Care Quality Commission

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Our reference: RCX
Caroline Shaw OBE
Chief Executive
The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
Gayton Road
Kings Lynn
PE30 4ET

18 September 2020

CQC Reference Number: INS2-9224100943

Dear Caroline,

Re: CQC inspection of The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Following your feedback meeting with Justine Eardley and Fiona Collier on 17 September 2020. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues Carmel O'Brien, Louise Notley and Denise Smith at the feedback meeting.

This letter does not replace the draft report we will send to you, but simply confirms what we fed-back on 17 September 2020 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

Trust wide:

- Throughout all clinical areas, we observed kind and compassionate care from all staff. Patients were treated respectfully and included in treatment planning.

Within Urgent and Emergency Care:

- There have been several changes to the physical department which have had a positive impact on functionality. The department remains small, which impacts on the ability to manage patients at times of high activity, however measures have been implemented to manage patients safely, for example, the monitoring of patients waiting on ambulances.
- The implementation of two hourly huddles appears to be focused on the patient's safety and comfort and is not driven by targets.
- Throughout the department, there was clear mutual respect between nursing and medical staff, and other allied professionals. Staff spoke highly of their colleagues and the supervisory sisters and matron were praised for their support to the team.

Within Medicine:

- Staff across all areas were aware of the local risks and knew how to escalate their concerns. They felt confident to speak with their local leaders with any concerns.
- Across all clinical areas, we saw that deteriorating patients were managed appropriately, and they were escalated in line with policy and reviewed in a timely manner.
- Staff in all areas, told us they felt supported by their local leaders (ward managers), divisional and directorate leads and the senior leadership team.
- Infection control and prevention was managed effectively, clinical areas appeared clean and well maintained.

Within Maternity:

- Front line staff appeared to be engaged and felt included in developing the service.
- Local nursing leadership was highly praised for their support.

At the time of the feedback meeting we also raised the following:

Across all areas:

- Teams were aware of the challenges they faced and had plans to address them, however, these had not been formalised into local strategies.
- Mandatory training figures were not in line with trust targets, largely due to the impact of Covid 19 on the ability to complete training in person, however, there were plans in place to address this.

Within Urgent and Emergency Care:

- Challenges associated with the recruitment of substantive staff was noted. However, it was clear that there was mitigation in place to ensure safe staffing numbers and there was no evidence of this impacting negatively on patient care. Additional staff were also in the process of being recruited.
- 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.
- There was no clear strategy, although leads were aware of their vision and were working on collaboratively to embed practice which would become the foundations of the planned service.

Within Medicine:

- There was some variance in the quality of patient records, particularly fluid balance charts which were not always kept contemporaneously.
- 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.
- Some resuscitation equipment was not regularly checked as per trust policy and not easily accessible.

Within Maternity:

- The leadership team was newly established and had not had enough time to address all their concerns and embed best practice.
- 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.
- Access to the board was not clear for the head of midwifery.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England and NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
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If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Justine Eardley

Inspection Manager (Interim)

Cc. Mark Heath, CQC

NHS Engalnd and NHS Improvement