Appendix 1

Bradford District Care NHS Foundation Trust November 2017 CQC Inspection Must Dos Action Plan – 09/03/2018 Version

Core Service	Page Number	Must Do Ref	MUST DO'S	Business Unit Lead	Exec Lead	Board for Reporting	Date for Progress Review at Committee	Action Status	Expected Completion Date	Evidence/ Assurance check undertaken by and date	Position as of 05/03/2018
Well Led	9	MD01	The trust must ensure that effective governance systems are in place to assess, monitor and improve the quality and safety of the services.	Margaret Waugh	EMT	Trust Board	29/03/2018	Ongoing	Short terms actions by 30/06/2018 but development of QI methodology will continue to evolve thereafter		The trust has commissioned Humber Foundation Trust to undertake a review of the effectiveness of the Mental Health Legislation Committee and how it interacts / overlaps with the Quality and Safety Committee. Implementation of the 'CQC action plan' will be subject to rigorous oversight at a number of levels including the Improving Quality Steering Group (Deputy Director of Quality Improvement chair), Improving Quality Programme Board (Medical Director chair), Board subcommittees (NED chairs) and Board itself (quarterly until completion). In the longer term the trust is looking to introduce a formal Quality Improvement (QI) methodology to drive continuous improvement: Board has already piloted NHSI's 'Organising for Improvement' module and this was repeated with clinicians and managers on March 8th, in addition, visits (for clinicians and managers) are arranged to TEWV and ELFT to see their QI approach in practice and to attend the ELFT QI conference in April. The trust will seek to link our chosen QI methodology with the 'Clever Together' crowdsourcing platform we have recently procured, as has been done at Leeds Teaching Hospitals. As an FT, an independent review of the well-led framework will be discussed by the Board, with a view to commissioning this work in Quarter 1 of the new financial year. Cross links to MD 01 , 19, 37
Well Led	9	MD02	The trust must ensure that ensure that checks are completed for all its executive and non-executive directors, and that accurate records of these checks are maintained in line with the Fit and Proper Person Requirement regulation and the trust's policy.	Fiona Sherburn	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	30/04/2018		A full audit of all Non-Executive Directors and Executive Directors documents has taken place and additional documentation has been uploaded onto personnel files. The policy is being reviewed and will be updated by end March 2018 and approved by Executive Management Team by the end of April. A system is now in place for DBS checks for all executive and no-executive directors. A full validation exercise and paper will go to Board Nominations Committee in April 2018.
Well Led	9	MD03	The trust must ensure that all staff are checked by the Disclosure and Barring Service in line with trust policy.	Fiona Sherburn	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	31/12/2018		All records have been reviewed and all staff hold a DBS check who require one. All staff are now required to register with the DBS online service, which provides the Trust with alerts to any non-matches for those registered with the Update Service. Likewise, if any check shows a change in status e.g. additional conviction which would affect their ability to work within regulated activity, we will also be notified. There is an action plan in place to bring all DBS revalidation checks up to date in line with the policy by the end of 2018.

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Well Led	9	MD04	The trust must ensure that serious incidents are reviewed and thoroughly investigated within appropriate timescales, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result.	Sharon Lumb	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/06/2018		Updated Serious Incident policy ratified at Quality and Safety Committee February '18. A new Serious Incident investigator has been appointed which will improve timeliness of reports. The Quality and Safety Committee has agreed a new assurance process whereby quarterly SI reporting will include much more narrative, provided by services, about how learning has been translated into sustainable change. The Trust will review its existing action plan template as the current version does not easily lend itself to showing how services will reduce the risk of similar incidents happening in the future. All future action plans will contain information on how services plan to ensure that the risk of repeated incidents is reduced.
Well Led	9	MD05	The trust must put a system in place to ensure that there is effective oversight of the use of restrictive interventions in inpatient services.	Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	31/07/2018		All local practices around blanket restrictions are under review against CQC guidance around the appropriate use of Blanket Restrictions (2017). Any required changes to current practice will be implemented thereafter. Mental Health Legislation Committee external review commissioned. MDT practice introduced on Assessment and Treatment Unit and process will be shared across all wards. Cross links to MD 5, 30,40
Well Led	9	MD06	The trust must put a system in place to ensure that there is effective oversight of role-specific required training for all staff.	Joanne Somers	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Executive team has reviewed the mandatory and required training matrix and agreed a broader range of mandatory training for all staff. In addition they have agreed that board will have oversight of compliance for all additional mandatory training areas. A new PowerPoint slide has been developed for the Board Dashboard which has been placed in the Professions section of the Board performance report. The Q&S committee will also receive quarterly reports. The first report to the Q&S meeting was received on the 9th February 2018 and will go quarterly thereafter. Cross links to MD6, 18, 32, 51
Well Led	9	MD07	The trust must update all active policies to reflect the changes to the Mental Health Act Code of Practice introduced in 2015.	Simon Binns	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		Mental Health Act team has undertaken a review of the following policies: • Blanket locked door policy / management of entry and exit policy; this policy is currently with Professions Council for approval • Search policy has been amended to reflect the code of practice but is due for review anyway so will be submitted to Professions Council for approval once other changes have been made • Admission of young person onto adult mental health ward has been amended • Provider policy on the use of enhanced observations is currently being reviewed to ensure it reflects the requirements of chapter 11 of the code of practice and will be submitted to Professions Council for approval as soon as the necessary changes are made• The Mental Health Act policy and procedures (issued 25/1/16) have been updated to include reference to exceptions to certificate requirements (section 62, 64b, 64c and 64e); they have been submitted to the Mental Health Legislation Forum for final comment, on 14 March, and after that, will be submitted to Professions Council for approval and ratification at Executive Management Team.

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											Cross links to MD 7, 11, 15, 26
Well Led	9	MD08	The trust must review role-specific required training to ensure that staff are appropriately trained in the Mental Health Act and Mental Capacity Act.	Joanne Somers	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	30/04/2018		Cleansing complete on role requirements final sign-off by Mental Health Act lead. Reports will be produced from this for the Mental Health Legislation Committee meeting on the 19th April. This work will also be undertaken for all required training. A review of the required/ mandatory and training matrix has been completed and agreed by Executive team on 6th March 2018. Performance on compliance will be monitored by the board and appropriate sub committees. Cross link to MD 8, 25.
Well Led	9	MD09	The trust must put a system in place to ensure that there is effective oversight of compliance rates for staff supervision.	Rebecca Bentley	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and Executive team review. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision Training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors' Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. Cross links to MD 9,33,49

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Well Led	9	MD10	The trust must ensure that there is a clear and effective approach to audit within services. Audits must be used to improve quality within services.	Simon Long	Debra Gilderdale	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		Current weekly ward level audit processes to be reviewed and redesigned to enhance standardisation to provide assurance of a robust audit process. Following redesign an escalated reporting process will be agreed to ensure reporting to Business Unit Level Q&S (Quarterly) and Trustwide MHLC (bi-annually) . Mental Health Legislation Committee external review commissioned Quality and Safety Committee to undertake a deep dive into local ward audits . Cross links to none
Well Led	9	MD11	The trust must ensure that it effectively audits the use of the Mental Health Act and the Mental Capacity Act.	Simon Long	Debra Gilderdale	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		Current weekly ward level audit processes are being reviewed and redesigned to enhance standardisation to provide assurance of a robust audit process. Following redesign an escalated reporting process will be agreed to ensure reporting to Business Unit Level , Quality and Safety (Quarterly) and Trustwide Mental Health Legislation Committee (bi-annually). Mental Health Legislation Committee external review commissioned. Quality and Safety Committee to undertake a deep dive into local ward audits . Cross links to MD 11, 50
Acute wards for adults of working age and psychiatric intensive care units	41	MD12	The trust must ensure that there are sufficient staff numbers to consistently provide all aspects of patient care.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/08/2018		The National Quality Board (NQB) recommends that a thorough strategic clinical team establishment review should be undertaken annually. The acting head of nursing has led a review across 13 ward areas meeting on a face to face basis with a review team and the clinical ward team to formally discuss key areas for supporting and underpinning staffing level decisions. The review team have considered all data relating to team activity utilising the NQB check list RAG rating to support this process and to provide assurance that the team is cross checking data using evidence based guidance and presenting a rounded view of staffing requirements to support professional judgements about delivering high quality safe care to patients . All wards have been reviewed, and the report on completion in mid March will be presented to the Director of Nursing. This detail will also be included in the Safer Staffing Report in June. Following this Deputy Director, heads of service, service managers and clinical managers will further develop a workforce strategy and local plan. A weekly eRoster meeting has been established and reviews whether or not adequate staffing is planned to ensure safe levels of staff. The Trust Escalation plan has been shared with the whole inpatient services to ensure that protocol is followed when staffing falls below required numbers in order that the problem can be remedied. Staffing Incidents are monitored monthly through Safer Staffing meetings and incidents actioned, this is chaired by the Director of Operations and Nursing. Safer staffing is reported monthly to the Trust Board. A tracker will be developed to establish themes and trends to review monthly at safer staffing steering group. This is included in the safer staffing report which goes to board on a monthly basis including reporting of incidents. A six monthly report is an in-depth analysis of safer staffing monitoring which is reported to the board. Cross links to MD 12 ,23,35

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Acute wards for adults of working age and psychiatric intensive care units	42	MD13	The trust must ensure that all patients have a care plan in place that is reviewed regularly and is produced collaboratively with patients to ensure they are personalised, and reflect individual choice and preferences.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/08/2018		Service Manager, Clinical Managers and Advanced Nurse Practitioners offer clinical consultation and advice regarding the development of care plans and risk assessments with ward staff. This will be at least weekly taking place on each ward supporting staff in reviewing care plans and risk assessment to guide learning and improve quality. Current weekly ward level audit processes to be reviewed and redesigned to enhance standardisation. Outcomes of audits will be reported through Quality and Safety processes to provide assurance of a robust audit process. With the onset of the new clinical system (SystmOne), a new care plan has been devised identifying involvement with service users in creating a collaborative care plan to complete by August 2018. Cross links to MD 13, 24 34, 43, 44
Acute wards for adults of working age and psychiatric intensive care units	42	MD14	The trust must ensure that all assessment of risk for patients and the environment are completed fully, accurately and are accessible; and action is taken to mitigate risk.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Completed	05/03/2018	To be reviewed and signed off by Executive Management Team on 27/03/2018.	All fire, ligature and health and safety assessments are available within a dedicated folder within each ward. Ligature assessments are implemented on an annual basis, when environmental changes are made or new guidance issued. . A Ligature Safety Group has been established with full Clinical, Estates & Facilities involvement. Cross links to MD 14, 41, 47, 48
Acute wards for adults of working age and psychiatric intensive care units	42	MD15	The trust must ensure that they safeguard patients against abuse and improper treatment by ensuring staff know how to identify signs of abuse and how to report safeguarding concerns.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Training compliance rates for all wards across the units is being closely monitored, identifying and managing any underperformance. All training compliance is being monitored within quality and safety meetings. Access to safeguarding supervision is available on a monthly basis across all hospital sites from the safeguarding team. Each ward has a safeguarding champion identified. • Organisational safeguarding leads now receiving all incident reports that are service user to service user abuse (SU-SU) • Additional guide to be developed for staff to support safeguarding decision making in SU-SU incidents. • Additional safeguarding training to be provided to all assistant and ward managers. • Monthly SU-SU alleged and actual incidents report to be sent to organisational safeguarding leads, for themes and trends oversight. • Assurance to be provided on a bi-monthly safeguarding forum chaired by the Director of Nursing and Operations who will feed back to Quality and Safety Committee. • Employee relations meetings to be held monthly with safeguarding and HR to review staff Cross links to MD 15, 27, 29, 38

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Acute wards for adults of working age and psychiatric intensive care units	42	MD16	The trust must ensure that restrictive practices, when required, should be planned, lawful, in the patient's best interest, proportionate and dignified. They should be individual in response to identified risk.	Simon Long	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/06/2018		All local practices around blanket restrictions are under review against CQC guidance. Recirculate CQC guidance table to all Inpatient wards relating to Blanket Restrictions for their ward areas around the appropriate use of Blanket Restrictions (2017). For all patients on wards, assure that there are no restrictions in place which have not been individually risk assessed. to be completed by end of June 2018 Cross links to MD 16, 20, 21,31, 36
Acute wards for adults of working age and psychiatric intensive care units	42	MD17	The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. Cross links to MD 17,28,46, 50
Acute wards for adults of working age and psychiatric intensive care units	42	MD18	The trust must ensure that all staff on all wards have received up to date required training, as determined by the trust.	Simon Long	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Current work underway to update all staff profiles around required training. Current work underway to produce performance reports around same. Performance will be monitored & managed on an ongoing basis via Operational meetings, Senior Management Team and Business Unit Performance Meetings chaired by the Chief Executive Officer.. Cross links to MD 6, 18, 32, 51
Acute wards for adults of working age and psychiatric intensive care units	42	MD19	The trust must ensure that systems and processes are effective to monitor, assess and improve the quality and safety of the services.	Simon Long	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/06/2018		Review initiated within the business unit how quality and safety is monitored, assessed and communicated across all levels. This includes, meeting structures, agendas, use of existing reports and data. Current weekly ward level audit processes are being reviewed and redesigned to enhance standardisation to provide assurance of a robust audit process these will be discussed at quality and safety meetings and reported to the Quality and Safety business unit meeting. All quality and safety issues that are discussed in ward meetings and safety huddles are escalated through the service quality and safety meeting. All chairs of the quality and safety meetings within the business unit attend and report to the business unit quality and safety report. If these issues are unable to be resolved locally these will be identified within the risk register, Business Unit Performance Meetings and Quality and Safety Committee. To be completed by June 2018. Cross links to MD 1, 19, 37

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Acute wards for adults of working age and psychiatric intensive care units	42	MD20	The trust must ensure that staff consistently monitor and record patient care during periods of seclusion and following rapid tranquilisation.	Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	31/10/2018		A process is in place to ensure that staff consistently monitor and record patient care during periods of seclusion. A programme of education, support around use of seclusion and rapid tranquilisation and policy and practice relating to this, is being developed and will be rolled out by October 2018. This will ensure all teams have consistent understanding of policy and procedures. Both rapid tranquilisation and seclusion data is reported through the local quality and safety meetings and quality and safety business unit meetings. Cross links to MD 16, 20, 21,31, 36
Acute wards for adults of working age and psychiatric intensive care units	42	MD21	The trust must ensure that staff record whether a debrief was provided to patients following an incident or restrictive intervention such as restraint.	Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Completed	05/03/2018	To be reviewed and signed off by Executive Management Team on 27/03/2018.	All staff have been reminded that debriefs with patients must occur and that the details are recorded within the progress notes. All managers of incident forms will document that a debrief has either occurred or is planned and any reasons as to why a debrief has not occurred. Cross links to MD 16, 20, 21,31, 36
Acute wards for adults of working age and psychiatric intensive care units	42	MD22	The trust must ensure that staff recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of regulation as required by the regulation.	Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	31/05/2018		Duty of candour will be included in safeguarding training and also at trust induction. Central guidance to be issued. Services to be asked to review all incidents of moderate harm or above with specific question as to whether or not they meet the trust threshold for duty o candour. Ensure staff are supported when involved in duty of candour incidents. On Connect there are slides which will be shared with staff and included in service manager blog. This will be included on staff notice boards Cross links to MD 22, 39
Long stay or rehabilitation mental health wards for working age adults	31	MD23	The trust must ensure that there are sufficient staff deployed to meet the minimum safe staffing levels.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/08/2018		The National Quality Board (NQB) recommends that a thorough strategic clinical team establishment review should be undertaken annually. The acting head of nursing has led a review across 13 ward areas meeting on a face to face basis with a review team and the clinical ward team to formally discuss key areas for supporting and underpinning staffing level decisions. The review team have considered all data relating to team activity utilising the NQB check list RAG rating to support this process and to provide assurance that the team is cross checking data using evidence based guidance and presenting a rounded view of staffing requirements to support professional judgements about delivering high quality safe care to patients . All wards have been reviewed, and the report on completion in mid March will be presented to the Director of Nursing. This detail will also be included in the Safer Staffing Report in June. Following this Deputy Director, heads of service, service managers and clinical managers will further develop a workforce strategy and local plan. A weekly eRoster meeting has been established and reviews whether or not adequate staffing is planned to ensure safe levels of staff. The Trust Escalation plan has been shared with the whole inpatient services to ensure that protocol is followed when staffing falls

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Long stay or rehabilitation mental health wards for working age adults	31	MD24	The trust must ensure that staff assess and design care plans in collaboration with patients and ensure these meet patients' assessed needs.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/08/2018		Ward Managers offer guidance regarding the ongoing development of care plans and risk assessments with ward staff. This will be at least weekly taking place on each ward supporting staff in reviewing care plans and risk assessment to guide learning and improve quality. Random audits will be undertaken. Outcomes of audits will be reported through Quality and Safety processes to provide assurance. With the onset of the new clinical system, a new care plan has been devised identifying involvement with service users in creating a collaborative care plan. Cross links to MD 13, 24 34, 43, 44
Long stay or rehabilitation mental health wards for working age adults	31	MD25	The trust must ensure that staff receive training in the Mental Health Act and the Mental Capacity Act.	Allison Bingham	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/04/2018		Cleansing complete on role requirements final sign-off by Mental Health Act lead. Reports will be produced from this for the Mental Health Legislation Committee meeting on the 19th April. This work will also be undertaken for all required training. A review of the required/ mandatory and training matrix has been completed and agreed by the executive team on 6th March 2018. Performance on compliance will be monitored by the board and appropriate sub committees. Cross links to MD 8,25
Long stay or rehabilitation mental health wards for working age adults	31	MD26	The trust must ensure that staff inform the relevant patients for their rights under section 132 of the Mental Health Act at regular intervals.	Allison Bingham	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	30/09/2018		The importance of reading rights has been reinforced to all staff and the Mental Health Act advisor will issue a reminder to all nursing staff regarding procedures of Section 132 rights by end of April 2018. We have identified a clinical system issue with the recording of the receiving of rights and are resolving this as part of the new clinical system implementation in May 2018 Cross links to MD 11, 26

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Wards for older people with mental health problems	36	MD27	The trust must ensure safeguarding processes are in place to demonstrate that safeguarding is considered as part of the incident recording process and that safeguarding alerts are raised where necessary.	Allison Bingham / Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Training compliance rates for all wards across the units is being monitored, identifying and managing any underperformance. All training compliance is being monitored within quality and safety meetings. Access to safeguarding supervision is available on a monthly basis across all hospital sites from the safeguarding team. Each ward has a safeguarding champion identified. • Organisational safeguarding leads now receiving all incident reports that are service user to service user abuse (SU-SU) • Additional guide to be developed for staff to support safeguarding decision making in SU-SU incidents. • Additional safeguarding training to be provided to all assistant and ward managers. • Monthly SU-SU alleged and actual incidents report to be sent to organisational safeguarding leads, for themes and trends oversight. • Assurance to be provided on a bi-monthly safeguarding forum chaired by the Director of Nursing and Operations who will feed back to Quality and Safety Committee. • Employee relations meetings to be held monthly with safeguarding and HR to review staff Cross links to MD 15, 27, 29, 38
Wards for older people with mental health problems	36	MD28	The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.	Allison Bingham / Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professional Council and Executive team review – awaiting upload to Clinical Policy section of Connect. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. Cross links to MD 17,28,46, 50

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Wards for older people with mental health problems	36	MD29	The trust must ensure staff maintain professional boundaries so that patients are not at risk of abuse.	Allison Bingham / Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Completed	05/03/2018	To be reviewed and signed off by Executive Management Team on 27/03/2018.	The Individual member of staff received feedback from the Service Manager regarding professional boundaries and learning was discussed within the setting. Cross links to MD 15, 27, 29, 38
Wards for older people with mental health problems	36	MD30	The trust must ensure patient and room searches are based on risk and do not form a blanket restriction.	Allison Bingham / Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		All local practices around blanket restrictions are under review against CQC guidance around the appropriate use of Blanket Restrictions (2017). Any required changes to current practice will be implemented thereafter. The search policy is currently being reviewed and will be amended to ensure that room searches can only be carried out as part of a legitimate search and not a blanket restriction. Cross links to MD 30,40
Wards for older people with mental health problems	36	MD31	The trust must ensure records of incidents involving restraint are detailed and any instances, which may qualify as seclusion, receive protections outlined in the Mental Health Act Code of Practice.	Allison Bingham / Simon Long	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/04/2018		A review of recording of incidents of restraint, identifying any deficits in the recording process. Redesign recording process in response to findings. This will be included within the restraint log and be explicit recording will take place. To be completed end of April 2018. Cross links to MD 16, 20, 21,31, 36
Wards for older people with mental health problems	36	MD32	The trust must ensure staff receive the training they require to enable them to carry out their duties.	Allison Bingham / Simon Long	Sandra Knight	Quality & Safety Committee	23/03/2018	Ongoing	31/10/2018		Executive team has reviewed the mandatory and required training matrix and agreed a broader range of mandatory training for all staff. In addition the team has agreed that board will have oversight of compliance for all additional mandatory training areas. A new PowerPoint point slide has been developed for the Board Dashboard which has been placed in the Professions section of the Board performance report. The Quality and Safety Committee will also receive quarterly reports. The first report to the Quality and Safety Committee was received on the 9th February 2018 and will go quarterly thereafter. Cross link to MD 6, 18, 32, 51

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Wards for older people with mental health problems	36	MD33	The trust must ensure staff receive regular clinical and management supervision and a record of the supervision is maintained.	Allison Bingham / Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and Executive team review. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision Training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors. Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. Cross links to MD 9,33,49
Wards for people with a learning disability or autism	67	MD34	The trust must ensure that staff undertake patients' care and treatment in a person centred manner. This includes ensuring that staff provide all patients with positive behaviour support plans and that these are followed.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/03/2018		Continued use of the weekly activity plans both generic and specific for individual patients. Support agency / bank staff to ensure they are fully briefed in the individual positive behavioural support plans for patients. These will be discussed on induction of bank/agency staff, the process will be in place 16/03/2018. Cross links to MD 13, 24 34, 43, 44
Wards for people with a learning disability or autism	67	MD35	The trust must ensure that patients have access to psychological and occupational therapies.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	31/07/2018		Recruitment is in progress for the psychological therapy post. In the meantime, work is ongoing in partnership with community learning disability services to provide psychological support. In regards to the Occupational Therapists, these individuals work on the ward and included in funded establishment. Cross links to MD 12 ,23,35

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Wards for people with a learning disability or autism	67	MD36	The trust must ensure that where patients have preferences for their care to be undertaken away from others, this is clear in patient care plans and the trust undertake continual reviews of whether this type of care and treatment amounts to long term segregation.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/03/2018		The issue re segregation is resolved as this comment specifically relates to one individual who chose to self seclude from other patients. This was detailed in the care plan of the individual at the time of CQC's visit. However, the topic of segregation will be discussed with all staff who work on the ATU by the end of March 2018. Cross links to MD 16, 20, 21,31, 36
Wards for people with a learning disability or autism	67	MD37	The trust must ensure that systems and processes operate effectively to enable them to assesses, monitor and improve the quality and safety of the service provided. This includes ensuring that audits are effective and the outcomes acted on in a timely way, and ensuring that there is sufficient oversight of ligature risks, training, supervision and appraisal to assure themselves staff are skilled, competent, and supported to complete their role.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and executive team review – awaiting upload to Clinical Policy section of Connect. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/Deputy Directors around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. The action around ligature risks on the ward is complete as an assessment was conducted post CQC visit. The availability of the assessment of ligature risks will be made available on the ward for staff to refer to or to share when requested with regulators or others as required. All equipment has been risked assessed for ligature risk and stored in locked cupboards. All patients are supervised when using shower chairs and these have been added to the ligature risk assessment. Cross link to MD 1, 19, 37

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Wards for people with a learning disability or autism	67	MD38	The trust must ensure that they safeguard patients against abuse and improper treatment. This includes ensuring that staff report safeguarding concerns and take appropriate action and that there is sufficient oversight from managers and that staff record restraint appropriately including reasons for the length of time the patient is restrained.	Allison Bingham	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Training compliance rates for all wards across the units is being monitored, identifying and managing any underperformance. All training compliance is being monitored within quality and safety meetings. Access to safeguarding supervision is available on a monthly basis across all hospital sites from the safeguarding team. Each ward has a safeguarding champion identified. • Organisational safeguarding leads now receiving all incident reports that are service user to service user abuse (SU-SU) • Additional guide to be developed for staff to support safeguarding decision making in SU-SU incidents. • Additional safeguarding training to be provided to all assistant and ward managers. • Monthly SU-SU alleged and actual incidents report to be sent to organisational safeguarding leads, for themes and trends oversight. • Assurance to be provided on a bi-monthly safeguarding forum chaired by the Director of Nursing and Operations who will feed back to Quality and Safety Committee. • Employee relations meetings to be held monthly with safeguarding and HR to review staff Cross links to MD 15, 27, 29, 38
Wards for people with a learning disability or autism	67	MD39	The trust must ensure that staff recognise and discuss when an incident may meet the trust threshold for duty of candour, and apply the duty of regulation as required by the regulation.	Allison Bingham	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	31/05/2018		Duty of candour will be covered in safeguarding training and also at trust induction. Central guidance to be issued. Services to be asked to review all incidents of moderate harm or above with specific question as to whether or not they meet the trust threshold for duty of candour. Ensure staff are supported when involved in duty of candour incidents. On connect there are slides which will be shared with staff and included in service manager blog. This will be included on staff notice boards Cross links to MD 22, 39
Wards for people with a learning disability or autism	67	MD40	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.	Allison Bingham	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		Recirculate CQC guidance table to all Inpatients relating to Blanket Restrictions for their ward areas. For all patients on this ward, assure that there are no restrictions in place which have not been individually risk assessed. MDT practice to discuss blanket restrictions has been introduced on Assessment and Treatment Unit and the process will be shared across all wards. Cross links to MD 5, 30,40
Community-based mental health services for adults of working age	47	MD41	The trust must ensure that all premises used to treat patients have up-to-date health and safety risk assessments in place including fire risk assessments.	Andrew Morris	Liz Romaniak	Quality & Safety Committee	23/03/2018	Ongoing	31/03/2018		Work is ongoing to consolidate all environmental assessments. This will be actioned during March-18 targeting completion by 31st March-18. A Ligature Assessment Group has also been established and which is meeting fortnightly to ensure ligature assessments take place as per the Ligature Assessment Plan (Tracker), on an annual basis) and that assessment actions are delegated to Clinical and Estates leads appropriately. The Ligature Assessment Group will also monitor completion of actions from ligature assessments and escalate to HSG and QSC in the event of significant exceptions. Cross links to MD14, 41, 47, 48

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Community-based mental health services for adults of working age	48	MD42	The trust must ensure that medication being prescribed for patients is reviewed in line with the relevant trust policy.	Simon Long	Andy McElligott	Quality & Safety Committee	23/03/2018	Ongoing	30/04/2018		This specifically relates to depot prescriptions. All depot prescriptions have been updated The medicines audit that is currently in place within Community Mental Health Teams, on a monthly basis, now includes a review of depot prescriptions. This is monitored quarterly on the Community Mental Health Team quality and safety meeting agenda. Team leaders will be required to present their completed audits at this meeting. Minutes of quality and safety meetings will be the audit trail that provides assurance to the business unit Quality and Safety Meeting Cross links to none
Community-based mental health services for adults of working age	48	MD43	The trust must ensure that staff complete and update regular assessments of need, risk assessments and crisis plans for all patients in line with trust policy.	Simon Long	Debra Gilderdale	Mental Health Legislation Committee	19/04/2018	Ongoing	30/05/2018		Informatics to run reports to assist Team Leaders and Care Co-ordinators to identify any out of date assessments. Weekly performance meetings to be held to focus on individual action plans and progress towards the 100% target. Any issues can be addressed in a timely fashion with either individuals or processes. Reports run weekly and support offered by senior managers. To complete by end of May 2018 Cross links to MD 13, 24 34, 43, 44
Community-based mental health services for adults of working age	48	MD44	The trust must ensure that all patients have an up-to-date personalised care plan and discharge plan.	Simon Long	Debra Gilderdale	Mental Health Legislation Committee	19/04/2018	Ongoing	30/05/2018		Informatics to run reports to assist Team Leaders and Care Co-ordinators to identify any out of date assessments. Weekly performance meetings to be held to focus on individual action plans and progress towards the 100% target. Any issues can be addressed in a timely fashion with either individuals or processes. Reports run weekly and support offered by senior managers. To complete by end of May 2018 Cross links to MD 13, 24 34, 43, 44
Community-based mental health services for adults of working age	48	MD45	The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and Executive team review – awaiting upload to Clinical Policy section of Connect. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to

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											further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. See MD51 detailing actions for required training. Cross links with MD 17,28,46, 50
Mental health crisis services and health-based places of safety	60	MD46	The trust must ensure that systems are in place and operating effectively to ensure required training and supervision is completed, and that audits are effective to ensure patients are safe.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and Executive team review – awaiting upload to Clinical Policy section of Connect. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. See MD51 detailing actions for required training. Cross links with MD 17,28,46, 50
Mental health crisis services and health-based places of safety	60	MD47	The trust must ensure that the corridor windows leading to the health based place of safety at Lynfield Mount Hospital do not compromise patients' privacy and dignity.	Andrew Morris	Liz Romaniak	Quality & Safety Committee	23/03/2018	Completed	31/10/2017	Andrew Armitage, Project & Compliance Manager, assured completion by walkabout To be reviewed and signed off by Executive Management Team on 27/03/2018.	Works completed in Oct-17 while the CQC were present. Cross links to MD14, 41, 47, 48

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Mental health crisis services and health-based places of safety	60	MD48	The trust must ensure that the mirrors in the health based place of safety in the Airedale Centre for Mental Health do not pose a risk to patient safety.	Andrew Morris	Liz Romaniak	Quality & Safety Committee	23/03/2018	Completed	31/10/2017	Andrew Armitage, Project & Compliance Manager, assured completion by walkabout To be reviewed and signed off by Executive Management Team on 27/03/2018.	Works completed in Oct-17 while the CQC were present. Cross links to MD14, 41, 47, 48
Mental health crisis services and health-based places of safety	60	MD49	The trust must ensure that all staff mental health crisis services receive regular supervision and this is documented.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/06/2018		System and process redesign underway to record training, supervision and audit activity. Performance reporting around same will follow, reported via Business Unit, Quality and Safety and Operational performance meetings. Any subsequent underperformance to be managed locally. The following actions have been completed - Connect page in place for Clinical Supervision - Clinical Supervision policy revised in December 2017 in light of new compliance monitoring approach. Amends made to draft following Professions Council and Executive team review. - E learning live for all staff at point of induction - Face to face workshops in place for those wishing to become supervisors or attend for a 3 year update. This is delivered by service appointed Supervision Training Champions whose contacts are on the Connect page and sessions delivered across the calendar year as per demand. - Live register of Clinical Supervisors on Clinical Supervision Connect Page - Supervision database live for all staff to record their supervision activity (compliance has increased from 47 entries in January to 390 to date). Meeting arranged for 29/3 with IT/Business support/HR and the Nursing Development team to further develop robust reporting from this database linked to live nominal role data. This will afford assurance and intelligence to Service Managers/DDs around staff specific non-compliance to enable timely action planning. - E learning package to be developed by QHIL/Project Support Officer in Nursing Development Team for launch in April to provide an overview of expectations of staff and supervisors' Supervision engagement and details of how and what to log on the database. Compliance reporting will also be included. Cross links to MD 9,33,49
Mental health crisis services and health-based places of safety	60	MD50	The trust must ensure that the use of the Mental Health Act and Mental Capacity Act is audited effectively.	Simon Long	Andy McElligott	Mental Health Legislation Committee	19/04/2018	Ongoing	30/06/2018		Current weekly ward level audit processes to be reviewed and redesigned to enhance standardisation to provide assurance of a robust audit process. Following redesign an escalated reporting process will be agreed to ensure reporting to Business Unit Level Quality and Safety (Quarterly) and Trustwide Mental Health Legislation Committee (bi-annually) Cross links to MD 11, 50

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Community Mental Health Services for People With A Learning Disability Or Autism	**78**	MD51	The provider must ensure that systems are in place to ensure all staff are compliant with required training.	Simon Long	Debra Gilderdale	Quality & Safety Committee	23/03/2018	Ongoing	30/09/2018		Executive team has reviewed the mandatory and required training matrix and agreed a broader range of mandatory training for all staff. In addition they have agreed that board will have oversight of compliance for all mandatory training. A new PowerPoint slide has been developed for the Board Dashboard which has been placed in the Professions section of the Board performance report. The Q&S committee will also receive quarterly reports. The first report to the Q&S meeting was received on the 9th February 2018 and will go quarterly thereafter. Cross links to MD6, 18, 32, 51