



## Safeguarding Adults Reviews

### Response Report and Strategic Action Plan

#### Introduction

The Safeguarding Adults Board in Suffolk commissioned two Safeguarding Adults Reviews in early 2014 in to the deaths of two people with learning disabilities. The Board would first of all like to offer its deepest sympathies to the families of both of these people, and would hope that this report offers some reassurance and comfort to both families. This report looks to identify the recommendations that were made as part of these reviews and the work that the SAB and our partners have undertaken to date to address some of the highlighted concerns. While it is clear that no amount of future change can ever alleviate the loss of a loved one, we hope that the progress we have made in working with the independent authors of both review reports will serve to prevent similar circumstances from occurring in Suffolk in the future.

All of the organisations involved, and additional organisations who can benefit from the learning have made a commitment to review and where required improve processes and systems in the coming weeks, months and years which will see significant changes for the better, for those who have a right to access timely and effective care. Many changes have already been implemented within organisations and across the partnership.

#### SCR Health and Social Care Joint Working Group –

##### Purpose

The intention is to create a vehicle that ensures there is a jointly owned Health and social care action plan that will initiate changes that will be embedded within the implementation plan for the Joint Learning Disability Strategy (JLDS) for Suffolk. There is an urgency to ensuring that learning from the SCR must manifest itself in new or amended operational practices in both Health and Adult Social Care services for customers / patients with a learning disability.

##### Key Objectives

- To develop and deliver the appropriate solutions in response to the SCR recommendations, clarifying which organisation has responsibility for what so that improvements are delivered coherently
- To ensure that all solutions are delivered within a reasonable time frame.
- To ensure that any associated risks are identified at the start of the process and regularly reviewed.
- To ensure that the process is as inclusive as possible, with additional stakeholders being invited to contribute as and when required.
- To monitor the delivery of agreed solutions to ensure effectiveness
- To ensure that there is effective communication regarding the work of the group to relevant stakeholders.

##### Governance

Responsibility for managing the action plan will be shared equally by Health and SCC's Adult Social Care Directorate.

To ensure there is clear oversight and control it has been agreed that the governance arrangements for the working group must be positioned within the existing joint commissioning structure.

Overall responsibility for ensuring that all relevant agencies respond appropriately to all the recommendations in the SCR lies with Suffolk's Safeguarding Adults Board.



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There will be regular updates on progress presented to the Joint Mental Health and Learning Disability Commissioning Group, the CCGs Mental Health and Learning Disability work streams; and the Safeguarding Adults Board as Standing Agenda items. There will also be reports presented to other key management groups e.g. The CCGs Clinical Executive meetings; SCC Adults and Community Services (ACS) Management Team, etc. when required.

## Membership

The group will have key commissioning and operational staff from key Provider organisations represented.

## Facilitation

Arrangements for sharing responsibility for Chairing the meetings; arranging venues; note taking; and circulating agenda and papers will be agreed at the first meeting.

## Time frame and Frequency

It is anticipated that the group will operate for an appropriate timeframe – to be agreed with the SAB – recognising that it may be subsumed within, or change into, one of the delivery groups for the wider implementation plan for the JLDS.

The group will meet monthly.

Agreed by the Working Group - 2015

All the partners have committed to promote and contribute to planned and on-going learning events which will focus specifically around the recommendations outlined below with the clear intention of improving the quality of services and increasing the recognition of the need to hear and take account of the views of people who use services and families.

## Recommendation One

### Recommendation

**The SAB is assured by Suffolk CC and the CCGs that all 18+ adults with learning disabilities and complex support needs have a named care co-ordinator and that their health and social care needs are jointly reviewed on at least an annual basis. Such reviews should always consider whether an assessment for continuing health care is required**

### Response

It is recognised that there are improvements to be made in the coordination of care across organisations both in Health and Social care and the role that the SAB has in promoting, supporting and monitoring progress in this area. Equally, it is recognised that the needs of individuals with learning disabilities vary significantly and that, along with informed personal choice, changes for any one individual may occur over time.

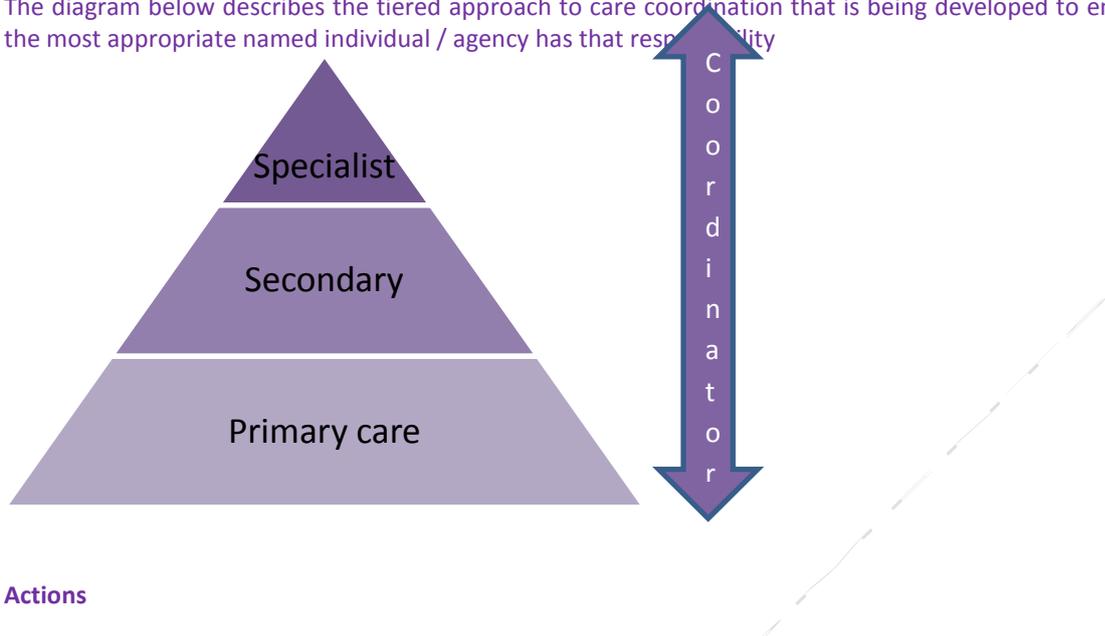
As a result, Health and Social Care have come together and are jointly reviewing the process by which the complexity of care needs are defined, such that where an individual requires a coordinated approach to care (either because they are in crisis or they are experiencing a long term chronic condition or their needs are complex, such that a number of individuals and agencies are involved in their care) this is provided routinely and is accessible, timely and effective. Drawing on best practice models of care and learning from what has worked well in other organisations, the SAB will be overseeing the development of the core functions of a



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coordinator role and will require assurance that the role delivers the best outcomes for those requiring such support.

The diagram below describes the tiered approach to care coordination that is being developed to ensure that the most appropriate named individual / agency has that responsibility



## Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
To ensure appropriate assignment of named care coordinators to those individuals with learning disabilities who require this service and that this requirement is reflected in service specifications where appropriate.	Joint Working Group (SCC and partner agencies)	Best practice guidance has been identified and a new service model is being progressed to complete this action.	Nov 15  Update to be reported to SAB December 2015
To ensure robust data caption of annual completed reviews.	Joint Working Group  All partner agencies  Performance and Quality Group	Review of current data capture in progress including annual checks for CHC, specialist medicine and health checks.	Nov 15  Updates to be reported to SAB December 2015
Commission Peoples Panel to assess progress and impact with service users and families on behalf of the SAB and report back on quarterly basis	SAB  Peoples Panel	Peoples Panel members currently working with service users but increased coordination required.	Nov 15



Contact monitoring of compliance to be aligned to existing performance measurement	Joint Working Group  PQA	Current joint quality monitoring processes in place but requires increased integration.	March 2016
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**Recommendation Two**

**Recommendation**

The SAB is assured that named care coordinators work within structures that facilitate professional interdependence, recognises the value of complementary professional skills and encourages collaboration, most particularly with people’s families or representatives

**Response**

The SAB recognise that individuals with learning disability may require Health and Social Care services from a number of different provider organisations. As a result, alignment of working practices and the policies from which the practice is derived is a programmed piece of work which is underway. The successful alignment of working practice and the policies will

- a) require that Health and Care staff have a full understanding of the relevance of all Health and Social Care involvement in an individuals’ life and the importance of the interplay between them,
- b) require that the necessary provision of Health or Social Care is driven explicitly by the individual and their family or carer’s involvement and voice.

In 2014/15 the SAB developed and implemented the ‘Policy and Practice Standards Panel’. The terms of reference of this group state that it is responsible for the co-ordination and oversight of all policies developed by SAB partner agencies and for ensuring that these policies are compliant with the standards agreed by the Board. The ‘Policy Compliance Matrix’ is attached as Appendix A, and includes engagement with service users and their families as a key standard.

The SAB has undertaken to support engagement with service users, their families and/or their representatives throughout any engagement with partner agencies. This work follows the principles of ‘Making Safeguarding Personal’.

**Actions**

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
SAB to ensure that all relevant partner agency policies including specific Safeguarding Policies are reviewed to include the need for collaboration between professionals.	Joint Working Group  Policy and Practice Standards Sub Group	The Policy Compliance Matrix has been agreed and adopted by the Board, and three organisations (ACS and CCGs) have had their policies reviewed against it to date. The Panel are in the process of timetabling reviews for all other relevant policies within partner agencies.	October 2013
SAB to ensure that all	Joint Working Group	As organisations are scheduled	March 2016



relevant partner agency policies are reviewed to include a responsibility for working with the service user and their family where appropriate.	Policy and Practice Standards Sub Group	for review against the Board agreed criteria in the Policy Compliance Matrix, an expectation is placed on agencies to work with service users and their families throughout their time with them.	
Commission Peoples Panel to assess progress and impact with service users and families on behalf of the SAB and report back on quarterly basis	SAB  Peoples Panel	Peoples Panel members currently working with service users but increased coordination required	Nov 15

**Recommendation Three**

**Recommendation**

**The SAB is assured that care coordination is supported by record keeping and information sharing across professionals and services and that people’s families or representatives are regularly consulted**

**Response**

**Record keeping:**

The SAB recognise that accurate record keeping is essential for health and social care professionals to make informed clinical and non-clinical decisions about current and future provision of care and or treatment. Whilst it is understood that individual providers will monitor the standard of clinical records, a distinction has to be made between the professional standards and the accuracy of the content of a record at any one given time. To this end the SAB will task providers with identifying mechanisms to ensure that individual records are accurate for example, through documentation of feedback from individuals confirming their agreement of how the condition has been described in records.

**Information sharing:**

The SAB recognise that information sharing is integral to delivery of a seamless service across organisations and that in order to achieve information sharing successfully communication systems need to be robust. Information in the current health and social care environment can involve a number of different mechanisms - some more traditional methods (e.g. verbal) and some with IT solutions ( teleconferencing / e-mail), the scope of which have to be defined and mapped out in order to determine the most effective means in each circumstance and further, the resource required in implementation.

All sharing of information is set within the parameters of the existing legal frameworks and as such, specific and dedicated information sharing agreements need to be reviewed or developed which explicitly outline the rationale and process. This must normally include the individual’s consent (either explicit or inferred).

Accurate record keeping in support of effective care co-ordination is the responsibility of individual partner agencies, however the SAB has developed a ‘self-audit’ process including data and recording quality elements



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that all partner agencies are expected to undertake, and that is governed by the Board's Performance and Quality Sub Group.

## Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
SAB to review Board level policy that governs information sharing around the Data Protection Act.	Board Manager in conjunction with all partner agencies	The Board's refreshed Partnership Agreement and Constitution addresses these issues to a degree, however it is recognised that a more focused and specialised document is required.	Dec 2015
'Self-Audit' content to be reviewed to ensure Care Act Compliance, and schedule to be fully implemented and governed through the P&Q	Performance and Quality Sub Group	Adult and Community Services, Suffolk Constabulary and Suffolk's three CCGs have undertaken the Board's Self Audit process, with agreement to address any findings. The review of Self Audit content will be implementation in the autumn 2015	Dec 2015
The People's Panel will recruit volunteers to work with the SAB to promote the views of service users and to help professionals at a senior level to plan from a service user's perspective.  Plus as 1 and 2 above re monitoring and feedback.	The People's Panel	The Panel have developed role specifications for eight volunteer members. The recruitment process for these roles will take place through Suffolk Community Advocacy with the selection process being undertaken by the Chair of the People's Panel and representatives from Healthwatch Suffolk.	Oct 2015
Joint work with the Multi agency safeguarding hub (MASH) to review and further develop appropriate information sharing for vulnerable adults with complex needs.	Joint Work Group  Policy and Practice Standards Group	The SAB is currently working with the MASH strategic Board to develop best practice in collating and responding to concerns raised around vulnerable adults which ensures an appropriate response to both safeguarding referrals but also issues of quality of provision and service	Nov 2015

## Recommendation Four

### Recommendation

The SAB is assured that the CCGs commission a service from all service providers that includes  
(i) the support of people with learning disabilities who have additional complex support needs,



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- (ii) including health care needs and the provision of expert advice to generic services such as supported living, district nursing and primary care to address the disadvantaged health status of people with learning disabilities as compared with the general population and their significantly reduced lifespan which is associated with high rates of unmet health needs

## Response

The view of the SAB in Suffolk is that this is a longer term piece of work and requires a review of wider commissioning arrangements across **all** partner agencies, particularly ‘statutory partners’, e.g. Suffolk County Council, Suffolk Constabulary and Suffolk’s CCGs.

The SAB will hold oversight of the process of review, but the programme of work will be undertaken by commissioning specialists in each agency, working in partnership. The programme will be attentive to the definitions of ‘support’ through engagement with individuals, families and carers and acknowledges that support may be practical, physical, environmental, psychological and or social.

## Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
Commissioning Arrangements to be reviewed	Joint Working Group SAB Peoples Panel	A programme of review to be undertaken to include 1. feedback from individuals, families who use LD services to ensure appropriate support 2. audit of current service provision demonstrating support and access arrangements 3. future commissioning intentions to include reference to this recommendation	31/12/15
Commission Peoples Panel as at 1,2 and 3 above	SAB Peoples Panel		

## Recommendation Five



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## Recommendation

The SAB is assured that safeguarding policies do not supersede the duty of care of health and social care professionals or their responsibility to assess and review the needs of individuals with complex support needs

## Response

The Board's overarching safeguarding policy was reviewed in May of 2015 and gives clear guidance on the role of safeguarding interventions. The policy makes clear that safeguarding work does not supersede the duty of care of professionals. However, this message requires further promotion across all partners and this message must be given by the Board.

## Actions

Action	Responsibility (eg. Sub Group, Individual or Agency)	Current Position	Deadline
Review of the Board's overarching Safeguarding policy to ensure clarity around the duty of care for professionals.	SAB Policy and Practice Standards Sub Group	Completed in May of 2015.	
Board to work to promote what 'safeguarding' means to professionals, service users and families through a series of public and professional awareness sessions, including a joint conference with Norfolk SAB in September 2015.	Communications Sub Group Joint Working Group	Materials and content for public and professional awareness sessions are in the process of being developed by the Communications Sub Group, including a relaunched Board website for Suffolk. Awareness sessions will begin in September 2015.	Oct 2015
Review current training to ensure appropriate messages being provided	Training sub group		Dec 15

## Recommendation Six

### Recommendation

The SAB is assured by service providers that their training strategies on the Mental Capacity Act 2005 are credible and attentive to day to day decision making such as diet, as well as in relation to invasive treatments such as anal stretching, including how such decisions are recorded and collated and when these should be escalated for a clinical and professional assessment for example.

### Response

The Board's Training and Development Sub Group is responsible for the commissioning and evaluation of training that will be delivered across the partnership. The Board has allocated a budget to the group through



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which to address concerns raised as part of these reviews, and the commissioning process for revised MCA / DOLS training will begin in September of 2015.

## Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
Training and Development Sub Group to commission MCA / DOLS training that addresses the concerns highlighted above.	Training and Development Sub Group Joint Working Group Health Sub Group	A budget has been allocated to the group through which to undertake this work, and the Board's workforce development lead is working with the group to begin the commissioning process from September 2015.	Oct 2015
Training and Development Group to evaluate the content of proposed training to ensure compliance with review concerns.	Training and Development Sub Group Health Sub Group	Agreed work Plan for T and D work group	Dec 2015
Rollout and review of MCA/DOLS training programme.	Training and Development Sub Group Health Sub Group	Agreed work Plan for T and D work group	March 2016
Ensure that training specifically includes the need to consult with individuals and their families as appropriate and record decision making and rationale	Training and Development Sub Group Health Sub Group	Agreed work Plan for T and D work group	Dec 2015

## Recommendation Seven

### Recommendation

The SAB should actively promote a policy which encourages and supports Primary Care access to equipment which can weigh all patients including those with wheelchairs or any other disability.

### Response

While the SAB in Suffolk recognises that it has no power to compel Primary Care (e.g. GPs) to purchase weighing equipment, we do commit to promoting, encouraging and supporting access to such facilities where appropriate.

### Actions

Action	Responsibility (eg. Sub Group, Individual or Agency)	Current Position	Deadline
SAB to work to promote access to specialist weighing	Communications Sub Group	Initial scoping work required.	March 2016



equipment.			
SAB to work with Primary Care and community health service providers to understand the issues they face in accessing specialist weighing equipment.	Health Sub Group Joint Work Group	A workshop with Primary Care professionals is in the initial planning stages and will be managed through the Health Sub Group of the SAB. Findings and feedback from this group will inform the Board's work to promote access to specialist equipment.	Oct 2015

### Recommendation Eight

#### Recommendation

The SAB is assured that Suffolk CC's Adult Social Care's commissioned services which are providing care to people with complex support needs have explicit access arrangements with NHS providers such as Community Learning Disability Teams

#### Response

The SAB recognise the need for improvements in the arrangements for accessing services. Programmes of work should note that access to services is fundamental to successful delivery of care and therefore clear definitions of this are important. This recommendation will be closely aligned to the review of commissioned services, the role of the care coordinator and that there is appropriate training and communications to ensure that explicit access arrangements are established.

#### Actions

Action	Responsibility (eg. Sub Group, Individual or Agency)	Current Position	Deadline
To ensure that individuals, families and carers are fully aware of the pathways to access services	Joint Work Group SAB	Ongoing work stream	March 2016
To ensure promotion of available services are made visible to individuals, families and carers	Joint Work Group SAB	Ongoing work stream	March 2016
To ensure lines of communication with and between the services are easily and readily available	Joint Work Group SAB	Ongoing work stream ACS currently requiring the adoption of a revised service specification for Supported	March 2016



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		Housing providers which clarifies provider responsibilities	
To ensure that 'physical' support to access services are available	Joint Work Group SAB	Ongoing work stream	March 2016

## Recommendation Nine

### Recommendation

The SAB is assured that NHS England, GP practices, Ipswich and East Suffolk CCG, West Suffolk CCG, Great Yarmouth and Waveney CCG, the Norfolk and Suffolk NHS Foundation Trust and Suffolk CC draft and communicate a multi-agency protocol for identifying and agreeing changes in roles and responsibilities across the health and social care services which arise from changes to a contract or a change in provider

### Response

The Board is responsible for the development of multi-agency policy with regards to prevention of abuse and neglect of adults in Suffolk, and the promotion of commissioning policy that outlines responsibilities for all agencies for individuals with learning disabilities and/or complex health needs forms a key part of this responsibility. The SAB commits to work with partners to develop this policy over the coming months.

### Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
Review of existing commissioning policies for all statutory partners to establish compliance with this recommendation.	Joint Working Group Policy and Practice Standards Panel	Ongoing work stream Scheduled to begin in September 2015.	Dec 2015
Joint LD Strategy document to be approved	Joint Working Group SAB	The Joint Learning Disability Strategy has been approved by the Suffolk Health and Wellbeing Board, SCC and CCG. This strategy and implementation plan will inform future commissioning intentions.	Dec 2016
Policy and Practice Standards Panel to work to produce the multi-agency policy which outlines the duties, roles and responsibilities across	Policy and Practice Standards Panel	Initial discussions will be held the Policy and Practice Standards Panel, with the revised policy to be developed following on from the work above.	Dec 2016



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health and social care provision on behalf of the SAB.			
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## Recommendation Ten

### Recommendation

The SAB is assured that health and social care commissioners have systems in place that ensure that contracts with providers address individual transfers i.e. if an adult moves between settings, or becomes the responsibility of a new provider, there is a formal transfer of documentation, explicitly describing their health care needs, and a verbal briefing to ensure that their support needs are fully understood

### Response

The Board is responsible for the development of multi-agency policy with regards to prevention of abuse or neglect of adults in Suffolk, and the development of a policy that outlines information sharing responsibilities for all agencies for individuals with learning disabilities and/or complex health needs, particularly at times of organisational change, forms a key part of this requirement. The SAB commits to work with partners to develop this policy and promote the operational implementation of the coming months.

### Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
Review of existing policies and contractual requirements for information sharing across all partner agencies to establish compliance with this recommendation.	Joint Work Group Policy and Practice Standards Panel	On-going work stream  Scheduled to begin in September 2015.	31/12/2015
Policy and Practice Standards Panel to work to produce the multi-agency information sharing and transfer policy on behalf of the SAB.	Policy and Practice Standards Panel	Initial discussions will be held at the Policy and Practice Standards Panel, with the revised policy to be developed following on from the work above.	Dec 2016
The requirement to share information at the point of transfer between services will be publicised as part of the Communications Sub Group's work to promote safeguarding to	Communications Sub Group Joint Working Group	Materials and content for public and professional awareness sessions are in the process of being developed by the Communications Sub Group, including a relaunched Board website for Suffolk. Awareness	Sept 2015



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<p>practitioners and professionals over the coming months.</p>		<p>sessions will begin in September 2015.</p> <p>The Joint Working Group is working with service users and Learning Disabilities Specialist Nurses to review and inform all documentation across the Learning Disabilities pathways, specifically in regard to access into health and then ensuring maintenance within the community. Documentation includes the Health and Well Being Action Plans (HAPs) and Annual Health Checks and the associated documentation. Documentation that is already in existence within provider care agencies in the community will be considered regarding whether it is fit for purpose and where changes are required these will be implemented.</p>	
<p>Review of current and required IT 'infrastructure' to support information sharing to be completed and reported to SAB</p>	<p>Joint Work Group SAB</p>	<p>Mapping of IT systems across providers has commenced. Workshops that include primary care have been scheduled to determine future planning and progress.</p>	<p>Dec 2015</p>

## Recommendation Eleven

### Recommendation

**The SAB will work with health and partner agencies to reconsider and promote the use of Health Action Plans.**

### Response

The SAB are committed to the promotion of Health Action Plans for individuals with Learning Disabilities in Suffolk.



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## Actions

Action	Responsibility (eg. Sub Group, Individual or Agency)	Current Position	Deadline
Develop content and materials through which to promote the role of Health Action Plans with Primary Care and link the work specifically to current LD strategy "Staying Well , Staying Healthy"	Health Sub Group Joint Working Group	Initial scoping work completed. Initial Health Action Plan document developed and circulated. Currently being amended following feedback.	Dec 2015
Undertake practitioner sessions for GPs detailing the need for the Health Action Plan and the benefits thereof, including information sharing.	Health Sub Group Joint Working Group	To be undertaken post development of promotional materials.	March 2016
Review current understanding of HAPs, Health passports, Care Action plans, rationalise and establish clarity for practitioners and service users Establish appropriate electronic forum from which to download all documentation	Health sub group Joint working Group	A review of resources from across the UK has been undertaken to determine How and where HAP and associated documentation are most effectively used by people who use services, by families and by providers. Consideration is being given to accessing resources on a public facing IT forum. A dedicated programme of work will seek to establish cost implications of either procuring content within an existing technological solution or developing a bespoke webpage for Suffolk.	Dec 2015



**Recommendation Twelve**



**Recommendation**

The SAB is assured that health and social care commissioners encourage support staff to (i) measure and record the hips and waist of adults (most particularly those who are known to experience constipation and/or are prescribed phenothiazines) and (ii) to raise any changes or other concerns about weight or weight distribution during health checks and routine consultations

**Response**

The SAB acknowledge that where it is appropriate to measure of the hips and waist of an individual this should take place.

**Actions**

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
To develop and circulate documentation which seeks to alert all individuals, families, carers and health and social care professionals to the need to monitor and address situations in which the girth of an individual may be noted to have altered significantly.	Health Sub Group	Guidance document has already been circulated to all partner agencies and service providers which will be reviewed and updated which recognises the need to take account of a range of indicators in conjunction including significant changes in girth.	Dec 2015

**Recommendation Thirteen**

**Recommendation**

The SAB engages with NHS England to develop and promote specific guidance for primary care services about annual health checks for people with learning disabilities, including follow up after non-attendance, reasonable adjustments to procedures and mental capacity in relation to consent to invasive procedures for example

**Response**

The SAB commit to developing a 'Model of Best Practice' around the use of Annual Health Checks for people with learning disabilities. This includes guidelines on approaches to non-attendance and the impact of MCA. This model will be discussed with NHS England, with a view to influencing policy nationally.

**Actions**

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
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Draft Model of Best Practice to be developed through the SAB's Health Sub Group.	Health Sub Group.	The CCG is currently working with The Suffolk Learning Disability Partnership, GPs, and NHS England to understand current barriers to uptake of the DES in the East of Suffolk. A dedicated programme of work will be implemented to monitor the progress uptake and ensure consistency across the county. This programme will incorporate the training needs and potential resource implications.	Oct 2015
Model of Best Practice to be piloted with a small number of GP surgeries in Suffolk, with feedback sought and collated from pilot surgeries.	Health Sub Group.		Oct 2016
Feedback on model and outcomes of pilot to be reviewed by NHS England.	Health Sub Group.		March 2016

## Recommendation Fourteen

### Recommendation

The SAB seeks confirmation from partner agencies of the specific actions they have taken to address the issues raised by James and Amy's circumstances and how these will be embedded in future practice

### Response

The SAB have been working to develop an understanding of work undertaken by all partner agencies over the past twelve months. This work has led to the collation of an action plan across all agencies. This action plan identifies 150 activities and pieces of work undertaken by partners to address the concerns raised throughout this review process. The content of this plan will form the basis of the work of the Safeguarding Adults Review Advisory Panel (SARAP) over the next twelve months in ensuring effective learning from these reviews.

### Actions

Action	Responsibility (eg. Sub Group, Individual or Agency)	Current Position	Deadline
Full action plan to be finalised and updated by all agencies in preparation for discussion at the SARAP on an ongoing basis.	Board Manager	Action plan includes activity of all agencies, with updates from most.	Aug 2015
Action plan monitoring process to be implemented	SARAP		March 2016



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by the SARAP over the coming twelve months, with regular progress reports submitted to the full Board for discussion, where partner agencies will be held to account for progress against stated aims.			
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## Recommendation Fifteen

### Recommendation

The SAB promotes the learning from James and Amy's circumstances by ensuring that the reviews are used as a resource for the professional development of health and social care practitioners in Suffolk and seeks to involve family members or representatives as appropriate if possible.

### Response

The SAB will be undertaking learning and development activity with professionals and the public on an ongoing basis in response to these reviews, and development work has been during the publication process, as outlined above.

### Actions

Action	Responsibility (e.g. Sub Group, Individual or Agency)	Current Position	Deadline
SAB to plan practitioner learning and development events as a result of these reviews throughout 2015/16.	SAB Joint Working Group Health Sub Group		Dec 2015
Communications Sub Group to provide organisational support to practitioner learning and development events as a result of these reviews throughout 2015/16.	Communications Sub Group Joint Working Group Health Sub Group	Practitioner events have been taken place in May and July of 2015. Development of further practitioner learning events will commence once recommendations and action plans have been finalised.	Sept 2015
Methods of practitioner feedback to be developed and captured to inform the progress reports produced by the SARAP.	Communications Sub Group Joint Working Group Health Sub Group	To be developed in preparation for upcoming practitioner events.	Aug 2015



## (Additional) Recommendation Sixteen

### Recommendation

The SAB should be assured by all partner agencies in Suffolk that policies and processes are in place such that any internal review or investigation of a sudden or unexpected death or serious incident will be shared with the SARAP and informed by the family members whenever possible, in keeping with the statutory duty of candour.

### Response

Commissioned Health Services, including the acute and community Trusts in Suffolk, are required to demonstrate compliance with the following National Health Service England (NHSE) Framework 2015-16 Serious Incidents in which is stated:

The needs of those affected should be a primary concern for those involved in the response to and the investigation of serious incidents. It is important that affected patients, staff, victims, perpetrators, patients/victims' families and carers are involved and supported throughout the investigation.

Involvement begins with a genuine apology. The principles of honesty, openness and transparency (as set out in Part Two of this Framework which endorses the NHS Being Open guidance) must be applied. All staff involved in liaising with and supporting bereaved and distressed people must have the necessary skills, expertise, and knowledge of the incident in order to explain what went wrong promptly, fully and compassionately. The appropriate person must be identified for each case. This can include clinicians involved in the incident but this is not always appropriate and should be considered on a case-by-case basis.

An early meeting must be held to explain what action is being taken, how they can be informed, what support processes have been put in place and what they can expect from the investigation. This must set out realistic and achievable timescales and outcomes. Those involved will want to know:

- What happened?
- Why it happened?
- How it happened?
- What can be done to stop it happening again to someone else?

They must also have access to the necessary information and should:

- Be made aware, in person and in writing, as soon as possible of the process of the investigation to be held, the rationale for the investigation and the purpose of the investigation;
- Have the opportunity to express any concerns and questions. Often the family offer invaluable insight into service and care delivery and can frequently ask the key questions;
- Have an opportunity to inform the terms of reference for investigations;
- Be provided with the terms of reference to ensure their questions are reflected;
- Know how they will be able to contribute to the process of investigation, for example by giving evidence;
- Be given access to the findings of any investigation, including interim findings<sup>42</sup>
- Have an opportunity to respond/comment on the findings and recommendations outlined in the final report and be assured that this will be considered as part of the quality assurance and closure process undertaken by the commissioner;



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- Be informed, with reasons, if there is a delay in starting the investigation, completing the investigation or in the publication of the final report; and be offered media advice, should the media make enquiries.

It is important that appropriate treatment and support is provided for patient and victims and their families and carers. This should be considered on an individual basis. However, the following needs should be considered:

- The need for an independent advocate with necessary skills for working with bereaved and traumatised individuals;
- Support with transport, disability, and language needs;

Support during and after the investigation:

- This may include counselling or signposting to suitable organisation that can provide bereavement or post-traumatic stress counselling;
- Further meetings with the organisations involved or support in liaising with other agencies such as the police;

Depending on the nature of the incident, it may be necessary for several organisations to make contact with those affected. This should be clearly explained to the patients/ victims and families as required. A co-ordinated approach should be agreed by the partner agencies in discussion with those affected. It is important to acknowledge that other patients/ service users may have been involved or affected by the incident and they must also be offered the appropriate level of support and involvement.

The SARAP has reviewed the process for referral, consideration and decision making of potential Safeguarding Adult Reviews (SARs) in September 2015 and the revised policy has been approved by the SAB to take account of the Care Act and duty of candour..



# Suffolk Safeguarding Adults Board

## Appendix A

### The Policy Standards Matrix

Area	Criteria	Evidence Level		
		Minimal	Partial	Full
<b>A1</b>	Organisation has a nominated lead safeguarding professional	1	2	3
<b>A2</b>	It is clear that the organisation promotes safeguarding and policy / procedure reflects this	1	2	3
<b>A3</b>	It is clear that the policy of the organisation is supported at a senior level	1	2	3
<b>A4</b>	The organisation is clear on the reason and need for this policy	1	2	3
<b>B1</b>	Policy makes clear reference to specific safeguarding legislation such as 'No Secrets', 'Prevent', the Care Act and MHA / MCA legislation	1	2	3
<b>B2</b>	If the policy or procedure relates to commissioning, it is clear that adults at risk have been considered as part of the commissioning process	1	2	3
<b>C1</b>	If this is a recruitment policy, it must hold clear reference to the need to safeguard vulnerable adults	1	2	3
<b>C2</b>	If this is a staff supervision policy, it must hold clear reference to safeguarding being discussed during staff supervision processes	1	2	3
<b>C3</b>	Policy or procedure makes clear reference to Whistleblowing and includes contact telephone numbers etc	1	2	3
<b>D1</b>	Information sharing is a key component of this policy or procedure and focuses on what could / should be shared, not adopting a closed door approach	1	2	3
<b>D2</b>	Policy or procedure is clear on how to make a referral for an adult at risk or about whom professionals may be concerned, or explains the organisation's route for doing so	1	2	3
<b>E1</b>	Commitment to equality and diversity legislation is clearly evidenced throughout policy or procedure document(s)	1	2	3
<b>F1</b>	Policy or procedure evidences service user and family views are listened to and taken in to account as part of any safeguarding work	1	2	3