

Safeguarding Adults Review Sub Group Action Plan RE GA

Manager/Lead	Pam Smith, Deputy Chief Nurse, Dudley Group NHS Foundation Trust (Chair of Safeguarding Adults Review Sub Group)
Associated Staff	Judith Page, Named Nurse Safeguarding Adults Dudley Group NHS Foundation Trust; Anne Harris, Head of Safeguarding Dudley MBC; Donna Patel, Head of Service Whole Life Disability - People Dudley MBC; Jayne Emery, Health Watch Dudley; Jane Atkinson, Designated Nurse Adults Dudley Clinical Commissioning Group; Deb Cooper, Safeguarding Lead Dudley & Walsall Mental Health Trust; Simon Reeves, Black Country Partnership Foundation Trust; Mayada Abuaffan, Public Health
Date Action Plan agreed	Tuesday 21 st June 2016

Action not started	Action underway	Action completed and full assurance received
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Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
21.06.16	Dudley Clinical Commissioning Group/Dudley Group NHS Foundation Trust/Dudley Metropolitan Borough Council to work together to promote awareness of dysphagia within their staff, user groups and with carers and volunteers.	Increase Awareness of Dysphagia	Raise awareness with practitioners within Hospitals, GP Practices, Health watch Dudley, Dudley Community Voluntary Services Community forums.	Safeguarding Adults Review Subgroup/Public Health	Practice Learning Event planned for 1 st February 2017. Event plan drafted – 100 practitioners to attend. Representation from all agencies invited. Awareness campaign to include training, use of leaflets, on line forums.	September 2017	
21.06.16	Staff supporting people with dysphagia or any other specialist need e.g. Life-limiting neurological conditions, receive training in awareness and understanding of needs and presentation so that they are better able to support the service user and recognize changes in that person's need.	Dysphagia training to be available for Patients/carers/ family and service providers	Scope Dysphagia training for providers Task and Finish Group to develop guidelines and a protocol for care homes, care at home and hospital staff.	Helen Green, Dudley Metropolitan Borough Council Commissioning Team. Jane Atkinson, Dudley Clinical Commissioning Group	Care at home providers contacted to identify requirements. Task and Finish Group has met and work is in progress.	March 2017 June 2017	
21.06.16	Users of social care services, including personal budgets and direct payments, are offered support to produce a brief information sheet about their care services and living arrangements that they can share with their health teams, similar to hospital passports that are found within services for people with learning disabilities	Definition of care homes information to be available to hospital staff There are many different passports a	A Care Home information sheet for hospitals to be completed by Commissioning. Standard Passport to be implemented in consultation with	Dudley Metropolitan Borough Council Commissioning Team. Jude Page/Tracey Dean, Dudley Group NHS	Types of care information sheet collated. To be disseminated at Dudley Safeguarding Adults Board in February 2017. National work has commenced.	March 2017	

Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
		standard passport is required.	National Steering Group.	Foundation Trust			
21.06.16	Training in dysphagia is not a mandatory requirement, Care Quality Commission inspectors check on staff training and competency where they are providing services to people with dysphagia to be satisfied that the service being provided is safe.	All staff supporting people with swallowing difficulties to receive the necessary dysphagia training.	CQC inspectors to check staff have received dysphagia training.	Lisa Thacker – Care Quality Commission	CQC have confirmed that inspectors will include a check for dysphagia training in their inspection regime.	January 2017	
21.06.16	Consideration is given to including specific question about dysphagia/swallow in the needs categories social care assessments. Consideration should also be given to incorporating risk assessments within the My Assessment and Support Plan.	Dysphagia and swallowing difficulties to be recorded within the clients assessments.	Dysphagia and swallowing difficulties to be recorded on assessments.	Donna Patel – Dudley Metropolitan Borough Council	Work is in progress to include dysphagia and swallowing on assessment documentation.	March 2017	
21.06.16	Further work being undertaken to prioritise those with complex needs are also reviewed by a health professional and specialist reports from the service users' clinicians and health team are sought where necessary	Patient reports to be viewed by relevant health professionals.	Panel reports to be viewed by all relevant health professionals and to contribute when required.	Donna Patel – Dudley Metropolitan Borough Council	Included in extra care initiative process. Additional information to be presented to extra care initiative panel.	September 2017	
21.06.16	Dudley Clinical Commissioning Group/Dudley Group NHS Foundation Trust/Dudley Metropolitan Borough Council work together to look at identifying transitions with in care pathways and develop processes to strengthen and improve interagency communication, such as convening Multi-Disciplinary Team meetings, at times of transition between services especially changes in address, care arrangements, GPs and health needs, or where there has been a significant gap in the allocation of a	Inter-Agency Communication to be improved. Lead person to be recorded on the assessment. A wrap around service/advanced support planning required. All agencies to consider Multi-	Processes to be developed and improved e.g. Multi-Disciplinary Team meetings.	Jane Atkinson, Dudley Clinical Commissioning Group/Pam Smith, Dudley Group/Donna Patel, Dudley Metropolitan Borough Council	Dudley Clinical Commissioning Group GP template for completing the annual learning disability health check now includes dysphagia.	September 2017	

Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
	key professional e.g. social worker, Speech And Language Therapy, Occupational Therapy, specialist nurse	Disciplinary Team when periods of transition within a person's life is through change of health needs.					
21.06.16	Dudley Clinical Commissioning Group/Dudley Group NHS Foundation Trust/Dudley Metropolitan Borough Council to work together to ensure that the Vanguard information system and new model of care for people with complex needs covers acute hospital admissions.		To ensure clinical pathways are developed.	Jane Atkinson – Dudley Clinical Commissioning Group	Multi-Specialty Community Provider pathways have commenced.	September 2017	

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Gary Aston

Agency: Dudley MBC Adult Social Care

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
Extra Care Housing Panel	Panel applications are being looked at in detail and any that show an individual to have a degenerative condition, extra information is being sought if this is not clear in the My Assessment Support Plan (MASP).	This is on-going. Panel members are aware of requirements.	The Extra Care Housing Panel Process is to be re-written and this area will be covered in this.
Transfer documents to be signed by future care provider.	<p>Dudley MBC no longer have an Intermediate Care Service as New Swinford Hall & Russell Court have now both closed.</p> <p>This Information was also provided to all Commissioned Care At Home services through Provider Forums & an email went out.</p>	N/A – as both services now closed.	N/A

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Gary Aston

Agency: Midland Heart

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
Dysphagia to be identified as a specific risk in assessments undertaken	Dysphagia added to standard risk assessment covering all Extra Care providing further assurance	In place; effectiveness reviewed May 16 through review of every customer in Extra Care to ensure all picked up	Part of business as usual
Confirmation of need for full referral information and communication from others involved e.g. Speech and Language Therapy (SALT)	Assurance that those assessed as at risk have associated information and interventions in place	In place; reviewed all Extra Care customers May 16	Part of business as usual, checked through annual internal quality inspections
Dysphagia training requirement for staff identified	Training and toolbox talks assist staff in identifying dysphagia risks and how to respond providing further assurance	In place. Staff training reviewed as part of internal annual inspection of every registered service	Part of business as usual, arrangements with training provider regularly reviewed
Opportunity for further management oversight of emergency pull-chord system	Added assurance that correct procedures are followed	Checked monthly as part of 'provider visits' and as part of annual internal inspections of services	Part of business as usual
To ensure that any learning is disseminated appropriately across organisation	Assurance that all Registered Managers have knowledge of the Safeguarding Adult Review (SAR) and its implications	Registered Managers Forums including Nov 15, Feb 16 reviewed SAR learning	Further Registered Managers Forum, Nov 16 will receive update

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Gary Aston

Agency: The Dudley Group NHS Foundation Trust

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
<p>Development of a Nutritional Steering Group to take a lead on nutrition management across the Trust.</p> <p>Nutrition Nurse Care Indicators to be presented at the Nutritional Steering Group meetings.</p>	<p>A Nutrition Steering Group was set up in April 2015 and meets quarterly.</p> <p>This group discusses any incident relating to nutrition management.</p> <p>Nurse Care Indicators for Nutrition are discussed at the meetings.</p>	<p>Nurse care indicators are reviewed monthly and this is on-going.</p> <p>There is a rolling programme of nutritional audits monitored by the Steering Group at quarterly meetings.</p>	<p>A nutrition strategy is being developed which is near completion.</p> <p>A risk assessment regarding patients' nutritional needs not fully being met during their stay has been added to the Corporate risk register.</p> <p>Nursing care indicators continue to be monitored and areas that fall below 95% compliance are required to attend an escalation meeting to discuss their compliance and identify an action plan to improve.</p>
<p>Documentation should clearly identify who is accompanying a person and who is giving the person's story/history.</p> <p>The Emergency Department (ED) Triage history now has a section to be completed for who the person is accompanied by and what their relationship is.</p>	<p>On review of the electronic records staff should be able to clearly identify who the person attended with and what their relationship to the person is.</p>	<p>Consultant Lead for Safeguarding to liaise with the Emergency Department Lead Consultant regarding this question being added to the electronic documentation audit.</p>	<p>Safeguarding training continues to include the importance of documenting who is accompanying a person and who is telling the story.</p>
<p>All clinic reception staff to be reminded of the importance of updating the electronic records when a patient changes GP.</p> <p>Information Governance information reminder was put on the Hub including checking and updating Oasis (patient information system) at every patient attendance.</p> <p>A newsletter went out with every electronic payslip regarding Information Governance including a reminder to staff to check and update OASIS at every patient attendance.</p>	<p>Any information leaving the Trust following consultations or attendances at Hospital should go to the correct GP.</p>	<p>Complaints/incidents of information going to the wrong GP are monitored by the Information Governance Team via the Trust's reporting system.</p>	<p>A 'Guidance for entering demographic details for adults' is being developed in line with the 'Guidance for entering demographic details for children and young people 0-18'.</p>

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Gary Aston

Agency: Care Quality Commission

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
The Commission to ensure notifications and safeguarding concerns are dealt with in a timely way and actions are recorded. Appropriate action to be taken in regard to poor practice and relevant records of discussions kept.	There is now a sector support report which gives managers an overview of safeguarding and actions taken. This is monitored closely through meetings and supervision. Inspectors understand the need to document information to provide an audit trail.	Ongoing through team meetings and supervisions.	To continue to monitor. Internal systems are constantly being reviewed and developed.
Inspection managers to randomly audit the quality of information being documented in Customer Relations Management (CRM) during monthly one to one meetings with inspectors and for this to be documented.	Managers have an oversight of the quality of work being undertaken and can address any performance issues.	Ongoing through team meetings and supervisions.	To continue to monitor.
Inspection scheduling to continue to take into account locations where there is ongoing noncompliance so that these are dealt with as a matter of priority.	We have improved information to ensure that locations where there are breaches have a focussed follow up inspection scheduled.	Ongoing through team meetings and supervisions.	To continue to monitor.
The induction and mentorship of new inspectors to include more in depth training and guidance on managing notifications and safeguarding enquiries. Inspection Managers and mentors of new inspectors to ensure that employees have adopted robust CRM practices following induction.	Through induction and 'buddy' arrangements new inspectors have a more robust knowledge of how to manage and record information.	Ongoing through team meetings and supervisions.	To continue to monitor.
The Commission to contact providers and request an update of their internal investigation.	The commission liaises with providers where we are aware there is an internal investigation underway to ensure we know the outcome.	Ongoing through team meetings and supervisions.	To continue to monitor.
The Commission to contact the local authority and obtain updates on the investigation. To improve partnership working.	Improved partnership working and sharing of information.	Ongoing through team meetings and supervisions.	To continue to monitor.
The service to remain on the Commission's risk register and ongoing monitoring of the service to take place until conclusion of the safeguarding investigation.	We have amended the criteria for the risk register to ensure we focus on the high and extreme risks.	Ongoing through team meetings and supervisions.	To continue to monitor.