

Action Plan System Wide Review –Parallel (Mrs F)

PLEASE NOTE the actions below should be **SMART** Specific, Measurable, Achievable, Realistic and Time 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 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	Jon Reading, 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 <ul style="list-style-type: none"> • What is reported • Timeliness of reporting 	March 2015	Jon Reading, Head of Strategic Commissioning	Improved regular reporting of indicators – still experiencing difficulty with accurate and timely reporting of safeguarding. Waiting for reports from Care Director. July 2015.	Escalation of safeguarding reporting.	Amber

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				July 2015	Short term Paul Ferris – Performance Manager Long term reporting Scott Taylor, Head of Business Systems with Data Warehouse	Reports to be written	Reports requested from Care Director and the Data Warehouse. In the interim Performance review producing reports	Green
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 standards set for record keeping	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	Glynis Washington Deputy Director of Nursing & Quality CCG	Audit office preparing reports	Show who has attended Safeguarding awareness training	Red
			UHCW – Review of audits from 2011 – 2014 underway	October 2015	Carmel McCalmont Safeguarding Lead UHCW	Audit in progress - Sept 2015	Show who has attended Safeguarding awareness training	Amber
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	Overview Report (8.2.1)	Reviewed and updated structures and processes	March 2015	Jon Reading, Head of Strategic Commissioning	Single CCC and CCG quality monitoring team in place April 2015	Assured fit and proper monitoring process in place	Green complete

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	and effective.							
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	Jon Reading, Head of Strategic Commissioning and Glynis Washington	Reviewing freedom to speak up published February 2015	Clear criteria for level of appropriate action for whistleblowing	Amber
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	Jon Reading, 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	Jon Reading, Head of Strategic Commissioning	Update reported at Q & A sub group	New process and TOR started in December 2014	Green – completed
8	Triangulation of Safeguarding information	IMR		Dec 2014	Jon Reading, Head of Strategic Commissioning, Isabel Merrifield Assistant Director safeguarding, Performance & Quality, and Scott Taylor – Head of	Reports produced from Safeguarding Team data base. Care Director in place		Green - completed

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					Business Systems			
9	Review of Residential Contract and Service Specification	IMR	Review Contract and Service Specification	March 2016	Jon Reading, Head of Strategic Commissioning and Glynis Washington CRCCG Commissioning	Presented to Adult Joint Commissioning Board in January 2015 and project started. To be signed off by relevant bodies. Joint work across Warwickshire and CRCCG to be commenced by April 2015	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	Jon Reading, Head of Strategic Commissioning	Quarterly provider forums in place and feedback to be scheduled for future meeting possible in June/September 2015	Provider awareness of key issues and action to be taken on agenda	Amber
Coventry City Council should								

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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	Scott Taylor – 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
					Isabel Merrifield – Assistant Director Safeguarding, Quality & Performance	Task and Finish group in place to ensure Mental Health Teams record safeguarding on Care Director	Amber	
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)	Ian Bowering or David Watts to complete re operational systems	April 2015	David Watts – Assistant Director Adult Social care	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		Full process of 22 Social Care and Mental Health files undertaken in November 2014 Plan for further audits including partner	Identified areas are Audited for compliance to procedures and actions taken if not.	Green Completed

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			System developed to track and report risk(bearing in mind high risk can be related to chosen user outcomes)	April 2015	Isabel Merrifield Assistant Director Safeguarding, Performance & Quality	audits to be taken to Q & A sub group on 11.05.2015 with regular slot in future meetings for all partner agencies to feedback their audit findings and actions 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	Paul Ferris – Performance Manager and Scott Taylor Head of Business System and Data Warehouse	Reports requested from Care Director	Report to be produced to monitor risk management	Green