The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (Public)		
Meeting Date:	1 December 2020	**Agenda item:**	10
Report Title:	Integrated Quality Improvement Plan Programme Update		
Author:	Louise Notley; Associate Director of Quality Improvement Phil Tydeman, Director of Transformation		
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 on 24th November 2020

Executive summary

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

Purpose of the report:	The report provides a detailed summary to Trust Board of the overall trust-wide 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, 170 (83%) have been approved for closure. This includes 42 (91%) Conditions and Section notices actions closed with 4 remaining. 19 actions were approved in the last reporting period which is a significant achievement and demonstrates the resilience of the programme. Additional resource from the PMO has been added to ensure momentum through the remainder of the programme. Plans have been developed for the 8 new actions resulting from the CQC unannounced CQC inspection, with one internally approved to date. There is

	good ownership of all action with progress being taken to meet agreed timescales for submission to EAG.
Recommendation:	The Board is asked to: a) note the exceptional work by teams to achieve 170 actions being internally closed b) the increased support in place for the remainder of the programme c) strong grip over the new actions resulting from the CQC unannounced visits
Acronyms	CQC – Care Quality Commission EAG – Evidence Assurance Group IQIP – Integrated Quality Improvement Plan IQIP RG - Integrated Quality Improvement Plan Review Group