Norfolk Health Overview and Scrutiny Committee
17 January 2019
Item no 6

# The Queen Elizabeth Hospital NHS Foundation Trust – response to the Care Quality Commission report

**Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager**

Examination of the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) response to the report of the Care Quality Commission's (CQC) inspection between 4 April and 21 June 2018, published on 13 September 2018.

## 1.0 Purpose of today's meeting

1.1 To receive and examine the QEH's action plan to address the issues raised by the CQC inspection report.

The key focus areas are:-

(a) The QEH's progress in addressing the CQC's requirements for improvement.

(b) Capacity of the QEH to manage current and future demand for services.

(c) The commissioners' and wider health and care system's role in supporting the QEH to improve.

1.2 The QEH has been asked to provide the following information:-

1. Details of progress against each of the 'must do' and 'should do' actions set out by the CQC.
2. Details of capacity planning for this year and for the future.
3. Details of staffing including:-
    a. Numbers of vacant posts
    b. Staff sickness levels
    c. Numbers of vacant posts and sickness absences covered by locum / agency / bank staff
    d. Additional steps that have been taken to fill vacant posts and cover staff absences since the CQC inspection.
4. The current situation regarding the reported proposal to transfer patients to other hospitals due to insufficient staffing at the QEH.
5. Details of the QEH's financial position and 2018-19 end of year forecast.

The QEH's report is attached at **Appendix A** and **Appendix B** (details of progress against each of the 'must do' and 'should do' actions set out by the CQC).

1.3 Representatives from the QEH and West Norfolk Clinical Commissioning Group (lead commissioner for the QEH's services) will attend to answer the committee's questions.

## 2.0 Background

### 2.1 The CQC report

2.1.1 The CQC inspected specific services at the QEH between 4 April 2018 and 21 June 2018. Services inspected were:-

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Maternity
- End of life care
- Outpatients
- Diagnostic imaging

Critical care and services for children and young people were not inspected.

2.1.2 The report was published on 13 September 2018 and is available on the CQC website:-
https://www.cqc.org.uk/provider/RCX

The CQC rated the QEH as 'Inadequate' overall. It had been previously been in this position and placed in special measures in October 2013. However, it's rating was raised to 'Requires Improvement' in September 2014, where it remained until the 2018 inspection.

The CQC recommended that the QEH be returned to special measures. This means:-

- An improvement director can be appointed to provide assurance of the trust's approach to performance
- NHS Improvement review the capability of the trust's leadership
- A 'buddy' trust may be chosen to offer support in the areas where improvement is needed
- Progress against action plans is published monthly on the trust's website and the NHS website.

NHS Improvement assigned Philippa Slinger as the improvement director with the QEH. Ms Slinger is also the improvement director with Norfolk and Suffolk NHS Foundation Trust and the Norfolk and Norwich NHS Foundation Trust, who are also in special measures.

The QEH's designated 'buddy' trust is Sherwood Forest Hospitals NHS Foundation Trust.

2.1.3 The table below shows the ratings of services within the Trust and whether their position had improved (↑), deteriorated (↓) or stayed the same (→←) since the previous inspection in June 2015 (published on 30 July 2015).

**Ratings for The Queen Elizabeth Hospital**

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Inadequate ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Good →← Aug 2018 | Requires improvement ↓ Aug 2018 | Inadequate ↓↓ Aug 2018 | Inadequate ↓↓ Aug 2018 |
| Medical care (including older people's care) | Inadequate ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Inadequate ↓↓ Aug 2018 | Inadequate ↓↓ Aug 2018 |
| Surgery | Requires improvement ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Good →← Aug 2018 | Requires improvement ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Requires improvement ↓ Aug 2018 |
| Critical care | Good Jul 2015 | Good Jul 2015 | Good Jul 2015 | Good Jul 2015 | Good Jul 2015 | Good Jul 2015 |
| Maternity | Inadequate Aug 2018 | Requires improvement Aug 2018 | Good Aug 2018 | Inadequate Aug 2018 | Inadequate Aug 2018 | Inadequate Aug 2018 |
| Services for children and young people | Good Jul 2015 | Good Jul 2014 | Good Jul 2014 | Good Jul 2014 | Good Jul 2014 | Good Jul 2015 |
| End of life care | Requires improvement ↓ Aug 2018 | Inadequate ↓↓ Aug 2018 | Good →← Aug 2018 | Good ↑ Aug 2018 | Requires improvement →← Aug 2018 | Requires improvement →← Aug 2018 |
| Outpatients | Requires improvement Aug 2018 | Not rated | Good Aug 2018 | Requires improvement Aug 2018 | Requires improvement Aug 2018 | Requires improvement Aug 2018 |
| Diagnostic imaging | Requires improvement Aug 2018 | Not rated | Good Aug 2018 | Requires improvement Aug 2018 | Requires improvement Aug 2018 | Requires improvement Aug 2018 |
| **Overall*** | Inadequate ↓ Aug 2018 | Requires improvement ↓ Aug 2018 | Good →← Aug 2018 | Requires improvement →← Aug 2018 | Inadequate ↓ Aug 2018 | Inadequate ↓ Aug 2018 |

The overall ratings are the same as for the Norfolk and Norwich University Hospitals NHS Trust (NNUH) but the QEH has worse ratings within medical care (including older people's care), maternity and end of life care. It has better ratings within surgery, critical care and services for children and young people.

The QEH was given 94 'must do' and 'should do' actions to complete.

2.1.4 **Staffing levels** were a serious concern. The CQC found a 56% vacancy rate on one medical ward and an overall nurse vacancy rate of 21% in medicine. This impacted on the hospital's ability to consistently deliver safe and effective care.

In autumn 2018 a proposal to close a ward and redeploy staff to reduce and mitigate the vacancy factor in the most challenged wards was one of the options under consideration to mitigate the situation. This would have affected the hospital's programme of elective surgery to a greater or lesser extent (depending on whether the closure was a surgical or medical ward) and patients would have been transferred to the Norfolk and Norwich Hospital (N&N).

On 7 December 2018 the QEH issued a press release making it clear that proposals to move elective cancer surgery to the N&N over the winter period would not go ahead. The trust intended to run as much of its planned surgical programme as possible while at the same time serving its emergency patients.

It should be noted that medical care (including older people's care) received a 'requires improvement' rating for 'caring' where every other service was rated 'good' for caring. The CQC said that although staff displayed a kind, compassionate and dedicated approach to patients and relatives, they did not have the time or capacity to provide the level of support they would like to. Although patients spoke highly of the nursing staff and their experiences of the care received the CQC found there were not always good communications from staff to ensure patients were fully involved and understood decisions. This was due to time and capacity pressures on staff.

2.1.5 **Maternity** at the QEH received particularly poor ratings from the CQC. It found that the leaders within the service, both midwifery and clinician, could not work together and did not demonstrate integrity on an ongoing basis. It said the leadership had broken down, the leaders did not have oversight of risk or quality improvement and the CQC was not sure they understood the challenges to quality and sustainability of high quality patient care.

2.1.6 Since the CQC report was published on 13 September 2013 there have been the following changes in leadership at the Trust:-

- The Chairman stood down on 22 October 2018 and a new Chairman, Professor Steve Barnett, was appointed.
- The departure of the Chief Executive was announced on 5 December 2018 and a new Chief Executive, Caroline Shaw, will start on 14 January 2019.

2.2 **The wider local health and care system**

2.2.1 As noted at NHOSC on 6 December 2018 when the NNUH's response to its CQC report was on the agenda, Norfolk has three 'Inadequate' rated trusts, which is a very high proportion when compared to the rest of the country.

This points to a need to consider the actions of the commissioners and the county's wider health and care system as well as the individual responsibilities of the trusts involved.

As outlined by the Norfolk and Waveney Sustainability Transformation Partnership (STP) Interim Executive Lead at NHOSC on 6 December 2018 the STP recognises the need for the whole system to be enabled to work together, reducing duplication (e.g. in diagnostics) and alleviating pressure on individual organisations as much as possible.

## 3.0 Suggested approach

3.1 After the QEH representatives have presented their report, the committee may wish to discuss the following areas with them and the West Norfolk CCG representatives:-

**For discussion with the QEH**

(a) The QEH recalibrated its Quality Improvement Programme towards the end of 2018 to become more rigorous in its self-assessment process. This means that more recent reports are showing less progress against the CQC's 'must do' and 'should do' actions than earlier reports. Is the QEH now fully assured that is taking the required action and gathering evidence to demonstrate it to the CQC's satisfaction?

(b) The QEH's Quality Improvement Plan (Appendix B) notes that three Quality Improvement Managers will be recruited by mid-January 2019. Has the recruitment been successful?

(c) On 6 December 2018 the QEH confirmed that it would not transfer cancer surgery to the N&N but would run as much of its planned surgical programme as possible while at the same time serving its emergency patients. What proportion of planned surgery at the hospital has had to be postponed so far during winter 2018-19 and has this affected cancer patients as well as other patients?

(d) The QEH's report (Appendix A) says that during the first week of January it began to run an extended recovery unit staffed by theatre staff to accommodate the vast majority of the planned elective work. This was instigated as an alternative to transferring urgent and cancer patients to the Norfolk and Norwich Hospital. Does using theatre staff in this way mean that fewer operations can be carried out at the QEH each day and how does it affect waiting times for patients?

(e) The QEH's report (Appendix A) mentions that it will work with independent sector providers (ISPs) to offer routine elective surgery to as many of its patients as possible. What percentage of local patients are receiving surgery from ISPs and where are these

providers located?

(f) How well has the hospital performed so far during winter 2018-19 in relation to 18 week referral to treatment and A&E 4 hour waiting standards and with regard to ambulance turnaround times?

(g) The proposal to transfer surgery to other hospitals was brought forward as a means of maintaining clinical safety of patients due to a shortage of staff at the QEH. Is the QEH currently staffed to a level that ensures clinical safety for emergency and planned patients?

(h) What more can be done locally to ensure sustainable staffing at the hospital?

(i) To what extent is the cost of temporary staffing contributing to the financial deficit at the QEH?

(j) The commissioners across the Norfolk and Waveney STP have been looking to agree 'block contracts' with the with acute hospitals. This means the hospital receives a fixed amount of funding regardless of how many patients it serves. Has the QEH agreed to a block contract and, given the rise in demand in recent years, is the block contract a sustainable funding basis for the hospital?

(k) The QEH's work on future demand and capacity modelling (as described in Appendix A, paragraph 1.2) was due to be completed by 10 January 2019. What were the bottom-line results of that work?

(l) What has been done specifically to address the divisions in leadership within the maternity service to ensure that all the required improvements in that area can be delivered?

(m) In addition to the service improvements required by CQC there are some high-rated risks in the QEH's risk register relating to hospital building; particularly the roof, the fire safety system and the ventilation system. Given the Trust's current financial position, how can these risks to the building, and consequently the service, be further mitigated?

**For discussion with commissioners**

(n) NHOSC has heard from commissioners over many years that they are working to shift the NHS emphasis towards primary and community services so that more people can be cared for outside of the acute hospital. How are the commissioners planning to speed up this process in west Norfolk?

(o) Even if the measures that the commissioners are planning for prevention of ill health and primary and community services are very successful, will it still be necessary to increase bed numbers (summer and winter) because of overall population growth and rising demand?

(p) With the QEH forecasting a deficit of £34.2m in 2018-19 and health organisations across Norfolk and Waveney facing a combined deficit of at least £66m, where is the scope for reallocation of resources away from acute care and towards preventative, primary and community services?

**4.0 Action**

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.

(b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.

| | |
|---|---|
| IN TRAN communication for all | If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help. |