



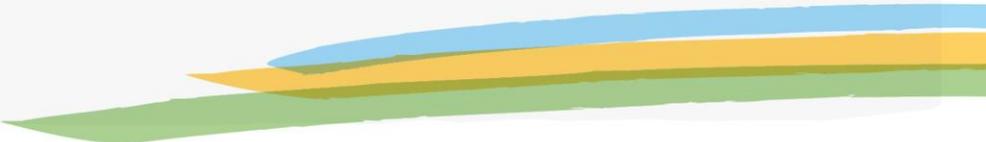
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

Integrated Quality Improvement Plan Programme Update Reporting for January 2021



Trust Board of Directors (Public)
2 March 2021

Summary

- This summary details progress against the existing 2019/20 IQIP as reviewed at the Quality Committee on 23 February 2021 and its transition to a new 2021/22 IQIP, following publication of the Trust's CQC inspection report (December 2020).
 - For ease of reading this report is divided into two sections:
 - Slide 4 to 13 covers progress against the 2019/20 IQIP
 - Slide 14 to 20 details the structure and reporting arrangement of the new 2021/22 IQIP from March 2021, including an update against the three new Must Do actions from the December 2020 CQC report.
 - This is the last progress report against the existing 2019/20 IQIP, which comprises of 206 actions. 178 (86%) actions have been completed to date. The 28 outstanding actions have been incorporated into the 2021/22 IQIP along with the 36 Must and Should Do actions from the December 2020 CQC inspection report.
 - All Section 31 Conditions remain internally closed with the remaining open 29A conditions incorporated into the new 2021/22 IQIP. As reported at the January Board, the CQC have confirmed the lifting of 5 Section 31 conditions. This decision to approve the Trust's application in full, sends a clear message of confidence in the organisation and its leadership and provides a further level of assurance through external validation.
 - Unlike the Section 31 Notices, a formal application to request the lifting of Section 29A Warning Notice conditions is not required, as these are reviewed as part of an on-site inspection only. Following a meeting with the CQC in January, they confirmed the Trust has met 5, 29A Warning Notice conditions in full and have therefore closed these conditions. Whilst improvements were noted against the remaining 16, 29A conditions, these were not reviewed in full during the September inspection, but will instead form part of the Trust's next on-site inspection later this year.
 - The new IQIP also reflects the official removal of 5 CQC Section 31 conditions, 5 CQC 29A conditions and 3 GMC conditions
 - Following consideration at the January Quality Committee, the Trust submitted a formal application to the CQC on 11th February 2021 to request the lifting of 11 of the remaining 17 Section 31 conditions. This application was accompanied by detailed evidence of improvement and compliance, which will now be formally reviewed by the CQC.
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Summary

- The development of the 2021/22 IQIP provides the Trust with an opportunity to strengthen all 28 open actions within the existing IQIP, with new deadlines and to develop Plans on a Page (POAP) for all new actions. This will ensure cross-divisional improvements are incorporated, where required and in turn reflect the impact of the COVID-19 pandemic. This will ensure improvement timeframes are realistic, actions measurable and the IQIP remains a priority for the organisation
- Elements of the 2021/22 IQIP have been aligned to the PMO's annual plan with dedicated support via special measures funding to support improvements priorities. A paper on the refreshed PMO and revised proposed governance arrangements will be come to the March 2021 Board.
- Reporting format and arrangements for the 2021/22 IQIP will remain unchanged to ensure progress, risks and recovery actions are clearly detailed within the report. As of March 2021 this will include a new forward plan for the next 12 months to confirm when actions are due for completion with a RAG status.
- The Evidence Assurance Group has been effective in assuring progress against the IQIP and internal closure of CQC actions. The EAG format has been expanded to provide robust challenge and assurance against other material action plans. The January meeting included the review of Serious Incidents and Maternity Improvement Plan actions. This arrangements will continue with the transition to the 2021/22 IQIP

The Trust Board is asked to note::

- Progress against the exiting 2019/20 IQIP at Month 10 and the closure of this plan
- The CQC notification of their decision to lift 5 of the Maternity Section 31 conditions
- The CQC notification of their decision to close 5 of the 29A Warning Notice conditions
- The Trust's CQC application to lift a further 11 of the remaining 17 Section 31 conditions
- The plan to transition to the refreshed 2021/22 IQIP from March 2021 and the ongoing reporting arrangements

Overall Programme Update – Against Existing 2019/20 IQIP

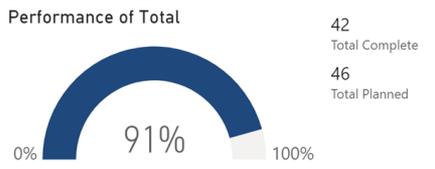
- Since the last report, the Evidence Assurance Group (EAG) did not approve any further actions. The total number of actions which have been approved for closure by the EAG remains at 178 (86%)
- 28 actions remain open which are a combination of Conditions, Must and Should Do actions pending completion and validation. All 28 actions have been incorporated into the 2021/22 IQIP. POAP for each action are being reviewed and updated and due for completion on 2 March 2021.

Status	GMC Condition	Must	Section 29	Section 31	Should	Total
Completed & Signed off	3	87	17	22	49	178
Clinical Support Services		6	3	4	3	16
Medicine		24	4	7	13	48
Standard Practice		34			15	49
Surgery		2			7	9
Trust Board	3	10			1	14
Women & Children		11	10	11	10	42
Not Completed		18	4		6	28
Clinical Support Services					1	1
Medicine		6	4		1	11
Standard Practice		11			2	13
Surgery					1	1
Trust Board		1				1
Women & Children					1	1
Total	3	105	21	22	55	206

Overall Programme Status of Existing 2019/20 IQIP

- This slide illustrates the current completion of all actions within the programme.

Conditions and GMC



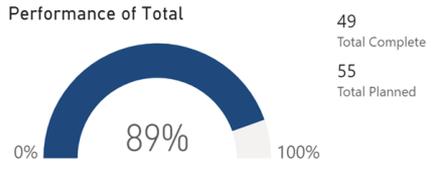
- Formal notification was received from the CQC on 6 January 2021, confirming the Trust’s application to lift five, Section 31 Conditions for Maternity Services have been approved.
- The CQC confirmed in January 2021 that five, 29A Warning Notice conditions have been met in full and therefore closed.
- The GMC confirmed in December 2020 it had removed the Trust from enhanced monitoring.

Must do’s



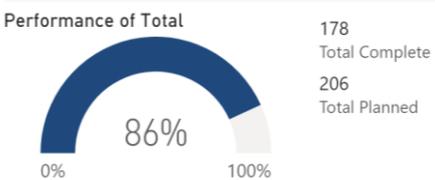
- There was no change in position this month

Should do’s



- There was no change in position this month

Total Plan



- 86% of all schemes are now approved with evidence.
- 91% of conditions are now approved with evidence.
- Focus is now on delivery of the final 28 schemes with refreshed POAP
- All existing open actions have been incorporated into the 2021/22 IQIP alongside the Must and Should Do Actions from the December CQC report. POAP for all existing and new actions will be completed on the 2 March 2021 in line with the March reporting arrangements.

Existing 2019/20 IQIP

Actions declined at the Evidence Assurance Group in January

ID Ref	Area	Category	Description	Owner	Due	Date Declined
1.2.10	Standard Practice	Must	The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance.	Director of Patient Safety	December 2020	26 January 2021
2.5.21	Medicine	Must	The trust must ensure that patients at risk of deterioration are appropriately escalated for review.	Head of Patient Experience	February 2021	26 January 2021
2.5.9	Medicine	Section 29	Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.	Head of Patient Experience	February 2021	26 January 2021

1.2.10: Duty of Candour - This scheme was declined as the panel felt there remains a lack of sustained improvement within the Division of Medicine. All other Divisions demonstrated sustained improvement.

The panel agreed this scheme would be incorporated into the new 2021/22 IQIP under Strategic Objective One, but will also be incorporated in the Division of Medicine's Improvement Plan and displayed in their monthly Divisional progress report. This will ensure progress is closely monitored by the Quality Forum with an opportunity to effectively challenge the Divisional Leadership Team, identifying and mitigating risks early. It was agreed for evidence of improvement and compliance to be re-presented in May to allow sufficient time for sustained improvement to be demonstrated.

2.5.9 & 2.5.21: NEWS2 - This 29A Warning Notice Condition has been formally closed by the CQC in January. Following notification of this decision, this condition was presented, along with an associated Must Do action to the January EAG to ensure the IQIP Governance processes were followed, with an opportunity for internal review and scrutiny of the evidence. Whilst the EAG recognised improvement against this action and the findings of the CQC, it requested further evidence of compliance before closing this internally and moving the action to Business as Usual. This action will therefore be presented back to EAG in February, which is within the completion deadline.

Existing 2019/20 IQIP - RAG rated programme as of January

- The following sets out the overall programme position.
- All 28 actions have been incorporated into the 2021/22 IQIP. A POAP for each action is being reviewed and updated and due for completion on 2 March 2021.

RED	Behind Plan: Missed original deadline submission, but with revised date agreed by EAG
AMBER	At Risk: Expected to miss original deadline submission with work to mitigate slippage
GREEN	On Plan: To be presented to EAG in line with original submission deadline

Area	At Risk	Behind Plan	On Plan	Total
Standard Practice	2	11		13
Must		11		11
Should	2			2
Medicine		8	3	11
Must		5	1	6
Section 29		3	1	4
Should			1	1
Clinical Support Services			1	1
Should			1	1
Surgery		1		1
Should		1		1
Trust Board		1		1
Must		1		1
Women & Children			1	1
Should			1	1
Total	2	21	5	28

Existing 2019/20 IQIP - Actions Behind Plan at the End of January

- 21 actions are behind plan.

ID Ref	Area	Category	Description	Owner	Due	RAG
2.5.1	Medicine	Section 29	Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patients preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.	Head of Nursing Medicine	December 2020	Red
2.5.14	Medicine	Section 29	There was a lack of palliative care consultant staffing compounded by a lack of ownership for end of life care by each speciality throughout the trust.	Medical Director	December 2020	Red
2.5.23	Medicine	Must	The trust must address specialist palliative consultant staffing and put measures in place to improve in line with national standards.	Medical Director	December 2020	Red
2.5.4	Medicine	Section 29	Staff understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	September 2020	Red
2.5.4	Medicine	Must	The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	September 2020	Red
2.5.4	Medicine	Must	The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	September 2020	Red
2.5.4	Medicine	Must	The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	September 2020	Red
3.9.1	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.	ED Operational Manager	September 2020	Red
ID Ref	Area	Category	Description	Owner	Due	RAG
3.5.4	Surgery	Should	The service should develop and implement a clear vision and strategy.	DLT Surgery	December 2020	Red
ID Ref	Area	Category	Description	Owner	Due	RAG
1.3.17	Trust Board	Must	The trust must ensure that regulatory requirements, recommendations and learnings from regulators, external reviews and local audit are utilised to identify actions for improvement and that these are monitored and reviewed effectively.	Director of Patient Safety	December 2020	Red

Existing 2019/20 IQIP - Actions Behind Plan at the End of January

ID Ref	Area	Category	Description	Owner	Due	RAG
1.2.10	Standard Practice	Must	The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance.	Director of Patient Safety	December 2020	
1.2.4	Standard Practice	Must	The trust must ensure that effective process for the management of human resources (HR) processes, including staff grievances and complaints, are in place, ensuring timely management in line with trust policy.	Director of HR	November 2020	
1.2.5	Standard Practice	Must	The trust must monitor medical staff training rates, and improve appraisal rates to meet the trust target.	Divisional Director Women & Children	December 2020	
1.2.7	Standard Practice	Must	The trust must ensure that staff receive an annual appraisal.	Director of HR	December 2020	
1.3.18	Standard Practice	Must	The trust must ensure that processes for incident reporting, investigation, actions and learning improve and become embedded across all services.	Director of Patient Safety	December 2020	
1.3.21	Standard Practice	Must	The trust must ensure that risks are swiftly identified, mitigated and managed. There must be robust, consistent processes in place to ensure that action plans are enacted following audit, mortality reviews, incidents and complaints. There must be clear processes for review, analysis and identification of themes and shared learning.	Director of Patient Safety	December 2020	
1.3.6	Standard Practice	Must	The trust must ensure clear processes are in place for sharing learning from incidents, complaints and audits with staff.	Director of Patient Safety	December 2020	
1.4.3	Standard Practice	Must	The trust must ensure that mandatory training attendance, including training on infection prevention and control and safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices and are trained to the appropriate level.	Director of HR	December 2020	
2.5.2	Standard Practice	Must	The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely.	Head of Nursing Medicine	December 2020	
2.5.3	Standard Practice	Must	The trust must ensure that fluid balance charts are properly completed.	Deputy Chief Nurse	September 2020	
2.5.8	Standard Practice	Must	The trust must continue to monitor and take action to improve completion of do not attempt cardio pulmonary resuscitation (DNACPR) forms and that appropriate mental capacity assessments are undertaken for patients with a DNACPR in place.	Head of Patient Experience	October 2020	

Existing 2019/20 IQIP - Actions Behind Plan at the End of January

Narrative:

All actions Behind Plan have been moved into the new 2021/22 IQIP and Plans on a Page reviewed and strengthened to reflect the latest CQC findings with a revised completion trajectory.

2.5.1: Individual Care Plans – CQC noted improvement but there is a risk to this scheme in assuring a sustainable trend line of improvement although there is strong leadership from the Deputy Medical Director and Head of Nursing – Medicine through the Trust’s Documentation Group.

2.5.14 2.5.23: Palliative - At risk due to the concern over the successful recruitment to the Palliative Care Consultant role. This action will be moved into the new 2021/22 IQIP and incorporated into the EoLC workstream with dedicated PMO support.

2.5.4: MCA - This actions was declined due to lack of sufficient evidence. A review of work to address these actions will now take place to better understand how to progress. An audit plan will be developed and EAG has asked for regular updates to monitor improvements and will be brought back in February.

3.9.1: Four-hour emergency access standard - This action was declined pending a sustained improvement in the national 4-hour standard. Current operational pressures due to COVID continue to place this scheme at risk. This action will be moved into the new 2021/22 IQIP incorporated into the Urgent and Emergency Care workstream with dedicated PMO support.

3.5.4: Surgery Strategy – This will be re-presented in February as EAG required a more detailed strategy with key performance indicators stated.

1.3.17: Regulatory learning - This will likely be presented to EAG in March as there is a requirement to build a robust evidence-base of sustained learning.

1.2.10: Duty of Candour - This scheme was declined as the panel felt there remains a lack of sustained improvement within the Division of Medicine. All other Divisions demonstrated sustained improvement. The panel agreed this scheme would be incorporated into the new 2021/22 IQIP, but will also aligned to the Division of Medicine’s individual Improvement Plan. It was agreed for evidence of improvement and compliance to be re-presented in May to allow sufficient time for sustained improvement to be demonstrated.

1.2.4: HR process - Progress has been achieved, but more evidence is needed to demonstrate completion and compliance. This will be presented in April. Monitoring progress of staff grievances and HR cases commenced weekly with Executive oversight. This action will be moved into the new 2021/22 IQIP.

Existing 2019/20 IQIP - Actions Behind Plan at the End of January

Narrative:

All actions Behind Plan have been moved into the new 2021/22 IQIP and Plans on a Page reviewed and strengthened to reflect the latest CQC findings with a revised completion trajectory.

1.2.5: Medical Training – This scheme was declined as the Trust remains non-compliant with its mandatory training standard. This was also identified in the recent CQC Report whereby further Should Do Actions were identified regarding mandatory training compliance across the trust. This action has been incorporated into the new 2021/22 IQIP with a Task and Finish Group in place.

1.2.7: Staff Appraisals - This scheme was declined due to the recent September 2020 CQC Report whereby further Should Do Actions were identified. The panel requested that this is re-presented in April. This action has been incorporated into the new 2021/22 IQIP.

1.3.18 / 1.3.21: Action plans - Work to embed learning from complaints and incidents is still on-going and will be brought back to EAG in March.

1.3.6: Shared Learning – Work to embed learning from complaints and incidents is still on-going and will be brought back to EAG in March.

1.4.3: Mandatory Training – This scheme was declined as the Trust remains non-compliant with its mandatory training standard. This was also identified in the recent CQC Report whereby further Should Do Actions were identified regarding mandatory training compliance across the trust. This action has been incorporated into the new 2021/22 IQIP with a Task and Finish Group in place.

2.5.2: Care Records – Further work is required and in agreement with the Head of Nursing, this will be audited and presented in February. CQC noted improvements in nursing documentation but inconsistencies still apparent.

2.5.3: Fluid Balance – audits are on-going to monitor improvement with a revised submission date of February.

2.5.8: DNACPR - Due to the complex nature of this action, it is being brought to EAG in March. Fortnightly meetings are being established to support delivery to this date. This action has been incorporated into the new 2021/22 IQIP and form part of the Recognise and Respond workstream.

Existing 2019/20 IQIP - Actions At Risk at the end of January

ID Ref	Area	Category	Description	Owner	Due	RAG
3.4.2	Standard Practice	Should	The trust should ensure patients on the 62-day pathway receive treatment in line with the national target.	Divisional General Manager Surgery	March 2021	At Risk
3.9.8	Standard Practice	Should	The trust should ensure that patients commence treatment for cancer within 62 days in line with national guidance.	Deputy Chief Operating Officer	March 2021	At Risk

3.4.2: 62-day pathway - This action is at risk due to the potential impact of Covid-19.

3.9.8: 62-day pathway - This action is at risk due to the potential impact of Covid-19.

These actions has been incorporated into the new 2021/22 IQIP with new POAPs being developed to reflect the impact of COVID-19

Actions to be submitted to the Evidence Assurance Group in February

11 actions from the 2019/20 IQIP actions are due for submission to the February EAG.

ID Ref	Area	Category	Description	Owner	End	Column2
2.5.3	Standard Practice	Must	The trust must ensure that fluid balance charts are properly completed.	Deputy Chief Nurse	30/09/2020	
2.5.4	Medicine	Section 29	Staff understanding of and the application of the Mental Capacity Act 2005 was inconsistent in medical care and the emergency department. Training information supporting staff knowledge and understanding of the Deprivation of Liberty Safeguards (DoLS) was incorrect and not in line with the Act.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	30/09/2020	
2.5.4	Medicine	Must	The trust must ensure mental capacity assessments are consistently and competently carried out where required.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	30/09/2020	
2.5.4	Medicine	Must	The trust must review its Mental Capacity Assessment and Deprivation of Liberty Safeguarding process and the way this is documented within patients' notes.	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	30/09/2020	
2.5.4	Medicine	Must	The trust must review the knowledge, competency and skills of staff in relation to the Mental Capacity Act and Deprivation of Liberty safeguards	Lead Nurse for Older People, Lead Professional for Safeguarding Adults and Children	30/09/2020	
2.5.1	Medicine	Section 29	Records did not provide a full plan of individualised care and did not accurately reflect the needs or wishes of patients. Patients preferences and individual needs were not considered. There was inconsistent and incomplete record keeping in the emergency department. An individualised plan of care was not established for patients at the end of life. Patients requiring end of life care did not always receive appropriate care that met their needs.	Head of Nursing Medicine	31/12/2020	
2.5.2	Standard Practice	Must	The trust must ensure patient care records are accurate, complete and contemporaneous and stored securely.	Head of Nursing Medicine	31/12/2020	
3.5.4	Surgery	Should	The service should develop and implement a clear vision and strategy.	DLT Surgery	31/12/2020	
2.5.21	Medicine	Must	The trust must ensure that patients at risk of deterioration are appropriately escalated for review.	Head of Patient Experience	28/02/2021	
2.5.9	Medicine	Section 29	Risk assessments were not fully completed for patients or actions taken to mitigate risk. National Early Warning Score 2 (NEWS 2) observations were not completed according to the correct time intervals. Escalation of patients with NEWS 2 scores that should trigger escalation and review was inconsistent.	Head of Patient Experience	28/02/2021	
3.16.8	Clinical Support Services	Should	The trust should review processes to ensure that patients are able to access diagnostic imaging services in a timely manner.	DLT Clinical Support Services	28/02/2021	



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2021/22 Integrated Quality Improvement Plan

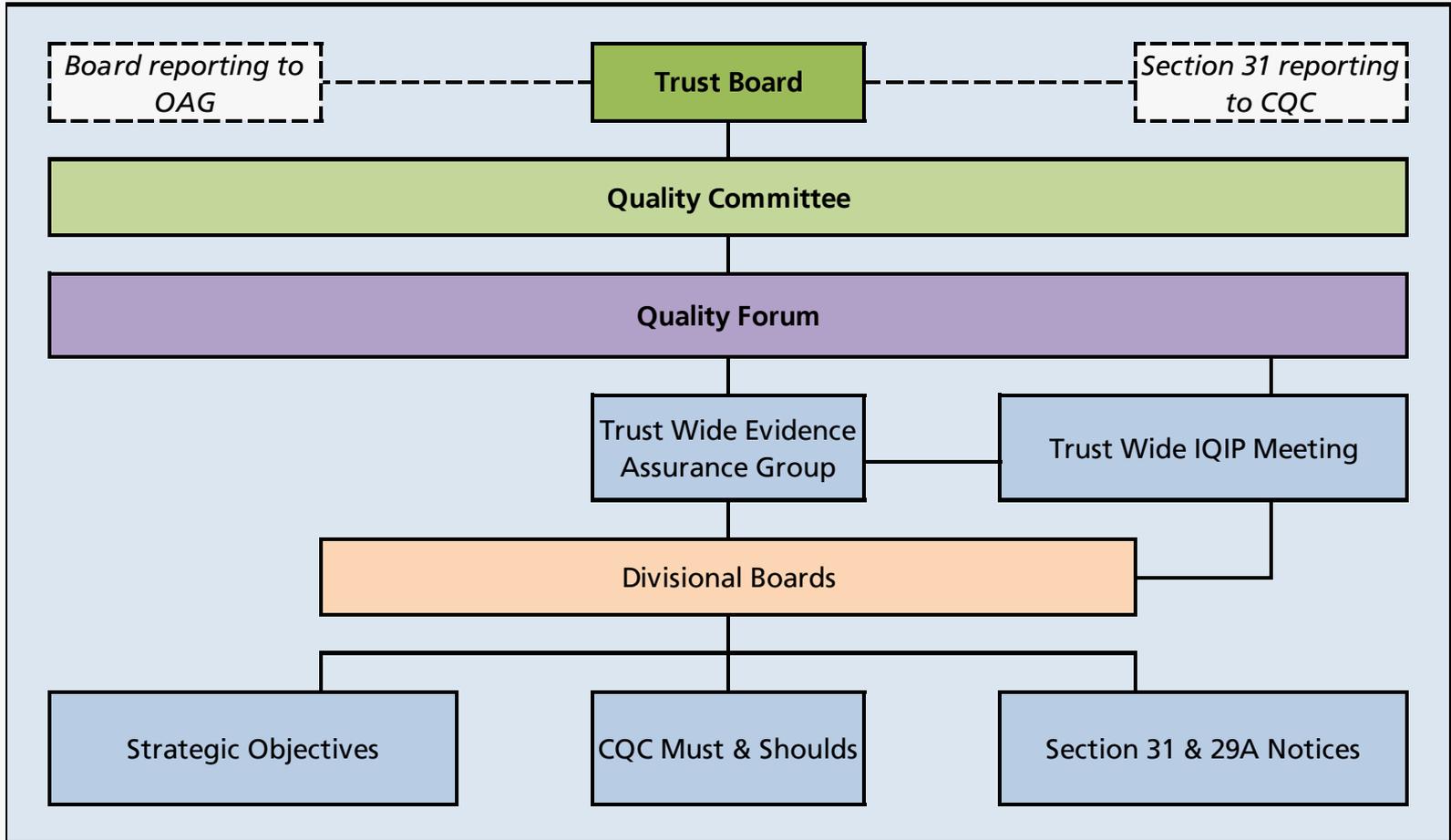


Trust Board of Directors (Public)
2 March 2021

Summary

- The following slides display the structure of the new 2021/22 IQIP and reporting arrangements.
- The 2021/22 IQIP incorporates the remaining open actions from the existing IQIP and the new Must and Should Do Action from the December 2020 report.
- The 2021/22 IQIP confirms a significant reduction in the total number of actions from 206 to 93. Of the 93 actions, 30 are the completed Section 31 and 29A Warning conditions within the existing IQIP, which have been closed internally by the Trust and moved to Business as Usual, but remain open with the CQC. It is essential these closed conditions are incorporated into the new IQIP to ensure transparency of monitoring and monthly reporting to the Board, the CQC and to the Oversight and Assurance Group.
- The development of the 2021/22 IQIP provides the Trust with an opportunity to strengthen all remaining open actions transferred from the 2019/20 plan and develop Plans on a Page (POAP) for all new actions. This will ensure cross-divisional improvements are incorporated where required and in turn reflect the impact of the COVID-19 pandemic. This work will help ensure improvement timeframes are realistic, outcomes measurable, with actions remaining a priority for the organisation.
- Strengthening and or development of the POAP are all in progress and due for completion on 2 March. All action completion deadlines and RAG status will be reflected within the 2021/22 IQIP report as of March 2021. The full 2021/22 IQIP will also be shared at the March Quality Committee as an appendix.
- The standard reporting format of the IQIP will remain unchanged and follow the established governance arrangements which have supported the Trust's quality improvement programme since 2019.

IQIP GOVERNANCE STRUCTURE



Overall Programme Structure – 2021/22 IQIP

- The new reporting numbers reflect 93 actions captured within the new IQIP, with 63 open actions covering Conditions, Must and Should Do actions and structured accordingly

Status	Must	Section 29	Section 31	Should	Total
Completed & Signed off		13	17		30
Clinical Support Services		1	4		5
Medicine		2	7		9
Women & Children		10	6		16
Not Completed	21	3		39	63
Clinical Support Services	2			3	5
Corporate	13	3		26	42
Medicine	5			3	8
Surgery				3	3
Women & Children	1			4	5
Total	21	16	17	39	93

The Section and Warning Notice condition breakdown

Original List of Legal Notices	Count
GMC Conditions	3
Section 31 Conditions (covering 3 notices)	22
Section 29A Warning Conditions (covering 3 notices)	21
Total	46

Legal Notices Officially Removed	Count	Remainder
GMC	3	0
Section 31 (covering Maternity)	5	17
Section 29A (covering Medicine & DI)	5	16
Total Removed	13	
Running Total		33

2021/22 IQIP - Overall Programme Status

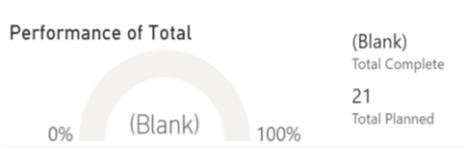
This slide illustrates the current completion of all actions within the programme.

Conditions and GMC



- 30 completed actions have been included with the 2021/22 IQIP, while they remain open with the CQC
- Three 29A Warning Conditions remain open and work is in progress to strengthen the POAP with measureable actions and realistic timeframes. These relate to MCA, Documentation and appointment of a Palliative Care Consultant.

Must do's



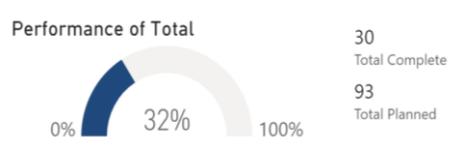
- The 21 planned Must Do actions are a combination of the outstanding actions from the IQIP and the three new Must Do actions relating to Maternity and Diagnostic Imaging from the December 2020 report.
- Work is in progress to strengthen / develop POAP with measureable actions and realistic timeframes for all Must Do actions.

Should do's

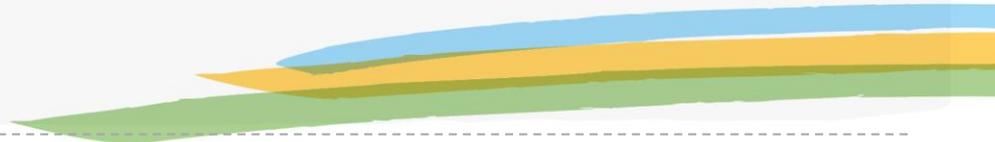


- The 39 planned Should Do actions are a combination of the outstanding actions from the IQIP and the new 33 Must Do actions.
- Work is in progress to strengthen / develop POAP with measureable actions and realistic timeframes for all Should Do actions.

Total Plan



- Of the 93 total planned actions within the new IQIP, 30 are the completed CQC Conditions with the remaining 63 open actions spanning all four Divisions and Corporate Objectives.



Must Do Actions

ID Ref	Area	Category	Description	Owner	Due	RAG
056	Maternity	Must	The trust must ensure that anaesthetists complete PROMPT (Practical Obstetric Multi- Professional Training) training.	DLT Women & Children	31/05/2021	
057	Diagnostic Imaging	Must	The trust must ensure that staffing levels are adequate to provide safe care and treatment to patients in a timely way.	DLT Clinical Support Services	31/12/2021	
058	Diagnostic Imaging	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.	DLT Clinical Support Services	31/12/2021	

056 **PROMPT** Focused PROMPT training continues in line with plan and trajectory.

057 / 058 **Staffing** Actions were reviewed and discussed at the Radiology Governance Meeting on 15 February 2021 and mitigation arrangements in place. Staffing Business Case covering all modalities within the Radiology Department is due to be submitted in March 2021.

Draft Forward Plan for 2021/22 IQIP

- This table details a breakdown of all 93 actions within the new IQIP which will be included in the forward plan from March 2021 once all completion dates have been set within the POAP. Currently the future dates for the 3 new Must Do actions from the December 2020 report have been set within the IQIP and due for completion in May and December. All remaining dates will be displayed in the March 2021 report and progress reported monthly in line with trajectories agreed.

Main - Area	Completed & Signed off	May 2021	Dec 2021	Future	Total
Clinical Support Services	5		2	3	10
Must			2		2
Section 29	1				1
Section 31	4				4
Should				3	3
Corporate				42	42
Must				13	13
Section 29				3	3
Should				26	26
Medicine	9			8	17
Must				5	5
Section 29	2				2
Section 31	7				7
Should				3	3
Surgery				3	3
Should				3	3
Women & Children	16	1		4	21
Must		1			1
Section 29	10				10
Section 31	6				6
Should				4	4
Total	30	1	2	60	93