Status Key: Not Comple

Executive Accountable Officer:

Louise Notley - Director of Patient Safety

2022/2023 Compliance Plan Updated 20 December 2022



Key Stratt 101 N 102 RAD 103 0 103 RAD 104 0 105 RAD 106 N 107 N 108 N 109 UEC 00 ED Wor 110 UEC 0 ED Wor 111 UEC 112 N	NEW 057 D P - 41, 42 058 D IP - 41, 42 068 AD IP - 44 NEW NEW 055 Very P - 2 055	Surgery Clinical Support Services Clinical Support Services Clinical Support Services	Milestone Description tently provide safe and compassionate care for our patients and their families The service should ensure there is a dedicated pharmacist to support the service. (critical Care) The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (Diagnostic Imaging) 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) The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner. (Diagnostic Imaging) The trust should continue to embed the governance and risk management processes. (Diagnostic Imaging) The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine) The trust must ensure medicines are stored and managed appropriately. (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)	Officer Officer Chief Operating Officer Chief Operating Officer Chief Nurse Chief Nurse Chief Nurse Chief Nurse Chief Operating Officer Chief Operating Officer Chief Operating Officer	Action Owner Chief Pharmacist General Manager CS5 General Manager CS5 General Manager CS5 General Manager CS5 General Manager CS5 Head of Nursing Medicine Deputy Chief Nurse General Manager Medicine Deputy Chief Nurse General Manager Medicine Deputy Medical Director	Measure of Success (Rey success indicators to understand success) Dedicated pharmacist support secured Staffing does not fall below the minimum standards as per the SOP Staffing does not fall below the minimum standards as per the SOP Improvement in position on the data provided to NHS Digital that is utilised to inform the Model Hospital data An embedded governance and risk management structure My kit Check List' audits compliance sustained at 100% Medicines are stored, prescribed and administered safely, in line with trust policy. Meeting the timescales and metrics for RTT which is within the planning guidance for 22/23, 32/24 and 24/25, as per the National Elective Recovery rooramme. 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	Start Date 18/03/2022 11/01/2021 11/01/2021 01/01/2021 18/03/2022 18/03/2022 01/01/2021 01/01/2021	End Date 31/10/2022 31/07/2022 31/07/2022 31/12/2022 30/06/2022 30/09/2022 31/03/2023 31/03/2023	Assured by which Committee Board People Executive Group People Executive Group Responsive Executive Group Quality Improvement Board Quality Improvement Board Quality Improvement Board Quality Improvement Board Responsive Executive Group	Evidence Assurance Yes Yes Yes Yes	Evidence Location	STATUS Not Completed & Signed off Not Completed & Signed off	EAG Date 25/10/2022 26/07/2022 26/07/2022 20/12/2022 28/06/2022 27/09/2022 27/09/2022	Plan on a Page POAP Folder	Pending Evidence
101 N 102 RAD IP 103 0 104 RAD 105 RAD 106 N 107 N 108 N 109 UEC ED Wor 110 N UEC ED Wor 111 N UEC ED Wor 112 N UEC ED Wor	NEW 057 D P - 41, 42 058 D IP - 41, 42 068 AD IP - 44 NEW NEW 055 Very P - 2 055	Surgery Clinical Support Services Clinical Support Services Clinical Support Services Medicine Medicine Medicine Urgent & Emergency Care	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care) The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (Diagnostic Imaging) 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) The trust should review processes to ensure that patients are able to access diagnostic Imaging services in a timely manner. (Diagnostic Imaging) The trust should continue to embed the governance and risk management processes. (Diagnostic Imaging) The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine) The trust must ensure medicines are stored and managed appropriately. (Medicine) The service should ensure people can access the service when they need it. (Medicine) The trust 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) The service must ensure that care and treatment are accessible at the time of need and referral to	Chief Operating Officer Chief Operating Officer Chief Operating Officer Chief Operating Officer Chief Nurse Chief Nurse Chief Operating Officer Chief Operating	General Manager CSS General Manager CSS General Manager CSS Head of Nursing Medicine Deputy Chief Nurse General Manager Medicine	Staffing does not fall below the minimum standards as per the SOP Staffing does not fall below the minimum standards as per the SOP Improvement in position on the data provided to NHS Digital that is utilised to inform the Model Hospital data An embedded governance and risk management structure My kit Check List' audits compliance sustained at 100% Medificines are stored, prescribed and administered safely, in line with trust policy. Meeting the timescales and metrics for RTT which is within the planning guidance for 2223, 2324 and 2425, as per the National Elective Recovery noveranne. 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	11/01/2021 11/01/2021 01/01/2021 01/01/2021 18/03/2022 18/03/2022	31/07/2022 31/07/2022 31/12/2022 30/06/2022 30/09/2022 31/03/2023	Group People Executive Group People Executive Group Responsive Executive Group Quality Improvement Board Quality Improvement Board Quality Improvement Board Responsive Executive Group Responsive Executive	Yes Yes Yes	LINK	Completed & Signed off Completed & Signed off Not Completed Completed & Signed off Completed & Signed off Completed & Signed off	26/07/2022 26/07/2022 20/12/2022 28/06/2022 27/09/2022	POAP Folder POAP Folder POAP Folder POAP Folder POAP Folder POAP Folder	LINK LINK LINK LINK LINK LINK LINK
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111 UEC ED Woi 112 UEC ED Woi	workstream		Becoment united and warring times are in time with national standards. (220 Jioun 033 J27) (orgent a 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	Responsive Executive Group			Not Completed		POAP Folder	LINK
112 UEC ED Wor	NEW JEC IP - 3 Workstream		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	31/03/2023	Safe Executive Group			Not Completed		POAP Folder	LINK
N	NEW JEC IP - 4 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	Antibiotics Steward	Identified and recorded on EPMA appropriately if admitted	18/03/2022	31/03/2023	Safe Executive Group			Not Completed		POAP Folder	LINK
113 UEC	NEW JEC IP - 5 Workstream		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		POAP Folder	LINK
Key Strate	rategic Objectiv	ive Two - Modernisi	ing our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal of	care											
114 N	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	20/12/2022	POAP Folder	LINK
115 UEC		line at 0	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	31/03/2023	Use of Resources Executive Group			Not Completed		POAP Folder	LINK
Key Strate	NEW JEC IP - 6 Workstream	Urgent & Emergency Care	Children, the treatment of minor injuries and streaming services. (Orgent & Emergency Care)						Exclusive droup				1 1		,

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INP No. Proc. No. Proc.<			01/01/2021 30/04/202;	Improved staff survey results		Director of People	The trust should continue to improve staff engagement. (Diagnostic Imaging)	Surgery		116
13 13 <t< td=""><td></td><td></td><td>01/01/2021 30/04/202;</td><td>Improved staff survey results</td><td></td><td>Director of People</td><td>The service should continue to work on the culture within the department. (Maternity)</td><td></td><td></td><td>117</td></t<>			01/01/2021 30/04/202;	Improved staff survey results		Director of People	The service should continue to work on the culture within the department. (Maternity)			117
13 13 <t< th=""><th></th><th></th><th></th><th></th><th></th><th>sustainability</th><th>with patients and system partners to improve patient pathways and ensure future financial and clinical si</th><th>ective Four - Working</th><th>Key Strategic Objec</th><th></th></t<>						sustainability	with patients and system partners to improve patient pathways and ensure future financial and clinical si	ective Four - Working	Key Strategic Objec	
133 13. Water Mark Description and description and controls and controls in the set budget. Diric define data water from and to add to in the set budget. Diric define data water from and to add to in the set budget. Diric define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire define data water from and to add to in the set budget. Dire data water from and to add to in the set budget. D			01/01/2021 31/10/202;	A published and promoted Vision statement and Work Plan for Radiology	Clinical Support	Chief Operating	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	Clinical Support Services	070 RAD IP - 45	118
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			01/01/2021 30/04/202:	Full audit programme in place in line with national and local targets	Head of Patient Safety & Clinical Effectiveness	Director of Patient Safety	The trust should ensure that compliance with national and local audits is in line with targets (End of Life	Women and		119
11 UECP Renegacy Case Rene			01/01/2021 30/04/202:	Full audit programme in place in line with national and local targets	Head of Patient Safety & Clinical Effectiveness		The service should ensure that performance in national and local audits is in line with targets. (Medicine)	Women and Children	015	120
12 NEW Medicine The varies a basiled max that start are up to data with manufactory training comparisons in time with the trust target. Director of People Open/P Director of People People Terration 1000000000000000000000000000000000000			01/01/2021 30/04/202:	Full audit programme in place in line with national and local targets	Head of Patient Safety & Clinical Effectiveness					121
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L2 RAD P - 14 Mindle Instruction and construct with the serve do due that the			18/03/2022 31/10/202:		Deputy Director of People	Director of People		Medicine	NEW	122
124 MAT (P-017, 22), U Medicine Introduction of migority discussion in all of all grades and and to identify and to a hyperalish - 30% compliance 0101/2021 3011/2022 People Executive Net Completed 2511/2022 People People Executive Net Completed 2511/2022 People Executive Net Completed 2511/2022 People People People People People People People People People People <td></td> <td></td> <td>01/01/2021 31/10/2022</td> <td>Mandatory training levels achieved. Target 80%</td> <td>Deputy Director of People</td> <td>Director of People</td> <td>The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)</td> <td>Medicine</td> <td></td> <td>123</td>			01/01/2021 31/10/2022	Mandatory training levels achieved. Target 80%	Deputy Director of People	Director of People	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	Medicine		123
113 017 medication the service should ensure that mutuation danges influences Director of People Direct			01/01/2021 30/11/202;			Director of People		1, Medicine	MAT IP - Q17, Q21,	124
Image: NEW bit is and bit and bit is and bit and bit is and bit is and bit is and bit is			01/01/2021 31/10/202		Deputy Director of	Director of People	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	Medicine	017	125
$\begin{bmatrix} 127 & \frac{017}{UEC P-7} \\ \frac{107}{E D W Orkstream} & \frac{1}{Cree} \\ \frac{128}{Cree} \\ \frac{128}{Cree} \\ \frac{128}{Cree} \\ $	People Executive Not Completed POAP Folder LINK	People Executive		Mandatory training levels achieved.	Deputy Director of		The service should ensure mandatory and safeguarding training amongst medical staff is completed in		NEW	
128 UC; D = 8 ED Workstream Urgent & Emergency Care Urgent & Emergency Care Urgent & Emergency Care Description of the safeguarding adults and children's' training. (Urgent & Director of People Deputy Director of People Mandatory training levels achieved. Target 80% 01/01/2021 30/11/2022 People Executive Group Ves LINK Completed 3 signed off 29/11/2022 People 129 NEW UC (P - 9 ED Workstream Urgent & Emergency Care The service should ensure all medical staff complete appropriate levels of safeguarding training for BU Workstream Director of People Deputy Director of People Mandatory training levels achieved. Target 80% 18/03/2022 30/11/2022 People Executive Group Not Completed 29/11/2022 <	People Executive Not Completed 29/11/2022 PGAP Edder LINK		01/01/2021 30/11/2022			^y Director of People		Emergency Care	UEC IP - 7	127
129 UC: (P-9) ED Workstream Urgent & Emergency Care Urgent & Emergency Care The service should ensure all medical start complete appropriate levels of safeguarding training for public tor of People Deputy Director of People People People Not Completed People People Feople People Feople Not Completed People People People Not Completed People People Feople People Feople Not Completed People People People People Feople People <t< td=""><td></td><td></td><td>01/01/2021 30/11/202;</td><td></td><td></td><td>Director of People</td><td>The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)</td><td>Emergency Care</td><td>UEC IP - 8</td><td>128</td></t<>			01/01/2021 30/11/202;			Director of People	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	Emergency Care	UEC IP - 8	128
130 017 Medicine The trust must ensure that staff receive an annual appraisal. (Trust Overall) Director of People Deputy Director of Trust standard for Appraisals - 90% compliance 0101/2021 31/12/202 People Executive Not Completed 20/12/2022 PEOPLE 131 0.18 Medicine The trust must ensure that staff receive an annual appraisal. (Trust Overall) Director of People Deputy Director of Trust standard for Appraisals - 90% compliance 0101/2021 31/12/2022 People Executive Not Completed 20/12/2022 PEOPLE	Group 29/11/2022	Group	18/03/2022 30/11/202;	Target 80%	People	Director of People	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	Emorgoncy Caro	UEC IP - 9	129
121 018 Medicine The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Director of Boople Deputy Director of Mandatory training levels achieved. 01012022 People Executive Completed 20/12/022 People Executive Completed 20/	People Executive Not Completed 20/12/2022 POAP Folder LINK		01/01/2021 31/12/202			Director of People	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	Medicine	017	130
	People Everyting	People Executive	01/01/2021 31/12/2023			Director of People	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)	Medicine	018	131
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132	Sonvicor	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	Quality Forum	Yes	LINK	Completed & Signed off	11/11/2019	POAP Folder	LINK
133	ical 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 inclinents and escalation processes. The registered provider must ensure that there is a systematic approach to audit to measure compliance with protocots, 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	Quality Forum	Yes	LINK	Completed & Signed off	22/06/2020	POAP Folder	LINK
134	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	Quality Forum	Yes	LINK	Completed & Signed off	27/04/2020	POAP Folder	LINK
135	Jrgent &	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		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	Quality Forum	Yes	LINK	Completed & Signed off	30/09/2020	POAP Folder.	LINK