

LEEDS CARE GROUP CQC ACTION PLAN AT 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
Provider level report	Compliance Action	The provider must ensure that comments and complaints are handled appropriately.	Trust wide	P6a	Complaints – review internal policy documentation.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6b	Complaints, Comments, Compliments and Concerns - Review written materials (leaflets, posters) and the Trust website. Raise staff awareness about the correct ways for service users (or those acting on their behalf) to provide feedback.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6c	Complaints, Comments, Compliments and Concerns - Information on how to provide feedback to be displayed in all ward / public access areas. Communications team will ensure teams receive any updates to information to be displayed. Create a customer-facing process summary.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6d	Complaints, Comments, Compliments and Concerns – Ensure information on how to provide feedback is easily accessible on the Trust website.	Anthony Deery	Melanie Hird		11-Feb-15	Complete	Complete		
				P6e	Complaints - streamline the current process, removing unnecessary bottlenecks and ensuring we adhere to best practice guidance and maintain a robust escalation process. Includes: - Improved investigator allocation process - Named contacts - Severity assessments - Tailored complaint resolution timelines - New 'locally managed' process	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6f	Complaints – review the telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences).	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6g	Complaints - improve recording and reporting of complaints and outcomes: - Implement the new Datix Web system for recording and monitoring complaints. - Improve reporting to facilitate better thematic analysis.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
				P6h	Complaints – improve mechanisms for capturing lessons learnt. Update Complaints Cumulative Action Plan and ensure this is being discussed regularly in the appropriate forums (may require updating the ToR for these forums).	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		

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				P6j	Complaints – review the internal training offered and work with LIHCA to offer training for complaints investigators.	Anthony Deery	Melanie Hird		02-Mar-15	Complete	Complete		
Provider level report	Must do (Compliance at service level)	The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.	S136 Becklin	P7a	Furniture: The Trust has ordered replacement furniture for the one room that is not compliant. This new furniture meets the standards required for furniture in the Section 136 suite.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31-May-15	Complete	Complete	Furniture in place	
				P7b	The Section 136 suite is due to be relocated to another location by the end of May 2015 and this new furniture will be transferred into the new location as part of the move.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31-May-15		NOT YET DUE	Full refurbishment of Ward 2 – CAU capital scheme including CAMHS to complete end of June 2015	
Provider level report	Must do (Compliance at service level)	The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.	S136 Becklin	P8a	Fittings including taps and door furniture: Staff have carried out a risk assessment of environmental risks to service user safety at the Section 136 suite and develop management plans for any identified new risk.	Dawn Hanwell	David Furness	Alison Kenyon	immediately	Complete	Complete	This work has commenced as part of the newly established Leeds group looking at ligature points. See CT2	
				P8b	New fittings are being specifically purchased to reduce ligature risk connected with the doors	Dawn Hanwell	David Furness	Alison Kenyon	-	Complete	Complete	Door handles fitted 18/3/15	
				P8c	Work around environmental risks to service users is being carried out under a new Leeds wide ligature risk assessment process	Dawn Hanwell	David Furness	Alison Kenyon	30-Jun-15		NOT YET DUE	Ward 2 – CAU capital scheme including CAMHS complete end June 2015. This will resolve this issue. Update from Mark Powell 19/3/15	
				P8d	The service will move to a new suite by the end of May 2015.	Dawn Hanwell	David Furness	Alison Kenyon	31-May-15		NOT YET DUE		
Provider level report	Must do (Compliance at service level)	The provider must ensure that the patient group directions (PGD) medication at the crisis assessment service – Becklin Centre, Leeds is reviewed and brought in line with the trust policy and legal requirements.	136 Becklin	P9a	Immediate action is that PGD use is suspended until training in place.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		Responsive action plan item 8
				P9b	The use of PGDs will be introduced when training has been delivered to all relevant staff.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	30-Apr-15		NOT YET DUE	Policy will be revised and training delivered - policy and PGDs to next Effective Care Covers CT3b	
				P9c	Local monitoring of training uptake and review regarding documentation and recording all necessary information relating to PGDs.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		Responsive action plan item 8
				P9d	PGDs have been revised and will be sent to the Effective Care Committee for approval.	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
				P9e	The Effective Care Committee will review PGD guidelines annually - add to 2015-16 schedule of work	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		

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Provider level report	Must do (Compliance at service level)	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Leeds AOT Millfield House Linden House Becklin wards 4 & 5 Asket House	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon	16-Mar-15		DUE		
				P10c	Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon	28-Feb-15	Complete	Complete		
				P10d	The Mental Health Legislation Committee will sign off and approve the plan referred to above.(P10a)	Anthony Deery	Lynn Parkinson	Alison Kenyon	21-Mar-15		NOT YET DUE		
				P10e	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	Complete	Complete	Letter sent to ADs, professional leads by Anthony Deery	
Provider level report	Must do (compliance at service level)	The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm. Note becomes an overarching action for P20 and P22	Newsam ward 5 and all Leeds sites	P13a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-		Complete	Develop a policy: Wendy Beresford LP met with AN discuss roll out training on a broader basis environmental assessment	
				P13b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P13c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	28-Feb-15	complete	Complete	To update following AD-LP meeting	
				P13d	Scheduled a programme of environmental risk assessment training to staff	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30-Apr-15		NOT YET DUE	To update following AD-LP meeting	
Provider level report	Compliance Action	We found ligature points across a number of services in Leeds. These had not all been identified and put onto the risk registers	Leeds Services	P21a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
				P21b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P21c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				P21d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		

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Provider level report	Should do action	The provider should ensure care plans for patients subject to Community Treatment Orders (CTO's) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients in CMHTs.	Leeds AOT Millfield House Linden House	P22	Staff have been reminded and an audit will be undertaken in March to ensure staff are compliant	Jill Copeland	Alison Kenyon	Sue McCartney Alison Gordon Lynn Sutherland Kim Lacey	31-Mar-15		NOT YET DUE		
Provider level report	Should do action	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.	The Mount	P23a	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
				P23b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete		
				P23c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				P23d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
Provider level report	Should do action	The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.	Rehabilitation Services	P31b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE		
Provider level report	Should do action	The provider should review the systems for informing people how to raise concerns and complaints at the crisis assessment service at the Becklin Centre, Leeds.	CAS and ICS services	P33	Review and issue SU booklet to CAS and ICS service users - (Initial comment for CAS Becklin now Trust wide)	Jill Copeland	Lynn Parkinson	Jeanette Lawson Alison Kenyon	31-Mar-15		NOT YET DUE	The booklet has been reviewed and is waiting approval - Alison Kenyon 10/3/15	Extend to both CAS services and ICS to ensure all service users have access to this guidance.
Provider level report	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file	Millside (now Asket)	P38a	Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE	Millside now at Asket Croft Leeds and York (same action)	
Provider level report	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas.	Asket Towngate	P41a	Ensure up to date information is made available at these units.	Jill Copeland	Alison Kenyon	Judith Barnes	27-Feb-15	complete	Complete	Information is available - confirmed Alison Kenyon 10/3/15 (LP suggested AK check if Asket has a HotBoard)	
Provider level report	Should do action	The provider should ensure effective monitoring arrangements are in place at Hawthorne ICST for people accessing the building.	WNW ICS	P43	Set up monitoring systems - signing in and out system and admin on reception	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	

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Provider level report	Should do action	The provider should ensure that staff at Hawthorne ICST are using the personal alarm system provided.	WNW ICS	P44	Remind staff of this requirement.	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure effective monitoring arrangements are in place at Hawthorne ICS for people accessing the building.	WNW ICS	C1	Set up monitoring systems - signing in and out system and admin on reception	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	complete	Complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure staff at Hawthorne ICS are using the personal alarm system provided	WNW ICS	C2	Remind staff of this requirement.	Jill Copeland	Alison Kenyon	Lynn Sutherland	27-Feb-15	Complete	complete	Confirmed complete by Alison Kenyon 10/3/15	
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure care plans for patients subject to community treatment orders (CTO) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients.	Leeds AOT	C3	Staff have been reminded and an audit will be undertaken in March to ensure staff are compliant	Jill Copeland	Alison Kenyon	Sue McCartney Alison Gordon Lynn Sutherland Kim Lacey	31-Mar-15		NOT YET DUE		
Community based mental health services for adults of Working Age	Area for improvement	The trust should ensure that staff receive mandatory training and appraisals as per trust policy.	All Community services	C4a	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Susan Tyler	Andy Weir Alison Kenyon Wendy Quinn	David Gaunt	30-Jun-15		NOT YET DUE		
				C4b	Appraisals: Staff will receive communication material clarifying key issues regarding appraisals from February 2015. This will cover how appraisals are reported and why carrying out appraisals are important.	Susan Tyler	Maria Warner	David Gaunt	28-Feb-15		DUE	An IT issue has delayed this action. Workforce are exploring a solution to a problem extracting mandatory training performance data to staff.	
				C4c	Appraisals: A poster campaign will run signposting staff to resources available to support appraisal, this will include guidance & training.	Susan Tyler	Maria Warner	David Gaunt	31-Mar-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.	S136 Becklin	CT1a	Furniture: The Trust has ordered replacement furniture for the one room that is not compliant. This new furniture meets the standards required for furniture in the Section 136 suite.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	15-Mar-15	complete	Complete		
				CT1b	The Section 136 suite is due to be relocated to another location by the end of May 2015 and this new furniture will be transferred into the new location as part of the move.	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey	31/05/15	Partial	NOT YET DUE	Full refurbishment of Ward 2 – CAU capital scheme including CAMHS to complete end of June 2015	

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Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.	S136 Becklin	CT2a	Fittings including taps and door furniture: Staff have carried out a risk assessment of environmental risks to service user safety at the Section 136 suite and develop management plans for any identified new risk.	Dawn Hanwell	David Furness	Alison Kenyon	immediately	complete	Complete		
				CT2b	New fittings are being specifically purchased to reduce ligature risk connected with the doors	Dawn Hanwell	David Furness	Alison Kenyon	immediately	complete	Complete	Door handles fitted 18/3/15	
				CT2c	Work around environmental risks to service users is being carried out under a new Leeds wide ligature risk assessment process	Dawn Hanwell	David Furness	Alison Kenyon	30-Jun-15		NOT YET DUE	Ward 2 – CAU capital scheme including CAMHS complete end June 2015. This will resolve this issue. Update from Mark Powell 19/3/15	
				CT2d	The service will move to a new suite by the end of May 2015.	Dawn Hanwell	David Furness	Alison Kenyon	31-May-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Compliance Action	The provider must ensure that the Patient Group Directions (PGD) medication at the crisis and assessment service at the Becklin Centre, Leeds, is reviewed and brought in line with the trust policy and legal requirements.	136 Becklin	CT3a	Immediate action is that PGD use is suspended until training in place.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	complete	Complete		
				CT3b	The use of PGDs will be introduced when training has been delivered to all relevant staff.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	30-Apr-15		NOT YET DUE		
				CT3c	Local monitoring of training uptake and review regarding documentation and recording all necessary information relating to PGDs.	Jill Copeland	Alison Kenyon	Jeanette Lawson Elaine Weston	-	Complete	Complete		
				CT3d	PGDs have been revised and will be sent to the Effective Care Committee for approval.	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
				CT3e	The Effective Care Committee will review PGD guidelines annually - add to 2015-16 schedule of work	Jill Copeland	Alison Kenyon	Anthony Deery	31-May-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Should do action	The provider should review the processes for checking emergency equipment and fridge temperatures at the CAS at the Becklin Centre, Leeds.	CAS Becklin	CT4a	A process of daily checks is now in place for the department staff to complete; Pharmacy staff review process is being undertaken correctly	Jill Copeland	Alison Kenyon	Jeanette Lawson Kim Lacey Elaine Weston	-	Complete	Complete		

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				CT4b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Alison Kenyon Judith Barnes	31-Mar-15		NOT YET DUE		
Crisis Teams and Health Based Places of Safety	Should do action	The provider should review the local audit programmes and provide evidence of how shortfalls had been identified and learning had been implemented from audits.	CAS Becklin	CT6	The clinical audit action plan will also be presented and discussed at the Care Group Clinical Audit Group with any cross cutting actions and lessons learned being presented and implemented at the Care Group Clinical Governance Council. All these meetings are minuted to provide the necessary evidence	Jill Copeland	Alison Kenyon	Jeanette Lawson		Complete	Complete	Leeds – completed findings are reported to the clinical governance structures within the care group - Alison Kenyon 18/3/15	
Acute admission wards and psychiatric intensive care units	Compliance Action	The trust must ensure consent to care and treatment is obtained in line with legislation and guidance in accordance with the Mental Health Act, Code of Practice.	Bootham Ward 2 Becklin wards 4 and 5	A2a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon	16-Mar-15		DUE		
A2b				Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon	28-Feb-15	Complete	Complete			
A2c				The Mental Health Legislation Committee will sign off and approve the plan referred to above. (A2a)	Anthony Deery	Lynn Parkinson	Alison Kenyon	21-Mar-15		NOT YET DUE			
A2d				Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	Complete	Complete	Letter sent to ADs, professional leads by Anthony Deery		
Acute admission wards and psychiatric intensive care units	Must do	The trust must review current ligature risk assessments to make sure all ligature points are identified and managed effectively at the acute admission wards in Leeds.	Becklin Centre wards 1, 3, 4, 5 Newsam ward 4 and PICU	A3a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		
A3b				Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete			
A3c				Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE			
A3d				Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE			
Long stay/rehabilitation mental health wards for working age adults		The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm.		R2a	Completed a ligature risk assessment of all inpatient wards across the Leeds estate.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	-	complete	Complete		Note Newsam 5 and YCPM both identified as priority locations for this assessment
R2b				Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete			

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	Must do		Newsam Ward 5	R2c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
				R2d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon	30/04/15		NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.	Newsam Ward 5	R5	Assess the options for resolving this - mirrors etc. and deploy the best solution	Dawn Hanwell	David Furness			complete	Complete	Updated by Mark Powell 19/3/15	Mirrors have been fitted at ward 5 at Newsam Centre
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support that the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file	Millside	R6	A comparative review of systems will be carried out looking at developing the most effective arrangements to apply across all rehabilitation services	Jill Copeland	Lynn Parkinson	Alison Kenyon Judith Barnes Steve Dawson	30-Apr-15		NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards.	Millside Towngate	R7	A review by local managers will be carried out across all clinical units in the Trust to ensure notice boards have required complaints information and documents	Jill Copeland	Lynn Parkinson	Alison Kenyon Andy Weir Wendy Quinn	30-Apr-15		NOT YET DUE		Note: the original action was for Rehabilitation Services - managers have decided to carry out the action Trust wide

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

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Provider level report	Compliance action	The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham hospital and Yorkshire centre for psychological medicine	YCPM ward 40 LGI	P1a	By the end of February 2015 this initial environmental assessment will be complete and contractors will be instructed to remove fixed ligature anchor points and repair other faults that require urgent attention	Dawn Hanwell	Mark Powell	David Furness	28-Feb-15	Partially complete	DUE		Wendy Beresford is working on this week commencing 9/3/15 Work has been prioritised to ensure 31 may 2015 is met.
P1b				Carry out an assessed programme of work to make the unit safe.	Dawn Hanwell	Mark Powell	David Furness	31-May-15		NOT YET DUE			
P1c				A further assessment of the medium to long term solution for Ward 40 will be completed and presented to the Executive Team by the end of June 2015 with a review to making a recommendation the Trust Board about a permanent solution for the future location of this service. The deadline for the permanent solution will be determined through this process	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15		NOT YET DUE			
Provider level report	Must do (Compliance at service level)	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Forensic Services	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15		DUE		
P10c				Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete			
P10d				The Mental Health Legislation Committee will sign off and approve the plan referred to above.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15		NOT YET DUE			
P10e				Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	complete	Complete			
Provider level report	Must do	The provider must ensure that the supported living service reports all safeguarding incidents to the national reporting and learning system (NRLS).	SSL service wide	P20a	The Assistant Director of Nursing – Specialist and Learning Disabilities Services will carry out an investigation to identify the reason for non-reporting of the 10 safeguarding incidents via the National Reporting and Learning System (NRLS) to identify any additional control measures required to ensure that the failure to report does not re-occur.	Anthony Deery	Robert Mann	Melanie Hird Andy Weir Peter Johnston	30-Jan-15	complete	Complete		
P20b				The Trust now ensures that all incidents are now being reported as per the regulatory requirement.	Anthony Deery	Robert Mann	Christine Woodward	27-Feb-15	complete	Complete			
P20c				The Trust's DATIX system will flag and notify the Safeguarding team when a safeguarding related incident is recorded on Data via the incident reporting process.	Anthony Deery	Melanie Hird	Christine Woodward	27-Feb-15	complete	Complete			

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Provider level report	Should do action	The provider should ensure that patients in low secure services have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.	Service wide - GP issue	P29a	Identify a willing GP practice in Leeds to replicate arrangements in place at York	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15	not yet due	NOT YET DUE		
				P29b	Ensure temporary gap at Newsam covered by locum - done	Jill Copeland	Andy Weir	Beverley Hunter	-	complete	Complete		
Provider level report	Should do action	The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that: o staff are aware patient mail can only be withheld in very limited circumstances; o there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;	Forensic Service wide	P30a	Formally remind staff	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	Mail completed	
				P30b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton		Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff	
				P30c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15		DUE		
Provider level report	Should do action	The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.	Newsam Wad 5	P37	Assess the options for resolving this - mirrors etc. and deploy the best solution	Dawn Hanwell	David Furness		31-Mar-15		NOT YET DUE		
Acute admission wards and psychiatric intensive care units	Compliance Action	The trust must ensure their facilities and premises are appropriate for the services being delivered.	YCPM, LGI	A1g	By the end of February 2015 this initial environmental assessment will be complete and contractors will be instructed to remove fixed ligature anchor points and repair other faults that require urgent attention	Dawn Hanwell	Mark Powell	David Furness	28-Feb-15		DUE	Wendy Beresford is working on this week commencing 9/3/15 Work has been prioritised to ensure 31 may 2015 is met.	
				A1h	Carry out an assessed programme of work to make the unit safe.	Dawn Hanwell	Mark Powell	David Furness	31-May-15		NOT YET DUE		
				A1j	A further assessment of the medium to long term solution for Ward 40 will be completed and presented to the Executive Team by the end of June 2015 with a review to making a recommendation the Trust Board about a permanent solution for the future location of this service. The deadline for the permanent solution will be determined through this process	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15		NOT YET DUE		
Wards for people with learning disabilities	Must do	Parkside Lodge should improve the supervision of all staff and develop an action plan to address this.	Parkside Lodge	LD1	Develop action plan and implement to improve supervision levels	Jill Copeland	Peter Johnstone	Brian Coupe Simon Chambers	30-Apr-15		NOT YET DUE		
Wards for people with learning disabilities	Must do	3 Woodland Square and Parkside should increase staff attendance at mandatory training and develop an action plan to address this.	3 Woodland Square Parkside Lodge	LD2	Develop action plan and implement to improve mandatory training attendance levels	Jill Copeland	Peter Johnstone	Brian Coupe Simon Chambers	31-Mar-15		NOT YET DUE		

LEEDS SPECIALIST AND LEARNING DISABILITIES CARE GROUP CQC ACTION PLAN AS 19 MARCH 2015

Report	Category	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update	Notes
St Mary's Hospital - SSL	Must do	Important events that effect their welfare, health and safety were not reported to the Care Quality Commission including allegations of abuse. Regulation 18 (1) (2)	SSL service wide	SSL1	The Assistant Director of Nursing – Specialist and Learning Disabilities Services will carry out an investigation to identify the reason for non-reporting of the 10 safeguarding incidents via the National Reporting and Learning System (NRLS) to identify any additional control measures required to ensure that the failure to report does not re-occur.	Anthony Deery	Robert Mann	Melanie Hird Andy Weir Peter Johnston	30-Jan-15	complete	Complete		see P19
				SSL2	The Trust now ensures that all incidents are now being reported as per the regulatory requirement.	Anthony Deery	Robert Mann	Christine Woodward	27-Feb-15	complete	Complete		
				SSL3	The Trust's DATIX system will flag and notify the Safeguarding team when a safeguarding related incident is recorded on Data via the incident reporting process.	Anthony Deery	Melanie Hird	Christine Woodward	27-Feb-15	complete	Complete		
Forensic/secure services	Compliance action	The systems for identifying, handling and responding to complaints made by service users were not effective.	Forensics Service wide	F1a	A review of the Trust's Complaints policy and procedure including <ul style="list-style-type: none"> o Improved investigator allocation process o Named contacts o Severity assessments o Tailored complaint resolution timelines o New 'locally managed' process 	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1b	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1c	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	31-Mar-15	complete	Complete		
				F1d	Ensure information on how to provide feedback is easily accessible in patient and public accessible areas and on the Trust website.	Anthony Deery	Melanie Hird	Oliver Tipper	31-Mar-15	complete	Complete		
				F1e	Review the content of internal training and work with Leeds Independent Health Complaints Advocacy Service to offer training for complaints investigators	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1f	Allocation of additional resource to the central Complaints team. This will provide; <ul style="list-style-type: none"> o senior support to deliver complaints training and embed the new policy and procedure to provide an enhanced response to complainants. o additional business support and performance management functions 	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1g	Review the Trust's telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		
				F1h	<ul style="list-style-type: none"> • Improve recording and reporting of complaints and outcomes: <ul style="list-style-type: none"> o Implement the new Data Web system for recording and monitoring complaints. o Improve reporting to facilitate better thematic analysis 	Anthony Deery	Melanie Hird		31-Mar-15	complete	Complete		

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Forensic/secure services	Should do action	The trust should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).	Forensic Service wide	F3	An activity monitoring system will be set up which will report issues into the Forensic Services Clinical Governance fora.	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15		NOT YET DUE		
Forensic/secure services	Should do action	The trust should ensure that patients have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.	Service wide - GP issue Newsam re medical input	F5	The Trust will identify patients and then will aim to identify a Leeds GP practice to take on patients temporarily on to their register.	Jill Copeland	Andy Weir	Beverley Hunter	31-Jul-15		NOT YET DUE		
Forensic/secure services	Should do action	The trust should ensure that clinicians and staff adhere to the MHA and MHA Code of Practice to ensure that: <ul style="list-style-type: none"> staff are aware patient mail can only be withheld in very limited circumstances; there is improved recording of consent and capacity to consent decisions for treatment for mental disorder; 	Forensics Service wide	F6a	Formally remind staff	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete		
				F6b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton		Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff	
				F6c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15		DUE		