

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

Ref	Recommendation	Action required	Target Date	Lead officer	Update on Progress	Outcome	RAG rating
		<i>Indicate the actions or series of actions to be taken to achieve the desired outcomes. These must be: Specific, Measurable Achievable Realistic and Timed</i>			<i>Please provide evidence of progress</i>	<i>What improvements do you expect to achieve from the actions you have identified?</i>	<i>Blue, Red, Amber, Green (see below)</i>
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 Identify the number of staff needing to obtain the training Audit number of staff completed the training Audit staffs evaluation of the training.	April 2015	Yvonne Brown	Training programme in place and staff are attending. DN information services assessing the number of staff who have completed the training and the outstanding staff numbers. 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 This will enable rolling training programme 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

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	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

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					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		

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					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 21 st Sept 2015 to develop alert - Completed		Green
		Learning Alert to be posted			Learning Alert to be published in w/c 16 th 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 21 st Sept 2015 to develop alert - Completed		Green

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	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 16 th 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 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 21 st September 2015. - Completed Lead Nurse is reviewing the training and has incorporated this as		Green

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		is included and that referral threshold is covered.			an action within the directorate Safety and Quality forum for oversight.		
		Post training audit to be completed to ensure key messages have been delivered and understood					

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