

CQC Post Inspection Quality Improvement Tracker

CQC Ref: INS2-5169594710

CORE SERVICE	Behind schedule	Meeting expectations	Improvements delivered & Sustained
Acute wards for adults of working age and psychiatric intensive care units			
Community based mental health services for adults of working age			
Child and adolescent mental health wards			
Community mental health services for people with a learning disability or autism			
Mental health crisis services and health-based places of safety			
Forensic in-patient wards			

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Introduction

The Trust was inspected by the Care Quality Commission (CQC) during the period 22 January to 07 March 2019. The CQC published the Trust's report on 24 May 2019. The CQC rate services against five key lines of enquiry:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

Overall rating for this trust	Requires improvement ●
Are services safe?	Requires improvement ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Requires improvement ●
Are services well-led?	Requires improvement ●

Governance Arrangements:

- The corporate Quality Governance Team will hold the primary copy of this Quality Improvement tracker [email: CQCGovernance@nottshc.nhs.uk]
- Each Division/Directorate will hold and maintain a working copy of the plan, colour coding the 'On Track' column using the RAG KEY above.
- Each Division/Directorate will email an updated version of the QI tracker to CQCGovernance@nottshc.nhs.uk along with evidence of the impact of the progress made on the last working day of each month.
- Dr Deb Wildgoose (Interim Director of Nursing) will host progress meetings with the Divisions/Directorates on a monthly basis to support and explore the progress of the actions
- Oversight and assurance will be provided to the Executive Leadership Team (ELT), the Quality Operational Group (QOG) the Quality Committee and the Board of Directors.
- Proposals by the Divisions/Directorates to close individual actions will be submitted to QOG. Actions will only be closed internally when the Quality Committee is assured that compliance with the Regulation has been achieved.
- The actions will remain subject to periodic scrutiny by QOG and the Quality Committee until the CQC re-inspect and confirm they are satisfied that the required standard has been met and sustained.

Acute wards for adults of working age and psychiatric intensive care units									
Priority Action/Code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track?
AMHIP -1 MUST DO	Lucy Wade, Orchid, B2, Rowan 1, Redwood 1, Redwood 2	There must be sufficient staff on wards to ensure patients have access to leave and one to one sessions with their named nurse	Dr Deb Wildgoose (Interim Director of Nursing)	Andy Latham (Interim Assoc.Dir of Nursing (Mental Health))	<ul style="list-style-type: none"> A staffing review has been completed Recruitment programme is in place Development of a safe staffing oversight policy. Revised Standard Operating procedure for staffing on acute wards Effective job planning and deployment to ensure right staffing, in right place at the right time. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	<ul style="list-style-type: none"> Completed staffing review. 	
AMHIP -2 MUST DO	Lucy Wade Ward; Orchid Ward, Rowan 1 Ward	Physical health observations must be carried out after rapid tranquilisation in line with trust policy and national guidance.	Dr Julie Hankin (Medical Director)	Michelle Malone (Clinical Director) with support from Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Link with Dr Hazel Johnson (Associate Medical Director) Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -3 MUST DO	Lucy Wade Ward; Orchid Ward B2 Ward - adrenaline in locked cupboard	All wards must check: <ul style="list-style-type: none"> Check resuscitation equipment to ensure it is safe to use. ensure adrenaline is fit for use and stored in a place where there is immediacy of access 	Dr Julie Hankin (Medical Director)	Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. 		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
AMHIP -4 MUST DO	B2 Ward	Blanket restrictions on B2 ward must be reviewed so that patients are individually risk assessed for restrictions relating to accessing sleeping areas and	Dr Julie Hankin (Medical Director)	Dave Mason (Associate Director of Nursing)	<ul style="list-style-type: none"> Compliance Assurance (CARE) review of B2 to identify use of blanket restrictions Directorate least restrictive practice meetings to be 		Action plan in place by 30 June 2019 with changes being tested	27/06/19: CARE review planning 21/06/19: First of the reinstated restrictive practice meetings has	

Acute wards for adults of working age and psychiatric intensive care units									
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		bedrooms.			reinstated.		and impact measured throughout August, September and October 2019.	taken place.	
AMHIP -5 MUST DO	All wards	Staff must: <ul style="list-style-type: none"> follow physical health care plans risk assessment complete physical health observations For patients when required throughout their admission.	Dr Julie Hankin (Medical Director)	Emma Bennett (Physical Healthcare Matron)	Emma Bennett to link with the Quality Improvement Hub on developing a QI project plan.		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
AMHIP -6 MUST DO	Lucy Wade Ward and Rowan 1 Ward	The privacy and dignity of patients must be protected when observations are carried out	Dr Julie Hankin (Medical Director)	Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Clear statements: <ul style="list-style-type: none"> On respecting the dignity of patients under observation including gender of staff providing supervision and knocking on doors On admission that male staff will be observing both genders and vice versa. On providing patients an opportunity to state their preference and record this. Review patient rights information leaflet. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -7 MUST DO	All wards	Effective governance structures must be in place to ensure that <ul style="list-style-type: none"> Supervision and team meetings take place Learning from incidents and complaints are recorded at ward level. 	Dr Deb Wildgoose (Interim Director of Nursing)	Michelle Malone (Clinical Director) with support from Jo Horsley (Acting General)	<ul style="list-style-type: none"> Linked with CHRT – D and E Establish a short term task and finish group to: <ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout		

Acute wards for adults of working age and psychiatric intensive care units									
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				Manager)	<ul style="list-style-type: none"> Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		August, September and October 2019.		
AMHIP -8 MUST DO	All wards	Risk assessments that contain all relevant risk information must be in place.	Dr Julie Hankin (Medical Director)	Andy Latham (Interim Assoc.Dir of Nursing (Mental Health) with support of Jo Horsley (Acting General Manager)	Jo Horsley to link with the Quality Improvement Hub on developing a QI project plan to be led by Steve Daykin (Quality Improvement Facilitator)		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
AMHIP -A SHOULD DO		The trust should ensure that information that is recorded on patients' information boards is not visible from the ward when the boards are not in use.	Dr Julie Hankin (Medical Director)	Ian Brown (Head of Divisional Compliance)	<ul style="list-style-type: none"> Establish a short term task and finish group to: <ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -B SHOULD DO		The trust should ensure patient community meetings go ahead when planned and that these are recorded along with any actions from these meetings	Dr Julie Hankin (Medical Director)	Jo Horsley (Acting General Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September		

Acute wards for adults of working age and psychiatric intensive care units									
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					<ul style="list-style-type: none"> Test the change ideas Implement change and sustain the improvement 		and October 2019.		
AMHIP -C SHOULD DO		The trust should ensure that they offer a full programme of activities on all wards.	Money Della - Associate Director of Allied Health Professionals	Julie Swan (OT Lead)	<ul style="list-style-type: none"> Identify the nature of the problem with front line teams and patients Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams Implement change and sustain the improvement Involve Activity Coordinators, OT's and the LIVE Project. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -D SHOULD DO		The trust should ensure that it has an action plan to eradicate dormitories at Bassetlaw Hospital and Millbrook Mental Health Unit.	Simon Crowther (Executive Director of Finance)	Kay Mulcahy - Associate Director of Estates and Facilities.	Trust level action plan in place		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	Trust level action plan in place	
AMHIP -E SHOULD DO		The trust should ensure that it regularly reviews blanket restrictions, and make sure that when restrictions are in place they are necessary and individually risk assessed including those which restrict patient's access to fresh air and cutlery and crockery	Dr Julie Hankin (Medical Director)	Dave Mason (Associate Director of Nursing and Patient Experience)	Compliance Assurance (CARE) review of areas affected to identify use of blanket restrictions Directorate least restrictive practice meetings to be reinstated.		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	27/06/19: CARE review planned 21/06/19: First of the reinstated restrictive practice meetings has taken place.	
AMHIP -F		The trust should ensure that there is access to	Dr Deb Wildgoose	Michelle Malone	<ul style="list-style-type: none"> Identify the nature of the problem with front line teams 		Action plan in place by		

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SHOULD DO		psychological therapies for all patients who require this	(Interim Director of Nursing)	(Clinical Director)	<ul style="list-style-type: none"> and patients • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -G SHOULD DO		The trust should ensure that all staff can open all anti barricade door systems in case of emergency.	Kay Mulcahy - Associate Director of Estates and Facilities.	Ian Brown (Head of Divisional Compliance)	<ul style="list-style-type: none"> • Identify the nature of the problem with front line teams and patients • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -H SHOULD DO		The trust should ensure that staff work with patients to create fully holistic and recovery focused care plans and that staff record when they have offered patients a copy of their care plan	Dr Deb Wildgoose (Interim Director of Nursing)	Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> • Link to be made with the Quality Improvement Hub on developing a QI project plan • Identify the nature of the problem with front line teams and patients • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
AMHIP -I SHOULD DO		The trust should ensure that staff record the date that they open patient's medication that becomes short dated once opened when opened	Dr Julie Hankin (Medical Director)	Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> • Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September		

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							and October 2019		
AMHIP -J SHOULD DO	All wards	The trust should ensure that they offer adequate support to newly qualified nurses.	Dr Deb Wildgoose (Interim Director of Nursing)	Julian Eve (Associate Director of Learning and Development) Jo Horsley (Acting General Manager)	<ul style="list-style-type: none"> Evidence base shows first year is critical as to whether they remain inpost/nursing career. Identify the nature of the problem with newly qualified nurses Explore what works for existing staff in terms of transition from student to autonomous practitioner. Review induction of newly qualified nurses Discuss and agree change ideas to achieve the improvement needed Identify, lead and implement changes Review efficacy of changes 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	Beth Grimditch (Quality Practice Improvement Facilitator) in post to support preceptors	
AMHIP -K SHOULD DO	All wards	The trust should ensure that patients have pro re nata (PRN) care plans in place for medication that had been prescribed for patients to take regularly	Dr Julie Hankin (Medical Director)	Claire Nowak (Lead Pharmacist)	<ul style="list-style-type: none"> Staff need enough information to understand when to administer when required medicines as intended by the prescriber. Identify the nature of the problem and any gaps in recording what is required of staff. If gaps are found, discuss and agree change ideas to achieve the improvement needed Identify, lead and implement changes Review efficacy of changes 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	Covered in suite of care plans	
AMHIP -L SHOULD DO	All wards	The trust should ensure that there are safeguarding processes in place that protect patients from financial abuse from staff and that staff undertake activity in line with policy.	Dr Deb Wildgoose (Interim Director of Nursing)	Julie Gardner (Associate Director of Social Care)	<ul style="list-style-type: none"> Identify the nature of the problem and any gaps in recording what is required of staff. If gaps are found, discuss and agree change ideas to achieve the improvement needed Identify, lead and implement changes 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout		

Acute wards for adults of working age and psychiatric intensive care units									
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					<ul style="list-style-type: none"> Review efficacy of changes 		August, September and October 2019.		
AMHIP -M SHOULD DO		The trust should review bed usage, capacity and readmission rates. The trust should monitor the number of times a bed is not available to a patient when they return from leave.	Dr Julie Attfield (Executive Director of Mental Health Services)	Chris Aswell (Associate Director – Local Partnerships Mental Health)	<ul style="list-style-type: none"> An Out of Area plan is already in place. Expand the collation of data to cover the number of times a bed is not available to a patient returning from leave. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	OOA action plan in place.	
AMHIP -N SHOULD DO	All wards	The trust should ensure that wards share best practice with each other so that where processes work well they are implemented across the wards to achieve consistency.	Dr Deb Wildgoose (Interim Director of Nursing)	Michelle Malone (Clinical Director) with support from Jo Horsley (Acting General Manager)	<ul style="list-style-type: none"> Establish a short term task and finish group to: Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
AMHIP -P SHOULD DO	All wards	The trust should ensure that staff are familiar with the trust's vision and values.	Dr David Brewin (CEO)	Clare Teeney (Director of Human Resources)	There is a trustwide action plan in place to support the culture changes required.		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	CQC inspection report states they are assured that the trust had a clear vision and set of values with quality and sustainability as the top priorities. There is a trustwide action plan in place to support the culture changes required.	

Community based mental health services for adults of working age									
Priority Action/Code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
AMHC -1 MUST DO	All services	Every location must comply with guidance on <ul style="list-style-type: none"> the correct storage of medication room temperature monitoring fridge temperature monitoring The safe storage of medication when taken out into the community. 	Dr Julie Hankin (Medical Director)	Claire Nowak (Lead Pharmacist) supported by: Tim Constable (Operational Manager) Tracey Taylor (Operational Manager)	Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. The provision of digital fridges		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019	Provision of digital fridges approved.	

Child and adolescent mental health wards									
Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
CAMHS-1 MUST DO	All areas	All staff must safeguard patient's information so that it cannot be seen by visitors to the ward or other patients.	Dr Julie Hankin (Medical Director)	Ian Brown (Head of Divisional Compliance)	<ul style="list-style-type: none"> Establish a short term task and finish group to: <ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-A SHOULD DO		The trust should continue to act to resolve the building issues including the heating and alarm system	Simon Crowther (Executive Director of Finance)	Kay Mulcahy - Associate Director of Estates and Facilities	LOCAL ACTION PLAN IN PLACE		Action plan in place with changes being tested and impact measured throughout August, September and October 2019.	LOCAL ACTION PLAN IN PLACE	
CAMHS-B SHOULD DO		The trust should make sure that each patient who needs them has a personal emergency evacuation plan that is updated when they move around wards including the seclusion room.	Caroline Brookes (Head of Emergency Preparedness Resilience and Response)	Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-C SHOULD DO		The trust should consider the risks of a patient being able to access the smoke alarm in the seclusion room by standing on the bed.	Simon Crowther (Executive Director of Finance)	Rachel Towler (General Manager)	LOCAL ACTION PLAN IN PLACE COVERING ENVIRONMENTAL ISSUES		Action plan in place with changes being tested and impact measured	LOCAL ACTION PLAN IN PLACE COVERING ENVIRONMENTAL ISSUES	

Child and adolescent mental health wards									
Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
							throughout August, September and October 2019.		
CAMHS-D SHOULD DO		The trust should make sure that the temperatures of all medication fridges are within the recommended range for safe medicines storage	Dr Julie Hankin (Medical Director)	Claire Nowak (Lead Pharmacist) supported by: Rachel Towler (General Manager)	Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. The provision of digital fridges		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019	Provision of digital fridges approved.	
CAMHS-E SHOULD DO		The trust should ensure that all staff have opportunities for specialised training in eating disorders and the needs of patients admitted to psychiatric intensive care units.	Dr Deb Wildgoose (Interim Director of Nursing)	Rachel Towler (General Manager)	<ul style="list-style-type: none"> Identify the extent of the problem, the gaps and why it may have happened. Agree change ideas to achieve the improvement Identify, lead and implement changes with relevant teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-F SHOULD DO		The trust should consider how staff scan patient's paper records into the electronic patient records system to ensure the information can be used effectively by all staff.	Dr Julie Hankin (Medical Director)	Rachel Towler (General Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-G SHOULD DO		The trust should consider training other staff than doctors in phlebotomy to	Dr Julie Attfield (Executive	Rachel Towler (General	<ul style="list-style-type: none"> Identify the extent of the problem, the gaps and why it may have happened. 		Action plan in place by 30 June 2019		

Child and adolescent mental health wards									
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		increase the number of staff who can carry out patients' blood tests.	Director) for Local Partnerships - Mental Health Services)	Manager)	<ul style="list-style-type: none"> Agree change ideas to achieve the improvement Identify, lead and implement changes with relevant teams to increase staff awareness to embed and sustain change. Review the efficacy of the changes made 		with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-H SHOULD DO		The trust should fix the parental controls on the Wi-Fi so that patients have access to the Internet when appropriate.	Simon Crowther (Executive Director of Finance)	Fulloway Kathy - Head of Health Informatics	<ul style="list-style-type: none"> Identify the extent of the problem and review why this has happened. Depending on the outcome, agree the change ideas to achieve any improvements needed. Identify, lead and implement changes with relevant teams to increase staff awareness to embed and sustain change. Review the efficacy of any changes made 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-I SHOULD DO		The trust should ensure that all patients and their carers have information provided to them about the service and how to comment on it in an accessible format.	Julie Grant (Head of Communications)	Rachel Towler (General Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with families, carers and patients to ensure the information provided meets their needs and is available in accessible formats. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made with families and carers 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CAMHS-J SHOULD DO		The trust should clearly communicate with the staff who is responsible for issues involving the building so staff know who to report these to and how these are being managed.	Dr Julie Attfield (Executive Director) for Local Partnerships - Mental Health Services)	Rachel Towler (General Manager)	LOCAL ACTION PLAN IN PLACE COVERING ENVIRONMENTAL ISSUES		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September	LOCAL ACTION PLAN IN PLACE COVERING ENVIRONMENTAL ISSUES	

Child and adolescent mental health wards									
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							and October 2019.		

Community mental health services for people with a learning disability or autism

Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
CLDT - 1 MUST DO	All services	Staff must routinely provide patients and carers with information about how to raise a concern or complaint.	Dr Deb Wildgoose (Interim Director of Nursing)	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with families, carers and patients to ensure the information provided meets their needs and is available in accessible formats. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made with families and carers 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CLDT - A SHOULD DO		The trust should ensure staff always complete care plans to address the identified needs of patients.	Dr Deb Wildgoose (Interim Director of Nursing)	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Link to be made with the Quality Improvement Hub on developing a QI project plan Identify the nature of the problem with front line teams and patients Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
CLDT – B SHOULD DO		The trust should ensure appraisal rates for all non-medical staff within the service meet its target appraisal rate.	Clare Teeney (Director of Human Resources)	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with non-medical staff Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Check the efficacy of the changes made with non-medical staff 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CLDT - C SHOULD DO		The trust should ensure staff record when they have offered or shared care plans with patients.	Dr Julie Attfield (Executive Director) for Local Partnerships - Mental Health	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff and patients. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to 		Action plan in place by 30 June 2019 with changes being tested and impact measured		

Community mental health services for people with a learning disability or autism

Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
			Services)		<ul style="list-style-type: none"> increase staff awareness to embed and sustain change. Check the efficacy of the changes made with frontline staff and patients. 		throughout August, September and October 2019.		
CLDT - D SHOULD DO		The trust should ensure processes are in place to involve patients in decisions about the intellectual and developmental disabilities services.	Dr Julie Attfield (Executive Director) for Local Partnerships - Mental Health Services)	Vicky Romilly (Lead Speech and Language Therapist) Dr Kiran Jeenkeri (Consultant)	<ul style="list-style-type: none"> Identify the barriers to involving families, carers and patients in decisions about the services. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the efficacy of the changes made with patients families and carers 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CLDT - E SHOULD DO		The trust should ensure the agendas and records from each professional group meeting follow a standardised framework to ensure that essential information is shared and discussed	Dr Julie Hankin (Medical Director)	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Identify the nature of the problems and the risks. Agree any change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Check the efficacy of the changes made with front line staff. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CLDT - F SHOULD DO		The trust should ensure that staff audits are effective to capture the quality of staff practice in the service.	Dr Deb Wildgoose (Interim Director of Nursing)	Angela Jackson (Service Manager)	<ul style="list-style-type: none"> Identify why the outcome of audits were not consistent with the practices seen Explore any gaps in the auditing of compliance with the Mental capacity Act. Agree any change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Check the efficacy of the changes made with front line staff. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		

Mental health crisis services and health-based places of safety									
Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
CHRT - 1 MUST DO	Highbury Hospital Site	Staff follow medicine management policies and procedures.	Dr Julie Hankin (Medical Director)	Claire Nowak (Medicine safety Officer) Supported by Michelle Malone (Clinical Director)	<ul style="list-style-type: none"> Standard Operating Procedure for s136 suite Pharmacy oversight of the improvement required. Identify why there is a gap in practice Agree any change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Check the efficacy of the changes made with front line staff. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CHRT - 2 MUST DO	S136 – Cassidy Suite	Places of safety must be safe and secure.	Dr Julie Attfield (Executive Director) for Local Partnerships - Mental Health Services)	Chris Ashwell (Associate Director)	LOCAL ACTION PLAN IN PLACE		Action plan in place with changes being tested and impact measured throughout August, September and October 2019.	LOCAL ACTION PLAN IN PLACE	
CHRT - 3 MUST DO	All services	Staffing levels must be safe when using restraint.	Dr Julie Attfield (Executive Director) for Local Partnerships - Mental Health Services)	Dave Mason (Associate Director of Nursing)	<ul style="list-style-type: none"> Linked to AMHIP -1 A staffing review has been completed Recruitment programme is in place Development of a safe staffing oversight policy. Identify any gaps in staff confidence and training Revised Standard Operating procedure for staffing in the services Effective job planning and deployment to ensure right staffing, in right place at the right time. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		

Mental health crisis services and health-based places of safety

Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
CHRT - A SHOULD DO		The trust should ensure the method of recording and completion of physical health checks is consistent across the crisis and home treatment service.	Dr Julie Hankin (Medical Director)	Emma Bennett (Physical Healthcare Matron)	Emma Bennett to link with the Quality Improvement Hub on developing a QI project plan.		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
CHRT - B SHOULD DO		The trust should ensure that all teams write care plans that are personalised, holistic and recovery orientated.	Dr Deb Wildgoose (Interim Director of Nursing)	Michelle Malone (Clinical Director) with support from Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Link to be made with the Quality Improvement Hub on developing a QI project plan Identify the nature of the problem with front line teams and patients Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
CHRT - C SHOULD DO		The trust should ensure staff offer patients a copy of their care plan.	Dr Deb Wildgoose (Interim Director of Nursing)	Michelle Malone (Clinical Director) with support from Deb Thompson (Deputy Associate Director of Nursing)	<ul style="list-style-type: none"> Link to be made with the Quality Improvement Hub on developing a QI project plan Identify the nature of the problem with front line teams and patients Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
CHRT - D SHOULD DO		The trust should ensure team meetings take place regularly	Dr Deb Wildgoose (Interim Director of Nursing)	Ann Wright (General Manager)	<ul style="list-style-type: none"> Linked with AMHIP -7 & CHRT-E Establish a short term task and finish group to: Identify the nature of the problem with front line teams Agree change ideas to achieve 		Action plan in place by 30 June 2019 with changes being tested and impact measured		

Mental health crisis services and health-based places of safety

Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
					the improvement <ul style="list-style-type: none"> Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		throughout August, September and October 2019.		
CHRT - E SHOULD DO		The trust should ensure that staff receive supervision and appraisal in line with their policy.	Dr Julie Attfield (Exec.Director – Local Partnerships)	Jo Horsley (Deputy General Manager)	<ul style="list-style-type: none"> Linked with AMHIP – 7 & CHRT - D Establish a short term task and finish group to: <ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CHRT - F SHOULD DO		The trust should ensure the section 136 suites are appropriate for their usage.	Dr Julie Attfield (Exec.Director – Local Partnerships)	Chris Ashwell (Associate Director – Local Partnerships Mental Health)	LOCAL ACTION PLAN		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
CHRT - G SHOULD DO		The trust should ensure staff are able to raise concerns without fear of retribution	Clare Teeney (Director of Human Resources)	Jo Horsley (Deputy General Manager)	There is a trustwide action plan in place to support the culture changes required.		Action plan in place by 30 June 2019 with changes being tested and impact measured	There is a trustwide action plan in place to support the culture changes required.	

Mental health crisis services and health-based places of safety

Priority Action/code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
							throughout August, September and October 2019.		

Forensic in-patient wards

Priority Action/Code	Service Areas Affected	Area(s) for improvement	Responsible Executive Director	Divisional Programme Leads	Actions	Progress update - to be submitted on last working day of the month to CQCGovernance@nottshc.nhs.uk	Timescales for achieving required change	Assurance/Evidence	On track ?
FOR – 1 MUST DO	All services	There must be enough staff to support the safe and effective care and treatment of patients.	Dr Deb Wildgoose (Interim Director of Nursing)	Dave Mason Assoc.Dir of Nursing (Forensic)	<ul style="list-style-type: none"> A staffing review has been completed Recruitment programme is in place Development of a safe staffing oversight policy. Revised Standard Operating procedure for staffing on acute wards Effective job planning and deployment to ensure right staffing, in right place at the right time. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	<ul style="list-style-type: none"> Completed staffing review. 	
FOR – 2 MUST DO	All services	Staff must follow best practice when storing, dispensing, and recording the use of medicines, including rapid tranquilisation.	Dr Julie Hankin (Medical Director)	Claire Nowak (Lead Pharmacist) supported by: TBC	<p>Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'.</p> <p>The provision of digital fridges</p>		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019	Provision of digital fridges approved.	
FOR – 3 MUST DO	All services	Staff must carry out physical health observations after administering rapid tranquilisation in line with trust policy and national guidance.	Dr Julie Hankin (Medical Director)	Dave Mason Assoc.Dir of Nursing (Forensic)	<ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – 4 MUST DO	All services	Ward environments must be clean, secure and well-maintained.	Peter Wright (Executive Director – Forensic Services)	Hospital General managers	<ul style="list-style-type: none"> Linked to FOR-7 & 9] Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams 		Action plan in place by 30 June 2019 with changes being tested and impact measured		

					<p>All services to increase staff awareness t All services o embed and sustain chan All services ge.</p> <ul style="list-style-type: none"> • Test the change ideas • Implement change and sustain the improvement 		throughout August, September and October 2019.		
FOR – 5 MUST DO	All services	All staff must have easy access to and know how to use emergency equipment	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> • Linked to FOR-6 • Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. 		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
FOR – 6 MUST DO	All services	All clinical equipment must be checked in line with the trust's policy.	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> • Linked to FOR5 • Link with the Quality Improvement Hub on developing a QI project on 'Managing the Clinic Room'. 		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019		
FOR – 7 MUST DO	All services	Effective governance arrangements must be in place to monitor and review practice; ensure environments are safe; and audits and ocmplaints	Peter Wright (Executive Director – Forensic Services)	Hospital General managers	<ul style="list-style-type: none"> • Linked to FOR-4 & 9 • Identify the nature of the problem with front line teams • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. • Test the change ideas • Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – 8 MUST DO	All services	Staff must use tools to monitor deterioration in patients' physical health in line with national guidance	Dr Julie Hankin (Medical Director)	Hospital General Managers	Marina Gibbs to link with the Quality Improvement Hub on developing a QI project plan.		QI Project plan in place by 31 st July 2019, with changes being tested and impact measured throughout		

							All services August, September and October 2019		
FOR – 9 MUST DO	All services	Effective systems must be in place to record when changes are made to the care environment as a result of recommendations from environmental risk assessments.	Peter Wright (Executive Director – Forensic Services)	Hospital General managers	<ul style="list-style-type: none"> • Linked to FOR-4 & 7 • Identify the nature of the problem with front line teams • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. • Test the change ideas • Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure all staff maintain accurate records of supervision	Dr Deb Wildgoose (Interim Director of Nursing)	Hospital General managers with support from Rachel Chamberlain, Deputy Matron	<ul style="list-style-type: none"> • Establish a short term task and finish group to: <ul style="list-style-type: none"> • Introduce supervision tree template • Identify the nature of the problem with front line teams • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. • Test the change ideas • Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure all staff have access to regular team meetings	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> • Identify the nature of the problem with front line staff. • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. • Test the change ideas • Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure all seclusion facilities have a working clock to enable patients to orient themselves to the time of day.	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> • Identify the nature of the problem with front line staff. • Agree change ideas to achieve the improvement • Identify, lead and implement changes with frontline teams to increase staff awareness to 		Action plan in place by 30 June 2019 with changes being tested and impact		

					<ul style="list-style-type: none"> embed and sustain change. Test the change ideas Implement change and sustain the improvement 		measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure appropriate mitigations are in place to support staff to maintain sight of all areas of the wards	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure staff respect patients' privacy and dignity when being nursed in seclusion	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> Clear statements: <ul style="list-style-type: none"> On respecting the dignity of patients under observation including gender of staff providing supervision On providing patients an opportunity to state their preference and record this. Review patient rights information leaflet. 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure patient identifiable information is not visible between wards.	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> Establish a short term task and finish group to: <ul style="list-style-type: none"> Identify the nature of the problem with front line teams Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.		
FOR – A SHOULD DO		The trust should ensure staff review the need for falls assessments for patients who are at risk of falls and develop subsequent care plans.	Dr Deb Wildgoose (Interim Director of Nursing)	Hospital General Managers Dave Mason (Associate Director of Nursing – Forensic)	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas 				

				Services)	<ul style="list-style-type: none"> Implement change and sustain the improvement 			
FOR – A SHOULD DO		The trust should ensure systems are in place to ensure patients' belongings are stored safely in an organised fashion.		Hospital General Managers	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 			
FOR – A SHOULD DO		The trust should ensure all patients are offered a copy of their care plan and that this is clearly recorded.	Dr Deb Wildgoose (Interim Director of Nursing)	Hospital General Managers	<ul style="list-style-type: none"> Link to be made with the Quality Improvement Hub on developing a QI project plan Identify the nature of the problem with front line teams and patients Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams Implement change and sustain the improvement 		QI plan in place by 31 st July 2019, with changes being tested and impact measured throughout August, September and October 2019	
FOR – A SHOULD DO		The trust should ensure all staff have easy access to occupational health support within the provider	Clare Teeney (Director of HR)	Alex Lyon (Culture and Engagement Manager)	<ul style="list-style-type: none"> Identify the nature of the problem and the risks with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement changes with frontline teams to increase staff awareness to embed and sustain change. Test the change ideas Implement change and sustain the improvement 		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	
FOR – A SHOULD DO		The trust should consider reviewing the current blanket restrictions placed on patients.	Dr Julie Hankin (Medical Director)	Dave Mason (Associate Director of Nursing and Patient Experience)	Compliance Assurance (CARE) review of areas affected to identify use of blanket restrictions Directorate least restrictive practice meetings to be reinstated.		Action plan in place by 30 June 2019 with changes being tested and impact measured throughout August, September and October 2019.	27/06/19: CARE review planned 21/06/19: First of the reinstated restrictive practice meetings has taken place.
FOR – A SHOULD DO		The trust should consider reviewing the time frames allocated for handovers between shifts to ensure staff have the opportunity to hold	Dr Julie Hankin (Medical Director)	Hospital General Managers	<ul style="list-style-type: none"> Identify the nature of the problem with front line staff. Agree change ideas to achieve the improvement Identify, lead and implement 		Action plan in place by 30 June 2019 with changes being tested	

		effective handover meetings.			<p>changes with frontline teams to increase staff awareness to embed and sustain change.</p> <ul style="list-style-type: none"> • Test the change ideas • Implement change and sustain the improvement 		and impact measured throughout August, September and October 2019.		
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