Status

Not Completed
Completed / Signed Off

2022/2023 Compliance Plan

Updated 21 March 2022

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Executive Accountable Lead Officer:	Lou Notley - Director of Patient Safety
Operational Lead:	Sarah Davidson - Compliance Manager

Ref	Cross-reference	Area	CQC Domain	Applicable To	Milestone Description	Executive Owner	Action Owner	Measure of Success (key success indicators to understand success)	Start Date	End Date	Evidence Assurance	STATUS
	Key Strategic Objective One - To consistently provide safe and compassionate care for our patients and their families											
101	NEW	Key Strategic Objective 01	Safe	Surgery	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	Medical Director	Chief Pharmacist	Dedicated pharmacist support secured	18/03/2022	31/10/2022		Not Completed
102	057 RAD IP	Key Strategic Objective 01	Safe	Clinical Support Services	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (Diagnostic Imaging)	Chief Operating Officer	General Manager CSS	Staffing does not fall below the minimum standards as per the SOP	11/01/2021	31/05/2022		Not Completed
103	058 RAD IP	Key Strategic Objective 01	Safe	Clinical Support Services	The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients. (Diagnostic Imaging)	Chief Operating Officer	General Manager CSS	Staffing does not fall below the minimum standards as per the SOP	11/01/2021	31/05/2022		Not Completed
104	068 RAD IP	Key Strategic Objective 01	Responsive	Clinical Support Services	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner. (Diagnostic Imaging)	Chief Operating Officer	General Manager CSS	Improvement in position on the data provided to NHS Digital that is utilised to inform the Model Hospital data	01/01/2021	31/12/2022		Not Completed
105	069 RAD IP	Key Strategic Objective 01	Safe	Clinical Support Services	The trust should continue to embed the governance and risk management processes. (Diagnostic Imaging)	Chief Operating Officer	General Manager CSS	An embedded governance and risk management structure	01/01/2021	31/05/2022		Not Completed
106	NEW	Key Strategic Objective 01	Safe	Medicine	The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine)	Chief Nurse	Head of Nursing Medicine	My kit Check List' audits compliance sustained at 100%	18/03/2022	30/09/2022		Not Completed
107	NEW	Key Strategic Objective 01	Safe	Medicine	The trust must ensure medicines are stored and managed appropriately. (Medicine)	Chief Nurse	Deputy Chief Nurse	Medicines are stored, prescribed and administered safely, in line with trust policy.	18/03/2022	30/09/2022		Not Completed
108	NEW	Key Strategic Objective 01	Responsive	Medicine	The service should ensure people can access the service when they need it. (Medicine)	Chief Operating Officer	General Manager Medicine	Meeting the timescales and metrics for RTT which is within the planning guidance for 22/23, 23/24 and 24/25, as per the National Elective Recovery programme. 22/23 to meet 78/week target	18/03/2022	31/03/2023		Not Completed
109	055 UEC IP	Key Strategic Objective 01	Responsive	Medicine	The trust must improve its performance times in relation to ambulance turnaround delays, four-hour target, patients waiting more than four hours from the decision to admit until being admitted and monthly median total time in A&E. (Urgent & Emergency Care)	Chief Operating Officer	Deputy Medical Director	New plans in place to reduce and improve admission criteria. Promoting early flow through identifying timely discharges and enabling processes to promote appropriate transfer of patients to improve handover time of ambulances	01/01/2021	31/03/2023		Not Completed
110	NEW UEC IP 055	Key Strategic Objective 01	Responsive	Medicine	The service must ensure that care and treatment are accessible at the time of need and referral to treatment times and waiting times are in line with national standards. (020 Should 055 S.27) (Urgent & Emergency Care)	Chief Operating Officer	General Manager Medicine	Meeting the timescales, metrics and recovery trajectories for UEC which is within the planning guidance for 22/23, 23/24 and 24/25. To meet 22/23 target	01/01/2021	31/03/2023		Not Completed
111	NEW UEC IP	Key Strategic Objective 01	Safe	Medicine	The service should ensure staff carry out checks on specialist equipment and record this in line with service guidance. (Urgent & Emergency Care)	Chief Nurse	ED Matron	Above 90% compliance on Daily Safety Checks of each Zone.	18/03/2022	30/09/2022		Not Completed
112	NEW UEC IP	Key Strategic Objective 01	Safe	Medicine	The service should ensure when antibiotics are prescribed on admission, staff record a reason for this to promote best practice for antimicrobial stewardship and ensure antibiotics are being used appropriately. (Urgent & Emergency Care)	Medical Director	Antibiotics Steward	Identified and recorded on EPMA appropriately if admitted	18/03/2022	31/03/2023		Not Completed
113	NEW UEC IP	Key Strategic Objective 01	Safe	Medicine	The service should continue its recruitment to employ additional medical staff in response to the increased patient numbers and demands within the service. (Urgent & Emergency Care)	Medical Director	Divisional Director Medicine	Medical staffing review undertaken to include capacity and demand. On-going proactive recruitment campaign in place.	18/03/2022	31/12/2022		Not Completed
	Key Strategic Objective Two - Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care											
114	NEW	Key Strategic Objective 02	Safe	Medicine	The trust must ensure patient records are stored securely. (Medicine)	Deputy Chief Executive Officer	Head of IG	90% sustained compliance. IG Training in place. Confidentiality audit programme in place	18/03/2022	31/12/2022		Not Completed
115	NEW UEC IP	Key Strategic Objective 02	Safe	Medicine	The service should continue exploring opportunities to improve its physical environment, especially for children, the treatment of minor injuries and streaming services. (Urgent & Emergency Care)	Director of Finance	Associate Director of Estates	Design for new ED completed and ready to be operationalised	18/03/2022	31/12/2022		Not Completed
	Key Strategic Objective Three - Strengthening staff engagement to create an open culture with trust at the centre											
116	011 RAD IP	Key Strategic Objective 03	Well Led	Surgery	The trust should continue to improve staff engagement. (Diagnostic Imaging)	Director of People	Deputy Director of People	Improved staff survey results	01/01/2021	30/04/2022		Not Completed
117	011 MAT IP	Key Strategic Objective 03	Well Led	Clinical Support Services	The service should continue to work on the culture within the department. (Maternity)	Director of People	Deputy Director of People	Improved staff survey results	01/01/2021	30/04/2022		Not Completed
	Key Strategic Objective Four - Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability											

118	070 RAD IP	Key Strategic Objective 04	Well Led	Clinical Support Services	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	Chief Operating Officer	General Manager Clinical Support Services	A published and promoted Vision statement and Work Plan for Radiology	01/01/2021	30/06/2022		Not Completed
	Key Strategic Objective Five - Supporting our patients to improve health and clinical outcomes											
119	015	Key Strategic Objective 05	Responsive	Women and Children	The trust should ensure that compliance with national and local audits is in line with targets (End of Life Care)	Director of Patient Safety	Head of Patient Safety & Clinical Effectiveness	Full audit programme in place in line with national and local targets	01/01/2021	31/08/2022		Not Completed
120	015	Key Strategic Objective 05	Responsive	Women and Children	The service should ensure that performance in national and local audits is in line with targets. (Medicine)	Director of Patient Safety	Head of Patient Safety & Clinical Effectiveness	Full audit programme in place in line with national and local targets	01/01/2021	31/08/2022		Not Completed
121	015 UEC IP	Key Strategic Objective 05	Responsive	Medicine	The service should ensure that performance in national and local audits is in line with targets. (Urgent & Emergency Care)	Director of Patient Safety	Head of Patient Safety & Clinical Effectiveness	Full audit programme in place in line with national and local targets	01/01/2021	31/08/2022		Not Completed
	Key Strategic Objective Six - maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care											
122	NEW	Key Strategic Objective 06	Safe	Surgery	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	18/03/2022	31/10/2022		Not Completed
123	018 RAD IP	Key Strategic Objective 06	Effective	Clinical Support Services	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	01/01/2021	31/10/2022		Not Completed
124	017 MAT IP	Key Strategic Objective 06	Effective	Maternity	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	Director of People	Deputy Director of People	Trust standard for Appraisals - 90% compliance achieved	01/01/2021	30/11/2022		Not Completed
125	017	Key Strategic Objective 06	Effective	Medicine	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	Director of People	Deputy Director of People	Trust standard for Appraisals - 90% compliance achieved	01/01/2021	31/10/2022		Not Completed
126	NEW	Key Strategic Objective 06	Safe	Medicine	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	18/03/2022	31/10/2022		Not Completed
127	017 UEC IP	Key Strategic Objective 06	Effective	Medicine	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	Director of People	Deputy Director of People	Trust standard for Appraisals - 90% compliance achieved	01/01/2021	31/10/2022		Not Completed
128	018 UEC IP	Key Strategic Objective 06	Effective	Medicine	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	01/01/2021	31/10/2022		Not Completed
129	NEW UEC IP	Key Strategic Objective 06	Safe	Medicine	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	18/03/2022	31/10/2022		Not Completed
130	017	Key Strategic Objective 06	Effective	Corporate	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	Director of People	Deputy Director of People	Trust standard for Appraisals - 90% compliance achieved	01/01/2021	31/12/2022		Not Completed
131	018	Key Strategic Objective 06	Safe	Corporate	The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards (Trust Overall)	Director of People	Deputy Director of People	Mandatory training levels achieved. Target 80%	01/01/2021	31/12/2022		Not Completed
	CQC Section Warning Notice Conditions											
132	048 (S31) RAD IP	Section or Warning Notice	Safe	Clinical Support Services	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. (Diagnostic Imaging)	Medical Director	Radiology Manager	Closed	01/06/2019	30/03/2020	Yes	Completed & Signed off
133	049 (S31) RAD IP	Section or Warning Notice	Well Led	Clinical Support Services	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. (Diagnostic Imaging)	Medical Director	Clinical Lead Clinical Support Services	Lifting of the Section 31 Condition notice by the CQC. Continued evidence of incident learning and governance processes from the departments clinical governance meeting.	01/06/2019	30/06/2020	Yes	Completed & Signed off
134	040 (S31) MAT IP	Section or Warning Notice	Safe	Women and Children	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. (Maternity)	Medical Director	Clinical Lead Obstetrics & Gynaecology	Guidelines and hand over records	31/07/2018	31/05/2020	Yes	Completed & Signed off
135	037 (S31) UEC IP	Section or Warning Notice	Safe	Medicine	The registered provider must ensure that there is an effective system in place to robustly clinically assess all patients who present to the emergency department in line with relevant national clinical guidelines within 15 minutes of arrival. (Urgent & Emergency Care)	Medical Director	ED Matron	Streamline ENP double up triage, Noted Nurse in Charge, Escalation plan in place, Triage plan in place, Clear role definition in place in the dept.	22/03/2019	30/09/2020	Yes	Completed & Signed off