

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Must Do	The provider must ensure that the mandatory training compliance is in line with the trust target.	We will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017.	At Board level, compliance will continue to be reported in the monthly Integrated Quality Report, and monitored via reports to the Quality Committee.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Must Do	The provider must ensure that the mandatory training compliance is in line with the trust target.	Managers will receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets	Across Care Services, Integrated compliance reports will be monitored each month via the Care Group Management Team and through individual supervision with team / ward managers and professional leads.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Must Do	The provider must ensure that the mandatory training compliance is in line with the trust target.	Compulsory training – we will implement a system of 'block' compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Must Do	The provider must ensure that the mandatory training compliance is in line with the trust target.	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Must Do	The provider must ensure that the mandatory training compliance is in line with the trust target.	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Acute wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure that e-prescribing information matches the authorised Mental Health Act medication documentation.	We have identified the professional group responsible for recording Section 58 data on the electronic prescribing system.	The process will ensure compliance with section 58 requirements. Audit report		30/04/17	Anthony Deery

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Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure that e-prescribing information matches the authorised Mental Health Act medication documentation.	Implemented the process as above.			30/04/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure that e-prescribing information matches the authorised Mental Health Act medication documentation.	We will undertake a compliance audit to determine if the new process is effective	Audit report		30/04/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure that all acute and psychiatric intensive care unit wards at the Newsam Centre are clean.	Re-examine joint terms of reference for joint cleanliness group.	Revised schedules and specification will be implemented.		31/03/17	Dawn Hanwell
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure that all acute and psychiatric intensive care unit wards at the Newsam Centre are clean.	Redefine and respecify cleanliness standards			31/03/17	Dawn Hanwell
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should continue to refurbish wards and where possible remove ligature risks.	Programme of refurbishment in place to specifically address outstanding ligature issues	The programme of work will be completed and evidence that all identified ligature risks have been appropriately addressed.		30/09/17	Dawn Hanwell
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure that all staff have a good understanding of the trusts policies and procedures in relation to patient observation levels	The Clinical Improvement Forum will ensure that there is a process in place to remind staff of their responsibility to familiarise themselves with all trust policies.	Staff will have a good working knowledge of policies and procedures and their application to practice.Minutes of Acute Inpatient Service and PICU Clinical Improvement Forum		28/02/17	Alison Kenyon

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Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure that all staff have a good understanding of the trusts policies and procedures in relation to patient observation levels	Staff will be reminded of their responsibility to familiarise themselves with policies.			28/02/17	Alison Kenyon
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure staff monitor medicine fridge temperatures daily. Where temperatures are outside recommended levels action should be taken to rectify them.	Standard Operating Procedure (SOP) describing in detail the process for monitoring temperatures in clinic rooms and medication fridges has been produced and ratified at the Policy and Procedures Group, distributed to all ward managers and matrons for implementation and uploaded onto staffnet.			31/12/16	Elaine Weston
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Safe	Should Do	The provider should ensure staff monitor medicine fridge temperatures daily. Where temperatures are outside recommended levels action should be taken to rectify them.	New recording charts have been employed on every ward /dept with medication. Pharmacy staff to check weekly that monitoring is taking place by nursing staff and that all breaches are reported through the datix system.			31/12/16	Elaine Weston
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure staff have a good understanding of the Mental Capacity Act and their responsibilities under the Act.	MCA/DOLS level 2 training is mandatory for professionally qualified staff (AC's and section 12 approved Dr's are exempt). We are currently at 82% compliance for this training. Regular dates for training are available for the next six months.	This will ensure patients' rights are safeguarded in accordance with the respective legislation.		31/03/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure staff have a good understanding of the Mental Capacity Act and their responsibilities under the Act.	To increase knowledge and support around the use of the MCA and DOLS we are training 'MCA Champions'. These will be identified individuals in clinical areas who will receive more in-depth training, delivered in partnership with adult social care, and will offer advice and support to their clinical area.	This will be evidenced via clinical audit.		31/03/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure staff have a good understanding of the Mental Capacity Act and their responsibilities under the Act.	We are also producing a practical guide to the use of the MCA and DOLS in clinical areas. This will assist staff in identifying when someone may be deprived of their liberty and how to authorise this, assessments of capacity, consultation and best interest decisions.	Monthly audits of detention documentation and processes are in place.		31/03/17	Anthony Deery

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	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure staff have a good understanding of the Mental Capacity Act and their responsibilities under the Act.	The MHA Legislation Department will continue to provide support and advice around all matters relating to MCA/DOLS, including attending best interest meetings and supporting assessment of capacity.	Yearly audit cycle of documentation relating to the detention of patients within the trust		31/03/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure notices with regard to the rights of informal patients to leave the wards are displayed on all wards	Interim notices placed on wards	Notices are displayed and staff are able to articulate patients rights.		31/01/17	Anthony Deery
	Acute Wards for adults of working age and psychiatric intensive care units	Effective	Should Do	The provider should ensure notices with regard to the rights of informal patients to leave the wards are displayed on all wards	Trustwide notices to be agreed in the Mental Health Legislation Group. Communications department to produce and distribute the leaflets	Audit to check if notices displayed in all areas.		30/04/17	Anthony Deery
Leeds	Acute Wards for adults of working age and psychiatric intensive care units	Well led	Should Do	The provider should ensure that the managers have a good understanding of the key performance indicators used to ensure that a safe and high quality service is delivered on these wards.	Quality Performance Framework agreed for all clinical areas.	Performance Indicators in place		30/06/17	Alison Kenyon
SS&LD	Child and Adolescent mental health wards	Safe	Must Do	The trust must ensure staff have a full understanding of what constitutes seclusion and that they follow the follow the Mental Health Act code of practice when this occurs.		Any use of seclusion will be monitored via the newly established Trust Seclusion Monitoring Group, which is overseen by (and provides a report to) the Mental Health Legislation Operational Group		30/06/17	Anthony Deery
leeds	Acute Wards for adults of working age and psychiatric intensive care units	Well led	Should Do	The provider should ensure that the managers have a good understanding of the key performance indicators used to ensure that a safe and high quality service is delivered on these wards.	Clinical Improvement Forums to monitor achievement of KPIs.	Evidence of managers using indicators to demonstrate quality of services.		30/06/17	Alison Kenyon

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leeds	Acute Wards for adults of working age and psychiatric intensive care units	Well led	Should Do	The provider should ensure that the managers have a good understanding of the key performance indicators used to ensure that a safe and high quality service is delivered on these wards.	System of performance reviews of clinical areas to be developed and implemented			30/06/17	Alison Kenyon
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that medications are stored within the required temperature range.	Standard Operating Procedure (SOP) describing in detail the process for monitoring temperatures in clinic rooms and medication fridges has been produced and ratified at the Policy and Procedures Group, distributed to all ward managers and matrons for implementation and uploaded onto staffnet	This will ensure the cold chain is maintained and no destabilisation effect on the medicines stored.Reduction in datix reports around missed monitoring of fridge/ clinic room temperatures or/and aberrant temperature reporting.		31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that medications are stored within the required temperature range.	New recording charts have been employed on every ward /dept with medication.			31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that medications are stored within the required temperature range.	Pharmacy staff to check weekly that monitoring is taking place by nursing staff and that all breaches are reported through the datix system.			31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that the medicines audit procedures identify all missed signatures on the prescription charts	The implementation of Electronic prescribing Trustwide eradicates the issue of non recorded 'missed doses' as the system demands a reason for a dose not being given.	The EPMA reports of numbers of missed doses should decline.		31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that the medicines audit procedures identify all missed signatures on the prescription charts	The Medication Safety Committee will determine the frequency of audit of medication charts via EPMA re 'missed doses' and other medication issues and formulate an action plan on the results.	An increase in overall datix reporting re medication errors /incidents should occur.		31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that the medicines audit procedures identify all missed signatures on the prescription charts	All datix regarding medication are reviewed by the Medicines Safety Committee to identify trends and implement necessary training or action to avoid repetition.	Datix reports regarding medication are reviewed regularly by Meds Safety Committee, identifying trends and implementing necessary training or action to avoid repetition.		31/12/16	Elaine Weston

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LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that the medicines audit procedures identify all missed signatures on the prescription charts	6 monthly medication error report is produced that goes to the Medicines Optimisation Group and Effective care.	The 6 monthly report gives recommendations to the Trust for improvement		31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that the medicines audit procedures identify all missed signatures on the prescription charts	The Nurse leads need to encourage reporting of errors involving medication onto Datix	The Medicines Safety Committee to be the guardians of the drug chart audit reporting of the EPMA system		31/12/16	Elaine Weston
LD&SS	Child and Adolescent mental health wards	Responsive	Should Do	The trust should ensure the unit provide meals to meet a patient's dietary requirements taking into account cultural and individual preferences.	A meeting took place in September 2016 between the Clinical Team Manager at Mill Lodge, the unit dietitian and the Facilities Department catering manager. A new menu was to be developed a new menu with direct input from the service users and clinical staff together.	Patients will be able to select nutritious meals suitable to their cultural preferences. This system of joint development and review will continue with a formal review in 6 months. Any interim issues will be raised directly with the Trust's Catering Manager.		30/06/17	Anthony Deery
LD&SS	Child and Adolescent mental health wards	Caring	Should Do	The trust should ensure patients have access to advocacy specifically for young people.	The existing two advocacy providers for services in Leeds and York did not have CAMHS specialist advocacy services	Specific advocacy services for young people are available		31/07/17	Andy Weir
LD&SS	Child and Adolescent mental health wards	Caring	Should Do	The trust should ensure patients have access to advocacy specifically for young people.	CAMHS Service Manager to review current provision of advocacy,			31/07/17	Andy Weir
LD&SS	Child and Adolescent mental health wards	Safe	Should Do	The trust should ensure that patients are informed of the staff members due on a night time shift.	Mill Lodge Ward Manager to ensure system of communicating staff on duty for next 24 hours is in place and maintained	Evidence of written system / procedure in place. Young people able to identify staff on duty.		31/01/17	Andy Weir
Leeds	Community based mental health services for older people	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	Memory Services will continue to transfer the monitoring of the anti dementia drugs back to GPS/primary care	Reduced numbers on caseloads of all professionals. Professionals will work within recommended practice guidelines.		30/06/17	Alison Keynon
Leeds	Community based mental health services for older people	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	YPDT will undergo an evaluation of the present model of care provision and any recommendations identified with be implemented	Relevant papers re the model review and evidence of implementation of any recommendations		30/06/17	Alison Kenyon
Leeds	Community based mental health services for older people	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	The new model for older people's community services will be implemented.	Implementation plan for OPS service		30/06/17	Alison Kenyon



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Leeds	Community based mental health services for older people	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	Caseloads will be reviewed in line with the new service criteria.	Caseload reports on number of patients		30/06/17	Alison Kenyon
Leeds	Community based mental health services for older people	Safe	Should Do	The service should ensure that the lone working procedure protects staff safety throughout the day	Lone working practices will be reviewed and use of technology to support this will be considered.	Revised lone working procedures will be produced. Evidence of the technology to be utilised will be supplied.		30/01/17	Anthony Deery
Leeds	Community based mental health services for older people	Safe	Should Do	The service should ensure the East, North East team have a system in place to manage premises effectively for the safety of staff and patients.	A full review of all premises is being carried out as part of the estates strategy.	Once completed this will provide recommendations for future and suitability of premises and how they are managed effectively.		30/04/17	Dawn Hanwell
Leeds	Community based mental health services for older people	Safe	Should Do	The service should ensure the East, North East team have a system in place to manage premises effectively for the safety of staff and patients.	Concerns from report relate to the entrance door to the north wing.	A new external door has been arranged to be fitted. Work to be completed by mid-December 2016.		30/04/17	Dawn Hanwell
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Undertake a capacity and demand analysis of the community services.	Patients will receive appropriate psychological therapies in a timely manner.New pathway developed		31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Redesign of the management of referrals and scheduling of patients.	Additional temporary staff in post		31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Recruit temporary posts to support a waiting list initiative.	This action will provide information to target the training strategy (completed survey)		31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Conduct a training needs analysis to appraise team based psychological skills	Multidisciplinary staff will be trained to undertake lower level psychological interventions within a stepped care framework.		31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Undertake training to develop appropriate team based psychological skills	(training strategy to be produced)		31/03/17	Alison Kenyon

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Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Utilise a formulation based approach that emphasises team based psychological skills.			31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Restructure psychological governance of CMHT based psychological activity	When considering referrals for psychological intervention the 5P framework will be used to encourage a stepped approach to intervention.(Formulation documented in Paris notes) The psychology staff will oversee/supervise smaller groups of mdt staff to ensure closer and better quality governance of team based psychological activity		31/03/17	Alison Kenyon
Leeds	Community based mental health services for older people	Effective	Should Do	The service should ensure that physical health monitoring and recording is consistent across all teams	A continuous improvement event will be held to identify the relevant staff who will be clear on their responsibilities regarding physical health monitoring, what is to be monitored, who will carry out that monitoring and how that information will be shared with colleagues in Primary care.	Results of national CQUIN audit 2017-18.Demonstrate compliance through reports to the Board in line with Single Oversight Framework requirements.		30/04/17	Anthony Deery
Leeds	Community based mental health services for older people	Effective	Should Do	The service should ensure that physical health monitoring and recording is consistent across all teams	Review the terms of reference for the Trust wide Physical health care steering group to ensure coverage of the monitoring and implementation requirements.			30/04/17	Anthony Deery
Leeds	Community based mental health services for older people	Effective	Should Do	The service should ensure that all mandatory training, appraisal, and supervision compliance meets the trust targets.	We will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	The action will ensure that staff have requisite clinical skills for their area of area of practice.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	To introduce the new CMHT criteria in all three localities.	Improved clarity can support transfer to primary care as well as signposting to appropriate services		31/12/16	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	To introduce a standardised method of caseload management.	Using an evidence based caseload management tool will support caseload management		31/03/17	Alison Kenyon



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Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	To continue work of RIE around purposeful interventions	Identifying and delivering good practice guidelines		Ongoing	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should continue to work towards reducing staff caseloads so they align to recommended good practice guidelines.	Ongoing development of primary care mental health liaison roles and primary care pilots in each of the localities	supporting services users in primary care along with the transitions from secondary to primary care (including clusters 4 and below).		Ongoing	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should ensure that the lone working procedure protects staff safety throughout the day	Lone working practices will be reviewed and use of technology to support this will be considered.	Revised lone working procedures will be produced..Evidence of the technology to be utilised will be supplied		31/01/17	Anthony Deery
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Undertake a capacity and demand analysis of the community services	Provide information to identify required resources to meet demand		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Redesign of the management of referrals and scheduling of patients	New pathway developed		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Recruit temporary posts to support a waiting list initiative	Additional temporary staff in post		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Conduct a training needs analysis to appraise team based psychological skills	This action will provide information to target the training strategy (completed survey)		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Undertake training to develop appropriate team based psychological skills	Multi disciplinary staff will be trained to undertake lower level psychological interventions within a stepped care framework. (training strategy to be produced).		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Utilise a formulation based approach that emphasises team based psychological skills	When considering referrals for psychological intervention the 5P framework will be used to encourage a stepped approach to intervention. (Formulation documented in Paris notes).		31/03/17	Alison Kenyon
Leeds	Community Based Services for Working Age Adults	Responsive	Should Do	The service should ensure all patients receive psychological therapies in a timely manner and within national guidelines.	Restructure psychological governance of CMHT based psychological activity	The psychology staff will oversee/supervise smaller groups of MDT staff to ensure closer and better quality governance of team based psychological activity (structure to be discussed in the Clinical Improvement Forum).		31/03/17	Alison Kenyon

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Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that physical health monitoring and recording is consistent across all teams	A continuous improvement event will be held to identify the relevant staff who will be clear on their responsibilities regarding physical health monitoring, what is to be monitored, who will carry out that monitoring and how that information will be shared with colleagues in Primary care.	Results of national CQUIN audit 2017-18.Demonstrate compliance through reports to the Board in line with Single Oversight Framework requirements. This will ensure that all patients on anti-psychotic medication will have their physical health needs assessed and responded to appropriately.		31/03/17	Anthony Deery
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that physical health monitoring and recording is consistent across all teams	Review the terms of reference for the Trust wide Physical health care steering group to ensure coverage of the monitoring and implementation requirements.			31/03/17	Anthony Deery
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Compulsory Training and we will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	The action will ensure that staff have requisite clinical skills for their area of area of practice.			
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets	The action will ensure that staff have requisite clinical skills for their area of area of practice.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Supervision – we will initially pilot and then fully implement a new standard process for the recording of clinical supervision				
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%				

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leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.				
leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target				
Leeds	Community Based Services for Working Age Adults	Effective	Should Do	The service should ensure that all mandatory training, appraisal and supervision compliance meets the trust targets	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.				
Leeds	Community Based Services for Working Age Adults	Safe	Should Do	The service should ensure the East, North East team have a system in place to manage premises effectively for the safety of staff and patients.	A full review of all premises is being carried out as part of the estates strategy.	Once completed this will provide recommendations for future and suitability of premises.		30/04/17	Dawn Hanwell
LD&SS	Community Mental Health services for people with learning disabilities and autism	Effective	Should Do	The provider should ensure that patient recording systems are used consistently by all staff and information on electronic patient record systems is accurate and contemporaneous	Review of documentation & recording systems to be implemented as part of the Community LD review implementation, led by operational manager	Ensure contemporaneous records thereby reducing the risk of error and improving patient safety		31/12/17	Andy Weir
LD&SS	Community Mental Health services for people with learning disabilities and autism	Effective	Should Do	The provider should ensure that patient recording systems are used consistently by all staff and information on electronic patient record systems is accurate and contemporaneous	Local operating procedure (linked to Trust policy) to be developed and implemented	Evidence of review and new procedure ensuring consistency across the community LD services. Audit process in place to demonstrate checks		31/12/17	Andy Weir

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LD&SS	Community Mental Health services for people with learning disabilities and autism	Effective	Should Do	The provider should ensure that all non-medical staff are appraised.	We will consolidate our recording and reporting of appraisal into a single electronic system (iLearn) by end of March 2017	Staff will feel well supported and their development needs addressed.			
Leeds	Mental health crisis services and health-based places of safety	Responsive	Must Do	The trust must ensure that the crisis assessment unit is used according to its statement of purpose to provide services for patients experiencing acute and complex mental health crises that require a period of assessment of up to 72 hours.	A review of the utilisation and purpose of the CAU will be undertaken with any resultant changes being approved and agreed within the Care Group and Trust Governance structure	At a service and care group level the utilisation of the CAU will be monitored at the CAS Clinical Improvement Forum and Care Group Clinical Governance Council as part of the wider evaluation report of the service.		30-Jun-17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Must Do	The trust must ensure that the crisis assessment unit is used according to its statement of purpose to provide services for patients experiencing acute and complex mental health crises that require a period of assessment of up to 72 hours.	A revised statement of purpose and service specification will be developed if necessary.	Exceptions will be reported to the Care Services Strategic Management Forum.		30-Jun-17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Must Do	The trust must ensure that the crisis assessment unit is used according to its statement of purpose to provide services for patients experiencing acute and complex mental health crises that require a period of assessment of up to 72 hours.	A communication and engagement process will be undertaken with stakeholders to share the revised purpose including staff within the service			30-Jun-17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Must Do	The trust must ensure that the crisis assessment unit is used according to its statement of purpose to provide services for patients experiencing acute and complex mental health crises that require a period of assessment of up to 72 hours.	Utilisation of the CAU will be monitored through the CAS Clinical Improvement Forum.			30-Jun-17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Well led	Must Do	The trust must routinely collect and share data with other agencies to monitor compliance with all aspects of the crisis care concordat.	A crisis performance monitoring report will be shared and discussed at the Section 136 Interagency meeting with appropriate actions taken to improve performance.	A repeat audit of Section 136 documentation will be undertaken to ensure the required improvements have been made.		30/06/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Well led	Must Do	The trust must routinely collect and share data with other agencies to monitor compliance with all aspects of the crisis care concordat.	Areas of concern and exception reports will be made to the CAS Clinical Improvement forum.	The minutes of the interagency meeting and the Chairs report from the clinical improvement forum will be received by the Care Group Clinical Governance Council		30/06/17	Alison Kenyon

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Mental health crisis services and health-based places of safety	Well led	Must Do	The trust must routinely collect and share data with other agencies to monitor compliance with all aspects of the crisis care concordat.	A review of the Trust Business Intelligence and Information sharing systems will be undertaken.			30/06/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with section 136 documentation standards.	The Trust previously completed a clinical audit (ref 256) that produced an action plan to improve compliance with the documentation standards	A repeat audit of Section 136 documentation will be undertaken to ensure the required improvements have been made.		30/06/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with section 136 documentation standards.	The team will continue to implement the actions. Areas of concern and exception reports will be made to the CAS Clinical Improvement Forum	The minutes of the interagency meeting and the Chairs report from the clinical improvement forum will be received by the Care Group Clinical Governance Council		30/06/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Well led	Must Do	The trust must ensure that the crisis assessment service and the intensive community service has effective governance systems in place to share information in a timely manner.	A review of the Trust Business Intelligence and Information sharing systems will be undertaken.	Readily accessible information held locally and centrally. Improved data quality reports.		30/04/17	Anthony Deery/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	At Board level, compliance will continue to be reported in the monthly Integrated Quality Report, and monitored via reports to the Quality Committee.		30/03/17	Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets	Across Care Services, Integrated compliance reports will be monitored each month via the Care Group Management Team and through individual supervision with team / ward managers and professional leads		30/06/17	Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%			30/06/17	Lynn Parkinson

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target.			30/06/17	Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance with annual appraisal targets	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	At Board level, compliance will continue to be reported in the monthly Integrated Quality Report, and monitored via reports to the Quality Committee.		30/03/17	Susan Tyler/Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets	Across Care Services, Integrated compliance reports will be monitored each month via the Care Group Management Team and through individual supervision with team / ward managers and professional leads.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%			30/06/17	Susan Tyler/Lynn Parkinson



Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Susan Tyler/Lynn Parkinson
	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should ensure that the privacy and dignity of patients admitted to the section 136 suite is maintained	Incorporate additional guidance in 136 interagency guidelines to manage the mixed sex environment. This to be signed off in the 136 interagency meeting and CAS Clinical Improvement Forum.	To ensure that the privacy and dignity of patients in the 136 suite are maintained. Datix reports. Minutes of the 136 interagency meeting. CAS Clinical Improvement Forum.		31/03/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should ensure that the privacy and dignity of patients admitted to the section 136 suite is maintained	to review as part of the Trust Wide mixed sex accommodation review	Minutes of Trust wide mixed sex accommodation review.		31/03/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should ensure that the privacy and dignity of patients admitted to the section 136 suite is maintained	Disseminate updated guidelines to all staff via team meetings.			31/03/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should ensure that the privacy and dignity of patients admitted to the section 136 suite is maintained	Monitor any incidents in the 136 interagency meeting.			31/03/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should consider privacy and dignity with regards to gender of patient in the section 136 suite and crisis assessment unit.	Incorporate additional guidance in 136 interagency guidelines to manage the mixed sex environment. This to be signed off in the 136 interagency meeting and CAS Clinical Improvement Forum.	No breaches reported regarding privacy and dignity. High levels of patient satisfaction. Minutes of 136 interagency meeting CAS Clinical improvement forum		31/01/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should consider privacy and dignity with regards to gender of patient in the section 136 suite and crisis assessment unit.	Disseminate updated guidelines to all staff via team meetings.			31/01/17	Alison Kenyon

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should consider privacy and dignity with regards to gender of patient in the section 136 suite and crisis assessment unit.	Monitor any incidents in the 136 interagency meeting.			31/01/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should consider privacy and dignity with regards to gender of patient in the section 136 suite and crisis assessment unit.	To ensure datix is completed regarding any incidents relating to the recommendation.			31/01/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should consider privacy and dignity with regards to gender of patient in the section 136 suite and crisis assessment unit.	To ensure vistamatic doors are installed.			31/01/17	Alison Kenyon
Leeds	Mental health crisis services and health-based places of safety	Effective	Should Do	The trust should ensure that staff in the crisis assessment service have timely access to records of patients admitted to the section 136 suite for children and adolescents.	To scope out what is required with regard to an information system perspective to meet this recommendation	Staff have access to records and are able to plan appropriate care.		31/03/17	Alison Kenyon/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Effective	Should Do	The trust should ensure that staff in the crisis assessment service have timely access to records of patients admitted to the section 136 suite for children and adolescents.	To review current process of requesting access to clinical information on children and adolescents currently under the care of CAMHS services and consider any additions to make this more timely			31/03/17	Alison Kenyon/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Effective	Should Do	The trust should ensure that staff in the crisis assessment service have timely access to records of patients admitted to the section 136 suite for children and adolescents.	To ensure that an incident report is completed when this lack of information has had a direct consequence on the clinical care of that service user.			31/03/17	Alison Kenyon/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should improve compliance with response time targets for referral to assessment in the crisis assessment service	At present there are no targets for access to crisis services, however the Trust are committed to delivering timely access to all services and are preparing to meet any access targets that arise through the implementation of the single oversight framework and the requirements of our commissioners	That performance targets are met once they have been established.		31/03/17	Alison Kenyon/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should improve compliance with response time targets for referral to assessment in the crisis assessment service	Develop a quality performance framework and mechanisms to review this for Crisis Services	Framework developed.		Ongoing	Alison Kenyon/Bill Fawcett

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Mental health crisis services and health-based places of safety	Responsive	Should Do	The trust should improve compliance with response time targets for referral to assessment in the crisis assessment service	Work with commissioners to coproduce any future requirements for access targets.	To offer ore information in relation to response times to determine what is required strategically and operationally to improve.		31/03/17	Alison Kenyon/Bill Fawcett
Leeds	Mental health crisis services and health-based places of safety	Safe	Should Do	The trust should ensure that clinic room temperatures are within those stated in the trust's medicines code.	Standard Operating Procedure (SOP) describing in detail the process for monitoring temperatures in clinic rooms and medication fridges has been produced and ratified at the Policy and Procedures Group, distributed to all ward managers and matrons for implementation and uploaded onto staffnet. New recording charts have been employed on every ward /dept with medication. Pharmacy staff to check weekly that monitoring is taking place by nursing staff, and any breeches are reported via the datix system	Reduction in datix reports around missed monitoring of fridge/ clinic room temperatures or/and aberrant temperature reporting		31/12/16	Elaine Weston
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Mental health crisis services and health-based places of safety	Effective	Must Do	The trust must improve compliance rates with mandatory training, including essential and immediate life support training.	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Safe	Must Do	The trust must ensure that all patients who lack capacity to consent to their care and treatment are cared for using the appropriate legal authority such as by Deprivation of Liberty safeguards.		This will ensure patients' rights are safeguarded in accordance with the respective legislation.This will be evidenced via clinical audit.Monthly audits of detention documentation and processes are in place. Yearly audit cycle of documentation relating to the detention of patients within the trust		03/03/17	Anthony Deery

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Wards for people with learning disabilities or autism	Safe	Must Do	The trust must ensure that all patients who lack capacity to consent to their care and treatment are cared for using the appropriate legal authority such as by Deprivation of Liberty safeguards.	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			03/03/17	Anthony Deery
SS&LD	Wards for people with learning disabilities or autism	Safe	Must Do	The trust must ensure that all patients who lack capacity to consent to their care and treatment are cared for using the appropriate legal authority such as by Deprivation of Liberty safeguards.	We are also producing a practical guide to the use of the MCA and DOLS in clinical areas. This will assist staff in identifying when someone may be deprived of their liberty and how to authorise this, assessments of capacity, consultation and best interest decisions. The legislation department will continue to provide support and advice around all matters relating to MCA/DOLS, including attending best interest meetings and supporting assessment of capacity.			03/03/17	Anthony Deery
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	We will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	The action will ensure that staff have requisite clinical skills for their area of area of practice.		30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	Supervision – we will initially pilot and then fully implement a new standard process for the recording of clinical supervision			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%			30/06/17	Susan Tyler/Lynn Parkinson

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Effective	Must Do	The trust must ensure that staff complete mandatory training, and that the service offers appraisal and supervision regularly and in line with trust policy	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Wards for people with learning disabilities or autism	Safe	Must Do	The trust must ensure that staff update patient care plans and evacuation plans at 2 Woodland Square and that they contain relevant guidance and link with risk assessments.	The Ward Manager will work with the nursing team to ensure that all care plans are up to date, linked to risk assessments and include an up to date patient evacuation plan	Evidence of regular audit of care plans and relevant actions completed – this will be formally reported by the Matron to the LD Clinical Governance group.		30/04/17	Andy Weir
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure that infection control practices improve that the trust repairs risks identified by staff in a timely manner at 2 and 3 Woodland Square. Including the removal of mattresses and staff belongings from the patient shower room and the sky light repair.	Monthly report on outstanding actions / repairs to be submitted by the Matron to the Clinical Environments Group. Ward Manager to ensure immediate actions taken (completed)	Evidence of identification and tracking of any outstanding / unresolved issues		Monthly	Andy Weir

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure that staff monitor and record the temperatures of clinic rooms.	Standard Operating Procedure (SOP) describing in detail the process for monitoring temperatures in clinic rooms and medication fridges has been produced awaiting ratification at the Policy and Procedures Group. New recording charts have been employed on every ward /dept with medication. Pharmacy staff to check weekly that monitoring is taking place by nursing staff and that any breaches are recorded on the datix system	Reduction in datix reports around missed monitoring of fridge/ clinic room temperatures or/and aberrant temperature reporting		31/12/16	Elaine Weston
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure staff carry out thorough medication and equipment audits to reduce risk of errors occurring or going undetected, in line with trust policy.	The implementation of Electronic prescribing Trustwide eradicates the issue of non recorded 'missed doses' as the system demands a reason for a dose not being given.	The EMPA reports of numbers of missed doses should decline.		31/01/17	Elaine Weston
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure staff carry out thorough medication and equipment audits to reduce risk of errors occurring or going undetected, in line with trust policy.	The Medication Safety Committee will determine the frequency of audit of medication charts via EPMA re 'missed doses' and other medication issues and formulate an action plan on the results.	An increase in overall datix reporting re medication errors /incidents should occur.		31/01/17	Elaine Weston
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure staff carry out thorough medication and equipment audits to reduce risk of errors occurring or going undetected, in line with trust policy.	All datix regarding medication are reviewed by the Medicines Safety Committee to identify trends and implement necessary training or action to avoid repetition. 6 monthly medication error report is produced that goes to the Medicines Optimisation Group and Effective care.	Datix reports regarding medication are reviewed regularly by Meds Safety Committee, identifying trends and implementing necessary training or action to avoid repetition.		31/01/17	Elaine Weston
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The trust should ensure staff carry out thorough medication and equipment audits to reduce risk of errors occurring or going undetected, in line with trust policy.	The Nurse leads need to encourage reporting of errors involving medication onto Datix	The 6 monthly report gives recommendations to the Trust for improvement. The Medicines Safety Committee to be the guardians of the drug chart audit reporting of the EPMA system.		31/01/17	Elaine Weston
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The provider should ensure that patients at 2, Woodlands Square are cared for with dignity and respect, due to the sharing of same sex accommodation and communal bathrooms.	The Matron will ensure that a local operating procedure is in place to effectively manage the issues of shared accommodation / privacy & dignity, supported by staff training	Staff will be aware of the correct procedures to follow and will implement these		28/02/17	Andy Weir
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The provider should ensure that it adheres to guidance in the Mental Health Act (Code of Practice) at Parkside Lodge	All policies and procedures are compliant with the updated Code of Practice. We have a schedule of review for all procedures relating to the MHA to ensure they are fit for purpose and support the application of the act.				



Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Wards for people with learning disabilities or autism	Safe	Should Do	The provider should ensure that it adheres to guidance in the Mental Health Act (Code of Practice) at Parkside Lodge	Changes to the Code of Practice have been incorporated in the MHA mandatory training. Changes will be reiterated in a bulletin to be sent to all clinical staff and a document will be available on MH legislation staff net page which clearly highlights the changes to the code.				
SS&LD	Wards for people with learning disabilities or autism	Responsive	Should Do	The provider should ensure that patients at 2 Woodland Square can access activities and that the staff and the people who use the services are aware that appropriately adapted transport can be facilitated where required.	Staff will have a good working knowledge of the MHA and CoP and their application to practice. Monthly audits of detention documentation and processes are in place. Yearly audit cycle of documentation relating to the detention of patients within the trust.	Evidence of available activities and individualised care planning related to this (links to care plan reviews & audit above)		30/04/17	Andy Weir
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	We will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	this will ensure staff have the requisite clinical skills for their area of practice		30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	Supervision – we will initially pilot and then fully implement a new standard process for the recording of clinical supervision.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%.			30/06/17	Susan Tyler/Lynn Parkinson

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should improve compliance rates with mandatory training, including essential and immediate life support training, in line with their own targets.	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should ensure that capacity assessments for treatment for detained patients are recorded in their file.	MCA/DOLS level 2 training is mandatory for professionally qualified staff (AC's and section 12 approved Dr's are exempt). We are currently at 82% compliance for this training. Regular dates for training are available for the next six months.To increase knowledge and support around the use of the MCA and DOLS we are training 'MCA Champions'. These will be identified individuals in clinical areas who will receive more in-depth training, delivered in partnership with adult social care, and will offer advice and support to their clinical area.	This will ensure that the patients are treated in accordance with their rights under the Mental Capacity Act. Monthly audits of detention documentation and processes are in place.Yearly audit cycle of documentation relating to the detention of patients within the trust		31/03/17	Anthony Deery

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The trust should ensure that capacity assessments for treatment for detained patients are recorded in their file.	We are also producing a practical guide to the use of the MCA and DOLS in clinical areas. This will assist staff in identifying when someone may be deprived of their liberty and how to authorise this, assessments of capacity, consultation and best interest decisions. The legislation department will continue to provide support and advice around all matters relating to MCA/DOLS, including attending best interest meetings and supporting assessment of capacity.			31/03/17	Anthony Deery
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	We will consolidate our recording and reporting of clinical supervision, appraisal and compulsory training into a single electronic system (iLearn) by end of March 2017	this will ensure staff have the requisite clinical skills for their area of practice		30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	Managers will then receive a single integrated report (on a weekly basis ) showing compliance against clinical supervision, appraisal and compulsory training targets			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	Supervision – we will initially pilot and then fully implement a new standard process for the recording of clinical supervision.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	Compulsory training – we will implement a system of ‘block’ compulsory training events which maximise the opportunity for attendance by clinical staff to build on the current overall compliance rate we currently have of 88%.			30/06/17	Susan Tyler/Lynn Parkinson

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	We will also establish a Compulsory training Task & Finish group to review the delivery and compliance of each aspect of our compulsory training programme that is achieving below 85%. This group will agree and implement specific plans to increase compliance against each specific training that is underperforming, and will agree trajectories for each service area to maintain or achieve an 85% compliance by the end of June 2017.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	Appraisal – all team managers will develop local plans to achieve or maintain compliance with an 85% target.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Effective	Should Do	The managers should continue their positive approach to clinical and managerial supervision in line with trust policy	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.			30/06/17	Susan Tyler/Lynn Parkinson
SS&LD	Long stay/rehabilitation mental health wards for working adults	Safe	Should Do	The trust should ensure that oxygen cylinders are regularly checked and replaced when used.	Audit all grab bags to ensure medicines and equipment is in date, commenced 12.12.16, expected completion date 23.12.16 to compile responses.	Emergency situations can be responded to safely.For emergency equipment and medicines ;Reduction in datix reports around missed monitoring of fridge/ clinic room temperatures or/and aberrant temperature reporting.Assurance that equipment in grab bags are in date via review timetable. All out of date equipment / medication found to be reported on datix		31/12/16	Elaine Weston

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
SS&LD	National Deaf CAMHS	safe	Should Do	The specialist deaf child and adolescent mental health north team members had an inconsistency in their access to the electronic systems used by the Leeds and York Partnership Foundation Trust. This meant the team recording systems were different for the three service areas. For information technology systems to work effectively across Manchester and Newcastle access issues to systems through the firewalls for separate health trusts, need to be reconciled.	Trustwide reminders already sent out via comms, with checklist for nursing staff to check grab bags. In addition senior nurses need to cascade the reminder to nursing staff for implementation. This includes oxygen cylinders.	Assurance that equipment in grab bags are in date via review timetable. All out of date equipment / medication found to be reported on datix		30/06/17	Bill Fawcett
LD&SS	National Deaf CAMHS	Safe	Should Do	Risk and care plans were not consistently available electronically. Whilst in part this was due to staff access to the electronic notes system and the need to develop additional or improved technology to support documentation using sign language or pictures, staff also identified there was need to work more towards consistent recording of practice.		Evidence of written standards / processes and system of audit to demonstrate compliance		31/07/17	Andy Weir
Leeds	Wards for older people with mental health problems	Safe	Must Do	The provider must ensure that where staff identify patients as requiring specific monitoring, records should be detailed and accurate so they can be used to inform any treatment decisions in a safe and meaningful way.	Care Services (supported by the HR business partners) will ensure – within both Care Groups – that a clear process is in place for the monthly monitoring of performance in relation to appraisal, supervision and compulsory training, via the Care Group management and governance meetings.	A records and compliance audit will be undertaken to ensure the required improvements have been made.		30/04/17	Anthony Deery
Leeds	Wards for older people with mental health problems	Safe	Must Do	The provider must ensure that records of care and treatment provided to patients are accurate and contemporaneous. All decisions about patient's care and treatment should be contained within their appropriate care records.	Education programme for staff on all aspects of record keeping. Responding to the findings from clinical record audits together with the inclusion of Clinical supervision in the Trust iLearn system, as an additional mechanism to reinforce good record keeping, will collectively ensure clinical staff are meeting this requirement	A records and compliance audit will be undertaken to ensure the required improvements have been made.		30/04/17	Anthony Deery

Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Leeds	Wards for older people with mental health problems	Effective	Must Do	The provider must ensure all relevant staff have received appropriate training in the Mental Capacity Act and the Mental Health Act. Staff must receive clinical and managerial supervision at the necessary frequency and in accordance with trust targets.	MCA/DOLS level 2 training is mandatory for professionally qualified staff (AC's and section 12 approved Dr's are exempt). We are currently at 82% compliance for this training. Regular dates for training are available for the next six months.To increase knowledge and support around the use of the MCA and DOLS we are training 'MCA Champions'. These will be identified individuals in clinical areas who will receive more in-depth training, delivered in partnership with adult social care, and will offer advice and support to their clinical area.	This will ensure patients' rights are safeguarded in accordance with the respective legislation.This will be evidenced via clinical audit.Monthly audits of detention documentation and processes are in place.		30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Wards for older people with mental health problems	Effective	Must Do	The provider must ensure all relevant staff have received appropriate training in the Mental Capacity Act and the Mental Health Act. Staff must receive clinical and managerial supervision at the necessary frequency and in accordance with trust targets.	We are also producing a practical guide to the use of the MCA and DOLS in clinical areas. This will assist staff in identifying when someone may be deprived of their liberty and how to authorise this, assessments of capacity, consultation and best interest decisions.			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Wards for older people with mental health problems	Effective	Must Do	The provider must ensure all relevant staff have received appropriate training in the Mental Capacity Act and the Mental Health Act. Staff must receive clinical and managerial supervision at the necessary frequency and in accordance with trust targets.	The legislation department will continue to provide support and advice around all matters relating to MCA/DOLS, including attending best interest meetings and supporting assessment of capacity.			30/06/17	Susan Tyler/Lynn Parkinson
Leeds	Wards for older people with mental health problems	Effective	Should Do	The provider should ensure that all staff supporting and interacting with patients have opportunity to acquire training in the mental and physical health conditions of the patients they support.	The service will conduct a training needs analysis in relation to the Mental and Physical Health needs of patients.	Results of training needs analysis		31/03/17	Alison Kenyon
Leeds	Wards for older people with mental health problems	Effective	Should Do	The provider should ensure that all staff supporting and interacting with patients have opportunity to acquire training in the mental and physical health conditions of the patients they support.	Develop a training plan with LTHT	Timetable of physical health training		31/03/17	Alison Kenyon





Directorate	Report/Service	Domain	Category	Findings	Action	How action will address the issue raised- evidence provided	Governance Committee	Due Date	Director/AD/CD
Trust	Leeds and York Partnership NHS Foundation Trust Provider report	Well led	Must Do	The provider must ensure that the governance systems are established to assess, monitor, and improve the quality and safety of the service, and manage risk, operate effectively and are embedded in the service.		Creating a timely, responsive and well governed review process, fully supported by clinical groups will ensure timely reporting, , notification, investigation, review and improvement to clinical and non-clinical services in line with national timescales overseen and scrutinised by Clinical Commissioning Groups and part of Care Quality Commission inspection processes.		30/04/2017	Anthony Deery