

Action Plan System Wide Review – (Mrs F)

Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: **Specific, Measurable Achievable Realistic Timed**
RAG ratings - Red, Not achieved and seriously behind schedule, **Amber** not achieved and slightly behind target, **Green** on track to be achieved within timescale

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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 <i>Meeting to be planned for June 2015.</i> 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 creation and	That all referrals for mental health services are effectively processed	Green

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						registration of audit is slightly behind schedule but is expected to be archived by 31 st Dec as planned		
2		IMR	To add to the Safeguarding level 2 training the need to confirm diagnosis relating to mental health and dementia		To add to the Safeguarding level 2 training the need to confirm diagnosis relating to mental health and dementia	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

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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. Continue to routinely audit health records /documentation	Oct 2015	Coventry & Warwickshire Partnership Trust (CWPT) Safeguarding team and Safety & Quality / Audit	Continual and implemented Audit forward programme in place Reviewed annually by clinical audit and effectiveness committee Included in Training material	Improvement in recording of client contacts On going / routine practice	Green
			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.		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 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	Jill Ayres			Green Completed
			To be incorporated in new training programme for 15-16	March 2016	Liz Kiernan	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	Amber

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			To be included in lessons learned from SCRs training	Oct 2015	Margaret Greer	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	Jill Ayres	Policy and procedures on City Council web site		Green Completed
			Further more detailed regional guidance on self-neglect.	Sept 2015	Jill Ayres	Regional Self-neglect guidance being written. 1 st draft completed 21.04.15 2 nd draft circulated 01.07.15 CSAB Executive Committee 23.7.2015 and Board in September	Clear guidance for staff handling self-neglect cases. Leading to more consistent practice.	Green

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						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	October 2015	Margaret Greer	Event planning in progress	To reiterate the importance of family involvement	Green

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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)						
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.	30 th Sept 2014	Associate Medical Director	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	

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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	Ian Bowering	External partner has been commissioned to update Adult Social Care procedures Manual 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. 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	June 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 July 16 th 2015, revised from June 2015. Feedback for this report 17.7.15	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	Amber

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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	Dec 2014	Moira Pendlebury	Made contact with Louise McKeeney to arrange appropriate session / communication Action completed. Awareness raising presentation provided by Jackie Wells (Tissue Viability service) to full staff meeting on	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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				June 2015		10 June. Written information provided and disseminated. Informal feedback from staff was very positive	Skin campaign. Louise McKeeney 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	