The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	10
Report Title:	CQC Unannounced Inspection Update		
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Executive Sponsor:	Caroline Shaw: Chief Executive Officer		

Implications

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

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

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

Assurance route

Previously considered by:	Not applicable

Executive summary

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

Purpose of the report:	The report provides a summary of the two recent Care Quality Commission unannounced inspection visits to the Trust held between 14 - 17 September and 22 – 23 September and includes the resulting letters issued by the CQC.
Summary of Key issues:	The Trust welcomed the CQC for two inspections during September. The inspections focused on six core services with the CQC observing kind and compassionate care of patients through-out with patients being treated with dignity and involved in their treatment plans. No concerns were escalated to the Executive team at any point during

	the visits which reflects the scale of improvement achieved by the Trust since the 2019 inspection. The CQC highlighted positive changes across all six core services visited and raised some areas for improvement, the majority of which are already included in the IQIP plan and being progressed. The Trust is fully sighted on the remaining improvements and these are now being incorporated into the plan for monitoring. Positively, the CQC Inspection lead has now asked the Trust to review its section 31 conditions and consider submitting an application to have these lifted. Staff involved in the inspection noted the professionalism of the CQC inspectors and appreciated the opportunity to share their improvement journeys. The visits provide external assurance of the robustness of the programme with the CQC findings reinforcing the findings of the Evidence Assurance Group.
Recommendation:	The Trust Board is asked to: (a) note the positive verbal and written feedback from the two CQC visits (b) note those areas of improvement highlighted by the CQC not already captured in the plan are now incorporated and will be monitored (c) note the CQC letters attached to this report (d) take forward the recommendation to consider an application to have section 31 conditions lifted.
Acronyms	CQC – Care Quality Commission DLT – Divisional Leadership Team IQIP – Integrated Quality Improvement Plan TBA – To be agreed

CQC Unannounced Inspection Update

1.0 Summary

1.1 The Trust welcomed the Care Quality Commission (CQC) for two unannounced inspection visits on 14 – 17 September and 22 – 23 September. The visits form part of the CQC's responsibility to monitor compliance and progress against their findings from the 2019 inspection within a period of 12 months.

1.2 Both verbal and written feedback from the CQC was positive and highlighted numerous areas of improvement across all six services visited. Inspectors noted real improvement from the 2019 report describing engaged staff eager to share their improvement journey's and observing kind and compassionate care of patients through-out with patients being treated with dignity and involved in their treatment plans.

1.3 Feedback from Trust staff was also positive citing the professionalism of the inspection team and their open approach to dialogue.

1.4 Importantly, no serious concerns were escalated at any point during the visits which represent a material step change to the 2019 inspection and a strong indicator of progress made by the Trust.

1.5 The CQC Lead Inspector has advised the Trust to now review its Section 31 conditions and consider an application to have these lifted.

1.6 The CQC helpfully identified areas for improvement which have now been incorporated into the Trust's IQIP programme. Positively, the majority of these improvements are within the existing plan and are being progressed with completion dates set. For the remaining improvements, it is important to note the Trust is sighted on these and discussions with the relevant areas have taken place and are being incorporated into the IQIP. These are set out in detail in section 3.

1.7 The findings are an accurate and fair reflection of the IQIP programme with the positive findings providing external assurance against actions the Trust has approved internally through the Evidence Assurance Group, and several areas of improvement in the programmes forecast to complete over the coming months.

2.0 Scope of the Visit

2.1 The visits focused on the six core services of Urgent and Emergency Care, Maternity Services, Medicine, Surgery (including Theatres), End of Life Care (including the Mortuary) and Diagnostic Imaging.

2.2 The CQC team consisted of up to seven inspectors at any one time with 16 inspectors in total over both visits. These consisted of a mixture of CQC Inspectors and CQC Specialist Inspectors visiting wards and departments as well as meetings with individuals and clinical teams. The scope of the visit

demonstrates the depth and robustness of the review against the safe and well-led domains.

2.3 The CQC Inspection Lead provided verbal feedback to members of the Trust Executive at the conclusion of each visit. More detailed written feedback was issued to the Trust on 18 and 24 September. The letters are attached to this report.

3.0 Mapping of the CQC Findings to the IQIP

3.1 The following tables set out the areas of concern raised in the letter of 18 and 24 September respectively that are now included within the IQIP plan and will be monitored through the programmes governance framework.

Actions resulting from Unannounced CQC Inspection Visit
From letter issued 18 September 2020

R	Missed original deadline and will not be presented to EAG for more than one month
A	Missed original deadline but will be presented to EAG within one month
G	To be presented to EAG in line with original submission deadline
C	Internally approved by the Evidence Assurance Group

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Ref No:	Letter Issue Date	Core Service	CQC Inspection Findings	New Action Y/N	Linked IQIP Plan Action	Action Owner	Trust IQIP Plan Completion Date	RAG Status	Commentary
1	18/09/2020	Across 3 core services inspected	Teams were aware of the challenges they faced and had plans to address them, however these had not been formalised into local strategies.	No	1.3.15, 2.5.28, 3.5.2, 3.5.3, 3.5.4, 3.10.4, 3.15.1, 3.15.2, 3.15.3	Divisional Leadership Teams	31/12/2020	G	The Trust's Corporate strategy was successfully launched in June 2020. Divisions and specialties are developing local programmes of work linked to the strategy. Many in draft form and all will be finalised and rolled-out by 31 December.
2	18/09/2020	Across 3 core services inspected	Mandatory training figures were not in line with Trust targets, largely due to the impact of Covid-19 o the ability to complete training in person, however there are plans in place to address this.	No	1.2.5, 1.4.3	Director of HR	30/09/2020 & 31/12/2020	G	Mandatory training has restarted since the pause was in place during Covid-19. The Trust is monitoring the revised trajectory for completion by December 2020 through the IQIP Programme, Divisional Performance Review Meetings (PRM), and the People Committee.
3	18/09/2020	Urgent and Emergency Medicine	Challenges associated with recruitment of substantive staff was noted. It was clear there was mitigation in place to ensure safe staffing numbers and there was no evidence this impacted negatively on patient care. Additional staff were also in the process of being recruited.	No	1.4.1 2.3.8, 3.16.4	Director of HR	31/03/2020	C	The Division has measures for reviewing and maintaining safe staffing levels on wards. There are also robust recruitment strategies in place for medical and nursing staff. The Trust put in place a new MasterVend that has improved recruitment over the past 10 months.
4	18/09/2020	Urgent and Emergency Medicine	There appeared to be a reliance on EDIS for the monitoring of target data, with minimal local discussions around targets and performance across the clinical team	Yes	N/A	Divisional Leadership Team	TBA	G	Urgent and Emergency Care Improvement Group has been established with a plan approved by Senior Leadership Team in October. Senior full-time dedicated resource now in post to lead and embed improvements. Information dashboards to be more visible and central to improvement work.
5	18/09/2020	Urgent and Emergency Medicine	There was no clear strategy although leads were aware of their vision and were working collaboratively to embed practice which would become the foundations of the planned service.	No	3.10.4	DLT - Medicine	31/12/2020	G	A local strategy is in progress of development aligned to the previously published Corporate strategy. Final version to be submitted to Evidence Assurance Group in December and published following approval by Divisional Board.
6	18/09/2020	Medicine	There was some variance in the quality of patient records, particularly fluid balance charts which were not always kept contemporaneously.	No	2.5.1, 2.5.2, 2.5.3, 3.12.1	Head of Nursing - Medicine	31/09/2020 - 30/11/2020	G	Work continues to improve with regular audits of patient records being undertaken. Focused support remains in place for the quality of patient records. Engagement with ward teams and regular audits have been enacted to improve fluid balance charts.
7	18/09/2020	Medicine	Staffing in some clinical areas was not always in line with planned numbers, however, we saw that this was mitigated where possible and there was no evidence of negative impact on patient care or safety. Leads were aware of the risks of high activity within these areas and were working to support teams.	No	1.4.1	Head of Nursing - Medicine	31/03/2020	C	Action relating to safe staffing was completed in March 2020. On-going nursing recruitment remains a key priority with over 100 nurses recruited in the past twelve months. Strong oversight of safe staffing by senior nursing team. Daily meetings in place to provide assurance. Monitored through People Committee reporting to the Board.
8	18/09/2020	Medicine	Some resuscitation equipment was not regularly checked as per trust policy and not easily accessible.	No	3.16.2, 3.1.9, 3.11.2	Head of Nursing - Medicine	21/10/2019	C	This action was internally approved by Evidence Assurance Group in November 2019. Feedback noted it related to a single resuscitation equipment. The Trust continues to monitor progress through ward audits, back-to-floor Friday's, and senior review and oversight by matrons to ensure any opportunities for learning can be shared.
9	18/09/2020	Maternity	The leadership team was newly established and had not had enough time to address all their concerns and embed best practice.	Yes	N/A	Divisional Leadership Team	TBA	G	Building on culture and engagement work already undertaken, an external maternity review has been commissioned and commenced from September. The review will provide recommendations to strengthen culture and engagement within the service, which will be implemented and monitored via Divisional Board.
10	18/09/2020	Maternity	The culture within the obstetricians was challenging and showed some resistance to change. However, leads were open about their concerns and had plans in place to address them.	Yes	N/A	Divisional Leadership Team	TBA	G	External maternity review has commenced 28 September for a period of 6 weeks. This will supplement efforts already in place to address concerns and improve the culture with improvements monitored by Divisional Board.
11	18/09/2020	Maternity	Access to the board was not clear for the Head of Midwifery.	No	2.2.9	Divisional Leadership Team	31/03/2020	C	Discussion with the new interim Head of Midwifery held to ensure clarity on the existing governance structure and access and escalation to Board.

Actions resulting from Unannounced CQC Inspection Visit
From letter issued 24 September 2020

R	Missed original deadline and will not be presented to EAG for more than one month
A	Missed original deadline but will be presented to EAG within one month
G	To be presented to EAG in line with original submission deadline
C	Internally approved by the Evidence Assurance Group

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12	24/09/2020	Surgery	Venous thromboembolism (VTE) assessments were not consistently completed on Gayton and Elm wards. This issue was particularly noted in medical patients being cared for on the ward. In addition, it was not clearly recorded whether VTE assessments completed at pre admission assessments were reviewed/ reassessed on admission to hospital.	Yes	N/A	Divisional Director	TBA	G	Significant progress continues to be made on VTE with strong oversight in place. The Trust has performed above the national target for the previous three months with 97.99%(June); 98.3% (July); and 97.5% (August). The Trust will continue to monitor VTE through Divisional Performance Review Meetings, Clinical Director Meetings, Medical Director comms and through sub-committees to the Board and Trust Board. A new action will be agreed to strengthen this work and to sustain a more consistent approach.
13	24/09/2020	Surgery	Some surgeons felt that they were not fully supported by "middle managers" although senior leadership was praised. They were also "unhappy" with the number of cancelled procedures as a result of increased activity within the trust.	Yes	N/A	Divisional Leadership Team	TBA	G	A restoration plan for elective care is to meet national productivity targets commenced from June 2020 with senior oversight. This will reduce the number of cancelled procedures and further improve utilisation. A bespoke engagement plan is being developed for surgeons and day surgery staff to strengthen communication and support.
14	24/09/2020	Surgery	We observed anaesthetic medication prepared for administration (150 mls Propofol in three syringes) unattended in one anaesthetic room. The anaesthetic staff reported that they had briefly left the room.	Yes	N/A	Divisional Director	TBA	G	A reminder of standard operating procedures will be issued. Clinical oversight through senior clinical management teams as well as back to floor Fridays will ensure such learning opportunities are shared with teams.
15	24/09/2020	End of Life Care	There were variances in the quality of the end of life records, particularly the completion of mental capacity assessments in response to Respect forms.	No	2.5.4, 2.5.8	Head of Patient Experience	28/02/2021	G	The Recognise and Respond Forum recently have taken ownership for improving quality and completion rates of both records and MCA's. There has been real effort and dedication to this and the additional oversight and grip will build on groundwork to date. The forum will monitor progress.
16	24/09/2020	End of Life Care	Some staff felt that they had not been consulted in changes to ward activity, and that they had not been provided with adequate training to manage different patient groups. They also felt unsupported when they escalated concerns to the bed management team about risks of accepting patients,	Yes	N/A	Deputy Chief Operating Officer	TBA	G	We will continue to build on the work to date and undertake a review of training and implement additional training so people feel more confident and supported in their roles. A review of escalations will be completed and lessons will be shared. On-going engagement with teams will take place to measure improvements.
17	24/09/2020	Diagnostic Imaging	Staff were not always fully engaged with changes within the department, and some staff reported that that they felt unsupported as a result of gaps or changes to leadership.	Yes	N/A	Divisional Leadership Team	TBA	G	A bespoke engagement plan will be put in place to further support teams feeling engaged and supported. Recruitment to vacant posts is on-going with additional measures to improve recruitment already in train.
18	24/09/2020	Diagnostic Imaging	There were challenges with the recruitment of substantive staff.	No	3.16.4, 3.16.5	Divisional Leadership Team	31/10/2020	A	Shielding from Covid-19 and national recruitment shortages continue to be managed. A recruitment plan is being enacted to increase the level of substantive staff. Locum use currently provides a secure interim resolution.
19	24/09/2020	Diagnostic Imaging	We observed two occasions when personal protective equipment (PPE) was worn within the control rooms (staff perceived non clinical area).	No	3.16.6	Divisional Leadership Team	31/05/2020	C	A reminder of standard operating procedures will be issued. Clinical oversight through management as well as back to floor Fridays will ensure such opportunities for learning are shared with teams.