### ACTION PLAN IN RESPONSE TO CQC ANNUAL STATEMENT – 26 May 2010

<table>
<thead>
<tr>
<th>Issue, 1 And the CQC’s Findings</th>
<th>Action</th>
<th>Who By</th>
<th>When By</th>
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</table>
| **Response to Commissioners visits:** | • Receiving reports of Commissioners visits and preparing responses including SMART action plans is to be the responsibility of the Operational Director with expert advice on the Act, as necessary from the Mental Health Act Manager.  
• Oversight of this process will sit with the Chief Operating Officer  
• Assurance that reports have been responded to and action plans delivered on time is to be provided to the Mental Health Act Group and through that setting to the Operational Governance Group with exceptions taken to the Integrated Governance Committee. | Operational Directors (SB, JM, FW)  
Stephanie Dawe | From 1 April 2010  
From 1 April 2010  
From 1 April 2010 |
| **Therapeutic activities** | • Medical input to the ward has been reviewed and, to allow more clinical attention to patients, Pathways now has a full-time consultant and a full-time staff grade post dedicated to the unit. plus, again dedicated to the unit.  
• A full-time OT has been appointed to the Pathways  
• An Assistant Operational Director for Psychological Services has been appointed and will review Psychology provision to this unit and make recommendations.  
• This post has not been reinstated but a full activities programme is run by nursing staff as part of the Star Wards programme and monitored through the In-patient Experience group | Bob Edwards  
Laura Capellino  
Kay Mathews | Completed  
Completed  
End July 2010  
Completed |
### Bed over-occupancy
- Evidence of bed over-occupancy was found on Pine Ward with patients being slept on other wards or placed on Section 17/home leave, to the situation.
- Incidences of high occupancy levels were also reported at Naseberry Court.
- The Bed Management Policy has recently been ratified and the Operational Policies for acute wards and Home Treatment Teams addresses the ‘use of leave’.
- The use of these policies and bed occupancy are to be managed by the appropriate Operational Directors (SB, JM, FW).
- EMT to monitor bed occupancy as part of Phase 1

<table>
<thead>
<tr>
<th>Jackie Mowbray</th>
<th>Completed</th>
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<tbody>
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<td>Sue Boon</td>
<td>Process in place</td>
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<tr>
<td>Stephanie Dawe</td>
<td>Process in place</td>
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### Breaches in compliance with Section 58, including incidences of:
- unauthorised prescribing and a number of failures to attach a completed T2 or T3 to the medication chart
- failures to record discussions between the Responsible Clinician and the patient regarding the nature, purpose and effect, of medication,
- missing documented formal assessment of the patient’s capacity when negotiating consent to treatment
- no evidence of entries made by statutory consultees relating to discussions with Second Opinion Appointed Doctors (SOADs)
- no recorded evidence of the Responsible Clinician’s
- Individual spot-checks of form T2s and T3s will continue to be made by the Pharmacists and problems raised with the RC
- A regular report based on the above checks will be compiled and sent to the Medical Director.
- An audit of compliance with consent to treatment provisions, including discussions of consent between the RC and patient, and of assessments of capacity, will be carried out and the results disseminated throughout the medical staff and others.
- Information about requirements around statutory consultees will be circulated to doctors. Records of entry will be checked as part of the above audit.
- Information about requirements around SOAD visits will be circulated to doctors. Records of conversation will be checked as part of the above audit.

| Alex Horne | End May 2010 |
| Heather Walker | Process In place |
| Robert Keys/Alex Horne | End June 2010 |
| Robert Keys | End June 2010 |
| Robert Keys | End June 2010 |
## Breaches in compliance with Section 132

**Conversation with a patient following the SOAD’s visit.**

<table>
<thead>
<tr>
<th>Breaches in compliance with Section 132 (particularly for those patients detained under Section 2). Either</th>
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<td>• patients interviewed did not understand their rights, and/or</td>
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<td>• Where it was clear from the Section 132 documentation on the patient’s notes that staff had not made repeated attempts to convey information even when the patient was recorded as not having understood the information on the first attempt.</td>
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<table>
<thead>
<tr>
<th>Service User standards are monitored by UQAT’s and reported through the Operational Performance Group</th>
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<tr>
<td>Any weak scores are to be included on the QIP’s (Quality Improvement Plans) and monitored through the DIGG’s (Directorate Integrated Governance group)</td>
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- Service User Volunteers to work alongside In-Patient Teams to further improve outcomes

- The above regime, its impact and continuing value will be reviewed at the In-Patient Experience Group

- Each MHA Office will continue to use RIO to check that S.132 rights have been successfully read to patients or, if the patient repeatedly fails to understand, that a referral is made to an advocacy service.

- A separate audit of S.132 rights will be undertaken across all acute admission wards to report on compliance and make recommendations through the Mental Health Act Group

- Rates of appeal to the Tribunal and Hospitals Managers service will be monitored as part of the regular quarterly report on the use of the MHA to the (OIGG) Operational Integrated Governance Group in accordance with the cycle of business.

<table>
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<tr>
<th>Operational Directors (SB, JM, FW)</th>
<th>14 June 2010</th>
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<td>Process in place</td>
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</tr>
<tr>
<td>Sue Smyth</td>
<td>June 2010</td>
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<tr>
<td>Stephanie Dawe</td>
<td>Nov 2010</td>
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<tr>
<td>Robert Keys</td>
<td>In place</td>
</tr>
<tr>
<td>Robert Keys</td>
<td>End July 2010</td>
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</table>
| Patient participation in the care planning process: | • S.132 will be included in training on the MHA to be run at an advance level for ward nursing staff.  
• Guidelines will be drawn up, and distributed to ward staff on respecting informal patients' rights | Robert Keys | Process in place  
July 2010 |
| Care planning standards are monitored by UQAT’s and reported through the Operational Performance Group. | | Operational Directors (SB, JM, FW) | Process in place |
| Any weak scores are to be included on the QIP’s (Quality Improvement Plans) and monitored through the DIGG’s (Directorate Integrated Governance group) | | Operational Directors (SB, JM, FW) | Process in place |
| Service User Volunteers to work alongside In-Patient Teams to further improve outcomes | | Sue Smyth | End June 2010 |

| Safeguarding of privacy and dignity | • an audit to be undertaken and the recommendations taken to the Inpatient Experience Group to formulate a realistic action plan  
• Dignity and Respect service user standards are monitored by UQAT’s and reported through the Operational Performance Group. | Robert Keys | June 2010 |
| | | | Process in place |
| **The environment at the Bridge:** | The Bridge is to be closed as part of Phase 1.  
Review staffing levels and implement any recommendations for changes to rotas, numbers etc | Fiona Weir | Jan 2011 |
|-----------------------------------|-------------------------------------------------------------------------------------------------|-----------|---------|
| • Many parts of the ward remain in a poor state of repair, in need of redecoration and refurbishment.  
• Staff report that they feel very isolated and vulnerable to the possibility that there would be little or delayed support in the event of an incident on the unit. | | Fiona Weir | June 2010 |

| **Informal Patient Status:** | Training for ward nursing staff on the MHA, planned to start before summer 2010, will cover the distinction between informal and detained patients and the limits of persuasion. Full use will be made of the recent guidelines on this subject from CQC.  
• Information to wards on the process for reporting AWOLs, to be re-issued in the light of the new CQC reporting requirements, will be accompanied by guidance about the distinction between ‘missing’ and AWOL patients. This will also be reflected in the Trust AWOL policy, due to be revised, again in the light of the new CQC requirements. | Robert Keys | End October 2010 |
|--------------------------------|---------------------------------------------------------------------------------------------------------------|------------|-----------|
| • Informal patients must ensure their legal and human rights are protected.  
• Staff did not seem to fully understand the difference between the rights of detained and informal patients, for example the use of the terms “Absent Without Leave (AWOL)” and “absconded” were recorded to describe the status of an informal patient. | | Stephanie Dawe | End May 2010 |