection we rated the service as requires improvement, because there was limited leadership with insufficient numbers of palliative care specialists in post and patients needs and wishes were not always facilitated. Internal and external resources did not always facilitate rapid discharge. However, since our last inspection, most of the issues previously identified had been addressed. Individualised plans of care we saw were completed, and detailed conversations with patients and their relatives about treatment plans or wishes. Staff were familiar with the document and kept records up to date. Staff were focused on providing good end of life care and had completed a lot of their plans quickly in response to COVID- 19. Although there continued to be a lack of palliative care consultants, there had been a trust wide, multidisciplinary focus on caring for patient nearing the end of their lives in response to COVID- 19.

Diagnostic Imaging

- Diagnostic imaging services were rated as inadequate for well led at the July 2019 inspection, as a result of a lack of managers with the right skills, low morale, a disconnect between staff and their managers, poor systems to identify risks and the lack of escalation of any risks identified. At this inspection, we rated the service as requires improvement because we saw that governance processes were in place but not fully embedded. Capacity and staffing numbers impacted on the key deliverables across the trust with regards to meeting referral to treatment times. The service vision was not formalised and there were pockets where staff did not feel as supported. However, leadership had changed, and they recognised that further work was needed to improve the service. Staff were clear about their roles/ accountabilities. Performance was monitored and discussed regularly, and divisional leads engaged with staff and partner organisations to help improve the service.

Ratings tables

As this was a focused inspection, we did not rate at provider level.

Outstanding practice

We did not see any outstanding practice.

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 33 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the Areas for Improvement section of this report.

Summary of findings

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of legal requirements in maternity and diagnostic imaging. Requirement notices for diagnostic imaging were as a result of minimal changes to areas previously identified as requiring action to be taken by the trust. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We did not identify any outstanding practice.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve. We told the trust that it must take action to bring services into line with legal requirements. This action related to two core services, maternity and diagnostic imaging.

Maternity

- The trust must ensure that anaesthetists complete PROMPT (Practical Obstetric Multi-Professional Training) training. Regulation 18 (1)

Diagnostic imaging

- The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. Regulation 18 (1).
- The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients. Regulation 18 (1).

Action the trust SHOULD take to improve:

Trust wide:

- The trust should ensure that mandatory training compliance meets the trust target for all staff groups. Regulation 12.

Urgent and Emergency Care

- The service should ensure that all staff complete mandatory training in key skills. Regulation 12.
- The service should ensure that all staff complete safeguarding adults and children's' training. Regulation 13.
- The service should ensure that the design, maintenance, use of facilities, premises and equipment are suitable to ensure patient safety. This includes the needs of those patients presenting with mental health illnesses. Regulation 12.

Summary of findings

- The service should ensure that staff have completed the relevant life support training for their clinical roles. Regulation 12.
- The service should ensure that staffing levels are maintained to ensure patients safety. Regulation 18.
- The service should ensure that performance in national and local audits is in line with targets. Regulation 17.
- The service should ensure that nursing appraisal rates are in line with trust targets. Regulation 18.
- The service should ensure that care and treatment are accessible at the time of need and referral to treatment times and waiting times are in line with national standards. Regulation 12.

Medicine

- The trust should ensure staffs mandatory and safeguarding training compliance meets the trust target. Regulation 12.
- The trust should ensure staff complete appropriate resuscitation equipment checks. Regulation 12.
- The trust should ensure the service has enough support staff on all wards to provide the right care and treatment. Regulation 18.
- The trust should ensure staff store patient records securely. Regulation 17.
- The service should ensure that performance in national and local audits is in line with targets. Regulation 17.
- The service should ensure that nursing appraisal rates are in line with trust targets. Regulation 18.
- The service should ensure that staff take appropriate action for patient safety alerts. Regulation 12.

Surgery

- The service should ensure that staff complete mandatory training. Regulation 12.
- The service should improve medical staff compliance with safeguarding training. Regulation 13.

Maternity

- The service should ensure that all staff complete mandatory training to improve compliance in line with the trust target. Regulation 12.
- The service should ensure that safeguarding adults and children's training compliance is in line with the trust target. Regulation 13.
- The service should ensure that there is midwifery representation at cardiotocography (CTG) meetings. Regulation 18.
- The service should ensure that there are enough maternity staff with the right qualifications, skills, training and experience to provide the service. Regulation 18.
- The service should work towards achieving 100% labour ward co-ordinator supernumerary status at all times. Regulation 12.
- The service should continue to work on the culture within the department. Regulation 18.

End of Life Care

- The trust should continue to address specialist palliative consultant staffing to put measures in place to improve in line with national standards. Regulation 18.
- The trust should ensure all patient care records are completed in line with national standards. Regulation 17.

Summary of findings

- The trust should continue to ensure completion of mental capacity assessments for all patients in end of life care. Regulation 12.
- The trust should ensure that compliance with national and local audits is in line with targets. Regulation 17.
- The trust should ensure that waiting times from referral to achievement of preferred place of care and death are timely. Regulation 12.

Diagnostic Imaging

- The trust should continue to embed the governance and risk management processes. Regulation 17.
- The trust should ensure that staff are up to date with mandatory training. Regulation 12.
- The trust should continue to improve staff engagement. Regulation 18.
- The trust should develop a formalised vision and strategy in radiology. Regulation 17.

Is this organisation well-led?

We did not inspect well led.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔🡐	🡅	🡅🡅	🡇	🡇🡇
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate Jul 2019	Inadequate Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2020	Inadequate Jul 2019	Inadequate Jul 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for The Queen Elizabeth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020	Good ↑ Dec 2020	Requires improvement → ← Dec 2020	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020
Medical care (including older people's care)	Good ↑ ↑ Dec 2020	Requires improvement ↑ Dec 2020	Good ↑ Dec 2020	Requires improvement Jul 2019	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020
Surgery	Good ↑ Dec 2020	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement ↓ Dec 2020	Requires improvement → ← Dec 2020
Critical care	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
Maternity	Requires improvement → ← Dec 2020	Good Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement → ← Dec 2020	Requires improvement → ← Dec 2020
Gynaecology	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Services for children and young people	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jun 2019	Good Jul 2019
End of life care	Good ↑ Dec 2020	Requires improvement ↑ Dec 2020	Good → ← Dec 2020	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020
Outpatients	Good Jul 2019	Not rated	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Diagnostic imaging	Requires improvement ↑ Dec 2020	Not rated	Good Jul 2019	Requires improvement Jul 2019	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020
Overall*	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020	Good ↑ Dec 2020	Requires improvement → ← Dec 2020	Requires improvement ↑ Dec 2020	Requires improvement ↑ Dec 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Care Quality Commission

The Queen Elizabeth Hospital

Gayton Road
Kings Lynn
Norfolk
PE30 4ET
Tel: 01553613613
www.qehkl.nhs.uk

Key facts and figures

The Queen Elizabeth Hospital King's Lynn is an established 515 bed general hospital on the outskirts of King's Lynn, Norfolk.

The hospital provides a comprehensive range of acute and emergency services that include, but are not limited to, cardiology, care of the elderly, children's services, dermatology, endoscopy, clinical health psychology, a range of surgical specialties, fertility services, gastroenterology, neurophysiology, nutrition and dietetics, oncology, respiratory medicine and rehabilitation services.

The focused core service inspection covered six core services: urgent and emergency care, medicine, surgery, maternity, end of life care and diagnostic imaging.

During the inspection, the team spoke with 204 members of staff, 13 patients and relatives and reviewed 109 records. We also reviewed information provided by the trust.

Summary of services at The Queen Elizabeth Hospital

Inadequate ● →←

Our rating of services stayed the same. We rated the trust as inadequate at our previous inspection, in July 2019. We rate at core service level only when completing focused inspections. Therefore, any changes in core service ratings are not represented by the trust wide ratings table.

Our rating of services stayed the same. We rated it them as inadequate because:

- Compliance with mandatory and safeguarding training was not in line with trust targets across most areas and clinical staff groups. This includes life support training for nursing and medical staff working within the emergency department.
- Anaesthetists compliance with PROMPT (Practical Obstetric Multi-Professional Training) was significantly below the trust target.
- Within the emergency department, facilities did not always promote peoples safety.
- Resuscitation equipment was not always checked in line with trust guidance (on Stanhoe ward). Staff did not routinely remove aprons and gloves when leaving a clinical area within diagnostic imaging.

Summary of findings

- Despite active recruitment, there remained pockets where nursing, medical and allied health professional staffing numbers were below the recommended establishment. This also applied to end of life care, where palliative care consultant numbers remained lower than guidance.
- Staff did not always keep detailed records of patients' care and treatment when completing records for end of life care patients. This included the completion of mental capacity assessments.
- Although staff were aware of the requirement to report clinical incidents and knew what constituted a clinical incident, staff did not report all incidents that might impact the service or patient safety.
- Performance with regards to referral to treat times were not always in line with national targets.
- People could not always access the service when they needed it and received the right care promptly.
- Leaders in the service had a vision for what it wanted to achieve but this was not formalised in a vision and strategy.
- There was increased staff engagement processes in place to communicate with staff. However, leaders acknowledged that there was further work required to engage effectively with all staff groups.
- Although effective governance processes and risk management systems were in place these were not fully embedded within diagnostic imaging. Across other services, not all staff groups were regularly represented at meetings.
- There were pockets within some services where the culture required further investment.
- Audit programmes were not always clear which meant that oversight of performance and monitoring was not always clear.
- Leaders had the skills and abilities to run the service, although had not been in place long enough to demonstrate a sustained improvement in performance.

However:

- Clinical environment was well maintained and suitable to the needs of services. • Staff had access to equipment at the time of need and there were robust processes in place to ensure that equipment was safe to use and serviced regularly. • Infection control and prevention was well managed. Staff ensured that patients and their visitors were safe from communicable infections. Hand hygiene was encouraged, and staff managed clinical waste well.
- Patients risks were assessed and monitored regularly. When necessary, patients were escalated, and action taken swiftly to prevent deterioration.
- Staffing was maintained with the use of agency and locum staff. All areas actively recruited staff and where possible developed their own staff to ensure that there were sufficient numbers to meet demands.
- Patients records detailed care and plans of treatment. With the exception of medicine services, records were held securely, accessible and shared when patients moved between departments or services.
- Medicines were prescribed, administered and stored in line with guidance.
- Safety incidents were recorded and investigated. Learning was shared across departments and the trust. Staff were aware of duty of candour and knew when to apply it.
- We saw patients treated with respect and dignity. Staff were compassionate and included patients and their relatives in decision making.
- Where possible, services were developed with patients in mind. Departments were accessible.
- Local leadership teams were passionate about their services. They were visible and respected.

Summary of findings

- Services had or were in the process of developing services strategies that aligned to the trust strategy and vision. All services had plans in place of how they were going to develop.
- Staff were largely positive about their roles and the services in which they worked. They spoke positively about their peers and the support they received.
- Staff felt able to escalate concerns.

Urgent and emergency services

Requires improvement ↑

Key facts and figures

Between September 2019 and August 2020, the emergency department (ED) saw 53,909 adult patients and 11,530 children.

The ED has been through a significant period of change and challenge to its physical environment and staff team due to the impact of the COVID-19 pandemic. At the time of our inspection the ED was in the process of recovery and some of the environment was allocated as high risk areas for the care and treatment of suspected COVID-19 patients. Social distancing was in place with clear signage for patients and staff throughout the ED. This did however limit space within the ED.

The trust has made physical changes within the ED environment to improve patient safety and the patient experience. This includes the removal of the previous "Fit to Sit" area, a new covered entrance to its patient walk in and waiting area, new patient streaming area, improvements to the ED reception environment and ambulance entrance.

The ED has a resuscitation room with three adult bays and one bay dedicated for the treatment of children. The majors area has eight cubicles and the minors area has nine cubicles. There is a dedicated paediatric assessment area, which is open 24 hours a day and has three cubicles one of which was used to support children with mental health needs. The adult ED has a room and a designated cubicle within its majors area for supporting patients with mental health needs. Some of these areas within the ED were designated for the use of suspected COVID-19 patients and clearly signed as restricted access.

The trust provides fast track services for emergency gynaecology patients, oncology patients, acute stroke patients and those on the frailty pathway who are admitted directly to ward areas. The general practitioner (GP) service is supported by advance nurse practitioners and was located in an area within the hospitals outpatient's department. At the last inspection (July 2019), the service was rated as inadequate for safe, effective and well led and requires improvement for caring and responsive. The trust were issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care. During our inspection we focused on using our safe and well-led domains and used elements of other domains to gather evidence of the trust actions in relation to our previous requirement notices. We spoke with 30 members of staff including doctors, nurses, health care assistants, ambulance staff and non-clinical staff. We visited all areas of the adult and children's ED, except those areas restricted due to COVID-19. We reviewed 19 patient records and considered other pieces of information and evidence to come to our judgement..

Summary of this service

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

- Staff compliance with mandatory and safeguarding training was generally below the trust targets, although staff were aware of how to protect patients from harm. The environment did not always meet the needs of activity, and some areas were cramped which impacted on staffs ability to maintain safe distances between patients. There were also some staff vacancies within the department although there was no evidence to demonstrate that this impacted negatively on patients care and treatment.

Urgent and emergency services

- Performance within the department did not always meet the national standards with variances in referral to treatment times, arrangements to admit and treat and discharge times.

However, we also found:

- Infection control and prevention was maintained to protect patients from risks of infection. Clinical areas were visibly clean, and waste was managed appropriately. Patients were risk assessed and escalated appropriately.
- The service collected information about performance and used it to improve. There was service wide knowledge of risk and plans in place to cope with unexpected events.
- Patients were treated respectfully and with compassion and kindness. Staff considered individuals needs and supported patients and their families with decision making.
- There was a positive culture within the department with mutual respect across staff groups. Staff felt supported and able to escalate any concerns or offer ideas on how the service could be improved. There was a shared plan which was aligned to the trust strategy, and all staff understood their roles in achieving the vision. Staff felt supported and valued and worked collaboratively with partner organisations.

Is the service safe?

Requires improvement ↑

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

- The service provided mandatory training in key skills not all staff had completed it.
- The service provided safeguarding training not all staff had completed it.
- The design, maintenance and use of facilities, premises and equipment did not always promote peoples safety. Facilities for patients presenting with mental health illnesses were not always appropriate to their needs, the environment, particularly in minors was cramped which impacted on staffs ability to maintain safe distances between patients.
- Life support training for adults and paediatrics fell below trust compliance levels for nursing and medical staff.
- The service did not have enough nursing and support staff however, staffing numbers were maintained through the use of agency and bank staff with the right qualifications, skills, training and experience.

However, we also found:

- Staff we spoke with understood how to protect patients from abuse.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff were trained to use equipment and managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, due to vacancies there was a reliance on locum doctors to maintain safe staffing numbers.

Urgent and emergency services

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement ● ↑

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

We rated this service as requires improvement for safe because:

- Performance and outcomes were not always in line with targets.
- Nursing appraisal rates were below the trusts target.

However, we also found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs. They used hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● ↑

Urgent and emergency services

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ↑

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

- People could not always access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However, we also found:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● ↑

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

- Leaders had the skills and abilities to run the service, although had not been in place long enough to demonstrate a sustained improvement in performance.
- Changes within governance and risk management had not been in place long enough to demonstrate the efficacy of change.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the services for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a plan for what it wanted to achieve and was developing an emergency department strategy in line with the trusts wider strategy and vision.

Urgent and emergency services

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

Outstanding practice

We did not identify any outstanding practice.

Areas for improvement

Areas the service SHOULD improve:

- The service should ensure that all staff complete mandatory training in key skills.
- The service should ensure that all staff complete safeguarding adults and children's' training.
- The service should ensure that the design, maintenance, use of facilities, premises and equipment are suitable to ensure patient safety. This includes the needs of those patients presenting with mental health illnesses.
- The service should ensure that staff have completed the relevant life support training for their clinical roles.
- The service should ensure that staffing levels are maintained to ensure patients safety.
- The service should ensure that performance in national and local audits is in line with targets.
- The service should ensure that nursing appraisal rates are in line with trust targets.
- The service should ensure that care and treatment are accessible at the time of need and referral to treatment times and waiting times are in line with national standards.

Medical care (including older people's care)

Requires improvement ↑

Key facts and figures

We inspected the safe, responsive, caring and well led domains using our focussed inspection methodology.

The trust had 44,241 medical admissions from April 2019 to March 2020. Emergency admissions accounted for 22,630, 263 were elective, and the remaining 21,348 were day case.

During our inspection we visited Necton ward, Oxborough ward, Stanhoe ward, Terrington ward, Windsor ward, West Newton ward, West Raynham ward, Shouldham ward, the medical assessment unit (MAU) and the same day emergency care unit (SDEC).

We spoke with 41 members of staff, 12 patients or relatives and reviewed a range of documents including meeting minutes and a total of 18 patient records as a combination of nursing and medical care notes.

At the last inspection (July 2019), the service was rated as inadequate for safe, effective and well led and requires improvement for caring and responsive. The trust was issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care.

Summary of this service

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

- Staff mandatory and safeguarding training compliance did not meet the trust target and the service did not have enough support staff on all wards to provide the right care and treatment.
- On Stanhoe ward, staff had not completed appropriate resuscitation equipment checks.
- Patient records were not always stored securely.

However:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Medical care (including older people's care)

Is the service safe?

Good ↑↑

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results to improve patient safety. Staff collected safety information and shared it with staff, patients and visitors.

However, we also found;

- Staff mandatory and safeguarding training compliance did not meet the trust target.
- On Stanhoe ward, staff had not completed appropriate resuscitation equipment checks on seven occasions between August and September. This meant staff could not be assured the equipment was ready for use in an emergency.

Is the service effective?

Requires improvement ↑

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

- Compliance in national and local audits were variable.

Medical care (including older people's care)

- Nursing appraisal rates were below the trust target.

However, we also found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● ↑

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

Requires improvement ● ↑

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

- Leaders had the skills and abilities to run the service, however, this was a relatively new leadership team and we were not assured of the sustained impact of their work.

Medical care (including older people's care)

However:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development and learning. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We did not identify any outstanding practice.

Areas for improvement

Areas the service SHOULD improve:

- The trust should ensure staffs mandatory and safeguarding training compliance meets the trust target.
- The trust should ensure staff complete appropriate resuscitation equipment checks.
- The trust should ensure the service has enough support staff on all wards to provide the right care and treatment.
- The trust should ensure staff store patient records securely.
- The service should ensure that performance in national and local audits is in line with targets.
- The service should ensure that nursing appraisal rates are in line with trust targets.
- The service should ensure that staff take appropriate action for patient safety alerts.

Surgery

Requires improvement ➔🡐

Key facts and figures

The hospital provides a range of elective and emergency surgical services, including general and breast surgery, trauma and orthopaedics, urology, ophthalmology, ear nose and throat (ENT), oral surgery, gynaecology and chronic pain services.

The trust has 101 inpatient beds across four surgical wards and a surgical assessment unit.

The trust provides a day surgery service, including 45 day stay beds, four-day surgery theatres and one day surgery treatment room. The trust has seven main theatres, three of which have laminar flow. There is also one obstetric theatre. The elective surgical service has a stand-alone pre-assessment department, elective ward with 12 ring-fenced beds (beds used only for elective patients), a day surgery unit and main theatre suite.

Surgical services are also delivered in satellite areas, which include minor surgery and ophthalmology services at a medical centre in Littleport.

The emergency surgical service includes an assessment unit, wards and ring-fenced trauma bed (a bed used only for orthopaedic trauma patients). The trust is a tertiary site for vascular surgery with two vascular networks and some complex surgery.

The trust had 2,243 elective admissions, 6,532 emergency admissions and 18,842 day-case admissions from April 2019 to March 2020.

At the last inspection (July 2019), Surgery was rated requires improvement for safe and responsive and good for effective, caring and well led. The overall rating was Requires Improvement. The trust were issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care.

During this inspection, we spoke with 23 members of staff and reviewed 16 patient records.

Summary of this service

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

- Leaders and teams used systems to manage performance, however, performance was below targets.
- Staff mandatory training compliance and medical staff compliance with mandatory safeguarding training was below the trust target. This was as a result of changes to training due to COVID- 19, however, there were plans in place to improve compliance.

However, we also found;

- There were processes in place to ensure patients were safe when being admitted to hospital for surgical procedures. Staff completed training in mandatory and specialist skills to meet the needs of patients and there were safe numbers of staff working to meet care for patients. Staff used risk assessments to identify any risks and escalated them

accordingly. The environment was suitable to meet the demands of the service, equipment was well maintained, and all areas appeared to be clean and tidy. Patient records reflected care that had been given or planned, and they were stored securely. Medicines were managed in line with guidance and administered in a timely manner. Staff were aware of their roles and responsibilities for reporting and managing incidents and teams shared learning.

- The surgery service leadership team had plans in place to manage activity and included staff in the planning and implementation of service changes. Leads were visible and easily accessible and well thought of by the wider team. There were robust governance processes underpinning activity and staff regularly reviewed performance, challenged findings and held each other to account. Risks were known and mitigation implemented to manage risks effectively. There was largely a positive culture, and staff were proud of their achievements.

Is the service safe?

Good ↑

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

- The service provided mandatory training in key skills for all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff identified and responded to changing patient risks, including deterioration. Staff were confident to seek additional support from senior staff if required.
- The service had enough nursing staff to keep people safe from avoidable harm and to provide the right care and treatment. The service had processes in place to monitor staffing and skill mix and made adjustments where necessary.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, recording and storing medicines. Patients received their medicines at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

However, we also found;

- Mandatory training compliance was below the trust target as a result of changes to training during the COVID- 19 pandemic.
- Medical staff compliance with mandatory safeguarding training was below the trust target.

Surgery

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

Requires improvement ↓

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

- Leaders and teams used systems to manage performance, however, performance was below targets.
- Leaders had the skills and abilities to run the service, however, had not been in place for a sufficient time to demonstrate a sustained improvement.

However:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the services for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve although this was not formalised. The vision was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effectively governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patient, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Surgery

- All staff were committed to continually learning and improving services. They had good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We did not identify any outstanding practice.

Areas for improvement

Areas the service SHOULD improve:

- The service should ensure that staff complete mandatory training.
- The service should improve medical staff compliance with safeguarding training.

Maternity

Requires improvement ➔ 🡐

Key facts and figures

The Queen Elizabeth Hospital has 24 maternity beds within Castleacre ward which consist of antenatal, postnatal and transitional care beds. There is an eight bedded labour ward, one with a birthing pool and four induction of labour beds within this area also. There are two operating theatres adjacent to this area for both elective and emergency caesarean section births with a dedicated recovery area. The Waterlily birth centre is a midwifery led centre adjacent to the labour ward for women and has three birthing suites, two with birthing pools, one of which is utilised as a bereavement room when required until funding has been raised to build a purpose-built bereavement suite.

The trust provides maternity services to the populations of West Norfolk, North and North-East Cambridgeshire and South Lincolnshire. Services are provided in women's homes by the community midwifery team and outreach clinics are held across the three counties. There are four community teams that assist women with homebirths and antenatal clinics at the neighbouring hospital at Wisbech.

The maternity service includes an antenatal clinic and an antenatal day assessment unit at both the Queen Elizabeth Hospital and the neighbouring hospital at Wisbech. The community midwifery teams provide a home birth service, parenting classes, hypnobirthing and postdates aromatherapy clinics. The choice of a pool labour or birth was available in the midwife-led unit and the labour ward.

Together these facilities provide care throughout the antenatal, intrapartum and postnatal period to women and babies. The service had UNICEF Baby Friendly Accreditation level 3.

From January 2019 to December 2019 there were 2,018 births at the trust.

In July 2019, maternity services were rated requires improvement for safe and well led and good for effective, caring and responsive. There was an overall rating of Requires Improvement.

The trust were issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care.

During the inspection, we visited all relevant clinical areas. We spoke with 58 staff including midwives and medical staff of all grades, maternity support workers, reception staff, governance staff and local managers. During our inspection, we reviewed ten sets of women's records and two sets of neonates records.

Summary of this service

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

- Mandatory and safeguarding training compliance was lower than the trust target and midwifery staff did not always attend meetings, or have sufficient numbers to enable coordinators to be supernumerary. Anaesthetists compliance with PROMPT (Practical Obstetric Multi-Professional Training) was significantly below the trust target.
- It was unclear if there was an audit plan in place to monitor performance and inform decisions about service developments. Midwifery representation at governance meetings was not always clear. Some staff felt that the culture required further development.

However:

Maternity

- The service had processes in place to ensure the safety of women and babies. Staff were aware of their roles and responsibilities and completed training specific to the speciality. Infection prevention and control was maintained, and staff ensured that equipment was suitable and serviced regularly. Staff took action to escalate any concerns and ensured records reflected care given. Medicines were stored securely and administered in line with guidance.
- There had been changes to the leadership of the team and staff felt there had been positive changes to the functioning of the service with staff working more cohesively. Midwifery staff felt supported and involved with changes and service developments. There was a strategy in place which reflected the vision and was aligned to the trusts strategy. There were robust processes in place to ensure good governance.

Is the service safe?

Requires improvement ● ➔🡐

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

- Mandatory training compliance was below the trust target.
- Anaesthetists compliance with PROMPT (Practical Obstetric Multi-Professional Training) was significantly below the trust target.
- Safeguarding training compliance was below the trust target.
- There was limited midwifery representation at the service cardiotocography (CTG) meetings.
- The service did not have enough maternity staff with the right qualifications, skills, training and experience.
- The labour ward co-ordinator was not always supernumerary.

However, we also found;

- The service provided mandatory training in key skills to all staff.
- The service worked hard to make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had suitable premises and equipment to care for and treat women and babies safely.
- Staff completed and updated risk assessments for each woman and all babies, and took action and removed or minimised risks. Staff identified and quickly acted upon women and babies at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service prescribed, administered, documented and stored medicines well. Women and babies received the correct medication, the right dose at the right time.
- The service managed safety incidents. Staff recognised incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Maternity

- The service used safety monitoring results well. Staff collected safety information and shared it for staff, women and visitors to read via notices in clinical areas.

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

Requires improvement ● ➔🡐

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

- There had been issues with the culture in this maternity unit for some time that some staff felt were still being addressed.

However, we also found;

- Local leaders appeared to have the skills and abilities to run the service. They acknowledged and talked about the priorities and issues the service faced. They were visible and approachable in the service for women and staff.
- The service had a vision for what it wanted to achieve and workable plans to bring their vision to fruition, developed with involvement with their staff.
- Most staff felt respected, supported and valued. Staff were focused on the needs of women and babies receiving care.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service managed risks and issues well. Staff were aware of risks in their area of work.
- The service collected data and analysed it. Validated data was easily accessible to all staff to allow them to understand performance, make decisions and improvements.
- The trust engaged well with staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Outstanding practice

We did not identify any outstanding practice.

Maternity

Areas for improvement

Areas the trust MUST improve:

- The trust must ensure that anaesthetists complete PROMPT (Practical Obstetric Multi- Professional Training) training. Regulation 18 (1)

Areas the service SHOULD improve:

- The service should ensure that all staff complete mandatory training to improve compliance in line with the trust target. Regulation 12.
- The service should ensure that safeguarding adults and children's training compliance is in line with the trust target. Regulation 13.
- The service should ensure that there is midwifery representation at the CTG meetings. Regulation 12.
- The service should ensure that there are enough maternity staff with the right qualifications, skills, training and experience to provide the service. Regulation 18.
- The service should work towards achieving 100% labour ward co-ordinator supernumerary status at all times. Regulation 12.
- The service should continue to work on the culture within the department. Regulation 18.

End of life care

Requires improvement ↑

Key facts and figures

The trust provides end of life care at Queen Elizabeth Hospital King's Lynn. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

The trust had 1,087 deaths from April 2019 to March 2020.

(Source: Insight)

West Norfolk Palliative and End of Life Care (WNPEoLC) services are commissioned by West Norfolk Clinical Commissioning Group (CCG) to manage and co-ordinate palliative and end of life care resources. A service level agreement (SLA) exists between WNPEoLC services and West Norfolk CCG identifying the service delivery level to the trust. The palliative care consultants and the specialist palliative care nursing team are provided to the trust by WNPEoLC. This includes specialist pain management, specialist symptom control, advice and support to general clinicians and specialist training. The service is available by referral and the team are available 9am to 5pm Monday to Friday. Out of hours there is an advice and support service contactable by phone.

The Specialist Palliative care team sees on average 35-40 individual patients a month. The trust also employs a small end of life care team that lead and coordinate end of life care in the hospital. This team consists of an end of life care facilitator and a fast track discharge nurse.

The trust has end of life care champions within each clinical area and team. Champions are given additional ongoing training to support them within their roles. This is undertaken by the end of life care facilitator. We spoke with champions who worked across wards and were passionate about end of life care.

The trust provides a chaplaincy service who employ three chaplains from various faiths to support the religious and spiritual needs of people in the community and those who use the hospital. A chaplain is available 24 hours a day.

During this inspection we visited 11 wards and units at Queen Elizabeth Hospital, including older people's medicine wards, stroke ward, the bereavement office, hospital mortuary, and the hospital chapel. We spoke with 20 members of staff, which included medical and nursing staff, the EOLC team, medical examiner, chaplaincy, mortuary and bereavement staff. We spoke with one end of life patients' relative. We reviewed care records for 33 patients receiving palliative and end of life care.

This inspection was completed in response to concerns identified at the last inspection. In our July 2019 inspection, we rated the service as inadequate for effective, responsive and well-led, requires improvement for safe and good for caring. The overall rating was inadequate. The trust were issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care.

Summary of this service

Our rating of this service improved. We rated it as Requires Improvement because:

End of life care

- Palliative care consultant staffing continued to be a concern but recognised as a nationwide problem. To mitigate any risks there was a clear demonstration of increased ownership for end of life care throughout the trust and clear recognition for the need for palliative care expertise. Consultant staffing from other local trusts were in place and we were assured they were accessible and provided support to care for patients in receipt of end of life care.
- Patient care records had gaps in the completion of Mental Capacity Act documentation. This was recognised by the trust and an ongoing piece of improvement work was being carried out.
- Patients did not always receive timely care or treatment in line with their wishes.

However:

- The trust worked collaboratively across the local health economy to introduce a new, sustainable end of life care strategy and address concerns raised at the previous inspection.
- The strategy was widely shared, and staff were engaged in the process of embedding the practical elements to ensure good quality end of life care.
- There was an executive lead, senior leadership team and clinical ownership and accountability across the trust for end of life care.
- Patient care records receiving palliative and end of life care contained Recommended Summary Plan and Emergency care Treatment (ReSPECT) documentation with do not attempt cardiopulmonary resuscitation (DNACPR) documented. Staff carried out audits to help ensure good quality completion and compliance.

Is the service safe?

Good ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

End of life care

However, we also found;

- The service did not have enough medical staff however, mitigated against the risks to keep patients safe. Recruitment of medical staff was compounded by a national lack of consultants in the field. A recruitment drive was ongoing, risks were mitigated by using consultants from other areas of the trust and working collaboratively with neighbouring trusts to provide additional clinical support.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear and up-to-date. There was some missing detail, for example, printed names of staff alongside a signature.
- Staff did not always complete mental capacity assessments; however, the majority of the care records were of a good standard.

Is the service effective?

Requires improvement ● ↑

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

- Compliance in national and local audits were variable.

However, we also found:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

End of life care

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ↑

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

- Waiting times from referral to achievement of preferred place of care and death were variable.

However, we also found:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ↑

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

- There was limited palliative care consultants working within the trust to support the development and functioning of the service.
- The service did not meet key performance indicators in relation to patients treatment and pathways.

However;

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the services for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

End of life care

- Leaders operated effectively governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patient, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We did not identify any outstanding practice.

Areas for improvement

Areas the service SHOULD improve:

- The trust should continue to address specialist palliative consultant staffing to put measures in place to improve in line with national standards.
- The trust should ensure all patient care records are completed in line with national standards.
- The trust should continue to ensure completion of mental capacity assessments for all patients in end of life care.
- The trust should ensure that compliance with national and local audits is in line with targets.
- The trust should ensure that waiting times from referral to achievement of preferred place of care and death are timely.

Diagnostic imaging

Requires improvement ↑

Key facts and figures

We inspected the safe, and well led domains using our focused inspection methodology.

The trust's diagnostic imaging service was within a dedicated radiology department and included modalities X-ray, magnetic resonance imaging (MRI), computerised tomography (CT), nuclear medicine (NM) and ultrasound. Each modality had its own separate clinical area. The trust provided mammography in the breast unit and echocardiography in the cardio respiratory department as well as electroencephalogram (EEG) in the neurology department.

The trust provided diagnostic imaging to both adult and child inpatients, outpatient and the emergency and urgent care department as well as surgery out of hours.

During our inspection we visited the Computed Tomography (CT) Magnetic resonance imaging (MRI), ultrasound, nuclear medicine and plain film x-ray. We spoke with 32 staff including managers, consultants, radiologists, allied health professionals (AHPs) such as; radiographers, and sonographers along with clinical support workers (CSW) and administration staff. We reviewed relevant policies, meeting minutes and documents.

This inspection was focused on the safe and well led key questions and was completed in response to concerns identified at the last inspection. In our July 2019 inspection, we rated the service as inadequate for safe and well led, requires improvement for responsive and good for caring. We did not rate effective. The trust were issued with a number of requirement notices including actions it must take and should take. These were to improve patient safety, the patient experience and performance against national and local standards for response times and the effectiveness and quality of care.

Summary of this service

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

- Staff mandatory and safeguarding training compliance did not meet the trust target. The service did not have enough substantive staff with the right qualifications and skills to cover all shifts. We were not assured that the out of hours staffing arrangement was sustainable and robust to provide safe care and treatment to patients. Staff did not routinely remove aprons and gloves when leaving a clinical area. Staff did not report all incidents that might impact the service or patient safety.
- Although effective governance processes and risk management systems were in place these were not fully embedded. Leaders acknowledged that there was further work required to engage effectively with all staff groups. Leaders in the service had a vision for what it wanted to achieve but this was not formalised in a vision and strategy.

However:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Diagnostic imaging

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ↑

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

- Staff mandatory and safeguarding training compliance did not meet the trust target.
- The service did not have enough staff with the right qualifications, skills, training and experience in all areas to provide the right care and treatment, but this did not impact on performance. However, it did impact on staff rotas meaning that it was challenging to cover out of hours consistently.
- The service did not have enough medical staff with the right qualifications, skills, training and experience but this did not impact on performance.
- Staff did not routinely remove aprons and gloves when leaving a clinical area.
- Although staff were aware of the requirement to report clinical incidents and knew what constituted a clinical incident, staff did not report all incidents that might impact the service or patient safety.

However, we also found;

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Diagnostic imaging

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

Requires improvement ↑

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

- Leaders and teams used systems to manage performance, however capacity within the department impacted on performance across the trust.
- Although effective governance processes and risk management systems were in place these were not fully embedded.
- There was increased staff engagement processes in place to communicate with staff. However, leaders acknowledged that there was further work required to engage effectively with all staff groups.
- Leaders in the service had a vision for what it wanted to achieve but this was not formalised in a vision and strategy.

However, we also found;

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Most staff felt respected, supported and valued. All staff were focused on the needs of patients receiving care. The service provided opportunities for career development.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Outstanding practice

We did not identify any outstanding practice.

Diagnostic imaging

Areas for improvement

Areas the trust MUST improve:

- The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way.
- The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients.

Areas the service SHOULD improve:

- The trust should continue to embed the governance and risk management processes.
- The trust should ensure that staff are up to date with mandatory training.
- The trust should continue to improve staff engagement.
- The trust should develop a formalised vision and strategy in radiology.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was overseen by Mark Heath, Head of Hospital Inspection (interim). The team included nine inspectors and 11 specialist advisers.

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