The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 June 2021	**Agenda item:**	10
Report Title:	Integrated Quality Improvement Plan Programme Update		
Author:	Louise Notley; Director of Patient Safety		
Executive Sponsor:	Caroline Shaw: Chief Executive Officer		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	The provision of safe and effective care is set out in KS01. Hospital modernisation to support delivery of optimal care is set out in KSO2. The BAF updates for KSO1 and KSO2 are received and reviewed within the Quality Committee.	
Significant risk register	Significant Risk ID 2483 (Reputational damage/CQC regulatory notices)	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	KSO1 - Provision of safe and compassionate care KSO2 - Supporting the delivery of optimal care
Legal and regulatory	Y	Regulatory compliance/Special Measures Reputational damage
Financial	N	None identified

Assurance route

Previously considered by:	Quality Committee

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	The purpose of this report is to inform the Board of Directors of: • The overall progress against the 83 actions within the Trust's 2021/22 Integrated Quality Improvement Plan (IQIP)
Summary of Key issues:	This report details progress against the 83 actions within the 2021/22 IQIP at Month 01 including the RAG status of all actions, with a narrative update by exception. 24 (29%) of the 2021/22 IQIP actions have been approved for closure as of Month 01. There are no actions behind plan. The report details the decision taken at the Quality Forum following discussion of the Radiology Culture Assessment findings, to move the 5 open Radiology actions to Amber – At Risk and for these to be built into the new Radiology Improvement Plan.

	In view of sustained compliance and progress, it is recommended that a formal application is submitted to the CQC to request the lifting of all remaining 7, Section 31 Conditions in early June 2021. The report notes the positive findings of the Clinical Review in April and the excellent feedback from key stakeholder in May following three separate onsite visits. This provides further assurance of the Trust's sustained progress.
Recommendation:	The Board of Directors is asked to note: a) 2021/22 IQIP Progress at Month 01 b) The decision to move the 5 Radiology actions to Amber c) The recommendation to submit an application to request the lifting of all remaining 7, Section 31 Conditions in early June 2021 d) The key findings from the Clinical Review visit completed during April and the positive feedback from three external visits
Acronyms	CQC – Care Quality Commission EAG – Evidence Assurance Group IQIP – Integrated Quality Improvement Plan MCA – Mental Capacity Assessment DoLS – Depravation of Liberty Safeguards SAU – Surgical Assessment Unit POAP – Plans on a Page MDT – Multi Disciplinary Team CoC – Continuity of Carer DoC – Duty of Candour KLOE – Key Line of Enquiry