The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 September 2020	**Agenda item:**	10
Report Title:	Integrated Quality Improvement Plan Programme Update		
Author:	Louise Notley; Associate Director of Quality Improvement		
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 report provides a detailed summary to the Trust Board of the overall progress against the 206 actions within the Integrated Quality Improvement Plan.
Summary of Key issues:	Of the total 206 actions within the IQIP, which are a combination of Conditions, Must and Should Do actions, 137 (67%) have been approved for closure. This includes 39 of the 46 Section and Warning Notice Conditions closed internally by the Trust. Positively, 15 actions were taken as planned in July with 9 approved and 3 approved pending some additional information. It was agreed these 3 could be approved via Chair's action given the robustness of other information provided. The challenge for the 3 that were not

	approved further demonstrates the level of rigour that the panel is applying to their evaluation of evidence. Revised trajectories have been agreed with the respective action owners with dates set for re-presentation to EAG. Looking ahead, 34 actions are due in August and September and 16 of the 18 actions due in August have been drafted and already submitted in advance of the next EAG on 2 August. There is clear rationale for the two that have been delayed and recovery plans are in place. The deep dives continue into clinical areas where there were CQC recommendations stated and feedback from both non-executive colleagues and external participants has been positive. This is a critical part of the programme as it provides good oversight and assurance from executive and non-executive colleagues, as well as supports clinical and operational teams narrate the improvements they have taken and own as part of embedding into the Trust's culture. The Trust is aware more work needs to be done, but credit should be given to staff for their commitment to the programme With the Clinical Reviews restarting, this report includes the high level findings from the review of 6 clinical areas completed on 12th August 2020.
Recommendation:	The Trust Board is asked to note: (a) Good progress against the planned trajectory; (b) Additional resource now in place to support Medicine initially; (c) The Deep Dive planned for September (d) High level findings from the August Clinical Reviews
Acronyms	IQIP – Integrated Quality Improvement Plan IQIP RG - Integrated Quality Improvement Plan Review Group EAG – Evidence Assurance Group DNACPR – Do Not Attempt Cardio-Pulmonary Resuscitation ADoQI – Associate Director of Quality Improvement