

YORK CARE GROUP ACTION PLAN

Actions at 21 May 2015

Report	Page ref	Category	Importance	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update
Provider level report	18 & 46	Compliance action	High	The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham hospital and Yorkshire centre for psychological medicine	Bootham	P1d	Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P1e					Ward 6 will then be modified so that it is safe to accept patients.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1f					Patient from Ward 1 (Female Acute) will transfer on a temporary basis to the modified Ward 6 .	Dawn Hanwell	Mark Powell	David Furness	31-Aug-15	On target	NOT YET DUE		
	P1g					Ward 1 will then be modified so that it is safe to accept patients. Work will be completed by September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1h					Patients from Ward 6 will return to the modified Ward 1.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
	P1i					Patients from Ward 2 (Male Acute) will then transfer to the modified Ward 6 in September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	On target	NOT YET DUE		
Provider level report	19	Must do	High	At Peppermill Court, Worsley Court, Meadowfields and ward 6 at Bootham Park hospital the provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of patients.	Peppermill Court Meadowfields Worsley Court Bootham wrd 6	P2a	Additional medical input in place	Jill Copeland	Wendy Quinn	Neil McAdam	-	complete	Complete	Confirmed as complete by Lynn Parkinson and in Responsive Action Plan. Completed - Deputy COO confirmed required actions have been done
	P2b					Carry out a review regarding further medical input needed and sign off the recommendations.	Jill Copeland	Wendy Quinn	Neil McAdam	23-Jan-15	complete	Complete		
Provider level report	19 & 47	Compliance action	High	The provider must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice at Meadowfields, Worsley Court, ward 6 at Bootham Park hospital and Acomb Garth.	Bootham wrd 6 Meadowfields Worsley Court Acomb Garth	P3a	Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees i	Dawn Hanwell	Mark Powell	David Furness Wendy Quinn	30-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC Covers O4 Action covers items P11b. Advised as completed by Dawn Hanwell meeting 7/5/15. Andrew Jackson Advised as complete by Dawn Hanwell - meeting 7/5/15. Andrew Jackson. Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P3b					Now single sex units	-	-	-	-	complete	Complete		
	P3c					Regarding the building works: scope and design	Develop	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	
	P3d					Detailed design		Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	
	P3e					Tender work package		Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	
	P3f					Appoint & Contract		Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE	
	P3g					Complete work		Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE	
Provider level report	19	Must do	High	At Worsley Court the trust must ensure that there no delays to the administration of patients medication.	Worsley Court	P4a	Immediate action taken in terms of ensuring there are no delays in administering medication	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid Richard Mellor	-	complete	Complete	
	P4b					Longer term action is being developed regarding ensuring evidence of review.	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid Richard Mellor	15-Mar-15	complete	Complete		
Provider level report	19	Must do (Compliance at service level)	High	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Bootham Wd 2	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15	Partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15 Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
	P10b					Establish trust wide group around issues concerning consent and wider MH legislation.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete		
	P10c					The Mental Health Legislation Committee will sign off and approve the plan referred to above.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15	partial	partial		
	P10d					Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.	Anthony Deery	Anthony Deery	-	27-Jan-15	complete	Complete		
Provider level report	19	Must do (Compliance at service level)	High	The provider must take action to ensure rehabilitation wards are both adequately and safely maintained.	Acomb Garth	P11a	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.	Dawn Hanwell	David Furness	Oliver Holdsworth	-		Complete	confirmed by Dawn Hanwell - meeting 7/5/15. Andrew Jackson confirmed by Dawn Hanwell - meeting 7/5/15. Andrew Jackson Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
	P11b					Regarding the building works: scope and design	Develop	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	
	P11c					Detailed design		Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	
	P11d					Tender work package		Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	
	P11e					Appoint & Contract		Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE	
	P11f					Complete work		Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE	
Provider level report	19	Must do (Compliance at service level)	High	The provider must ensure care records, at Acomb Gables, are kept up to date.	Acomb Garth	P12a	Immediate 1. Immediate review of care record documentation completed and improvements made	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	-		Complete	Confirmed as complete by the deputy COO at a meeting on 15/5/15
	P12b					Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	31-Mar-15	complete	Complete		

						P12c	A multidisciplinary task and finish group commenced to review case documentation and consider the new approach adopted in the Leeds Recovery Centre which may better support the recovery pathway in the York and North Yorkshire services	Jill Copeland	Wendy Quinn	Neil McAdam Steve Dawson	30-Jun-15						NOT YET DUE
Provider level report	19	Must do	High	The provider must ensure that adequate medical cover is available, both within and out of working hours that meets the needs of the patients across the trust.	Rehabilitation services York CUES	P19a	Responsive action plan - details immediate response	Jill Copeland	Lynn Parkinson	0	-	Complete	Complete				Reviewed in Rehab - view is that it is sufficient
						P19b	Clarify current arrangements for provision of primary care access.	Jill Copeland	Lynn Parkinson	Steve Wright Guy Brookes Barry Wright	27-Jan-15	complete	Complete				York - WQ set up meeting regarding GP AK to check on Leeds arrangements
						P19c	Formal report into CQC Essential Standards group all services	Jill Copeland	Lynn Parkinson	Alison Kenyon Andy Weir Wendy Quinn Steve Wright Guy Brookes Barry Wright	15-Mar-15	complete	Complete				Reports have been made from all care groups - confirmed by the Deputy COO on 15/5/15.
Provider level report	19-20	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.	Peppermill Court Meadowfields Worsley Court Bootham wd 6	P23a	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	-	complete	Complete				
						P23b	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley	0	-	complete	Complete				
						P23c	Commissioned an external Patient Safety consultant to undertake a wider environmental risk assessment of all inpatient wards in Leeds.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	30/04/2015	complete	Complete				Line of sight assessments are now carried out - confirmed by the Deputy COO - 15/5/15
						P23d	Scheduled a programme of environmental risk assessment training to staff.	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Wendy Quinn Andy Weir	30/04/2015	Partial	partial				The Associate Director will receive training from a trained member of staff from Leeds during week commencing 25 May 2015. The Associate Director will cascade this training to other key staff at York.
Provider level report	19-20	Should do action	Medium	At Peppermill Court the trust should ensure that there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment.	Peppermill Court	P24	Develop a system to deliver physical health monitoring and treatment	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	18-Mar-15	complete	Complete				#####
Provider level report	19-20	Should do action	Medium	At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.	Peppermill Court Worsley	P25	Ensure staff have read, understand and follow Trust procedures for recording restraint	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	18-Mar-15	complete	Complete				#####
Provider level report	19-20	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the 'Quality improvement plan for the community unit elderly services (CUES)' and provide CQC with a monthly update of the progress	Worsley Peppermill Court Meadowfields	P26	Continue with the improvement plan New QUIP will be finalised - end date for this action	Jill Copeland	Lynn Parkinson	Wendy Quinn	27-Feb-15	complete	Complete				See WQ's response. Now complete LP supplied Quip. AJ 21/4/15.
Provider level report	19-20	Should do action	Medium	The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.	CAS Bootham Rehabilitation Services	P31a	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Wendy Quinn	Adrian Ellsworth Sharron Spendelow	31-Mar-15	Complete	Complete				#####
						P31b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	31-Mar-15	Complete	Complete				Judith Barnes 2/4/15.
Provider level report	19-20	Should do action	Medium	The provider should review the provision of dedicated medical input into the services of the crisis and access service – Bootham Park Hospital, York.	CAS Bootham Park	P32	Carry out the review and identify possibility of dedicated medical input	Jill Copeland	Wendy Quinn	Adrian Ellsworth	-	complete	Complete				#####
Provider level report	19-20	Should do action	Medium	The provider should take action to ensure Millside and Acomb Garth have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care plan.	Acomb Garth	P38b	Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Wendy Quinn Neil McAdam	31-Mar-15	Partial	partial				The process and pathway has been developed and rolling out this programme will commence on 1 June 2015 and will have been completed by 30 June 2015.
Provider level report	19-20	Should do action	Medium	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas	Acomb Garth	P41b	Ensure up to date information is made available at this unit.	Jill Copeland	Wendy Quinn	Neil McAdam	27-Feb-15	done	Complete				Posters and cards were sent to these units w/c 11/5/15
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the processes for checking emergency equipment and fridge temperatures at the CAS at the Becklin Centre, Leeds.	CAS Bootham	CT4b	Set up a review audit to check compliance with policy and ensure evidence of checks is present	Jill Copeland	Lynn Parkinson	Sharron Spendelow Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	31-Mar-15	complete	Complete				#####
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the provision of dedicated medical input into all teams within the Crisis and Access Service (CAS) at Bootham Park Hospital, York.	CAS Bootham	CT5	Carry out a review of medical input into the York CAS team.	Jill Copeland	Wendy Quinn	Adrian Ellsworth	00/01/1900		Complete				see P32
Crisis Teams and Health Based Places of Safety	12	Should do action	Medium	The provider should review the local audit programmes and provide evidence of how shortfalls had been identified and learning had been implemented from audits.	CAS Bootham	CT6b	The clinical audit action plan will also be presented and discussed at the Care Group Clinical Audit Group with any cross cutting actions and lessons learned being presented and implemented at the Care Group Clinical Governance Council. All these meetings are minuted to provide the necessary evidence	Jill Copeland	Wendy Quinn	Adrian Ellsworth	30/04/2015	Partial	partial				A mechanism is now in place for this to come to governance meetings. Learning and lessons from clinical audits is on the Care Group's June Clinical Governance meeting.
Crisis Teams and Health Based Places of Safety	12	Should do		The provider should review systems for informing people how to raise concerns and		CT7a	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird	0	00/01/1900	Complete	Complete				See P33. New (ratified) procedural document. New leaflet and poster. Screen shot from website. Trust wide email about new procedure. Mel Hird 29/4/15.

	action	Medium	Informing people how to raise concerns and complaints at the CAS team at the Becklin Centre, Leeds.	CAS Bootham	CT7b	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	00/01/1900	Complete	Complete	New leaflet and poster. Copy of letter to all service managers with instructions on how to display. Copy of customer-facing process summary. Mel Hird. 29/4/15.
Community based mental health services for adults of Working Age	Area for improvement	Medium	The trust should ensure that staff receive mandatory training and appraisals as per trust policy.	Community services	C4a	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Susan Tyler	Andy Weir Alison Kenyon Wendy Quinn	David Gaunt	30-Jun-15		NOT YET DUE	
C4b					Appraisals: Staff will receive communication material clarifying key issues regarding appraisals from February 2015. This will cover how appraisals are reported and why carrying out appraisals are important.	Susan Tyler	Maria Warner	David Gaunt	28-Feb-15	Complete	Complete	Confirmed as complete and as linked items at the CQC FS Group 24/3/15	
C4c					Appraisals: Aa poster campaign will run signposting staff to resources available to support appraisal, this will include guidance & training.	Susan Tyler	Maria Warner	David Gaunt	31-Mar-15	Complete	Complete	Confirmed as complete and as linked items at the CQC FS Group 24/3/15	
Wards for older people with mental health problems	Must do	High	At Peppermill Court, Worsley Court, Meadowfields and Ward 6 Bootham Park hospital the trust must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of the patients.	Worsley Peppermill Court Meadowfields Bootham wd 6	O3	Review staffing and increase to meet standard complement required	Jill Copeland	Lynn Parkinson	Wendy Quinn Steve Wright	30-Apr-15	complete	Complete	
Wards for older people with mental health problems	Must do	High	The trust must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice (Chapter 16.9), at Meadowfields, Worsley Court and ward 6 Bootham Park Hospital.	Worsley Meadowfields Bootham wd 6	O4a	Now single sex units	Dawn Hanwell	Mark Powell	David Furness	-	complete	Complete	
O4b					Now single sex units	Dawn Hanwell	Mark Powell	Wendy Quinn David Furness	-	complete	Complete		
O4c					Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees i	Dawn Hanwell	Mark Powell	David Furness Wendy Quinn	30-Jun-15		NOT YET DUE		
Wards for older people with mental health problems	Compliance action	High	At Worsley Court the trust must ensure that there no delays to the administration of patients medication.	Worsley	O5a	A review of patient medications by the medical, nursing and pharmacy staff.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete	see P4
O5b					A review of the administration times taking into account clinical need and the personal preferences of patients, particularly around the time they get up.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete		
O5c					Medicine rounds are now required to be completed within the two hour administration period as indicated in the Trust's Medicines Code.	Jill Copeland	Wendy Quinn	Claire MacDiarmid	0	complete	Complete		
O5d					The development of a Medicines Competency framework for Health Support Workers to assist the Registered Nurse with administration of dietetic drinks. Peppermill Court will trial this work initially with Band 3 HCA's with a proposed start date of 1.4.15.	Anthony Deery	0	0	01-Apr-15	complete	Complete	Certified complete by AD - AJ 21/4/15.	
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court the trust should ensure there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment	Peppermill Court	O6	Develop a system to deliver physical health monitoring and treatment	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-Mar-15	complete	Complete	#####
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.	Peppermill Court Worsley	O7	Ensure staff have read, understand and follow Trust procedures for recording restraint	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-May		Complete	See P25. Date updated by Clare MacDiarmid
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the Quality improvement plan for the Community unit elderly services (CUES) and provide CQC with a monthly update of the progress	Worsley Peppermill Court Meadowfields	O8	Continue with the improvement plan	Jill Copeland	Lynn Parkinson	Steve Wright Wendy Quinn	16-Apr-15	partial	Complete	The QUIP is on the next Quality Committee agenda - there needs to be a discussion about the extent it features in future meetings.
Wards for older people with mental health problems	Should do action	Medium	At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety	Worsley Peppermill Court Meadowfields Bootham wd 6	O9	Set up a system of environmental reviews and improve line of sight on these units	Jill Copeland	Wendy Quinn	Neil McAdam Claire MacDiarmid	31-May-15		NOT YET DUE	see P22. The work currently being carried out by Wendy Beresford will be extended into York services and this issue will be a part of the specified work. Updated by Wendy Quinn.
Long stay/rehabilitation mental health wards for working age adults	Compliance Action	High	The provider must take action to ensure premises are both adequately and safely maintained. Acomb Garth is in need of maintenance, there was plaster falling off the walls and it was in need of refurbishment.	Acomb Garth	R1a	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.	Dawn Hanwell	David Furness	Oliver Holdsworth	-	complete	Complete	In response to the findings an environmental risk assessment was undertaken and immediate actions were taken to mitigate any obvious risks.
R1b					Regarding the building works: Develop scope and design	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	Complete	Advised as complete by Dawn Hanwell meeting 7/5/15. Andrew Jackson.	
R1c					Detailed design	Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	Complete	Advised as complete by Dawn Hanwell meeting 7/5/15. Andrew Jackson.	
R1d					Tender work package	Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	On target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC	
R1e					Appoint & Contract	Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	On target	NOT YET DUE		
R1f					Complete work	Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	On target	NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	Must do	High	The provider must ensure that the requirements relating to separate facilities for men and women, according to paragraph 16.9 of the Mental Health Act Code of Practice, and	Acomb Garth	R3a	Develop an action plan to ensure Acomb Garth becomes compliant with this aspect of the code of practice. Regarding the building works: Develop scope and design	Dawn Hanwell	Dawn Hanwell	Mark Powell	25-Mar-15	complete	complete	

			of the mental health services of recovery and national guidance regarding the provision of same sex accommodation, are adhered to.		R3b Detailed design	Dawn Hanwell	Dawn Hanwell	Mark Powell	30-Apr-15	complete	complete		
					R3c Tender work package	Dawn Hanwell	Dawn Hanwell	Mark Powell	05-Jun-15	on target	NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC	
					R3d Appoint & Contract	Dawn Hanwell	Dawn Hanwell	Mark Powell	19-Jun-15	on target	NOT YET DUE		
					R3e Complete work	Dawn Hanwell	Dawn Hanwell	Mark Powell	24-Aug-15	on target	NOT YET DUE		
Long stay/rehabilitation mental health wards for working age adults	10	Compliance Action		Acomb Garth	R4a Immediate review of care record documentation completed and improvements made – complete.	Jill Copeland	Wendy Quinn	Neil McAdam	-	Complete	Complete		see P12
			The provider must ensure care records, at Acomb Gables, are kept up to date - we reviewed and saw evidence of the care documentation not being maintained. In some files "my recovery pathway" and "recovery star" was blank. We could not see evidence of patients' physical health needs being managed within the care plan documentation.	Acomb Garth	R4b Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist. To be completed by the end of March 2015.	Jill Copeland	Wendy Quinn	Neil McAdam	31/03/2015		Complete	Advised as complete by Lynn Parkinson – meeting with AJ 15/5/15	
				Acomb Garth	R4c A multidisciplinary task and finish group commenced to review case documentation and consider the new approach adopted in the Leeds Recovery Centre which may better support the recovery pathway in the York and North Yorkshire services. To be completed by the end of June 2015.	Jill Copeland	Wendy Quinn	Neil McAdam	30/06/2015		00/01/1900	NOT YET DUE	
Long stay/rehabilitation mental health wards for working age adults	10	Should do action	The provider should take action to ensure Millside and Acomb Garth have a system in place to support that the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file.	Acomb Garth	R6 Develop a system or apply a pre-existing system from another unit. Remind staff that care documents need to include evidence and outcomes of physical health monitoring at admission and continually during a service user's stay in the service.	Jill Copeland	Lynn Parkinson	Judith Barnes, Steve Dawson	30-Apr-15		complete	Complete	#####
Long stay/rehabilitation mental health wards for working age adults	10	Should do action	The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards.	Acomb Garth	R7 Ensure up to date information is made available at these units.	Jill Copeland	Lynn Parkinson	Wendy Quinn Neil McAdam Alison Kenyon Judith Barnes	30-Apr-15		partial	Complete	Posters and cards were sent to these units w/c 11/5/15
Acute admission wards and psychiatric intensive care units	10	Compliance Action	The trust must ensure their facilities and premises are appropriate for the services being delivered.	Bootham Park	A1 a Ward 6 (Elderly Assessment Unit) will relocate to Cherry Trees i	Dawn Hanwell	Mark Powell	David Furness	30-Jun-15	on target		NOT YET DUE	Update received on 15 May from NHS Property Services reporting that programme of works on track to complete within timescale notified to CQC
				Bootham Park	A1 b Ward 6 will then be modified so that it is safe to accept patients.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1c Patient from Ward 1 (Female Acute) will transfer on a temporary basis to the modified Ward 6 . Ward 1 will then be modified so that it is safe to accept patients. Work will be completed by September 2015.	Dawn Hanwell	Mark Powell	David Furness	31-Aug-15	on target		NOT YET DUE	
				Bootham Park	A1d Patients from Ward 6 will return to the modified Ward 1.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1e Patients from Ward 2 (Male Acute) will then transfer to the modified Ward 6 in September 2015.	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	
				Bootham Park	A1f	Dawn Hanwell	Mark Powell	David Furness	30-Sep-15	on target		NOT YET DUE	

Specialist & Learning Disability Services - York				Actions as at 21 May 2015										
Report	Page ref	Category	Importance	Recommendation	Location and or service	Action ref	Agreed Action	Responsible Director	Responsible Manager/s	Action supported by	Due Date	Latest Progress update	STATUS	Update
Provider level report	19	Must do	High	The provider must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity 'Assessment and Treatment under the Mental Health Act', including ensuring staff have access to up-to date trust information and policies.	Field View	P5	Review nursing establishment - now a qualified nurse on duty from Nov 2014	Jill Copeland	Andy Weir	Beverley Hunter	-	complete	Complete	Certified complete in responsive action plan November 2014
Provider level report	19			Must do (Compliance at service level)		High	The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.	Forensic Services	P10a	The Deputy Chief Operating Officer will devise a standardised approach regarding review data, implementation and ensure working.	Anthony Deery	Lynn Parkinson	Alison Kenyon Wendy Quinn	16-Mar-15
		P10b	Establish trust wide group around issues concerning consent and wider MH legislation.		Anthony Deery				Lynn Parkinson	Alison Kenyon Wendy Quinn	28-Feb-15	complete	Complete	
		P10c	The Mental Health Legislation Committee will sign off and approve the plan referred to above.		Anthony Deery				Lynn Parkinson	Alison Kenyon Wendy Quinn	21-Mar-15	partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
		P10d	Immediate reminder to be drafted and sent to all relevant regarding this and other issues raised by the CQC reports.		Anthony Deery				Anthony Deery	-	27-Jan-15	complete	Complete	
Provider level report	19 & P46	Compliance action	High	The provider must take action to ensure children and young people who require inpatient care are cared for in an appropriate environment	Lime Trees	P14a	The inpatient services at Lime trees has moved to a new location, Mill Lodge.	Dawn Hanwell	Mark Powell	Andy Weir David Furness	15-Dec-14		Complete	Need to complete residual risk work at Mill Lodge- David Furness and Andy Weir responsible for informing when this is done
						P14b	There are some items of residual work connected to the move. These are scheduled with the contractor and are set to be completed - These items of work are being risk managed until all residual works are completed	Dawn Hanwell	Mark Powell	Andy Weir David Furness	31-May-15		NOT YET DUE	
Provider level report	19	Must do (Compliance at service level)	High	The provider must take action to ensure that all medication charts, observation records and records of Gillick competency and mental capacity assessments are always fully documented.	Lime Trees	P18a	Immediate review of care record documentation completed and improvements made	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	
						P18b	Immediate review of care record documentation completed and improvements made - complete.	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	
						P18c	Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Andy Weir	Carol Redmond	31-Mar-15	Complete	Complete	Significant progress has been made, we will continue to monitor and review at the end of May 2015. Carol Redmond.
						P18d	The Unit will link into the multidisciplinary task and finish group in York to review case documentation and consider the new approach.	Jill Copeland	Andy Weir	Carol Redmond	30-Jun-15		NOT YET DUE	
						P18e	Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill Walton	24-Apr-15	superseded	superseded	P18e is superseded with P18e1.

					P18e1	Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill Walton	31-May-15	complete	Complete		
					P18f	Ensure Gillick Competency is part of the induction of staff to the children and young people's service	Jill Copeland	Andy Weir	Carol Redmond	30-Jan-15	superseded	superseded	This action has been superseded by P18f2 as the date changed from 30th Jan '15 to 30th Apr '15. Instructed by AJ 8th Apr '15.	
					P18f2	CAMHS have reviewed induction and made refinements to include competency and capacity assessment instructions.	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15	complete	complete	Confirmed as complete by the Deputy COO -15/5/15	
Provider level report	19-20	Should do action	Medium	The provider should address identified environmental issues including within the seclusion rooms and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.	Clifton site regarding seclusion	P28a	Agree with Estates and NHS P - how we assess and manage identified issues relating to seclusion rooms. Monitor o/s works re forensic governance process	Dawn Hanwell	David Furness		27-Feb-15	partial	partial	Clarification regarding the scope of this work is being sought. AW to comment?
					Riverfields regarding patient dignity	P28b	Assessment and develop a plan regarding mitigating this	Dawn Hanwell	David Furness		30-Apr-15	partial	partial	Work is on going to identify the most effective window screening to manage the issue of dignity.
Provider level report	19-20	Should do action	Medium	The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that: o staff are aware patient mail can only be withheld in very limited circumstances; o there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;	Forensic Service wide	P30a	Formally remind staff -	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	Mail completed
						P30b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton	00-Jan-00	Complete	Complete	Andy Weir has considered this and believes that the scheduled MH legislation training will meet the needs of staff
						P30c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15	Partial	partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
Provider level report	19-20	Should do action	Medium	The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located on Lime Trees	Lime Trees	P34	Ensure this is covered in local induction for all staff including temporary. This will apply when staff start work in unit and evidence they understand where resuscitation equipment is stored will be obtained.	Jill Copeland	Andy Weir	Carol Redmond	27-Feb-15	complete	complete	Confirmed by the Associate Director to the Deputy COO - 15/5/15
Provider level report	19-20	Should do action	Medium	The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms on Lime Trees.	Lime Trees	P35	New unit has fitted bedroom furniture and hence no free standing wardrobes - done.	Jill Copeland	Andy Weir	Carol Redmond	-	complete	Complete	completed with move
Provider level report	19-20	Should do action	Medium	The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner at Lime Trees	Lime Trees	P36	Set up a system whereby the MH Act team review. GW to visit Mill Lodge and remind.	Anthony Deery	Melanie Hird	Gill Walton	14-Apr-15	complete	Complete	#####
Provider level report	19-20	Should do action	Medium	The provider should review the information technology requirements of the NDCAMH service; this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.	National Deaf CAMHS service	P42	Evaluate current technology and discuss with staff any improvements that may be required. Develop a specification for additional or improved technology.	Dawn Hanwell	Heather Cook	Tim Richardson	30-Jun-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	12					CA1a	The inpatient services at Lime trees has moved to a new location, Mill Lodge.	Dawn Hanwell	Mark Powell	Andy Weir David Furness	15-Dec-14	complete	Complete	Mill lodge operational 15/12/14

		Must do	High	The provider must take action to ensure children and young people who required inpatient care are cared for in an appropriate environment	Lime Trees	CA1b	There are some items of residual work connected to the move. These are scheduled with the contractor and are set to be completed . These items of work are being risk managed until all residual works are completed	Dawn Hanwell	Mark Powell	Andy Weir David Furness	31-May-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	12 & 30	Compliance action	High	The provider must take action to ensure that all staff receive their mandatory training	Lime Trees	CA2	Compulsory Training The Associate Directors have given a clear undertaking to meet this revised deadline to have at least 90% of their staff compliant with compulsory training targets	Jill Copeland	Andy Weir	Carol Redmond Maria Warner David Gaunt	30/06/2015		NOT YET DUE	
Child and adolescent mental health services - inpatient	12	Must do	High	The provider must take steps to ensure all appropriate staff receive training in relation to the Mental Capacity Act and Mental Health Act	Lime Trees	CA3a	Mental health legislation training will be included in the induction for staff joining the Trust if their role demands it.	Anthony Deery	Melanie Hird	Susan Tyler David Gaunt Gill Walton	01-Aug-15		NOT YET DUE	
	CA3b					The draft training programme and proposed monitoring arrangements will be submitted to the Executive Team by 10 March 2015 by the Director of Nursing	Anthony Deery	Melanie Hird	0	10-Mar-15	complete	complete	ET agreed that they did not need to see this proposal as long as the medical Director and CDs were content and the proposal was signed off by the MHL Committee.	
	CA3c					The agreed training programme and monitoring arrangements will be ratified by the Mental Health Legislation Committee in March 2015	Anthony Deery	Melanie Hird	0	31-Mar-15	complete	Complete	#####	
	CA3d					The anticipated trajectory to achieve 90% training across the Trust 30 June 2015	Anthony Deery	Melanie Hird	David Gaunt	30-Jun-15		NOT YET DUE		
Child and adolescent mental health services - inpatient	12 & 30	Compliance action	High	The provider must take action to ensure that all records, including medication charts, observation records and records of Gillick competency and mental capacity assessments which are carried out, are always completed and fully documented	Lime Trees	CA4a	Immediate review of care record documentation completed and improvements made	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	See P17. Confirmed by Andy Weir.
	CA4b					Immediate review of care record documentation completed and improvements made – complete.	Jill Copeland	Andy Weir	Carol Redmond	00-Jan-00	complete	Complete	confirmed by Andy Weir.	
	CA4c					Weekly care record documentation checklist developed (adapted from Bootham Park Hospital inpatient ward checklist). To be carried out by a Band 6 Nurse and reported to, and reviewed by the Matron and Assistant Director of Nursing. Frequency to be reviewed at the end of one month's completed checklist.	Jill Copeland	Andy Weir	Carol Redmond	31-Mar-15	complete	Complete	These weekly audits have been taking place and the band 6 assistant ward managers have been reporting on them to the ward manager and I. Updated by Carol Redmond in an e-mail to AJ 1/4/15	
	CA4d					The Unit will link into the multidisciplinary task and finish group in York to review case documentation and consider the new approach.	Jill Copeland	Andy Weir	Carol Redmond	30-Jun-15		NOT YET DUE		
	CA4e					Gillick Competency to be a bespoke component of Mental Capacity Act training for staff in the child and adolescent service.	Anthony Deery	Melanie Hird	Gill walton	31-May-15	complete	Complete	Confirmed as complete with evidence supplied by the Head of Clinical Governance	
	CA4f					CAMHS have reviewed induction and made refinements to include competency and capacity assessment instructions	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15	complete	Complete	Certified complete by the Deputy COO on 15/5/15	

Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located	Lime Trees	CA5	Management will create a notice regarding the location of all medical equipment and also include this issue in local inductions for all staff including bank and agency.	Jill Copeland	Andy Weir	Carol Redmond	30-Apr-15		NOT YET DUE	
Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms	Lime Trees	CA6	New unit has fitted bedroom furniture and hence no free standing wardrobes - done.	Jill Copeland	Andy Weir	Carol Redmond		complete	Complete	completed but see p34
Child and adolescent mental health services - inpatient	13	Should do action	Medium	The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner	Lime Trees	CA7	Set up a system whereby the MH Act team review	Anthony Deery	Gill Walton		14-Apr-15		NOT YET DUE	#####
Forensic/secure services	38	Compliance action	High	The systems for identifying, handling and responding to complaints made by service users were not effective.	Forensics Service wide	F1a	A review of the Trust's Complaints policy and procedure including o Improved investigator allocation process o Named contacts o Severity assessments o Tailored complaint resolution timelines o New 'locally managed' process	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1b	A review of written materials (leaflets, posters) and information that will be made available on the Trust website.	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1c	Information on how to complain to be displayed in all ward/public access areas. The Trust's Communications team will ensure teams receive any updates to information to be displayed.	Anthony Deery	Melanie Hird	Oliver Tipper	00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1d	Ensure information on how to provide feedback is easily accessible in patient and public accessible areas and on the Trust website.	Anthony Deery	Melanie Hird	Oliver Tipper	00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1e	Review the content of internal training and work with Leeds Independent Health Complaints Advocacy Service to offer training for complaints investigators	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1f	Allocation of additional resource to the central Complaints team. This will provide; o senior support to deliver complaints training and embed the new policy and procedure to provide an enhanced response to complainants. o additional business support and performance management functions	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ
						F1g	Review the Trust's telephone feedback process to increase participation in Customer Satisfaction Questionnaires (to promote learning from complainant experiences	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ

					F1h	<ul style="list-style-type: none"> Improve recording and reporting of complaints and outcomes: <ul style="list-style-type: none"> Implement the new Datix Web system for recording and monitoring complaints. Improve reporting to facilitate better thematic analysis 	Anthony Deery	Melanie Hird		00 Jan 00	complete	Complete	Per Anthony Deery in meeting 19/3/15 with AJ	
Forensic/secure services	⁹	Must do	High	The trust must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity 'Assessment and Treatment under the Mental Health Act', including ensuring staff have access to up-to date trust information and policies.	Field View	F2	Ensure a qualified member of staff is on duty and staff have access to current Trust policies and procedures. Explore registration issues with the Ministry of Justice.	Jill Copeland	Andy Weir	Beverley Hunter		complete	Complete	
Forensic/secure services	⁹	Should do action	Medium	The trust should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).	Service wide	F3	Ensure local and care group governance meetings consider this issue. Set up a monitoring system as recommended by CQC and report into governance meetings.	Jill Copeland	Andy Weir	Beverley Hunter	30-Apr-15	complete	Complete	Confirmed by the Associate Director to the Deputy COO - 15/5/15
Forensic/secure services	⁹	Should do action	Medium	The trust should address identified environmental issues including within the seclusion rooms, continue to address the identified ligature risks across low secure services and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.	Clifton site regarding seclusion	F4a	Agree with Estates and NHS P - how we assess and manage identified issues relating to seclusion rooms.	Dawn Hanwell	David Furness		27-Feb-15	partial	Partial	Work is on going to identify the most effective window screening to manage the issue of dignity.
					Service wide regarding ligature risks	F4b	Completed a ligature risk assessment of all inpatient wards across the Trust	Jill Copeland	Lynn Parkinson	Anthony Deery Alison Kenyon Andy Weir Wendy Quinn	30-Apr-15	Partial	Partial	Requires confirmation from AW
					Riverfields regarding patient dignity	F4c	Produced a revised Ligature Risk Assessment Procedure.	Anthony Deery	Salli Midgeley		-	complete	Complete	
Forensic/secure services	⁹	Should do action	Medium	The trust should ensure that clinicians and staff adhere to the MHA and MHA Code of Practice to ensure that: <ul style="list-style-type: none"> staff are aware patient mail can only be withheld in very limited circumstances; there is improved recording of consent and capacity to consent decisions for treatment for mental disorder; 	Forensics Service wide	F6a	Formally remind staff -	Jill Copeland	Andy Weir	Beverley Hunter	27-Feb-15	complete	Complete	
						F6b	Consider specific training/ refresher training delivered by the MH Act team	Jill Copeland	Andy Weir	Beverley Hunter Gill Walton	00-Jan-00	complete	Complete	
						F6c	This action is covered under LP action on overarching consent working group (P10a)	Jill Copeland	Lynn Parkinson		16-Mar-15	Partial	Partial	Actions will be completed on 4 June 2015 when the approach will be signed off at the operational group meeting. Update from Lynn Parkinson - meeting with AJ 15/5/15
Child and adolescent mental health services – Community based services	¹¹	Should do action	Medium	The provider should review the information technology requirements of the NDCAMH service; this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.	National Deaf CAMHS service	F7	Evaluate current technology and discuss with staff any improvements that may be required. Develop a specification for additional or improved technology.	Dawn Hanwell	Heather Cook	Tim Richardson	30-Jun-15		NOT YET DUE	

