

## Norfolk & Suffolk NHS Foundation Trust - Quality Improvement Plan (September 2018 CQC inspection)

Theme No.	Theme Categories	Must / Should (S) Do Ref No.	Must / Should Do	Service Line	Specific Actions to Address Must & Should Dos	Start date	Finish date	Trust-wide Actions to Address THEMES
1	1. Care planning	1	M1. The trust must ensure staff involve patients in care planning and their individual needs are recorded appropriately.	Adult Acute Wards	M1.1 We will develop a co-produced care plan training package and that includes an emphasis on good quality discharge planning.	02/01/2019	31/01/2019	<p>TW1.1 Three projects have been designed and launched to develop a model and the successful implementation of formulation and/or dialog+ Trust-wide roll out - on-going. Service users are represented on the Project Board.</p> <p>TW1.2 We will continue to progress our ongoing project to simplify the current Care Planning Process including the combining of the Core and Risk assessment documentation - on-going.</p> <p>TW1.3 We will deliver a CPA Quality, compliance, monitoring and performance management protocol including a set of metrics for CPA (and NCPA) real-time reporting. This will include readmission data which will continue to be analysed to assess the effectiveness of discharge planning - end Jan 2019.</p> <p>TW1.4 We will introduce service-led care plan booklets - March 2019.</p> <p>TW1.5 Quality &amp; safety reviews implementation will act as an additional layer of governance - March 2019.</p> <p>TW1.6 Quality &amp; compliance with care planning standards will become a standing item on the PARMs agenda; also clinical / management supervision - February 2019.</p> <p>TW1.7 We will roll out the developed co-produced care plan/art of engagement training (100 by 31/03/2019 and 50 / month minimum thereafter) - 01/02/2019 to 31/01/2020.</p> <p>TW1.8 We will review an IT solution to ensure Datix entries are copied to Lorenzo case notes - 02/01/2019 to 30/04/2019.</p> <p>TW1.9 We will appoint a CPA clinical lead to provide clinical oversight / direction to key projects and initiatives (in post January 2019).</p>
1	1. Care planning	1	M1. The trust must ensure staff involve patients in care planning and their individual needs are recorded appropriately.	Adult Acute Wards	M1.2 We will hold an away day for service users and carers to, in partnership, develop a plan and processes by determining what matters to them. This will include discharge arrangements.	29/01/2019	29/01/2019	
1	1. Care planning	1	M1. The trust must ensure staff involve patients in care planning and their individual needs are recorded appropriately.	Adult Acute Wards	M1.3 Matrons will provide monthly care plan surgeries for clinical teams. This will be part of our care plan campaign.	01/03/2019	Will be on-going	
1	1. Care planning	1	M1. The trust must ensure staff involve patients in care planning and their individual needs are recorded appropriately.	Adult Acute Wards	M1.4 We will create service user-led feedback surveys that focus on quality effectiveness and impact of current care planning providing real time feedback.	01/02/2019	01/04/2019	
1	1. Care planning	18	M18. The trust must ensure details of serious incidents are handed over to staff and recorded in patient's progress notes and risk assessments.	Secure Wards	M18.1 Within the introduction of Safety Huddles for in-patient areas. we will identify one person to record information into patients notes.	02/01/2019	Will be on-going	
1	1. Care planning	18	M18. The trust must ensure details of serious incidents are handed over to staff and recorded in patient's progress notes and risk assessments.	Secure Wards	M18.2 Within the introduction of Safety Huddles for Community we will identify one person to record information into patients notes.	01/03/2019	Will be on-going	
1	1. Care planning	31	M31. The Trust must ensure that all patients risks are assessed and managed, and that risk assessments and care plans are in place and updated consistently in line with changes to patients needs or risks.	Adult Community	M31.1 (As M1) M31.1 We will introduce Dialogue+ within all adult community teams.	01/04/2019	Will be on-going	

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1	1. Care planning	S13	S13. Staff should ensure that patients are supported to make decisions about their care and this is documented in their notes.	LD Wards	S13.1 We will restructure LD Service Management to optimal support for ward teams.	01/02/2019	29/02/2019	
1	1. Care planning	S13	S13. Staff should ensure that patients are supported to make decisions about their care and this is documented in their notes.	LD Wards	S13.2The NSFT LD Lead Nurse will spend 0.4 WTE mentoring and coaching LD Ward staff.	02/01/2019	Will be on-going	
1	1. Care planning	S13	S13. Staff should ensure that patients are supported to make decisions about their care and this is documented in their notes.	LD Wards	S13.3The COO will meet with the CCG and agree long term future plan for the LD Ward to ensure the on-going provision of person centred care and to support Transforming Care requirements.	14/12/2018	Will be on-going	
1	1. Care planning	S14	S14. Staff should ensure that patients with communication difficulties are involved in the planning of their care.	LD Wards	S14.2 (as S13.1 - BILD working alongside LD Ward staff to model evidence based practice).	01/02/2019	31/03/2019	
1	1. Care planning	S18	S18. The trust should ensure staff document their consultation with patients (or carers) in records.	CFYP Community	S18.1 (As S10.1 Communication has been sent to all staff from CN and COO to inform staff of the need to store copies of assessments in care record. Assurance that this is being actioned will be reviewed via Quality & Safety Reviews).	03/01/2019	03/03/2019	
1	1. Care planning	54	M54. The trust must review their systems to ensure that patients have risk assessments and care plans in the children and young person service.	CFYP Community	M54.1 (also as M1.3 - We will review and amend as indicated, the structure of the care plan template. We will review with staff the risk assessment forms, structure for the service and implement any identified recommendations.	02/01/2019	01/05/2019	
1	1. Care planning	S10	S10. The trust should ensure that staff store copies of any completed carers assessments within the patients care records.	Older People Wards	S10.1 Communication has been sent to all staff from DH and SR to inform staff of the need to store copies of assessments in care record. Assurance that this is being actioned will be reviewed via Quality & Safety Reviews .	03/01/2019	03/03/2019	
1	1. Care planning	S13	S13. Staff should ensure that patients are supported to make decisions about their care and this is documented in their notes.	LD Wards	S13.14BILD Will work alongside LD Ward staff to model evidence based practice.	01/02/2019	31.03.19	
2	2. Safe environment	2	M2. The trust must ensure all environmental risks are identified and mitigated against.	Adult Acute Wards	M2.1 Bite-size training will be delivered and its effectiveness assessed via the introduction of Quality & Safety Reviews.	02/01/2019	Will be on-going	TW2.1 We will devolve and embed responsibility for the environmental assessment and risk management process to local ownership - January 2019.

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2	2. Safe environment	2	M2. The trust must ensure all environmental risks are identified and mitigated against.	Adult Acute Wards	M2.2 West Norfolk Adult Acute Transformation project is in progress to address the deficiencies of Churchill Ward and to improve the Quality of Care in West Norfolk.	01/09/2018	01/05/2019	TW2.2 The Heath & Safety Manager will review all completed risk assessments to ensure all are updated and that ligature footprint and local risk register are in place - 01/12/2018 to 31/01/2019.
2	2. Safe environment	10	M10. The trust must ensure that maintenance work is carried out when requested.	Rehabilitation	M10.1 We will review our Estates function and current estates requests against completed tasks and ensure that progress with requests is available to staff electronically to ensure requests are dealt with timely.	02/01/2019	30/04/2019	TW2.3 We will enhance Executive Risk oversight of Trust-wide risks and risk management, including the Board Assurance Framework- 02/01/2019 to 30/04/2019
2	2. Safe environment	13	M.13 The trust must ensure all environmental risk are identified and plans put in place to reduce those risks.	Rehabilitation	M13.1 A 'Back to basics' campaign will be launched by the Chief Nurse which will include job planning, environmental risk assessment, effective person centred care, keeping people safe happy and well and in good physical health.	01/02/2019	31/03/2019	TW2.4 To agree formal specification for weighted furniture and to conduct Trust wide assessment - 02/01/2019 to 01/04/2019
2	2. Safe environment	16	M16. The trust must ensure action is taken to mitigate against identified risks.	Secure Wards	M16.1 We will implement Quality & Safety Reviews which are multi-disciplinary and with strong representation from both patients and carers. These will not only provide assurance and quality control but will also provide the opportunity to support improvement and immediate action.	01/02/2019	Will be on-going	TW2.5 East London Foundation Trust (ELFT - buddy Trust) to complete a review of our environments on a 6-monthly basis for external view and feedback - starting March 2019.
2	2. Safe environment	16	M16. The trust must ensure action is taken to mitigate against identified risks.	Secure Wards	M16.2 We will create working together groups with the first service user and carer away day to be held on 29th January to determine future involvement strategy.	29/01/2019	29/01/2019	TW2.6 The 6 Facet survey from 2015 will be reviewed in preparation for the completion of the first draft of the estates strategy. ESTMAN CODE B will also guide the strategy (January 2019). Final version of the Estates Strategy delivered by (December 2019) once the clinical strategy has been reviewed and the Estates Strategy has been aligned to the requirements - Dec. 2019
2	2. Safe environment	19	M19. The trust must ensure seclusion rooms are free from hazards.	Secure Wards	M19.1 This is no longer an outstanding action as it has been agreed that previous mitigation actions mean it is closed.	N/A	N/A	TW2.7 Physical environment checking WILL form part of the quality and safety reviews including the monitoring of the Trust wide estates / work plan - March 2019
2	2. Safe environment	21	M21. The trust must ensure they assess the risks to health and safety of patients while they are receiving treatment and care, and do all that is reasonably practical to mitigate any such risks, including ligature reduction work on the wards.	Older People Wards	M21.1 We will progress and track outstanding ligature works and ensure that local risk mitigation is in place. We will fully understood and enacted by all staff, supported by the safety & risk teams. Specific action is to review the handrails around the sinks and ensure anti-ligature solutions are implemented.	02/01/2019	01/03/2019	TW2.8 Matrons responsible for weekly ward rounds with clear escalation process - 02/01/2019 to 01/03/2019
2	2. Safe environment	22	M22. The trust must ensure that they assess, prevent and reduce the risk associated with the control of infections, including those that are health care associated.	Older People Wards	M22.1 We will replace all fabric covered and damaged chairs and carpet floor coverings where required. (High risk areas by end April 2019).	17/12/2018	30/06/2019	
2	2. Safe environment	27	M27. The Trust must ensure that all services have detailed ligature risk audits in place and that risks are fully known and mitigated.	Adult Community	M27.1 We will re-assess our community buildings and implement ligature footprints for all community buildings.	02/01/2019	15/02/2019	
2	2. Safe environment	27	M27. The Trust must ensure that all services have detailed ligature risk audits in place and that risks are fully known and mitigated.	Adult Community	M27.2 We will ensure that all risk audits are in place and discuss any fire risk at daily safety huddles.	02/01/2019	31/03/2019	

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2	2. Safe environment	37	M37. The Trust must ensure that all premises are safe for their intended purpose.	Crisis	M37.1 We will implement and review environmental risk assessments.	02/01/2019	31/03/2019	
2	2. Safe environment	37	M37. The Trust must ensure that all premises are safe for their intended purpose.	Crisis	M37.2 We will re-review Trust Wide CCTV coverage including accessibility and quality of recordings.	02/01/2019	31/03/2019	
2	2. Safe environment	38	M38. The Trust must ensure that all ligature risks are identified and appropriate plans are in place to reduce risk.	Crisis	M38.1 (See also M2). We will review current furniture within our crisis and community services and address any requirements.	01/12/2019	30/04/2019	
2	2. Safe environment	45	M45. The Trust must ensure that all repairs to environments are completed in a timely manner to protect the privacy and dignity of patients.	Crisis	M45.1 (As M10.1) We will review our Estates function and current estates requests against completed tasks and ensure that progress with requests is available to staff electronically. Assessment rooms will be reassessed and works undertaken to ensure that service users' privacy & dignity is preserved at all times.	02/01/2019	30/04/2019	
2	2. Safe environment	52	M52. The trust must review their policy and process for ligature risk assessment in community teams, to ensure ligature risks are identified and managed.	CFYP Community	M52.1 (AS M27.1 & M27.2 - We will re-assess our community buildings and ligature footprints for all community buildings) and introduce safety huddles.	02/01/2019	31/03/2019	
2	2. Safe environment	53	M53. The trust must ensure children and young person service staff follow the trust's infection control procedures and processes.	CFYP Community	M53.1 Bite size training sessions to be launched trust wide; schedules for cleaning toys will be agreed and enacted.	01/03/2019	Will be on-going	
2	2. Safe environment	59	M59. The trust must ensure that environmental risk assessments including ligature risks are completed and any identified risks mitigated against.	Older People Community	M59.1 (As M27) - We will re-assess our community buildings and ligature footprints for all community buildings).	02/01/2019	31/03/2019	
2	2. Safe environment	S1	S1. The Trust should ensure that all clinic rooms are cleaned regularly.	Adult Acute Wards	S1.1 We will review our cleaning contract arrangements. Implement assurance processes that ensure compliance with the contract via matrons' walkabouts.	02/01/2019	31/01/2019	
2	2. Safe environment	S4	S4. The trust should ensure all furniture used by patients is fit for purpose and does not pose an infection control risk.	Secure Wards	S4.1 We will replace all fabric covered and damaged chairs and carpet floor coverings where required.	17/12/2018	31/04/2019	
2	2. Safe environment	S6	S6. The trust should promote patients comfort and dignity by ensuring there are sufficient toilet and bathroom facilities on wards.	Secure Wards	S6.1 The trust to commission an options paper to address the shortages of bathrooms (February 2019). Once preferred option has been agreed funding and implementation planning to be agreed and published. (April 2019).	02/01/2019	01/04/2019	

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2	2. Safe environment	S8	S8. The trust should ensure that the female only lounge on Laurel ward is easily accessible for female patients on that ward.	Older People Wards	S8.1 We will make the female only lounge safe and accessible.	17/12/2018	31/03/2019	<p>TW3.1 Electronic prescribing medicine administration tool will be extended throughout the Trust inpatient wards - end August 2019.</p> <p>TW3.2 We will review current medicines policy to identify key audit criteria for inclusion in the annual audit plan - 01/10/18 to 01/05/2019.</p>
2	2. Safe environment	S16	S16. The trust should consider ensuring they have plans in place with clear timescales to address environmental risks at locations.	CFYP Community	S16.1 We will re-assess our community buildings and ligature footprints for all community buildings.	02/01/2019	31/03/2019	
2	2. Safe environment	S21	S21. The trust should consider making changes to rooms in the services to ensure they meet the needs of the learning disabilities patients who use them.	LD Community	S21.1 We will review the current environment to ensure reasonable adjustments are made.	01/12/2018	01/06/2019	
3	3. Medicine and supplies management	3	M3. The trust must ensure the safe management of medicines.	Adult Acute Wards	M3.1 Modern matrons together with ward managers will ensure expected standards for the safe management of medicines and actively assess, coach and ensure good practice, supported by local pharmacy teams. Standards will also be detailed within a ward managers' development day and job plans. A new policy has been approved and implemented in relation to transport of medicines. A new form for booking out drug cards has already been implemented.	01/12/2018	Will be on-going	
3	3. Medicine and supplies management	17	M17. The trust must ensure clear governance procedures are embedded to ensure the safe management of medicines, medical equipment and emergency equipment.	Secure Wards	M17.1 (As M3.1) Additional - all stock has been checked and is in place and in date; modern matrons providing on-going assurance via walk rounds.	01/12/2018	Will be on-going	
3	3. Medicine and supplies management	30	M30. The Trust must ensure all medical supplies are in date.	Adult Community	M30.1 (As M3).	01/12/2018	Will be on-going	
3	3. Medicine and supplies management	60	M60. The trust must ensure that all clinic rooms have emergency medication for use on site or in the community.	Older People Community	M60.1 We will review all clinic rooms for emergency medications. We will ensure all necessary grab bags and medications are in place, in date, and checked routinely on an on-going basis.	01/12/2018	Will be on-going	
3	3. Medicine and supplies management	S9	S9. The trust should ensure that staff meet medicines management guidance on controlled drugs storage, by keeping the controlled drugs keys on a separate key ring.	Older People Wards	S9.1 We will communicate medicine management policy and in particular everything relating to control drug keys. We will provide bite size training and matrons will monitor compliance.	01/12/2018	15/01/2019 and on-going	
4	4. Restrictive practice	4	M4. The trust must ensure that during periods of seclusion and segregation they protect patient's dignity and privacy at all times.	Adult Acute Wards	M4.1 The Restrictive Intervention Lead will establish a more robust and effective compliance monitoring process this will include action learning sets, supervision, coaching and mentoring.	02/01/2019	31/01/2019	

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4	4. Restrictive practice	4	M4. The trust must ensure that during periods of seclusion and segregation they protect patient's dignity and privacy at all times.	Adult Acute Wards	M4.2 A QI project will be undertaken that focusses on seclusion practice and a reduction in its use (this will be part of our restrictive interventions work).	31/01/2019	01/05/2019	02/01/2019 to 31/03/2019  TW4.2 Co-produced seclusion training will be provided as part of the roll-out of the updated policy, MHA and associated privacy & dignity guidance - May 2019.  TW4.3 We are an active participant in a National Programme for reducing Restrictive Interventions - On-going since October 2018.
4	4. Restrictive practice	6	M6. The trust must ensure that staff consistently apply and record appropriate elements of the seclusion policy in line with the Mental Health Act Code of Practice.	Adult Acute Wards	M6.1 Additional RI Lead post to be recruited with clear links to QI (timing subject to recruitment process). A review of current PMA training will be undertaken and any recommendations will be completed.	02/01/2019	30/09/2019	
4	4. Restrictive practice	6	M6. The trust must ensure that staff consistently apply and record appropriate elements of the seclusion policy in line with the Mental Health Act Code of Practice.	Adult Acute Wards	M6.2 We will review our seclusion paperwork with staff and design and implement revised versions to assist in compliance with best practice and explore technology / IT solutions.	02/01/2019	01/10/2019	
4	4. Restrictive practice	20	M20. The trust must ensure staff follow the Mental Health Act code of practice for patients in seclusion and instigate seclusion processes for all incidents of seclusion.	Secure Wards	M20.1 We will also add seclusion practice and requirements to junior doctors induction for all doctors involved in seclusion reviews. Seclusion training will be introduced and RI Leads will implement this.	02/01/2019	31/03/2019	
4	4. Restrictive practice	24	M24. Staff must ensure that all patients have a detailed positive behaviour support plan or equivalent.	LD Wards	M24.1 The LD Nurse Lead will audit existing PBS plans to inform the request for support from BILD	02/01/2019	31/01/2019	
5	5. Equipment	5	M5. The trust must ensure that equipment used by staff is regularly and accurately checked.	Adult Acute Wards	M5.1 Ward Managers will attend Development Day (21st February). This day will focus on agreed standards and support required from Ward Managers to ensure a safe environment and equipment is maintained at all times.	TBC	TBC	TW5.1 We have introduced new equipment calibration database to manage calibration schedules.  TW5.2 All first-aid boxes will be reviewed and refreshed designated responsibility agreed and a monitoring tool will be put in place - to 28/02/2019.
5	5. Equipment	5	M5. The trust must ensure that equipment used by staff is regularly and accurately checked.	Adult Acute Wards	M5.2 Job plans will be developed in partnership with, Ward Managers. These will include clear responsibilities, accountabilities in relation to ensuring a safe environment and equipment is maintained at all times and Matrons will be responsible for assurance oversight.	01/03/2019	22/04/2019	
5	5. Equipment	29	M29. The Trust must ensure all equipment in clinic rooms has been calibrated.	Adult Community	M29.1 The Estates team will review all equipment in clinic rooms and ensure they are on the maintenance schedule; assurance will be provided by Ward managers as part of job plans. We have introduced new equipment calibration database to manage calibration schedules.	02/01/2019	01/03/2019	
6	6. Previous Breaches	7	M7. The trust must assess, monitor and improve the quality and safety of the services provided to ensure actions from the CQC's inspections in 2014, 2016 and 2017 have been completed.	Adult Acute Wards	M7.1 We will review relevant external and internal assurance documents and performance and ensure that all necessary recommendations are cross referenced / covered by actions within our transformational & transactional improvement plans.	01/12/2018	14/12/2018	TW6.1 Within the Chief Nurse structure there will be a Lead Governance post appointed into who will be responsible for ensuring that all quality improvement work addresses previous and current concerns as identified in our CQC reports - March 2019 (subject to appointment).

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6	6. Previous Breaches	47	M47. The trust must review their governance systems to ensure their compliance with actions from past CQC inspections.	CFYP Community	M47.1 We will ensure robust local governance is in place and ensure compliance with actions from previous CQC inspection.	01/12/2018	14/12/2018	
7	7. Audit, governance & Risk	8	M8. The trust must ensure that robust audit and governance systems are in place to monitor clinical practice and risk within the service.	Adult Acute Wards	M8.1 We will implement twice weekly trust wide safety huddles with key individuals to specifically review SIs and other key Trust learning initiatives; this will complement the daily safety huddles already in place.	02/01/2019	31/03/2019	TW7.1 We will review our governance structures locally and Trust-wide and include the implementation of Safety and Quality Reviews. This work will include ensuring that learning in Localities is shared and actions taken and embedded across the Trust - April 2019 & on-going.
7	7. Audit, governance & Risk	8	M8. The trust must ensure that robust audit and governance systems are in place to monitor clinical practice and risk within the service.	Adult Acute Wards	M8.2 We will review our current audit processes and establish which are essential, given our commitment to QI.	14/01/2019	01/04/2020	TW7.2 Review current governance structures and following findings link with our buddy trust ELFT to create the right model. We will appoint a senior Governance Lead and create a Quality Department where quality improvement, quality control and quality assurance sit together to better support improvement and governance - Jan - June 2019.  TW7.3 During implementation of any new structures, we will train Chairs of governance groups to ensure they are equipped to manage these effectively and ensure that learning is shared - June 2019. We will also link with ELFT to gain advice and assurance on the new model - August 2019.
7	7. Audit, governance & Risk	14	M14. The trust must review the operational policy and ensure it reflects best practice guidance.	Rehabilitation	M14.1 We will review our Operational Policy to ensure it reflects best practice guidance and addresses meeting the care of patients who are higher risk; communicate and establish means of assurance compliance.	01/11/2018	31.12.18	TW7.4 We will implement more robust Trust-wide NSFT CAS Alerts reporting systems - April 2019.  TW7.5 We will review our systems for identifying themes of concern. We will relaunch the NSFT Patient Safety Bulletin to improve shared learning - April 2019.  TW7.6 Quality and safety reviews to be implemented across of service lines - March 2019.
7	7. Audit, governance & Risk	34	M34. The Trust must ensure that audit outcomes and needs identified are addressed.	Adult Community	M34.1 We will create a Quality & Safety Team and introduce quality and safety reviews and incorporate staff are from all services this including corporate services. Focus will be quality improvement instead of compliance.	02/01/2019	31/03/2019 & on-going	TW7.7 We are reducing formal audit cycle and increasing Quality and safety reviews and focusing on QI - April 2019.  TW7.8 We are launching our QI training 100 staff will be training. we will create the infrastructure to ensure this is a success. 100 staff trained in QI methodology - by 31/03/2019.  TW7.9 We will review the Complaints Policy and the include service users in the review of the policy and establish best practice for the successful and compassionate enactment of processes; ensuring inclusion of learning from complaints in local governance forums and providing training as required we will put in place learning from complaints forum - May 2019.
7	7. Audit, governance & Risk	51	M51. The trust must review their process for identifying risks on their register.	CFYP Community	M51.1 We will enhance Executive Risk oversight of Trust-wide risks and risk management, including the Board Assurance Framework through Executive Risk Group. CFYP waiting times action will be identified to mitigating risk; this will include information regarding CFYP waiting times.	02/01/2019	01/04/2019	TW7.10 We will create a QI infrastructure including sponsors, coaching and an improvement board / hub. ELFT will provide training for 300 people (including Trust Board) who will support QI initiatives - May 2019.

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7	7. Audit, governance & Risk	57	M57. The trust must ensure that all staff understand and follow the trust's complaints policy in the children and young person service.	CFYP Community	M57.1 New policy requirements will shared via Service Line management and assurance gained via management supervision.	01/02/2019	31/04/2019	
7	7. Audit, governance & Risk	S22	S22. The trust should ensure that they act in a timely way when managers' report any risk issues in relation to their services.	LD Community	S22.1 We will implement a process whereby Risk Registers are reviewed and discussed within Locality Manager supervision.	02/01/2019	31/03/2019	
8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.1 We will review our skill mix to establish new roles, increase peer support workers and graduate support workers, nurse associates, graduate mental health workers and nurse consultants. Exploring different models i.e. therapy led wards.	01/11/2018	01/06/2019 & on-going	TW8.1 Safer Staffing (Hurst) Review of in-patient safe staffing levels using recognised methodology – the Hurst Tool and implement recommendations - April 2019.
8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.2 We will continue to develop new roles and attend recruitment fairs to raise the Trust's profile.	01/10/2018	Will be on-going	TW8.2 We will develop and deliver a strategic workforce plan that creates a capable workforce and balance our resources and investments. We will create organisational resilience measure - June 2019.
8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.3 We will continue ongoing monitoring of safer staffing fill rates and escalation as required; and continue to explore methods of retaining our workforce through active staff engagement and feedback.	01/11/2018	Will be on-going	TW8.3 We will refresh Acute Services staffing (baseline against best performing outcomes Trust wide). Using refreshed data, share and implement best practice to demonstrably reduce variation - March 2019.
8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.4 We will refresh Acute Services staffing (baseline against best performing outcomes Trust-wide). Using refreshed data, share and implement best practice to demonstrably reduce variation.	01/11/2018	01/04/2019	TW8.4 We will Introduce Red2Green methodology across our Trusts In-Patient units. Launch six pilots Oct 18 with supported Trust wide rollout being completed - by Sept. 2019. TW8.5 We will undertake a review of our medical establishment to ensure that there are sufficient medical staff in all services to keep people safe from avoidable harm - TBA.
8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.4 We will refresh Acute Services staffing (baseline against best performing outcomes Trust-wide). Using refreshed data, share and implement best practice to demonstrably reduce variation.	01/11/2018	01/04/2019	TW8.6 "People Promise" - we will identify and deliver compelling commitments to our staff - July 2019. TW8.7 We will develop and implement a strategic workforce plan - July 2019.
								TW8.8 We will develop and introduce a talent and succession planning



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8	8. Workforce	9	M9. The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure they can meet patient's care and treatment needs.	Adult Acute Wards	M9.5 Undertake a review of our medical establishment to ensure that there are sufficient medical staff in all services to keep people safe from avoidable harm - this will include a review of job plans (demand and capacity).	01/10/2018	01/09/2018	<p>process and put this in place - April 2019.</p> <p>TW8.9 We will work more closely and develop better links with the UEA - April 2019.</p> <p>TW8.10 We will work with service users and staff to develop a recruitment publicity film for NSFT and consider 're-branding message' - May 2019.</p> <p>TW8.11 We will continue to run our Nurse Apprenticeship scheme within West Norfolk and consider how this may be utilised more widely across the Trust (with QEH).</p> <p>TW8.12 A review of clinical supervision and recording will be undertaken by the Chief Nurse to ensure current actions and initiatives will deliver the long-term outcomes - April 2019.</p>
8	8. Workforce	12	M.12 The trust ensure staff have the necessary skills to keep themselves safe and if unable to attend personal safety training there is a system in place to mitigate the risk.	Rehabilitation	M12.1 We will review current PMA training and implement recommendations as necessary.	01/12/2018	15/04/2019	
8	8. Workforce	12	M.12 The trust ensure staff have the necessary skills to keep themselves safe and if unable to attend personal safety training there is a system in place to mitigate the risk.	Rehabilitation	M12.2 We will review psychiatric cover / processes to minimise the times required for prescription signatures.	01/01/2019	31/03/2019	
8	8. Workforce	33	M33. The Trust must ensure staff have the necessary training to keep themselves and patients safe.	Adult Community	M33.1 As part of the waiting times work, staffing and skill mix will be reviewed as part of this on-going project.	01/11/2018	Will be on-going	
8	8. Workforce	35	M35. The Trust must ensure that effective systems are in place for the monitoring and recording of clinical supervision for all staff.	Adult Community	M35.1 We will ensure that as part of job planning, the requirements and responsibilities for provision of clinical supervision are clear.	02/01/2019	31/03/2019 & on-going	
8	8. Workforce	49	M49. The trust must review their recruitment processes and ensure there is adequate staff available to reduce the patient waiting lists for triage, assessment and treatment in the children and young person service.	CFYP Community	M49.1 We will review current CFYP establishment across both counties against current capacity requirements and develop necessary plans to address gaps, which will include as a matter of urgency, the Emotional Well-being hub in Suffolk.	01/12/2018	31/01/2109	
8	8. Workforce	58	M58. The trust must ensure that staff receive regular line management, clinical supervision and appraisal in the children and young person service.	CFYP Community	M58.1 (As M35.1 - We will ensure that as part of job planning, the requirements and responsibilities for provision of clinical supervision are clear and that 6-monthly audits of compliance are undertaken).	02/01/2019	31/03/2019 & on-going	

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8	8. Workforce	S17	S17. The trust should consider having a clear system in place to capture staff's clinical supervision attendance.	CFYP Community	S17.1 We will review the Quality Dashboard to ensure that CFYP data is clear and meaningful and will also develop a trust-wide learning disability network to share good practice and inform evidence based practice.	01/03/2019	31/03/2019	
9	9. Shared learning	11	M11. The trust must ensure that when lessons are shared, any actions are implemented.	Rehabilitation	M11.1 Through daily Team Safety Huddles and start to build a better safety culture.	02/01/2019	31/03/2019	TW9.1 We will implement Trust wide twice weekly safety huddles and improve the timeliness and ways we share learn learning - April 2019.
9	9. Shared learning	15	M15. The trust must ensure learning from serious incidents is shared across services and at ward level.	Secure Wards	M15.1 Monthly local learning forums will be launched via existing local governance meetings.	02/01/2019	Will be on-going	TW9.2 We will track until completion, actions agreed as a result learning from incidents and complaints. The Chief Nurse will also receive intelligence from our matrons in relation to the effectiveness of safety huddles in sharing learning and will keep the Executive Quality Group updated on progress. On the appointment of a new lead for people and participants, complaints will be incorporated into their portfolio to ensure a more patient centre approach on learning - April 2019.
9	9. Shared learning	15	M15. The trust must ensure learning from serious incidents is shared across services and at ward level.	Secure Wards	M15.2 We have installed new bathroom doors (Catton Ward & Dragonfly) as per our actions following a serious incident and will consider their effectiveness for use in future build projects.	01/11/2018	Will be on-going	TW9.3 Clinical Directors working within the 4-way locality model will be appointed - July 2019.
9	9. Shared learning	39	M39. The Trust must ensure that processes are in place to ensure that lessons learned are shared across all crisis, home treatment and acute liaison services.	Crisis	M39.1 We will arrange a 'Making Families Count' conference. We will also continue our 4-week plans and analysis pertinent to access and treatment times and share learning through safety huddles and governance meetings.	31/03/2019	31/05/2019	TW9.4 We will refresh policy and framework for shared learning from serious incidents incorporating best practice guidance. The revised Framework will be developed in collaboration with service users, staff, supervisory bodies' representatives and patient safety experts - July 2019.
9	9. Shared learning	39	M39. The Trust must ensure that processes are in place to ensure that lessons learned are shared across all crisis, home treatment and acute liaison services.	Crisis	M39.2 We will establish and will implement Team Safety Huddles.	02/01/2019	31/03/2019	TW9.5 We will review the 3 main performance dashboards to identify the key metrics from each that collectively provide assurance regarding the quality and safety of in-patient and community care - Dec. 2019.
9	9. Shared learning	39	M39. The Trust must ensure that processes are in place to ensure that lessons learned are shared across all crisis, home treatment and acute liaison services.	Crisis	M39.3 We will establish and implement Trust wide safety huddles.	02/01/2019	31/03/2019	TW9.6 Together with key staffing groups we will review, scope and implement a revised shared learning framework - Oct. 2019. TW9.7 We will implement twice a year Trust-wide Learning events and develop Webinar Podcasts to make learning more accessible across the Trust - Ongoing from April 2019.
9	9. Shared learning	43	M43. The Trust must ensure that lessons learned and improvements to practice are shared and implemented, where appropriate, across all services.	Crisis	M43.1 All actions within M9 are designed to improve compliance, accountability and communication/ learning	01/02/2019	01/04/2019 & then on-going	TW9.8 We will establish a CQC evidence committee.
9	9. Shared learning	S3	S3. Review the system for logging, reviewing and learning from local complaints.	Rehabilitation	S3.1 (As M57) - We will review the Complaints Policy and the input of service users in the development and enactment of the policy and establish best practice for the successful and compassionate enactment of processes; ensuring inclusion of learning from complaints in local governance forums).	01/02/2019	31/04/2019	

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9	9. Shared learning	S11	S11. The trust should ensure that there are processes in place for the sharing of good practice across the whole of the Trust.	Older People Wards	S11.1 A Trust-wide Innovation Hub will be launched.	01/03/2019	01/03/2019	
10	10. Stakeholder engagement	23	M23. The trust must ensure they seek and act on feedback from patients and carers for the purposes of continually evaluating and improving services.	Older People Wards	M23.1 We will review and strengthen the current triangle of carer arrangements to ensure greater emphasis on care and service user involvement.	02/01/2019	30/04/2019	TW10.1 We will launch culture change programme with staff volunteers - March 2019.
10	10. Stakeholder engagement	42	M42. The Trust must ensure that staff are consulted and involved with service planning.	Crisis	M42.1 100 staff engagement events are planned and will be undertaken.	01/12/2018	31/03/2019	TW10.2 A new 4-way devolved leadership model will be launched, including service user leaders - July 2019.
10	10. Stakeholder engagement	42	M42. The Trust must ensure that staff are consulted and involved with service planning.	Crisis	M42.2 We will implement a Trust Management Board.	09/12/2018	Implemented & ongoing	TW10.3 We will implement and substantively appoint a Trust Management Board - January 2019.
10	10. Stakeholder engagement	42	M42. The Trust must ensure that staff are consulted and involved with service planning.	Crisis	M 42.3 We are working collaboratively on Culture programmes with acute partners.	01/12/2018	In progress	
10	10. Stakeholder engagement	56	M56. The trust must review and improve their systems for engaging staff in development of the children and young person service in Suffolk.	CFYP Community	M56.1 We will clarify management structure roles and responsibilities and identify senior managerial leadership responsibility and appropriate support to ensure all staff are given opportunities to engage in the development of the services Trust-wide.	02/01/2019	29/02/2019	
10	10. Stakeholder engagement	S12	S12. The trust should ensure that all signage in this service is dementia friendly and easy read.	Older People Wards	S12.1 The Estates Team will review current signage with clinical teams and implement as required.	12/12/2018	31.01.19	
11	11.Mental Health Act compliance	25	M25. Staff must ensure that best interest decisions are clearly documented for patients who lack capacity to consent.	LD Wards	M25.1 The LD Nurse Lead will audit existing best interest decisions and capability of staff to inform the request of support from BILD.	02/01/2019	31/01/2019	
11	11.Mental Health Act compliance	26	M26. Staff must ensure that Deprivation of Liberty Safeguards paperwork is completed correctly.	LD Wards	M26.1 The LD Nurse Lead will audit existing best interest decisions and capability of staff to inform the request of support from BILD & bespoke bite-size training provision.	31/01/2019	Will be ongoing	

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11	11.Mental Health Act compliance	26	M26. Staff must ensure that Deprivation of Liberty Safeguards paperwork is completed correctly.	LD Wards	M26.2 The LD Nurse Lead will ensure the provision of easy read advice and flowcharts for MHA support and ensure that processes are in place and robustly adhered to in relation to the provision of care plans to service users.	02/01/2019	31/01/2019	
12	12. Physical health	28	M28. The Trust must ensure that there is full and clear physical healthcare information and that physical healthcare needs are met and a system is in place in all services for this information to be recorded.	Adult Community	M28.1 We will integrate the physical health form into the initial assessment paperwork & ensure that processes enable the easy transfer of GP information into the form.	01/11/2018	31/05/2019	TW12.1 We will develop investment case(s) to address identified staffing gaps in provision including technology and support from external services - April 2019
12	12. Physical health	28	M28. The Trust must ensure that there is full and clear physical healthcare information and that physical healthcare needs are met and a system is in place in all services for this information to be recorded.	Adult Community	M28.2 We will complete the review of physical health offer and include this in the 'Back to Basics' launch by the Chief Nurse.	01/12/2018	31/03/2019	
12	12. Physical health	28	M28. The Trust must ensure that there is full and clear physical healthcare information and that physical healthcare needs are met and a system is in place in all services for this information to be recorded.	Adult Community	M28.3 Working collaboratively with GPs we will review and agree robust pathways for Physical Health Screening / Interventions for patients with physical health needs.	01/10/2018	01/04/2019	
13	13. Access	32	M32. The Trust must ensure all patients are allocated a care coordinator and are provided with timely access to services or treatment.	Adult Community	M32.1 We will review current CPA arrangements and introduce medics as care coordinators.	01/12/2018	Will be on-going	TW13.1 We will launch top level Waiting Time project for routine community referrals consisting of four work-streams: Referral to Treatment definitions, Business intelligence, Operational Management and Demand Capacity - Oct. 2019 and on-going.
13	13. Access	36	M36. The Trust must ensure that staffing levels out of hours are sufficient to meet local demand.	Crisis	M36.1 We will agree minimum 24/7 crisis staffing fill rates and report these weekly to NHSi.	07/12/2018	31/12/2018	TW13.2 We will continue to monitor and allocate high risk patients into services as a priority. Working with NHSi, we have introduced weekly service user Patient Tracker Meetings for all community services and will standardise and embed a harm review culture whilst we reduce waits - on-going.
13	13. Access	36	M36. The Trust must ensure that staffing levels out of hours are sufficient to meet local demand.	Crisis	M36.2 We will complete capacity and demand analysis and action accordingly to ensure consistent crisis support provided trust wide 24/7.	02/01/2019	31/03/2019	
13	13. Access	36	M36. The Trust must ensure that staffing levels out of hours are sufficient to meet local demand.	Crisis	M36.3 We will review our management structures and implement changes to effect greater service provision. For example, in Central Norfolk we are combining Psychiatric Liaison and Crisis to increase critical mass of staff. We will review our line management structure for our crisis services to be more responsive.	02/01/2019	31/03/2019 & ongoing	

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13	13. Access	40	M40. The Trust must ensure that all teams comply with the 4-hour emergency assessment target for referral to assessment.	Crisis	M40.1 In support of the transformational improvement work on Crisis Access, weekly compliance data will continue to be reported to the COO. New ways of working have been instigated to ensure there is a second clinical review if a 4-hr emergency is missed. New instructions have been issued that a face to face engagement is the only recognised as a stop the clock trigger for an emergency referral.	07/12/2018	In place & on-going	
13	13. Access	41	M41. The Trust must ensure that all teams are aware of their responsibilities for assessing patients presenting in emergency departments in crisis.	Crisis	M41.1 We will review current commissioned service provision, communicate definitive commissioned services and ensure SOPs are updated to reflect these. We have introduced a new daily report for Breach and downgrade analysis. Second clinical review has been instigated for all 4-hr emergency downgrades breaches falling outside the 4 hrs. It is now only permissible to stop the clock of an emergency referral with the start of a face to face engagement.	01/12/2018	15/02/2019	
13	13. Access	41	M41. The Trust must ensure that all teams are aware of their responsibilities for assessing patients presenting in emergency departments in crisis.	Crisis	M41.2 We will agree with acute partners, line management arrangements for Psychiatric Liaison staff.	01/12/2018	31/03/2019	
13	13. Access	41	M41. The Trust must ensure that all teams are aware of their responsibilities for assessing patients presenting in emergency departments in crisis.	Crisis	M41.3 We will develop a standard operating policy for assessing patients in ED in line with STP requirements.	02/01/2019	31/03/2019	
13	13. Access	44	M44. The Trust must ensure that systems accurately reflect the nature of patient contacts within their electronic record system in order to monitor the effectiveness of the assessment and treatment delivered to patients.	Crisis	M44.1 We will implement case management supervision/complex case forums as a means of effecting improvements in practice.	01/04/2019	01/06/2019	
13	13. Access	44	M44. The Trust must ensure that systems accurately reflect the nature of patient contacts within their electronic record system in order to monitor the effectiveness of the assessment and treatment delivered to patients.	Crisis	M44.2 We will review and work with IHT to improve the Assessment room at Ipswich Liaison to effect better ability for staff to review and document assessments.	02/01/2019	01/06/2019	
13	13. Access	44	M44. The Trust must ensure that systems accurately reflect the nature of patient contacts within their electronic record system in order to monitor the effectiveness of the assessment and treatment delivered to patients.	Crisis	M44.3 We will review and standardise cleaning/infection control processes in place for toys (incidental action).	02/01/2019	31/03/2019	

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13	13. Access	48	M48. The trust must review their systems for assessing and monitoring risks for patients on waiting lists for triage, assessment and treatment and provide a consistent approach to this across the children and young person service Norfolk and Suffolk.	CFYP Community	M48.1 We will continue to monitor and allocate high risk patients into services as a priority. We have commenced (4 weeks ago), weekly service user Patient Tracker Meetings for all community services and will standardise and embed a harm review culture whilst we reduce waits.	01/12/2018	Will be on-going	
13	13. Access	48	M48. The trust must review their systems for assessing and monitoring risks for patients on waiting lists for triage, assessment and treatment and provide a consistent approach to this across the children and young person service Norfolk and Suffolk.	CFYP Community	M48.2 We will launch top level Waiting Time project for routine community referrals consisting of four work-streams: Referral to Treatment definitions, Business intelligence, Operational Management and Demand Capacity. This will specifically include waits and demand capacity analysis for the emotional wellbeing hub in Suffolk.	01/10/2018	01/04/2019	
13	13. Access	50	M50. The trust must ensure they have accessible and comprehensive data/systems for the children and young person service teams to measure their performance and risks.	CFYP Community	M50.1 We will work with service line leads to develop a key set of performance indicators for the service line focusing on safety and quality.	01/12/2018	01/02/2019	
13	13. Access	55	M55. The trust must review their service provision for the children and young person service patients with attention deficit hyperactivity disorder and reduce service waiting times.	CFYP Community	M55.1 We will review service provision and commissioning for children and young person with attention deficit hyperactivity disorder; identify internal actions and external support required to help reduce service waiting times.	02/01/2019	01/04/2019	
13	13. Access	61	M61. The trust must ensure that they have a full range of staff to deliver psychological therapies and occupational health assessments.	Older People Community	M61.1 We will review current AHP and psychology resource and capacity and identify actions and role developments to ensure we have a full range of staff to deliver both psychological therapies and occupational therapies.	02/01/2019	31/03/2019	
13	13. Access	S5	S5. The trust should ensure all patients have access to psychology.	Secure Wards	S5.1 We will confirm current psychology waiting lists determine psychology offer based on demand and capacity.	17/12/2018	31/12/2018	
13	13. Access	S5	S5. The trust should ensure all patients have access to psychology.	Secure Wards	S5.2 We will appoint a psychology trust-wide lead.	02/01/2019	31/03/2019	
13	13. Access	S5	S5. The trust should ensure all patients have access to psychology.	Secure Wards	S5.3 We will co-produce our future Psychology offer (completion date may be dependant on external issues).	31/03/2019	31/05/2019	
13	13. Access	S19	S19. The trust should ensure that they have the systems in place to monitor waiting lists for access to psychology assessments and therapies	Older People Community	S19.1 (As S5) - we will appoint psychology trust-wide lead).	02/01/2019	31/03/2019	

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14	14. Leadership & Culture	46	M46. The trust must ensure there is effective leadership of the children and young person service across Norfolk and Suffolk.	CFYP Community	M46.1 We will confirm line managers for each service including direct reporting to AD and COO; ensuring clear line management pathways and develop a consistent strategy for the service with staff and STP partners.	01/12/2018	31/04/2019	<p>TW14.1 We will develop job roles and responsibilities, structure and implement professional leads for clinical specialisms - Dec. 2019.</p> <p>TW14.2 We will develop our Executive and Board capabilities to ensure we live our values in everything we do - March 2019.</p> <p>TW14.3 Matrons will work aligned to both Chief Nurse and the COO, ensuring a balanced approach between operations, quality &amp; safety - March 2019.</p>
14	14. Leadership & Culture	S2	S2. The trust should ensure that it provides a culture where staff feel listened to, supported by senior management, connected to the organisation and able to provide feedback.	Adult Acute Wards	S2.1 We will develop a clinical leaders programme (as ELFT) and continue imbedding our cultural development work.	02/01/2019	Will be on-going	
14	14. Leadership & Culture	S7	S7. The trust should ensure that they address the culture of the organisation to ensure that staff feel motivated and are active partners in development and delivery of change.	Older People Wards	S7.1 Whilst supported by our cultural change work and 100 engagement events, a Matrons' Development Programme will commence from February 2019.	11/02/2019	31/03/2019	
14	14. Leadership & Culture	S7	S7. The trust should ensure that they address the culture of the organisation to ensure that staff feel motivated and are active partners in development and delivery of change.	Older People Wards	S7.2 We will continue with the Michael West culture programme and introduce team based culture development.	01/11/2011	01/07/2019	
14	14. Leadership & Culture	S15	S15. The trust should consider reviewing their systems to improve communication between Norfolk and Suffolk teams in the children and young person service.	CFYP Community	S15.1 We will launch a CFYP Trust-wide network to improve communication, sharing of learning and to reduce variations in practice.	01/03/2019	Will be on-going	
14	14. Leadership & Culture	S20	S20. The trust should ensure that team managers have access to systems and dashboards within a timely manner.	Older People Community	S20.1 We will review our current dashboards content and publication with our clinical and managerial teams and ensure they are aware of where, how and when they can be accessed.	01/03/2019	31/03/2019	