

Not Completed
Completed

2022/2023 Compliance Plan
Updated 27 February 2023



Executive Accountable Officer:		Operational Lead:		Ref	Cross-reference	Applicable To	Minimum Description	Executive Owner	Action Owner	Measure of Success (Key success indicators/ targets)	Start Date	End Date	Assessed by which Executive Board	Evidence Assurance	Evidence Location	STATUS	Flag Date	Plan on a Page	Pending Evidence	
Louise Notley - Director of Patient Safety				Doug Woodcock - Risk and Compliance Manager																
Key Strategic Objective One - Maximising safe and compassionate care for our patients and their families																				
101	NEW	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	People Executive Group	Yes	LINK	Completed & Signed off	21/02/2023	Data Table	Link					
102	017 RAD IP - 41, 42	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	31/03/2022	People Executive Group	Yes	LINK	Completed & Signed off	26/07/2022	Data Table	Link					
103	018 RAD IP - 41, 42	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	31/03/2022	People Executive Group	Yes	LINK	Completed & Signed off	26/07/2022	Data Table	Link					
104	018 RAD IP - 43	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	Proportion of patients on the date provided to NHS Digital that is utilised to inform the Model Hospital	01/01/2021	31/12/2022	Response Executive Group			Not Completed	19/12/2022	Data Table	Link					
105	019 RAD IP - 44	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	30/06/2022	Quality Improvement Board	Yes	LINK	Completed & Signed off	28/06/2022	Data Table	Link					
106	NEW	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	Quality Improvement Board	Yes	LINK	Completed & Signed off	21/09/2022	Data Table	Link					
107	NEW	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	Quality Improvement Board	Yes	LINK	Completed & Signed off	17/09/2022	Data Table	Link					
108	NEW	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 2323, 2324 and 2425, as per the National Electronic Recovery	18/03/2022	31/03/2023	Response Executive Group			Not Completed		Data Table	Link					
109	015 UED IP - 1 ED Workstream	Urgent & Emergency Care	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 weekly median total time in A&E. (Urgent & Emergency Care)	Chief Operating Officer	Deputy Medical Director	New plans in place to reduce and improve admission times. Monitoring early flow through identifying newly discharged and enabling process to promote appropriate transfer of patients to improve handover time of ambulances	01/01/2021	31/03/2023	Response Executive Group			Not Completed		Data Table	Link					
110	NEW UED IP - 1 015 ED Workstream	Urgent & Emergency Care	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. (015 Overall 015 1-21) (Urgent & Emergency Care)	Chief Operating Officer	General Manager Medicine	Meeting the timescales, metrics and recovery targets for UEC which is within the planning guidance for 2323, 2324 and 2425. To meet 2023 target	01/01/2021	31/03/2023	Response Executive Group			Not Completed		Data Table	Link					
111	NEW UED IP - 2 ED Workstream	Urgent & Emergency Care	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	Achieve 90% compliance on Daily Safety Checks of each Zone	18/03/2022	31/03/2023	Safe Executive Group			Not Completed		Data Table	Link					
112	NEW UED IP - 4 ED Workstream	Urgent & Emergency Care	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	Antibiotic Steward	Identified and recorded on CFRA appropriately if advised	18/03/2022	31/03/2023	Safe Executive Group			Not Completed		Data Table	Link					
113	NEW UED IP - 5 ED Workstream	Urgent & Emergency Care	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	31/03/2023	People Executive Group			Not Completed		Data Table	Link					
Key Strategic Objective Two - Modernising our hospital (infrastructure and medical equipment) to support the delivery of optimal care																				
114	NEW	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	Use of Resources Executive Group			Not Completed	21/02/2023	Data Table	Link					
115	NEW UED IP - 4 ED Workstream	Urgent & Emergency Care	The service should continue exploring opportunities to improve its physical environment, especially for children, the treatment of minor injuries and resuscitation services. (Urgent & Emergency Care)	Director of Finance	Associate Director of Estates	Design for new ED completed and ready to be operationalised	18/03/2022	31/03/2023	Use of Resources Executive Group			Not Completed		Data Table	Link					
Key Strategic Objective Three - Strengthening staff engagement to create an open culture with trust at the centre																				
116	011 RAD IP	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	30/06/2022	People Executive Group	Yes	LINK	Completed & Signed off	29/03/2022	Data Table	Link					
117	011 MAT IP - 111	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	30/06/2022	People Executive Group	Yes	LINK	Completed & Signed off	29/03/2022	Data Table	Link					
Key Strategic Objective Four - Working with partners and expert partners to improve patient pathways and ensure financial and clinical sustainability																				
118	016 RAD IP - 45	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	31/10/2022	People Executive Group			Not Completed	22/02/2023	Data Table	Link					
Key Strategic Objective Five - Supporting our patients to improve health and clinical outcomes																				
119	015	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	30/06/2022	Effective Executive Group			Not Completed		Data Table	Link					
120	015	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	30/06/2022	Effective Executive Group			Not Completed		Data Table	Link					
121	015 UED IP	Urgent & Emergency Care	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	30/06/2022	Response Executive Group			Not Completed		Data Table	Link					
Key Strategic Objective Six - Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care																				
122	NEW	Medicine	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.	18/03/2022	31/10/2022	People Executive Group			Not Completed	21/02/2023	Data Table	Link					
123	018 RAD IP - 14	Medicine	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.	01/01/2021	31/10/2022	People Executive Group	Yes	LINK	Completed & Signed off	07/09/2022	Data Table	Link					
124	017 MAT IP - 011, 021, 021, 037	Medicine	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 Appraisal - 90% compliance achieved	01/01/2021	30/11/2022	People Executive Group			Not Completed	28/11/2022	Data Table	Link					
125	017	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 Appraisal - 90% compliance achieved	01/01/2021	31/10/2022	People Executive Group			Not Completed	25/10/2022	Data Table	Link					
126	NEW	Corporate	The service should ensure mandatory safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	Director of People	Deputy Director of People	Mandatory training levels achieved.	18/03/2022	31/10/2022	People Executive Group			Not Completed	26/10/2022	Data Table	Link					
127	017 UED IP - 7 ED Workstream	Urgent & Emergency Care	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 Appraisal - 90% compliance achieved	01/01/2021	30/11/2022	People Executive Group			Not Completed	28/11/2022	Data Table	Link					
128	018 UED IP - 8 ED Workstream	Urgent & Emergency Care	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.	01/01/2021	30/11/2022	People Executive Group	Yes	LINK	Completed & Signed off	28/11/2022	Data Table	Link					
129	NEW UED IP - 9 ED Workstream	Urgent & Emergency Care	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.	18/03/2022	30/11/2022	People Executive Group			Not Completed		Data Table	Link					
130	017	Medicine	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	Director of People	Deputy Director of People	Trust standard for Appraisal - 90% compliance achieved.	01/01/2021	31/12/2022	People Executive Group			Not Completed	20/12/2022	Data Table	Link					
131	018 018 018	Medicine	The trust must ensure 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.	01/01/2021	31/12/2022	People Executive Group			Not Completed	20/12/2022	Data Table	Link					
CCG Section 18 - Working with partners to ensure that we deliver outstanding care																				
132	048 (011) RAD IP	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	30/09/2020	Quality Forum	Yes	LINK	Completed & Signed off	11/01/2019	Data Table	Link					
133	049 (011) RAD IP	Clinical Support Services	The registered provider must ensure that there is robust systems in place to facilitate effective clinical governance within the diagnostic imaging department. This is to include oversight of training, compliance to codes of practice, training from incidents and resolution processes. The registered provider must ensure that there is a systematic approach to audit to measure compliance with (practice, process 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 11 Condition notice by the CCG. Continued evidence of robust training and governance processes from the department's clinical governance meeting.	01/06/2019	30/06/2020	Quality Forum	Yes	LINK	Completed & Signed off	22/06/2020	Data Table	Link					
134	048 (011) MAT IP - 018-022	Women and Children	The Registered Provider will ensure that there is appropriate evaluation of delivering patients in line with current guidelines and best practice with full medical handover at 9am and 7pm, with ward rounds at 11.30am and 5pm. (Maternity)	Medical Director	Clinical Lead Obstetrics & Gynaecology	Guidelines and hand over records.	31/07/2018	31/05/2020	Quality Forum	Yes	LINK	Completed & Signed off	27/04/2020	Data Table	Link					
135	017 (011) UED IP - 10 ED Workstream	Urgent & Emergency Care	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	Respective BIP double up triage, Revised Name in Change, Evaluation plan in place. Triage plan in place, Clear role definition in place in the dept.	22/03/2019	30/09/2020	Quality Forum	Yes	LINK	Completed & Signed off	30/09/2020	Data Table	Link					