

Quality Improvement Plan (CQC) 2018

Version No. 5.2
Date 13.06.19
Lead(s) Paula Hull (Director of Nursing and AHPs)
 Briony Cooper (Programme Manager)

Quality Improvement Plan (CQC) 2018 Dashboard

RAG status	Overdue (P/O): 3%		8%		At risk (P/O): 0%		1%		On track (P/O): 25%		48%		Unvalidated (P/O): 13%		14%		Completed (P/O): 59%		28%	
	Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete- Unvalidated	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

There are 24 duplicate actions which are not tracked as part of the total actions in the Quality Improvement plan.
 There is 1 additional 'should' action uncompleted from the 2017 CQC Improvement Action Plan - 5.h Self-Administration of Medicines.