**Status**

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| | Not Completed |
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# Trust Integrated Quality Improvement Plan
## Divisional Improvement Plan Updated 24 August 2020

**The Queen Elizabeth Hospital King's L**
**NHS Foundation**

### Divisional Improvement Plans

| Executive Accountable Lead Officer | Denise Smith - Chief Operating Officer |
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| Operational lead | Lou Notley - Associate Director of Quality Improvement |
| Programme Lead | Sarah Davidson - Quality Improvement Programme Manager |

| Ref | Source i.e.. NHSi, etc. | Cross-reference | CQC Domain | Applicable To | Milestone Description | Scheme Owner | Measure of Success (key success indicators to understand success) | Start Date | End Date | | Assured by which Committee Board | Evidence Assurance | STATUS | Completed Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.0.0 | | | | | To ensure that the services provided by the Trust are compliant with all Regulatory requirements | Divisional Director | Quality improvement has become part of the Trust culture and "business as usual" | 01/06/2019 | 30/03/2021 | | | | | |
| | **DIVISION OF SURGERY** | | | | | | | | | | | | | |
| 3.1.0 | 3.1 | | | | To ensure services are safe | | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |
| 3.1.1 | M29 | | Safe | Surgery | M29  The trust must ensure that staff follow infection prevention and control procedures in relation to hand hygiene, disposal of intravenous equipment and clothing in theatres. | Anaesthetic Theatre Ward Manager | Compliance against weekly perfect ward audit. HII Audit completed monthly. | 01/10/2018 | 30/09/2019 | | HMBQ | Yes | Completed & Signed off | 12/12/2019 |
| 3.1.2 | M30 | | Safe | Surgery | M30  The trust must ensure that plans to improve arrangements for disposing of waste on SAU and Elm ward are implemented, to ensure compliance with infection prevention and control procedures. | Head of Nursing Surgery | The installation of a new sluice which meets IPC standards for the appropriate disposal of waste | 01/10/2018 | 08/07/2019 | | HMBQ | Yes | Completed & Signed off | 08/07/2019 |
| 3.1.3 | M31 | | Safe | Surgery | M31  The trust must ensure that staff in theatres have clear guidance, and effective processes are implemented, in relation to the required safety checks for anaesthetic equipment and the malignant hyperthermia trolley. | Anaesthetic Theatre Ward Manager, Day Surgery Theatre Manager | Flow chart of check process. Audit staff awareness. Audits undertaken in theatres and day surgery | 01/10/2018 | 30/09/2019 | | HMBQ | Yes | Completed & Signed off | 06/09/2019 |
| 3.1.4 | M32 | | Safe | Surgery | M32  The trust must ensure that medicines are stored, prescribed and administered safely, in line with trust policy. | Surgery Matron | Local Audit | 01/10/2018 | 20/02/2020 | | SLTQ | Yes | Completed & Signed off | 24/02/2020 |
| 3.1.5 | M33 | Duplicate of 2.5.2 | Safe | Surgery | M33  The trust must ensure that patient care records are stored securely in all areas. | DLT Surgery | Local Audit | 16/08/2019 | 30/09/2020 | | | | Not Completed | 12/12/2019 |
| 3.1.6 | M34 | | Safe | Surgery | M34  The trust must review the location of the elective admissions unit to ensure that the needs of patients are met. | Divisional Director Medicine | | 01/10/2018 | 08/07/2019 | | HMBQ | Yes | Completed & Signed off | 08/07/2019 |
| 3.1.7 | M35 | | Safe | Surgery | M35  The trust must ensure that the world health organisation (WHO) and five steps to safer surgery checklist is used consistently in theatres and that effective process is in place for quality audit of all five steps of the checklist. | Emergency Theatres Ward Manager, Day Surgery Matron | Continue audit with increased sample size for assurance | 01/10/2018 | 30/11/2019 | | HMBQ | Yes | Completed & Signed off | 11/11/2019 |
| 3.1.8 | M149 2019 | Supercedes [1] in 3.5.1 | Safe | Surgery | M149 2019  The trust must ensure that main theatre improve the use and audit of the World Health Organisation (WHO) and five steps to safer surgery checklist. Ensure that all steps are fully documented, and that sufficient audit is undertaken to ensure effective quality monitoring and improvement of patient safety. (M36 The trust must ensure there are clear governance processes in place, particularly in relation to the monitoring of safety checks in theatre, identification and management of risk and reporting of performance to the board) | Emergency Theatres Ward Manager, Day Surgery Matron | Continue audit with increased sample size for assurance | 16/08/2019 | 30/11/2019 | | HMBQ | Yes | Completed & Signed off | 11/11/2019 |
| 3.1.9 | M52 | | Safe | Outpatients | M52  The trust must ensure resuscitation equipment in the paediatric clinic is checked daily. | Outpatient Matron | Audited on weekly and monthly basis as per resus guidelines | 01/10/2018 | 30/10/2019 | | HMBQ | Yes | Completed & Signed off | 11/11/2019 |

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| 3.1.10 | M53 | | Safe | Outpatients | M53  The trust must ensure infection prevention and control audits are completed regularly and action taken to address concerns including cleaning of toys in waiting areas. | Head of Nursing Surgery | Maintain audit via perfect ward + HII audits | 01/10/2018 | 08/08/2019 | | HMBQ | Yes | Completed & Signed off | 08/08/2019 |
| 3.1.11 | S76 | | Safe | Surgery | S76  The trust should ensure that regular and minuted mortality and morbidity meetings take place for surgery services. | Divisional Director Medicine | Evidence of attendance via meeting minutes | 01/10/2018 | 08/08/2019 | | HMBQ | Yes | Completed & Signed off | 08/08/2019 |
| 3.1.12 | S81 | | Safe | Surgery | S81  The trust should ensure that information relating to the individual needs of patients is collected in a timely way. | Head of Nursing Surgery | D Barron seeking clarification | 01/10/2018 | 31/12/2020 | | | | Not Completed | |
| 3.1.13 | S82 | | Safe | Surgery | S82  The trust should ensure all staff have access to relevant information management systems to meet patients needs | Head of Nursing Surgery | Training compliance. Monitor reported incidents | 01/10/2018 | 08/08/2019 | | HMBQ | Yes | Completed & Signed off | 08/08/2019 |
| 3.1.14 | S183 2019 | | Safe | Surgery | S183 2019  The trust should ensure that patients receive the medicines at the time they are prescribed. | Surgical Matron, Day Surgery Matron | Audited by pharmacy. Perfect ward audit | 16/08/2019 | 31/07/2020 | | IQIP RG | Yes | Completed & Signed off | 27/07/2020 |
| 3.1.15 | S185 2019 | | Safe | Surgery | S185 2019  Trust should ensure there is effective  processes in place for surgical specialities to review patients in the emergency department in a timely way. | Divisional Director Surgery | Monitor escalation data | 16/08/2019 | 31/07/2020 | | | | Not Completed | |
| 3.2.0 | 3.2 | | | | To ensure services are effective | DD | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |
| 3.2.1 | S83 | | Effective | Surgery | S83  The trust should review the implementation of the local clinical audit programme for surgery services. | DLT Surgery | Compliance against yearly audit plan. | 01/10/2018 | 30/01/2020 | | HMBQ | Yes | Completed & Signed off | 12/12/2019 |
| 3.2.2 | S87 | Duplicate of 1.3.17 | Effective | Outpatients | S87  The trust should ensure the service improves its local audit programme and review national audit outcomes to improve patient outcomes. | DLT Surgery | Compliance against yearly audit plan. | 01/06/2019 | 31/12/2020 | | | | Not Completed | |
| 3.2.3 | S205 2019 | Duplicate of 1.3.17 | Effective | Outpatients | S205 2019  The service should ensure that all outpatient areas audit the effectiveness of care and treatment and use the findings to improve. | Outpatient Matron | Compliance against yearly audit plan. Use of patient voice – FFT / PALS information and complaints | 01/06/2019 | 31/12/2020 | | | | Not Completed | |
| 3.3.0 | 3.3 | | | | To ensure services are caring | DD | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |
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| 3.4.0 | 3.4 | | | | To ensure services are responsive | DD | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |

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| 3.4.1 | S79 | | Responsive | Surgery | S79  The trust should ensure there are clear processes in place for sharing information with ward staff. | Head of Nursing Surgery | Continue to share newsletters and safety checks. | 01/10/2018 | 30/09/2019 | | HMBQ | Yes | **Completed & Signed off** | 06/09/2019 |
| 3.4.2 | S184 2019 | | Responsive | Surgery | S184 2019  The trust should ensure patients on the 62-day pathway receive treatment in line with the national target. | Divisional General Manager Surgery | Compliance against surgery pathway KPIs | 16/08/2019 | 31/12/2020 | | | | **Not Completed** | |
| 3.4.3 | S186 2019 | | Responsive | Surgery | S186 2019  The trust should improve waiting times from referral to treatment in respect of plastic surgery, general surgery and orthopaedic surgery. | Divisional General Manager Surgery, Divisional Director Surgery | Monitor waiting times weekly at PTL meeting. | 16/08/2019 | 31/12/2020 | | IQIP RG | Yes | **Completed & Signed off** | 27/07/2020 |
| 3.4.4 | S203 2019 | | Responsive | Outpatients | S203 2019  The service should ensure that there is a referral to treatment (RTT) recovery plan in place for all specialities and this is monitored effectively. | Divisional General Manager Surgery | Plan in operation for urology and ophthalmology Monitored through the PTL. | 16/08/2019 | 31/08/2020 | | IQIP RG | Yes | **Completed & Signed off** | 27/07/2020 |
| 3.5.0 | **3.5** | | | | To ensure services are well led | **DD** | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |
| 3.5.1 | **M36** | Duplicate of 3.1.8 | Well Led | Surgery | M36  The trust must ensure there are clear governance processes in place, particularly in relation to the monitoring of safety checks in theatre, identification and management of risk and reporting of performance to the board. | Lead Nurse for Theatres, Day Surgery Matron | Safety checks flow chart. Monthly risk register meetings. Equipment risks are reviewed at the clinical equipment committee.  Oxygen committee. Structure chart. | 01/10/2018 | 30/11/2019 | | HMBQ | Yes | **Completed & Signed off** | 11/11/2019 |
| 3.5.2 | S78 | | Well Led | Surgery | S78  The trust should ensure strategies to manage access to the service and patient flow through the service are embedded. | Divisional General Manager Surgery, Head of Nursing Surgery | Pathway documents and SOPS. | 01/10/2018 | 30/11/2020 | | | | **Not Completed** | |
| 3.5.3 | S80 | | Well Led | Surgery | S80  The trust should ensure that plans in relation to development of a vision and strategy for the surgery service are implemented. | DLT Surgery | Plan on a page developed and implemented within department | 01/10/2018 | 31/03/2021 | | HMBQ | Yes | **Completed & Signed off** | 06/09/2019 |
| 3.5.4 | S204 2019 | | Well Led | Outpatients | S204 2019  The service should develop and implement a clear vision and strategy. | DLT Surgery | Plan on a page developed and implemented within department | 16/08/2019 | 31/12/2020 | | | | **Not Completed** | |
| **DIVISION OF MEDICINE AND EMERGENCY** | | | | | | | | | | | | | | |
| 3.6.0 | **3.6** | | | | To ensure services are safe | **DD** | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |
| 3.6.1 | **M17** | Duplicate of 3.6.11 | Safe | Urgent & Emergency | M17  The trust must ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines. | ED Matron | Olivia chasing information. ? Close | 01/10/2019 | 31/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 07/10/2019 |

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| 3.6.2 | M25 | | Safe | Medical | M25 The trust must ensure staff have ready access to required equipment, including resuscitation equipment. | Head of Nursing Medicine | Opening escalation area. Check list for escalation equipment. | 01/10/2019 | 31/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 11/11/2019 | |
| 3.6.3 | M27 | | Safe | Medical | M27 The trust must ensure there are processes in place to reduce the risk of medicines errors. | Chief Pharmacist | | 01/10/2019 | 31/01/2021 | | SLTQ | Yes | **Completed & Signed off** | 31/03/2020 | |
| 3.6.4 | | | | | Moved, see 3.16.7 | | | | | | | | | | |
| 3.6.5 | M55 | | Safe | Medical | M55 The trust must provide all patients with the option of a chaperone when undergoing diagnostic imaging in the cardio respiratory department. | Closed | Closed | 01/10/2019 | 08/07/2019 | | HMBQ | Yes | **Completed & Signed off** | 08/07/2019 | |
| 3.6.6 | S67 | | Safe | Urgent & Emergency | S67 The trust should ensure that regular and minuted mortality and morbidity meetings take place for urgent and emergency services. | Deputy Medical Director | Central collation required. | 01/10/2019 | 31/10/2020 | | | | **Not Completed** | 23/03/2020 | |
| 3.6.7 | S71 | | Safe | Medical | S71 The trust should ensure call bells are answered promptly to respond to patient risk and need. | ED Operational Manager | SH advised that we will utilise ops and admin staff (including ward clerks) to complete the audits. Audit plan devised due to start week commencing 9th September 2019. | 01/10/2019 | 30/09/2020 | | | | **Not Completed** | | |
| 3.6.8 | | | | | Moved, see 3.16.1 | | | | | | | | | | |
| 3.6.9 | | | | | Moved, see 3.16.2 | | | | | | | | | | |
| 3.6.10 | | | | | Moved, see 3.16.3 | | | | | | | | | | |
| 3.6.11 | M124 2019 | Supercedes [1] in 3.6.1 | Safe | Urgent & Emergency | M124 2019 The trust must ensure that resuscitation trolley checks and other daily environment and equipment checks are completed in accordance with the trust policy. (M17 The trust must ensure that resuscitation trolleys are checked in accordance with the trust policy and resuscitation council guidelines) | ED Matron | Audited monthly. | 16/08/2019 | 31/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 07/10/2019 | |
| 3.6.12 | M142 2019 | | Safe | Medical | M142 2019 The trust must ensure that all equipment is appropriately portable appliance tested. | Head of Estates, AMU Matron | Hairdryers x 2 Circulate PAT test Review and local registers to be held locally. | 16/08/2019 | 30/11/2019 | | HMBQ | Yes | **Completed & Signed off** | 09/12/2019 | |
| 3.6.13 | M146 2019 | Links from 3.8.2 | Safe | Medical | M146 2019 The trust must ensure that national guidance for staffing in hyper acute areas is formally considered in staffing these areas. | Head of Nursing Medicine, Lead Nurse | HASU plan/SOP | 16/08/2019 | 31/12/2019 | | HMBQ | Yes | **Completed & Signed off** | 09/12/2019 | |
| 3.6.14 | | | | | Moved, see 3.16.4 | | | | | | | | | | |
| 3.6.15 | | | | | Moved, see 3.16.5 | | | | | | | | | | |
| 3.6.16 | | | | | Moved, see 3.16.6 | | | | | | | | | | |
| 3.6.17 | S174 2019 | | Safe | Urgent & Emergency | S174 2019 The trust should ensure that work to review internal professional standards continues in a timely manner. | Divisional Director Medicine | Collate evidence - CGC and document IPS in place Audit/review plan to be arranged with governance lead | 16/08/2019 | 31/07/2020 | | IQIP RG | Yes | **Completed & Signed off** | 24/07/2020 | |
| 3.6.18 | S175 2019 | | Safe | Urgent & Emergency | S175 2019 The trust should ensure that the standards are monitored on an ongoing basis once they are in place. | Divisional Director Medicine | IPS in place Audit/review plan to be arranged with governance lead | 16/08/2019 | 30/09/2020 | | | | **Not Completed** | | |

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| 3.7.0 | **3.7** | | | | To ensure services are effective | **DD** | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | |
| 3.7.1 | **M22** | Duplicate of 1.3.7 | Effective | Urgent & Emergency | M22  The trust must ensure that compliance with new or updated national guidance is regularly assessed and monitored, and improvements made where necessary. | ED Clinical Governance Lead | Risk and Governance meeting being developed/enhanced by JP as lead. | 01/06/2019 | 31/12/2020 | | | **Not Completed** | |
| 3.8.0 | **3.8** | | | | To ensure services are caring | **DD** | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | |
| 3.8.1 | S64 | | Caring | Urgent & Emergency | S64  The trust should ensure that patients, relatives and carers receive timely emotional support. | ED Matron | 2 hourly safety review in place.  Perfect Ward audits completed. | 01/10/2019 | 31/10/2020 | | | **Not Completed** | |
| 3.8.2 | M148 2019 | Links to 3.6.13 | Caring | Medical | M148 2019  The trust must ensure there are no mixed sex breaches in the hyper acute stroke unit (HASU). | Head of Nursing Medicine, Lead Nurse | Review of HASU to be undertaken. | 16/08/2019 | 31/12/2019 | | HMBQ | Yes | **Completed & Signed off** | 09/12/2019 |
| 3.8.3 | S177 2019 | | Caring | Urgent & Emergency | S177 2019  The trust should ensure that patients' pain levels are assessed, addressed and monitored in line with national guidance. | ED Matron, ED Clinical Lead | Documentation review. | 16/08/2019 | 31/10/2020 | | | **Not Completed** | |
| 3.9.0 | **3.9** | | | | To ensure services are responsive | **DD** | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | |
| 3.9.1 | **M23,**M126 2019 | Supercedes [1] in 3.9.1 | Responsive | Urgent & Emergency | M23  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.<br>M126 2019  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 | ED Operational Manager | Meeting with EEAST.<br>Projects underway Trustwide to support flow. | 16/08/2019 | 30/09/2020 | | | **Not Completed** | |
| 3.9.2 | S60 | | Responsive | Urgent & Emergency | S60  The trust should review the hours that the ambulatory emergency care unit, the paediatric assessment unit and the rapid assessment team are available to maximise admission avoidance. | ED Operational Manager | Project 20/20 working to enhance relationships.<br>Plan to extend AEC underway | 01/10/2019 | 31/08/2020 | | SLTQ | Yes | **Completed & Signed off** | 31/05/2020 |
| 3.9.3 | S61 | | Responsive | Urgent & Emergency | S61  The trust should ensure that internal professional standards are created and monitored. | Divisional Director Medicine | IPS needing more communication but effective.<br>No audit<br>? Close - completed<br>IPS in place.<br>Audit review plan to be arranged by governance leads. | 01/10/2019 | 30/09/2020 | | | **Not Completed** | |
| 3.9.4 | **S62,**S176 2019 | Supercedes [1] in 3.9.4 | Responsive | Urgent & Emergency | S62  The trust should review the policies and protocols in place to manage escalation and crowding.<br>S176 2019  The trust should ensure that work to review the policies, protocols, processes and service provision in place to manage flow, escalation and crowding continues, and that this is monitored and reviewed on an ongoing basis.<br>(S176 2019 The trust should ensure that work to review the policies, protocols, processes and service provision in place to manage flow, escalation and crowding continues, and that this is monitored and reviewed on an ongoing basis) | ED Matron, ED Operational Manager | Outstanding - requested overcrowding policy.<br>Phase 1 building works completed. | 01/10/2019 | 31/03/2020 | | SLTQ | Yes | **Completed & Signed off** | 25/03/2020 |

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| 3.9.5 | S63 | | Responsive | Urgent & Emergency | S63 The trust should review the service provided for patients with mental health conditions to ensure that they receive timely assessment and treatment. | ED Matron, ED Clinical Educators | Collaborative working with MH. Engagement with mental health underway - escalation process in place. Task and Finish Group in place. Department reviewed for mental health suitability. Risk assessments reviewed. Practice drills in place. Training plan in place. | 01/10/2019 | 31/12/2019 | | SLTQ | Yes | Completed & Signed off | 27/01/2020 |
| 3.9.6 | S66,S182 2019 | Supercedes [1] in 3.9.6 | Responsive | Urgent & Emergency | S66 The trust should review its communication aids available to assist staff to communicate with patients living with a sensory loss, such as hearing loss. S182 2019 The trust should review the availability and use of communication aids and other provisions to meet patients' individual needs within the department. (S182 2019 The trust should review the availability and use of communication aids and other provisions to meet patients' individual needs within the department) | ED Matron | | 01/10/2019 | 31/07/2020 | | IQIP RG | Yes | Completed & Signed off | 24/07/2020 |
| 3.9.7 | S70 | | Responsive | Medical | S70 The trust should ensure there are systems in place to reduce and manage the high number of medical outliers. | Divisional Director Medicine | Revised outlier plan in place. | 01/10/2019 | 31/07/2020 | | IQIP RG | Yes | Completed & Signed off | 24/07/2020 |
| 3.9.8 | S85 | | Responsive | Medical | S85 The trust should ensure that patients commence treatment for cancer within 62 days in line with national guidance. | Deputy Chief Operating Officer | Cancer leads in place - managed by Deputy COO. | 01/10/2019 | 31/01/2021 | | | | Not Completed | |
| 3.9.9 | | | | | Moved, see 3.16.10 | | | | | | | | | |
| 3.9.10 | | | | | Moved, see 3.16.8 | | | | | | | | | |
| 3.10.0 | 3.10 | | | | To ensure services are well led | DD | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |
| 3.10.1 | S68 | Duplicate of 3.10.4 | Well Led | Urgent & Emergency | S68 The trust should ensure that plans in relation to the development of a strategy for the urgent and emergency service are implemented. | ED Matron, ED Clinical Lead, ED Operational Manager | Divisional and departmental plan to be developed. | 01/10/2019 | 30/11/2020 | | | | Not Completed | |
| 3.10.2 | | | | | Moved, see 3.16.9 | | | | | | | | | |
| 3.10.3 | S179 2019 | | Well Led | Urgent & Emergency | S179 2019 The trust should ensure there is improved multidisciplinary working. | ED Matron, ED Clinical Lead | New divisional DLT being recruited. | 16/08/2019 | 31/03/2020 | | SLTQ | Yes | Completed & Signed off | 25/03/2020 |
| 3.10.4 | S181 2019 | Supercedes [1] in 3.10.1 | Well Led | Urgent & Emergency | S181 2019 The trust should ensure that plans in relation to the development of a strategy for the urgent and emergency service are implemented. (S68 The trust should ensure that plans in relation to the development of a strategy for the urgent and emergency service are implemented) | DLT Medicine | Divisional and departmental plan to be developed. | 16/08/2019 | 30/11/2020 | | | | Not Completed | |
| | DIVISION OF WOMEN AND CHILDREN | | | | | | | | | | | | | |
| 3.11.0 | 3.11 | | | | To ensure services are safe | DD | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | | |
| 3.11.1 | M44 | | Safe | Maternity | M44 The trust must ensure that the world health organisation (WHO) and five steps to safer surgery checklist is used consistently within obstetric theatres. | Divisional General Manager Women & Children | Monthly audit to take place. | 01/10/2018 | 30/09/2019 | | HMBQ | Yes | Completed & Signed off | 06/09/2019 |

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| 3.11.2 | M49 | | Safe | Maternity | M49  The trust must ensure that resuscitation trolleys are checked daily and that all medicines stored on resuscitation trolleys are in date. | Deputy Head of Midwifery | 100% compliance. DAD assurance checklist and perfect ward in pace | 01/10/2018 | 31/12/2019 | | HMBQ | Yes | **Completed & Signed off** | 09/12/2019 |
| 3.11.3 | M150 2019 | | Safe | Maternity | M150 2019  The department must ensure that all relevant processes, such as those pertaining to agency staffing, are communicated to all relevant staff and are being implemented. | DLT Women & Children | Trust local induction policy for temp staff to be shared with all staff. Audit in Dec to ensure  compliance. | 16/08/2019 | 31/03/2020 | | SLTQ | Yes | **Completed & Signed off** | 30/03/2020 |
| 3.11.4 | M151 2019 | | Safe | Gynaecology | M151 2019  The trust must ensure that all medical and nursing staff have the appropriate completed competencies. | DLT Women & Children | TNA completed. Mandatory training reports. | 16/08/2019 | 30/09/2020 | | | | **Not Completed** | 27/01/2020 |
| 3.11.5 | M152 2019 | | Safe | Gynaecology | M152 2019  The trust must ensure that the early pregnancy antenatal unit has portable oxygen and suction available. | Divisional General Manager Women & Children | Oxygen and Suction is available on Brancaster and this was recorded as part of the emergency scenario | 16/08/2019 | 31/10/2019 | | SLTQ | Yes | **Completed & Signed off** | 31/05/2020 |
| 3.11.6 | M153 2019 | | Safe | Gynaecology | M153 2019  The trust must ensure the early pregnancy unit has the appropriate staff in place to ensure patients are safe. | Deputy Head of Midwifery | Business case approval for additional HCA and successful recruitment | 16/08/2019 | 31/01/2020 | | HMBQ | Yes | **Completed & Signed off** | 09/12/2019 |
| 3.11.7 | S187 2019 | | Safe | Maternity | S187 2019  The department should ensure that another fridge is sourced to ensure that medications are kept separately to human tissue samples to prevent cross contamination. | Divisional General Manager Women & Children | Fridge in place | 16/08/2019 | 30/09/2019 | | HMBQ | Yes | **Completed & Signed off** | 06/09/2019 |
| 3.11.8 | S188 2019 | | Safe | Maternity | S188 2019  The service should ensure that all equipment in all areas is checked daily as per trust guidelines. | Deputy Head of Midwifery | Process in place and fail save also in place | 16/08/2019 | 28/02/2020 | | SLTQ | Yes | **Completed & Signed off** | 24/02/2020 |
| 3.11.9 | S189 2019 | | Safe | Maternity | S189 2019  The service should ensure that women receiving care are given printouts of their full care to take to appointments at different maternity providers when required. | Brancaster OPD Lead | Communication and Badgernet review | 16/08/2019 | 31/01/2020 | | SLTQ | Yes | **Completed & Signed off** | 27/01/2020 |
| 3.11.10 | S190 2019 | | Safe | Maternity | S190 2019  The service should improve the representation of all grades of midwives and doctors at the weekly cardiotocography meetings. | Clinical Lead Obstetrics & Gynaecology | Terms of reference needed. Attendance and output | 16/08/2019 | 31/03/2020 | | SLTQ | Yes | **Completed & Signed off** | 25/03/2020 |
| 3.11.11 | S192 2019 | | Safe | Maternity | S192 2019  The department should ensure that all relevant maternity staff are trained and competent to implement the Gap and Grow package. | Practice Development Midwife | 31/07/19 - 80% compliance with training. Another training day planned and electronic package in place. | 16/08/2019 | 31/10/2020 | | | | **Not Completed** | |
| 3.11.12 | S195 2019 | | Safe | Maternity | S195 2019  The service should ensure nursing staff in NICU hand over care of the babies when leaving the nursery for an extended period of time. | Paediatric Matron | observational audit to take place | 16/08/2019 | 31/01/2020 | | SLTQ | Yes | **Completed & Signed off** | 27/01/2020 |

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| 3.11.13 | S196 2019 | | Safe | Children & Young People | S196 2019  The service should obtain a portable telephone to enable staff on Rudham ward to take confidential calls in private. | Divisional General Manager Paediatric | Telephone in place | 16/08/2019 | 30/09/2019 | | HMBQ | Yes | **Completed & Signed off** | 06/09/2019 |
| 3.11.14 | S197 2019 | | Safe | Children & Young People | S197 2019  The service should continue to recruit consultants in order that they operate in line with royal college of paediatric and child health (RCPCH) guidance. | Clinical Lead Paediatrics | Business case | 16/08/2019 | 30/04/2020 | | SLTQ | Yes | **Completed & Signed off** | 30/03/2020 |
| 3.11.15 | S198 2019 | | Safe | Children & Young People | S198 2019  The service should ensure consultant handwriting is legible in all medical records. | Clinical Lead Paediatrics | Documentation audits to take place on a Friday ward round | 16/08/2019 | 30/06/2020 | | IQIP RG | Yes | **Completed & Signed off** | 22/06/2020 |
| 3.11.16 | S199 2019 | | Safe | Children & Young People | S199 2019  The service should ensure representation of the CYP service at mortality review meetings. | Clinical Lead Paediatrics | Minutes of attendance | 16/08/2019 | 30/11/2019 | | HMBQ | Yes | **Completed & Signed off** | 06/09/2019 |
| 3.12.0 | **3.12** | | | | To ensure services are effective | DD | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |
| 3.12.1 | S193 2019 | | Effective | Maternity | S193 2019  The service should consider performing regular audits of record keeping. | Deputy Head of Midwifery | Perfect ward | 16/08/2019 | 31/10/2020 | | | | **Not Completed** | |
| 3.13.0 | **3.13** | | | | To ensure services are caring | DD | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |
| 3.13.1 | | | | | | | | | | | | | | |
| 3.14.0 | **3.14** | | | | To ensure services are responsive | DD | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |
| 3.14.1 | S191 2019 | | Responsive | Maternity | S191 2019  The service should establish an effective information system on their trust website to inform women and their families. | Divisional General Manager Women & Children | Website page | 16/08/2019 | 30/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 11/11/2019 |
| 3.15.0 | **3.15** | | | | To ensure services are well led | DD | **1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better** | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.15.1 | S194 2019 | Links from 3.15.2 | Well Led | Gynaecology | S194 2019 The service should develop and implement a clear vision and strategy. | DLT Women & Children | Full strategy written | 16/08/2019 | 31/12/2020 | | | **Not Completed** | |
| 3.15.2 | S200 2019 | Links to 3.15.1 | Well Led | Children & Young People | S200 2019 The service should ensure staff are aware of the CYP strategy. | DLT Women & Children | Current strategy reviewed | 16/08/2019 | 31/12/2020 | | | **Not Completed** | |
| 3.15.3 | S201 2019 | | Well Led | Children & Young People | S201 2019 The service should monitor the progress of the implementation of the strategy. | DLT Women & Children | Strategy communicated and monitored | 16/08/2019 | 31/12/2020 | | | **Not Completed** | |
| 3.15.4 | S202 2019 | | Well Led | Children & Young People | S202 2019 The service should ensure oversight of CYP services through discussions at all levels of governance | Divisional General Manager Women & Children | 3 months minutes from Paeds Governance, Divisional board and HMB. Also PRM slides. | 16/08/2019 | 30/11/2019 | | HMBQ | Yes | **Completed & Signed off** | 11/11/2019 |
| | **DIVISION OF CLINICAL SUPPORT SERVICES** | | | | | | | | | | | | |
| 3.16.0 | **3.16** | | | | | | 1. All current "inadequate" ratings within the Trust's CQC grid are at amber or better | | | | | | |
| 3.16.1 | S89 | | Safe | Diagnostic Imaging | S89 The trust should ensure the secure storage, prescription and administration of medicines. This includes ensuring that appropriate patient group directives (PGD) are in place for the safe administration of medicines, including the safe administration of saline. | Divisional Director Clinical Support Services | Move to S31 | 01/06/2019 | 31/05/2020 | | IQIP RG | Yes | **Completed & Signed off** | 26/05/2020 |
| 3.16.2 | S90 | | Safe | Diagnostic Imaging | S90 The trust should ensure that resuscitation equipment in the breast care unit is easily accessible to all staff. | Medicine Matron | Closed | 01/06/2019 | 31/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 11/11/2019 |
| 3.16.3 | S91 | | Safe | Diagnostic Imaging | S91 The trust should ensure effective processes are established for the cleaning of clinical rooms and equipment in the radiology department. | DLT Clinical Support Services | The clinic rooms are a clean, appropriate environment in managed premises that facilitates the prevention and control of infections | 01/06/2019 | 30/09/2020 | | IQIP RG | Yes | **Completed & Signed off** | 22/06/2020 |
| 3.16.4 | M162 2019 | Supercedes [1] in 3.16.5 | Safe | Diagnostic Imaging | M162 2019 The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way. (M163 2019 The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients) | DLT Clinical Support Services | | 01/06/2019 | 31/10/2020 | | | | **Not Completed** | |
| 3.16.5 | M163 2019 | Duplicate of 3.16.4 | Safe | Diagnostic Imaging | M163 2019 The trust must be assured that the out of hours staffing arrangement is sustainable and robust to provide safe care and treatment to patients. | DLT Clinical Support Services | | 01/06/2019 | 31/10/2020 | | | | **Not Completed** | |
| 3.16.6 | M167 2019 | | Safe | Diagnostic Imaging | M167 2019 The trust must ensure that appropriate personal protection equipment is used when administering care to patients to prevent the spread of infection. | DLT Clinical Support Services | Perfect Ward Audit | 01/06/2019 | 31/05/2020 | | IQIP RG | Yes | **Completed & Signed off** | 26/05/2020 |

| 3.16.7 | M54 | | Safe | Diagnostic Imaging | M54  The trust must ensure staff lock computer screens to protect patient information when leaving them unattended in the breast care unit. | Medicine Matron | Going through change screen saver to 5 minutes. ? Close | 01/10/2019 | 31/10/2019 | | HMBQ | Yes | **Completed & Signed off** | 07/10/2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.16.8 | S94 | | Responsive | Diagnostic Imaging | S94  The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner. | DLT Clinical Support Services | | 01/10/2019 | 28/02/2021 | | | | **Not Completed** | |
| 3.16.9 | M170 2019 | | Well Led | Diagnostic Imaging | M170 2019  Leaders must ensure they are visible and improve relationships between staff and managers. | DLT Clinical Support Services | New divisional DLT being recruited. | 16/08/2019 | 30/06/2020 | | IQIP RG | Yes | **Completed & Signed off** | 22/06/2020 |
| 3.16.10 | S93 | | Responsive | Diagnostic Imaging | S93  The trust should ensure effective processes are in place for the timely completion of diagnostic reports. | DLT Division of Clinical Support Services | Paperless review process being developed. | 01/10/2019 | 31/07/2020 | | IQIP RG | Yes | **Completed & Signed off** | 22/06/2020 |