



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

# Compliance Plan Update Reporting for January and February 2023

Quality Committee  
28 March 2023



# Overall Plan Summary

- This report summarises the progress against the 2022/23 Compliance Plan during January and February 2023.
- 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.
- During January and February three actions were presented to EAG for approval. One action was approved for closure and two actions were declined (see slide six for further details).
- As of February 2023, there are five actions 'At Risk' which relate to the Emergency Department four hour standard and referral to treatment times, and Mandatory Training and Appraisal Rates within Medicine (see slides 7-9 for further details). There are currently 11 actions behind plan, the detail for which can be seen on slides 10-13.
- As previously reported the Care Quality Commission has delayed the launch of the Single Assessment Framework until the end of 2023. Ongoing monitoring continues utilising the existing frameworks and key lines of enquiry (KLOEs).
- CQC attendance at the Informal Board meeting on 7 March did not take place, however regular engagement with the CQC relationship manager continues with a meeting to discuss Section 31 reporting requirements moving forward planned for 22 March 2023.
- 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.

- Based on mandatory training and appraisal figures as of February 2023, it is unlikely that Trust compliance targets will be fully achieved. This may be indicative of sustained operational pressures over the Christmas and New Year period and recent industrial action that has impacted on the capacity to release staff for training.
- The 21 actions within the 2022/23 Compliance Plan which remain open are planned to be submitted at the Evidence Assurance Group meetings in March and April 2023 for review. From April 2023, the process for reviewing Compliance plan and Improvement plan actions will be reviewed in line with any changes to the Trust corporate governance structure.
- Slide three provides an overall Plan Position which shows an 'at a glance' overview of specific metrics which relate to actions within the plan. Work is underway to consider improvements to the reporting mechanisms for ongoing breaches in regulatory compliance and review the effectiveness of current processes for assurance.

## Key Compliance Plan Highlights:

- Five of the 21 open actions within the Compliance Plan are 'On Track'
- Five actions are currently RAG rated 'At Risk'
- 11 actions are currently RAG rated as 'Behind Plan'

## The Quality Committee is asked to note:

- The 2022/23 Compliance Plan position as of Month 11.
- Mandatory Training and Appraisal compliance is unlikely to achieve Trust target by end of Q4 2022/23.

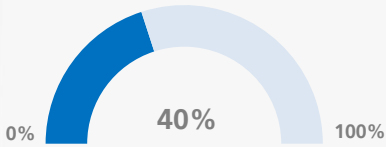
# Overall Plan Position

The tables below reflect the actions captured within the 2022/23 Compliance Plan, with 21 open regulatory actions which are structured accordingly.

Status	Must	Should	Section 31	Total	Area	Behind Plan	At Risk	On Plan	Completed & Signed Off	Total
<b>Completed &amp; Signed Off</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>14</b>	<b>Clinical Support Services</b>	<b>2</b>			<b>7</b>	<b>9</b>
Clinical Support Services	2	3	2	7	Must				2	2
Corporate					Should	2			3	5
Medicine	2			2	Section 31				2	2
Surgery		1		1	<b>Corporate</b>	<b>2</b>				<b>2</b>
Urgent & Emergency Care		1	1		Must	2				2
Women & Children		1	1	2	<b>Medicine</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>8</b>
<b>Not Completed</b>	<b>6</b>	<b>15</b>		<b>21</b>	Must	1			2	3
Clinical Support Services		2		2	Should	2	1	2		5
Corporate	2			2	<b>Surgery</b>	<b>1</b>			<b>1</b>	<b>2</b>
Medicine	1	5		6	Should	1			1	2
Surgery		1		1	<b>Urgent &amp; Emergency Care</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>11</b>
Urgent & Emergency Care	2	7			Must		2			2
Women & Children	1			1	Should	2	2	3	1	8
<b>Total</b>	<b>10</b>	<b>21</b>	<b>4</b>	<b>35</b>	Section 31				1	1
					<b>Women &amp; Children</b>	<b>1</b>			<b>2</b>	<b>3</b>
					Must	1				1
					Should				1	1
					Section 31				1	1
					<b>Total</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>35</b>

# Overall Plan Status

## Overall Performance

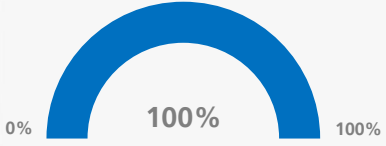


14  
Total Complete

35  
Total Planned

- Of the 35 total planned actions within the Compliance Plan, 14 actions have been closed including the four Section 31 conditions which remain on the Trust's Certificate of Registration
- Five actions are currently RAG rated 'At Risk'
- 11 actions are 'Behind Plan' at Month 11

## CQC Conditions & Notices

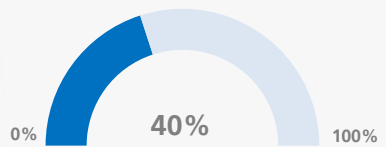


4  
Total Complete

4  
Total Planned

- All CQC Conditions and Warning Notices have been closed internally by the Trust
- The Trust has four Section 31 Conditions on its Certificate of Registration
- The Risk and Compliance team continue to work with the Divisions to review evidence; application to request the lifting of the conditions will not be made until evidence of sustained compliance is achieved. With the aim to apply in April 2023, this review is concentrating on the Section 31 Conditions for Diagnostic Imaging and Maternity Services.

## Must's

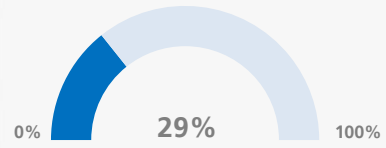


4  
Total Complete

10  
Total Planned

- 10 Regulatory (Must) actions are incorporated within the 2022/23 Compliance Plan.
- Four Regulatory (Must) actions have been closed to date

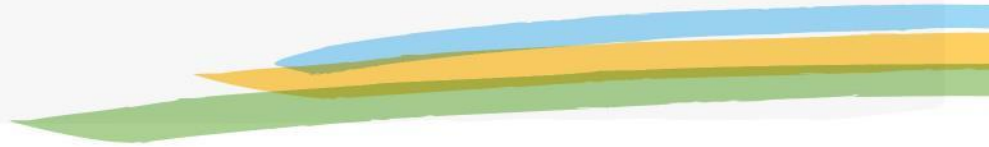
## Should's



6  
Total Complete

21  
Total Planned

- 21 Regulatory (Should) actions are incorporated within the 2022/23 Compliance Plan
- Six Regulatory (Should) actions have been closed to date



# Forward plan for the completion of actions

- The table below details a breakdown of all 35 actions within the Compliance Plan which are included within the forward plan. There are seven actions proposed to be presented in March, and three proposed to be presented in April.

Area	Completed & Signed Off	Behind Plan	Mar-23	Apr-23	Total
<b>Clinical Support Services</b>	<b>7</b>	<b>2</b>			<b>9</b>
Must	2				2
Should	3	2			5
Section 31	2				2
<b>Corporate</b>		<b>2</b>			<b>2</b>
Must		2			2
<b>Medicine</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>8</b>
Must	2	1			3
Should		2	1	2	5
<b>Surgery</b>	<b>1</b>	<b>1</b>			<b>2</b>
Should	1	1			2
<b>Urgent &amp; Emergency Care</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>11</b>
Must			2		2
Should	1	2	4	1	8
Section 31	1				1
<b>Women &amp; Children</b>	<b>2</b>	<b>1</b>			<b>3</b>
Must		1			1
Should	1				1
Section 31	1				1
<b>Total</b>	<b>14</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>35</b>

## Actions approved at EAG in January and February 2023

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	B

## Actions declined at EAG in January and February 2023

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	R
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	R

# Actions 'At Risk' at the end of February 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
108	Medicine	Should	The service should ensure people can access the service when they need it. (Medicine)	31/03/2023	A
109	Urgent & Emergency Care	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

## 108 – Access to Service

Although Divisional access to elective care (including outpatient appointments) is improving, patients under some specialties remain waiting for longer than 52 weeks for treatment. The DLT is aware of this and work is in progress with the specialty Service Managers to address this, and to reduce patient waiting times.

## 109 - 4 Hour ED Standard (Urgent and Emergency Care)

As reported in January, the doubling up triage/streaming pilot ran in December 2022. This meant an additional RN (two in total) and HCA to support ECGs, bloods and observations triage on arrival. Unfortunately due to staffing and operational pressures, the pilot could not be consistently run over the desired timeframe of 14 days.

The pilot was dependent on available staff, so was impacted by staff sickness and operational pressures when the Trust was in OPEL 4. Mitigations included the use of bank and agency staff as required. Due to prolonged unprecedented increase in demand there has not been a consistent approach in order to assess the success of the pilot. Staff were deployed from the triage at critical times to other areas of the department to reduce and spread risk.

Triage performance in February 2023 was 66.9%, which was a 12% improvement compared with January 2023. This was achieved by adjusting the clinical capacity to meet the clinical demand presented within ED, and providing the necessary support and focus to ensure every patient is triaged as soon as practicable to maintain effective, timely flow. A new ED staffing proposal is currently being scoped which would support the progression of the right clinical skills, in the right area at all times across UEC.

This action is included and progressed within the Urgent & Emergency Care Improvement Plan which has Executive Leadership, eight workstreams and regular review at the monthly UEC Improvement Forum and weekly workstream meetings.

# Actions 'At Risk' at the end of February 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
110	Urgent & Emergency Care	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	A
112	Urgent & Emergency Care	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	A

## 110 – Referral to Treatment Time/Waiting Times (Urgent and Emergency Care)

This action is directly linked with 109 (ED 4hr standard).

This action will be submitted to EAG in March 23 for closure, with evidence to show that improvements are being made to ensure that care and treatment are accessible at the time of need. There continues to be robust focus within ED on triage, treatment times and unadmitted breaches, which all contribute to the performance for the 4 hour quality standard. The ambulance turnaround times has seen recent positive improvement, with all patients arriving by ambulance being clinically assessed within 20 minutes of arrival. When ED does not have capacity, but it is safe to do so, these patients are returned to the ambulance until space becomes available. If patients arriving by ambulance are identified as a clinical priority they remain within ED and commence treatment and are not returned to the ambulance.

In order to ensure care and treatment is accessible at the time of need, there remains a strong focus on admission avoidance where this is clinically safe to do so. This is supported by the HOT clinic process commenced in January 2023, and by the SDEC expansion that was also completed in January 2023, whereby patients who are reviewed in ED and assessed as not needing admission are given an appointment slot in the HOT clinic. The overarching plan remains to provide timely care and treatment for all patients in the right environment.

This action is included and progressed within the Urgent & Emergency Care Improvement Plan which has Executive Leadership, eight workstreams and regular review at the monthly UEC Improvement Forum and weekly workstream meetings.

## 112 – Antibiotic prescription upon admission

The Division is working with the wider Trust to develop and improve awareness regarding anti-microbial stewardship. An antimicrobial pharmacist has been appointed and is bedding into the team. The Division remains focused on ensuring that rationale is provided whenever antibiotics are prescribed upon admission. Any antibiotic incidents that may have resulted in patient harm are discussed at the bi-weekly serious incident review forum (SIRF) meeting, as in the Trust policy, with any learning points identified widely disseminated. The Division has been asked to provide feedback for ongoing innovations to support recognition of the use of antibiotics. This action is currently scheduled for submission to EAG in April 2023 as there was insufficient evidence to support it being presented in March 2023.



# Actions 'At Risk' at the end of February 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
113	Urgent & Emergency Care	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	A

## 113 – Recruitment of additional medical staff

This action will be submitted to EAG in March 2023. A robust recruitment and competency development plan within the Emergency and Acute floor has been developed, which aims to address the increased demands on the service, and reduce the requirement to employ locums in the future.

To expand upon this, a new ED staffing proposal is currently being scoped which would support the progression of the right clinical skills, in the right area at all times across UEC. This would help to ensure that the Division would have a plan in place for the number of additional medical staff that would be required in order to provide safe and effective patient care across the service. Once the staffing proposal has been approved, this will progress to the recruitment phase via the usual processes.

# Actions 'Behind Plan' at the end of February 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
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	R
114	Medicine	Must	The trust must ensure patient records are stored securely. (Medicine)	31/12/2022	R

## 104 – Access to diagnostic imaging

The second MRI scanner is being installed in March 2023, but is not planned to be commissioned until early May 2023. This leaves a potential period of five weeks with only one MRI scanner on site for both urgent and emergency and elective work. Alternative arrangements are currently being reviewed to bridge this gap; previous mitigations have included the use of a mobile MRI scanner to reduce dependency on one machine.

The cannulation room requires estates work. This is essential for completion to enable the transition of scan specific time slots, rather than general appointment slots. This is a key implementation within the CT service, as it will improve efficiency and reduce waiting lists within the modality.

These new ways of working will take time to embed, and further narrative will be presented to EAG in order to provide a clearer picture of potential timescale for closure.

## 114 – Patient records being stored securely

Although the Division is able to demonstrate that compliance with this action is improving, this needs to be evidenced at a sustained level across a 3-month time period. The Quality Matron visits each ward daily to provide challenge as well as guidance, as well as ensuring compliance is continuing out of hours.

# Actions 'Behind Plan' at the end of February 2023

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	R
122	Surgery	Should	The service should ensure that doctors mandatory training compliance is in line with the trust targets. (Critical Care)	31/10/2022	R
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	R

## 118 – Vision and strategy within Radiology

This action was presented to EAG in February 2023, however it was declined as further narrative was requested in relation to metrics for improvement, as well as expected timeframes for when key actions on the strategy may be completed by. The DLT is sighted on the changes requested and are supporting the Radiology team in order to re-submit this action for closure. This action is currently scheduled for re-submission to EAG in April 2023.

## 122 – Medical mandatory training

The Critical Care team are now at target for mandatory training compliance, hence this action will be presented for signoff at next EAG.

## 124 – Medical staff training and appraisal rates

Medical staff training rates and appraisal rates are reviewed monthly at the W&C Divisional Board meeting. The Division have in place a mandatory training trajectory aimed at maintaining the required compliance over a period of months to provide assurance that processes and systems in place are effective. The W&C Division used to have a risk on the risk register for achieving 90% mandatory training compliance for CNST due to Maternity staffing shortages, however this risk has now been closed following the CNST submission which evidenced compliance above the 80% compliance rate. Appraisals are being arranged by Line Managers, with dedicated time given to staff. Appraisals are monitored and escalated by the PDM/ PDN teams, and the Division are ensuring that all of those who manage staff are trained in undertaking appraisals. This Must Do Action will be re-presented to EAG once a minimum of three months continued compliance can be evidenced.

# Actions 'Behind Plan' at the end of February 2023

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	R
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	R
127	Urgent & Emergency Care	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Urgent & Emergency Care)	30/11/2022	R
129	Urgent & Emergency Care	Should	The service should ensure all medical staff complete appropriate levels of safeguarding training for adults and children. (Urgent & Emergency Care)	30/11/2022	R

## 125 – Nursing appraisal rates

The Division is now able to evidence compliance with this action, and therefore this will be presented to March EAG for closure. Compliance will be sustained via monitoring at twice-weekly meetings, with regular oversight from the Matrons to ensure their ward leaders are carrying out appraisals in a timely manner.

## 126 – Mandatory and Safeguarding training amongst Medical Staff

The DLT has identified all non-compliant staff, and is working to support non-compliance staff to ensure they have all completed the training by 01 April 2023. Once this has been done, evidence will be gathered and the action will be submitted to EAG for closure.

## 127 – Nursing appraisal rates

Non-compliant staff members have been identified, and are having appraisals booked onto their E-roster shift slots in order to assist with boosting dedicated time to ensure compliance. Once this protected time has ensured compliance has been reached, it will be submitted to EAG for closure.

## 129 – Safeguarding training for medical staff

Block training sessions were established for Medical staff, but unfortunately due to the Industrial Action in March these were cancelled. New training dates will be scoped at the earliest possible opportunity.

# Actions 'Behind Plan' at the end of February 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	R
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	R

## Corporate

Divisions are responsible for their appraisal rates, with each DLT having regular oversight of their appraisal compliance. Various solutions for improvement are being implemented, including non-compliant staff being given protected time to complete their appraisal, as well as forward planning being implemented over the next 12-month period to ensure due appraisals are well-planned to allow both appraiser and appraisee time to reflect and complete the necessary paperwork.

Slide 14 includes Trust-wide Mandatory training and appraisal rates, as well as compliance with MCA and DoLS. Although the CSS division has seen improvement in appraisal compliance, the other Divisions have seen a reduction from January to February (however, most Divisional scores remain slightly higher than the last update to Quality Committee).

Trust-wide MCA and DoLS compliance has remained more or less consistent from the last report to Quality Committee.

With these all taken into consideration of the compliance target, as well as varied improvement rates since November 2022, it is unlikely that the Trust mandatory training and appraisal targets will be fully achieved by April 2023. This may have been adversely impacted by the sustained operational pressures experienced over the Christmas and New Year period, as well as the Junior Doctor strikes in March 2023 that impacted on the Trust capacity to release staff for training.

# Mandatory Training & Appraisal Update

Below is the current Trustwide and Divisional Compliance data for Appraisals and Mandatory Training which notes a slight improvement for December for most areas with a slight reduction in compliance for Appraisals within Surgery, Clinical Support Services and Women & Children.

## Mandatory Training Compliance – January 2023

Compliance for January against a target of 80% is:

- ↑ Trustwide 81%
- ↓ Medicine 83%
- ↓ Urgent and Emergency Care 77%
- ↓ Surgery 81%
- ↓ Women and Children 81%
- ↓ Clinical Support Services 84%

## Appraisal Compliance

Compliance for January against a target of 90% is:

- ↑ Trustwide 76%
- ↑ Medicine 89%
- ↑ Urgent and Emergency Care 78%
- ↑ Surgery 73%
- ↑ Women and Children 79%
- ↓ Clinical Support Services 82%

## MCA / DoLS

- ↑ Trustwide MCA 86%
- ↑ Trustwide DoLS 88%

## Mandatory Training Compliance – February 2023

Compliance for February against a target of 80% is:

- ↕ Trustwide 81%
- ↕ Medicine 83%
- ↑ Urgent & Emergency Care 79%
- ↑ Surgery 82%
- ↓ Women & Children 80%
- ↕ Clinical Support Services 84%

## Appraisal Compliance

Compliance for February against a target of 90% is:

- ↓ Trustwide 75%
- ↓ Medicine 87%
- ↓ Urgent & Emergency Care 76%
- ↓ Surgery 71%
- ↓ Women & Children 76%
- ↑ Clinical Support Services 85%

## MCA / DoLS

- ↑ Trustwide MCA 86%
- ↓ Trustwide DoLS 87%

# Actions to be submitted to EAG in March 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
108	Medicine	Should	The service should ensure people can access the service when they need it. (Medicine)	31/03/2023	A
109	Urgent & Emergency Care	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	Urgent & Emergency Care	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	A
111	Urgent & Emergency Care	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	Urgent & Emergency Care	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	A
113	Urgent & Emergency Care	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	A
115	Urgent & Emergency Care	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
125	Medicine	Should	The service should ensure that nursing appraisal rates are in line with trust targets. (Medicine)	31/10/2022	R
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	R

# Actions to be submitted to EAG in April 2023

ID Ref	Service	Category	Action Description	End Date	RAG Status
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	R
114	Medicine	Must	The trust must ensure patient records are stored securely. (Medicine)	31/12/2022	R
118	Clinical Support Services	Should	The trust should develop a formalised vision and strategy in radiology. (Diagnostic Imaging)	31/10/2022	R
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	Urgent & Emergency Care	Should	The service should ensure that performance in national and local audits is in line with targets. (Urgent & Emergency Care)	30/04/2023	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	R
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130	Corporate	Must	The trust must ensure that staff receive an annual appraisal. (Trust Overall)	31/12/2022	R
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	R