



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

Section and Warning Notice Update Reporting for January 2021



Quality Committee
23 February 2021

Section and Warning Notices

Section 29A Maternity	May 17, 2018
Section 31 Maternity and Midwifery Service	July 19, 2018
Section 31 Urgent and Emergency/Gynaecology	March 18, 2019
Section 29A Medicine	March 19, 2019
Section 31 Diagnostic and Screening Procedures	May 21, 2019
Section 29A Diagnostic and Screening Procedures	May 23, 2019
General Medical Council	April 29, 2019

Summary of Progress

This summary details the progress against the Section and Warning Notices during January 2021 and describes changes to the monthly reporting of these conditions going forwards, as the Trust transitions from its current IQIP to the new 2021/22 IQIP.

The development of the new 2021/22 IQIP provides the Trust with an opportunity to review and strengthen the remaining open actions to ensure they are effectively addressed. The new IQIP will also reflect the official removal of the respective Section 31, 29A and GMC conditions by the CQC and GMC.

Current Progress Against Original IQIP

All Section 31 Conditions remain internally closed and moved to Business as Usual with monitoring of the remaining open Section 29A conditions through the Divisional Fortnightly IQIP meetings.

3 Warning Notice conditions are behind plan, which relate to Documentation, MCA and DoLS and Palliative Care Consultant Cover. These have now been incorporated into the new 2021/22 IQIP, with new Plans on a Page (POAP) being revised and due for completion at the end of February. These will include revised deadlines.

The resetting of the IQIP provides an opportunity to strengthen all actions within the POAP and agree new deadlines. This will ensure cross-divisional improvements are incorporated where required and in turn reflect the impact of the COVID-19 pandemic, with the need to approach training and workforce differently. This will ultimately support the delivery of actions and ensure they remain a priority for the organisation.

The 29A Warning Notice condition relating to NEWS2 and management of the deteriorating patient, was presented to the EAG in January ahead of schedule, together with 1 Must Do action directly linked to this area of improvement. Whilst the Trust received official confirmation in January from the CQC that they have closed this condition, evidence was declined at EAG due to a lack of internal assurance, with a request for further evidence of compliance to be re-presented in February.

Original IQIP: Current Status

- 42 = 91% of Section and Warning Notice conditions have been approved and moved to Business as Usual by the Trust

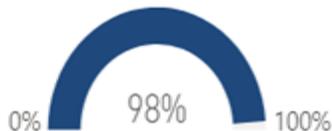
CQC / GMC Conditions & Notices

MTD Performance



2
MTD Actual
2
MTD Planned

YTD Performance



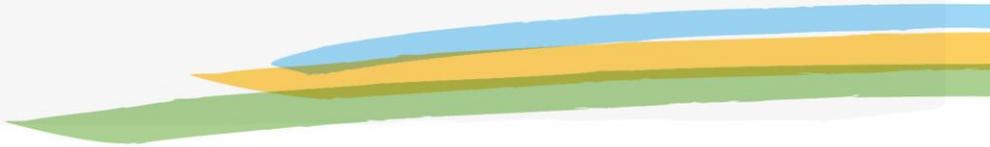
42
YTD Actual
43
YTD Planned

Performance of Total



42
Total Complete
46
Total Planned

Summary of Progress

- Formal notification was received from the CQC on the 6th January 2021 from Heidi Smoult; Deputy Chief Inspector of Hospitals, confirming the Trust's application to lift 5, Section 31 Conditions for Maternity Services has been approved. This is a significant decision by the CQC and extremely positive for the organisation. This letter sends a message of confidence in the organisation and its leadership regarding these improvements and provides a further level of assurance through external validation.
 - Unlike the Section 31 Notice, a formal application to request the lifting of Section 29A Warning Notice conditions is not required, as these are reviewed as part of an on-site inspection only. Following a meeting with the CQC in January to discuss their finding, the CQC have confirmed that 5 of the 29A Warning Notice conditions were reviewed and have been met in full. The CQC have therefore removed these 5 conditions. Whilst improvement was noted against the remaining 29A conditions, they were not reviewed in full during the September inspection, but will instead form part of the Trust's next on-site inspection later this year.
 - Following consideration at the January Quality Committee, the Trust submitted a formal application to the CQC on 11th February 2021, to request the lifting of a further 11, of the remaining 17 Section 31 conditions. This application was accompanied by detailed evidence of improvement and compliance.
 - The General Medical Council confirmed in December 2020 that it has removed the Trust from enhanced monitoring which is further evidence of improvement made.
- 

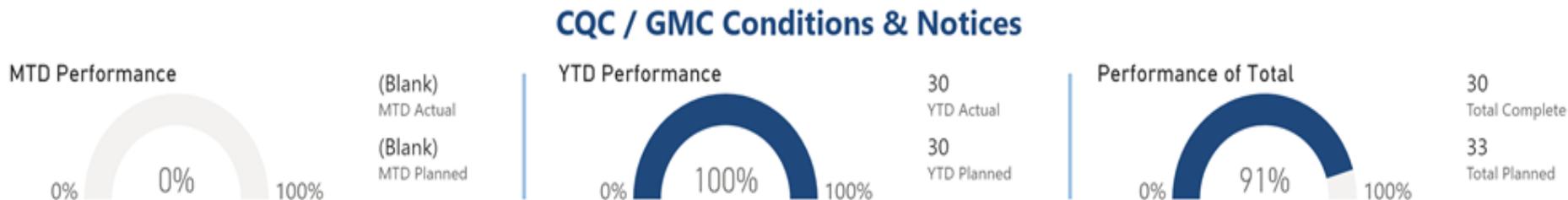
2021/22 IQIP Reporting

- As part of the refreshing of the Trust IQIP, the dials below show the new reporting numbers for 2021/22 from March 2021
- The reporting format and arrangements for the 2021/22 will remain unchanged, to ensure progress, risks and recovery actions are clearly detailed within the report
- The overall reporting numbers for the CQC Section 31, 29A and GMC conditions reflect the formal closure and removal of 5, S31 Conditions for Maternity & Midwifery Services, 5, 29A Warning Conditions covering Diagnostic Imaging (2) and Medicine (3) and the 3 GMC Conditions
- The overall total of the remaining Section & Warning Notices is 33 with just 3 actions remaining open which form part of the new 2021/22 IQIP with strengthened Plans on a Page

Original List of Legal Notices	Count
GMC Conditions	3
Section 31 Conditions (covering 3 notices)	22
Section 29A Warning Conditions (covering 3 notices)	21
Total	46

Legal Notices Officially Removed	Count	Remainder
GMC	3	0
Section 31 (covering Maternity)	5	17
Section 29A (covering Medicine & DI)	5	16
Total Removed	13	
Running Total		33

2021/22 IQIP Reporting Dials



Formal Section and Warning Notice Closure by CQC

This slide details the 5, Section 31 Conditions and the 5, 29A Warning Notice Conditions that have been formally closed by the CQC.

Section 31 Notice Conditions	
Maternity	The Registered Provider must ensure with immediate effect that staff reviewing, interpreting and classifying Cardiotocography (CTG) traces are trained and competent to do so.
	By 1 August 2018 the provider must submit to the Care Quality Commission written evidence of the completion of CTG training for all midwifery and medical staff that are currently working.
	The Registered Provider will ensure that there is a consultant obstetrician of the day nominated and who has oversight of the delivery suite from 9am to 7pm, Monday to Friday, with appropriate presence between 7pm Friday and 9am Monday.
	The Registered Provider will ensure a clear process and on call rota in place for consultant obstetric cover out of hours.
	The Registered Provider will ensure that all women and babies will receive ongoing risk assessments for the duration of their maternity care.
29A Warning Notice Conditions	
Medicine	Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent
	There were control of substances hazardous to health (COSHH) contraventions in medical ward areas and hot water risks in sluice areas.
	Staff in the emergency department did not always ensure that patients and their relatives or carers were treated with dignity and respect.
Diagnostic Imaging	Staff in diagnostic imaging were unclear of the escalation process to ensure the correct escalation of patients with significant findings on diagnostic imaging.
	Staff were unclear about their scope of practice. Staff within cross sectional imaging were working outside of the existing Patient Group Direction (PGD) and administering contrast to children. Staff we asked were unsure where to access guidance. Not all staff were up to date with basic life support and anaphylaxis training.

29A Warning Notice – Medicine

- There are now only 4 of the 8, 29A Warning Notices outstanding. Whilst these remaining conditions sit within the 29A Notice for Medicine they relate to standards of care across all Divisions and this has been reflected within the IQIP. Corporate leads for each condition continue to attend the IQIP Fortnightly meetings, to support the Medicine DLT and update on progress and next steps.
- The action relating to NEWS2 has been formally closed by the CQC but will be presented to the EAG in February with updated evidence of compliance as requested by the EAG to provide internal assurance.

Warning Notice 29A Medicine	Date Due/Closed	BRAG
Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patient's preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.	December 2020	Behind Plan
Staff understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act.	September 2020	Behind Plan
Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.	February 2021	On Track
Staff understanding of the safeguarding process was inconsistent. We identified a serious safeguarding concern that we escalated to senior ward management. We had no confidence that they would take the required action. We escalated this concern to yourself for immediate action.	July 2020	Closed
There were control of substances hazardous to health (COSHH) contraventions in medical ward areas and hot water risks in sluice areas.	September 2019	Closed
Staff in the emergency department did not always ensure that patients and their relatives or carers were treated with dignity and respect.	October 2020	Closed
There was a lack of palliative care consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.	December 2020	Behind Plan
There was a lack of management oversight and assurance in relation to the risks identified during the inspection in medical care, the emergency department, end of life care and gynaecology services. There was no clear leadership for the end of life care service.	October 2020	Closed

Section and Warning Notice Assurance of Progress

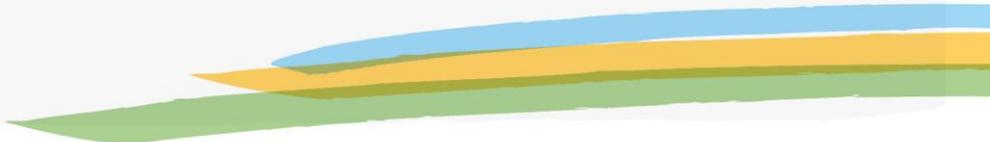
29A Warning Notice - Medicine

Warning One

Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patient's preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.

- Trustwide medical documentation audit is completed monthly with the learning and action planning owned by the Trust Medical Documentation Lead. Audit results are included in a monthly documentation audit report that also includes Perfect Ward nursing questions around feed, falls, fluid, skin integrity.
- Work is ongoing to include the Emergency Departments EDIS system and therapy audit outcomes within the monthly report.
- Audit outcomes are shared at the Documentation Steering Group and within monthly Clinical Audit Divisional Audit Reports.
- There has been a review and revision process undertaken in 5 specific assessment areas in the Perfect Ward audit . The revised questions aim to provide a richer data set, facilitate meaningful analysis and better inform any training/education requirements. Governance processes underway – due to commence Feb/March
- There is a risk to this scheme in assuring a sustainable trend line of improvement although there is strong leadership through the newly established Documentation Group
- December 2020 CQC inspection report has indicated progress and improvement since the 2019 inspection.

This action has been incorporated into the new 2021/22 IQIP with its associated Plan on a Page currently being reviewed and strengthened to incorporate greater cross-divisional ownership and improvement focus with revised deadlines and outcome measures.



Section and Warning Notice Assurance of Progress

29A Warning Notice - Medicine

Warning Two

Staffs understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act.

- CQC report in December identified inconsistencies with MCA which aligns to our current progress and identified risks to delivery which has been further impacted by operational pressures as a result of the second wave of Covid-19. This is further impacting on staff's ability to complete Mandatory Training.
- Staff compliance in April 2020 for MCA and DoLS training was 87% for the Trust. Training was paused from the end of March 2020 to July 2020. Since the start of training in July there have been two training sessions per month for MCA and DoLS. This training was available until the end of December 2020 and these were face to face sessions. Due to Covid-19 restrictions places were reduced by half and there were 35 places available on each session and due to operational pressures all the places have not been filled. Training levels recorded at the end of December 2020 was 78.50% for both MCA and DoLS.
- To mitigate the risk - From the start of January 2021 all training sessions are now on Microsoft teams. There are four sessions per month available for staff to attend and there is no limit on numbers therefore compliance rates can be achieved rapidly. Numbers have remained low on booking (11 staff attended in January 2021 and there are 14 members of staff booked for February 2021) due to operational pressures within the Trust. There are 2543 staff requiring MCA and DoLS training within the Trust and 1985 are compliant. To reach a KPI of 85% this would require 58 non-compliant staff to access and complete the training.
- The Emergency Department still complete their monthly MCA and DoLS awareness audit.
- It is planned that the Trust will complete a Survey Monkey Audit in June 2021 for all clinical staff to test awareness of knowledge of Safeguarding and MCA and DoLS. This is now being completed on an annual basis.
- The ReSPECT forms have been audited over the last two month (Dec 20/Jan 21) to ensure that Mental Capacity Act assessments are being completed and documented alongside the ReSPECT form. From this audit it has demonstrated a learning need. Therefore a project is being set up to mitigate the risk by offering training for the writers training for the medical teams and the nurses etc. need readers training. This will also ensure all staff are aware of the application of MCA in the application of ReSPECT but also recap on MCA assessment skills.
- Business case for a Band 7 MCA/DoLS lead has been submitted for 2021/2022, this post will support staff clinically and with the transformation of the DoLS process to LPS (Liberty Protection Safeguards) in the Spring of 2022, support staff and the organisation in the new process.
- This action has been incorporated into the new 2021/22 IQIP with its associated Plan on a Page currently being reviewed and strengthened to incorporate greater cross-divisional ownership and improvement focus with revised deadlines and outcome measures.

Section and Warning Notice Assurance of Progress

Warning Three

Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.

- CQC noted improvement in the escalation of deteriorating patients during their September 2020 inspection which was confirmed in their report published in December 2020.
- The CQC confirmed in January 2021 that following their inspection they have formally closed this Warning Notice.
- Evidence to close this condition internally will be presented to the EAG in February.
- News2 training continues to be accessed via ESR. A Significant improvement noted with training compliance numbers increased from less than 50% for nurses to over 80%. This training is now mandatory; and as staff update their mandatory training we should see an increase in compliance above 90% by September 2021.
- The NEWS2 audit is moving to perfect ward, questions are formulated – awaiting approval. Aim is for audit to go live in February 2021
- This audit will give more reliable evidence of appropriate patient escalation compared to the existing CCOT audit which presents artificially poor data in relation to patient escalation. Once approved data should be available from March 2021

Section and Warning Notice Assurance of Progress

Warning 7

There was a lack of Palliative Care Consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.

- Ongoing concern regarding Palliative Care Consultant cover identified in the December CQC report
- EoLC improvement plan is to be reviewed and updated with dedicated PMO support with a number of key workstream. Meeting planned in February to develop the new EoLC plan.
- MDT co-ordinator AFC 4 has been recruited with support of SM monies.
- NCHC providing Locum Palliative Care Consultant input from April 2021 0.4 WTE. CCG will top up to 2.0 WTE and we are going at risk, this model is co-created with NCHC and Norfolk Hospice. The advertisement will be live end February 2021.
- Advertisement for QEHKL palliative care consultant to commence February 2021
- Review of e-referral in progress.
- NNUH review completed and report with recommendations which is supporting discussions with commissioners has been received.
- MDT room secured and will be live end February 2021.
- Interviews for 8A CNS scheduled for 8 February 2021 funded by SM monies.
- Respect Audit overall shows for December 2020 shows a slight upturn in compliance at 73% overall.
- Offer of Improvement Director Programme support for EoLC, discussions started to take this forward
- Current Consultant cover is provided by NCH&C for both acute and community medical services; this comprises of 1.5WTE, split by 1.05 WTE for the community and 0.45 WTE for acute services
- Speciality doctors in Palliative care continue to provide clinical support on site.
- QEH Clinical teams have 24/7 telephone access to the NCH&C Specialist Palliative Care Consultant, based at Tapping House and Priscilla Bacon Lodge.
- NCH&C Specialist Palliative Care Consultant and Clinical Nurse Specialist in-reach into QEH.
- CCG review of palliative care provision in West Norfolk has been completed and will inform future infrastructure from July 2021.
- Band 6 End of Life Rapid Discharge Referrals post in place

This action has been incorporated into the new 2021/22 IQIP and will be linked to the EoLC improvement plan.

Section 31 Maternity & Midwifery Services: CQC Application to Lift 3 of the 5 conditions

Section 31 Maternity & Midwifery Services (Application made to lift 3 of the remaining 5 conditions)	Date Due/Closed	BRAG
The Registered Provider must ensure that all policies and procedures are in line with national best practice and are current.	October 2019	Closed
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.	November 2020	Closed
The Registered Provider will ensure that all incidents within the maternity service are reported and investigated in line with trust policy.	July 2020	Closed

Section 31 Urgent and Emergency Care: CQC Application to Lift 6 of the 8 conditions

Section 31 Urgent & Emergency Care	Date Due/Closed	BRAG
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.	December 2019	Closed
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.	January 2020	Closed
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.	November 2019	Closed
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.	April 2020	Closed
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.	January 2020	Closed
The registered provider must ensure that there is an effective system in place to monitor and follow up patients within the Gynaecology/Oncology service post-surgery, review or investigations.		Closed

Section 31 Diagnostic Imaging: CQC Application to Lift 2 of 4 conditions

No.	Section 31 Diagnostic Imaging	Date Due/Closed	BRAG
01	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.	December 2019	Closed
02	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.	January 2020	Closed

General Medical Council

- The General Medical Council have confirmed in December that it has removed the Trust from enhanced monitoring which is further evidence of improvement made.

General Medical Council	Date Due/Closed	BRAG
The Trust must provide evidence that there is an established, visible and trusted process which support and encourages trainees to raise their concerns regarding unacceptable professional behaviour, patient safety issues and compliance with GMC standards for education and training	May 2020	Closed
The Trust must make demonstrable progress in addressing the culture within the trust. This must include clarity on what behaviours are unacceptable and what actions will be taken when behaviours fall below standards and proactive work to identify and address such behaviours.	May 2020	Closed
The Trust must develop an effective educational governance system that articulates a clear line of accountability and governance to the Trust Board	May 2020	Closed