

Mrs D Serious Case Review – Overview Report Action Plan

Ref No	Recommendation	Action	Evidence	Key Outcome	Responsible Agency and Lead officer	Resources	Due Date	Progress BRAG Rating
<i>GUIDANCE</i>	<i>Overview Recommendation</i>	<p><i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be:</i></p> <p><i>Specific</i></p> <p><i>Measurable</i></p> <p><i>Achievable</i></p> <p><i>Realistic</i></p> <p><i>Timed</i></p>	<p><i>Describe the evidence you will provide to the Board to show the actions are being undertaken or achieved.</i></p> <p><i>These might include correspondence, minutes of meetings, new policy, training material, etc.</i></p>	<i>What improvements in service and individual welfare and safety should result from the actions</i>	<i>Name, Position, title and agency of lead officer responsible for implementing the actions or ensuring that the actions are implemented by others.</i>	<i>Identify any resources required, including costs, staff time or equipment</i>	<i>Date by which actions will be completed</i>	<p><i>Blue achieved</i></p> <p><i>Red – not achieved and seriously behind schedule</i></p> <p><i>Amber – not achieved and slightly behind schedule</i></p> <p><i>Green – on track to be achieved within the timescale</i></p> <p><i>comment</i></p>
The Coventry Safeguarding Adults Board								
The Use of Safeguarding Procedures								
1 (5.3.2)	Ensure that staff understand their responsibilities in relation to Safeguarding Adults and that the preventative opportunities of Safeguarding referrals are fully recognised and utilised as a	<p>The key principles of early intervention and prevention to be embedded in practice across all agencies</p> <p>Promote effective information sharing and partnership</p>	<p>Annual assurance statement</p> <p>Section 11 audit</p>	<p>Early identification and accurate assessment of need and risk through good information sharing and partnership working</p> <p>Timely and</p>	<p>Chair of the SAB</p> <p>All partner agencies represented on the Safeguarding Adults Board</p> <p>To be led by Safeguarding</p>	Existing resources from all agencies represented on the Board.	To be agreed at the September 2013 Board Meeting.	Blue

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	positive way of achieving effective joint working in the best interests of vulnerable adults	working at all levels of need Ensure this is reflected in the Workforce Development strategy including both single and multi-agency training	Safeguarding adults training strategy	appropriate service response to effectively manage need and risk Improved outcomes for adults at risk	Leads and Champions			
The grading of pressure ulcers								
2 (5.4.1)	Satisfy themselves that the new Pressure Ulcer Policy is fit for purpose and has resolved the ambiguities and lack of clarity which were evident in the previous Policy.	Review the policy to see if it is achieving the agreed objectives and identify whether further actions are required	Minutes of meeting to discuss process & checklist 11 June 2013 Minutes of meeting 2 May 2014	A revised Pressure Ulcer Protocol is in place and effectively embedded in practice Appropriate referrals and strategies for action	All partner agencies To be led by safeguarding leads	Existing Resources of all agencies on the Board	September Board 2013 Final report to December 2014 Board.	Blue Further revisions have been made, to concentrate on unavoidable pressure ulcers at grade 3 & 4 and multiple 2s. A task and finish group has been set up
3 (5.4.2)	That there has been adequate multi-agency training in the use of this Policy.	Review the delivery of training re the policy and use of	Training stats from training completed 2012 /13 and new dates for June/	A Pressure Ulcer Protocol is in place and effectively	All partner agencies To be led by safeguarding	Training has been completed with a 2 year rolling	Review in 2014 / 15 and update programme	Blue A significant number of staff have

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		checklist Agree how often staff are required to repeat in order to cover new developments in practice	July 2013	implemented Appropriate referrals and strategies for action	leads The Coventry Safeguarding Adults Board Policy and Procedures sub-group	programme Using existing resources		been trained. A rolling programme of training is being put in place.
Commitment to the Philosophy, Policies and Procedures for the safeguarding of adults								
4 (5.11.1)	The Safeguarding Board and the Partner agencies should satisfy themselves that there is commitment from all Partners to the philosophy and principles of Safeguarding, that this is owned at all levels within the respective organisations, and communicated effectively through joint and single agency training.	These recommendations cannot be reduced down into SMART actions. However, the combined actions and work of the SAB should together demonstrate that such a commitment and philosophy exists. The SAB will sign up to the Duty of Candour	Attendance and real engagement at SAB and sub groups Development and effective implementation of strategies, policies and procedures which safeguard adults Section 11 Audit and/or other self-assessments of SAB performance	Sign up to creating a culture of candour (at annual review) A zero tolerance culture Safeguarding adults is everyone's business Safeguarding Adults is a key priority for all partners	The Coventry Safeguarding Adults Board and all partner agencies	Exsisting Resources	Feb 2014	Blue

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5 (5.11.2)	The processes and time frames set out in joint policies are adhered to and monitored effectively	Case file audit Performance reporting	Audit SA forms Performance reports	Timely action is taken to promote the safety and welfare of individuals subject to safeguarding arrangements	The Coventry Safeguarding Adults Board and all partner agencies Q&A sub- group	Audit team 10 days	30 July 2013	Blue Audit completed (July 2013) On-going monitoring (audit completed November 2014)
Coventry City Council - Adult Social Care								
Ensuring that social work assessments are fit for purpose								
6 (5.1.1)	Ensure that Practitioners are aware of the importance of taking account of all sources of information in making an assessment and that they explore all reasonable options for providing services which minimise identified risk.	Develop assessment framework and processes to support a more joined up, holistic and evidence-based approach which takes account of all available information in order to deliver timely, effective and appropriate interventions	Evidence from review of assessment processes Case file audit	Improved assessment and processes which ensure that all needs and risks are identified and plans are evidence-based Prevention and early intervention ensures that need and risk is identified at an early stage and effectively	Coventry City Council Adult Social Care Department Mark Godfrey Deputy Director, Adult Social Care	Social Care Journey Project management	March 2014	Blue New assessment framework developed , being implemented January 2015 Case file audit underway

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		<p>CCC to consider these requirements as part of the Adult Social Care Transformation process.</p> <p>Case file audit. This annual exercise provides an opportunity to review standards of practice in terms of assessment and partnership working.</p>		<p>managed and reduced</p> <p>Effective partnership working to improve outcomes</p>				
7 (5.2.1)	Ensure that Practitioners consider factors which might limit a person's ability to make informed choices and ensure that every effort is made to make arrangements which minimise risks identified through an assessment process	<p>Support practitioners to develop reflective practice through, for example, supervision and training.</p> <p>Support staff to put into practice MCA and Safeguarding training</p>	<p>Case file audit</p> <p>Implementation of revised supervision policy and procedures</p>	Individuals' mental capacity to make decisions is appropriately considered and risk is identified and effectively managed or mitigated	Coventry City Council Adult Social Care	Existing resources	March 14	<p>Blue</p> <p>Revised supervision policy implemented</p> <p>Case file audit underway</p>

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Coventry Warwickshire Partnership Trust (CWPT)								
The Use of Safeguarding Procedures								
8 (5.3.1)	Ensure that any lessons for clinical practice arising from review of these circumstances have been addressed.	To audit adherence to safeguarding procedures in order to establish what further work needs to be undertaken	The audit report <i>(Penny Greenaway to provide evidence)</i>	Monitoring remedial actions from audit Improved consistency in practice Safeguarding to be preventive as well as reactive	CWPT Safeguarding committee Penny Greenaway	Time for services to complete audit 2014 and 15	Was agreed at safeguarding committee on 12 th July.	Blue On Audit plan for 2014/15
The grading of pressure ulcers								
9 (5.5.2)	Satisfy themselves that all agency nurses supplied to them are competent to grade pressure sores and understand the relationship of this to a referral into adult safeguarding procedures.	Ensure that contracts with an agency for nurse staffing include the expected level of competence required in practice	Relevant clause included in contracts	Pressure sores are identified, graded and treated and, where appropriate, a referral into safeguarding is made	The Board of Coventry and Warwickshire Partnership NHS Trust Safeguarding leads	Time for services to complete audit	Was agreed at safeguarding committee on 12 th July On Audit plan	Blue On Audit plan for 2014/15
Communication issues								
10 (5.10.1)	Satisfy themselves that appropriate guidance is now in place for staff making such a referral and that it is being	Issue Guidance Review compliance with	Guidance Compliance audit	Staff confident and competent in making rereferrals	The Board of CWPT	Time for services to complete audit	To be agreed at safeguarding committee	Blue On Audit plan for 2014/15

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	followed.	guidance					on 12 th July	
University Hospital of Coventry & Warwickshire (UHCW)								
The grading of pressure ulcers								
11 (5.5.1)	Training in Tissue Viability envisaged in the IMR which they undertook has been completed. This should ensure that relevant staff are familiar with the process of pressure ulcer grading and the relationship of this to a referral into adult safeguarding procedures.	Review the delivery of training on the policy and use of checklist for community acquired tissue damage Agree how often to repeat to cover new developments in practice	Tissue Viability audit reports Feedback from staff and patients/carers Case file audits	Staff know how to grade pressure ulcers, make appropriate safeguarding referrals and undertake appropriate treatment and safeguarding strategies Pressure sores are identified, graded and treated Where appropriate, a referral into safeguarding is made	The Board of University Hospitals Coventry and Warwickshire NHS Trust Safeguarding leads	Within scope of TV Team work programme	To be agreed at SVACC 15 th July 2013	Blue
Clinical issues at discharge from hospital and outpatients clinics								
12	Satisfy themselves that any lessons for clinical practice arising from	UHCW to review discharge processes &	Audit report findings ,	Greater consistency and fewer	The Board of University Hospitals	Within the scope of Modern	To Be tabled at August	Blue Completed

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(5.6.1 and 5.7.1)	these circumstances have been addressed.	practice and determine what further actions are necessary	amended discharge policy to reflect recommended remedial actions	complaints relating to cases of sub optimum discharges from hospital	Coventry and Warwickshire NHS Trust	Matron for area; Discharge Lead and IMR Author to complete this work	2013 SVACC 17 October 2013	17 October 2013
Record Keeping in hospital wards								
13 (5.8.1)	Satisfy themselves that actions proposed within the IMR to improve standards have been completed successfully.	Debriefing to staff and other actions as detailed in IMR	Board minutes Record keeping audit	Effective communication between health practitioners delivering patient care	The Board of University Hospital Coventry and Warwickshire NHS Trust	Within the scope of Ward Manager and Modern Matron for the area	17 October 2013	Blue
Communication issues within UHCW NHS Trust								
14 (5.9.1)	Should satisfy themselves that case note recording systems used by medical, therapy and nursing staff link in such a way that risks cannot be missed by any of the groups of staff involved.	Sticky labels introduced to highlight in sections of the patient record that staff need to take note of the information recorded	Protocol in place to support the change in practice	Effective communication between health practitioners evident in case management records	The Board of UHCW NHS Trust	Within the scope of Therapy staff	17 October 2013	Blue
15	The referral system for technical support from	Ensure documentation	Audit results	Patients receiving the	The Board of UHCW NHS	Within the scope of	Reviews ongoing	Blue

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(5.9.2)	the Surgical Appliance Department is effective.	reflects the requirement for current treatment plan and actions to be recorded and audit compliance		prescribed appliance as planned	Trust	the Ward manager, Modern Matron and IMR	records audits part of nursing annual quality measure Next review to be tabled at August SVACC –Date to be confirmed	
16 (5.9.3)	The discharge summary reporting system to GPs is effective and that these summaries are always sent to GPs.	All inpatient wards are mandated to use electronic discharge notices to GPs Commission audit to verify compliance	IT audit that system is effective	GPs notified of discharge Patient receives appropriate follow up care as requested by named hospital clinician	The Board of UHCW NHS Trust	No Additional resource required	26 September 2013	Blue
17	All written guidance related to the IMR conducted by UHCW, which has been developed since the investigation, is being used and is fit for purpose.	Ensure that actions identified within the IMR have been carried out in accordance with professional standards of record keeping Deliver	Audit of record keeping Training records	Clear and legible patient records that comply with code of practice	The Board of UHCW NHS Trust	No additional resources required	Reviews ongoing records audits part of nursing annual quality measure Next review	Blue

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		sustainability training to clinical leads					to be tabled at August SVACC	