

## 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	Regulation	
activities		
Assessment or medical	Regulation 10 HSCA 2008 (Regulated Activities) Regulations	
treatment for persons	2010	
detained under the Mental	Assessing and monitoring the quality of service	
Health Act 1983	How the regulation was not being met:	
Diagnostic and screening	The provider did not have an effectively operating system to share	
procedures	learning from incidents in order to make changes to people's care	
Treatment of disease,	in order to reduce the potential for harm to service users.	
disorder or injury		
	This was in breach of Regulation 10(2)(c)	
Please describe clearly the action you are going to take to meet the regulation and what		
you intend to achieve		
1. We will build on the existing, well established systems for sharing the learning from serious		
untoward incidents by:-		
<ul> <li>Including SUIs in ward manager supervision groups to provide mutual support in reflective learning and discoming to learning to staff.</li> </ul>		
reflective learning and disseminate learning to staff		
<ul> <li>Introduce workshops for clinicians as a core part of all level 2 investigations where their input and reflective feedback is a priority.</li> </ul>		
their input and reflective feedback is a priority		
Pilot AAR to provide immediate reflection in a no blame way		
Continue to issue patient safety alerts to ensure that key learning is shared quickly		
and widely across all services		
2. Revised job description for clinical directors will include overseeing complaints and incidents		
<ul><li>and take on a leadership role in "closing the loop" when learning from incidents</li><li>3. Review of the existing procedure for the investigation and reporting of serious incidents to</li></ul>		
incorporate above actions and strengthen the focus on service improvements		
4. Training for staff to ensure that the procedures are embedded		
5. Share the learning from serious incidents with service users and communities through the		
Service Users' Council		
6. Incorporate into the Recovery College Programme		
	practice Trusts to continually improve learning	

Who is responsible for the action?	Medical Director 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> <li>One element of the Quality Assurance Framework includes an annual programme of quality assurance reviews – auditing of the actions taken to address the learning will be included within this programme of work and reported to the Quality Review Group</li> <li>Benchmarking will be developed and included within the Trust's performance reports</li> <li>The procedure for the reporting and review of serious incidents will be revised and will incorporate monitoring and audit measures to ensure that the procedure is adhered to and consistently implemented</li> <li>Implementation of the service improvement plans developed in response to serious incidents will be monitored by the Quality Review Group</li> <li>The Trust will seek feedback from the Service Users' Council to inform service improvement plans</li> <li>The Quality Committee of the Board, through the Quality Review Group, will monitor the implementation of the action plan</li> </ul>				
Who is responsible?	Director of Nursing and People			
What resources (if any) are needed to implement the change(s) and are these resources available?				
There is an established and resourced Risk and Quality Team within the Trust who will implement the changes				
Date actions will be completed:	End November 2014			

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Completed by:	
(please print name(s) in full)	
Position(s):	
Date:	