Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171
www.cqc.org.uk

For the attention of the Chief Executive - Caroline Shaw CBE

The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
Gayton Road
Kings Lynn
PE30 4ET

Served by email

14 April 2021

Care Quality Commission
Health and Social Care Act 2008

Notice of decision to remove conditions of your registration as a service provider in respect of regulated activities:

Treatment of disease, disorder or injury
Maternity and Midwifery Services
Diagnostic and Screening Procedures

Our reference: RGP1-10571121424
Account number: RCX

Dear The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust,

We are serving this notice under Section 19 of the Health and Social Care Act 2008.

We have completed our assessment of your applications received on 15 February 2021 to remove 11 conditions of registration in respect of the above regulated activities. We have reviewed the evidence you provided to support your applications and we have considered this with our inspection findings from 14 to 23 September 2020.

We are formally notifying you of our decision under Section 19 of the Health and Social Care Act 2008, to remove 10 conditions of your registration as a service provider in respect of the above regulated activities.

We have removed the following conditions of registration in respect of regulated activity Treatment of Disease, Disorder or Injury:

- The registered provider must ensure that risk assessments are undertaken for all patients presenting in the emergency department, including children, with mental health concerns and/or at risk of deliberate self-harm or suicide. The

registered provider must ensure that risk assessments are completed in full, risk score aggregated and ensure that action is taken to mitigate the identified level of risk. This includes ensuring that appropriate levels of observation are undertaken by suitably qualified staff, when necessary.

- The registered provider must ensure that all areas utilised for patients, including children, at risk of deliberate self-harm or suicide have had an environmental risk assessment. This includes toilet and shower facilities which these patients may use, as well as other clinical areas where patients may be treated. The provider must ensure that actions are undertaken, as identified in the risk assessment, and that all staff are aware of and adhere to protocols.

- The registered provider must ensure that effective systems are in place for booking-in walk-in patients to ensure that patients at risk of deterioration are identified and escalated appropriately. Non-clinical staff responsible for booking in patients must have a clear set of written criteria which would require them to escalate patients to clinical staff and be trained and assessed in its use.

- The registered provider must ensure that an effective system is in place for the regular oversight of the waiting area for walk-in patients to ensure that patient needs are being met and patients at risk of deterioration are identified and escalated appropriately.

- The registered provider must devise and implement an effective system to ensure that there are sufficient numbers of suitably qualified, skilled and experienced clinical staff throughout the emergency department to support the care and treatment of patients.

- The registered provider must ensure that there is an effective system in place to monitor and follow up patients within the gynae/oncology service post surgery, review or investigations.

We have removed the following conditions of registration in respect of regulated activity Maternity and Midwifery Services:

- The Registered Provider will ensure that all incidents within the maternity service are reported and investigated in line with trust policy.

- The Registered Provider must ensure that all policies and procedures are in line with national best practice and are current.

We have removed the following conditions of registration in respect of regulated activity Diagnostic and Screening procedures:

- The registered provider must ensure that relevant clinical policies and guidelines are in place across the diagnostic imaging department to support operational activity. This includes policies related to scope of practice and patient care. The registered provider must ensure that policies and guidelines

are in line with national guidance, legislation and best practice. Regular audit must take place to ensure compliance.

- The registered provider must ensure that all Patient Group Directions (PGDs) are fit for purpose and all staff working under a PGD have received the appropriate training and competency assessments. This includes annual competency assessments.

The above conditions will be removed in relation to the following location:

The Queen Elizabeth Hospital
Gayton Road
Kings Lynn
Norfolk
PE30 4ET

We will send you your certificate of registration in due course.

If you have any questions about this notice, you can contact our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: Enquiries@cqc.org.uk

Write to: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote our **reference number** at the top of this notice, as it may cause delay if you are not able to give it to us.

Yours sincerely

Fiona Allinson

Interim Deputy Chief Inspector