

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

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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 <ul style="list-style-type: none"> • What is reported • 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	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

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	audit processes are in place to ensure compliance with 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

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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
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	Provider awareness of key issues and action to be taken on agenda	Green Completed

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						is in place.		
Coventry City Council should								
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,	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	Identified areas are Audited for compliance to procedures and	Green

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	risk assessment and attendance are being monitored and maintained					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 to feedback their audit findings and actions	actions taken if not.	
			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

