

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: <i>The trust had not taken proper steps to ensure that each person using the service was protected against the risks of receiving care or treatment that was inappropriate or unsafe. Some people using inpatient acute services experienced several moves between wards for non-clinical reasons during one admission. Of these, some people were transferred during the night and/or went to wards where they did not know, or were not known by the multidisciplinary team. There were informal agreements rather than a clear protocol in place to manage transfers between wards safely and ensure continuity of care and treatment.</i> <i>This was a breach of regulation 9(1)(b)(i)(ii).</i>

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

1. Continue to take a system wide approach to improving the effectiveness of all services, as one way to help reduce the pressure on the acute care pathway;
2. Deep dive review of the acute care pathway taking a whole systems approach to identify where the pressures are and establish the patient profile
3. A case-note review of all in-patients undertaken by the Medical Director will be used to probe and challenge practice to ensure that the acute beds are used more effectively;
4. Enhance the acute care pathways:-
 - Continued review by bed management team;
 - Band 6 nurse out of hours at the St Pancras site;
 - Increasing consultant time in the crisis pathway;
 - Urgent recruitment to vacant consultant posts;
 - Implement revised model of consultant input on the PICU;
 - Working Group to look at delivery of 7 day working for consultants.

5. Establish a Working Group, with stakeholder representation, to review capacity and demand and report on findings
6. Formalise and strengthen the informal agreements into a clear protocol jointly developed with service users on the management of transfers between wards and bed management to ensure that:
 - Transfers of patient between wards does not take place after 11pm or before 7am
 - Patients should normally be transferred for clinical reasons only
 - Where exceptionally, patients have to be moved for non-clinical reasons this is limited to two moves in any one period of admission
 - Wherever possible patients should be known to the multi-disciplinary team on the ward to which they are transferring
 - There is a clinician to clinician handover
 - There is a comprehensive handover of care including an up to date care plan and risk assessment/risk management plan
 - There is clear communication with the patient beforehand and they are involved in the handover
 - The patient will be introduced to their new named nurse prior to the move
 - Carers' are informed within two hours of the move
7. Benchmark against best practice Trusts

Who is responsible for the action?	Chief Operating Officer
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**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?**

- Develop and improve quality and quantity of data capture to provide robust information to support continual review of the pressure on beds
- Benchmark data to be included in performance reports and used to inform service improvements
- Implement a programme of practice development sessions across all in-patient areas to embed the protocol and improve clinical practice
- Bed movement audit already in place to gather data from which to monitor implementation of the transfer protocol and improvements in practice
- Utilise the findings from the deep-dive review of the acute care pathway and the review on capacity and demand to inform strategic discussions with our commissioners
- The Quality Committee, through the Quality Review Group, will monitor the implementation of the action plan to deliver the improvements and the on-going review of bed pressures and bed availability

Who is responsible?	Chief Operating Officer
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What resources (if any) are needed to implement the change(s) and are these resources available?

Resources required to develop and improve quality and quantity of data capture and reporting
Resources already available through practice development nurses

Date actions will be completed:	March 2015
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How will people who use the service(s) be affected by you not meeting this regulation

until this date?

Informal agreements will continue and bed movements will continue to be monitored to minimise transfers between wards and avoid non-clinical transfers wherever possible.

Completed by:

(please print name(s) in full)

Position(s):**Date:**

