The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	12
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:	IQIP Review Group 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 Directors 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, 145 (70%) have been approved for closure. This includes 39 Conditions and Section notices actions closed and 7 remaining on target for delivery. A reset of the forecast trajectory has now been completed in discussion with action owners. The reset trajectory reflects a number of factors including feedback from the panel requiring a longer

	evidence trend being provided; finalising additional audits; or responding to the impact of Covid-19. The process has been subject to robust challenge and informed thinking. The teams remain focused on collating this data at pace. Positively, significant effort to complete those actions past due has taken place and all actions will be represented in September. This same level of rigour will be applied to ensure there is no further slippage to the reset trajectory. Two unannounced CQC inspections took place from 14 – 17 September and 22 -23 September. The positive written feedback following these visits reflects the Trust's current IQIP programme. Where areas were raised for attention, these were largely already included in the programme and being progressed. No concerns were escalated during the visits. The Board should take assurance from this of the robustness of the programme's governance framework. 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.
Recommendation:	The Board is asked to: a) Note the good progress against the planned trajectory; b) Comment on the revised trajectory as the reset plan; and c) Reach agreement to approve the reset plan as the new programme trajectory
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