The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Compliance Plan Update
Reporting for July and August 2022

EXCELLENCE STARTS HERE

Quality Improvement Board
13th September 2022

Overall Plan Summary

- This report summarises the progress against the 2022/23 Compliance Plan since its launch in April 2022.

- The Compliance Plan incorporates the remaining 'open' Must and Should Do actions from the 2021/22 IQIP with the 13 new Must and Should Do actions from the latest CQC Report. In turn, CQC actions are linked, where relevant, to the Radiology, Ophthalmology, Maternity, Urgent and Emergency Care and Elective Recovery Improvement Plans.

- All 35 actions within the 2022/23 Compliance Plan have deadlines built into the Forward Plan and include a RAG status and narrative update by exception.

- In July, 2 actions from Clinical Support Services were presented to the Evidence Assurance Group, in line with the Forward Planner. Both actions were approved increasing the total number of actions closed to 9 (26%). No actions were due for closure in August.

- As of August 2022, there are 4 actions 'At Risk' which relate to the Emergency Department (ED) 4hr standard, Dedicated Pharmacy Support within Critical Care and Mandatory Training and Appraisal Rates within Maternity Services. See slide 9 for further details. There are no actions 'Behind Plan'.

- All actions within the Compliance Plan have been aligned with the relevant Trust Strategic Objectives and include completion dates agreed with action owners. Any actions linked with the five Trust Quality Improvement Plans are clearly identifiable within the Compliance Plan to support transparency of monitoring, whilst avoiding duplication.

The report incorporates a Compliance Dashboard which provides an 'at a glance' overview of specific metrics which relate to actions within the plan. Compliance at Divisional level has also been included in the respective reports.

An additional slide has been added to the report to provide oversight on the enquiries received from the CQC, areas the enquiries relate to, themes and response timeframes.

A summary slide has been included within the Divisional updates to provide an overview of any items the DLT wish to highlight.

Key Compliance Plan and Divisional Highlights:

- 22 of the 26 actions within the compliance plan are On Track
- 4 actions are currently RAG rated 'At Risk'
- Duty of Candour remains at 100% compliance
- Mandatory Training decreased from 79% in June to 75% in July
- Appraisals slightly increase to 75% in July
- Although formal complaints dropped in May, numbers have increased in June and July and informal complaints remains high at 81

The Quality Improvement Board is asked to note:

- The 2022/23 Compliance Plan position as of Month 05
- 4 Actions moving to 'At Risk'
- The Compliance Dashboards - Trustwide and Divisional
- The CQC Enquiries overview

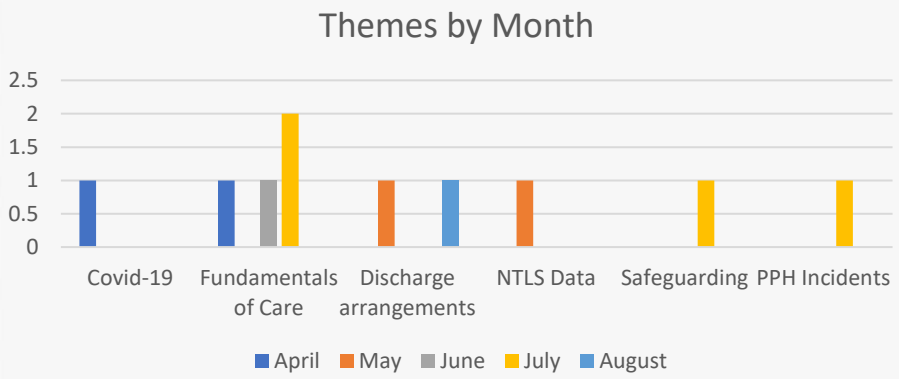
Trustwide Compliance Dashboard

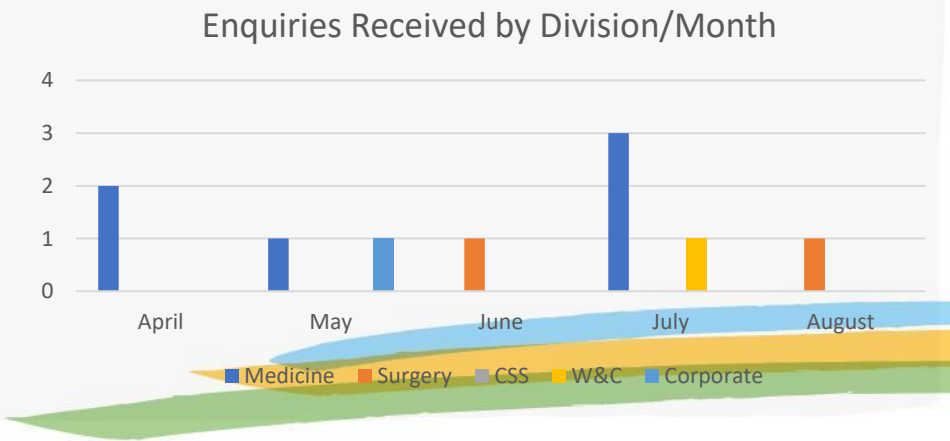
- The table below provides a summary of the latest IPR data.

Trustwide Dashboard	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	SPC Chart
Safe								
SIs reported in-month	4	5	6	6	6	8	2	
Open SIs Investigations	17	15	17	18	20	21	24	
SI Investigations overdue 60 days	5	4	3	4	3	1	2	
Duty of Candour Compliance	100%	100%	100%	100%	100%	100%	100%	
Well Led								
Mandatory Training Compliance	79%	77%	76%	76%	78%	79%	75%	
Appraisal Compliance	70%	68%	70%	66%	68%	74%	75%	
Caring								
Compliments	128	121	96	109	121	60	143	
Complaints - Formal	6	2	8	10	1	8	12	
Complaints - Informal	35	105	108	99	88	55	81	

Summary of enquiries received from the CQC

Month	Ref	Division	Area	Theme	Response Time - working days	Further information required to CQC
Apr-22	ENQ 211	Medicine	West Newton	Covid-19 acquired in hospital	9	Closed
Apr-22	ENQ 214	Medicine	Respiratory/MH	Concerns re lack of nutrition & Care	3	Re-Opened 01/08/2022
May-22	ENQ 215	Medicine	West Raynham	Poor quality of information on discharge	4	Final Investigation Report
May-22	ENQ 216	Corporate	Audit	Incidents mapped against NRLS Data submission	1	Closed
Jun-22	ENQ 217	Surgery	Windsor	Fundamentals of Care	3	LRM Offered
Jul-22	ENQ 218	Medicine	Safeguarding	Concerns re nutrition and Pressure Ulcers	1	Closed
Jul-22	ENQ 219	Medicine	Tilney/TSS	Fundamentals of Care / Dressings	18	Closed
Jul-22	ENQ 224	Medicine	Necton	Safeguarding - Patient with LD	5	Safeguarding final report
Jul-22	ENQ 225	W&C	Maternity	Clarification of grading PPH incidents	1	Closed
Aug-22	ENQ 228	Surgery	Orthopaedics	Concerns re diagnosis and location of discharge	2	Closed





Overall Plan Position

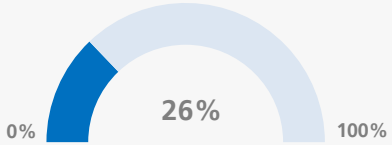
- The tables below reflect the actions captured within the 2022/23 Compliance Plan, with 26 open actions covering Must and Should Do actions which are structured accordingly.

Status	Must	Should	Section 31	Total
Completed & Signed Off	**2**	**3**	**4**	**9**
Clinical Support Services	2	2	2	**6**
Corporate				
Medicine			1	**1**
Surgery				
Women & Children		1	1	**2**
Not Completed	**8**	**18**		**26**
Clinical Support Services		3		**3**
Corporate	2			**2**
Medicine	5	13		**18**
Surgery		2		**2**
Women & Children	1			**1**
Total	**10**	**21**	**4**	**35**

Area	At Risk	On Plan	Total
Clinical Support Services		**3**	**3**
Must			
Should		3	**3**
Corporate	**1**	**1**	**2**
Must	1	1	**2**
Medicine	**1**	**17**	**18**
Must	1	4	**5**
Should		13	**13**
Surgery	**1**	**1**	**2**
Should	1	1	**2**
Women & Children	**1**		**1**
Must	1		**1**
Total	**4**	**22**	**26**

Overall Plan Status

Overall Performance

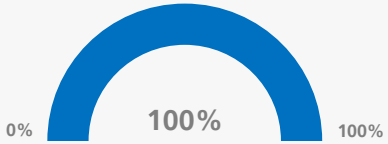


9
Total Complete

35
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 9 actions have been closed including the 4 Section 31 conditions which remain on the Trust's Certificate of Registration
- 4 actions are currently RAG rated 'At Risk' and no actions are behind plan at Month 05

CQC Conditions & Notices

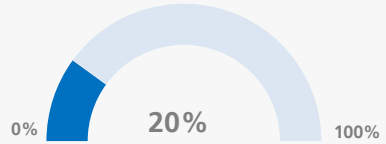


4
Total Complete

4
Total Planned

- All CQC Conditions and Warning Notices have been closed internally by the Trust
- The Trust has 4 Section 31 Conditions on its Certificate of Registration
- A decision has been made not to submit a formal application in August to request the lifting of 3 of the remaining Section 31 Conditions relating to Maternity Services and Diagnostic Imaging. Full details are included within the Section and Warning Notice Update - Agenda Item 10 .
- It is important to note that there has been no breach of these conditions.

Must's

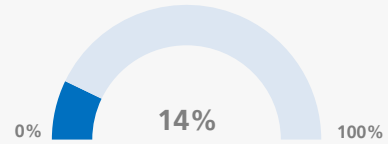


2
Total Complete

10
Total Planned

- 10 Must Do actions are incorporated within the 2022/23 Compliance Plan.
- 2 Must Do actions were closed at the Evidence Assurance Group in July

Should's



3
Total Complete

21
Total Planned

- 21 Should Do actions are incorporated within the 2022/23 Compliance Plan
- 3 Should Do actions have been closed to date

Forward plan for the completion of actions

- This table details a breakdown of all 35 actions within the Compliance Plan which are included within the forward plan.

Area	Completed & Signed Off	Behind Plan	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Clinical Support Services	**6**			**2**		**1**					**9**
Must	2										**2**
Should	2			2		1					**5**
Section 31	2										**2**
Corporate						**2**					**2**
Must						2					**2**
Medicine	**1**		**2**	**2**	**3**	**1**			**7**	**3**	**19**
Must			2			1			2		**5**
Should				2	3				5	3	**13**
Section 31	1										**1**
Surgery				**2**							**2**
Should				2							**2**
Women & Children	**2**				**1**						**3**
Must					1						**1**
Should	1										**1**
Section 31	1										**1**
Total	**9**		**2**	**6**	**4**	**4**			**7**	**3**	**35**

Actions submitted and approved at EAG in July and August 2022

ID Ref	Service	Category	Action Description	End Date	RAG Status
102	Clinical Support Services	Must	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (Diagnostic Imaging)	31/07/2022	B
103	Clinical Support Services	Must	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)	31/07/2022	B

To date all actions have been submitted to EAG and approved for closure with timeframes in line with the Forward planner.

Actions At Risk at the end of August 2022

ID Ref	Service	Category	Action Description	End Date	RAG Status
101	Surgery	Should	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	31/10/2022	A
109	Medicine	Must	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)	31/03/2023	A
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	A

101 – Pharmacy Support (Critical Care)
The support from Pharmacy is infrequent and not daily. The department continue to contact pharmacy when advice is needed though there is a risk with them not being at the daily ward round and not completing the daily reviews. Pharmacy are aware of the issue and it is also monitored on the surgical risk register.

109 – 4 Hour ED Standard (Urgent and Emergency Care)
Due to the increasing demand within the Emergency Department; there is a risk that this action is not being sustained with the 15 minute national target. The mitigating actions are that a trial is commencing that the GP stream service will work alongside the triage nurse to assess the patients within the target time however due to current recruiting concerns this target is not being met. There is a plan for a triage nurse to be placed within minor injuries to take all minor patients through the pathway.

124 – Mandatory Training and Appraisals (Maternity)
Mandatory training and appraisal rates are monitored monthly within the Division. The Division have developed a mandatory training trajectory aiming to achieve the required compliance. W&C have a risk on the risk register for achieving 90% mandatory training compliance for CNST due to Maternity staffing shortages. Appraisals are being arranged by Line Managers, with dedicated time given to staff. Appraisals are monitored and escalated by the PDM/ PDN teams. The Division are ensuring that all of those who manage staff are trained in undertaking appraisals.

130 – Appraisals (Trustwide)
Due to the Division of W&C moving their appraisal action to 'At Risk' the Corporate Trustwide action cannot be closed until all Divisional actions have been completed which relate to appraisal compliance.

Actions to be submitted to the EAG in the next 3 months

ID Ref	Service	Category	Action Description	End Date	RAG Status
101	Surgery	Should	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	31/10/2022	A
106	Medicine	Must	The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine)	30/09/2022	G
107	Medicine	Must	The trust must ensure medicines are stored and managed appropriately. (Medicine)	30/09/2022	G
118	Clinical Support Services	Should	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	31/10/2022	G
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Division of Medicine Compliance Plan Update Reporting for July and August 2022

EXCELLENCE STARTS HERE

Quality Improvement Board
September 2022

Division of Medicine - Summary

- Divisional Director commenced 5th September 2022 – Dr Shiva Ugni
- New cohort of Junior Drs commenced in August and a weekly forum being introduced to improve communication
- UEC weekly forum disbanded and replaced with 3 x separate meetings focusing on HMB agreed outcomes for Urgent and Emergency Care (slide 20)

Division of Medicine - Compliance Dashboard

- The table below provides a summary of the latest IPR data.

Medicine Dashboard	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	SPC Chart
Safe								
SIs reported in-month	3	2	3	4	1	5	1	
Open SIs Investigations	7	5	6	8	7	9	10	
SI Investigations overdue 60 days	2	0	0	1	0	0	0	
Duty of Candour Compliance	100%	100%	100%	100%	100%	100%	100%	
Well Led								
Mandatory Training Compliance	80%	78%	76%	75%	77%	78%	74%	
Appraisal Compliance	73%	69%	73%	67%	67%	71%	74%	
Caring								
Compliments	49	48	30	38	59	19	59	
Complaints - Formal	2	2	3	3	0	5	4	
Complaints - Informal	14	59	57	53	51	30	50	

Division of Medicine - Dashboard

- The table below reflects the Division of Medicine actions captured within the 2022/23 Compliance Plan, with 18 open actions covering Must and Should Do actions which are structured accordingly.

Status	Must	Should	Section 31	Total
Completed & Signed Off		**3**	**4**	**7**
Clinical Support Services		2	2	**4**
Corporate				
Medicine			1	**1**
Surgery				
Women & Children		1	1	**2**
Not Completed	**10**	**18**		**28**
Clinical Support Services	2	3		**5**
Corporate	2			**2**
Medicine	5	13		**18**
Surgery		2		**2**
Women & Children	1			**1**
Total	**10**	**21**	**4**	**35**

Division of Medicine – List of Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
106	Medicine	Must	The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine)	30/09/2022	G
107	Medicine	Must	The trust must ensure medicines are stored and managed appropriately. (Medicine)	30/09/2022	G
108	Medicine	Should	The service should ensure people can access the service when they need it. (Medicine)	31/03/2023	G
109	Medicine	Must	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)	31/03/2023	A
110	Medicine	Must	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)	31/03/2023	G
111	Medicine	Should	The service should ensure staff carry out checks on specialist equipment and record this in line with service guidance. (Urgent & Emergency Care)	31/03/2023	G
112	Medicine	Should	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)	31/03/2023	G
113	Medicine	Should	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)	31/03/2023	G
114	Medicine	Must	The trust must ensure patient records are stored securely. (Medicine)	31/12/2022	G
115	Medicine	Should	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)	31/03/2023	G
119	Medicine	Should	The trust should ensure that compliance with national and local audits is in line with targets (End of Life Care)	30/04/2023	G
120	Medicine	Should	The service should ensure that performance in national and local audits is in line with targets. (Medicine)	30/04/2023	G
121	Medicine	Should	The service should ensure that performance in national and local audits is in line with targets. (Urgent & Emergency Care)	30/04/2023	G
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G
135	Medicine	Section 31	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)	30/09/2020	B

Division of Medicine – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G

Trustwide – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	A
131	Corporate	Must	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)	31/12/2022	G

Divisional Response:

1. How is the Division currently managing Mandatory Training and Appraisal Rates?

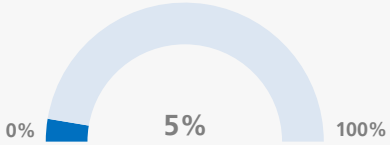
Safeguarding Adults and Children is compliant amongst nursing staff within UEC

Trajectory compiled with the DLT for completion of both Mandatory training and appraisal completion

There is a risk of not meeting the target with Medical staff within the UEC- Dr Ugni to meet with CD to get a plan in place for completion

Division of Medicine - Overall Plan Status

Overall Performance

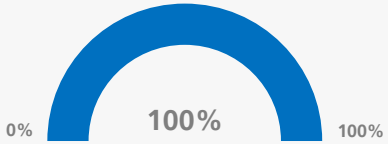


1
Total Complete

19
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 19 actions sit within the Division of Medicine. Plans on a page have been developed for all actions
- 1 action is currently RAG rated 'At Risk'

CQC Conditions & Notices

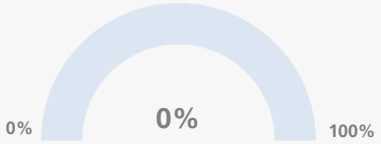


1
Total Complete

1
Total Planned

- All CQC Conditions and Warning Notices have been closed internally by the Trust
- 1 Section 31 Condition remains on the Trusts Certificate of Registration relating to Urgent and Emergency Care Services

Must's

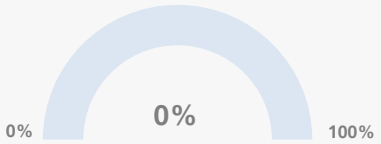


0
Total Complete

5
Total Planned

- The Division of Medicine have 5 Must Do actions on the 2022/23 Compliance Plan, including 2 actions which link to the Urgent and Emergency Care Improvement Plan
- All 5 Must Do actions remain open

Should's



0
Total Complete

13
Total Planned

- The Division of Medicine have 13 Should Do actions on the 2022/23 Compliance Plan, including 8 actions which link to the Urgent and Emergency Care Improvement Plan
- All 13 Should Do actions remain open

Division of Medicine - Forward plan for the completion of actions

- This table details the forward plan for all actions captured within the 2022/23 Compliance Plan for the Division.

Area	Completed & Signed Off	Behind Plan	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Medicine											
Must			2			1			2		**5**
Should				2	3				5	3	**13**
Section 31	1										**1**
Total	**1**		**2**	**2**	**3**	**1**			**7**	**3**	**19**

Divisional Response:

1. **What action has the Division taken in-month to ensure actions will be delivered within the agreed deadlines?**

- Matrons are leading on resuscitation checks for oversight to ensure that these are completed daily along with daily specialist equipment checks
- Three monthly cross audits being completed with medicines management
- Monthly trajectory requested from ward leaders and Clinical Directors for updates of Mandatory Training and Appraisal compliance.

Division of Medicine – RAG Rated Plan Position as of August 2022

- The following sets out the overall plan position for the Division of Medicine.

Area	At Risk	On Plan	Closed	Total
Medicine				
Must	1	4		**5**
Should		13		**13**
Section 31			1	**1**
Total	**1**	**17**	**1**	**19**

Divisional Response:

1. How is the Division ensuring 'Closed' and 'On Plan' actions are monitored, embedded and sustained?

Action107-cross audit rota in place for medicines audits three monthly
Action 120 and 121-Service Managers have ensured that the audit compliance is added to the agenda for specialty meetings and triumvirate meetings

2. What are the Divisions current risks to delivery and what are the mitigating actions?

Action 135-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)-although this is blue on the action plan, the activity within the Emergency Department has prevented this from taking place.
Action: to pilot a second triage nurse to improve triage time for patients so that the 15 minute target is maintained.
Action127-Appriasal rate for Nursing within the UEC is currently sitting at 47%-a trajectory has been requested from DLT for improvement plan.

Division of Medicine – Actions At Risk at the end of August 2022

ID Ref	Service	Category	Action Description	End Date	RAG Status
109	Medicine	Must	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)	31/03/2023	A

Quality Indicator Trajectory	National Standard	July	December	Mar-23
Ambulance handovers < 15 min	**65%**	26%	45%	60%
Ambulance handovers < 30 min	**95%**	53%	70%	80%
Ambulance handovers < 60min	**100%**	68%	75%	85%
Non admitted performance	**95%**	72%	80%	85%
Pre noon discharges (DofM only)	33%	21%	25%	30%

Quality Indicator Trajectory	Standard	July	December	Mar-23
Triage times	**>85%**	48%	65%	75%
Treatment times	**>85%**	46%	70%	80%

109 – 4 Hour ED Standard (Urgent and Emergency Care)

- Regular weekly meetings now set up to address 3 quality standards relating to emergency access
- Ambulance handovers to be less than 60 mins
- Increase in pre noon discharges
- 4 hour non admitted performance improvement
- Trajectory for improvement set as above

Division of Medicine – Actions to be submitted to the EAG in the next 3 months

ID Ref	Service	Category	Action Description	End Date	RAG Status
106	Medicine	Must	The trust must ensure daily and weekly checks on resuscitation equipment is maintained in line with trust guidance. (Medicine)	30/09/2022	G
107	Medicine	Must	The trust must ensure medicines are stored and managed appropriately. (Medicine)	30/09/2022	G
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G

Division of Medicine – Complaints & Compliments

- The below sets out the monthly Patient Experience activity for the Division of Medicine.

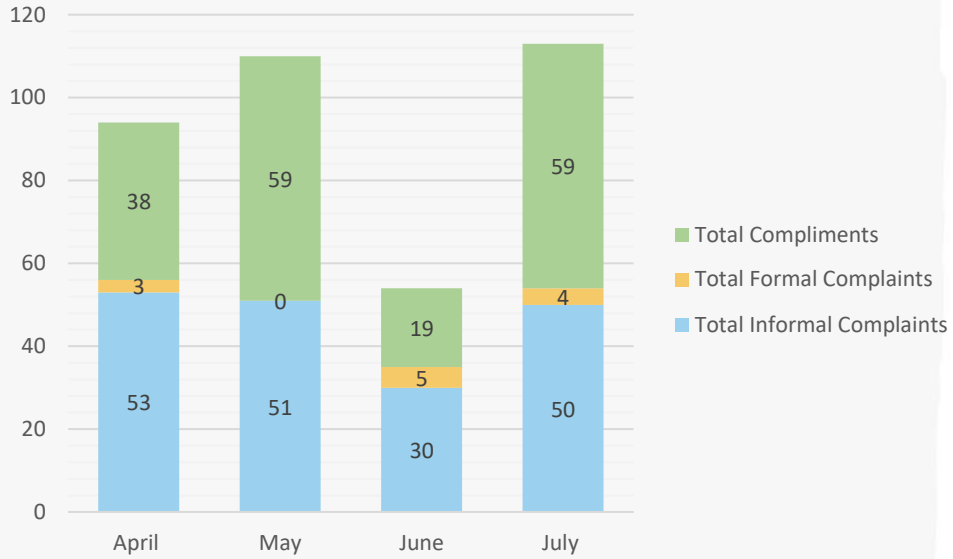
Complaints and Compliments Management

1. Total number of Complaints received in July:
50 Informal Complaints received
4 Formal Complaints received

2. Divisional Formal Complaint Themes:
End of life care and communication

3. Divisional Informal Complaint Themes:
Communication
Delay in appointments and investigations
Diagnosis

4. Total number of Compliments received in July:
59 Compliments received



Divisional Response:

1. What action has the Division taken in response to recent Complaints and Compliments?
- **Compliments have been shared with ward areas and individual staff by the Head of Nursing**
- **Local Resolution Meetings are encouraged**
- **Ward Staff attending Local Resolution Meeting**

2. What / How has the Division learnt from recent Complaints and Compliments? How is this learning shared?
- **Shared at Band 6 away day/Band 7 meeting**
- **Staff on the acute floor to attend a palliative care study day**

Division of Medicine – Serious Incidents

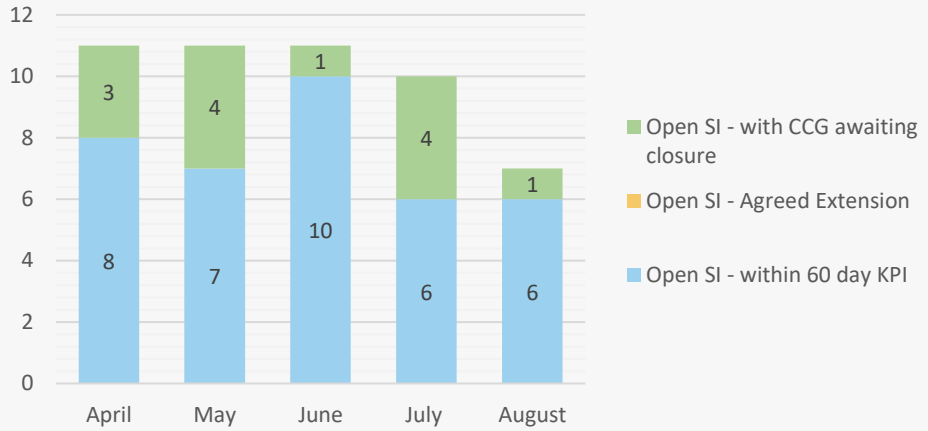
- The below sets out the monthly Serious Incident activity for the Division of Medicine.

Serious Incident Management

1. Total number of open SIs:
There are currently 7 open SIs within Medicine (6 are open and being investigated within the 60 day KPI, and 1 is with the CCG awaiting closure).

2. Total number of new SIs in August:
No new SIs were declared in August

3. Number of SIs where extensions have been requested & reasons why:
No open SI extensions



Divisional Response:

1. What action has the Division taken in response to recent incidents?
- **Bespoke falls training**
- **Blue ribbon reinvigoration**
- **Stop the clock initiative for the safe transfer of patients**

2. What / How has the Division learnt from recent incidents? How is this learning shared?
- **Panel approach to incidents, so that learning can occur immediately**
- **Risk and governance report monthly**
- **QPR**
- **Learning shared at grand rounds for Medical team**

3. What themes have been identified from recent incidents?
- **Recent moderates which have been declared have noted that there has been a delay to act on adverse results.**

Division of Medicine – Risk Management

- The below sets out the current Top 3 Risks for the Division of Medicine.

Top 3 Risks (Divisional)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 2244	Lack of MH beds in the community leading to a potential for patient harm due to extended delay	16
2. 2199	Timely Access to Emergency Care including Time Spent in the Emergency Department	15
3. 2984	Risk of patient harm as a result of ambulance offload delays	15

Divisional Response:

1. How are the Division managing these risks?

All delays for a MH bed have a harm review completed from the Lead Mental Health Nurse.
A second triage nurse is being piloted to ensure patient's are triaged in a timely fashion.

Top 3 Risks (Trustwide)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 392, 2989, 3018	RAAC risk, insufficient funding to maximise safety and no long term solution	0392: Catastrophic (5) x Likely (4) = 20 2989: Catastrophic (5) x Likely (4) = 20 3018: Major (4) x Likely (4) = 16
2. 2244, 2199, 2984, 2957	Risk of patient harm due to delays in the Urgent and Emergency Pathway	2244: Major (4) x Likely (4) = 16 2199: Moderate (3) x Almost Certain (5) = 15 2984: Moderate (3) x Almost Certain (5) = 15 2957: Major (4) x Likely (4) = 16
3. 2915, 2643, 2788	Risk of patient harm due to delays in the Elective Pathway	2915: Major (4) x Likely (4) = 16 2643: Major (4) x Likely (4) = 16 2788: Major (4) x Likely (4) = 16

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

Division of Surgery Compliance Plan Update Reporting for August 2022

EXCELLENCE STARTS HERE

Quality Improvement Board
13 September 2022

Division of Surgery - Compliance Dashboard

- The table below provides a summary of the latest IPR data.

Surgery Dashboard	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	SPC Chart
Safe								
SIs reported in-month	0	1	1	0	1	1	1	
Open SIs Investigations	3	2	4	3	2	2	3	
SI Investigations overdue 60 days	0	0	1	1	0	0	0	
Duty of Candour Compliance	100%	100%	100%	100%	100%	100%	100%	
Well Led								
Mandatory Training Compliance	83%	80%	79%	79%	80%	80%	74%	
Appraisal Compliance	71%	68%	71%	68%	72%	76%	77%	
Caring								
Compliments	38	36	24	12	23	7	24	
Complaints Formal	2	0	2	3	1	2	4	
Complaints - Infromal	15	31	35	29	28	21	27	

Division of Surgery- Dashboard

- The table below reflects the Division of Surgery actions captured within the 2022/23 Compliance Plan, with 2 open Should Do actions which are structured accordingly.

Status	Must	Should	Section 31	Total
Completed & Signed Off	**2**	**3**	**4**	**9**
Clinical Support Services	2	2	2	**6**
Corporate				
Medicine			1	**1**
Surgery				
Women & Children		1	1	**2**
Not Completed	**8**	**18**		**26**
Clinical Support Services		3		**3**
Corporate	2			**2**
Medicine	5	13		**18**
Surgery		2		**2**
Women & Children	1			**1**
Total	**10**	**21**	**4**	**35**

Division of Surgery – List of Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
101	Surgery	Should	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	31/10/2022	A
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G

Division of Surgery – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G

Trustwide – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	A
131	Corporate	Must	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)	31/12/2022	G

Divisional Response:

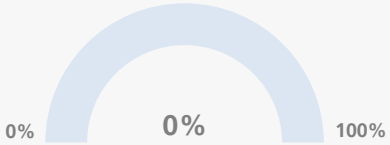
1. How is the Division currently managing Mandatory Training and Appraisal Rates?

The division is at 75% compliance for Mandatory Training.
The lowest level of compliance is within Basic Life Support, the Clinical Educator has continued to deliver this training, however the attendance has not been added on to ESR due to staffing leave in the mandatory training team.
Figures continue to be shared across the division to help raise awareness and improve compliance.

The Surgical division is at 77% compliance for appraisals. This is a 5% improvement from last month and the DLT and line managers continue to work together to meet the 90% target

Division of Surgery - Overall Plan Status

Overall Performance

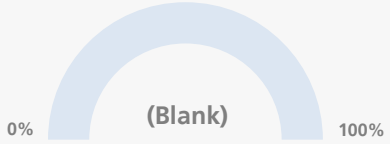


0
Total Complete

2
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 2 actions sit within the Division of Surgery. Plans on a page have been developed for all actions
- 1 Should Do action is currently RAG rated as 'At Risk'

CQC Conditions & Notices

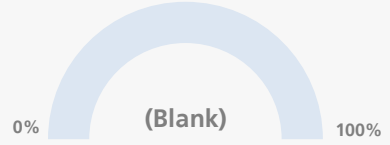


0
Total Complete

0
Total Planned

- The Division of Surgery do not have any CQC Conditions or Warning Notices

Must's

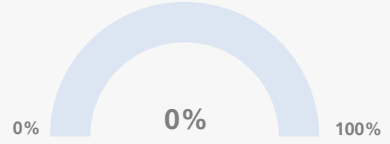


0
Total Complete

0
Total Planned

- The Division of Surgery do not have any Must Do actions on the 2022/23 Compliance Plan

Should's



0
Total Complete

2
Total Planned

- The Division of Surgery have 2 Should Do actions on the 2022/23 Compliance Plan
- Both Should Do actions remain open
- 1 Should Do action is currently RAG rated as 'At Risk'

Division of Surgery - Forward plan for the completion of actions

- This table details the forward plan for all actions captured within the 2022/23 Compliance Plan for the Division.

Area	Completed & Signed Off	Behind Plan	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Surgery											
Should				2							**2**
Total				**2**							**2**

Divisional Response:

1. What action has the Division taken in-month to ensure actions will be delivered within the agreed deadlines?

1. *The service should ensure there is a dedicated pharmacist to support the service (Critical Care)*
The support from pharmacy is infrequent and not daily. The department continue to contact pharmacy when advice is needed though there is a risk with them not being at the daily ward round and not completing the daily reviews. Pharmacy are aware of the issue and it is also monitored on the surgical risk register.

2. *The service should ensure that doctors mandatory training compliance is in line with the trust targets (Critical Care)*
The Critical Care Clinical Director, and Practice Development Nurse are working with the medical and nursing staff, however compliance has dropped within the medical team to 65%

Division of Surgery – RAG Rated Plan Position as of August 2022

- The following sets out the overall plan position for the Division of Surgery.

Area	At Risk	On Plan	Closed	Total
Surgery				
Should	1	1		**2**
Total	**1**	**1**		**2**

Divisional Response:

1. **How is the Division ensuring 'On Plan' actions are monitored, embedded and sustained?**

The actions are monitored through Critical Care departmental meeting, and Surgical Divisional Board

2. **What are the Divisions current risks to delivery and what are the mitigating actions?**

The division is seeing a rising number of completed appraisals though compliance remains below target.

There is a risk that patients on the Critical Care do not have adequate pharmacy input which may result in harm. The Critical Care team do contact the team when they are needed to mitigate the risk.

Division of Surgery – Actions to be submitted to the EAG in the next 3 months

ID Ref	Service	Category	Action Description	End Date	RAG Status
101	Surgery	Should	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	31/10/2022	A
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G

Division of Surgery – Actions At Risk at the end of August 2022

ID Ref	Service	Category	Action Description	End Date	RAG Status
101	Surgery	Should	The service should ensure there is a dedicated pharmacist to support the service. (Critical Care)	31/10/2022	A

101 – Pharmacy Support (Critical Care)
There is a risk that there will not be any pharmacy support before the end of October

Division of Surgery – Complaints & Compliments

- The below sets out the monthly Patient Experience activity for the Division of Surgery.

Complaints and Compliments Management

1. Total number of Complaints received in July:

4 Formal Complaints received:

- Urology: A patient felt their treatment was delayed and resulted in harm. This is being managed by NNUH though no lapses in care identified on initial investigation.
- Denver Ward: Relative complaint regarding Nursing care
- ENT Appointment letters, incorrect information, being managed by business services.
- General Surgery: concerns regarding treatment from surgical team and referrals to other departments

27 Informal Complaints received

2. Divisional Formal Complaint Themes:

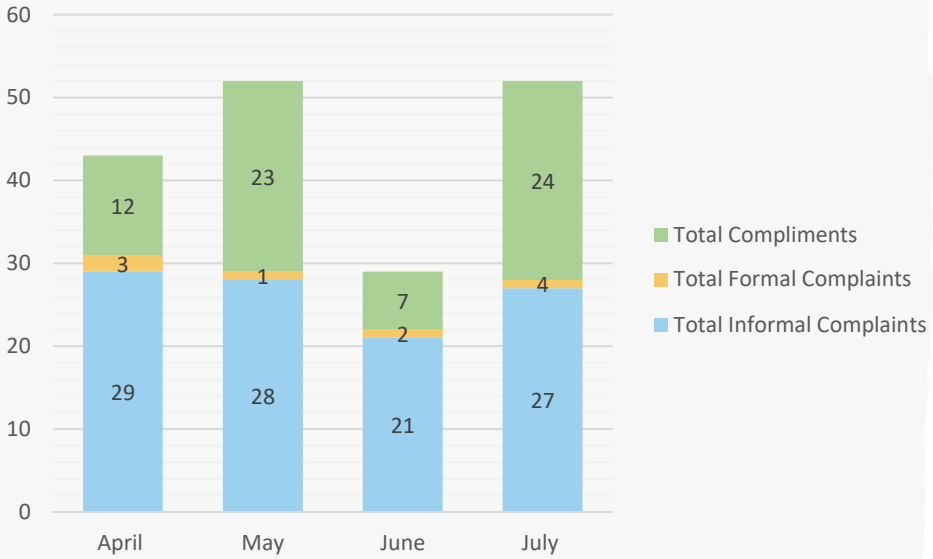
The main theme from the formal and informal complaints is inadequate communication

3. Divisional Informal Complaint Themes:

There has been a significant drop in complaints regarding treatment, though an increase in complaints regarding early discharge and COVID-19.

4. Total number of Compliments received in July:

24 Compliments received



Divisional Response:

1. What action has the Division taken in response to recent Complaints and Compliments?

The Denver Ward manager is working with her team and Matron to improve patient and relative experience.

We are arranging LRMs as necessary to ensure we learn from these experiences and are inviting the necessary staff to attend.

2. What / How has the Division learnt from recent Complaints and Compliments? How is this learning shared?

The division share learning through their departmental meetings and through divisional board

Division of Surgery – Serious Incidents

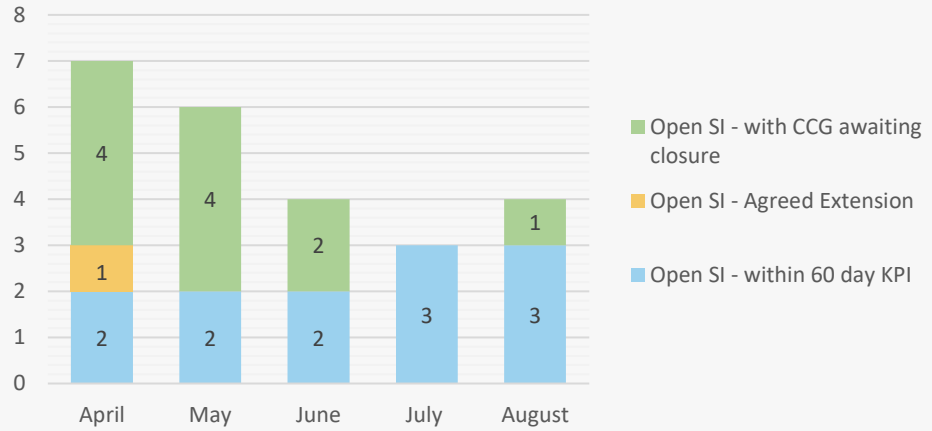
- The below sets out the monthly Serious Incident activity for the Division of Surgery.

Serious Incident Management

1. Total number of open SIs:
There are currently 4 open SIs within Surgery (3 are open and being investigated within the 60 day KPI, and 1 is with the CCG awaiting closure).

2. Total number of new SIs in August:
1 new SI was declared in August; 2022-16845 Cancer delay to follow up

3. Number of SIs where extensions have been requested & reasons why:
No open SI extensions



Divisional Response:

1. What action has the Division taken in response to recent incidents?

- The Operational Team are working with specialties to ensure that there are systems in place to recognise patients at high risk and who are need of timely follow up appointments. This is in response to a Dermatology Serious Incident where a post cancer patient had a delay to follow up and the cancer had returned.
- The division are working with the Dietetic teams to improve Nutrition awareness and management for patients. This is in response to the SI on Denver Ward where an End of Life patient had gone an extended time without adequate nutrition.

2. What / How has the Division learnt from recent incidents? How is this learning shared?

Learning is shared through monthly reports, divisional board, departmental meetings and cross divisional meetings.

3. What themes have been identified from recent incidents?

The Serious Incident in Dermatology has promoted the review of other services to ensure all have risk stratification tools in place so staff can recognise the high risk patients.

Division of Surgery – Risk Management

- The below sets out the current Top 3 Risks for the Division of Surgery.

Top 3 Risks (Divisional)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 2634	Timely access to cancer care and treatment (diagnostics and backlogs)	12
2. 2754	Timely access to elective care, 18 week referral to treatment	12
3. 2671	No piped oxygen on Elm Ward or part of Gayton Ward	12

Divisional Response:

1. How are the Division managing these risks?

Timely escalation of delays: diagnostic, histology and tertiary treatments via the Cancer Manager. Additional WLI sessions for treatments and clinic appointments to reduce delays. Recruitment to vacancies and focus on increase of straight to test and reduce diagnostic delays.
Compliance with Harm Review policy.

Aim is for all patients on more than 4L 0^2 to be moved to a piped oxygen bed to avoid harm)

Top 3 Risks (Trustwide)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 392, 2989, 3018	RAAC risk, insufficient funding to maximise safety and no long term solution	0392: Catastrophic (5) x Likely (4) = 20 2989: Catastrophic (5) x Likely (4) = 20 3018: Major (4) x Likely (4) = 16
2. 2244, 2199, 2984, 2957	Risk of patient harm due to delays in the Urgent and Emergency Pathway	2244: Major (4) x Likely (4) = 16 2199: Moderate (3) x Almost Certain (5) = 15 2984: Moderate (3) x Almost Certain (5) = 15 2957: Major (4) x Likely (4) = 16
3. 2915, 2643, 2788	Risk of patient harm due to delays in the Elective Pathway	2915: Major (4) x Likely (4) = 16 2643: Major (4) x Likely (4) = 16 2788: Major (4) x Likely (4) = 16

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Division of Women and Children Compliance Plan Update Reporting for August 2022

EXCELLENCE STARTS HERE

Quality Improvement Board
13 September 2022

Division of Women & Children - Summary

- All CQC Conditions and Warning Notices have been closed internally by the Trust.
- 1 Section 31 Condition remains on the Trusts Certificate of Registration relating to Maternity Services – 1) Ensure that there is appropriate escalation of deteriorating patients in line with current guidelines and best practice.
- Staffing challenges have led to the cancellation of MDT training in the early part of this year, to enable us to deliver safe services across maternity whilst we recruit. We are monitoring the situation closely and ensuring that we continue to maintain training dates where we safely can.
- Staffing challenges and the impact on training are included within the W&C Risk Register with monitoring and escalation on a monthly basis.

Division of Women & Children - Compliance Dashboard

- The table below provides a summary of the latest IPR data.

Women & Children Dashboard	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	SPC Chart
Safe								
SIs reported in-month	1	2	2	2	1	2	0	
Open SIs Investigations	4	6	6	7	8	8	9	
SI Investigations overdue 60 days	2	2	1	2	3	1	2	
Duty of Candour Compliance	100%	100%	100%	100%	100%	100%	100%	
Well Led								
Mandatory Training Compliance	77%	77%	76%	75%	78%	80%	77%	
Appraisal Compliance	70%	74%	70%	69%	72%	80%	80%	
Caring								
Compliments	11	11	12	17	2	25	23	
Complaints - Formal	1	0	0	1	0	0	0	
Complaints - Informal	5	6	9	13	7	3	3	

Division of Women & Children - Dashboard

- The table below reflects the Division of Women & Children actions captured within the 2022/23 Compliance Plan, with 1 open Must Do action.

Status	Must	Should	Section 31	Total
Completed & Signed Off	**2**	**3**	**4**	**9**
Clinical Support Services	2	2	2	**6**
Corporate				
Medicine			1	**1**
Surgery				
Women & Children		1	1	**2**
Not Completed	**8**	**18**		**26**
Clinical Support Services		3		**3**
Corporate	2			**2**
Medicine	5	13		**18**
Surgery		2		**2**
Women & Children	1			**1**
Total	**10**	**21**	**4**	**35**

Division of Women & Children – List of Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
117	Women and Children	Should	The service should continue to work on the culture within the department. (Maternity)	30/04/2022	B
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
134	Women and Children	Section 31	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)	31/05/2020	B

Division of Women & Children – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	G

Trustwide – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	A
131	Corporate	Must	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)	31/12/2022	G

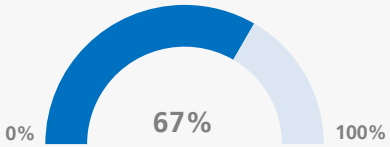
Divisional Response:

1. **How is the Division currently managing Mandatory Training and Appraisal Rates?**

Mandatory training and appraisal rates are monitored monthly within the division. We have developed a mandatory training trajectory aiming to achieve the required compliance. We have a risk on the risk register for achieving 90% mandatory training compliance for CNST due to maternity staffing shortages. Appraisals are being arranged by line managers, with dedicated time given to staff. Appraisals are monitored and escalated by the PDM/ PDN teams. We are ensuring that all of those who manage staff are trained in undertaking appraisals.

Division of Women & Children - Overall Plan Status

Overall Performance

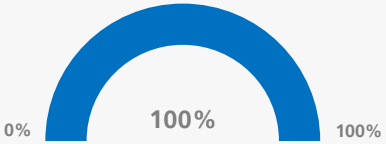


2
Total Complete

3
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 3 actions sit within the Division of Women and Children.
- The remaining open action is currently RAG rated as 'At Risk' agreement has been made for the Trust to have 6 months worth of audit data showing a trajectory of improvement, before resubmitting for closure.

CQC Conditions & Notices

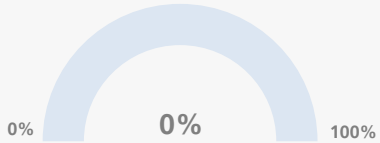


1
Total Complete

1
Total Planned

- All CQC Conditions and Warning Notices have been closed internally by the Trust.
- 1 Section 31 Condition remains on the Trusts Certificate of Registration relating to Maternity Services – 1) Ensure that there is appropriate escalation of deteriorating patients in line with current guidelines and best practice.
- Medical handovers form part of our Maternity Improvement Plan, to improve them further from the position we were in at the time of our last inspection. This will form part of the upcoming job planning.

Must's

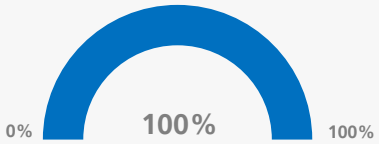


0
Total Complete

1
Total Planned

- The Division of Women and Children have 1 Must Do action on the 2022/23 Compliance Plan.
- Staffing challenges have led to the cancellation of MDT training in the early part of this year, to enable us to deliver safe services across maternity whilst we recruit.
- We are monitoring the situation closely and ensuring that we continue to maintain training dates where we safely can.
- Staffing challenges and the impact on training are included within the W&C Risk Register with monitoring and escalation on a monthly basis.

Should's



1
Total Complete

1
Total Planned

- The Division of Women and Children have 1 Should Do action on the 2022/23 Compliance Plan, which was approved for closure by the Evidence Assurance Group in March

Division of Women & Children - Forward plan for the completion of actions

- This table details the forward plan for all actions captured within the 2022/23 Compliance Plan for the Division.

Area	Completed & Signed Off	Behind Plan	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Women & Children											
Must					1						**1**
Should	1										**1**
Section 31	1										**1**
Total	**2**				**1**						**3**

Divisional Response:

1. **What action has the Division taken in-month to ensure actions will be delivered within the agreed deadlines?**

As per previous slide, the remaining Section 31 notice and should and must do actions are monitored through Maternity Improvement Plan and monthly Clinical Governance meetings.

Division of Women & Children – RAG Rated Plan Position as of August 2022

- The following sets out the overall plan position for the Division of Women & Children .

Area	At Risk	On Plan	Closed	Total
Women & Children				
Must	1			**1**
Should			1	**1**
Section 31			1	**1**
Total	**1**		**2**	**3**

Divisional Response:

1. How is the Division ensuring 'Closed' and 'On Plan' actions are monitored, embedded and sustained?

EAG process in place and the Division monitor and track performance across multiple KPI's to ensure safe and effective care.
Deviations from expected levels of care are identified through Datix reporting, complaints, and existing governance processes, with redial action taken.

2. What are the Divisions current risks to delivery and what are the mitigating actions?

Current risk MEOW audit – Meows audits are being collated and reviewed to identify areas for improvement which are then fed back to the clinical areas and re-audited to provide assurance that action taken are reducing risk to deteriorating patients. 100% compliance with completing MEOWS, further improvements will be audited for escalation of scoring MEOWS.

Staffing & vacancy rate – Risk ID 2489 within the W&C risk register is reviewed regularly to ensure that staffing risks are addressed and managed.

Division of Women & Children – Actions to be submitted to the EAG in the next 3 months

ID Ref	Service	Category	Action Description	End Date	RAG Status
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A

Division of Women & Children – Actions At Risk at the end of August 2022

ID Ref	Service	Category	Action Description	End Date	RAG Status
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A

124 – Mandatory Training and Appraisals (Maternity)

Mandatory training and appraisal rates are monitored monthly within the division. We have developed a mandatory training trajectory aiming to achieve the required compliance. We have a risk on the risk register for achieving 90% mandatory training compliance for CNST due to maternity staffing shortages. Appraisals are being arranged by line managers, with dedicated time given to staff. Appraisals are monitored and escalated by the PDM/ PDN teams. We are ensuring that all of those who manage staff are trained in undertaking appraisals.

Division of Women & Children – Complaints & Compliments

- The below sets out the monthly Patient Experience activity for the Division of Women & Children.

Complaints and Compliments Management

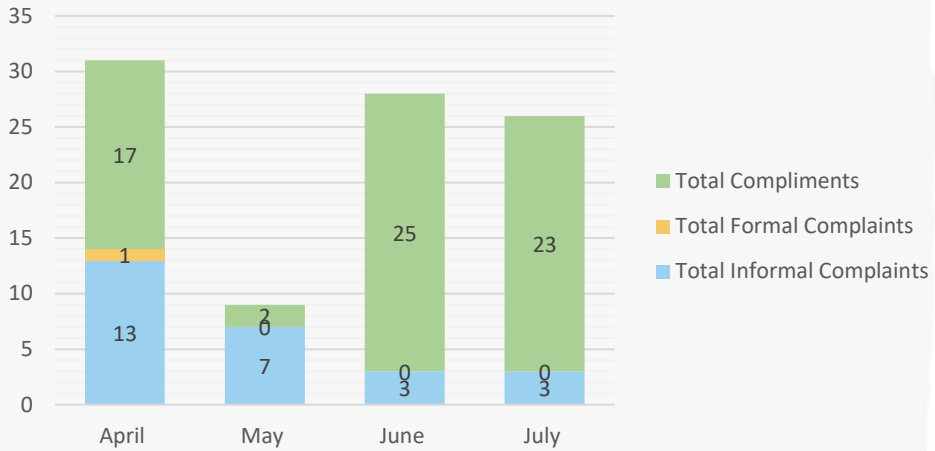
1. Total number of Complaints received in July:
0 Formal Complaints received
3 Informal Complaints received

2. Divisional Formal Complaint Themes:
No formal complaints received during reporting period

3. Divisional Informal Complaint Themes:

Delayed appointments, Gynae waiting lists, communication of appointment and surgical dates to patients, and staff behaviour

4. Total number of Compliments received in July:
23 Compliments received



Divisional Response:

1. What action has the Division taken in response to recent Complaints and Compliments?

Staff charter will address issues that have been identified through complaints, as well as targeted work with the booking team and Gynae waiting list management across both QEH and NNUH to ensure that the pathways are working and timely communication with patients happens. The Division is working with the NNUH to manage the patient lists, prioritising on clinical need and priority.

2. What / How has the Division learnt from recent Complaints and Compliments? How is this learning shared?

Requirement to ensure patient's are routinely communicated to when their appointments and position on waiting lists changes to avoid confusion and poor patient experience. Learning from complaints is shared in the monthly newsletters and via Division clinical governance routes, themes are shared in ward areas on the 'You Said, We Did' boards.

Division of Women & Children – Serious Incidents

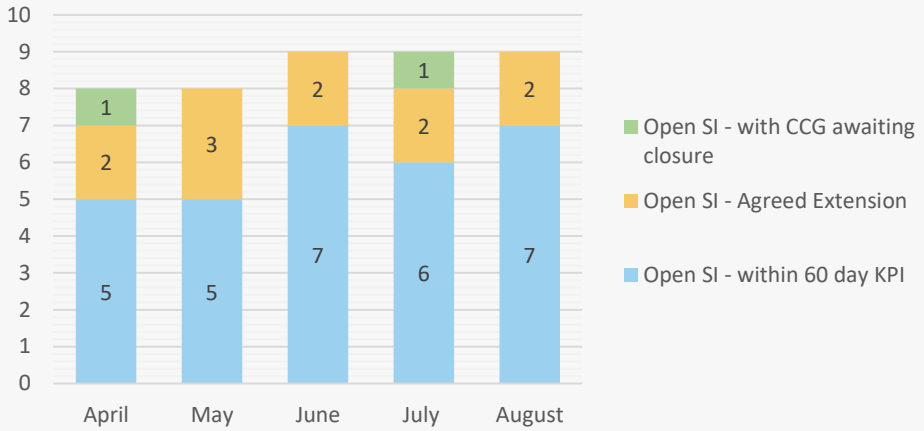
- The below sets out the monthly Serious Incident activity for the Division of Women & Children.

Serious Incident Management

1. Total number of open SIs:
There are currently 9 open SIs within Women & Children (7 are open and being investigated within the 60 day KPI, and 2 have agreed extensions in place).

2. Total number of new SIs in August:
There was 1 new SI was declared in August; 2022-17985 Premature rupture of membranes resulting in Neonatal Death

3. Number of SIs where extensions have been requested & reasons why:
2 SIs have agreed extensions in place



Divisional Response:

1. What action has the Division taken in response to recent incidents?

No SI reports have been completed and approved by execs since the last reporting point.

2. What / How has the Division learnt from recent incidents? How is this learning shared?

Learning from SI's are distributed via our monthly newsletter as well as themes being shared in ward areas on the 'You Said, We Did' boards.

3. What themes have been identified from recent incidents?

Current SI investigations have highlighted issues with antenatal clinics, bookings and admissions into NICU.

Division of Women & Children – Risk Management

- The below sets out the current Top 3 Risks for the Division of Women & Children.

Top 3 Risks (Divisional)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 2957	Risk of paediatric patient harm due to lack of MH support in the community	16
2. 3037	Risk to achieving the 90% multidisciplinary team in-house training compliance	12
3. 2489	Inadequate staffing levels in Midwifery	12

Divisional Response:

1. How are the Division managing these risks?

The Division will be reviewing the Paediatric risk above (2957) at the Paediatric clinical governance meeting in September to ascertain whether this risk is now being mitigated.

The risks to staffing and achievement of mandatory in-house training remain the most significant risks across the Division and recruitment plan in place, working with comms to ensure we are highlighting all the significant recent changes to the environment, include improvements from CQC to highlight to staff that the Division is on an improvement journey and has come a long way from where we were a couple of years ago.

Top 3 Risks (Trustwide)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 392, 2989, 3018	RAAC risk, insufficient funding to maximise safety and no long term solution	0392: Catastrophic (5) x Likely (4) = 20 2989: Catastrophic (5) x Likely (4) = 20 3018: Major (4) x Likely (4) = 16
2. 2244, 2199, 2984, 2957	Risk of patient harm due to delays in the Urgent and Emergency Pathway	2244: Major (4) x Likely (4) = 16 2199: Moderate (3) x Almost Certain (5) = 15 2984: Moderate (3) x Almost Certain (5) = 15 2957: Major (4) x Likely (4) = 16
3. 2915, 2643, 2788	Risk of patient harm due to delays in the Elective Pathway	2915: Major (4) x Likely (4) = 16 2643: Major (4) x Likely (4) = 16 2788: Major (4) x Likely (4) = 16

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Division of Clinical Support Services Compliance Plan Update Reporting for August 2022

EXCELLENCE STARTS HERE

Quality Improvement Board
13 September 2022

Division of Clinical Support Services - Summary

New appointments

- A new appointment of a substantive Divisional Director has been made. We welcome Ben Fox to the division.
- We have also appointed a substantive Deputy Divisional Manager. Samantha Newton will start her role in November.
- Amanda Dobbing has also joined the division on a secondment as our PA to the DLT and Divisional Administration.

New ways of working

- Collaboration with Main outpatients and non-mobile patients undergoing Cardiorespiratory diagnostics has been developed. This has focused on the needs of our patients with mobility issues and reduced their waiting time in the department for their transport. Feedback has been very positive.
- Additional in-house capacity within Cardiorespiratory diagnostics is also being explored by supporting the team with a nursing associate undertaking observations prior to procedures.
- A CT 'gold rush' list was piloted early September with new ways of working implemented; this was very successful. It enabled 60 extra patients having their CT scans completed in a timely manner.

Equipment replacement

- Replacement of two new state of the art MRI machines is currently underway.

Division of Clinical Support Services - Compliance Dashboard

- The table below provides a summary of the latest IPR data.

Clinical Support Dashboard	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	SPC Chart
Safe								
SIs reported in-month	0	0	0	0	3	0	0	
Open SIs Investigations	1	0	0	0	3	2	2	
SI Investigations overdue 60 days	0	0	0	0	0	0	0	
Duty of Candour Compliance	100%	100%	100%	N/A	100%	N/A	100%	
Well Led								
Mandatory Training Compliance	83%	80%	79%	80%	83%	84%	81%	
Appraisal Compliance	82%	80%	82%	79%	79%	84%	81%	
Caring								
Compliments	16	9	14	7	8	2	23	
Complaints - Formal	0	0	1	3	0	1	1	
Complaints - Informal	1	9	7	4	2	1	1	

Division of Clinical Support Services- Dashboard

- The table below reflects the Division of Clinical Support Services actions captured within the 2022/23 Compliance Plan, with 3 open Should Do actions.

Status	Must	Should	Section 31	Total
Completed & Signed Off	**2**	**3**	**4**	**9**
Clinical Support Services	2	2	2	**6**
Corporate				
Medicine			1	**1**
Surgery				
Women & Children		1	1	**2**
Not Completed	**8**	**18**		**26**
Clinical Support Services		3		**3**
Corporate	2			**2**
Medicine	5	13		**18**
Surgery		2		**2**
Women & Children	1			**1**
Total	**10**	**21**	**4**	**35**

Division of Clinical Support Services – List of Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
102	Clinical Support Services	Must	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (Diagnostic Imaging)	31/07/2022	B
103	Clinical Support Services	Must	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)	31/07/2022	B
104	Clinical Support Services	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner. (Diagnostic Imaging)	31/12/2022	G
105	Clinical Support Services	Should	The trust should continue to embed the governance and risk management processes. (Diagnostic Imaging)	30/06/2022	B
116	Clinical Support Services	Should	The trust should continue to improve staff engagement. (Diagnostic Imaging)	30/04/2022	B
118	Clinical Support Services	Should	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	31/10/2022	G
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G
132	Clinical Support Services	Section 31	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)	30/03/2020	B
133	Clinical Support Services	Section 31	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)	30/06/2020	B

Division of Clinical Support Services – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G

Trustwide – Mandatory Training and Appraisal Actions

ID Ref	Service	Category	Action Description	End Date	RAG Status
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	G
124	Women and Children	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target. (Maternity)	30/11/2022	A
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	G
126	Medicine	Should	The service should ensure mandatory and safeguarding training amongst medical staff is completed in line with trust targets. (Medicine)	31/10/2022	G
127	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	G
128	Medicine	Should	The service should ensure that all staff complete safeguarding adults and children's' training. (Urgent & Emergency Care)	30/11/2022	G
129	Medicine	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	G
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	A
131	Corporate	Must	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)	31/12/2022	G

Divisional Response:

1. How is the Division currently managing Mandatory Training and Appraisal Rates?

The Division currently sit at 81% for our both of our Mandatory Training and Appraisal Rates.

The target for mandatory training has been achieved.

In order to achieve the target of 90% the Division are working closely with the individual service leads to proactively forward plan appraisals 3 months ahead and holding these dates to account.

CSS Management – 57.14% - This will show an improvement next month as ESR was not updated at the time of the most recent report.

Dietetic services – 75% - This will show an improvement next month, due to some appraisals not being recorded on ESR.

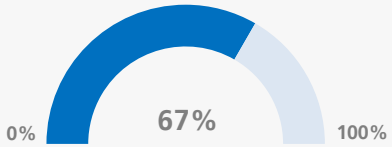
NCH Phlebotomy – 75%

Radiology – 77.32%

Rehab – 79.07%

Division of Clinical Support Services - Overall Plan Status

Overall Performance

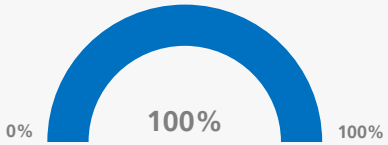


6
Total Complete

9
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 9 actions sit within the Division of Clinical Support Services. Plans on a page have been developed for all actions
- All open actions are currently RAG rated as 'On Plan'

CQC Conditions & Notices

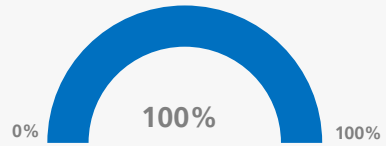


2
Total Complete

2
Total Planned

- All CQC Conditions and Warning Notices have been closed internally by the Trust.
- 2 Section 31 Conditions remain on the Trusts Certificate of Registration relating to Diagnostic Imaging Services

Must's

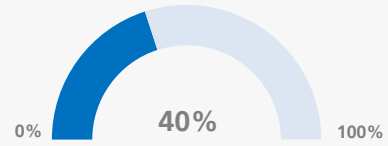


2
Total Complete

2
Total Planned

- The Division of Clinical Support Services have 2 Must Do actions on the 2022/23 Compliance Plan and both remain open.
- Both Should Do actions were presented to the Evidence Assurance Group in July and were approved for closure.

Should's



2
Total Complete

5
Total Planned

- The Division of Clinical Support Services have 5 Should Do actions on the 2022/23 Compliance Plan.
- All open Should Do actions are currently RAG rated as 'On Plan'

Division of Clinical Support Services - Forward plan for the completion of actions

- This table details the forward plan for all actions captured within the 2022/23 Compliance Plan for the Division.

Area	Completed & Signed Off	Behind Plan	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Total
Clinical Support Services											
Must	2										**2**
Should	2			2		1					**5**
Section 31	2										**2**
Total	**6**			**2**		**1**					**9**

Divisional Response:

1. What action has the Division taken in-month to ensure actions will be delivered within the agreed deadlines?

Weekly Radiology Improvement Forum is in place.

This enables the action owners to be held to account with clear timelines and progress updates required, highlighting next steps and any concerns which need to be addressed.

Additional support has been sought from the Deputy Director of Patient Safety around presentation of evidence at Evidence Assurance Group for sign off.

Division of Clinical Support Services – RAG Rated Plan Position as of August 2022

- The following sets out the overall plan position for the Division of Clinical Support Services.

Area	At Risk	On Plan	Closed	Total
Clinical Support Services				
Must			2	**2**
Should		3	2	**5**
Section 31			2	**2**
Total		**3**	**6**	**9**

Divisional Response:

1. **How is the Division ensuring 'Closed' and 'On Plan' actions are monitored, embedded and sustained?**

These actions are currently monitored under the Radiology Improvement Plan.

2. **What are the Divisions current risks to delivery and what are the mitigating actions?**

Lack of engagement to deliver; weekly Radiology Improvement Forum in place to monitor progress and identify any barriers to deliver.

Division of Clinical Support Services – Actions to be submitted to the EAG in the next 3 months

ID Ref	Service	Category	Action Description	End Date	RAG Status
118	Clinical Support Services	Should	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	31/10/2022	G
123	Clinical Support Services	Should	The trust should ensure that staff are up to date with mandatory training. (Diagnostic Imaging)	31/10/2022	G

Division of Clinical Support Services – Complaints & Compliments

- The below sets out the monthly Patient Experience activity for the Division of Clinical Support Services.

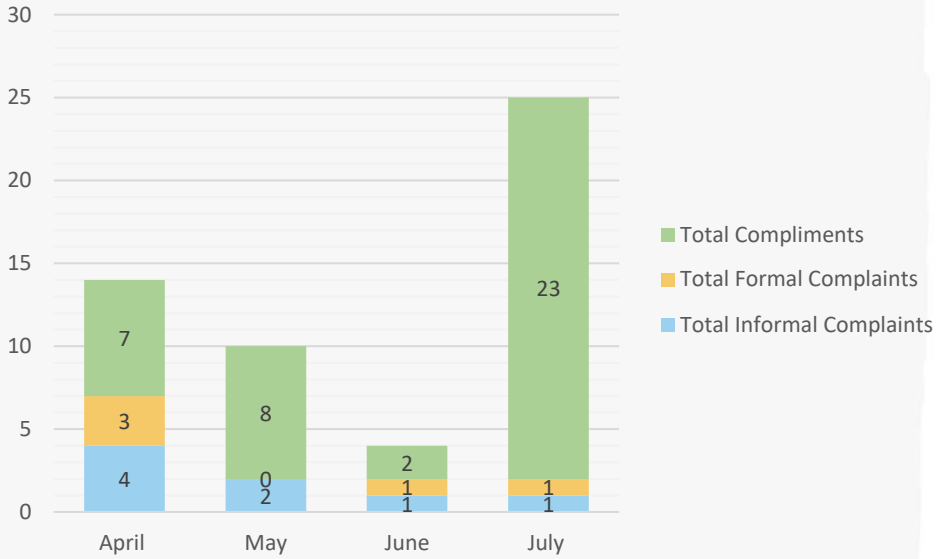
Complaints and Compliments Management

1. Total number of Complaints received in July:
1 Formal Complaint received
1 Informal Compliant received

2. Divisional Formal Complaint Themes:
Diagnostics

3. Divisional Informal Complaint Themes:
Awaiting appointment dates and results for diagnostics

4. Total number of Compliments received in July:
23 Compliments received



Divisional Response:

1. What action has the Division taken in response to recent Complaints and Compliments?
1 complaint in July, this related to a delay in diagnostics. Additional diagnostic lists are being carried out, discussed at weekly Radiology meeting

2. What / How has the Division learnt from recent Complaints and Compliments? How is this learning shared?
All services reviewing new ways of working. Emphasis placed on Quality Improvement projects.

Division of Clinical Support Services – Serious Incidents

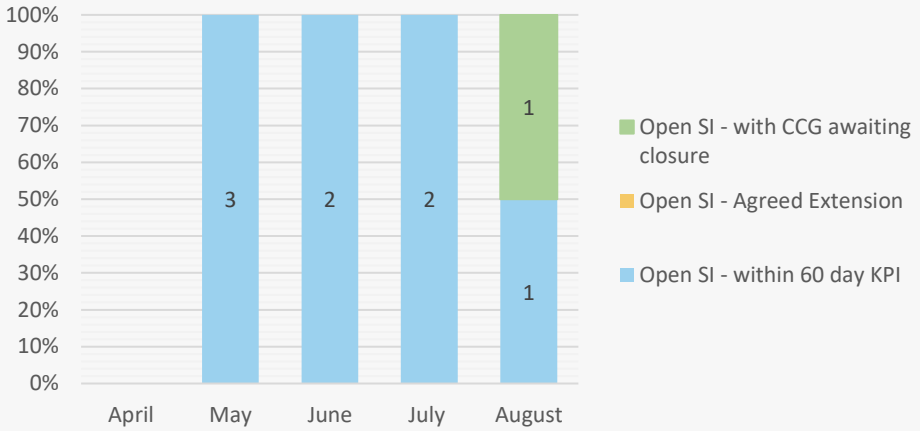
- The below sets out the monthly Serious Incident activity for the Division of Clinical Support Services.

Serious Incident Management

1. Total number of open SIs:
There is currently 1 open SI within the 60 day KPI for Clinical Support Services (CSS)

2. Total number of new SIs in August:
0 SIs were declared in August for CSS

3. Number of SIs where extensions have been requested & reasons why:
No open SI extensions



Divisional Response:

1. What action has the Division taken in response to recent incidents?
The learning from the Serious Incidents and Moderate Incidents has been discussed at differing forums where key points have been shared.

2. What / How has the Division learnt from recent incidents? How is this learning shared?
Radiology have produced a Shared Learning Policy which has also been shared across the Division to use as a template to summarise any incident.

3. What themes have been identified from recent incidents?
Themes relate to diagnostics and referrals not being escalated to the appropriate teams.

Division of Clinical Support Services – Risk Management

- The below sets out the current Top 3 Risks for the Division of Clinical Support Services.

Top 3 Risks (Divisional)		
Risk ID	**Risk Description**	**Current Risk Score**
2643	Access to Safe and effective diagnostic imaging services	High 16
2788	Pharmacy staffing levels	High 16
1750	Workforce risk (capacity) Sonographers, Radiographers and Radiologists	Moderate 12

Divisional Response:

1. How are the Division managing these risks?

Continual review of diagnostic imaging services around demand and capacity alongside workforce pressures.

Review of workload within the Pharmacy team and how others can support when role is not Pharmacist dependent.

Top 3 Risks (Trustwide)		
Risk ID	**Risk Description**	**Current Risk Score**
1. 392, 2989, 3018	RAAC risk, insufficient funding to maximise safety and no long term solution	0392: Catastrophic (5) x Likely (4) = 20 2989: Catastrophic (5) x Likely (4) = 20 3018: Major (4) x Likely (4) = 16
2. 2244, 2199, 2984, 2957	Risk of patient harm due to delays in the Urgent and Emergency Pathway	2244: Major (4) x Likely (4) = 16 2199: Moderate (3) x Almost Certain (5) = 15 2984: Moderate (3) x Almost Certain (5) = 15 2957: Major (4) x Likely (4) = 16
3. 2915, 2643, 2788	Risk of patient harm due to delays in the Elective Pathway	2915: Major (4) x Likely (4) = 16 2643: Major (4) x Likely (4) = 16 2788: Major (4) x Likely (4) = 16