

DHR 2014-Elizabeth Action Plan

Clinical Commissioning Group/GP

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead agency and Responsible Officer	Evidence of Achievement	Target date	Progress
The Area Team, through the GP Advisors and named GPs to promote the take up of Advanced Care Planning in the General Practice	National recommendation as advanced care planning is now part of good medical practice and is on a national scale.	To ensure all GPs are aware of guidance from a variety of sources (General Medical Council, Gold Standards Framework) which explains the importance of advanced planning. Send a letter to all GP's highlighting the need for advanced care planning – likely to be useful as majority of docs will be reflective learners and see the need for this.	Individual GP senior partners have an overall responsibility to ensure their individual general practices have this in place routinely. Oversight is from the CCG	Self-declaration on the practices part that they offer advanced care planning. Evidenced on an individual patient basis by review of notes. Subjective reporting from carer	Should already be in place. Reasonable to set deadline of 3 months, in which time to highlight this case, and the need for advanced care planning to be in place. Letter to be sent out to all GP's by the end of May 2016.	COMPLETED Within the letter there are links to resources regarding the Gold Standards Framework. Letter compiled waiting approval by the DHR Chair. Letter approved and sent out to all GP practices across Warwickshire 21st October 2016.

Coventry and Warwickshire NHS Partnership Trust

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead agency and Responsible Officer	Evidence of Achievement	Target date	Progress
CWPT' s single agency Safeguarding domestic abuse training – level's 2 and 3 to include in the need for all staff to	Local	To include the lessons learnt from this DHR pertaining to the to recognise the need to assess and reassess	Named Nurse for Domestic Nurse Abuse	Learning lessons from this DHR is included in CWPT's single agency Safeguarding domestic abuse training – level's	31 st May 2015	Review of the level of 2 training programme has been conducted and the key messages on the factors likely

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<p>recognise the need to assess and reassess carers circumstances, particularly in families of high resilience</p>		<p>carers circumstances, particularly in families of high resilience in CWPT's single agency Safeguarding training</p>		<p>2 and 3</p>		<p>to increase risk of abuse are incorporated. All slides on the use of DASH and how clinicians should consider risks of Domestic abuse have been updated. It is clear that carers and their needs should be considered when considering risks of factors that may increase the likelihood of abuse. A more detailed summary linked to this DHR will be included once this DHR has been published.</p>
<p>CWPT staff to document significant statements of risk made by clients or carers and state if this is a current or historical risk and what has been done to try to stop/ reduce the risk.</p>	<p>Local</p>	<p>To include the lessons learnt from this DHR pertaining to the to recognise the need to assess historical and current risks statements made by clients or carers and state if this is a current or historical risk and what has been done to try to reduce the risk in the clients and where appropriate in carers assessments documentation and</p>	<p>Named Nurse for Domestic Nurse Abuse</p>	<p>Learning lessons from this DHR is included in CWPT's single agency Safeguarding domestic abuse training – level's 2 and 3</p>	<p>31st May 2015</p>	<p>Review of the level of 2 training programme has been conducted and the key messages on the factors likely to increase risk of abuse are incorporated. All slides on the use of DASH and how clinicians should consider risks of Domestic abuse have been updated. Factors that may</p>

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		share accordingly with appropriate parties and inform staff of the need to do this in CWPT' s single agency Safeguarding training				increase the likelihood of abuse and factors that might identify domestic abuse are included. A scenario is included in training that draws clinicians to think about what certain statements may mean in the context of abuse. A more detailed summary linked to this DHR will be included once this DHR has been published.
George Eliot Hospital						
Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead agency and Responsible Officer	Evidence of Achievement	Target date	Progress
Using this as a learning study within mental capacity and Domestic Homicide Training for staff	Local	Aim to achieve 90% compliance for staff who require Mental Capacity Act Training (MCA) and attend any DHR/IMR training provided by WCC or other organisations	Matron for Older Adults and Safeguarding Lead	Training compliance data	April 2017	Updated Nov 2017: Training compliance at April 2016 was 24% Training compliance at August 2016 was 52% Training Compliance at end October 2017 was 65%. There is a training roadmap in place with recovery actions to support the compliance with training and this will

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						<p>be worked through until the compliance rate of 90% has been achieved. Training compliance at April 2016 was 24% Training compliance at June 2017 was 64%. A joint adult and children training improvement roadmap has been developed to support the training trajectory and this will be reviewed monthly at the safeguarding committee meetings. There has been a recent drop in compliance to 59% due to poor attendance in August; there are plans for additional bespoke sessions in clinical ward areas which are incorporated into the recovery actions in the training roadmap.</p>
<p>Speaking to patient and members of family privately and documenting this</p>	<p>Local</p>		<p>Matron for Older Adults and Safeguarding Lead</p>	<p>Difficult to achieve privacy as there are no family rooms, and very few meeting rooms in clinical areas</p>		<p>COMPLETED GEH have considered this recommendation and find this difficult to deliver due to poor provision of private meeting rooms</p>

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						within the organisation. Staff continues to endeavour to speak with patients without family presence however acknowledging this may take place in a curtained area.
Any potential comments from family/carers and harm will be challenged by clinical staff so that intentions can be clarified and risk assessed		Add section in the discharge policy and training relating to patients expressing a suicidal ideation	Matron for Older Adults and Safeguarding Lead	Revised Discharge Policy	September 2016	COMPLETED Discharge policy revised to incorporate guidance for staff when patients express suicidal ideations. A Trust wide improvement project on discharge including implementation of the SAFER discharge bundle is ongoing for completion by December 2016. The updated discharge policy is being presented at February CDRG meeting and should be live by the end of Feb. The discharge policy was approved on 13th March 2017 and is live on the Trust intranet

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						November 2017 update: The new discharge policy is now ratified and embedded in practice.
Prior to discharge all relevant agencies are in agreement prior to the patient leaving	Local and regional	Discharge policy review to include complex and vulnerable patients in A&E	Matron for Older Adults and Safeguarding Lead	Revised Discharge Policy	September 2016	COMPLETED Revised discharge policy now includes sections specific for safe discharge of vulnerable patients including patients with long term conditions, mental health and learning disabilities. The policy has been ratified, launched and is available for all Trust staff on the intranet.
GEH should review Trust policies and procedures & practice in working with terminally ill patients who may be at risk of suicide, assisted suicide or homicide. This should include consideration of staff training on identifying and responding to such risks. Learning from this DHR should be utilised to assist with awareness raising and training activities		Consider adding section to add patients at risk of suicide etc to Coventry and Warwickshire Advanced Care Policy	End of Life Lead Nurse		April 2017	Contact made with the CASTLE team to ensure GEH's continued representation on working group. The CASTLE lead has advised that Safeguarding Lead will be invited to their next working group meeting. There have been no documentation meetings with

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						<p>CASTLE since the last update</p> <p>November 2017 update: No documentation meetings since last update but safeguarding lead has made contact with CASTLE lead to discuss incorporating the risks of suicide to the advanced care policy</p>
<p>GEH should further review family members' observations concerning reported failures to ensure effective hydration therapy, as summarised at 2.9 above. This review should consider whether the clinical practice and recording of rehydration therapy were in line with recognised good practice and national guidance. If they were not, GEH should seek to identify the causes of this (e.g. policy, procedure, staff training and/or individual practice issues) and take actions to address these causes</p>		<p>Review IV Fluids Policy and IV fluids training</p>	<p>Matron for Older Adults and Safeguarding Lead</p>	<p>Revised Policy and audit documentation</p>	<p>April 2017</p>	<p>The acute kidney injury (AKI) bundle has been re-launched that examines how we administer and record IV fluid administration. IV administration and recording of IV fluids is being monitored and recorded via the nurse sensitive indicators. There was a nursing grand round booked held in October to re-launch this pathway alongside a Trust wide launch. Part of the new pathway will see automatic alerts escalating patients</p>

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						with AKI to the outreach team for clinical review and intervention.
MS Society						
Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead agency and Responsible Officer	Evidence of Achievement	Target date	Progress
Clearer messaging on the volunteer microsite, so that easier to find the Safeguarding resources	UK Wide	As per recommendation	Internal Comms Manager, Branch Resources Officer	Safeguarding has been added to the 'learn more about' list of items on the volunteer website home page. here	Carried out in March 2015	COMPLETED This has been on the clinical framework since September 2015
Article in our regular 'Teamspirit' newsletter to volunteers as part of roll-out of new Safeguarding policy and procedure to highlight that all new volunteers should be made aware of these	UK Wide	As per recommendation	Internal Comms Manager	Brief article included in September's Teamspirit	Carried out Sept 2014	COMPLETED Brief article included in September's 'Teamspirit'
Clearer messages to Chairs and support volunteers during their inductions that they must ensure that all volunteers are aware of the Safeguarding policy and guidance and how to report any concerns	UK Wide	As per recommendation	Volunteer Learning and Development Manager/Operational Managers	Safeguarding session materials available to local network staff Review of safeguarding training for volunteer roles underway	Roll out of new ELearning awareness training for all volunteers who have direct contact with people who have or are affected by MS will commence in 2016	Roll-out of volunteer awareness training using E-learning is not proving to be an easy or efficient way to train our volunteers. The Society's Safeguarding Oversight Group has discussed the best approach to raise awareness and understanding of

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						<p>safeguarding issues amongst volunteers. Although we will continue to encourage relevant volunteers to complete the e-learning course, we will also seek other, less formal ways to raise awareness. This will include producing a much shorter (single A4 page) resource for volunteers, and periodic messages about safeguarding in a range of our volunteer communication channels.</p>
<p>Consideration to be given to producing a very brief A5 flier type document with the key messages about safeguarding and reporting, to be given to all volunteers by branches, including those who don't attend generic induction</p>	<p>UK Wide</p>	<p>As per recommendation</p>	<p>Head of Volunteering</p>	<p>Our volunteer welcome booklet will be given to all new volunteers. Work is under way to develop a volunteer portal that will provide details of all our volunteers. Until we know full details of who are volunteers are production of a leaflet does not seem a practical consideration</p>	<p>March 2015</p>	<p>COMPLETED Our volunteer welcome booklet will be given to all new volunteers. Work is under way to develop a volunteer portal that will provide details of all our volunteers. Until we know full details of who are volunteers are production of a leaflet does not seem a practical</p>

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						consideration.
Consideration of more specific guidance within the Committee Handbook when the resource is reviewed	UK Wide	As per recommendation	HR Manager – Learning and Development/Head of Volunteering/Branch resources officer	From Jan 2015 Safeguarding has been in two sections of the new committee handbook. Our values and how we deal with problems Committee handbook B4 - Health and safety	Jan 2015	COMPLETED From Jan 2015 Safeguarding has been in two sections of the new committee handbook. Our values and how we deal with problems Committee handbook B4 - Health and safety
Briefings to be used with local staff at Autumn volunteer forums as part of the roll-out of the new Policy and guidance to specifically reference the need to get the message to all volunteers	UK Wide	As per recommendation	HR Manager – Learning and Development/Area Managers in England and Operational managers in Scotland, Wales and Northern Ireland	All branches were visited by local staff member. Visits were carried out by end of March 2015	March 2015	COMPLETED All branches were visited by local staff member. Visits were carried out by end of March 2015
Briefings to all departmental staff as part of the roll-out of the new Policy and guidance to include the need that staff working with volunteers must ensure that induction to volunteers covers Safeguarding	UK Wide	As per recommendation	HR Manager – Learning and Development (office based staff), Area Managers and Operational managers in Scotland, Wales and Northern Ireland (local staff)	Staff have been advised of new safeguarding processes via an intranet announcement (Oct 15) and in the staff newsletter (Nov 15)		Revised versions of our adult and children safeguarding policies for all nations of the UK have been approved by EG and our Safeguarding Oversight Group.
The new Welcome Booklet to include clear paragraph on the need to understand	UK Wide	As per recommendation	Head of Volunteering	Welcome booklet contains a paragraph on page 27 and policy on	March 2015	COMPLETED Welcome booklet contains a paragraph

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that people with MS may be vulnerable and subject to harm or abuse, and the need to be aware of our guidance and reporting process				page 30		on page 27 and policy on page 30.
The planned review of our Chairs' induction session and participant pack to clearly highlight safeguarding	UK Wide	As per recommendation	Volunteer Learning and Development Manager	This was postponed due to the Society needing to carry out a review of its local network. Our training content development plan for 2016 includes refreshed welcome. Going forward, all appropriate roles will have safeguarding as part of the role induction L&D plan	Due for completion by end of 2016	Our Local Network review will require changes to our volunteer L&D requirements when we have concluded what volunteer roles and their respective responsibilities will be. However, we will ensure all relevant roles receive safeguarding awareness training
The planned review of our generic induction and participant pack to clearly highlight safeguarding	UK Wide	As per recommendation	Volunteer Learning and Development Manager	Now called welcome session. Polices are sign posted to	March 2015	COMPLETED Now called welcome session. Polices are sign posted to
The planned development of Committee induction training to include safeguarding	UK Wide	As per recommendation	Volunteer Learning and Development Manager	Postponed due to local networks programme.	Due for completion by end of 2016	Our Local network review will see changes in the governance of our local groups so this particular training may not be developed as planned but we will ensure all relevant roles receive our safeguarding awareness training.

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<p>As an interim measure (as the induction training updates won't be complete until well into 2015) , the Volunteering Team and the Branch Resources Officer to consider how to promote clearer messaging on the volunteer microsite</p>	<p>UK Wide</p>	<p>As per recommendation</p>	<p>Head of Volunteering/Branch Resources Officer</p>	<p>Added to learn more about section on home page of volunteer website</p>	<p>March 2015</p>	<p>COMPLETED Added to learn more about section on home page of volunteer website</p>
<p>The forthcoming review of all induction training includes a summary, highlighting the national website, information resources, online forum, National Helpline and national grants programmes etc...</p>	<p>UK Wide</p>	<p>As per recommendation</p>	<p>Learning and Development Managers (staff & Volunteers) and the Quality and Safeguarding Manager</p>	<p>The Society is currently developing an ELearning module that will be completed by new volunteers as part of their induction and by all current volunteers whose role gives them direct contact with people with or affected by MS.</p>	<p>2016</p>	<p>Our E-learning module is in the final stages of development and about to be tested. We still plan to start roll out in the last months of 2016</p>
<p>That the Volunteering Team and Branch Resources Officer consider a template leaflet that branches can customise and give to attendees at social and exercise groups, or who attend one-off branch information or social activities</p>	<p>UK Wide</p>	<p>As per recommendation</p>	<p>Head of Volunteering/Branch Resources Officer</p>	<p>H.O. Vol and branches resource officer considered this during a discussion held on 2nd March 2015 and did not see any value to supplying a leaflet to attendees of branch events</p>	<p>March 2015</p>	<p>COMPLETED H.O. Vol and branches resource officer considered this during a discussion held on 2nd March 2015 and did not see any value to supplying a leaflet to attendees of branch events. No further action on this required</p>

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In July 2015 the Society had an audit of its safeguarding processes carried out and as an outcome of the recommendations of that audit has changed the way it deals with safeguarding concerns.

Two groups have been developed a Safeguarding Oversight Group which has responsibility for:

- Reviewing, on a regular basis, volume and pattern of reported safeguarding concerns
- Agreeing the Society's policies, approach, procedures and risk management relating to safeguarding.

And a Safeguarding responders Group that has responsibility for:

- Responding to internal safeguarding reports in a timely manner
- Considering all the issues carefully
- Consulting with colleagues on the Safeguarding Responders Group
- Ensuring all records are kept as agreed and the monitoring log is completed
- Where appropriate, make a referral to the relevant authorities.

Training was given to members of both groups in November 2015. A new email address Safeguarding@mssociety.org.uk has been set and promoted to staff and volunteers so they can report safeguarding concerns direct through to one specific point of contact.