The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (Public)		
Meeting Date:	7 December 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 Forum & 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 new Trust's 2021/22 Integrated Quality Improvement Plan (IQIP) following publication of the Trust's December 2020 CQC inspection report
Summary of Key issues:	This report details progress against the 83 actions within the 2021/22 IQIP, with all deadlines built into the IQIP's Forward Plan and include a RAG status and narrative update by exception. 43 (52%) of the 2021/22 IQIP actions have been approved for closure as of Month 07. IQIP Status: • 15 actions are On Plan • 0 Actions are At Risk • 25 actions are Behind Plan – 16 being presented to EAG in November

	The report details the recovery actions and agreed submission dates for all actions 'Behind Plan' and highlights the emerging risk as a result of the increase in operational pressures over the past few weeks and its potential impact on the progress of this improvement work. A mapping exercise has taken place of the 5 Radiology open actions. This has resulted in 4 actions having revised completion dates to align against the Radiology Improvement Plan. The report notes the findings of the Clinical Reviews which took place in October with agreed actions to address areas where improvements are required.
Recommendations	The Board of Directors is asked to note: a) Progress at Month 07 b) Revised completion dates of 4 Clinical Support Service Actions c) 25 'Behind Plan' actions and rational with recovery actions d) The key findings from the October Clinical Review Visits
Acronyms	CQC – Care Quality Commission EAG – Evidence Assurance Group IQIP – Integrated Quality Improvement Plan NHSE&I – NHS England and Improvement MCA – Mental Capacity Assessment EoLC – End of Life Care DoC – Duty of Candour DLT – Divisional Leadership Team W&C – Woman & Children