



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

# Section and Warning Notice Update Reporting for June 2022



Quality Improvement Board  
12 July 2022

# Summary of Progress

- This report details the progress against the Section and Warning Notices during June 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.
- The 4 Section 31 Conditions have been incorporated into the 2022/23 Compliance Plan and monitored as part of business as usual at both Divisional and Corporate level. The Quality Improvement Board, chaired by Caroline Shaw; CEO, will also monitor confirmation of no breaches of these conditions.
- **4/4 = 100% of all Section and Warning Notice conditions have been approved and moved to Business as Usual.**
- Following concerns raised within Radiology a more detailed review of evidence in relation to Significant findings is being undertaken to ensure that improvements have been sustained. The updated evidenced is in the process of being reviewed to ensure that improvements have been sustained to support a submission to the CQC to request the lifting of these conditions. Following this review, which is due to be completed during July 2022, the Trust will make a final decision when to submit its application.
- Regarding the 4th condition – whilst changes were put in place and improvements noted earlier this year, the consistent triage of patient within 15mins has been adversely impacted by the increasing pressures on the NHS as a result of the COVID-19 pandemic. 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 COVID-19 on the 15min triage within the Emergency Care at a national level, it has been agreed to discuss how to progress with the closing of this remaining Section 31 condition with Dr Sean O’Kelly once he takes up his position as Chief Inspector of Hospitals on 20th June 2022. This Condition has also been included within the Urgent & Emergency Care Improvement Plan.

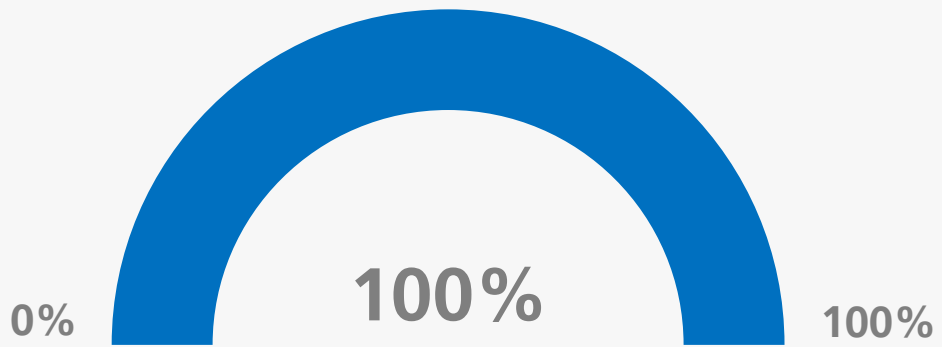
## The Quality Improvement Board is asked to note:

- The current 2022/23 Compliance Plan position as at Month 03
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# Summary of Progress

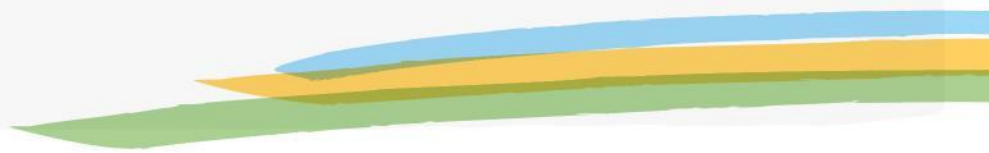
- 4 = 100% of all Section and Warning Notice conditions have been approved and moved to Business as Usual

## 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.