

Action Plan in response to the CQC visit of 12th October 2010 – mental health focus

	Compl / Impr See note below	Issue identified	Action to be taken	Time scale	By Whom	Responsible for ensuring ongoing compliance	Current position
1.	C	Lack of 'joined – up' working or contract with SEPT	Continue discussions with SEPT re: SLA / contract with the support of our commissioners (NHS SE Essex)	Completed	Director of Operation (Malcolm McFrederick)	Director of Operations	<ul style="list-style-type: none"> • SLA agreed (attached) • Monitoring system established – weekly response times reported to Dir Ops
2.	C/I	Gap in mental health training for staff – consider MCA / DOL not in isolation	a) Review levels of mental health training / MCA / DOL	Ongoing 2011	Medical Director Associate & Director (AD) for Nursing (Cheryl Schwarz)	Director of Nursing	<ul style="list-style-type: none"> • A&E + assessment units (AMU / SAU) specific mental health (MH) training to be completed by end March '11. • (implementation by Dir Ops) • Revised Supervision policy implementation will include some training for triggers for dealing with MH patients and will be cascaded to all priority wards by

			b) Incorporate these topics into the additional mandatory / statutory day				end Feb '11 and all other wards by end March '11 b) Mandatory training programme under development for implementation in 2011/12
3.	C	Adequacy of Safeguarding training	Review the current education programme and content ensuring staff are not 'dependant' on the specialist nurse.	End March '11	AD Medicine /Adult Safeguarding lead	AD Medicine	Work in progress
4.	C	KPI's for mental health patients in A&E	Establish a system to log and review the timely assessment of mental health patients in A&E – initial discussion between Ops Director & Director of Nursing	Complete	Director of Operation (Malcolm McFrederick) & Director of Nursing (Sarah Ballard-Smith)	Dir of Ops	Initial KPI's for monitoring in SLA (see item 1) Dir Ops will be sharing performance data monthly with PCT and SEPT
5.	I	Revise current close supervision policy. Involve all staff groups (including doctors) and SEPT for advice	Continue working on the current policy. Encourage clinicians to contribute to the revision of the policy. Endeavour to gain input from SEPT.	Completed	AD for Nursing (Cheryl Schwarz)	Dir of Ops	Multi-professional event arranged for inclusively. Policy implemented as per 2.

6	I	Monitor the utilisation of 'safe rooms' and compliance with the SOP.	Develop a log of utilisation of the side-rooms for close supervision. Control room / bed management team to maintain the log and provide weekly reports to the Director of Operations		Acting AD for Nursing (Cheryl Schwarz) & Sandra Steeples	AD Nursing & Dir Ops	Being implemented as per the close supervision policy (no. 5)
7	C	Patients with mental health issues do not have a care pathway	Develop a care pathway for patients with mental health issues	Summer 2011	Medical Director (Grahame Tosh)	Medical Director	Ongoing

C = Compliance action required
 I = Improvement action required

SBS – CQC 09 02 11