Safeguarding Adults Review
CASE F & G
Multi Agency Action Plan

Norfolk Safeguarding Adults Board – Issue 01 | 16-01-2020

Note regarding Presentation of Recommendations

1.1. Norfolk Safeguarding Adults Board (NSAB) have adopted a framework for thematic learning during Safeguarding Adult Reviews, with recommendations being presented in one of five categories:

- Professional Curiosity (no specific recommendations are drawn from here, though this is integrated in many of the other recommendations based on the analysis in s.25 and s.33).
- Fora for Discussion and Information Sharing
- Ownership and Accountability: Management Grip
- Collaborative Working and Decision Making
- Manging Risk, Uncertainty and Mental Capacity [this is a theme which underpins all the above themes but specific learning against this theme is derived below]

1.2. These categories are all to be influenced by the Lived Experience of the adult, an overview of which has been specifically included in s.24 for Ms F, and s.32 for Mr G.

1.3. The two SARs have generated a wide range of learning so in order to ensure that implementation of recommendations can be appropriately prioritised, each recommendation has been reviewed by the Independent Author in line with the following table:

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	High Likelihood
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	Narrow scope	Moderate scope	Broad scope
Resource: What degree of effort or resource is required to implement this recommendation?	High effort	Moderate effort	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)	Moderately (months)	Quickly (Days or weeks)

1.4. Please note, these ratings are not intended to be definitive or rigid, but are provided only to assist the Safeguarding Board with prioritisation of implementation plans. Recommendations with more ratings on the right-hand side would tend to be considered the highest priority for implementation.

Recommendations Already Enacted

1.5. Throughout the process of the SAR, there was some feedback that practice changes were implemented directly. Although these recommendations have not been reviewed by the Independent Author, they are noted here:

Recommendation 1 | Reviewing XYZ Admission Processes and Paperwork

1.1. XYZ Care Home reported that they had updated and revised their admission template to improve this and ensure that appropriate historical information was always collected. This is positive. This process should be reviewed by the SAB to ensure that:

- The assessment form is improved to allow greater breadth of clinical information, including more details about past and present risk, previous admissions, other historical factors, daily functioning, and cognitive functioning.
- Processes are in place to clarify how the assessment should be completed and provide a 'bare minimum' in terms of sources of information. This should include an interview with the patient, and interview with any involved staff and family members, GP records, and any relevant hospital and social care records.
- Audit processes are then completed to check compliance against the standards, which could then be reviewed by the QA Team in Social Care, or potentially by the regulator the CQC.

(Para 39.2)

Recommendation 1: Reviewing XYZ Admission Processes and Paperwork

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
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1.2. In addition, the Head of Service for safeguarding has advised that evidence where individuals deviated from practice recommendations about recording safeguarding incidents against both a victim and a perpetrator will be followed up with an appropriate line manager.

NSAB Strategic Response: What difference do we expect to see?

- That care home admissions paperwork includes the features listed above

ACTIONS	Evidence	Owner	Timescales	Complete
1.1. NCC QA team to work with the care home.	Copy of template shared with NSAB	Head of Integrated QA Service NCC / CCGs		Completed
1.2. Head of Service Safeguarding NCC has had a conversation with individuals confirmed, via the MASH team manager. MASH team manager will keep a couple of cases to review.	Written guidance to be circulated after SARs have been published (Jan 2020).	Head of Service Safeguarding NCC	30/04/2020	

Recommendations: Fora for Discussion and Information Sharing

Recommendation 2 | 'Minimum Assessment Standards' for admissions to care homes

2.1 Norfolk County Council's Adult Social Care should set out '*minimum standards for assessment*' for admissions to care homes, applying the principles in Recommendation 1 more generally across the county. (Para 40.1)

2.2 This should include a question to check whether a carer's assessment is offered to involved family members, particularly for privately funded clients, who otherwise may not have a formal means of connection to statutory services. (Para 40.2)

Recommendation 2: 'Minimum Assessment Standards' for admissions to care homes

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NSAB Strategic Response: What difference do we expect to see?

- As per recommendation 1

ACTIONS	Evidence	Owner	Timescales	Complete
2.1 Align to action 1.1	Recommendation not required. The standard referred to is set under the Health and Social Care Act 2008 and associated regulations and			

		guidance, and regulated by the CQC.			
2.2	Recommendation to providers to include signposting to a Carer's Assessment as part of their admissions process - particularly for privately funded clients.	Guidance issued	Head of Integrated QA Service NCC / CCGs	28/02/2020	

Recommendation 3 | Care Coordination

3.1 The care experience of both Ms F and Mr G would have been improved had there been a central person coordinating their care. The SAB should meet with commissioners to review whether this is possible within existing frameworks or whether this needs further resources, funding, or new processes. (Para 40.3)

It is acknowledged that meeting this recommendation will be difficult or even impossible if a person is not receiving care from statutory services.

Recommendation 3: Care Coordination

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NSAB Strategic Response: What difference do we expect to see?

- System wide discussion held to inform how this recommendation may be taken forward

ACTIONS		Evidence	Owner	Timescales	Complete
3.1	NSAB to facilitate discussion with system leaders to explore the current position to care	Meeting held and summary provided to NSAB	NSAB Chair	30/04/2020	

coordination for Norfolk. The Norfolk Public Protection Forum (PPF) may be a suitable fora for this discussion				

Recommendations: Ownership and Accountability: Management Grip

Recommendation 4 | AMHP Involvement of Nearest Relative (Mr G)

4.1 The SAB should request evidence that the practice in regards to the involvement of the Nearest Relative by the AMHP in Mr G's detention is reviewed by the appropriate line manager. (Para 41.1)

Recommendation 4: AMHP Involvement of Nearest Relative (Mr G)

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	**Moderate Likelihood**	High Likelihood
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NSAB Strategic Response: What difference do we expect to see?

- A consistent change of practice

ACTIONS	Evidence	Owner	Timescales	Complete
4.1 The AMHP service will review with the individual AMHP through supervision. The AMHP service will share any wider learning via the county AMHP Forum and incorporate in to mandatory AMHP training as required.	Minutes/notes of meetings (accepting any business sensitive information will be maintained)	Team Manager Approved Mental Health Professional service, NCC	28/02/2020	

Recommendation 5 | AMHP Paperwork Process (Mr Z)

5.1 The SAB should request that the appropriate line manager reviews practice in regards to the AMHP's apparent failure to leave an AMHP(3) form at the XYZ care home for the secure ambulance service, thus resulting in the secure ambulance provider not having the necessary authority to transfer Mr Z to JKL hospital. NSAB should have requested confirmation of this practice review within **3 months** of acceptance of the report. This recommendation could further be generalised to learning for AMHPs across the county on the process and local paperwork. (Para 41.2)

Recommendation 5: AMHP Paperwork Process (Mr Z)

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	**Moderate Likelihood**	High Likelihood
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NSAB Strategic Response: What difference do we expect to see?

- As per guidance in Chapter 17 of the Code Of Practice the AMHP service will liaise with clinical commissioning groups regarding locally agreed arrangements for transporting patients under the Mental Health Act. The locally agreed Mental Health Transport protocol has been amended since the reported incident and this recommendation will be picked up as part of ongoing review. The AMHP service will share any wider learning via the county AMHP Forum and incorporate in to mandatory AMHP training as required.

ACTIONS	Evidence	Owner	Timescales	Complete
5.1 Include with action 4.1	Minutes/notes of meetings (accepting any business sensitive information will be maintained)	Team Manager Approved Mental Health Professional service, NCC	28/02/2020	

Recommendations: Collaborative Working and Decision Making

Recommendation 6 | 'Shadowing/observation' of care prior to admission

6.1 XYZ themselves suggested that one potential improvement would be for the care home to take up a shadowing or observation opportunity alongside staff within the discharging hospital prior to admission. Whilst this cannot replace the need for the detailed assessment above, this is an excellent suggestion, and in turn allows the patient an opportunity to familiarise themselves with care staff in their new home. (Para 42.1)

6.2 For care home placements funded by the local authority or CHC where complex care needs are identified, this could be implemented through amending the funding contract to set a requirement for staff from the receiving care home to spend time shadowing or observing staff in the discharging hospital prior to admission. Evidence of this action is recorded in the admission paperwork. For care home placements funded privately, this could be implemented through a wider quality standard for care homes set by the QA Team in the Local Authority, or made as a strong recommendation to care homes. (Para 42.2)

Recommendation 6: 'Shadowing/observation' of care prior to admission

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NSAB Strategic Response: What difference do we expect to see?

- Shadowing/observation by care home staff in place

ACTIONS		Evidence	Owner	Timescales	Complete
6.1	NSAB to facilitate system wide discussion to explore the feasibility to take this recommendation forward	Minutes/notes of meetings (accepting any business sensitive information will be maintained)	NSAB Chair	tbc	
6.2	See 6.1				

Recommendation 7 | Review Process for Continuing Healthcare and application of DTA process

7.1 Norfolk's Clinical Commissioning Groups, the Norfolk Continuing Care Partnership, and Local Authority including leads within NCC Adult Social Services should consider ways to develop understanding and knowledge of the Continuing Healthcare (CHC) process, particularly within psychiatric hospitals. This communication process should also highlight the requirement of multi-agency best-interests meetings occurring prior to discharge under Continuing Healthcare, for clients who lack capacity to make decisions about their residence, as well as the non-applicability of the DTA process in the psychiatric setting.(Para 42.3)

Recommendation 7: Review Process for Continuing Healthcare and application of DTA process

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NSAB Strategic Response: What difference do we expect to see?

- The newly formed Norfolk & Waveney CCG's Quality in Care Strategy which includes CHC and joint posts with NCC will review the process

ACTIONS	Evidence	Owner	Timescales	Complete
7.1 Meeting to be held with all stakeholders to propose improvements to the process and comms/education strategy in this matter	Action notes of meeting, comms and process flow chart	Assistant Director Quality in Care N&W CCGs	Meeting Feb/March 2020 Process improvement and comms April 2020	

Recommendation 8 | Meeting or Forum between Care Homes and DIST

8.1 DIST should consider setting up meetings or forums with Care Homes where it has regular working relationships, and particularly in cases where those relationships could be improved. DIST may consider other possibilities for developing more effective relationships with care homes, for instance through 'link workers' that are identified with a particular 'set' or group of homes. The purpose of these meetings should be to build relationships, clarify expectations about DIST service provision, review and discuss the use and purpose of the MHA, as well as clarify methods of communication. A specific recommendation is made for a meeting or forum between XYZ and DIST, which could also incorporate wider involvement from Continuing Healthcare. (Para 42.5)

Recommendation 8: Meeting or Forum between Care Homes and DIST

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	**Moderate Likelihood**	High Likelihood
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NSAB Strategic Response: What difference do we expect to see?

- Evidence of greater connectivity between the DIST service and Norfolk care homes
- Evidence of clear understanding within each sector of the roles and responsibilities of the other

ACTIONS	Evidence	Owner	Timescales	Complete
8.1 Development of a multi-agency protocol to support shared understanding and greater collaborative working across acute health, mental health, care home sector and the local authority. Protocol to include: • the correct escalation process • guidance on the right tools to use (ABC charts) • a pathway for providers, eg rule out health problem • a dedicated provider line to be set up in NSFT	1) Task & finish group to be established 2) Draft protocol	Head of Safeguarding NCC	End of December 2019	Completed

Recommendation 9 | Discharge from DIST to the CMHT

9.1 The local mental health trust should review why DIST did not discharge or plan to discharge Mr Z to the CMHT, and instead planned to discharge him to the GP. This issue may need to be discussed at a more strategic level, either with senior trust management, CCGs, or the STP. The review should include a focus on why DIST did not make other agencies aware of their decision and rationale for discharge. (Para 42.6)

Recommendation 9: Discharge from DIST to the CMHT

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Resource: What degree of effort or resource is required to implement this recommendation?	High effort	Moderate effort	**Low effort***
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)	Moderately (months)	**Quickly (Days or weeks)***

* The review could be carried out quickly but actions from this review may require more time or more effort.

NSAB Strategic Response: What difference do we expect to see?

- Evidence of systems/processes within the DIST service to ensure cases are appropriately referred on to the CMHT

ACTIONS	Evidence	Owner	Timescales	Complete
9.1 On publication of the report NSFT is requested to review its discharge planning and processes arrangements between its DIST teams and community mental health teams (CMHT)	Report detailing the review & actions to be taken to be presented to the NSAB March 2020 meeting	Deputy Chief Operating Officer NSFT	01/03/2020	

Recommendations: Managing Risk, Uncertainty and Mental Capacity (Training Needs and Knowledge Gaps)

Recommendation 10 | MCA Training in Care Homes

10.1 The present review acknowledges that there were widespread gaps in practice in applying principles of the Mental Capacity Act [MCA]. Yet, it is acknowledged that training in the MCA is a core legal requirement for all care homes. Thus, there is a need to review the effectiveness of training provided to ensure that learning and knowledge development is appropriately translated into practice. This should ensure that all Norfolk Care Homes are delivering training in the MCA which considers, as a minimum:

- Awareness of professional responsibilities to make decisions for and on behalf of patients who lack capacity to make those decisions
- How capacity is to be assessed in relation to those decisions
- How to assess Best Interests
- How an LPA allows the deputy to make decisions for and on behalf of the person, and why it is important to know which residents have an LPA.
- That family members without an LPA cannot make decisions for and on behalf of a patient or resident who lacks capacity.

Recommendation 10: MCA Training in Care Homes

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Resource: What degree of effort or resource is required to implement this recommendation?	High effort	**Moderate effort***	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)	**Moderately (months)***	Quickly (Days or weeks)

* The complexity of implementing this recommendation depends upon the extent to which such training is already provided.

NSAB Strategic Response: What difference do we expect to see?

- Care home staff are conversant with their role and responsibilities under the MCA and apply accordingly in the care of individuals in their care

ACTIONS	Evidence	Owner	Timescales	Complete
	Residential contracts make provision for compliance with HSCA2008 (which includes a duty to train staff in MCA). All PAMMS and Quality Monitoring visits include review of compliance with MCA. Liberty Protection Safeguards will introduce providers to additional, related responsibilities. It is confirmed that PAMMS format will be amended accordingly.	Head of Integrated QA Service NCC / CCGs		Completed

Recommendation 11 | Moving away from a 'medication-first' approach to challenging behaviour

11.1 The CCG in partnership with Norfolk Adult Social Care and other involved agencies should review the ability of the wider clinical and care system to respond to guidance that challenging behaviour should be understood primarily through a behavioural/functional/psychological approach. This should include consideration of recommendations which have de-emphasised the role of using psychotropic medication as a first-line approach to the management of challenging behaviour. This will mean that services will need to be supported in the development and use of data, which is meaningfully recorded, but also the development of tailored, comprehensive management plans which are rigorously followed within the care team. It also requires appropriate training of staff in wider skills such as de-escalation, as well as relevant additional specialist workplace resource to support this process.

Recommendation 11: Moving away from a 'medication-first' approach to challenging behaviour

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NSAB Strategic Response: What difference do we expect to see?

- Adoption of behavioural/functional/psychological approach across the care home sector to support individuals with challenging behaviour

ACTIONS	Evidence	Owner	Timescales	Complete
11.1 NSAB, working with a range of key partners including UEA, QA NCC, the care home sector and the STP, will develop a series of roadshows / workshops	Delivery of training events	NSAB Board Manager	Autumn 2020	

11.2	Use of Positive Behavioural Support (PBS) by care home staff to support people with behaviours that challenge	All staff new to the health and social care sector must acquire the Care Certificate – which is being revised to make PBS a mandatory component this year.	Head of Integrated QA Service NCC / CCGs	TBC	

Recommendation 12 | AMHP Resourcing and Response Time Review

12.1 NSAB should seek assurance from the local authority on average response times from the AMHP service to determine if these typically fall within the requirements of the Code of Practice. This may require the local AMHP policies to develop specific standards about expected response times. A wider lack of AMHPs may have resourcing implications which would then need to be separately explored.

12.2 It must be acknowledged that this issue relates to wider issues including an acknowledged national shortage of AMHPs and also s.12 doctors. This national shortage is reflected regionally. If staffing is not sufficient, then it may be that the focus of this recommendation should be to set and manage expectations of professionals and public in regards to the timeliness of the AMHP response.

Recommendation 12: AMHP Resourcing and Response Time Review

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood***
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Speed: How quickly could this recommendation be implemented realistically?	**Slowly (years)**	**Moderately (months)**	**Quickly (Days or weeks)***

* The complexity of implementing this recommendation depends upon whether a resource issue with provision of AMHPs is identified. If it is, this will necessarily increase cost and complexity.

NSAB Strategic Response: What difference do we expect to see?

- NCC completes regular audits of AMHP activity since the date of the reported incident and continues to work with the national AMHP Network, ADASS and local partners to review capacity and develop best practice at a local level.

  Whilst it is acknowledged that the Code of Practice does not specify response times for MHAA being arranged it is acknowledged that the Local Authority has a statutory duty to provide a 24-hour service that can respond to patients' needs

ACTIONS	Evidence	Owner	Timescales	Complete
12.1. NCC to complete an AMHP workforce review in 2020 in line with work completed by ADASS and the National AMHP Network	Outcomes of audit shared with NSAB	Team Manager Approved Mental Health Professional service, NCC	TBC	

Recommendation 13 | Dementia Training and Specialist Dementia Care Models

13.1 There is a need for care homes such as XYZ to improve their knowledge and skills in working clinically with dementia. The QA Team at Norfolk Adult Social Care should review provision of training and use of clinical models in Norfolk Care Homes for dementia. It should be a basic expectation that dementia care homes are appropriately skilled in the management and care of clients with dementia. Specific models such as Dementia Care Mapping may be considered for adoption.

13.2 It is acknowledged that appropriate training and skills in this area already forms part of core commissioning requirements for care homes. It may be, therefore, that the first task is to review the existing knowledge base in care homes and identify gaps in learning.

Recommendation 13: Dementia Training and Specialist Dementia Care Models

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NSAB Strategic Response: What difference do we expect to see?

- See recommendation 11

ACTIONS	Evidence	Owner	Timescales	Complete
13.1/13.2 Align to recommendation 11	Implementation and effectiveness of all training is assessed as part of PAMMS and Quality Monitoring Visit audits. Clinical expertise is being brought into the integrated QA team from February 2020 when expansion of the above can be explored further.	Head of Integrated QA Service NCC / CCGs	TBC	

Recommendations: Managing Risk, Uncertainty and Mental Capacity (Practice Recommendations)

Recommendation 14 | Review of Secure Ambulance Provision

14.1 The SAB should request evidence, **within a timescale of no more than six months from the acceptance of this report**, from the relevant partners that a review is conducted of provision for secure ambulances across Norfolk. Having a non-contractual arrangement where ambulance provision is requested on an ad-hoc basis means that the AMHP service is inherently at risk departures from expected MHA Code of Practice standards without 'cogent reasons'. This is because the secure ambulance service can refuse conveyance without leaving the AMHP any recourse to an alternative arrangement. If AMHPs expect secure ambulances to be unavailable, it may also mean that AMHPs are more likely to request a non-secure ambulance for a situation that requires secure conveyance.

14.2 Block contracts with specific providers may resolve this problem. If ad-hoc commissioning continues to be used, the CCG or Local Authority should ensure that potential providers agree to a set of 'minimum standards' regarding response times and agreed practice requirements. Audit mechanisms should mean that providers who fail to meet these standards are no longer used.

Recommendation 14: Review of Secure Ambulance Provision

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NSAB Strategic Response: What difference do we expect to see?

- The appropriate transportation provision for the needs of the our population

ACTIONS	Evidence	Owner	Timescales	Complete
14.1 From October 1st 2019, ERS medical was awarded a 5 year contract to manage and transport the full range of mental health patients	Contract awarded and service specification and pathway agreed. Secure cell vehicles are commissioned as a part of this contract and can be provided via appropriate sub-contracting arrangements with other qualified providers under the contractual framework. No concerns raised since the implementation of the new contract	ERS – Lead Provider Norfolk CCG's – Lead Commissioner	Action undertaken	Completed

Recommendation 15 | Reducing Out of Area Placements under MHA

15.1 **Within a timescale of no more than six months from the acceptance of this report**, the relevant NHS Provider, CCG and STP (Sustainability and Transformation Partnership) should urgently review strategies to reduce out-of-area admissions. This report is then to be shared with the Norfolk Safeguarding Adults Board. It is common public knowledge that the involved NHS provider organisation has experienced long-term significant adverse media attention already about this matter. Mr G's case is a tragic reminder of the human impact of the inability to identify long-term solutions to this problem.

Recommendation 15: Reducing Out of Area Placements under MHA

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Speed: How quickly could this recommendation be implemented realistically?	**Slowly (years)***	**Moderately (months)**	Quickly (Days or weeks)

* Whilst resourcing may well take a long time to develop, a strategy to solve it should be developed much sooner.

NSAB Strategic Response: What difference do we expect to see?

- The strategic aim is for no Out of Area placements for Adults and Older people with mental health needs

ACTIONS	Evidence	Owner	Timescales	Complete
15.1 To improve patient flow through the older person's bed provision within NSFT	Constant focus is placed on ensuring patients are assessed and their Care Plans enacted in a timely manner.	NSFT – Provider NCC – Provider Norfolk CCG's - Commissioner	This is a continuous process.	

15.2	To reduce DTOC (Delayed Transfers of Care)	DTOC's occurs for a number of differing reasons and these are monitored regularly during the working week to hold system partners to account for their actions		Zero Out of Area placements ambition by 2021	
15.3	To ensure measures are taken to increase the capacity and capability of Nursing Home and Residential Care provision for Older people with functional and organic mental health conditions	An Out of Area placement will only be authorised, at a Senior Executive level, when all other appropriate options have been exhausted			

Recommendation 16 | Secure Beds for people with neurodegenerative conditions

16.1 NSAB should engage with NHS England / Improvement (NHSE/I) about the intentions to develop provision for low-secure beds for patients with neurodegenerative conditions. NSAB should seek the support of the STP and/or CCGs in developing a system-wide perspective to be raised with NHSE/I.

Recommendation 16: Secure Beds for people with neurodegenerative conditions

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* Whilst the resourcing may well take a long time to develop, a review of the demand/need should and could be completed much sooner.

NSAB Strategic Response: What difference do we expect to see?

- A service that meets needs of our population
- Minutes/notes of meetings (accepting any business sensitive information will be maintained)

ACTIONS	Evidence	Owner	Timescales	Complete
16.1 Strategic commissioning meeting to review service provision and identify any improvements or enhancements to contract	Minutes/notes of meetings (accepting any business sensitive information will be maintained Information of any service change/enhancement to be shared	Director of Strategic Commissioning for N&W CCGs	TBC	

Recommendation 17 | Best Interest Decision meetings at the point of discharge

17.1 All Norfolk Inpatient hospitals, **and any private hospitals outside the region used by local commissioners (specifically including JKL and GHI hospitals in the present case**), should review their policies for carrying out Best Interest Assessment [BIA] meetings at the point of discharge. For patients placed out of area, the decision to move a patient back to the local region can be seen as the 'default' plan, and whilst this may usually be a decision in a patient's best interests, it is not necessarily so. In all such cases, if a patient lacks capacity to make decisions about their residence, a Best Interests meeting should be carried out to consider how best to make this decision for and on behalf of the patient. All such hospitals included in the scope of this recommendation should provide evidence of their review and any actions taken back to the CCG Safeguarding Adults team. The CCG Safeguarding Adults team should then provide assurance back to NSAB.

Recommendation 17: Best Interest Decision meetings at the point of discharge

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	Narrow scope	Moderate scope	**Broad scope**
Resource: What degree of effort or resource is required to implement this recommendation?	High effort*	**Moderate effort**	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)*	**Moderately (months)**	Quickly (Days or weeks)

NSAB Strategic Response: What difference do we expect to see?

- Evidence of BIA process is embedded into discharge procedures

ACTIONS	Evidence	Owner	Timescales	Complete
17.1 NSAB in discussion with health colleagues will review the use of the BIA process as part of discharge procedure	Minutes/notes of meetings/audit outcomes (accepting any business sensitive information will be maintained)	NSAB Board Manager	30/04/2020	

Recommendation 18 | Review of safeguarding processes to ensure availability of contextual information

18.1 NCC Adult Social Care Safeguarding team in conjunction with other teams should review the processes and practice for making and responding to safeguarding referrals in Norfolk care homes. This should include consideration of the following questions:

- (01) Can improvements be made to ensure that relevant historical information is always captured when a violent incident is reported? (to avoid incidents being incorrectly captured as 'one off')
- (02) Can improvements be made to the process to ensure that it is clear which agencies are involved, and automated processes for updating involved agencies considered?
- (03) Can safeguarding processes automatically trigger a referral to ASC if a previously unknown patient (e.g. a privately funded client) is referred as the subject of a safeguarding referral?
- (04) Can processes be improved such that the police are able to appropriately record all incidents which are crimes? This process may need to be reviewed alongside the volume of incidents occurring in a given context, as well as the potential reluctance of clinicians to report behaviour as a formal crime.
- (05) Are safeguarding practitioners adequately considering the extent to which a risk management plan will mitigate risk? (e.g. 1:1 observations, as considered in the present report)
- (06) Is there value in a standardised written form be used for making safeguarding referrals?

Recommendation 18: Review of safeguarding processes to ensure availability of contextual information

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	Narrow scope	Moderate scope	**Broad scope**
Resource: What degree of effort or resource is required to implement this recommendation?	High effort*	**Moderate effort**	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)*	**Moderately (months)**	Quickly (Days or weeks)

NSAB Strategic Response: What difference do we expect to see?

- An improved response for making and responding to safeguarding referrals in Norfolk care homes

ACTIONS	Evidence	Owner	Timescales	Complete
18.1 Review meeting to be set up to consider recommendation	Meeting held on 03/12/2019	Head of Service Safeguarding NCC	End of December 2019	03/12/2019
18.2 (01) – guidance is to be issued to remind all ASC staff about where to check for information to inform decision-making when a safeguarding concern is raised, and where information should be recorded each time an incident is reported. This guidance will be distributed to coincide with the publication of the SARs. In addition information to be included in the refreshed record system & safeguarding training	Guidance issued Training material updated	Team Manager, Safeguarding Adult Team	End of January 2020	
18.3 (01) – records audit of resident on resident safeguarding concerns to ensure decision-making remains appropriate	Results of audit provided to NSAB	Team Manager, Safeguarding Adult Team	10/03/2020	
18.4 (01) – the 'chronology' function in LAS is to be explored to establish whether it could be used to bring all safeguarding information together onto one report so safeguarding information can be reviewed more easily	Report to NSAB	LAS Lead Community Services - Adult Care NCC	10/03/2020	
18.4 (01) – bringing together information from multiple concerns raised for a single provider	Report is now avaiable to key staff via record system	Head of Service Safeguarding NCC	End of December 2019	31/12/2019
18.5 (01) – prompt question to be added to annual review form asking practitioners to consider & document whether the person has been involved in	Prompt questions added to annual review	LAS Lead Community Services - Adult Care NCC	07/01/2020	Completed

any safeguarding incidents (either as a perpetrator or victim), over the past year,				
18.6 (01) – a prompt sheet to be developed for Assistant Practitioners who take safeguarding referrals, to ensure that all relevant information is gathered, include asking about previous safeguarding incidents, reviewing the case history and finding out which services are already involved with the person	Prompt sheet issued	Team Manager, Safeguarding Adult Team NCC	End of February 2020	
18.7 (01) – NSAB raising concerns checklist to be updated re 18.6	Updated checklist published on the NSAB website	NSAB Board Manager	End of February 2020	
18.8 (02) – care providers to be supported to recognise when a safeguarding incident has occurred and to respond appropriately	Guidance issued	Head of Integrated QA Service NCC / CCGs	Ongoing	
18.9 (02) – technically not possible to automate this process in LAS NOTE: all involved agencies are identified in the planning discussion document and SAPCs give advice to practitioners to use 'reply all' to the 'management overview' email, when they are communicating with the other agencies involved in the enquiry included in guidance, training & reminders (see 18.2)	See 18.2	See 18.2	See 18.2	See 18.2
18.10 (03) – technically NOT possible to automate this process in LAS. Action addressed via 18.01	See 18.01	See 18.01	See 18.01	See 18.01
18.11 (04) – Review of SAPC NCC practice to ensure if there are 3 or more incidents (with no injury/distress) this will trigger police being informed. NOTE: this does not preclude raising a referral sooner.	Practice review	Team Manager, Safeguarding Adult Team NCC	End of December 2019	Completed
18.12 (05) – creation of a multi-agency 1:1 protocol to include what happens if restraint is needed.	Publication of protocol & dissemination to care home sector	Safeguarding Adults Team CCGs		
18.13 (06) - the Multi-agency safeguarding adults policy & procedure guides everyone in how to raise a concern and there is a referrers checklist on the	NSAB website	NSAB Board Manager & Head of Service Safeguarding NCC	Currently in place	Completed

NSAB website. NCC is developing its online portal and there is an online form for providers to report safeguarding incidents which they have all been made aware of.				

Recommendation 19 | DIST Review of Safeguarding Reporting Processes

19.1 The DIST team within the local mental health trust should review their safeguarding practice in relation to expression of concerns that a care home cannot safely manage a patient. If DIST do form such a view, this should be followed up with a safeguarding referral.

Recommendation 19: DIST Review of Safeguarding Reporting Processes

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	**Narrow scope**	Moderate scope	Broad scope
Resource: What degree of effort or resource is required to implement this recommendation?	High effort*	Moderate effort	**Low effort**
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)*	Moderately (months)	**Quickly (Days or weeks)**

NSAB Strategic Response: What difference do we expect to see?

- That all staff in NSFT's DIST service understand their safeguarding roles and responsibilities
- That the local authority records an increase in the number of safeguarding concerns shared from the DIST service

ACTIONS	Evidence	Owner	Timescales	Complete

19.1	On publication of the SAR report NSAB to requests NSFT undertake a review and audit of the safeguarding arrangements and practice of its DIST teams.	Report detailing the review & actions to be taken to be presented to the March 2020 meeting of NSAB	Safeguarding Lead for NSFT	10/03/2019	

Recommendation 20 | Improving XYZ Processes for Incident Reporting and Use of Recorded Information

20.1 Norfolk County Council QA Team must ensure that XYZ Care Home review their processes for recording incidents of violence. This must consider not only whether such incidents are routinely recorded, but also the quality of information (in regards to antecedents and consequences) that is included. The review must also consider the extent to which such data is meaningfully used in incidents where challenging behaviour is present. XYZ must provide the QA Team with assurance explaining how it has achieved this and implemented this into practice. The SAB may wish to review whether the this can be applied more widely to other care homes in the county, region or country.

20.2 XYZ wished to note that they had already made improvements in this regard, and so this recommendation may already be judged as being met following review by the QA Team.

Recommendation 20: Improving XYZ Processes for Incident Reporting and Use of Recorded Information

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	Narrow scope	**Moderate scope**	Broad scope
Resource: What degree of effort or resource is required to implement this recommendation?	High effort*	**Moderate effort**	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)*	**Moderately (months)**	Quickly (Days or weeks)

NSAB Strategic Response: What difference do we expect to see?

- Best practice which has been adopted and implemented by XYZ care home is shared widely across the care home sector

ACTIONS	Evidence	Owner	Timescales	Complete
20.1 To be included in the training events listed in recommendations 11 & 13	These processes have been reviewed as satisfactory as part of enquiries undertaken by QA during the SAR. Information has been shared with CQC to support their ongoing regulatory responsibilities.	Head of Integrated QA Service NCC / CCGs		Completed

Recommendation 21 | Improving XYZ Processes for Clinical Risk Assessment

21.1 The QA Team should ensure that XYZ leads a review into its processes in regards to clinical risk assessment. This review should consider whether the currently established processes are able to satisfactorily and comprehensively assess risks, including the risk of violence. The policy should ensure that risk assessments are appropriately updated, both in regards to important trigger incidents and at regular intervals subsequently. The complexity of the risk assessment should reflect the nature of the potential risks being assessed. Assurance should be provided to the SAB (which may be delegated via the QA team) as to how this has been achieved. Subsequently, XYZ Care Home should then review compliance with the completion of these risk assessments through retrospective audit and provide assurance to the QA team on a regular basis.

21.2 XYZ Care home reported that this recommendation was already enacted and so may simply require further review by the QA Team for assurance.

Recommendation 21: Improving XYZ Processes for Clinical Risk Assessment

Impact: How likely is it that the recommendation, if implemented, would prevent future abuse or neglect, compared to status quo?	Low Likelihood	Moderate Likelihood	**High Likelihood**
Scope: What is the breadth of scope of potential abuse or neglect that might be prevented if the recommendation was implemented?	Narrow scope	**Moderate scope**	Broad scope
Resource: What degree of effort or resource is required to implement this recommendation?	High effort*	**Moderate effort**	Low effort
Speed: How quickly could this recommendation be implemented realistically?	Slowly (years)*	**Moderately (months)**	Quickly (Days or weeks)

NSAB Strategic Response: What difference do we expect to see?

- Improved clinical risk assessments are carried out at XYZ care home
- Best practice is share across the care home sector

ACTIONS	Evidence	Owner	Timescales	Complete
21.1/21.2 NCC QA service to conduct audit	Audit completed and summary shared with NSAB	Head of Integrated QA Service NCC / CCGs	Within 6 months of publication of the action plan	

Glossary

AMHP	Approved Mental Health Professional
ASC	Adult Social Care
CCGs	Clinical Commissioning Groups
DIST	Dementia Intensive Support Team
DTOC	Delayed Transfers of Care
GP	General Practitioner
LAS	Liquidlogic Adult Social Care record system
LSAP	Locality Safeguarding Adults Partnership
LD	Learning Disabilities
MASH	Multi-Agency Safeguarding Hub
NCC	Norfolk County Council
NSAB	Norfolk Safeguarding Adults Board
NSAB Coms Sub Grp	Norfolk Safeguarding Adults Board Communication Sub Group
NSFT	Norfolk and Suffolk NHS Foundation Trust
PBS	Positive Behavioural Support
QA NCC	Quality Assurance, Norfolk County Council
SAPC NCC	Safeguarding Adult Practice Consultant Norfolk County Council
ToR	Terms of Reference