

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 How the regulation was not being met: <i>The Trust did not have a clear action plan on the Psychiatric Intensive Care Unit showing when targets were completed or expected to be completed. Staff we spoke to on the ward were also not clear about progress with meeting targets. As this ward is undergoing such significant changes which could impact on patient safety and care clarity would be expected.</i> <i>This was in breach of Regulation 10(2)(c)</i>

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

- Associate Divisional Director for Acute Services is leading the Rapid Improvement Programme and has:
 - established a Steering Group to project manage the action plan
 - worked with the staff on the ward to review and revise the action plan
 - appointed a substantive ward manager in post to provide leadership
 - reviewed the operational model
 - undertaken a full competency assessment of all staff
 - introduced training to meet assessed needs
 A revised action plan is in place with clear targets and timelines for completion
- Consider staff rotation system to create interest and movement
- Implement revised model of consultant input on PICU to improve clinical leadership and consistency of care
- In line with the quality assurance framework, delivery of the Rapid Improvement Plan is being monitored by the Quality Review Group
- Implement NAPICU standards

6. Consider potential to develop a centre of excellence with a focus on accreditation, benchmarking and research.
7. Continue to work with Oxleas and other Trusts to benchmark against best practice
8. Establish links with Bournemouth University and Higher Education England
9. Work with service users and carers to learn from their experience

Who is responsible for the action?

Associate Divisional Director for Acute Services

**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?**

- Delivery of the improvement plan covers all aspects of patient care on the ward, including:
 - General Standards
 - Timely & Purposeful Admission
 - Safety
 - Environment & Facilities
 - Therapies & Activities

This is a whole system review which will ensure that improvements are embedded and sustainable

- Benchmark data will be included within the Trust's performance reports
- One element of the Quality Assurance Framework includes an annual programme of quality assurance reviews – auditing of the actions taken and improvements embedded will be included within this programme of work
- The Quality Committee, through the Quality Review Group, will monitor the implementation of this action plan to deliver the improvements

Who is responsible?

Chief Operating Officer

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 audit the actions taken and improvements made

The Steering Group is providing project management from within existing resources

There will be resource implications for the training packages identified and accreditation application

Date actions will be completed:

March 2015

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

There is a Rapid Improvement Team in place to manage and mitigate any risks during the turnaround period, however, the majority of the actions to address the issues that initiated the rapid improvement plan have now been implemented and the benefits are being realised. The further actions identified will build on good practice

Completed by:

(please print name(s) in full)

Position(s):

Date:

