

Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	TAF
Our reference	INS1-859499139
Location name	St Pancras Hospital
Provider name	Camden and Islington NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: <i>People were not being protected against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to identify, assess and manage risks to people. Although numerous ligature risks had been identified on all inpatient acute wards, staff were not able to articulate how they were being managed or mitigated on a day to day basis.</i> <i>This was a breach of Regulation 10(1)(a)(b)</i>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

1. The Trust Board has approved a substantial capital bid to fund an extensive ligature reduction programme across all in-patient services.
2. The programme of work, which is already underway, will include mitigation of the highest risks identified by the specialist surveyor and additional ligature risks identified by the comprehensive six monthly review of these assessments. The programme of work includes:
 - Building Contractor appointed
 - Programme Manager and Clinical Lead in place
 - Clear schedule of building works agreed to remove ligature points across all in-patient areas based on the ligature risk assessments
 - Comprehensive ward by ward review of the ligature risk assessments, including a clear mitigation plan undertaken
 - Programme management arrangements in place to ensure a cohesive and co-ordinated approach to the management of the building works and the clinical environment

<ul style="list-style-type: none"> Clearly agreed and articulated roles and responsibilities; timeframe and monitoring arrangements “Train the trainer” ligature risk assessment training for all ward managers and appropriate senior managers, which incorporates a clinical category based on the National Clinical Guidance – 28th August 2014. This will be cascaded to all ward staff. Communication plan in place Ligature Risk Policy to be reviewed <p>3. Revision and re-launch of the Ligature Risk Policy is underway to raise the profile of ligature risks and ensure that staff at all levels:-</p> <ul style="list-style-type: none"> Are clear about their individual roles and responsibilities for clinical risk assessment and risk management Recognise the link between the environmental risks and the clinical risk profile of patients in their care Ward managers are clear about their responsibility and work collaboratively with service users to regularly review and revise the ligature risk assessment and the risk mitigation plan for their area <p>4. Adopt and train staff in the use of the Greater Manchester assessment tool for ligature risks.</p>	
Who is responsible for the action?	Director of Finance and Director of Nursing and People
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	
<ul style="list-style-type: none"> There is a detailed project plan in place with very clear deliverables and named individuals who are accountable for delivering within agreed deadlines Programme management arrangements are in place to ensure that the plan is delivered within the agreed timeframe and that the benefits are realised. The six monthly ward by ward review of ligature risks will identify any changes and the mitigating actions to be taken The Ligature Risk Policy is being reviewed to ensure that the improvements are embedded in clinical practice and that there are clear responsibilities and accountabilities The Quality Committee of the Trust Board, through the Quality Review Group, will monitor the delivery of the programme The six monthly ward by ward reviews will be audited and the results reported through to the Audit and Risk Committee All policies will include monitoring and auditing measures to ensure that they are adhered to and that they are implemented consistently across all services All ward managers will receive up-dated training in ligature risk assessment and mitigation/management There will be an on-going programme of training in clinical risk assessment and management to ensure that skills and competencies are continually up-dated 	
Who is responsible?	Director of Nursing of Nursing and People
What resources (if any) are needed to implement the change(s) and are these resources available?	
<ul style="list-style-type: none"> Capital funding for the building works already approved by the Trust Board in July 2014. Programme management team resourced and in place 	

- Practice Development Nurses will implement the policy to embed the improvements in clinical practice

Date actions will be completed:

Huntley Centre – March 2015

Highgate Centre – June 2015

How will people who use the service(s) be affected by you not meeting this regulation until this date?

- Comprehensive review of ligature risk assessments and identification of mitigating actions to manage the potential risks within the physical environment as part of their planned approach to individual clinical risk assessment and management for patient safety.
- Ligature risk assessment train the trainer's course will be delivered to all ward managers and other appropriate senior managers on 28th August 2014

Completed by:

(please print name(s) in full)

Position(s):

Date:

