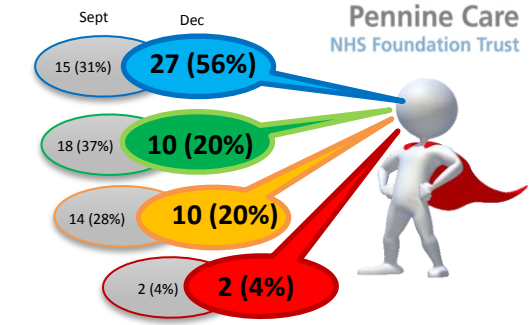


CQC Improvement Plan Infographic

Current position December 2019



Must do's

Area	Must do's	Progress
Adult wards and PICU	<ul style="list-style-type: none"> Joint working to be implemented re reviewing effects of medication 	100%
HBPoS	<ul style="list-style-type: none"> Review borough leadership structures to ensure appropriate cover of 136 suites Supervision tree to be developed and policy to be reviewed Joint working to be implemented re safe management of meds Audit tool developed to capture quality of compliance with S136 	25% 50% 25%
Older peoples wards	<ul style="list-style-type: none"> Covert meds audit undertaken Joint working implemented re recording rationale for administering meds and ensuring this is done safely DNACPR policy to be reviewed and audit to be undertaken 	25% 75%

Should do's

Area	Should do's	Progress
Adult wards and PICU	<ul style="list-style-type: none"> Develop milestones to eliminate MSA Develop a policy re protected characteristics Develop a policy on blanket restrictions Care plan documentation updated to reflect individual needs Review CEST and IPDR compliance All adult inpatient posts have been recruited to in relation to psychological therapies Continue to implement EPR Liaise with LA to discuss level of advocacy commissioned Implement alternatives to admission Expand the care planning audit to capture a wider sample size Sub-contract in place for female PICU beds 	7 29% 35% 29%
HBPoS	<ul style="list-style-type: none"> Self-assessment tool developed to ensure patients are aware of how to complain/provide feedback CCTV leaflets have been adapted to include 136 suites Peer reviews and QI framework developed to improve learning and sharing best practice Patient information leaflets are available in various languages 	100%
Dental	<ul style="list-style-type: none"> All relevant staff have up to date IRMER training X-ray audit to be carried out Formal structure established to improve communication between the directorate and other teams 	33% 67%
Older peoples wards	<ul style="list-style-type: none"> Relevant information displayed on noticeboards Develop a policy on blanket restrictions Review supervision and IPDR compliance Ensure records are easily accessible Joint working to be implemented to ensure meds management practice is consistent Staff are engaged in the development of the Trust Strategy Peer reviews and QI framework developed to improve learning and sharing best practice Patient information leaflets are available in various languages 	22% 22% 56%

Well-led

<ul style="list-style-type: none"> Agree new visions and values and how to roll these out 	<ul style="list-style-type: none"> Quality Implementation Plan to be agreed 	<ul style="list-style-type: none"> Management Development Programme reviewed 	<ul style="list-style-type: none"> Review the patient experience structure and resource 	<ul style="list-style-type: none"> A process flowchart re MHA reviewer reports has been developed
<ul style="list-style-type: none"> Equality, Diversity and Inclusion Steering Group established and agreed priorities around EDI 	<ul style="list-style-type: none"> Develop QI framework to improve learning and sharing best practice and offer training on QI 	<ul style="list-style-type: none"> Undertaken the NHSi Patient Experience Improvement Framework self-assessment 	<ul style="list-style-type: none"> Flowchart developed re governance arrangements for Clinical Audit for feedback loop to ILGs 	<ul style="list-style-type: none"> Retention Improvement Plan developed in with NHSi