



**The Queen Elizabeth  
Hospital King's Lynn**  
NHS Foundation Trust

# Section and Warning Notice Update Reporting for July & August 2022



Quality Improvement Board  
13 September 2022

# Summary of Progress

- This report details the progress against the Section and Warning Notices during July and August 2022, following the transition from the 2021/22 IQIP to the new 2022/23 Compliance Plan which went live April 2022.
- There are 4 Section & Warning Notice Conditions on the Trust Certificate of Registration. All 4 Section 31 Conditions have been closed internally by the Trust Evidence Assurance Group and moved to business as usual and incorporated into the 2022/23 Compliance Plan and monitored as part of business as usual at both Divisional and Corporate level.
- **4/4 = 100% of all Section and Warning Notice conditions have been approved and moved to Business as Usual.**
- A decision has been made not to submit a formal application in August to request the lifting of 3 of the remaining Section 31 Conditions relating to Maternity Services and Diagnostic Imaging. The rationale for this decision is detailed below:
- **Maternity Services:** Although monthly audits are completed for MEOWs, the results remain below the required compliance standard. Therefore the team have requested a further 6 months to meet the required compliance standard and have agreed recovery actions.
- **Diagnostic Imaging:** Due to a lack of robust evidence regarding the escalation of Significant Findings, the team have agreed recovery actions supported by audit evidence. The second Radiology Condition relates to having a robust system in place to facilitate effective clinical governance. In view of the need for further evidence relating to significant findings, any application to request the lifting of the 2 remaining Radiology Conditions will need to be submitted simultaneously.  
**It is important to note that there has been no breach of these conditions.**
- Regarding the 4th condition (triage of patients within 15mins) – whilst changes were put in place to address this condition and have been further strengthened overtime, this has been impacted by the increasing pressures on the NHS. In turn this condition has been included in the Urgent & Emergency Care Improvement Plan. However, the CQC noted in its unannounced inspection in December 2021 that although triage times and the four hour target were not met, patients were reviewed and safeguards in place. It was also noted that all risk assessments reviewed were completed in full with compassionate care observed by the inspection team. In view of the impact of significant increased pressure on the 15min triage within the Emergency Care at a national level, discussions on how to progress with the closing of this Condition will be held with the Trust's CQC Inspection Manager in the coming weeks.

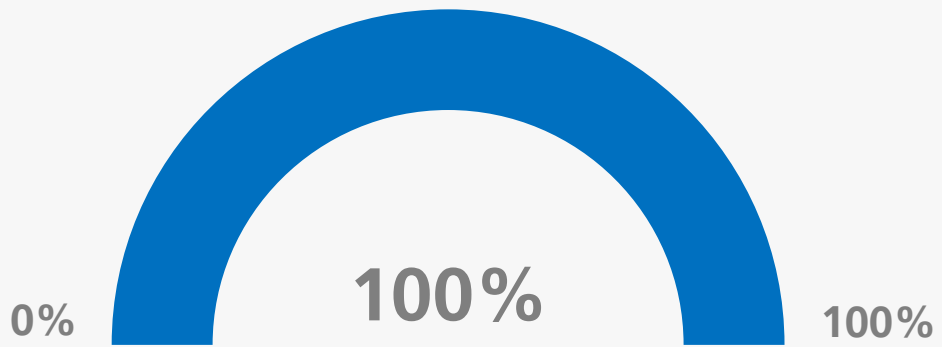
## The Quality Improvement Board is asked to:

- Note the current 2022/23 Compliance Plan position as at Month 05
- Note the update regarding the lifting of the remaining 3 Section 31 Notices

# Summary of Progress

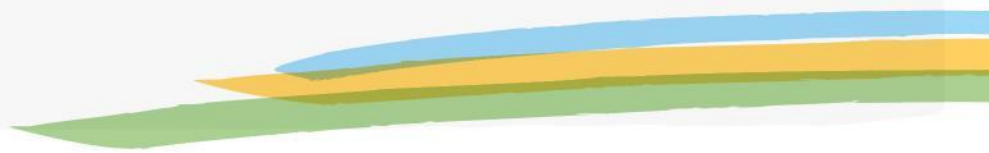
- 4 = 100% of all Section and Warning Notice conditions have been approved and moved to Business as Usual

## CQC Conditions & Notices



4  
Total Complete

4  
Total Planned



## Section 31 Condition – Formal Application Outcome

- All of the four remaining Section 31 conditions have been closed internally by the Trust and ongoing compliance is monitored as part of business as usual at Divisional and Corporate level.

### Section 31 Condition Status:

Core Service	Date Received	Total Section 31 Conditions Received	Date Lifted	Number of S31 Lifted	Total Section 31 Conditions Remaining
Maternity & Midwifery Services	July 2018	10	Jan 2021	5	1
			April 2021	2	
			October 2021	2	
Urgent & Emergency Care	March 2019	8	April 2021	6	1
			October 2021	1	
Diagnostic Imaging	May 2019	4	April 2021	2	2
<b>Total Section 31 Conditions</b>		<b>22</b>		<b>18</b>	<b>4</b>

## Section 31 Condition – Conditions that remain on the Trust's Certificate of Registration

### Maternity & Midwifery Services

- The Registered Provider will ensure that there is appropriate escalation of deteriorating patients in line with current guidelines and best practice. With full medical handover at 9am and 7pm, with ward rounds at 12.30pm and 5pm.

### Urgent & Emergency Care

- The registered provider must ensure that there is an effective system in place to robustly assess all patients who present to the ED in line with relevant national clinical guidelines within 15 minutes of arrival.

### Diagnostic Imaging

- The registered provider must ensure that an effective system is in place for the regular oversight of the appropriate escalation of significant findings. This should include diagnostic imaging undertaken out of hours to ensure that any patients at risk are escalated appropriately.
  - The registered provider must ensure that there is robust system in place to facilitate effective clinical governance within the diagnostic imaging department. This is to include oversight of training, compliance to scope of practice, learning from incidents and escalation processes. The registered provider must ensure that there is a systematic approach to audit to measure compliance with protocols, processes and professional standards. The registered provider must ensure that there are processes in place for effective communication within the diagnostic imaging department.
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