Coventry City Council

# Agenda

## Health and Social Care Scrutiny Board (5)

**Time and Date**
1.30 pm on Wednesday, 18th November, 2015

**Place**
Committee Rooms 2 and 3 - Council House

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**Public Business**

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 5 - 10)

   (a) To agree the minutes of the meeting held on 3rd November, 2015

   (b) Matters Arising

4. **Serious Case Review - Mrs E** (Pages 11 - 46)

   Briefing Note of the Executive Director of People

   David Watts, Assistant Director, Adult Social Care Operations, Chair of the Review Board and Chris Babbs, Independent Author of the Review Report have been invited to the meeting for the consideration of this item.

   The following have also been invited for this issue and for item 5 below:

   Joan Beck, Independent Chair of the Safeguarding Adults Board
   Cat Parker, Coventry City Council
   Mark Radford, University Hospitals Coventry and Warwickshire
   Jamie Soden, Coventry and Warwickshire Partnership Trust
   Glynis Washington, Coventry and Rugby CCG

5. **System Wide Review - Mrs F** (Pages 47 - 72)

   Briefing Note of the Executive Director of People

   Simon Brake, Director of Primary Care Sustainability and Integration, Coventry City Council, Chair of the Review Board and Laurence Tennant, Independent Author of the Review Report have been invited to the meeting for the consideration of this item, along with David Watts, Coventry City Council.

6. **Coventry Safeguarding Adults Board Annual Report 2014/15** (Pages 73 - 98)

Briefing Note of the Executive Director of People

Joan Beck, Independent Chair of the Safeguarding Adults Board has been invited to the meeting for the consideration of this item

7. **Outstanding Issues Report**

Outstanding issues have been picked up in the Work Programme

8. **Work Programme 2015-16** (Pages 99 - 106)

Report of the Scrutiny Co-ordinator

9. **Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 10 November 2015

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 12.30 p.m. on 18th November, 2015 giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford (By Invitation), D Galliers, J Innes, T Khan, J O'Boyle, D Skinner, D Spurgeon, K Taylor, S Walsh and D Welsh (Chair)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

**Liz Knight**
**Telephone: (024) 7683 3073**
**e-mail: liz.knight@coventry.gov.uk**

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**Coventry City Council**
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Tuesday, 3 November 2015**

Present:

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| Members: | Councillor D Welsh (Chair)<br>Councillor D Galliers<br>Councillor J O'Boyle<br>Councillor D Skinner<br>Councillor K Taylor<br>Councillor S Walsh |
| Co-Opted Members: | David Spurgeon |
| Other Members: | Councillors J Clifford, M Mutton and E Ruane |
| Employees (by Directorate) | V Castree, Resources Directorate<br>P Fahy, People Directorate<br>M Greenwood, People Directorate<br>G Holmes, Resources Directorate<br>L Knight, Resources Directorate<br>J Moore, People Directorate<br>A Rooney, People Directorate<br>C Walding, People Directorate |
| Apologies: | Councillors M Ali and J Innes<br>Councillors L Bigham and P Seaman (Education and Children's Services Scrutiny Board (2)) |

**Public Business**

29. **Declarations of Interest**

There were no declarations of interest.

30. **Minutes**

The minutes of the meeting held on 7th October, 2015 were signed as a true record. There were no matters arising.

31. **Director of Public Health Annual Report 2015**

The Board considered a report of the Director of Public Health concerning her Annual Report for 2015, a copy of which was set out at an appendix to the report. The report was also to be submitted to Cabinet on 24th November and to the Health and Well-being Board on 7th December. Councillor Ruane, Cabinet Member for Children and Young People, Councillor Clifford, Deputy Cabinet Member for Health and Adult Services and Councillor M Mutton, Chair of the

Education and Children's Services Scrutiny Board (2) attended the meeting for the consideration of this item.

The report was a statutory report produced each year to inform local people about the health of their community as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed. This year the report focused on the health needs of the 0-19 population within the city covering the life course of a child from conception through to 19 years.

The report had been developed in consultation with stakeholders who provided services for 0-19 year olds in the city. A workshop was held prior to the commencement of the report and the views of parents, school teachers, and representatives from a number of services helped to determine the topic areas and services that were featured.

One of the key Marmot policy objectives was to give every child the best start in life. The report highlighted the benefits of preventing poor health and the importance of intervening early so that a real difference could be made to a child's life, whatever the circumstances. Improvements were highlighted which included increasing numbers of children being deemed ready for school and reduced numbers of hospital admissions for alcohol and drugs. There was an understanding of what needed to be done to narrow the inequalities gap and exceed expectations. The importance of building resilience was a key theme for both parents and children throughout their childhood.

Members raised a number of issues arising from the report and responses were provided, matters raised included:

- 40% of children were not ready for school, although this figure was better than some other areas, there was still considerable room for improvement
- How could improvements be measured to ensure early intervention measures were working
- Support for the format and style of the report and clarification about its distribution
- Details about the engagement with local schools and what health support was available for pupils
- Additional information about the measures to address obesity, teenage pregnancy, self-harming and mental health issues
- The options available to change local environments, for example reducing the numbers of fast food outlets
- The involvement of Faith groups
- Any additional measures to support pregnant women to stop smoking
- How supportive were the Principals and Governing Bodies of Further Education Colleges to reduce the number of NEETs in the city and how are the figures obtained
- How do we measure successes
- Further details about the figures relating to individual Wards and concerns that reducing resources were not always focused in the priority areas.

The Chair, Councillor Welsh indicated that issues in the report would be brought back to the Board in individual reports as and when appropriate.

**RESOLVED that the Director of Public Health's Annual Report for 2015 be noted.**

32. **Improving Accommodation for Older People Consultation**

The Board considered a briefing note and received a presentation of the Director of Adult Services which provided an overview of the improving accommodation for older people consultation, outlining the approach taken and highlighting the feedback to date.

At their meeting on 11th August, 2015 Cabinet approved a consultation on the ceasing of care services from Housing with Care schemes in the city. The four schemes at Frank Walsh House, Skipton Lodge, Halford Lodge and Farmcote Lodge, were owned by Whitefriars Housing, with the care services provided by the Council. The overall objective of the proposal was to support the long term improvement in accommodation for older people within the city. These older schemes provided a standard of accommodation below that which would be expected from a modern facility. The Board were informed that there were currently 40-50 vacancies within the Housing with Care stock in the city as people were being supported to remain in their own homes. New modern facilities were being developed in the city.

On the site at Frank Walsh House, there were also two learning disability day services, Jenner8 and the Community. Those affected by the proposed closure of these two day centres were also being consulted. Details of the numbers of service users and staff affected by the proposals were highlighted.

Prior to the formal consultation commencing, a series of engagement meetings were held with service users and their family carers to explain the reasons behind the proposals. Consultation commenced on 25th August and concludes on 17th November. Group meetings had taken place and sessions had been arranged for people to talk individually to Council staff. Grapevine had been commissioned to consult with service users of the two day centres. To date 230 people had been directly consulted with and 40 on-line responses had been received.

The Board were informed of the emerging themes arising from the consultation which included concerns about the potential upheaval of a move; requests for financial support; requests to close less than four of the schemes; concerns that the same levels of support wouldn't be available and the impact this would have on family carers; a desire for the day services to be able to continue; and a recognition of the quality service currently provided by staff.

The Board noted that feedback from the consultation was to be presented to Cabinet at their meeting on 5th January, 2016 along with recommendations following the consultation.

Members raised a number of issues arising from the presentation and responses were provided, matters raised included:

- What were Whitefriars proposing to do with the buildings once the schemes closed
- Were positive messages being put across in the local media regarding the objectives for the proposals
- What was the current views of service users who experienced the previous closures at Jack Ball House and George Rowley House
- Would the proposals ensure that future requirements for accommodation could be met
- Clarification that all hand written and e-mail responses would be taken in to account

**RESOLVED that the work completed on the consultation to date be noted.**

33. **Deprivation of Liberty Safeguards**

The Board considered a briefing note of the Director of Adult Services which informed of the current challenges faced by the City Council regarding Deprivation of Liberty Safeguards (DoLS) in order to enable onward briefings to MPs in light of the significant pressures and risks to local authorities following a Supreme Court ruling in 2014.

The DoLS were part of the Mental Capacity Act 2005 and aimed to ensure that people in care homes and hospitals were looked after in a way that did not restrict their freedom. The safeguards ensured that a care home or hospital only deprived someone of their liberty in a safe and correct way, and that this was only done when it was in the best interests of the person and there was no other way to look after them.

Following the Cheshire West Court Ruling in March 2014 which redefined what constituted a deprivation of liberty, the volume of applications increased dramatically - a ten-fold increase on previous national activity. In recognition the Department of Health announced one-off funding of £25m towards the cost of DoLS in 2015/16, with Coventry receiving £165,000 of this funding.

Coventry had experienced a significant increase in referrals, 122 in 2013/14 up to 681 in 2014/15, a 458% increase. The expected demand for 2015/16 was anticipated to be around 1200 applications. Once a case had been assessed and authorised if a deprivation remained in place there was a requirement to review within a year. To manage this situation the Council had created a small team to focus on the work; commissioned an external organisation to undertake assessments and trained a number of existing staff. Resources had been diverted from other areas of Adult Social Care to support this situation. Based on expected activity there was likely to be an underfunded budget pressure of between £300,000 and £400,000 for 2016/17 and subsequent years. The Board were informed about future proposals to replace DoLS by a system of 'protective care', although there were no specific date or timescales associated with these proposals.

Members raised a number of issues arising from the briefing note and responses were provided, matters raised included:

- Concerns about the closure of the College of Social Work which meant that new training courses couldn't be accredited
- Further details about the increasing number of referrals
- The responsibility for both requesting and undertaking assessments and the likelihood of any challenges
- The relevant timescales for the assessments.

**RESOLVED that:**

**(1) The issues facing the City Council regarding Deprivation of Liberty Safeguards be noted.**

**(2) Deprivation of Liberty Safeguards be kept on the Board's Work Programme and an update report be submitted to a future meeting at an appropriate time.**

34. **Outstanding Issues Report**

The Scrutiny Board noted that all outstanding issues had been included in the Work Programme for 2015-16.

35. **Work Programme 2015-16**

The Board noted their work programme for the current year and were reminded that a joint meeting with the Education and Children's Scrutiny Board (2) was to be held on 25th November, 2015 to consider the Child and Adolescent Mental Health Service (CAMHS).

36. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 3.45 pm)

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Coventry City Council

# Briefing note

**To: Health & Social Care Scrutiny Board (5)** **18th November, 2015**

**Subject: Serious Case *Review (CSAB/SCR/2015/9)***

## 1 Purpose of the Note

1.1 The attached report presents the findings of a Coventry Safeguarding Adults Board Serious Case Review and the associated action plans, for both the serious case review and the learning from the case.

## 2 Recommendation

2.1 Health & Social Care Scrutiny Board (Scrutiny Board 5) is asked to note and consider the contents of the report, and make any recommendations considered appropriate to the Coventry Safeguarding Adults Board & the Cabinet Member (Health and Adult Services)

## 3 Information/Background

3.1 This report presents the findings of a Coventry Safeguarding Adults Board Serious Case Review (SCR).

3.2 The review was commissioned following the death of Mrs E, in the Spring of 2013. Mrs E died at age 66 and had been residing in a Coventry Nursing Home. Mrs E had received treatment in hospital in relation to fracture to her spine as a result of a fall, and had returned to her own home, pre her admission to the care home. She was admitted to a Coventry Care home for rehabilitation when her GP felt her recovery could be improved with a period of residential rehabilitation. Her health deteriorated while she was in the care home, which required an emergency admission to hospital.

3.3 She was critically ill on admission to hospital and subsequently died 5 days later.

3.4 Due to the nature of the concerns, an SCR was commissioned to ensure that learning could take place from the Mrs E case review.

3.5 The reports will progress to the Cabinet Member (Health and Adult Services) and the Coventry Safeguarding Adults Board will monitor delivery of the action plans.

**Cat Parker**
**Safeguarding Boards Business Manager**
**024 7683 3507** **cat.parker@coventry.gov.uk**

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**Coventry Safeguarding Adults' Board Serious Case Review**
**Executive Summary of Case No: CSAB/SCR/2015/9**

## 1. Reason for establishing the Serious Case Review (SCR)

1.1 The SCR was established by the Coventry Adult Safeguarding Board (CSAB) to review the circumstances leading to the death of Mrs E on 24th May 2013 who was 66 years of age. The SCR criteria was met because Mrs E was an adult at risk, and neglect may have been a contributory factor.

## 2. BACKGROUND AND PERSONAL HISTORY

2.1 CSAB has sought to ensure that Mrs E remains at the forefront of this Review and therefore, it is important to provide some brief biographical detail provided by the family, while ensuring the anonymity of the family is protected.

2.2 Mrs E led a busy and fulfilling life, and she and her husband were a devoted couple who liked spending time together, and with their family. Church also formed an important part of her life. Mrs E's intelligence and skills shone through in many different ways – not least in one of her favourite pastimes in solving complex crosswords. She was a talented musician, giving lessons privately after working as a secretary for many years. From 1996 onwards, Mrs E became her husband's main carer after he suffered several serious illnesses. They moved to a Housing with Care Scheme so that Mrs E's husband could receive additional support with some of the more physical aspects of his personal care.

2.3 Mrs E was described as thoughtful, considerate and always putting everyone else first. She never wanted to be any bother, never made a fuss about any health or other problems and was appreciative of any help or thoughtful behaviour shown towards her. These aspects of Mrs E's personality were to play a key part in the chain of events which led to her tragic and untimely death. The extent to which Mrs E was popular and well respected was reflected in the high turn-out at her funeral.

## 3. SUMMARY OF KEY EVENTS AND MAIN FINDINGS

3.1 This section provides a chronological summary of events, followed by an overview of actions taken by professionals in respect of some key issues.

### Fall and Admission to Hospital

3.2 On 23rd March 2013, Mrs E fell on the ice when visiting a local shop, but for several days declined to act on advice to seek medical attention. Subsequently, she was taken by ambulance on 1st April to the University Hospital Coventry and Warwickshire (UHCW) where she was assessed as having a small crack in one of her vertebrae. This diagnosis was reached without the usual radiological investigations being carried out. Mrs E re-attended A&E 2 days later because of increasing pain and being unable to move, and X-rays and a CT scan revealed a compression wedge fracture of the lumbar spine. She was fitted with a back brace, and remained in hospital until 15th April. Mrs E was severely constipated for 10 days, and when this did not respond to oral laxatives, the condition finally resolved after being given an enema. Mrs E found this painful and experienced abdominal pain afterwards.

3.4 Mrs E displayed considerable anxiety when engaging in physiotherapy because of the pain in her back, leg and abdomen, but progressed to walking with the aid of a stick. Although the therapists noted how the pain from the fracture was affecting her ability to

mobilise, AB, Mrs E's daughter, felt that some nursing staff displayed a lack of person centred care - underestimating the pain and difficulties Mrs E was experiencing.

**Hospital Discharge Issues**

3.5 Mrs E was discharged on 15th April at short notice, and a day earlier than planned, probably because her bed was required. No screening took place to establish if Mrs E would require additional support on returning home, and there was no liaison with the Housing with Care Scheme which may have enabled them to plan for Mrs E's return. It must be noted that Mrs E did not receive significant support from the Housing with Care scheme herself, their residing there was primarily for support to Mrs E's husband.

3.6 There remains some uncertainty as to whether Mrs E was medically fit for discharge, which stems from the different conclusions reached in 2 reports on the significance of the abnormal blood test results of 09.04.13 which showed a raised C reactive protein (CRP). The interpretation reached by the internal Mortality Review (MR) was that this result suggested that Mrs E was probably becoming unwell, and therefore the discharge was not well thought through. The Individual Management Review (IMR) for this SCR arrived at a different conclusion that this high figure was to be expected because of inflammation after a fracture. This view was reinforced by the lower CRP figure when blood tests were carried out on her readmission in May.

3.7 Irrespective of these different findings, the SCR established that the blood test results were not looked at prior to discharge, and therefore the opportunity was missed to carry out repeat tests to see if the position had improved. The discharge decision was also taken without knowing the result of the abdominal x-ray carried out on the day of discharge which subsequently confirmed that there was no blockage in the bowel. Given that Mrs E was never weighed during her stay, this meant that the decision to discharge Mrs E was made without taking account of 3 important pieces of information. There were some gaps in the discharge summary as this did not include an explicit alert for the GP to check these results, nor did it include any information about the severe constipation problems and how these were resolved.

**Care after Return Home / Discovery of Pressure Sores**

3.8 On return home, Housing with Care staff immediately made referrals to the Fast Response Team (FRT), and Adult Social Care, because of concerns about Mrs E's reduced mobility, and the likely impact on her ability to care for her husband. The response to these was slow. A social work assessment visit was not planned until 2nd May, and 11 days elapsed before Mrs E was visited on 26th April by a community physiotherapist (CP1) because at that time, the 48 hour response service for priority referrals, which was introduced subsequently, had not been established. She and the Housing with Care scheme felt that the discharge had been "unsafe" due to the lack of advance planning. The community physio quickly secured all the necessary equipment but did not consider whether further physiotherapy would be helpful given Mrs E's continuing difficulties in mobilising.

3.9 On discovering that Mrs E had broken skin on her buttocks area, the physio made an immediate referral to the fast response team. She also arranged for a twice daily intermediate support service to augment the care being provided to Mr E by the Housing with Care Scheme. A District Nurse examined Mrs E the following day and found 3 grade 2 breaks in her skin and 2 small sores on her buttocks area. A Pro Pad pressure relieving cushion and single mattress was ordered and advice given on diet and regular repositioning. A safeguarding referral was also made to the Social Care Older Adult &

Physical Impairment Team in line with the CAB's safeguarding procedures, and a social worker visited on 30th April 2013, and organised additional domiciliary support.

3.10 The panel considered that although the District Nurses were diligent in providing care and monitoring the pressure sores, they did not consult Mrs E about her preferences when ordering a single mattress, which resulted in this being rejected when it was delivered because it was important to Mrs E to continue sharing the double bed with her husband. Their approach showed a lack of flexibility, and the panel concluded that they could have explored things in a more person centred way to find a practical solution which would be acceptable to Mrs E.

3.11 Mrs E continually declined the help offered with her personal care, which together with the rejection of the mattress, led to health and social care professionals sharing their concerns that Mrs E might be suffering cognitive impairment and might lack mental capacity. Given their concerns about the risk of the tissue damage worsening, on 2nd May, a short term admission to a Nursing Home was identified as the best way forward. This option was put to Mrs E by the GP, and there is some evidence that Mrs E felt pressured by the GP into agreeing to the admission.

**Response to Constipation Problem**

3.12 During the period at home, Mrs E's nursing care was provided by 5 district nurses (DNs) because of the way the service is organised. They became aware that Mrs E was again suffering with severe constipation, but the number of nurses involved resulted in duplicated activity and conflicting conclusions about the extent of the problem. Their assessments at times lacked the necessary depth, and they continued to request prescriptions from the GP for stronger oral laxatives rather than considering whether there was a need for treatment such as administering an enema. Their response may have been different had they been aware of the recent history in hospital and how the problem had been resolved. Equally, the GP at this point did not review Mrs E's changed circumstances, health needs and medication following her return home, and could have been more proactive given the increasing evidence of the continuing constipation. At the point of admission to local Nursing Home, Mrs E had probably been constipated for the last 12 days.

**Admission and Care at local Nursing Home**

3.13 On 4th May, Mrs E was admitted to a local registered nursing home. The rapid implementation of this plan, due to the impending bank holiday, created two problems. It resulted in a poor admission experience because the nurse on duty claimed to be unaware that the admission had been agreed, and also full information was not provided to the nursing home in advance about all Mrs E's circumstances and health needs to help them plan their care.

3.14 At the nursing home, Mrs E continued to suffer pain and discomfort from the back pain, tissue damage, constipation and a urine infection, There were serious deficits in the level of care and speed of response to these issues, which in part was due to there never being an over-arching care plan to address Mrs E's identified health needs. Instead, individual plans were drawn up piecemeal to address each health issue in isolation, and often there were delays before these were done. No active work was carried out in helping Mrs E improve her mobility, and the deterioration resulted in her using a walking frame and wheelchair for longer distances.

3.15 When Mrs E's overall physical condition worsened, diet and fluid charts were commenced, but these were only completed on 3 of the 9 days during the remainder of her stay. In the meantime, according to the family, Mrs E continued to lose weight noticeably. The evidence points to Mrs E having remained constipated throughout her stay, and by 11th May, Mrs E was reporting severe abdominal pain, and subsequently there were several recorded instances of other symptoms that may indicate serious constipation such as faecal impaction and leakage. From 15th May, Mrs E had episodes of vomiting.

3.16 Following plans drawn up at the first safeguarding case conference on 15th May for further investigations and blood tests, Mrs E's family raised their concerns on 18th May that Mrs E was looking profoundly unwell, and pressed for the bloods to be taken urgently - offering to take these to hospital to speed the process up. Later that evening, Mrs E fell in the bathroom and hit her head. No medical assistance was sought, and family were only informed on their visit the next day when her daughter also pressed for an ambulance to be called as she was worried about Mrs E's grossly distended stomach, and because Mrs E had not been drinking and eating for several days. The nurse on duty did not immediately act on this request as she was busy dispensing medication, but after a short delay the paramedics were called.

3.18 The failure to seek immediate medical attention on 18th May 2013, either when the grossly distended abdomen was first observed, or following the fall, was negligent, and resulted in a delay before Mrs E's serious condition was assessed. Staff should have sought immediate medical help given Mrs E's existing back injury, the fact that the fall may have involved a possible head injury, and because Mrs E was vomiting and complaining of acute abdominal pain. Mrs E's family should also have been informed. The seriousness of this inaction was recognised by the provider's management given their subsequent disciplinary action and reporting of the outcomes to the relevant national bodies.

**Second Admission to UHCW**

3.19 On 19th May, following the attendance of paramedics, Mrs E was admitted to UHCW. On examination, Mrs E was found to have severe sepsis, a perforated diverticulum, and a large pelvic abscess. X-rays showed that the original wedge fracture in her spine remained unchanged but also revealed the existence of a second wedge fracture. Although it has not been possible to establish when the second fracture occurred, it was confirmed that the consequence would be that Mrs E would have been suffering considerably more pain in the same area. Mrs E was vomiting brown liquid, had a urine infection and was doubly incontinent. Mrs E also had multiple pressure sores – 1 at grade 3. She was found to be dehydrated and had suffered significant weight loss.

3.20 It was concluded that Mrs E was too unwell for surgical intervention and she was transferred to the Critical Care Unit for guided percutaneous drainage to be carried out as soon as possible. However, there was a delay of around 36 hours before this was carried out which was in part due to problems in arranging radiologist support.

3.21 Mrs E died on 24th May 2013. The cause of death was recorded as pelvic abscess, sigmoid perforation, and fracture of the L1 vertebrae.

**Overview of Professionals' Response to Mrs E's Constipation**

3.22 The analysis of professionals' actions has led to the conclusion that after her discharge from hospital, there were several missed opportunities both during her time at home, and at the nursing home, to assess fully Mrs E's constipation and to escalate the treatment when the problem persisted. The decision to continue with laxatives appears misplaced

when the problem persisted for so long and the symptoms were becoming more extreme. The analysis indicates that there was insufficient note taken by professionals of the guidance issued by the National Institute of Clinical Excellence (NICE) as Mrs E displayed several of the symptoms / factors listed as potential indicators of a serious problem. Although it will never be known when the perforation of the bowel occurred, Mrs E's bowel pathology was clearly worsening by 15th May 2013 by the increasing severity of symptoms. It is possible that had alternative action been taken by clinicians in the community at this time, a different outcome may have occurred. It must be emphasised however, that this suggestion is clearly speculative.

**Overview of Professionals' Response to Mrs E's Pain and Symptoms**

3.23 A major challenge for professionals was that there was often a marked difference between what information Mrs E shared with family about her symptoms, and what she shared with professionals. The earlier profile of Mrs E provides some helpful insights as to why this might have been, with Mrs E's desire not to be a burden or make a fuss. However, notwithstanding this, professionals were not sufficiently pro-active in checking these out with Mrs E, and there was a lack of depth to many of their assessments, for example in respect of the degree of pain Mrs E was experiencing and how this was impacting on her life. Professionals rarely established a full picture, and although Mrs E contributed to this in not sharing full information, there were missed opportunities by some professionals to adopt a more pro-active and structured approach to assessments. More probing may have uncovered the extent of her problems sooner and triggered further medical assessments and treatment. When Mrs E did disclose the extent of pain and problems, there were many instances where insufficient consideration was given to her accounts.

**Overview of Mental Capacity Issues**

3.24 It proved difficult to get a sense of what changes were observed in Mrs E's cognitive functioning which led to some professionals assessing whether Mrs E's cognitive functioning was impaired, and whether she lacked mental capacity, in the light of what were perceived as Mrs E's potentially unwise decisions. Assessments that were carried out concluded that Mrs E had mental capacity but was experiencing some confusion and impaired memory. The panel agreed that there was considerable uncertainty and ambiguity in this case, and where this exists, it is difficult for professionals to know when to act, and how to evaluate someone's behaviour and responses. Where assessments were initiated, the panel agreed that they were acting in accordance with the Mental Capacity Act which requires assessments to be decision specific at the time that decision needs to be made.

**First Safeguarding Processes**

3.25 Mrs E's case was not well considered through either of the two safeguarding processes. The conclusion of the first process that the pressure sores were due to self-neglect and Mrs E's "non-compliance", stemmed from professionals' lack of knowledge and understanding about Mrs E's personality and values. The panel found no evidence or indication of self-neglected – she was a proud and previously independent person, who was reluctant to accept help through a combination of not wanting to make a fuss, and wanting to maintain control of her life and privacy.

**Second Safeguarding Process**

3.26 A second safeguarding investigation was commenced after AB raised a safeguarding alert with the Social Care Team on 21st May, once the seriousness of Mrs E's condition had been established, raising her concerns about the care provided during Mrs E's stay at the

Nursing Home. This second process was poorly managed. The decision not to hold a strategy meeting in line with approved procedures, not only resulted in no consideration being given to notifying the police, but meant that there was inadequate planning of the investigation. This, and the weak chairing at the three case conferences, resulted in drift in gathering answers on several key issues, and a shift away from the original focus of the second alert. The fact that the UHCW Root Cause Analysis Report, and Mortality Review were not shared also impacted on the effectiveness of the safeguarding process. Ultimately, the process ran out of steam which was shown by the lack of reasons recorded for the conclusion that Mrs E had suffered neglect during her time at the nursing home.

**Post Mortem Issues**

3.27 A post mortem was not held which may have provided answers to the unresolved questions of when the second fracture occurred, and the cause of the perforated diverticulum and abscess. While the panel could see why this decision was made, it was concerned that the checks and balances built into the referral system did not work in this case. The decision not to inform the police about the first safeguarding alert, and the long delay before notifying them of the second alert, proved significant as this meant that there was no "flag" in the Coroner's office systems about the previous or current safeguarding issues which might have triggered further enquiries. The sudden death notification form sent to the Coroner's Office by UHCW did not identify any safeguarding issues even though by the time Mrs E died, agencies had been informed of the second alert made by family, and the further alert raised by UHCW because of the pressure sores. As there was a doctor willing to sign the death certificate, the Coroner made a decision not to request a post mortem.

3.28 The panel considered the issue as to whether Mrs E's death should be viewed as "expected" or "not expected". One view was that this was expected death given the seriousness of Mrs E's condition when she was re-admitted. Some other panel members took the view that looking at the whole time period covered by the SCR, and Mrs E's generally good health prior to the fall, her death could be viewed as "unexpected".

## 4. KEY LEARNING

4.1 The key learning covers a number of issues within the following themes:-

- Clinical Assessments
- Hospital Discharge
- Case Planning and Continuity of Care
- Person Centred Practice
- Risk Management
- Mental Capacity
- Safeguarding Processes

**Clinical Assessment of Back Injuries**

4.2 It is important that when patients present at A&E with back injuries, doctors should ensure assessments are in line with national guidelines. Where there are reasons for departing from these, for example not calling for an X-ray or other scans, the reasons should be documented along with whether the patient was given a choice or declined these. In addition, the patient's previous level of mobility should be established to provide a benchmark for assessing the impact of the injury on the ability to carry out basic daily activities, and whether there is a need for further support to aid rehabilitation.

**Assessing Pain**

4.3 The analysis has identified the importance of professionals adopting a more pro-active approach in carrying out holistic pain assessments, making full use of national guidelines and checklists such as those issued by the Royal Society of Physicians and the British Pain Society in 2007. To help professionals gain greater understanding of how patients may experience pain, training should make use of Help the Aged studies which include patients' descriptions of their experiences.

**Assessment and treatment of constipation**

4.4 Agencies need to ensure that staff have received training which covers the NICE guidance, and apply this in their assessments.

**Diagnosis and Treatment of Sepsis**

4.5 Given the delays that occurred in treating Mrs E's sepsis, it will be important for CSAB to agree how professionals' awareness can be increased on recognising the possible signs and symptoms, and the importance of rapid diagnosis and treatment to improve the chances of survival. CSAB should also require assurances from local agencies that staff have been reminded that emergency medical help must be sought immediately when patients vomit brown, or coffee grained, liquid.

**Hospital Discharge**

4.6 A number of actions have been agreed to improve hospital discharge planning. The term "now medically ready for discharge" should be recorded in the medical notes and discharge summary. A patient's home circumstances must be explored in sufficient depth to ascertain what support will be available post discharge, and whether this appears sufficient. When there is an indication that the patient, or anyone living with her, has carers, this must always act as a trigger to probe further. A protocol should be drawn up for liaison between hospitals and Housing with Care schemes to facilitate smooth transition from hospital to home with all necessary support and equipment in place prior to discharge.

4.7 Discharge summaries must comply with national guidance to include a brief summary of all relevant information covering all investigations, new diagnoses, and why medications have been started or stopped including constipation. Clear instructions must be given as to whether the provision of a back brace is essential to aid recovery, or is optional to provide comfort and support. Patients' needs for ongoing physiotherapy post discharge will also be included when there has been an injury affecting mobility or dexterity.

**Care Planning and Continuity of Care**

4.8 A key recommendation from this review is that health and social care organisations implement an integrated assessment process so that care planning is person-centred, effective and coordinated. This requires full sharing of information, trusting other professionals' judgements, reducing duplication, so that the range and complexity of an older person's needs are properly identified and addressed in accordance with their wishes and preferences. As part of these developments, the pro-active contribution of GPs will be crucial in ensuring continuity of care, particularly when patients are discharged from hospital or residential settings. A key element for ensuring effective planning will be agreement at all stages of involvement as to which professional / agency is to be the lead professional to co-ordinate services. Similarly, there should always be a key worker within residential settings.

**Person Centred Practice**

4.9 This SCR has highlighted that in any professional involvement, the needs, views and choices of the individual takes centre stage at all times, and that they are fully involved in decisions about the support they need. Decisions need to take account of all relevant factors including age, gender, living arrangements, personal relationships, lifestyle, and culture - as well as their illness or disability. When dealing with pressure sores, professionals need to look for creative solutions in negotiation with service users where standard service options are not acceptable.

4.10 Although guidance states that information gathering should be of a depth and detail "proportionate to the person's needs", a recurring theme within this SCR, was the lack of knowledge about Mrs E's background, attitudes, values and use of language which would have helped inform assessments and decisions. Agencies therefore need to ensure that professionals bring to their work the necessary level of "professional curiosity" to probe issues - particularly where patients and service users do not share information, and are reluctant to accept help or act on advice.

**Risk Management within Housing with Care Settings**

4.11 The SCR has identified the need for further guidance for Housing with Care staff on their roles and responsibilities in approaching situations where there may be a tension between respecting tenants' rights to independence in decision-making, and the need to safeguard tenants who are perceived to be placing their welfare at risk.

**Mental Capacity**

4.12 All agencies have identified the need for more training around assessing mental capacity. Within this, it will be important to include a reminder of the possible causes of short term impaired cognitive ability which was not apparent in this case.

**Safeguarding Process**

4.13 This SCR has identified the need for additional training on all aspects of the safeguarding arrangements and formal processes, including the importance of strategy discussions to scope the investigation, and the organisation and conduct of case conferences. In addition, more detailed guidance should be provided on the type of situations where the police should be notified. Where professionals are uncertain how to proceed, advice should be sought from their safeguarding lead at an early stage, who may assist in discussions with their counterparts, when necessary, to agree a way forward.

**Post Mortem Issues - Liaison with the Coroner's Office**

4.14 To ensure due consideration is given to the need for a post mortem in circumstances such as this case, CSAB should make an approach to the Coroner to seek agreement to the drawing up of a formal protocol to establish a two way liaison process. The protocol would specify the circumstances where relevant information will be shared about cases or services where there is a known, or potential, safeguarding issue, and during the conduct of a Safeguarding Adults Review (SAR). Alongside this initiative, the format of the hospital sudden death notification form should be revised to make it clear when there has been a safeguarding issue.

**Safeguarding Adults Reviews (SARs) Methodology**

4.15 The future conduct of Safeguarding Adults Reviews (SARs) has now been placed on a statutory footing through implementation of the Care Act 2014 from 1st April 2015. Key learning from this SCR is that the model adopted for future SARs should involve managers and practitioners as this will enable more direct exploration of key events, how their view of the case at the time shaped their actions, and identify any organisational or "system" issues which affected their approach. It will also be essential for CSAB to agree a protocol to cover how any parallel investigations will feed into the SAR and those reports are shared.

## 5. MULTI-AGENCY RECOMMENDATIONS

5.1 The multi-agency recommendations are organised around the 3 key themes underpinning the learning from this SCR.

**Safeguarding Processes**

1. CSAB should assure itself that there is a clear framework and methodology for conduct of SARs, including a protocol for agreeing how any parallel investigations and reports will be shared during the SAR process.

2. CSAB should implement a quality assurance system to check the effectiveness of its safeguarding procedures, with a particular focus on the use of strategy discussions, quality of investigation reports, skills in chairing case conferences, and time-limits for distributing case conference minutes.

3. CSAB should be assured that either through the revised Pan West Midlands Procedures, or additional local practice guidance, there is detailed guidance on the circumstances when the police should be notified of safeguarding alerts including a requirement that if a vulnerable adult, who is the subject of a safeguarding alert, dies in hospital, an automatic referral will be made to the police to explore whether neglect or mistreatment contributed to their admission, or to their death.

4. CSAB should be assured that a protocol has been established with the Coventry and North Warwickshire Coroner for sharing information in cases where there is a safeguarding issue which may require a post-mortem, or an investigation through the safeguarding procedures.

**Assessment and Treatment Issues**

5. CSAB Members should develop a protocol on how agencies will work together in cases where multiple agencies are involved including agreement on which professional will take the lead.

6. CSAB Members should assure themselves that their staff have received appropriate training, and are working to national guidance issued by Department of Health, NICE, and professional bodies to implement the learning from this SCR on the identification, assessment and treatment of pain, constipation, back injuries, sepsis and mental capacity.

7. CSAB Members should assure themselves through supervision and case audits that staff have sufficient skills to engage effectively with persons in a personalised way, in gathering relevant information to guide assessments and care planning, particularly in risky situations when patients and service users are reluctant to accept help or act on advice.

**Continuity of Care, including Hospital Discharge Arrangements**

8. CSAB Members assure themselves that when patients / service users are moving to a different environment, their organisation shares all relevant information, and contributes fully to multi-agency planning.

9. CSAB request an update report from NHS England on progress on ensuring the pro-active contribution of GPs in the development of multi-agency care plans and review of patients discharged from hospital.

10. CSAB should be assured that hospital discharge procedures include guidance on:-

- factors which should trigger screening for post discharge support;

- the inclusion of all relevant information in discharge summaries, including clear prompts for community professionals on follow up action where there are any outstanding test results;

- the importance of pro-active liaison between the hospital, community services and housing with care schemes.

## APPENDIX 1: MULTI AGENCY ACTION PLAN

**Coventry Safeguarding Adults Board, Serious Adult Review Action plan**

| | |
|---|---|
| **Name of Review SCR Mrs E** | |
| **Date 17th September 2015** | **Updated on 30th October 2015** |
| **Completed by** | **Organisation All Agencies** |

Actions must be **SMART (S**pecific **M**easureable **A**chievable **R**ealistic **T**imed) and **RAG rated – Red =**Not achieved and seriously behind schedule, **AMBER =** not achieved and slightly behind target, **GREEN =** on track to be achieved within timescale

| **Recommendation** | **Source of recommendation** (Overview report or IMR) | **Action required** | **Lead Officer and Job title** | **Update and on progress and evidence** | **Outcome – what is expected to be achieved from these actions** | **Target Date** | **Rag rating** |
|---|---|---|---|---|---|---|---|
| Coventry Safeguarding Adults Board | | | | | | | |
| 1. CSAB should assure itself that there is a clear framework and methodology for conduct of Safeguarding Adult Review (SAR) including a protocol for agreeing how any parallel investigations | Overview Report | Develop a SAR Toolkit to provide professionals with guidance required to support the delivery of the SAR process | SAR Coordinator | | All SAR's are conducted to be compliant with the required Care Act 2015 standards | Jan 2016 onwards | Green on track |

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| and reports will be shared during the SAR process. | | | | | | | |
| 2. CSAB should implement a quality assurance system to check the effectiveness of its safeguarding procedures, with a particular focus on the use of strategy discussions, quality of investigation reports, skills in chairing case conferences, and time-limits for distributing case conference minutes. | Overview Report | CSAB to mandate Quality Assurance Monitoring and Reporting as an agenda item for all CSAB meetings | Quality Assurance and Performance sub group | | Safeguarding case reviews are consistently completed within the timeframes set out in Coventry Safeguarding policy and procedure guidance (2014) and the process applied is compliant with best practice guidance (Care Act 2015) | January 2016 onwards | Green on track |
| 3. CSAB should be assured that either through the revised Pan West Midlands Procedures, or additional local practice guidance, there is detailed guidance on the circumstances when the police should be notified | Overview Report | Review West Midlands and local safeguarding policy and procedure guidance, and if necessary update the local guidance to include the circumstances when the police should be notified of | Policy and procedure task and finish group | | The Police notification process standards for safeguarding cases are achieved by all partner agencies in accordance with local policy guidance. | January 2016 onwards | Green on track |

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| of safeguarding alerts including a requirement that if a vulnerable adult, who is the subject of a safeguarding alert, dies in hospital, an automatic referral will be made to the police to explore whether neglect or mistreatment contributed to their admission, or to their death. | | safeguarding alerts by all agency providers. | | | | | |
| 4. CSAB should be assured that a protocol has been established with the Coventry and North Warwickshire Coroner for sharing information in cases where there is a safeguarding issue which may require a post-mortem, or an investigation through the safeguarding procedures. | Overview Report | Review West Midlands procedure to ensure that it includes the circumstances and the process for notifying the Coventry and North Warwickshire Coroner in cases where there is a safeguarding issue which may require a post-mortem, or an investigation through the safeguarding procedures. | Policy and procedure task and finish group Legal advisor to Board | | Clear Policy guidance in place which are fit for purpose. | April 2016 | Green on track |

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| 5. CSAB Members should assure themselves that agencies are working to local safeguarding protocols on how agencies will work together in cases where multiple agencies are involved including agreement on which professional will take the lead. | Overview Report | CSAB to establish a 'key issues' agenda item to ensure that agencies understand the impact of organisational and service changes on safeguarding | Board Business Manager | | Individual service users receive, coordinated care which improves their quality of life as standard. | January 2016 On going | Green on track |
| 6. CSAB Members should assure themselves that their staff have received appropriate training, and are working to national guidance issued by Department of Health, NICE, and professional bodies to implement the learning from this SCR on the identification, assessment and | Overview Report | Training programmes delivered within partner organisations will be a standard inclusion in the CSAB Annual report<br><br>Work Force Development sub group to review the available capacity to deliver training in relation to these key issues, and ensure that the training resource is able to meet the required need. | Board Business Manager<br><br>Work Force Development sub group | | Services are delivered in a way that is informed by best practice.<br><br>All staff can access training to meet their individual needs | January 2016<br><br>April 2016 | Green on track<br><br>Green on track |

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| treatment of pain, constipation, back injuries, sepsis and mental capacity. | | Provide a lessons learnt event which ensures staff are informed of the issues identified within the SCR findings, and able to improve their practice as a result<br><br>Assurance given annually by each member agency that their mandatory training compliance figures meet the agreed local standards | SAR coordinator<br><br>Workforce Development sub group | | Improved service user experience<br><br>Training compliance figures across all agencies meets the agreed local standards | December 2015<br>On going<br><br>April 2016<br>On going | Green on track<br><br>Green on track |
| 7. CSAB Each agency must assure themselves and the Board Members through supervision and case audits, that staff have sufficient skills to engage effectively with persons in a personalised way, in gathering relevant information to guide assessments and care planning, | Overview Report | Supervision audit to be carried out by each agency and results reported to Quality Assurance and Performance sub group<br><br>Ensure that personalisation is effectively reflected in training programmes | CSAB Board member of each relevant agency / Quality Assurance and Performance sub group<br><br>Work Force Development sub group | | People receive personalised care, that is delivered in partnership. | March 2016 | Green on track |

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| particularly in risky situations when patients and service users are reluctant to accept help or act on advice. | | | | | | | |
| 8. CSAB Each agency must assure themselves and the Board Members that when patients' / service users are moving to a different environment, their organisation shares all relevant information, and contributes fully to multi-agency planning. | Overview Report | Interagency information sharing audit to be conducted. Each agency will provide an audit report for the Quality Audit and Performance (QA&P) sub group | Agency member of QA&P sub group / sub group chair | | People receive personalised care, which is delivered in partnership. | March 2016 | Green on track |
| 9. CSAB request an update report from NHS England on progress on ensuring the pro-active contribution of GPs in the development of multi-agency care plans and review of patients discharged from | Overview Report | Request report from NHS England GP representative, to be considered at full Board | Board Manager/ SAR Coordinator | | Board are assured, or able to take corrective action to ensure that, the role of the GP in relation to care planning for patients on discharge from hospital is clear. | January 2016 | Green on track |

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| hospital. | | | | | | | |
| 10. CSAB should be assured that the hospital discharge procedures include guidance on:-<br><br>- factors which should trigger screening for post discharge support;<br><br>the inclusion of all relevant information in discharge summaries, including clear prompts for community professionals on follow up action where there are any outstanding test results;<br><br>- the importance of pro-active liaison between the hospital, community | Overview Report | Request report from CCG, UHCW, CCC and CWPT on effective hospital discharge to be considered at full Board | Board Manager/ SAR Coordinator | | Board are assured, or able to take corrective action to ensure that, hospital discharge is effective and person centred. | January 2016 | Green on track |

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| services and housing with care schemes. | | | | | | | |

**Appendix 2**

## Coventry Safeguarding Adults Board, Serious Adult Review Action plan

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| **Name of Review : Mrs E** | |
| **Date 25th August 2015** | **Updated on 2nd November 2015** |
| **Completed by: Patrick Finnegan** | **Organisation: Coventry City Council** |

Actions must be **SMART (S**pecific **M**easureable **A**chievable **R**ealistic **T**imed) and **RAG rated – Red =**Not achieved and seriously behind schedule, **AMBER =** not achieved and slightly behind target, **GREEN =** on track to be achieved within timescale

| **Recommendation** | **Source of recommendation** (Overview report or IMR) | **Action required** | **Lead Officer and Job title** | **Update and on progress and evidence** | **Outcome – what is expected to be achieved from these actions** | **Target Date** | **Rag rating** |
|---|---|---|---|---|---|---|---|
| Coventry City Council: Adult Social Care | | | | | | | |
| 1.That assessments of mental capacity are clearly recorded and contain a conclusion | IMR | 1. Further training of ASC staff in undertaking and recording capacity assessments<br>2. Skills of social workers and social care staff in assessing capacity to be considered / addressed in supervision and appraisals. | Principal Social Worker, Adults.<br><br>Head of Workforce Development. General Managers in ASC | Training has been provided on MCA in the past but there is nothing currently planned. | Completion by supervisor / supervisee of the MCA Knowledge and Competency Framework Tool to the level required by supervisee's job role. | End of March 2016 | Green |

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| 2.Development of social workers' skills in assessment, which should contain the following elements:<br>(a)A n understanding of the person, past and present;<br>(b) Emphasis on the person's assets<br>(c)Collation of the views and concerns of family members / friends;<br>(d) Acknowledgement of a person's 'culture' in all its forms<br>(e)An evaluation of the information gathered | Overview report | 1. Routine discussion of new assessments in supervision.<br>2. Further training of social workers in assessment skills, as part of continuous professional development.<br>3. Case audits of assessments | General Managers in ASC<br><br>Principal Social Worker, Adults | Training in assessment skills has been provided as part of preparation for the Care Act.<br><br>Workforce Development plans to commission further training which can cover these areas. | Social workers to demonstrate capabilities in assessment as per TCSW Capabilities Framework for the Care Act. | End of March 2016 | Green |
| 3.Social workers to be more rigorously challenged about the assumptions and biases which underpin their decision making when working with individuals. | Overview report | Annual observation by general managers of supervisors conducting a supervision session. This is to ensure that supervisors demonstrate skills in:<br>1. questioning social workers about the rationale and evidence base for their interventions;<br>2. facilitating reflective practice, and greater self-awareness by | General Managers and Heads of Service in ASC.<br><br>Principal Social Worker for Adults. | The practice of observing supervision sessions is not established in Adult Services. | Better decision making by social workers through the process of critical analysis, and questioning of own assumptions. This will lead to safer outcomes for service users. | On-going | Green |

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| | | practitioners. | | | | | |
| 4.That social workers complete accurate and detailed recording on care records. | IMR | 1. More regular case file audits by supervisors with feedback provided to worker.<br>2. Further training in 'good recording practice' / 'smarter recording' | General Managers in ASC.<br><br>Head of Workforce Developme nt.<br><br>Principal Social Worker for Adults. | Case file audits occur; practice may be inconsistent.<br><br>Plans to deliver training for Adults Services on recording are in progress. | Recording practice by social workers and others which is in accordance with local recording policy and guidance.<br><br>In particular the following information is always recorded:<br>dates meeting minutes distributed;<br>reasons for visits being cancelled;<br>reasoning processes for decisions and interventions;<br>one record entry per contact. | March 2016 | Green |
| 5.That authors of Individual Management Reports improve the quality of their report writing. | Overview report | Workshops and guidance for staff who may be required to write IMRs. | CSAB board manager or Nominated person from SAB./ SCR sub group/polic y and practice sub group? | I am unsure if training has previously been provided. The evidence in this case suggests that a refresher is needed. | Completed IMRs which address relevant issues, accord with guidance and ToR; identify actions and learning points | December 2015. | Green |
| 6.Chairs of adult safeguarding meetings to ensure that meeting minutes are checked , | IMR | Reminder to be issued to General Managers , team leaders, Team Managers and Senior Practitioners about | Adult Safeguardi ng Manager | | Prompt distribution of safeguarding meeting minutes in accordance with local policy. | September 2015 | Green |

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| authorised and distributed within stipulated timescales. | | these timescales | | | | | |
| **Recommendation** | **Source of recommendation** (Overview report or IMR) | **Action required** | **Lead Officer and Job title** | **Update and on progress and evidence** | **Outcome – what is expected to be achieved from these actions** | **Target Date** | **Rag rating** |
| **Coventry City Council - Housing with Care should** | | | | | | | |
| 1. | Housing with Care 28.3 | Safeguarding training | Registered Managers | Mandatory for all staff | Understanding of roles and responsibilities | Rolling programme | Green |
| 2. | Housing with Care 28.3 | Training on promoting independence, including situations when it would be appropriate to intervene, and possible intervention techniques | Registered Managers | Promoting independence training available to all staff.<br>New staff behaviour framework introduced in CCC, August 2015. | Supporting workers to adopt approaches to aid intervention when difficulties arise with tenants reluctant to receive support. | Rolling programme | Green |
| 3. | Housing with Care 28.3 | Improved supervision arrangements | Registered Managers | Supervisions will continue. New behaviour framework introduced in August 2015 to enhance this more have identified a few teething problems with process during trials. | Supporting workers to explore how they approach and work with a diverse group of tenants. | Rolling programme BF will commence January 2016 | Green |
| 4. | Housing with Care 28.3 | The development of a protocol for liaison and involvement in hospital | Registered and Short Term | Appointment of Short term Manager. Works alongside | Aim to improve understanding of HwC, independent | On-going Shadowing to | Green |

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| | | discharge planning | Managers | Health and Social care professionals on a weekly basis to improve discharge process.<br>Need to extend this more with HwC, Registered Managers (RM). RM to shadow STT manager at UHCW. | living. | commence November 2015 | |

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## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| 1 | Mental capacity training programme needs to be rolled out to the entire district nursing teams (including therapists) for both existing staff and new staff. | Procure/review the training programme<br>Identify the number of staff needing to obtain the training<br>Audit number of staff completed the training<br>Audit staffs evaluation of the training. | April 2015 | Yvonne Brown | Training programme in place and staff are attending.<br>DN information services assessing the number of staff who have completed the training and the outstanding staff numbers.<br>Evaluation forms completed post training. | **Community Nursing teams will be able to utilise the mental capacity tool developed by Consultant Clinical Psychologist in consultation with Lead Nurse**<br>**This will enable rolling training programme**<br>**Training will be reviewed where necessary if evaluation indicates need for change** | **Blue** |
| 2. | The District Nurse managers need to review their current supervision to District Nurses with a view to consider offering individual supervision on a | Working group to be developed for managers to review current supervision | March 2015 | Donna Reeves | Working group formed and action put in place with the standards agreed in the outcome section | All full time staff involved in direct service user care will participate in at least an hour of clinical supervision | **Blue** |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | regular basis to enhance the district nurse supervision and learning. | | | | | at least every 2 months. Part time staff working 0.5 whole time equivalent (wte) or less will have a minimum of 3 1-hour sessions annually and those working between 0.5 wte and 1 wte will agree the appropriate minimum standard with their line manager. | |
| **3** | The District Nursing and therapy Team have training in regards to working with 'hard to engage patients' | Procure/review the training programme | Jan 2016 | Maxine Nicholls Heather Randle/ Y Brown | The directorate has a newly appointed practice facilitator who has developed a training programme for the delivery of this training. This programme plan is currently been | Develop an appropriate and meaningful training programme to support staff with difficult conversations | Amber |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | | | | | refined and a role out plan agreed. Target start date for the training programme in Jan 2016 | | |
| | | Identify the number of staff needing to obtain the training | | | Approximately 300 staff from community have been identified as needing this training | | |
| | | Audit number of staff completed the training | | | | | |
| 4 | The District Nursing team managers to consider alternative procurement of equipment when there is a request for equipment that is not of the standardised issue. | Review of commissioning arrangements and use of alternative commission when required equipment not available | | | DN team managers state that they cannot carry this out, as it sits with the commissioners To discuss with CSAB SCRsub group re not able to complete this | | |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | | | | | element of the recommendation due to it needing to be commissioners action | | |
| | | Dissemination to staff what to do when equipment is required and not available via the normal procurement | March 2015 | Donna Reeves | Email to be sent to all staff | | |
| 5 | CWPT will issue a reminder via its learning alert system that should staff be in a position where items they require cannot be procured then a clinical incident form should be raised so there is appropriate management oversight of the situation | Learning alert to be developed by the Lead Nurse for Community Services and Designated Lead for Safeguarding | Nov 2015 | Chris Evans | Meeting scheduled for 21st Sept 2015 to develop alert - Completed | | Green |
| | | Learning Alert to be posted | | | Learning Alert to be published in w/c 16th Nov | | |
| 6 | CWPT will ensure that a communication is made to all District Nursing staff reminding them of the need to follow relevant | Communication to be developed by the Lead Nurse for Community Services and the Designated Lead for | Nov 2015 | Chris Evans | Meeting scheduled for 21st Sept 2015 to develop alert - Completed | | Green |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | clinical guidance in the management of constipation and to ensure that GP medical review is requested if there are concerns about current efficacy of interventions to treat constipation despite the appropriate advice and support being given in relation to factors such as mobilisation and fluid and dietary intake. | Safeguarding | | | Learning Alert to be published in w/c 16th Nov | | |
| | CWPT will ensure that training on constipation that is delivered does include reference to NICE guidance for assessment and management of constipation and the threshold for referral to a GP forms part of the training provided. | Designated Lead for Safeguarding to agree with Lead Nurse for Community Services the methodology for the review of training provided and scope of post learning audit<br>Nurse Lead for Community services to review the Continence training programme in relation to constipation to ensure that reference to NICE guidance | Jan 2016 | Donna Reeve | Designated Lead for Safeguarding to discuss the assurance needed with this action in meeting on the 21st September 2015. - Completed<br><br>Lead Nurse is reviewing the training and has incorporated this as | | Green |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 3 - CWPT SCR Action Plan – 05th November 2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | | is included and that referral threshold is covered.<br><br>Post training audit to be completed to ensure key messages have been delivered and understood | | | an action within the directorate Safety and Quality forum for oversight. | | |

*Blue – completed, Red – not achieved and seriously behind schedule; Amber – not achieved and slightly behind schedule; Green – on track to be achieved within the timescale*

## Appendix 4 - UHCW SCR Action Plan Mrs E – 05/11/2015

| Ref | Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|
| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| **1** | To improve the neurosurgical ward care plan to include communication section. | **1a) Revise the care plan to include a specific multi professional communication section.**<br>1b) Pilot Revised care plan,<br>**1c) Audit revised care plan in use from 5 sets retrospective records with the Ward sister**<br>1d) Amend care plan as indicated from audit findings, Implement final version | **1a) Aug 2014**<br>**1a) Aug 2014**<br>**1c) Aug 2014**<br>**1d)Sept 2014** | **Modern Matron , Neuro surgery** | **1a) Task completed**<br>**1b) Task Completed**<br>**1c) Task completed**<br>**1d) Task Completed** | **Personalised care plans, which demonstrate, via the audit process that multi professional communications with patients and carers has improved patient experience.** | **Blue** |
| **2.** | To develop a Back Brace Information leaflet for patients, family and other service users on discharge | **2a)Develop and Implement an information leaflet for use by the carers of, and patients fitted with a Back Brace-**<br>**2b)Upload the verified leaflet onto the intranet homepage**<br>**2c)Present at Neurosurgical QIPS meeting, present at neurosurgical ward meeting** | **2a) Oct 2014**<br>**2b)Oct 2014**<br>**2b)Oct 2014** | **Therapy Lead, Neuro sciences, UHCW** | **2a) Task Completed**<br>**2b) Task partially completed**<br>**2c) Task Completed** | **2a) Printed leaflet has been designed and is in current use.**<br>**2b)Leaflet is in use but a pilot stage, will be approved for uploading to intranet shortly.**<br>**2c)Assurance that the Quality improvement has been made and shared with professional within this specialty** | **Green** |
| **3** | To verify that the discharged plans for patients reflect their individual care needs ie Back Brace care and their possible responsibilities as a carer pre their admission to hospital | **3a) Audit 5 sets of notes** , screening for assessment needs including home circumstances for discharge planning **for patients who were discharged with back brace during July and August 2014.** | **3a) Aug 2014**<br>**3b)Oct 2014** | **Therapy Lead, Neuro sciences, UHCW** | **3a) Task Completed**<br>**3b) Task Completed** | **Discharge plans include all the relevant information to meet the personal needs of the individual patient and their home circumstances.** The UHCW discharge summary is now via e discharge and it provides | **Blue** |

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| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | | **3b)Present findings at Ward and Therapy team meeting in September / October 2014**<br>3c) Implement any remedial actions as part of audit findings | **3c) Nov 2014** | | **3c) Completed** | prompts to the GP when action is needed. | |
| **4** | To verify Back Brace training for patients/carers is delivered as standard as part of the discharge care planning process for this cohort of patients and their carers | **4a) Audit 5 sets of notes of patients who were discharged with back brace during July and August 2014.**<br>**4b)Present findings at Ward meeting in October 2014**<br>4c) Implement any remedial actions as part of audit findings | **4a) Aug 2014**<br>**4b) OCT 2014**<br>**4c) Nov 2014** | **Modern Matron , Neurosurgery, UHCW** | **4a) Task Completed**<br>**4b) Task Completed**<br>**4c) Task completed** | **Delivery of Back brace training pre discharge a standard inclusion in the care and discharge planning documentation for this cohort of patient**<br>**Back brace training now included in manual handling training.** | **Blue** |
| **5** | To ensure the coroner is notified when a patient is in safeguarding when they die. | 5a) Commission a task and finish group to compare UHCW death notification document with other examples with a view to improving the visibility of this notification point on the document<br>5b) Amend and draft UHCW paperwork to the agreed improvement standard<br>5c) Ratify amended version via patient QSC<br>5d) Implement across the Trust | 5a)March 2015<br>5b) May 2015<br>5b) May 2015<br>5d) June 2015 | Deputy Dir Nursing | 5a. Documentation is under review to ensure notification to coroner of death while safeguarded.<br>5b. Review in progress.<br>5c. To be carried out.<br>5d To be implemented. | This process will clarify which patients are required to be referred to the Coroner while under a Safeguarding. | Amber |
| **7** | To ensure all staff are aware of sepsis 6 and the serious implications for patients. | UHCW has implemented sepsis awareness training with sepsis 6, information boards displayed in clinical areas to increase sepsis awareness. | Sept 15 | Deputy director of nursing | Completed | | Blue |

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## Appendix 4 - UHCW SCR Action Plan Mrs E – 05/11/2015

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| | | *Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed* | | | *Please provide evidence of progress* | *What improvements do you expect to achieve from the actions you have identified?* | *Blue, Red, Amber, Green (see below)* |
| | | | | | | | |
| | | | | | | | |



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Coventry City Council

# Briefing note

**To: Health & Social Care Scrutiny Board (5)** **Date: 18 November 2015**

**Subject: System Wide Review – Mrs F**

## 1 Purpose of the Note

1.1 The attached report presents the findings of a Coventry Safeguarding Adults Board System Wide Review –Mrs F and the associated action plans, for both the system wide review and the learning from the case.

## 2 Recommendation

2.1 Health & Social Care Scrutiny Board (Scrutiny Board 5) is asked to note and consider the contents of the report, and make any recommendations considered appropriate to the Coventry Safeguarding Adults Board & the Cabinet Member (Health and Adult Services)

## 3 Information/Background

3.1 This report presents the findings of a Coventry Safeguarding Adults Board System Wide Review (SWR).

3.2 The review was commissioned following the death of Mrs F, in Spring 2013. Mrs F died at age 80 and had been residing in a Coventry Nursing Home. Mrs F had received treatment in hospital in relation to pressure ulcers, and soon after a discharge from hospital she died.

3.3 Due to the nature of concerns a SWR was commissioned to ensure that learning from the case of Mrs F, and wider learning related to placement decisions and monitoring of Nursing and Residential Care Homes.

3.4 The reports will progress to the Cabinet Member (Health and Adult Services) and the Coventry Safeguarding Adults Board will monitor delivery of the action plans.

**Cat Parker**
**Safeguarding Boards Business Manager**
**024 7683 3507** **cat.parker@coventry.gov.uk**

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**Coventry Safeguarding Adults' Board System Wide Review**
**Executive Summary of Case no: CSAB/SWR/2015/1**

## What is a System Wide Review?

A System Wide Review (SWR) is held when a vulnerable adult has died or been seriously injured or impaired, and abuse or neglect is known or suspected to have been a factor, and broader system issues, rather than just issues relating to a single case, are believed to have been a significant factor. The purpose of a System Wide Review is to carefully consider the circumstances surrounding the death or serious injury, in order to learn lessons to avoid a similar situation arising in the future, and to determine whether system improvement will reduce the likelihood of the recurrence of this sort of concern or, ultimately, death. It is important to understand that this means that most deaths do not lead to a System Wide Review, only those that meet these criteria.

System Wide and Serious Incident Reviews are undertaken as part of the overall National Government requirements, described in the Care Act 2014 and, formerly, "No Secrets", which provides a framework for Safeguarding Adults, and in accordance with the policies and procedures set out by Coventry Safeguarding Adults' Board (CSAB). Serious Incident and System Wide Reviews are not inquiries into how a vulnerable adult died or who is to blame.

This System Wide Review was conducted in line with the procedures and systems agreed across the city, by the CSAB. These procedures include the appointment of an independent author with significant experience, credentials and, most importantly independence from all of the organisations concerned to write the SWR. There is also the requirement of each organisation involved to undertake an Independent Management Review (IMR), and the submission and testing of those reviews to an SWR committee.

Once the IMRs are all received and analysed, a report is drafted by the Independent Author and considered by the CSAB Serious Incident Review subcommittee. A final report is then presented to a specially convened CSAB meeting, and an action plan developed by the agencies and organisations concerned, in order to meet all the recommendations in the SWR's conclusions. This review addressed concerns relating to the care of a female adult, Mrs F and also relating to aspects of the Commissioning and Regulation of Residential and Nursing Homes in Coventry.

## The Facts of the Case, Summary & Overall Analysis

Mrs F died during the spring 2013 whilst residing in a Nursing Home in Coventry. Born in 1933 she was 80 years old when she died, lived in the city all of her life, and, especially towards the end of her life, had significant and caring support from her close family, particularly her granddaughter. Mrs F had been moved from a Housing with Care facility at the end of 2012 following a brief period in hospital. This move was made because it was decided that a level of nursing care would be necessary for her ongoing care.

During her stay at the nursing home, pressure ulcers were identified on her legs which ultimately required a period of assessment and treatment in hospital. Soon after her discharge from hospital Mrs F died. A referral to the Safeguarding Adults arrangements had been made approximately a month before Mrs F's death to a Tissue Viability specialist nurse following her identification of a Grade 4 pressure ulcer. The first Safeguarding Case Conference was held four days after her death.

The Safeguarding Adults Serious Case Review Sub Group reviewed the circumstances of her death in the early summer of 2013. Whilst it was agreed that the case met the criteria for a Serious Case Review (SCR), the Sub Group felt that there were wider issues which would benefit from review, particularly as there were a number of people subject to Safeguarding arrangements residing at the nursing home concerned at the same time as Mrs F. The SCR Sub Group were aware that a number of different sources of information existed in relation to care at Nursing and Residential Care Homes which could assist agencies in placement decisions and the overall monitoring of care quality including:

- Reports available from the Regulatory body, the Care Quality Commission (CQC).
- Reports arising from Health and Safety inspections.
- Information available to Health and Social Care Commissioners about the quality of services available at Residential and Nursing Homes.

The SCR Sub Group were of the view that it was possible that the information deriving from these sources might not directly influence placement decisions in as timely way as it should. They were aware of similar such concerns from earlier work carried out with a Residential Home within the city. They concluded therefore that a Serious Case Review in relation to the case of Mrs F by itself would not necessarily address the possible "system wide" failures suggested.

As a consequence the Sub Group proposed that a "System Wide Review" (SWR), incorporating the individual case of Mrs F, should be commissioned in an attempt to address wider concerns. The process proposed for undertaking this System Wide Review (SWR) is informed by West Midlands guidance for Large Scale Investigations within the Safeguarding framework.

Reviews of this kind are not intended to attribute blame but to endeavour to learn lessons and make recommendations for change which will help to improve the safeguarding and wellbeing of vulnerable adults in the future. In this instance the Safeguarding Adults Serious Case Review Sub Group identified a number of targets for improved practice which a wider review might help to address. In relation to the individual case (Mrs F) they identified:

- Issues related to the direct management of Mrs F's care.
- Issues related to mental capacity.
- The role of the GP.

In relation to the wider service system they identified:

- Improvements needed to the way in which organisations work together to safeguard adults across the wider "system".

- Improvements to practice, systems, and processes, used in the management of poor practice within “large scale” settings such as care homes.

The complexity of this review was exemplified by the number of factors and conclusions identified, and the involvement of so many organisations and agencies. The limits of regulators activity, especially the limited routine inspection regime, was an area of significant concern, especially when quality assurance visits from local agencies in response to locally identified concerns reached sharply differing conclusions to the routine inspections undertaken shortly before by the national regulator. National regulatory activity and responsibilities undertaken by the CQC were outside the scope of this review’s conclusions, but the relevant findings were shared with the relevant agencies as required, and improvements have been implemented subsequently.

## Conclusions

The review demonstrated that Mrs F had a complex range of needs. For a number of years these had been addressed by local Agencies in a sensitive and person centred way. However, in the last year of her life, as individuals and agencies sought to react appropriately to changes and increases in these needs, her health worsened. The Panel concluded that there were elements of the services that could have been better during that period, and had they been, this would have resulted in a better experience for Mrs F. It is impossible to say whether this would have delayed her death.

The Parallel Review emerged from consideration of the issues raised by the care of Mrs F in relation to Commissioning of places in Residential/Nursing Homes and the Regulation of these providers. The Single Case Review found shortcomings in the services provided to Mrs F. The Parallel Review found that some of these failures were the responsibility of a Nursing Home which had been assessed by the Regulator and Commissioners as meeting minimum standards. However, the IMR conducted by the Nursing Home covering the same period found significant failings not only in the care of Mrs F but also in the wider system of care at the Nursing Home. This suggests that the Commissioning and Regulatory processes were not as effective as they should have been. Based upon this concern and similar issues arising in relation to a Residential Home, recommendations for more effective Commissioning and monitoring of services in this sector are set out below:

### What Happens Next?

Recommendations from the review form the basis of an action plan, which is regularly monitored to ensure that the recommendations are put into place. The action plan will be reviewed regularly until all of the agreed actions have been completed and implemented.

### Summary of Recommendations

Recommendations have been developed that apply to all agencies, and also that apply specifically to individual agencies. The recommendations below summarise the actions that are needed to reduce the likelihood of the events leading up to Mrs F’s death recurring in the future.

### Coventry Safeguarding Adults Board should:

- Assure themselves that Safeguarding training programmes make staff are aware that the Safeguarding procedure should be re-engaged in circumstances where concerns re-emerge and that decisions to close Safeguarding procedures must be properly recorded.
- Ensure that local guidance related to capacity and self-neglect assessment and training for staff is updated and disseminated as soon as national guidance is available.
- Review its guidance to staff for grade 4 pressure ulcer management and police notification to ensure that it is fit for purpose and, through its routine audits of cases, that this specific aspect of guidance is being followed
- Assure themselves that, where there are different Safeguarding arrangements for different client groups, these arrangements work to the same standards
- Assure themselves that the outcome of investigations are properly audited to ensure that standards of decision making, recording, risk assessment and attendance are being monitored and maintained.
-

**Coventry and Warwickshire Partnership NHS Trust should:**

- Audit their new processes for referral to their Mental Health Services to ensure that they are clear, and effective and overcome the previous weaknesses identified by this review.
- Ensure that the purpose and outcome of Community Psychiatric Nurse (CPN) contacts with clients is properly recorded
- Review their new arrangements for referral to the Tissue Viability Service to ensure that they are now clear and effective.

**Coventry City Council Adult Social Care Department should:**

- Review their guidance to practitioners relating to care planning to ensure that reviews of plans are timely and responsive to changes in need

**Coventry City Council and Coventry and Rugby Clinical Commissioning Group should:**

- Ensure through their joint monitoring and contract management that NH1 continues to meet minimum standards in the care which it provides under contracts with these agencies.
- Review current joint monitoring arrangements to ensure that they are now fit for purpose and their reporting into the Provider Escalation Panal (PEP) is timely and effective.
- Ensure that Agencies participating in PEP review with CQC whether an appropriate mechanism can be found for sharing “whistle blower” information and agreeing relevant prompt investigation.
- Review the existing safeguarding recording system and either improve the links between existing systems or bring forward plans to replace the Safeguarding record system to ensure the availability of timely effective information to Practitioners
- Review their separate and joint commissioning of Residential and Nursing Homes to ensure that an adequate level of satisfactory capacity remains available within the financial constraints that exist.

**NHS England should:**

- Evaluate the findings of this review to determine the most effective way of using its Commissioning role with GPs to ensure that the learning related to the coordination of care and proper follow up of referrals is addressed.

**All Agencies should:**

- Ensure that their local training continues to emphasise the importance of involving and communicating with family members including where the next of kin is a younger person.
- Jointly review the role and function of the PEP to improve the timeliness and effectiveness of its action. A regular auditing process reporting back to participating agencies should be considered.
- Evaluate through PEP whether an efficient system of collating low level concern information in relation to residential and nursing home facilities can be achieved simply and reliably and if so implement it.
- Review their current in-service training and quality assurance arrangements to ensure that efforts to improve standards of recordkeeping are maintained and that appropriate audit processes are in place to ensure compliance with standards set for record keeping.

**If you would like to know more about Coventry Adult Safeguarding please go to:**
**www.coventry.gov.uk/safeguarding**

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**Appendix 1 - SCR Action Plan System Wide Review –Parallel (Mrs F)– Updated: 12th October 2015**

**PLEASE NOTE the actions below should be SMART S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime specific. We need to know what is happening who is leading on it, any progress to date and when it will be completed. Also RAG ratings need completion as follows: **RED**– not achieved and seriously behind schedule; **AMBER**– not achieved and slightly behind schedule; **GREEN** – specify whether on track to be achieved within the timescale or completed.

| Ref | Recommendation | Source of Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|---|
| **Participating Agencies should** | | | | | | | | |
| **1** | Jointly review the role and function of the Provider Escalation Panel (PEP) to improve the timeliness and effectiveness of its action. A regular auditing process reporting back to participating agencies should be considered. | Overview Report (8.1.1) | Review structure and processes of PEP to ensure fit for purpose | March 2015 | Head of Strategic Commissioning | Restructuring of PEP – including introduction of standardised reports and a pre –PEP meeting | Effective and robust monitoring of quality and safety of care in care homes and timely escalation of concerns | Green Completed |
| **2** | Evaluate through PEP whether an efficient system of collating lower level concerns about services provided by residential & nursing homes can be achieved simply and reliably and if so implemented | Overview Report (8.4.1) | Review information flows to PEP and include<br>• What is reported<br>• Timeliness of reporting | March 2015 | Head of Strategic Commissioning | Safeguarding regularly attend PEP and pre PEP and provide safeguarding information regarding providers discussed. Raising concerns form is in place and reiterated for use with SW/partner teams. | Escalation of safeguarding reporting. | Green Completed |
| **3** | CSAB should ensure that all agencies review their current in-service training and quality assurance arrangements to ensure that efforts to improve standards of record keeping are maintained and that appropriate audit processes are in place to ensure compliance with | Overview Report (8.7.1) | **CCG care home quality monitoring team –** Undertake audit of quality assurance reports and records to ensure meeting required standards | May 2015 | Deputy Director of Nursing & Quality CCG | Audits completed and reports significant assurance | Commissioners have robust QA and assurance in place | Green Completed |

**Appendix 1 - SCR Action Plan System Wide Review –Parallel (Mrs F)– Updated: 12th October 2015**
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|---|---|---|---|---|---|---|---|---|
| | standards set for record keeping | | **UHCW –** Review of audits from 2011 – 2014 underway | October 2015 | Safeguarding Lead UHCW | Audit in progress - Sept 2015 completed | Show who has attended Safeguarding awareness training. | Green Completed |
| **Coventry City Council and Coventry and Rugby Clinical Commissioning Group should, building on the start that has been made since April 2013** | | | | | | | | |
| **4** | Review current joint monitoring arrangements to ensure that they are now fit for purpose and their reporting into PEP is timely and effective. | Overview Report (8.2.1) | Reviewed and updated structures and processes | March 2015 | Head of Strategic Commissioning | Single CCC and CCG quality monitoring team in place April 2015 | Assured fit and proper monitoring process in place | Green completed |
| **5** | Ensure that Agencies participating in PEP review with CQC whether an appropriate mechanism can be found for sharing "whistle blower" information and agreeing relevant prompt investigation. | Overview Report (8.2.2) | Explore current processes and associated issues. Develop new guidance in line with Freedom to speak up | May 2015 | Head of Strategic Commissioning | Reviewing freedom to speak up published February 2015 Agreed mechanism in place for CQC to share whistleblowing information with commissioners in a timely way | Clear criteria for level of appropriate action for whistleblowing | Green Completed |
| **6** | Review their separate and joint commissioning of Residential and Nursing Homes to ensure that an adequate level of satisfactory capacity remains available within the financial constraints that exist. | Overview Report (8.6.1) | Review the commissioning of care homes jointly with CRCCG and Warwickshire | Sept 2016 | Head of Strategic Commissioning | Baseline work completed and draft services specification commenced. (Warwickshire lead) | An adequate level of satisfactory care home capacity at affordable rates. | Green |
| **7** | Pep Tor review including Roles & responsibilities | IMR | PEP Tor to be updated | Dec 2014 | Head of Strategic Commissioning | Update reported at Q & A sub group | New process and TOR started in December 2014 | Green – completed |

**Appendix 1 - SCR Action Plan System Wide Review –Parallel (Mrs F)– Updated: 12th October 2015**

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|---|---|---|---|---|---|---|---|---|
| **8** | Triangulation of Safeguarding information | IMR | | Dec 2014 | Head of Strategic Commissioning, Assistant Director safeguarding, Performance & Quality, and – Head of Business Systems | Reports produced from Safeguarding Team data base. Care Director in place | | Green - completed |
| **9** | Review of Residential Contract and Service Specification | IMR | Review Contract and Service Specification | March 2016 | Head of Strategic Commissioning and CRCCG Commissioning | Progress is being made and specification is currently in draft. Timescales for implementation have moved to October 2016 in light of a joint approach across Coventry & Warwickshire with consultant input relating to price for care. | New contract and services specification in place | Green |
| **10** | Provider Forum to be used as a method of feeding back in respect of lessons learned | IMR | Feedback on lesson learned from review | April 2015 | Head of Strategic Commissioning | The Council and CRCCG have also supported and implemented a pressure ulcer awareness called "React to Red". This is a accreditation scheme for providers to ensure preventative pressure ulcer care management is in place. | Provider awareness of key issues and action to be taken on agenda | Green Completed |
| **Coventry City Council should** | | | | | | | | |

**Appendix 1 - SCR Action Plan System Wide Review –Parallel (Mrs F)– Updated: 12th October 2015**
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|---|---|---|---|---|---|---|---|---|
| **11** | Review the difficulties of using both paper based and computerised systems for safeguarding information and either improve the links between existing systems or bring forward plans to replace safeguarding record systems to ensure the availability of timely effective information to practitioners | Overview Report (8.3.1) | Ability to record Adult safeguarding on Care Director only | Feb 2015 | Head of Business Systems | Safeguarding Adults recording introduced on Care Director in Feb 2015 for Older People and All Age Disability. | All recording in one place, easily assessable and timely | Green – Completed |
| | | | | Jan 2016 | Assistant Director Safeguarding, Quality & Performance | Task and Finish group in place to ensure Mental Health Teams record safeguarding on Care Director | All recording in one place, easily accessible and timely | Green |
| **Coventry Safeguarding Adults Board should** | | | | | | | | |
| **12** | Ensure that the different arrangements for Older Adults, Mental Health and Learning Disability work to the same standards for adult safeguarding. | Overview Report (8.5.1) | | April 2015 | Safeguarding Boards Manager | West Midlands Policy & Procedures in place from 01.04.2015 | Consistent policy and process for all teams | Green completed |
| **13** | Ensure that the outcomes of investigations are properly audited to ensure that standards of decision making, recording, risk assessment and attendance are being monitored and maintained | Overview Report (8.5.2) | Team audits to be developed | May 2015 | Chair of Q & A sub Group | Full process of 22 Social Care and Mental Health files undertaken in November 2014<br>Plan for further audits including partner audits to be taken to Q & A sub group on 11.05.2015 with regular slot in future meetings for all partner agencies | Identified areas are Audited for compliance to procedures and actions taken if not. | Green |

**Appendix 1 - SCR Action Plan System Wide Review –Parallel (Mrs F)– Updated: 12th October 2015**
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| Ref | Recommendation | Source of Recommendation | Action required | Target Date | Lead officer | Update on Progress | Outcome | RAG rating |
|---|---|---|---|---|---|---|---|---|
| | | | | | | to feedback their audit findings and actions | | |
| | | | System developed to track and report risk(bearing in mind high risk can be related to chosen user outcomes) | April 2015 | Assistant Director Safeguarding, Performance & Quality | Systems and reports for tracking risk scores during safeguarding process introduced on Care Director in April 2015 | System in place from April 2015 | Green Completed |
| | | | | July 2015 | Performance Manager and Head of Business System and Data Warehouse | Reports requested from Care Director. | Report to be produced to monitor risk management. | Green |

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## Appendix 2 - SCR Action Plan System Wide Review – Mrs F – Updated 12th October 2015

Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: **S**pecific, **M**easurable **A**chievable **R**ealistic **T**imed
**RAG ratings - Red**, Not achieved and seriously behind schedule, **Amber** not achieved and slightly behind target, **Green** on track to be achieved within timescale

| Ref | Recommendation | Source of Recommendation | Action required | Target Date | Lead officer | Update on Progress and evidence of progress | Outcome – what improvements do expect to achieve from the actions | RAG rating |
|---|---|---|---|---|---|---|---|---|
| **Coventry & Warwickshire Partnership NHS Trust should:** | | | | | | | | |
| **1** | Audit their new process for referrals to their Mental Health Services to ensure that they are clear and effective and overcome the previous weaknesses identified by the SWR review | Overview report **(7.1.1)** | Single Point of Entry (SPOE) to develop an audit tool and to carry out an audit to ensure that the referral process is clear and effective | Dec 2015 | Manager SPOE | Meeting to be arranged with SPOE – Email sent on 10.03.15 and reminder 07.05.2015 *Meeting to be planned for June 2015.* audit tool being produced and will then be implemented in line with Trust Audit processes. Assurance has been provided from the Central Booking Services that they have robust admin processes for referrals in place (each being time, date stamped / recorded phone calls / all refs scanned into system at point of receipt so cannot be lost) The | That all referrals for mental health services are effectively processed | Green |

## Appendix 2 - SCR Action Plan System Wide Review – Mrs F – Updated 12th October 2015

Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: **S**pecific, **M**easurable **A**chievable **R**ealistic **T**imed
**RAG ratings - Red**, Not achieved and seriously behind schedule, **Amber** not achieved and slightly behind target, **Green** on track to be achieved within timescale

| Ref | Recommendation | Source of Recommendation | Action required | Target Date | Lead officer | Update on Progress and evidence of progress | Outcome – what improvements do expect to achieve from the actions | RAG rating |
|---|---|---|---|---|---|---|---|---|
| | | | | | | creation and registration of audit is slightly behind schedule but is expected to be archived by 31st Dec as planned | | |
| **2** | | IMR | To add to the Safeguarding level 2 training - the need to confirm diagnosis relating to mental health and dementia | | CWPT Safeguarding Team | Slide entered into training package 08.04.2015 | Slide to be entered into training package | Green Completed |
| **3** | | IMR | To review training regarding leg ulcer / pressure ulcer and referral information | Dec 2014 | Tissue Viability Service (TVS) | Training has been reviewed by TVS April 2015 | For there to be effective training to identified staff re training package leg ulcer/pressure ulcer and referral information | Green Completed |

## Appendix 2 - SCR Action Plan System Wide Review – Mrs F – Updated 12th October 2015

Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: **S**pecific, **M**easurable **A**chievable **R**ealistic **T**imed
**RAG ratings - Red**, Not achieved and seriously behind schedule, **Amber** not achieved and slightly behind target, **Green** on track to be achieved within timescale

| Ref | Recommendation | Source of Recommendation | Action required | Target Date | Lead officer | Update on Progress and evidence of progress | Outcome – what improvements do expect to achieve from the actions | RAG rating |
|---|---|---|---|---|---|---|---|---|
| **4** | Ensure that the purpose and outcome of Community Psychiatric Nurse (CPN) contacts with clients is properly recorded. | Overview Report **(7.1.2)** | To ensure all staff are aware of the implications of thorough recording in notes.<br><br>Continue to routinely audit health records /documentation | Oct 2015 | CWPT Safeguarding team and Safety & Quality / Audit | Continual and implemented Audit forward programme in place Reviewed annually by clinical audit and effectiveness committee<br><br>Included in Training material | Improvement in recording of client contacts On- going / routine practice | Green Completed |
| | | | Safeguarding training has been reviewed to reiterate the need to clearly record contact with clients. | | CWPT Safeguarding Team | | | Green completed |
| | | | CWPT Safeguarding newsletter to highlight the need for clear recording. | Dec 2015 | CWPT Safeguarding Team | Safeguarding newsletter to be finalised by end of 2015 | | Green |

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|---|---|---|---|---|---|---|---|---|
| **5** | Coventry & Warwickshire Partnership NHS Trust should review their new arrangements for referral to the Tissue Viability Services (TVS) to ensure that they are now clear and effective. | Overview Report **(7.4.1)** | Review and dissemination of information regarding the process of referral | March 2015 | Tissue Viability Service lead | Review of referrals to tissue viability have taken place, and recorded via CWPT minutes Letter of confirmation dated 10.03.2015 from Tissue Viability Nurse (TVN). | Clear and effective process in place | Green completed |
| **Coventry Safeguarding Adults Board should:** | | | | | | | | |
| **6** | All partners should ensure through their training programmes that staff are aware that the Safeguarding procedure should be re-engaged in circumstances where concerns re-emerge and that decisions to close Safeguarding procedures are properly recorded | Overview Report **(7.2.1)** | Coventry City Council Email sent out to remind all staff involved in safeguarding of these issues. | Sent 30.4.2015 | Safeguarding Adults Coordinator | | | Green Completed |
| | | | To be incorporated in new training programme for 15-16 | March 2016 . | Chair of the Workforce Development sub group | This is being discussed in the Workforce development sub Group 22.07.15 and is on going | Better understanding of procedures relating to the recording of concerns and outcomes | Green |

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|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | To be included in lessons learned from SCRs training | Dec 2015 | Serious Case Coordinator | Event planning in progress | To reiterate the lessons learnt. | Green |
| **7** | Ensure that local guidance and training for staff is updated and disseminated as soon as (further) national guidance is available on capacity and self-neglect | Overview Report **(7.7.1)** | Completion of Care Act compliant West Midlands Policy and Procedures which includes the new abuse category of self-neglect. | West Midlands Policy and Procedures in place on 1.4.2015 | Safeguarding Adults coordinator | Policy and procedures on City Council web site | Clear guidance for all staff | Green Completed |
| | | | Further more detailed regional guidance on self-neglect. | Sept 2015 | Safeguarding Adults Coordinator | Regional Self-neglect guidance being written. 1st draft completed 21.04.15 2nd draft circulated 01.07.15 CSAB Executive Committee 23.7.2015 and Board in | Clear guidance for staff handling self-neglect cases. Leading to more consistent practice. | Green |

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|---|---|---|---|---|---|---|---|---|
| | | | | | | September 2015 | | |
| | | | Self-neglect include in City Council of procedures | July 2015 | Chair of Workforce development Sub Group | Manual of procedures has been launched July 2015 | Clear guidance for staff handling self-neglect cases. Leading to more consistent practice. | Green completed |
| **8** | All partners should ensure that their local training continues to emphasise the importance of involving and communicating with | Overview Report **(7.8.1)** | Training issue to be addressed through Lessons Learned training | December 2015 | Serious Case Coordinator | Event planning in progress | To reiterate the importance of family involvement | Green |

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|---|---|---|---|---|---|---|---|---|
| | family members including where the next of kin is a young person. | | | | | | | |
| **9** | Review its pressure ulcer guidance to staff to ensure that it is fit for purpose in respect of appropriate notification and involvement of the police and, through its routine audits of cases, that this specific aspect of guidance is being followed. | Overview Report (7.9.1) | Pressure ulcer protocol being revised to include this action | Sept 2015<br><br>Dec 2015 | CSAB Policy and Procedures Sub Group | Protocol taken to March 2015 CSAB. Further work requested. Agreed by CSAB September 20015<br><br>Audit schedule to include this area | Audits show appropriate referrals to the police where wilful neglect is suspected. | Green Completed |
| **Coventry City Council and Coventry and Rugby Clinical Commissioning Group should:** | | | | | | | | |
| 10 | Ensure through their joint monitoring and contract management that Nursing Home 1 continues to meet minimum standards in the care which it provides under contracts with these | Overview Report (7.5.1) | Review and update monitoring processes to ensure that consistent and integrated between health and social care. | March 2015 | Head of Strategic Commissioning | Joint monitoring and escalation processes in place and operational | Assured regarding the quality and safety of care at NH1 through PEP. | Green Completed |

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|---|---|---|---|---|---|---|---|---|
| | agencies. | | | | | | | |
| **NHS England should:** | | | | | | | | |
| **11** | Evaluate the findings of this review to determine the most effective way of using its Commissioning role with Practices to ensure that the learning related to the coordination of care and proper follow up of referrals is addressed | Overview Report **(7.6.1)** | | September 2015 | Lead GP for the Safeguarding Board | See Margaret for Email trail | Governance Framework in Place | Green Completed |
| **12** | | IMR | Through the monthly safety newsletter reiterate the responsibility of the general practitioner to ensure that referrals to other agencies are followed up and any actions noted and implemented. | Sept 2014 | Associate Medical Director Lead GP for the Safeguarding Board | GP's are regularly informed of Safeguarding themes and actions they should take through distribution by the Primary Care Team. The next GP newsletter will include an update on safeguarding requirements. | GPs routine follow up referrals to ensure actions are noted and implemented | Green Completed |

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| | | | | | | | | |
| **Coventry City Council Adult Social Care Department should:** | | | | | | | | |
| **13** | Review their guidance to practitioners relating to care planning to ensure that reviews of plans are timely and responsive to changes in need | Overview Report **(7.3.1)** | Policy and procedures to be reviewed as part of implementation of Care Act 2014 | April 2015 | Head of Service for Older People and Physical Impaired | External partner has been commissioned to update Adult Social Care procedures Manual<br><br>Staff development activity to equip staff to work to new requirements of Care Act 2014 | Adult Social Care Procedures Manual published and launched July 2015.<br><br>Staff training activity has taken place regarding legislative changes, assessment and support planning and practice guidance as part of Care Act 2014 implementation | Green Completed |
| **14** | | IMR | The ability to record all safeguarding issues on Care Director | March 2015 | Head of ICT and Care Works | To be implemented March 2015 | All Safeguarding forms have been revised and put onto Care Director | Green Completed |

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|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| **University Hospital Coventry & Warwickshire Should** | | | | | | | | |
| **15** | | IMR | Review the outcome of annual the UHCW "Standard for Record Keeping" case file audits for the audits period 2011 – 2014. Compare findings for each year and ensure any remedial actions are monitored and on target for delivery within the agreed time frames | October 2015 | Area Matrons Group Managers | The annual audits are completed and the required information is in the process of being collated. To be presented to patient safety committee on August 2015, revised from June 2015. Feedback for this report October 2015 | Improvement year on year in compliance with the " UHCW Standards for Record Keeping" in relation to legibility, formatting of signature and documented time of report entry as evidenced in the audit review outcome, With a minimum of 95% compliance with standard achieved by January 2015 within the audit | Green Completed |

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|---|---|---|---|---|---|---|---|---|
| | | | | | | | sample group | |
| **Care Quality Commission Should :** | | | | | | | | |
| **16** | | IMR | Additional training for enforcement and processes | April 2015 | CQC Academy (training department) | Ongoing – initial training scheduled for Sept/Oct 2014. Started January 2015 and completed April 2015 – Training Department | CQC Academy has a training plan to cover enforcement. This has been completed for the majority of inspectors across the commission and continues to be developed to support inspectors within their role. | Green Completed |
| **Age UK Coventry Should :** | | | | | | | | |
| **17** | | IMR | Pressure Ulcer awareness training for staff who home visit | June 2015 | Director of Services - Age UK Coventry | Action completed. Awareness raising presentation provided by Tissue Viability service to full staff meeting on 10 June. Written information provided and disseminated. Informal feedback from staff was very positive | Have now identified that full training is not appropriate for our staff, none of whom deliver personal care. Will now explore best approach for general awareness raising for staff around the React to Red | Green completed |

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|---|---|---|---|---|---|---|---|---|
| | | | | | | | Skin campaign. TVN will attend AUKC June 2015 full Staff meeting to present a React to Red Skin Awareness Raising session. The information will be disseminated to staff not in attendance. Improved general awareness of 'React to Red Skin' message, which staff will share with clients, volunteers, new starters and others | |

Coventry City Council

# Briefing note

**To Health and Social Care Scrutiny Board (5)**

Date 18th November 2015

**Subject Coventry Safeguarding Adults Board Annual Report**

## 1 Purpose of the Note

1.1 To inform Scrutiny Board of the content of the Annual Report of the Coventry Safeguarding Adults Board 2014/15. A full copy of the report is attached as an appendix.

## 2 Recommendations

2.1 The Scrutiny Board is asked to consider the content of the Coventry Safeguarding Adults Board Annual Report and make any comments that may assist the Safeguarding Board in fulfilling its assurance role of the effectiveness of safeguarding for adults in Coventry.

## 3 Information/Background

3.1 The Coventry Safeguarding Adults Board is a multi-agency partnership made up of a range of organisations that contribute towards safeguarding in Coventry. Although Coventry has had an Adults Safeguarding Board in place for many years, it is now a statutory requirement under the Care Act.

3.2 The Board is required to publish an annual report and business plan. The report should summarise the key messages and also include a business plan.

3.3 The annual report also includes the performance data for the year as an appendix. The Board monitors the performance quarterly at full Board meetings.

3.4 The Annual Report will also be presented to the Health and Wellbeing Board on 7th December 2015.

**AUTHOR'S NAME, DIRECTORATE AND TELEPHONE NUMBER**
**Cat Parker, Boards Business Manager**
**People Directorate, 024 1683 3507**

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# COVENTRY SAFEGUARDING ADULTS BOARD

# ANNUAL REPORT 2014/2015

Coventry Partnership

*Working Together to Safeguard Adults*

# CONTENTS

# FOREWORD

Joan Beck
Independent Chair of Coventry Safeguarding Adults Board

It is a privilege to write this forward to the Annual Report of the Coventry Adults Safeguarding Board. Avid readers of previous reports will note that this year's report contains a business plan for the Board. This plan is the first we have written and we would welcome comments on what others would like to see contained in it.

I have only chaired the Board for 7 months yet we have been very busy preparing for the implementation of the Care Act and changes to the Deprivation of Liberty Safeguards.

With a Serious Case Review, a Serious Incident Review and a Whole System Review on the go simultaneously partners have been pressed to maintain momentum and attendance but have been up to the challenge. It is intended that all three reviews will be completed in the coming months.

In order to ensure Care Act compliance we have reviewed the membership of the Board and the constitution this year.

There are many challenges for the coming year but it is pleasing to see and open partnership working well together.

On a personal note I would like to thank Board Members and Safeguarding staff for their help to me this year and their warm welcome to Coventry.

Brian M Walsh
Outgoing Chair

I am pleased to introduce this 12th annual report which outlines the work that Coventry Safeguarding Adults Board, and the partners within it, have undertaken to enable adults to live safely, and prevent abuse occurring. During this year, the Care Act was enacted, and brought about significant changes to adult safeguarding. The recruitment of an Independent Chair and the production of an annual business plan will increase the profile and transparency of the Safeguarding Board.

As outgoing Chair of the Board, and Director of Adult Services I welcome the role that the Board plays in ensuring that all of us are able to work to make Coventry a safer place for all our residents. Over the coming year, the Board will be working hard to ensure that public awareness of adult safeguarding is increased, ensuring that the work of agencies is complemented by a robust community response.

# 1. INTRODUCTION

## 1.1 What is safeguarding?

Safeguarding is a range of activities that can include preventing and responding to abuse. Abuse of adults can include:

- **Physical:** This includes hitting, slapping, kicking, misuse of medication, restraint and force feeding.
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Financial or material:** This includes theft, fraud or using a person's money, possessions or property without consent.
- **Psychological/emotional:** This includes threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, harassment, verbal abuse, threats or bribes.
- **Sexual:** This includes sexual assault, rape or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressurised into consenting.
- **Neglect or acts of omission:** A failure to provide appropriate care (such as. food, clothing, medication, heating, cleanliness, hygiene) and denying religious or cultural needs.
- **Discriminatory abuse:** This includes racism, sexism, ageism and discrimination based on a person's disability or sexual orientation. Some abuse in this category might also be classed as a hate crime.
- **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-neglect**: this covers a wide range of behaviour around neglecting to care for personal hygiene, health or surroundings and includes behaviour such as hoarding.

The introduction of the Care Act, which became law on 1st April 2015, has influenced the work of the Board in the run up to this date. The key areas of change for all agencies will be:

- Local authorities have a general responsibility to promote people's well-being, focusing on prevention and providing information and advice
- The introduction of a consistent, national eligibility criteria
- New rights to support for carers, so they have the same rights as the people for whom they care
- Legal right to a personal budget and direct payment
- New responsibilities around transition, provider failure, supporting people who move between local authority areas

Specific changes have also been made to Safeguarding Adults. The Care Act introduces a clear legal framework for safeguarding adults and how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect and report on the work they do. Local authorities will be required to ensure enquiries into suspected cases of

abuse or neglect are carried out and to establish Safeguarding Adults Boards in their area.

## 1.2 What is the Safeguarding Board and what does it do?

Coventry Safeguarding Adults Board believes that safeguarding is everybody's business. It believes that individuals, communities and organisations have a role to play in keeping adults safe. The Safeguarding Board brings together representatives from agencies across the city ensuring that they work closely to ensure that adults are safe. In order to achieve this we all need to:

- Prevent abuse from happening
- Identify and report abuse if it occurs
- Act swiftly to investigate and end any abuse that is occurring
- Ensure that those who are supported through adult safeguarding are involved in the process in a way that is right for them
- Conduct reviews of when things have not gone well, and ensure the learning is shared.

The Board has appointed an Independent Chair, Joan Beck, who provides challenge and support to the Board. The Board includes senior representatives from a range of organisations, including:

- Coventry City Council
- Coventry & Rugby Clinical Commissioning Group
- Coventry Warwickshire Partnership Trust
- West Midlands Fire Service
- West Midlands Police
- West Midlands Ambulance Service
- University Hospital Coventry & Warwickshire
- Probation - Community Rehabilitation Company
- National Probation Service – West Midlands
- NHS England
- Care Quality Commission

The full Board meets four times a year, but much work is undertaken in sub-groups. The Board works closely across the region, developing policies and procedures and sharing good areas of practice. Increasingly the strategic Boards across Coventry are beginning to work together, understanding where the work of the Boards may overlap.

The Safeguarding Adults Board Annual Report provides an overview of the Board's achievements during the last 12 months, and areas for development. The Care Act requires the Board to develop shared strategies for safeguarding, produce an annual workplan and report to their local communities on their progress.

## 1.3 Resources

During 2013/14 the costs of the Coventry Safeguarding Adults Board and its support unit was funded by a joint budget, which also supports the Children's Safeguarding Board. Board members also contribute by offering expertise and other resources, such as venues, where appropriate. Board Members have contributed to this annual report, and details can be found in section 3.1.

# 2. BOARD SUB–GROUPS

The Board is supported by an Executive group, chaired by Joan Beck. This group follows up any issues that may have arisen at Board and plans the agenda and work programme. In addition there are a number of sub-committees (or task and finish groups where required) that are responsible to the Board. The achievements of each sub-group are listed below. The structure of the Board can be found at appendix 1.

## 2.1 Key achievements

### Training and Development Sub-group

**Outgoing Chair: Mary Cooper-Purcell**
**Incoming Chair: Liz Kiernan**

The sub-group have developed multi-agency materials and training. They continue to monitor single agency training and development.

There has been closer working with the Children's Safeguarding Board on issues affecting both Boards.

The group developed briefings for front line staff on the changes introduced by the Care Act.

### Quality and Audit Sub-group

**Outgoing Chair: Simon Brake**
**Chair: Isabel Merrifield**

The national data return was submitted on time. The dashboard has developed significantly within year, allowing the Board to hold agencies to account for safeguarding activity.

Work has been on-going to understand relatively low rates of alerts and referrals.

### Serious Case Review Sub-group

**Outgoing Chair: Simon Brake**
**Incoming Chair: Joan Beck**

The group has been managing three reviews.

Cross border issues have emerged during the year, which will be worked on next year.

The Board also oversees Domestic Homicide Reviews.

### Policy and procedures task and finish group

**Chair: Jill Ayres**

The West Midlands procedures have been updated in the light of changes in the Care Act.

The group has also worked on information sharing, developing an Information Sharing Agreement for the Board.

### Deprivation of Liberty safeguards (Dols) and Mental Capacity Act (MCA) task and finish group

**Chair: David Watts**

Due to national changes, during the year there has been a significant increase in Dols. In response to this, to minimise any backlog guidance notes were developed to outline responsibilities to providers. General information was also updated on the City Council website.

Case file audit has been undertaken to understand the experiences of those going through the process and the outcomes.

Significant numbers (requires number) of best interest assessors were trained in the year.

# 3. LOOKING BACK

## 3.1 Progress against Board Priorities

The Board agreed priorities for 2014-2015:

### Prevention: Raising awareness about adult abuse

The Board has developed Safeguarding Adults Champions Seminars and Forums. The seminars are for those on the ground directly working with safeguarding cases and include statutory and voluntary sector representatives with attendees ranging from social workers, nurses in the community and Hospital, Age UK, Fire Service, Housing, Community Safety. The forums have a much wider invitees list, including the voluntary and independent sector. The Clinical Commissioning Group and NHS England have secured a Designated Safeguarding General Practitioner who will provide leadership across the Health economy.

West Midlands Ambulance Service has developed an Adults Safeguarding Pocket book for all staff and a safeguarding website for staff. University Hospital Coventry and Warwickshire train all staff at induction, and deliver an update on adult safeguarding. During November/December 2014, West Midlands Fire Service delivered safeguarding training to front line personnel. In February and March 15, a series of Continuing Professional Development events were delivered by the Fire Service on 'Making Every Contact Count' where Safeguarding was a theme throughout the case study work in the session.

The Board has undertaken work with the wider workforce, in particular West Midlands Police have led on 'vulnerability' training to Door Staff, Taxi Drivers and University Security Staff to allow them to be capable guardians in the Night Time Economy. They are taught to be inquisitive about vulnerability and to proactively intervene in situations. Complimentary training has been given to the police officers who work in this area. During the run up to Christmas patrols working the Night Time Economy were briefed to actively identify partygoers who were 'situationally' vulnerable due to alcohol consumption and to safeguard those individuals.

The Board continues to use materials which were developed in conjunction with Grapevine (a local advocacy charity) to raise awareness of adult abuse, and to communicate effectively to people involved in safeguarding processes. The Board has recognised the need to engage more effectively with the public. The launch of the website, and the refresh of existing materials will assist with this priority.

The Clinical Commissioning Group have continued to use safeguarding principles to shape strategic and operational safeguarding arrangements across Coventry's health economy within its contracts, and contract monitoring with all its commissioned services and providers. The Commissioning Group and NHS England also stipulate safeguarding adults awareness training as a key objective when designing and commissioning new health care provision across Coventry.

Agencies are undertaking proactive Licensing visits which builds awareness of responsibilities and checks compliance with Adult Safeguarding for example, a visit was conducted to an Adult Entertainment venue requesting production of documentation for adult entertainment staff, and documentation for entertainers is now part of licence conditions for the venue.

West Midlands police have a dedicated operation which leads the way across the West Midlands force area in dealing with on and off street prostitution and dealing with the vulnerabilities of the individuals through case management to help them out of a life of prostitution. The approach taken in Coventry is being used as the basis for drafting a force policy in relation to dealing with brothels.

## Quality

The Board continues to focus on quality and auditing services to improve the way agencies work to improve the lives of adults in Coventry. A new Board structure has been agreed which includes a specific role for quality assurance to drive forward work.

Partners ensure that learning within the services and across the Board is used to bring about improvement for example practice and process against the Lampard Report's recommendations and NHS England's Safeguarding Self-Assessment Diagnostic Tool has been undertaken by the Clinical Commissioning Group. Board members act on safeguarding concerns in services and have systems to act on intelligence to prevent safeguarding incidents from occurring.

Board members are committed to improving quality through a range of monitoring processes including contract monitoring, quality schedules, assurance visits to provider premises and attendance at escalation panels and provider quality review groups.

## Care Act

The Board has performed an assurance role in testing agencies readiness for the introduction of the Act through a stocktake. Within Coventry, existing adult safeguarding arrangements were broadly in line with the Care Act and have already been in place for a number of years. A review has been undertaken and a plan implemented to ensure they are fully Care Act compliant. The Safeguarding Adults Board away day on 4 February 2015 focused on Care Act compliance across partner agencies.

The Board has supported the development of materials on www.coventry.gov.uk. Through the Training and Development sub-group it has reviewed agencies training programmes and materials to ensure that these are in line with the principles and provisions within the Act. The Clinical Commissioning Group have also updated their website.

The regional Safeguarding Adults policies and procedures are being amended to ensure Care Act compliance and include self-neglect, modern slavery and domestic abuse as new categories of abuse.

A pocket book for all front line ambulance staff has been developed including updated information on the Care Act. Care Act is also included in the clinicians Clinical Team Mentor Booklets that all West Midlands Ambulance employees received during clinical supervision.

## Domestic violence and abuse

The Board agreed to working with the Coventry Police and Crime Board to ensure that knowledge and awareness of domestic violence is embedded in safeguarding adults work and those dealing with domestic violence recognise and respond to the needs of vulnerable adults. The Local Policing Commander has chaired the Domestic Violence Operations Group for the city driving forward an action plan following a full review by charities who are expert in this area. This work is on-going but has brought a focus on process around vulnerable adults that may be identified through child safeguarding processes such as MASH and Joint Screening. A Domestic Violence specialist post within the Joint Screening team is one tangible example. The police force have restructured their approach to Domestic Violence by bringing all Domestic Abuse investigations into a specialist Domestic Abuse Team, located locally and embedded within Coventry partnership.

All supervisors and frontline staff in West Midlands Police attended a training day focusing on Domestic Abuse. Since April 2014 Domestic Abuse training has been included in the mandatory training program for all front line ambulance staff. Also from the same time reports all Domestic Abuse cases seen by the ambulance service are reported directly to the Police via 101.

High Risk Domestic Abuse Offenders in Prison are visited prior to release by police offender managers - this is to discuss support options to prevent re-offending.

## Synergies between Safeguarding Boards

The Board committed to ensuring that it learnt from, and worked effectively with, the Children's Safeguarding Board. A new structure has been developed which brings the Children and Adult Safeguarding support together, ensuring closer working. During the year, the Childrens Safeguarding Board (LSCB), Police and Crime Board, Health and Wellbeing Board and the Adults Safeguarding Board Chairs have met to agree key areas of focus and ensure that the work of the Boards complement one another. Board Chairs will receive one another's agendas. This work is complemented by an officer group, which forward plans work.

Key representatives, such as the Police Commander and a representative from the Fire Service, sit on both Safeguarding Boards. Agencies are ensuring that the cross overs between the work of the Boards are reflected in practice. For example, The Safeguarding team at University Hospital Coventry and Warwickshire has been brought closer together with a Safeguarding Lead in post who has a specialism in child protection and a Named Nurse for Safeguarding Adults. The Safeguarding Midwife not only supports in child protection but also with the domestic violence agenda. These posts are co-located in one office.

Joint training on key issues has been delivered, and the Workforce development Sub-Committees for both Boards continue to link more closely. University Hospital Coventry and Warwickshire have undertaken joint children and adults training with regard to both PREVENT and Domestic Violence.

A combined communication group works across both Boards with representatives from partner agencies. This ensures that lessons learnt are disseminated consistently and the Board retains a strong identity.

### 3.2 Board Performance

Over the course of the year, a performance dashboard has been developed which enables Board Members to understand a range of indicators and how these may impact upon safeguarding. The desired outcomes that are included are:

- **Section 1: Empowerment** – Presumption of person led decisions and informed consent
- **Section 2: Prevention** – It is better to take action before harm occurs.
- **Section 3: Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
- **Section 4: Protection** – Support and representation for those in greatest need
- **Section 5: Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Section 6:** Accountability and transparency in delivering safeguarding

During the year there has been good performance in section 1 showing people generally felt safer and that services were making them feel safe. There has also been a significant drop in re-referrals (section 4), this may suggest that processes are working better first time.

The low level of alerts and the low proportion of these from the BME community for older people were a concern. There has been discussion at the Board, and plans will be put in place over the coming year to address this.

There was also concern at the timeliness of strategy meetings, this has resulted in a pilot of conference calls rather than physical meetings to see if this improves timeliness. This will be monitored over the next year.

The full dashboard can be seen at appendix 2, and is available on the website www.coventry.gov.uk

# 4. LOOKING FORWARD

The Board completed self-evaluation at an annual development day, reflecting on successes and challenges and the national and local changes in safeguarding. Following this, the Board has agreed a revised set of priorities that will inform the workplan.

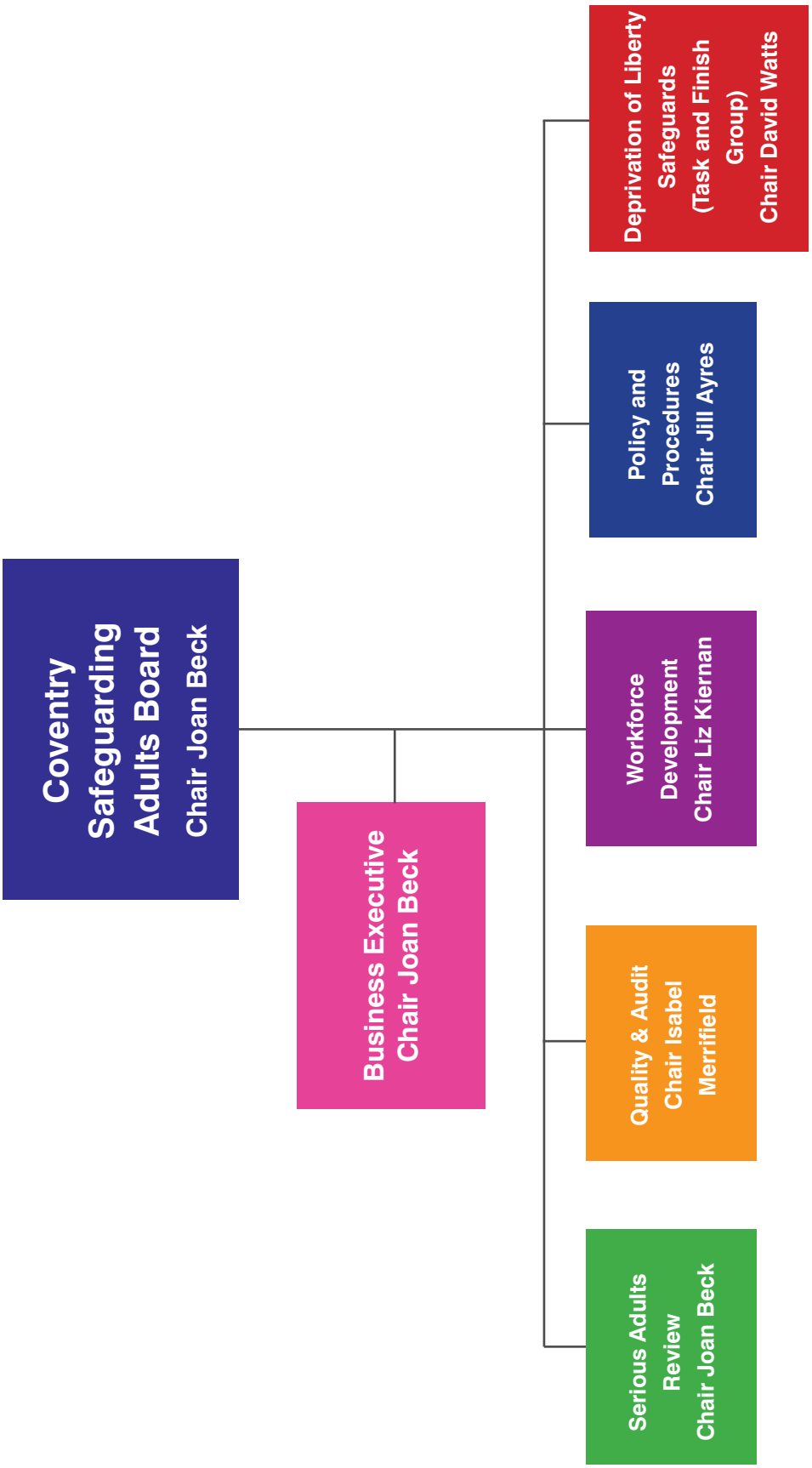
1. Using performance information to drive improvement
2. Care Act Compliance
3. Transforming Care
4. Engagement - making safeguarding personal
5. Working across boards

# 5. BUSINESS PLAN

| The Board needs to be assured that: | Actions | Outcome | Assurance provided by: | Lead | Timescale |
|---|---|---|---|---|---|
| **Performance information drives improvement** | Continue the development of Board dashboard<br><br>Use direct testimony to reflect on service performance | Board Partners to understand areas of success and areas for development | Quality and Audit Sub-Group<br><br>Board agendas and minutes | Isabel Merrifield<br><br>Cat Parker | Ongoing<br><br>Ongoing |
| | Develop toolkit for conducting Safeguarding Adult Review (SARs) to enable consistency of practice<br><br>Disseminate lessons learnt from current reviews and assure implementation of action plans | Lessons learnt from reviews are able to implemented in a timely way, therefore improving practice | Safeguarding Adult Review Sub-group<br><br>Feedback sought from panel members and Independent Authors/Chairs | Margaret Greer<br><br>Margaret Greer | December 2015<br><br>October 2015 |
| | Action is taken on areas identified for progress:<br>• Improving Referral rates<br>• Ensuring that Deprivation of Liberty Safeguards are well managed | Board agencies work together to improve services | Monitoring through Board and subgroups | Joan Beck | Ongoing |
| **The Care Act drives improvement and is embedded in practice** | All agencies to review policy and procedures to ensure compliance<br><br>Establish forum for the Designated Adult Safeguarding Managers (DASM)<br><br>Develop a framework for managing Position of Trust<br><br>Develop case studies for website to increase awareness of changes<br><br>Review Board Constitution in line with changes | The changes become well embedded into practice. | Care Act Board provide report to CSAB | Board Members | Ongoing |
| | Police Officers to be trained in a single referral portal that will allow frontline officers to use a one-stop referral process for all concerns. Localised training and 'what good looks like' around vulnerable Adult identification, and referral for front line officers is being scoped. | Improved awareness for front line staff. Any missed opportunities around vulnerability and referrals are identified. | Performance Dashboard | Police Com-mander | Ongoing |

| The Board needs to be assured that: | Actions | Outcome | Assurance provided by: | Lead | Timescale |
|---|---|---|---|---|---|
| **Transforming Care has sufficient visibility to all Board Members and Making Safeguarding Personal continues to be put into practice** | Transforming Care to be a standard agenda item at all Boards. | The process for Transforming Care is transparent, with progress tracked. | Board agenda and minutes | Board Office | Ongoing |
| | Safeguarding to be embedded in to the new Electronic Patient Record (EPR) making it easier to raise a concern. | Concerns are raised effectively | Performance Dashboard | West Midlands Ambulance Service | Ongoing |
| | Hospital to recruit an Enhanced Care Team to work specifically with the vulnerable patients who require a level of enhanced care. | Services protect and promote individual choice and dignity. | Report to Board | Carmel McCalmont | April 2016 |
| **Agencies and the public understand safeguarding and the role of the Board** | Develop communication plan to include:<br>• Re-launch website<br>• Develop quarterly Board newsletter<br>• Twice yearly provider forum to be established<br>• Attendance by Board Chair at Voluntary Sector Forum | Improved engagement leads to better participation in safeguarding | Business Executive Sub-group | Joan Beck and Board Office | Ongoing |
| | Engagement with Health Watch, including attendance at Annual Meeting and regular meetings between Health Watch Chair and CSAB Chair | The work of HealthWatch and the Board is well coordinated, and messages shared between them. | Annual reports of HealthWatch and CSAB | Joan Beck and Board Office | September 2015 |
| | West Midlands Ambulance Service to develop a safeguarding guide for people with learning disabilities available on external site | People with learning disabilities are effectively safeguarded | West Midlands Ambulance Website | Andy Proctor | Ongoing |
| **It works effectively with key strategic Boards** | Continue to meet with Board Chairs for Safeguarding Children, Health and Wellbeing Board and Police and Crime meeting<br>Continuing to maximise synergies between processes and practice across children's and adults safeguarding<br>West Midlands agencies, such as Ambulance Service and Police offer feedback on other regional Boards. | The Board becomes more effective. | Chairs review progress | Joan Beck | On-going |
| | To continue to develop regional working<br>To continue to develop pan West Midlands policies and procedures | Best practice across the region is shared. Resources are used effectively. | Regional performance benchmarking | Joan Beck<br>Jill Ayres | Ongoing |

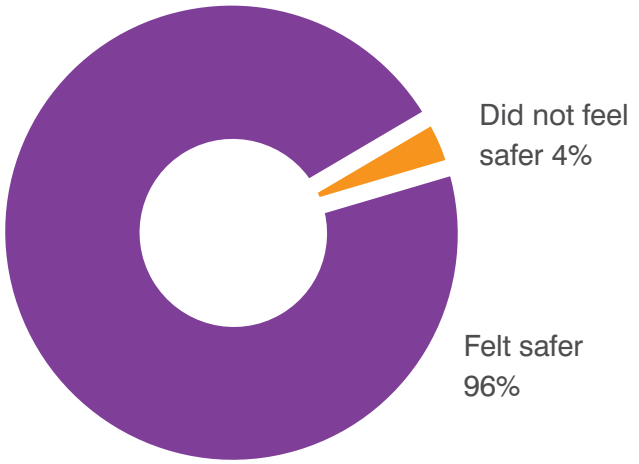
# APPENDIX 1 – THE SAFEGUARDING BOARD STRUCTURE



# APPENDIX 2 – PERFORMANCE DASHBOARD

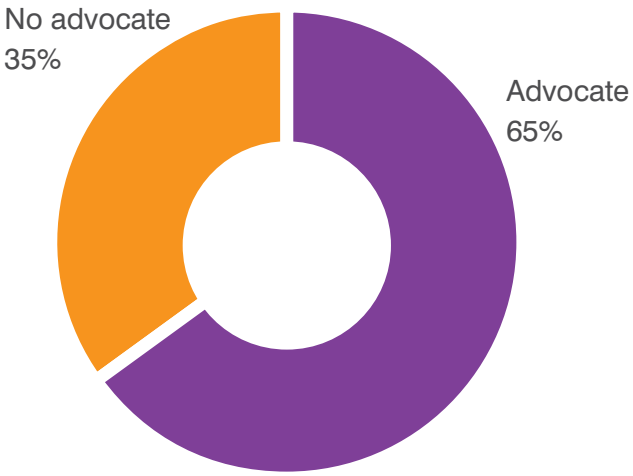
## 1) Empowerment: Presumption of person-led decisions and informed consent

### % of adults who felt safer following the completion of their safeguarding referral



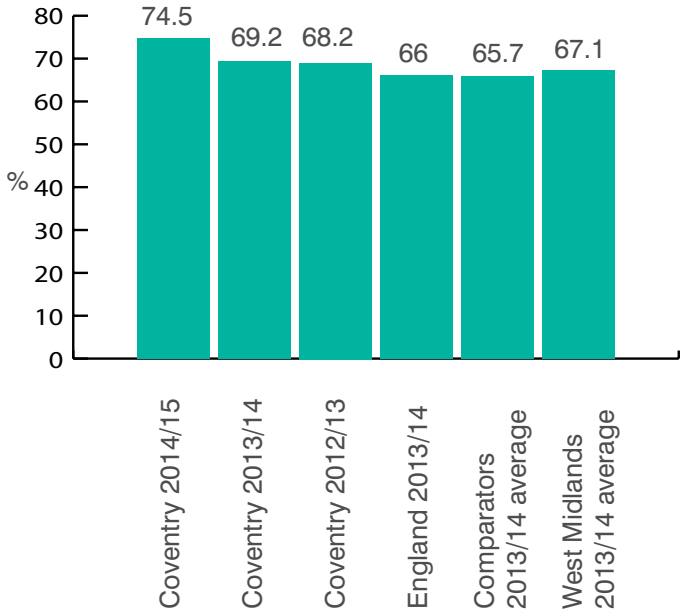

| | 2014/15 Coventry | 2013/14 Coventry |
|---|---|---|
| % felt safer | 95.8% | 90.4% |

### % of adults at risk supported by an advocate 2014/2015



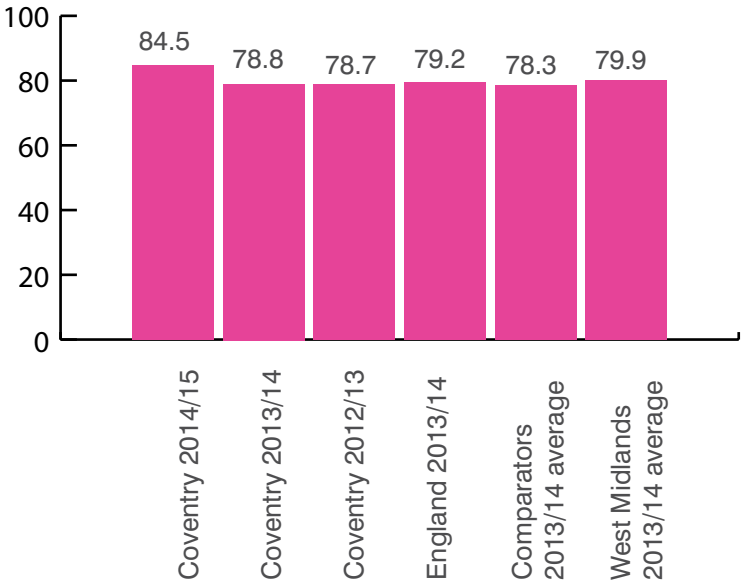

51(65%) cases had an advocate out of 78 people who lacked capacity for completed referrals during 2014/15.

### Proportion of people who use services who feel safe (ASCOF 4A)




Source: Adult Social Care Survey

### Proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B)




Source: Adult Social Care Survey

## 2) Prevention: It is better to take action before harm occurs

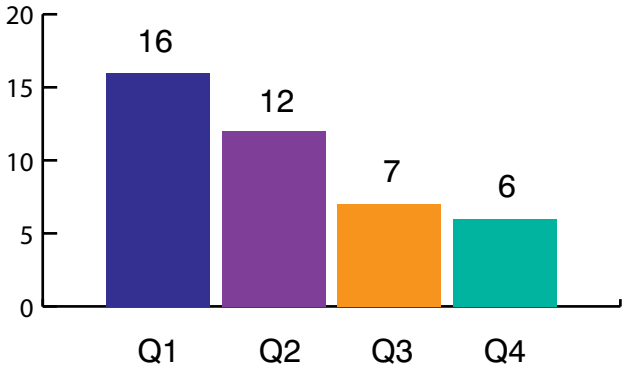
### Percentage trained to Safeguarding Level 1 in each organisation

| | 2014/15 % | Target % |
|---|---|---|
| Coventry City Council | TBC | 90 |
| Clinical Commissioning Group | 95 | 90 |
| Coventry and Warwickshire Partnership Trust | 93 | 90 |
| UHCW | 85 | 90 |
| Police | TBC | 90 |
| West Midlands Ambulance Service | TBC | 90 |
| Probation | TBC | 90 |
| Community Rehabilitation Service | TBC | 90 |

### Numbers placed out of city

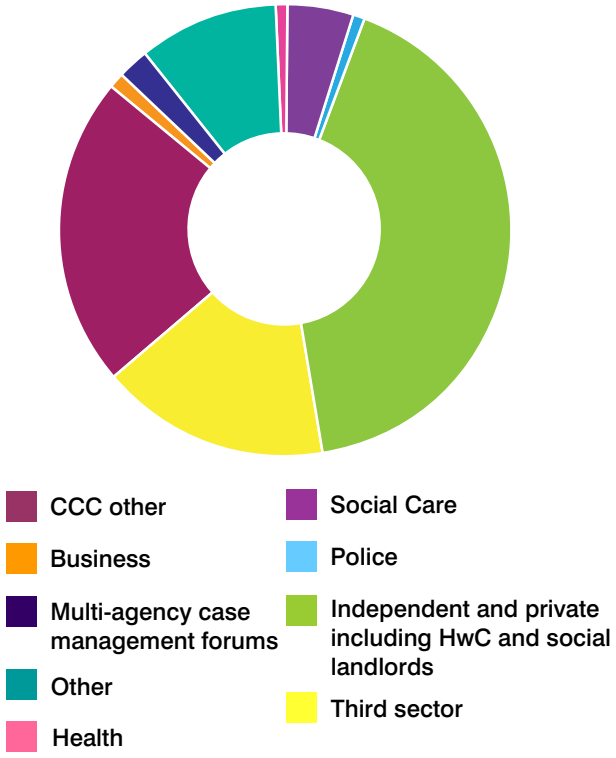
| | Q2 2014/15 | | Q3 2014/15 | | Q4 2014/15 | |
|---|---|---|---|---|---|---|
| | 18-64 | 65+ | 18-64 | 65+ | 18-64 | 65+ |
| Coventry City Council | n/a | n/a | 71 | 124 | 77 | 128 |
| Clinical Commissioning Group | n/a | n/a | n/a | n/a | 7 | - |

### Number of providers in Provider Escalation Panel (PEP) processes 2014/2015



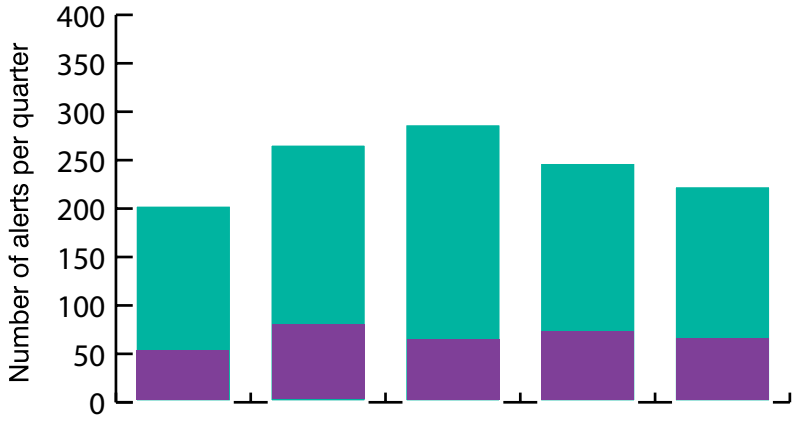

| | Number of Home Safety Checks | Number of referrals from partners | % from partner referrals |
|---|---|---|---|
| Q1 | 547 | 238 | 43.5 |
| Q2 | 812 | 309 | 38.1 |
| Q3 | 801 | 263 | 32.8 |
| Q4 | 934 | 349 | 37.4 |

### Home safety checks



## 3) Proportionality: Proportionate and least intrusive response appropriate to the risk presented

### Alerts and referrals



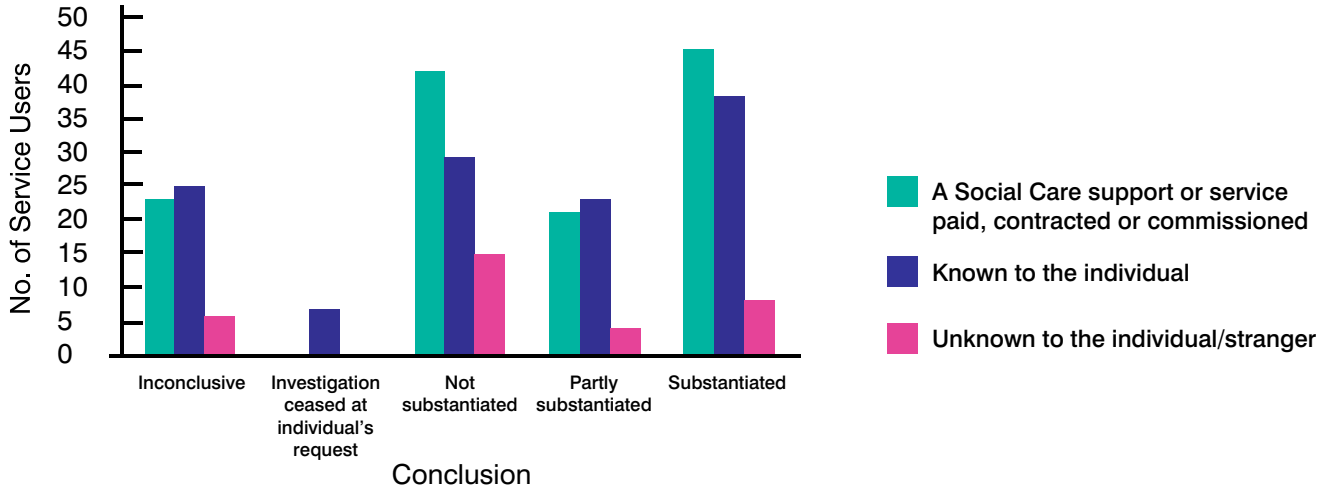

| | Q4 2013/14 | Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 2014/15 |
|---|---|---|---|---|---|
| Number of alerts per quarter | 204 | 267 | 288 | 248 | 224 |
| Number of referrals per quarter | 51 | 84 | 66 | 75 | 68 |

| 2013-14 Benchmarking | Cov | WM | Eng |
|---|---|---|---|
| Referral rate per 100,000 pop | 105.5 | 316.0 | 247.3 |

### Deprivation of Liberties (DoLS) table of requested/granted

| | Q1 | Q2 | Q3 | Q4 | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|---|---|---|---|
| DoLS Granted | 67 | 137 | 68 | 23 | 295 | 74 | 65 |
| DoLS Not Granted | 12 | 25 | 8 | 7 | 52 | 48 | 54 |
| Withdrawn | 0 | 6 | 6 | 21 | 33 | 0 | 0 |
| In due process | 0 | 2 | 67 | 232 | 301 | 0 | 2 |
| Total DoLS applications | 79 | 170 | 149 | 283 | 681 | 122 | 121 |

## Outcomes of investigations 2014/15




| | Coventry 2014/15 Outturn % | Coventry 2013/14 Outturn % | England 2013/14 Average % | West Midlands 2013/14 Average % |
|---|---|---|---|---|
| Substantiated - fully | 31.8 | 38.9 | 32.3 | 28.0 |
| Substantiated - partially | 16.8 | 22.2 | 11.0 | 11.8 |
| Inconclusive | 18.9 | 11.1 | 23.3 | 29.2 |
| Not substantiated | 30.0 | 25.0 | 30.4 | 29.0 |
| Investigation ceased | 2.4 | 2.8 | 3.0 | 2.0 |

## Alerts vs population for BME

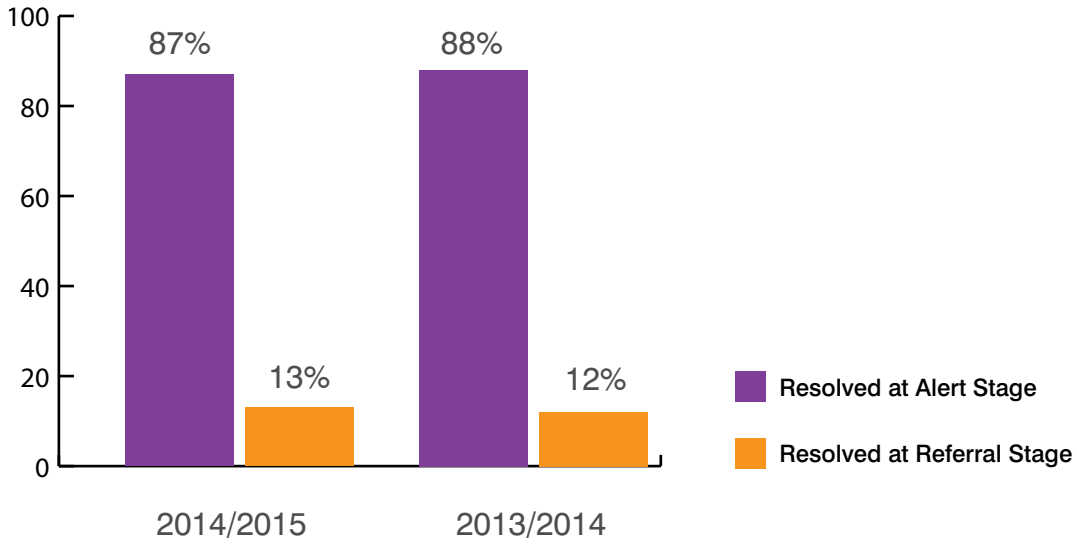
| | Age | |
|---|---|---|
| | 18-64 | 65+ |
| No. White | 197 | 713 |
| No. Black Minority Ethnic (BME) | 41 | 32 |
| % BME | 17.2% | 4.3% |
| Target range % | 18.9% - 22.9% | 9.2% - 12.2% |
| Target (Number) | 46 to 56 | 72 to 96 |

## Timescales

| | Target | 13/14 | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|---|
| % Safeguarding Adult procedure appropriate within 48 hours | TBC | 93.4 | 97.5 | 96.3 | 94.1 | 93.6 |
| % Safeguarding Adult strategy meeting held within 5 days | TBC | 37.5 | 33.3 | 35.4 | 38.9 | 35.2 |
| % Investigation and Assessment completed within 20 days | TBC | 65.6 | 100.0 | 56.7 | 51.1 | 50.0 |
| % Case Conferences held within 10 days | TBC | 88.5 | 100.0 | 88.5 | 86.4 | 87.8 |

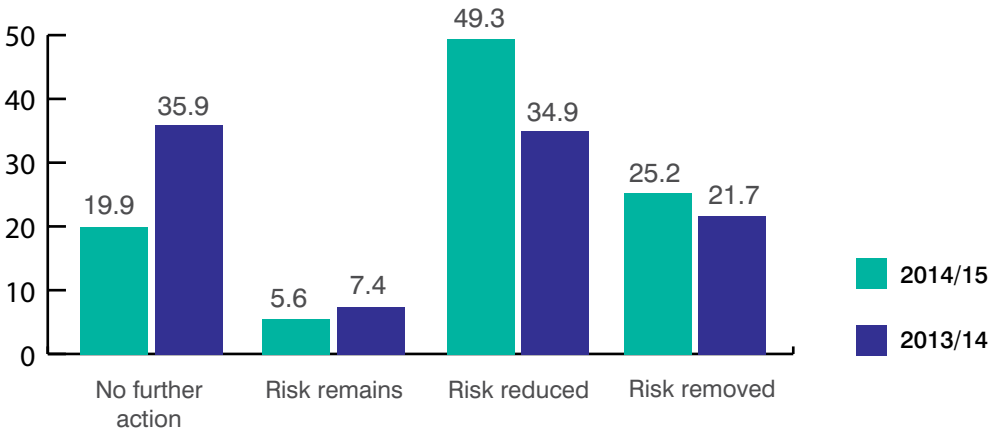
## 4) Protection: Support and representation for those in greatest need

### How many pressure ulcers were reported in the city




| | Total number of pressure ulcers (neglect) | Resolved at alert stage | Resolved at referral stage |
|---|---|---|---|
| 2014/15 | 358 | 310 | 48 |
| 2013/14 | 255 | 224 | 31 |

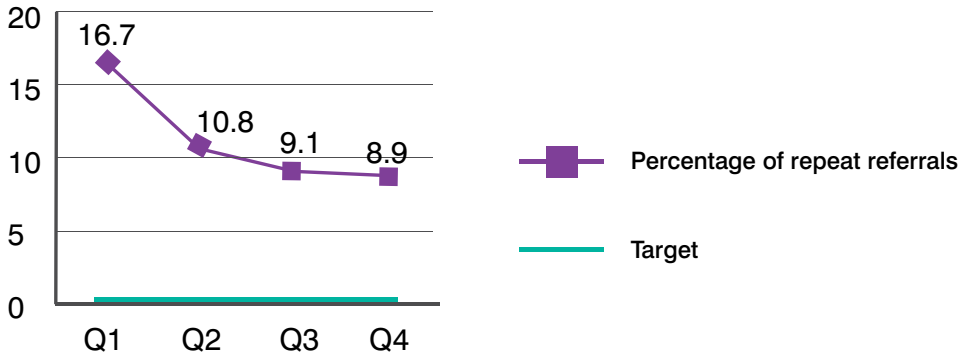
### Result of action at referral conclusion




| | 2013/14 | | 2014/15 | |
|---|---|---|---|---|
| Action taken at conclusion of referral | No. | % | No. | % |
| No further action | 15 | 7.7 | 57 | 19.9 |
| Risk remains | 17 | 8.7 | 16 | 5.6 |
| Risk reduced | 102 | 52.3 | 141 | 49.3 |
| Risk removed | 61 | 31.3 | 72 | 25.2 |

| Action taken at conclusion of referral | Coventry 2014/15 Outturn % | Coventry 2013/14 Outturn% | England 2013/14 Average % | West Midlands 2013/14 Average % |
|---|---|---|---|---|
| No further action | 19.9 | 7.70 | 35.90 | 33.40 |
| Risk remains | 5.6 | 8.70 | 7.40 | 9.20 |
| Risk reduced | 49.3 | 52.30 | 34.90 | 24.20 |
| Risk removed | 25.2 | 31.30 | 21.70 | 33.20 |

## Repeat referrals 2014/15




## Safeguarding activity data - types of abuse, location etc

| Source of abuse of completed referrals | Coventry 2014/15 | | Coventry 2013/14 | |
|---|---|---|---|---|
| | Number | % | Number | % |
| Discriminatory | 1 | 0.3 | 2 | 0.8 |
| Financial and material | 62 | 16.4 | 41 | 16.1 |
| Institutional | 8 | 2.1 | 7 | 2.8 |
| Neglect and acts of omission | 142 | 37.5 | 107 | 42.1 |
| Physical | 89 | 23.5 | 54 | 21.3 |
| Psychological/emotional | 60 | 15.8 | 27 | 10.6 |
| Sexual | 17 | 4.5 | 16 | 6.3 |
| **Total** | **379** | | **254** | |

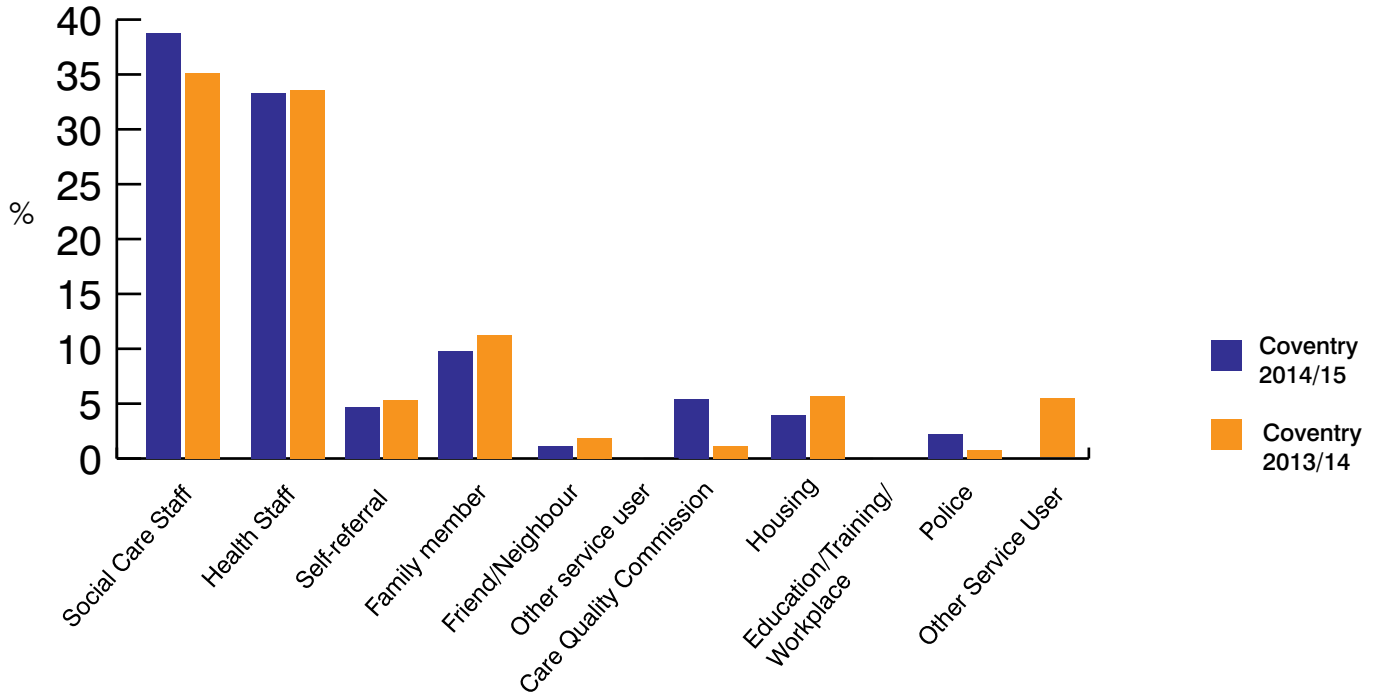
| Location of abuse of completed referrals | Coventry 2014/15 | | Coventry 2013/14 | |
|---|---|---|---|---|
| | Number | % | Number | % |
| Care Home | 104 | 36.4 | 69 | 24.1 |
| Hospital | 24 | 8.4 | 23 | 8.0 |
| Other | 27 | 9.4 | 27 | 9.4 |
| Own Home | 129 | 45.1 | 73 | 25.5 |
| Service within the community | 2 | 0.7 | 3 | 1.0 |
| **Total** | **286** | | **195** | |

## Domestic violence incidents

5,849 victims (6,166 incidents) of Domestic Violence Abuse (DVA) known to Police (both crime and non-crime) made in 2014/15.

### 5) Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

## Referral source




## Attendance at Board Meetings

| Organisation | Dec 2013 | March 2014 | June 2014 | Sept 2014 | Dec 2014 |
|---|---|---|---|---|---|
| Coventry City Council - People Directorate | 9 | 8 | 7 | 4 | 6 |
| Coventry City Council - Resources | 1 | 1 | 1 | 1 | 1 |
| Clinical Commissioning Group | 1 | 1 | 2 | 1 | 1 |
| Care Quality Commission | 0 | 0 | 0 | 0 | 0 |
| Coventry Warwickshire Partnership Trust | 2 | 1 | 1 | 1 | 1 |
| Independent Chair | 0 | 0 | 1 | 1 | 1 |
| NHS England | 1 | 1 | 0 | 0 | 0 |
| West Midlands Police | 1 | 2 | 1 | 1 | 0 |
| Probation Service | 1 | 0 | 0 | 1 | 0 |
| West Midland Ambulance Service | 3 | 3 | 3 | 3 | 1 |
| West Midlands Ambulance Service | 1 | 1 | 1 | 0 | 0 |
| Coventry City Council - Elected Member | 1 | 1 | 0 | 1 | 1 |
| Coventry City Council - Assistant Director Children's Services | 0 | 1 | 1 | 1 | 0 |
| Coventry City Council Communications | 0 | 1 | 0 | 1 | 0 |
| CSAB Support | 1 | 0 | 0 | 0 | 1 |

## 6) Accountability: Accountability and transparency in delivering safeguarding

### Timelines / Progress of Serious Adult Reviews

| Name of review | Date agreed to carry out a review | Date started | Original completion date | Target completion date |
|---|---|---|---|---|
| Mrs E (SAR) | 20 Jan 2014 | 29 April 2014 | 8 December 2014 | September 2015 |
| Mrs F (System Wide Review) | 20 Jan 2014 | 11 June 2014 | 28 June 2014 | 10 June to SB5 in the autumn |
| Miss G (Serious Incident Review - AR) | 20 Jan 2014 | 4 April 2014 | 8 December 2014 | 10 June to SB5 in the autumn |

This report is available online at:
www.coventry.gov.uk/safeguarding

If you require this report in another format
or language please contact:
Telephone: 024 7683 2346
e-mail: safeguarding.adults.team@coventry.gov.uk



14-0499-NH

18th November, 2015

**Health and Social Care Scrutiny Board (5) Work Programme 2015/16**

| |
|---|
| 1 July 2015 |
| Addressing Health Inequalities across Coventry |
| 9 September 2015 |
| Serious Case Reviews |
| 7 October 2015 |
| Emergency Dentistry<br>Winter pressures including delayed discharge<br>Adult Social Care Annual Report (Local Account) 14/15<br>*Nominations for Members to sit on Quality Account Groups to be taken* |
| Tuesday 3 November 2015 |
| Improving Accommodation for Older People<br>Director of Public Health Annual Report<br>Deprivation of Liberty Implications |
| 1.30pm 18 November 2015 |
| Serious Case Reviews<br>Adult Safeguarding Annual Report |
| 25 November 2015 – Joint meeting with SB2 |
| Child and Adolescent Mental Health Services |
| 6 January 2015 |
| Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund<br>Implementation of the Director of Public Health Annual Report recommendations regarding primary care |
| 3 February 2015 |
| Independent Living Fund<br>Care Act – Impacts following implementation<br>Health and Wellbeing Strategy Update including update on reducing health inequalities with a focus on the environment (JNSA) |
| 2 March 2015 |
| Review of Winter Pressure Performance |
| Date to be Determined |
| Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots<br>Section 117 Policy<br>Better Care Programme and Health Integration<br>Adult Social Care Complaints and Representations Annual Report 2013-14<br>Coventry and Warwickshire Partnership Trust – progress following CQC Inspection<br>Community Mental Health Services/ Mental Health Pathways<br>Patient Transport<br>PALS Service at UHCW<br>Adults' Homes Performance Review<br>A&E 4 Hour Wait Performance Review<br>Social Care Finance<br>Deprivation of Liberty Safeguards |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
|---|---|---|---|---|---|
| 1 July 2015 | Addressing Health inequalities across Coventry | To identify the work taking place, and impact of that work, to address the health inequalities across Coventry, as highlighted by the 'Coventry's Life Expectancy along the number 10 bus route' diagram in the Director of Public Health's Annual Report 2014. | Jane Moore | | Update to be added to the work programme. |
| 9 September 2015 | Serious Case Reviews | To consider the outcome of serious case review | Joan Beck (Independent Chair) | | |
| 7 October 2015 | Emergency Dentistry | For the Board to review the provision of out of hours emergency dentistry across the City including how other NHS services can assist with dental issues out of hours. | David Williams (NHS England) | | |
| 7 October 2015 | Winter pressures including delayed discharge | To include review of effectiveness of 2014/15 winter arrangements and preparations for 2015/16. To include CCG, provider organisations and social care. To include A&E targets and performance. The Chair will meet with UHCW to decide whether this needs a full review by the Board To look at the challenges around delayed discharge across health and social care. The Chair will meet with UHCW and Social Care to decide whether this needs a full review by the Board. | UHCW/ Cllr Caan/ David Watts | | |
| 7 October 2015 | Adult Social Care Annual Report (Local Account) 14/15 – Report to be circulated | This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, | Pete Fahy/ David Watts/ Gemma Tate | | |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
|---|---|---|---|---|---|
| | | provides commentaries from key partners and representatives of users and sets strategic service objectives for the future. The report will be circulated with the agenda and Members given the opportunity to ask questions briefly on it at the end of the meeting. | | | |
| 7 October 2015 | *Nominations for Members to sit on Quality Account Groups to be taken* | Looking for nominations by Members to sit on Quality Account task and Finish with WCC and Coventry and Warwickshire Health Watch colleagues. There are two groups;<br>UHCW<br>CWPT<br>There is also a task and finish group due to run to look at West Midlands Ambulance Service, jointly with Warwickshire. | Ruth Light – Coventry Healthwatch | | |
| Tuesday 3 November 2015 | Improving Accommodation for Older People | The Council are looking at changing the housing options for Older People to bring the accommodation offered up to a higher standard. SB5 will have an opportunity to feed their views into the consultation at this meeting. | Pete Fahy | | |
| Tuesday 3 November 2015 | Director of Public Health's Annual Report – Children and Young People | The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities. | Dr Jane Moore | | |
| Tuesday 3 November 2015 | Deprivation of Liberty Implications | To inform the Board of the current position with regards to Deprivation of Liberty assessments. | David Watts | | To be considered again by the Board at an appropriate point. |
| 18 November | Serious Case Review | To consider the SCR for Mrs F. | Joan Beck | | |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
|---|---|---|---|---|---|
| 2015 | | | (Independent Chair)/ Cat Parker | | |
| 18 November 2015 | Adult Safeguarding Annual Report | The Board are responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2014/15 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited. | Joan Beck (Independent Chair)/ Cat Parker | | |
| 25 November 2015 | CAMHS – Joint with SB2 | To look at the improvement plan for the service which is being implemented as well as the forthcoming service redesign. | Matt Gilks (CCG)/ Harpal Sohal/ Alan Butler | | |
| 6 January 2016 | Progress on developing the Primary Care agenda and update on the Prime Ministers Challenge Fund | Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement.<br>Needs to include information on the recruitment and retention of GPs, access and out of hours provision. (Needs to link with any Health and Well-being Board work) | Simon Brake | | |
| 6 January 2016 | Implementation of the Director of Public Health Annual Report recommendations regarding primary care | The Board would like an update of the implantation of the recommendations contained within the DofPH annual report 2014. | Dr Jane Moore | SB5 19/11/14 | |
| 3 February 2016 | Health and Wellbeing Strategy Update | To review the Health and Wellbeing Strategy (which is based on the data | Dr Jane Moore | SB5 01/07/15 | |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
|---|---|---|---|---|---|
| | including update on reducing health inequalities with a focus on the environment (JNSA) | collected through the JNSA). Report to include a progress report on the work being done to reduce health inequalities, with particular reference to the environmental aspect, as discussed by the Board in July. | | | |
| 3 February 2016 | Care Act – Impacts following implementation | To look at the Care Act and understand the possible implications for the Council and Residents. | Pete Fahy | Date requested by PF | |
| 3 February 2016 | Independent Living Fund | The Independent Living Fund is ending and a grant being transferred to the Local Authority for 12 months aid the transition. After the 12 months, it is possible that those supported by ILA will need social care services to fill the void left by the fund ending. In 2014, this fund was accessed by 127 people in Coventry. Date requested by Pete Fahy August 2015. | Pete Fahy | | |
| 2 March 2016 | Review of Winter Pressure Performance | | | | |
| TBC | Clinical Management of Large Scale Chronic Diseases – Progress reports on pilots | Future progress reports on the pilot projects are brought for consideration by the Scrutiny Board as and when appropriate. | Dr Jane Moore | SB5 11/02/15 | |
| TBC | Section 117 Policy | To be taken in 2015/16 – Check | Lavern Newell | Forward Plan | |
| TBC | Better Care Programme and Health Integration | Regular updates to look at progress | | Referred from health and wellbeing board April 15 | |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
|---|---|---|---|---|---|
| TBC | Serious Case Reviews | To consider any serious case reviews at an appropriate time. | Joan Beck/ Isabel Merrifield | | |
| TBC | Adult Social Care Complaints and Representations Annual Report 2013-14 | To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements. | John Teahan | | |
| TBC | Coventry and Warwickshire Partnership Trust – progress following CQC Inspection | To review progress against the action plan put in place following the Care Quality Commission's review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward. | CWPT | SB5 30/04/14 | |
| TBC | Community Mental Health Services/ Mental Health Pathways | To provide information to the Board on the services provided through the shared budget of the Better Care Fund in relation to community mental health services and integrated team working. | Josie Spencer | SB5 10/9/14 | |
| TBC | Patient Transport | To look at the patient transport service, with specific reference to renal dialysis, and how well the new contract is serving Coventry residents visiting UHCW. The new contracted started in April so review Oct/ Nov time to enable it to bed in. | | SB5 19/11/14 | |
| TBC | PALS Service at UHCW | To look at the PALS Service at UHCW following feedback from the Quality Accounts meeting | | Quality Accounts March 2015 | |
| TBC | A&E 4 Hour Wait Performance Review | To review performance against the A&E waiting targets which are nationally set. Where issues have arised, to understand the remedial | | Informal Meeting June 2015 | |

| Date | Title | Detail | Cabinet Member/ Lead Officer | Source | Outcomes |
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| | | action which is being put into place. | | | |
| TBC | Adults' Homes Performance Review | To review performance of Adults' Homes that Coventry adults are placed in and procedures for what happens if a home is judged inadequate by Ofsted. | Pete Fahy | | |
| TBC | Social Care Finance | With the pressures on finance increasing, the Board will look at the pressures and what actions are being under taken to address these. | Pete Fahy | SCRUCO | |
| TBC | Deprivation of Liberty Safeguards | The Board considered DofLs on 03.11.15 and have asked that this is brought back an appropriate time given the financial challenges this poses to the Authority. | Pete Fahy | SB5 | |

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