

## **Kent and Medway action plan guidance and template**

**Overarching recommendation:** Recommendations may stem from a variety of sources, including Serious Case Reviews, Domestic Homicides reviews, Inspections and reviews (internal and external), Audits (including section 11 and case file audit) or single agency objectives. Recommendations and there, dated, source should be quoted here. This allows all action plans to be integrated into one overarching action plan without losing the source.

**Identified improvement area / desired outcome:** Each recommendation may have several areas of improvement or outcomes. This should be what you intend to achieve and include any specific numeric targets.

\*\*Identified improvement areas / desired outcomes and the corresponding specific actions must be SMART (Specific, Measurable, Achievable, Realistic and Timely) and outcomes focused. \*\*

### **Planning**

**Action number:** Each identified improvement area / desired outcome must be numbered, with separate actions under this having a sub number (1.1, 1.2, 1.3).

**Specific action and timescale:** Include each specific action you will take to achieve your desired outcome. Deadlines for completion MUST be stated for all actions to aid monitoring.

**Accountability:** The agency with lead responsibility MUST be identified and should include a named professional.

**Success indicators:** Detail what indicators or performance measures will be used to measure success against the action and desired outcome. Timescales MUST be identified. Consideration should be given to how you are able to demonstrate actions have been completed and impact on practice and the welfare of children and families can be measured and evidenced.

### **Monitoring**

**Risks, progress and additional actions:** Description of activity/progress that has been completed against the action and achievements against success indicators. Activity/progress/achievements MUST be dated. Any risks to achieving outcome and any additional actions taken as a result should also be recorded here.

**RAG rating:** Each action should be given a RAG (Red, Amber, Green) rating according to the following definitions.

Progress/indicator RAG status	
	Work is significantly behind schedule and no progress has been made, and/or Progress has been made but the timescale has not been achieved.
	Progress is being made, progress is good and the action is likely to be achieved within timescale. Or the action has been completed but evidence is required to demonstrate achievement.
	The action has been completed and there is a record of evidence to support its completion.

**Impact and evidence:** Has the desired outcome been achieved? What evidence supports the achievement? Record the difference that has been made to the lives of children and families, how is the difference evidenced? N.B RAG rating cannot be green without evidence recorded here. Sources may be staff or service user surveys/interviews, individual feedback, supervisions, improvements against baseline, audits etc.

**Using the template:** Table can be copied and pasted; properties are set to allow boxes to expand and for rows to break over pages. Additional lines can be added to the table as required.

*Kent and Medway action plan guidance and template*

Action number	Planning			Monitoring		
	Specific action and timescale	Accountability	Success indicators  *Include timescale*	Risk, progress and additional actions  *Date all entries*	RAG rating	Impact and evidence
<b><u>Overarching recommendation:</u></b>						
Source of recommendation: e.g. Mrs G Serious Case Review						
1.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b> That the protocol on admissions after falls should be observed as set out in the Protocol and that GP's should be consulted after any fall that has the potential to cause a serious injury					
1.1	Contractual documentation will be developed for the KCC Older Persons Residential re-let <b>Action Complete</b>	KCC and Medway Council CCGs CCG Safeguarding Team NHS England (Kent and Medway)	Following the protocol on admissions after falls will ensure that staffs caring for vulnerable adults are aware of recent falls and injuries. GP's will be consulted after any fall that may result in serious injury, so that vulnerable adults can	New contract documentation has been produced for the KCC Older Persons Residential re-let, which was completed by October 2014. Contract monitoring visits will be undertaken by Commissioning Officers on a risk assessed basis.	Green	Care Homes contracted with KCC are required to have a Falls Policy. Requirements are set out in the Contract Specification. Contractual documents have been shared with Trade Associations and are accessible at: <a href="http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms">http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms</a>

			receive necessary medical attention			
1.2	Falls Guidance will be developed by NICE <b>Action Complete</b>	NICE	Falls Guidance issued by NICE		Green	NICE have issued guidance about Falls and this can be found at: <a href="https://www.nice.org.uk/guidance/cg161">https://www.nice.org.uk/guidance/cg161</a>
2.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b> That training in homes for older people specifically alerts staff to the risk of “diagnostic overshadowing” and to be alert to signals of pain, physical illness and injury					
2.1	5 Year Dementia Strategy will address these issues <b>Action Complete</b>	Nursing Home KCC Strategic Commissioning CQC	Staff caring for vulnerable adults will be aware of the risk of ‘diagnostic overshadowing’. Where vulnerable adults show signs of pain, physical illness, injury and distress, staff will know how to deal with these appropriately.	This issue has been addressed by the 5 Year Dementia Strategy, published by the Department of Health.	Green	This issue has been addressed by the 5 Year Dementia Strategy which is now firmly embedded in practice and is accessible at: <a href="https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy">https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy</a>
2.2	Care Homes have a pain assessment	Nursing Home	Staffs have the tools in place to support them in		Green	Care Homes have a pain assessment tool to guide staff in assessing pain in patients that are non-verbal or confused. Pain is assessed on

	tool for assessing pain in patients <b>Action Complete</b>		assessing levels of pain in patients who are confused or not able to articulate themselves verbally.			body language and levels of agitation Requirements are set out in the Contract Specification. Contractual documents have been shared with Trade Associations and are accessible at: <a href="http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms">http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms</a>
3.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b> That care home staff are responsible for appraising GP's of recent events that might have caused a person injury					
3.1	Contractual documentation will be developed for the KCC Older Persons Residential re-let <b>Action Complete</b>	Nursing Home CQC	Professionals caring for vulnerable adults will be aware of relevant events and information to assist them in their job.	New contract documentation has been produced for the KCC Older Persons Residential re-let, which was completed by October 2014. Contract monitoring visits will be undertaken by Commissioning Officers on a risk assessed basis.	Green	Requirements are set out in the Contract Specification. Contractual documents have been shared with Trade Associations and are accessible at: <a href="http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms">http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms</a> An incident that has caused injury should be reported through the serious incident reporting process and CQC
4.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That when a care home has raised a concern with an older person's GP the GP must ensure that they proceed impartially, making a properly robust examination and independent clinical judgment about what course of action to follow: this should then be properly recorded					
4.1	NHS England	NHS England			Green	NHS England have provided assurances that

	have assurances that this code of conduct is followed <b>Action Complete</b>	(Kent and Medway) GP surgeries All GP's attending residential and nursing homes				this code of conduct is followed
5.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That training, supervision and management is improved in relation to comprehensive risk assessments in relation to falls, mobility, and equipment and that these assessments are incorporated into current care plans					
5.1	Falls Practitioners to be employed to assist care homes Fall serious Incidents Panels to investigate serious issues <b>Action Complete</b>	Acute Trust Nursing Home CQC	Falls Practitioners are employed to assist care homes. Trusts have Fall Serious Incidents Panels to investigate where serious issues have occurred.		Green	Falls Practitioners are employed to assist care homes Trusts have Fall Serious Incidents Panels to investigate where serious issues have occurred
5.2	Falls Guidance will be developed by NICE <b>Action Complete</b>	NICE	Falls Guidance issued by NICE		Green	NICE have issued guidance about Falls and this can be found at: <a href="https://www.nice.org.uk/guidance/cg161">https://www.nice.org.uk/guidance/cg161</a>
6.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That clinicians responsible for discharging patients communicate recommendations for nursing care to a nursing home in					

	writing and not over the phone					
6.1	Transfer of care forms are to be completed when discharging patients. Any recommendations made when discharging patients will be in writing <b>Action Complete</b>	Acute Trust Nursing home CQC	Professionals caring for vulnerable adults will be aware of relevant events and information to assist them in their job.	Guidance issued to staff	Green	Transfer of care forms are forms for raising concerns about a provider's care of a patient. The form from the hospital to the receiving organisation is the electronic discharge letter. A copy accompanies the patient to the home and a copy is automatically e-mailed to the GP. Any recommendations made when discharging patients must be in writing
7.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That hospital managers review the design of beds, chairs and lifting equipment to improve safety and minimise falls among vulnerable older people					
7.1	Equipment is to be individualised for patients, to minimise falls among vulnerable older people <b>Action Complete</b>	All NHS Acute Trusts CCG	Equipment is individualised for patients, to minimise falls among vulnerable older people.		Green	Hospital Managers ensure that equipment is individualised for patients, to minimise falls among vulnerable older people

8.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> Assessment of the risk of falls should be undertaken methodically and extended to include assessment of safe sitting					
8.1	Risk assessments in relation to falls to be undertaken methodically <b>Action Complete</b>	Nursing Home Acute Trust CQC	Improvement in practice.		Green	Practice has improved. Physiotherapists are involved in assessments
9.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That patients with severe osteoporosis should be clearly risk assessed for lifting, handling and moving					
9.1	Guidance to be developed and issued by CQC for lifting, handling and moving <b>Action Complete</b>	CQC	Guidance has been developed and issued by CQC for lifting, handling and moving		Green	CQC have issued guidance for lifting, handling and moving
9.2	All patients to receive an individualised assessment <b>Action Complete</b>	Nursing Home Acute Trust	All patients have an individualised assessment.		Green	All patients have an individualised assessment
10.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That information transferred from hospital to nursing or residential homes on discharge should specifically comment on whether a person is well enough to be nursed in a chair					
10.1	Discharge process in place <b>Action</b>	Acute Trust CQC			Green	There is a discharge process in place for hospitals and a discharge letter is written for each patient, outlining their needs

	<b>Complete</b>					
10.2	Care Homes to carry out assessments prior to discharge from hospital <b>Action Complete</b>	Care Home			Green	Care homes carry out assessments prior to discharge
11.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That the falls policy in residential and nursing homes, as well as in acute hospital wards, should include specific information on falling from a chair or bed and suggest safety measures to prevent such falls					
11.1	Contractual documentation will be developed for the KCC Older Persons Residential re-let <b>Action Complete</b>	CQC KCC Strategic Commissioning CCGs All Acute Trusts Nursing Home	Vulnerable adults will be less likely to fall from a chair or bed, as the falls policy will suggest safety measures for staff to implement.	New contract documentation has been produced for the KCC Older Persons Residential re-let, which was completed by October 2014.  Contract monitoring visits will be undertaken by Commissioning Officers on a risk assessed basis.	Green	Care Homes contracted with KCC are required to have a Falls Policy. These requirements are set out in the Contract Specification. Contractual documents have been shared with Trade Associations and are accessible at: <a href="http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms">http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms</a>
11.2	Falls Guidance will	NICE	Falls Guidance issued by NICE		Green	NICE have issued guidance about Falls and this can be found at:

	be developed by NICE <b>Action Complete</b>					<a href="https://www.nice.org.uk/guidance/cg161">https://www.nice.org.uk/guidance/cg161</a>
12.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> The Hospital Trust is currently introducing prompts for staff to make formal capacity assessments in both nursing and medical admission documents and this should be monitored and supported by management and clinicians with added emphasis on recording these discussions and decisions.					
12.1	MCA will be looked at during CQC inspections <b>Action Complete</b>	CQC	CQC will look at MCA during inspections		Green	CQC look at MCA during inspections
12.2	MCA training in Kent and Medway will be reviewed and monitored continually <b>Action Complete</b>	Acute Trust CCG's Kent and Medway SVA Board Training Consultant KCC	MCA training in Kent and Medway is reviewed to take into account changes in legislation and to share best practice amongst staff. The training is monitored continually.		Green	MCA training in Kent and Medway has recently been reviewed and is continually monitored
12.3	KCC undertake routine case file audits and MCA is an	KCC	MCA is evidenced through case file audits.		Green	MCA is an integral part of case file audits Findings of audits are reported to staff, senior managers, Directors and the Cabinet Member for Adult Social Care and Public Health

	integral part of the audit process <b>Action Complete</b>					
13.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> The Hospital Trust has introduced formal bespoke MCA training for all ward based Band 6-8 staff in addition to the existing training (mandatory awareness training for all clinical staff) and KCC training on offer: this training is to be continued and extended to the voluntary and private sector.					
13.1	MCA training to be delivered to staff and providers <b>Action Complete</b>	KCC CCG	MCA training is delivered to staff and providers. MCA principles will be embedded in practice through training.		Green	MCA training has been delivered to staff and providers. CCG monitors compliance with MCA training on a bi- monthly basis as part of the health provider contracts
13.2	MCA training in Kent and Medway will be reviewed and monitored continually <b>Action Complete</b>	KCC	MCA training in Kent and Medway is reviewed to take into account changes in legislation and to share best practice amongst staff. The training is monitored continually.		Green	MCA training in Kent and Medway has recently been reviewed and is continually monitored

14.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> Police officers in PPU and non-specialist officers require training on dementia and on mental capacity: joint and single agency training is required on induction and as part of continuing professional development					
14.1	Establish a multi-agency Central Referral Unit <b>Action Complete</b>	Police			Green	Central Referral Unit has been established – this is a centre of expertise which offers specialist advice to all Police officers
14.2	Police officers in PPU and non-specialist officers to receive appropriate training <b>Action Complete</b>	Police	Police officers in PPU and non-specialist officers receive appropriate training in order to assist them in their job.		Green	Police officers in PPU and non-specialist officers receive appropriate training
15.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> National guidance is needed on how to take a Section 44 MCA prosecution to court to ensure that consistent decisions are made, based on a clear construction of what is meant by “wilful neglect”					
15.1	Section 44 requires amending and guidance needs to accompany the amendment <b>Action Complete</b>	The Chair will raise this with the OPG and ACPO and the CPS	Statutory guidance has been issued to support the Care Act		Green	Section 44 has been amended in the Care Act and guidance has been issued. Following the amendments, there has been an increase in convictions

16.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> The Force Control Room must direct inquiries relating to vulnerable adults to the PPU and mark records accordingly					
16.1	All inquiries received by the Force Control Room relating to vulnerable adults must be directed to the Central Referral Unit and records marked accordingly <b>Action Complete</b>	Police	All inquiries received by the Force Control Room relating to vulnerable adults are directed to the Central Referral Unit and records marked accordingly		Green	Central Referral Unit has been established. All inquiries received by the Force Control Room relating to vulnerable adults are directed to the Central Referral Unit and records marked accordingly
17.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That where there has been a contentious complaint or safeguarding adult's investigation, family liaison is formal and properly coordinated across all agencies. Practice in this area should be improved and monitored by the Safeguarding Adults Board Manager					
17.1	Family liaison is to be formal and properly coordinated across all agencies, where there has been a contentious complaint or safeguarding	Adult Social Services Police CQC Kent and Medway SVA Board Manager	The family or advocate of the vulnerable adult will be involved where there has been a contentious complaint or safeguarding investigation		Green	Public authorities have a duty of candour to their customers, investigating complaints fully. Families or advocates are involved where there has been a contentious complaint or safeguarding investigation

	adult's investigation <b>Action Complete</b>					
18.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That KCC supports the campaign to reduce heavy use of psychotropic drugs (specifically Quetiapine) in services for people with dementia and that this issue becomes part of the agenda of the new Health and Wellbeing Boards					
18.1	Heavy use of psychotropic drugs (specifically Quetiapine) in services for people with dementia is reduced <b>Dementia is on the agenda of the Health and Wellbeing Boards</b>	Department of Health KCC Medway Council NHS England (Kent and Medway) CQC	Vulnerable adults will not be prescribed heavy use of psychotropic drugs where alternative medication can be prescribed		Green	Dementia is on the agenda of the Health and Wellbeing Boards and is also a national campaign. The 5 Year Dementia Strategy also addresses this issue: <a href="https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy">https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy</a>
18.2	Issue of heavy use of psychotropic drugs (specifically Quetiapine) in services for people with dementia becomes part of the agenda	Department of Health KCC Medway Council NHS England (Kent and Medway) CQC	The issue of the heavy use of psychotropic drugs becomes part of a local and national campaign	This issue has been addressed by the 5 Year Dementia Strategy, published by the Department of Health.	Green	Dementia is on the agenda of the Health and Wellbeing Boards and is also a national campaign. The 5 Year Dementia Strategy also addresses this issue: <a href="https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy">https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy</a>

	for Health and Wellbeing Boards <b>Dementia is on the agenda of the Health and Wellbeing Boards</b>					
19.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That admitting ward staff are given written guidance on when to make safeguarding alerts					
19.1	Written, up to date guidance is provided to staff on when to make safeguarding alerts <b>Action Complete</b>	Acute Trust KCC	The Multi-Agency Policy, Protocols and Guidance document is updated every six months		Green	Guidance is set out in the Multi-Agency Policy, Protocols and Guidance document, which is updated every six months. The document can be found at: <a href="http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation">http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation</a>
19.2	Safeguarding Training is to be delivered to staff across all agencies <b>Action Complete</b>	Acute Trust KCC	Staff across all agencies receive Safeguarding Training		Green	Multi-Agency Adult Safeguarding Training is delivered to staff across all agencies
19.3	Providers must comply with the Kent and Medway SAB Policy	CCG	Providers' compliance with the Kent and Medway SAB Policy is		Green	CCG monitors compliance with the Kent and Medway SAB Policy through a providers quality metrics on a bi-monthly basis

	<b>Action Complete</b>		monitored bi-monthly			
20.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That all residential and nursing homes and wards in acute hospitals adopt the Abbey Pain Scale or another appropriate instrument and that vulnerable older people are prioritised during its implementation					
20.1	Care Homes have a pain assessment tool for assessing pain in patients <b>Action Complete</b>	All Acute Trusts CCGs CQC KCC Strategic Commissioning	Staff have the tools in place to support them in assessing levels of pain in patients who are confused or not able to articulate themselves verbally		Green	Care Homes have a pain assessment tool to guide staff in assessing pain in patients that are non-verbal or confused. Pain is assessed on body language and levels of agitation
20.2	Contractual documentation will be developed for the KCC Older Persons Residential re-let <b>Action Complete</b>	All Acute Trusts CCGs CQC KCC Strategic Commissioning	Staff have the tools in place to support them in assessing levels of pain in patients who are confused or not able to articulate themselves verbally	New contract documentation has been produced for the KCC Older Persons Residential re-let, which was completed by October 2014. Contract monitoring visits will be undertaken by Commissioning Officers on a risk assessed	Green	Care Homes are required to have a pain assessment tool in place. This requirement is set out in the Contract Specification. Contractual documents have been shared with Trade Associations and are accessible at: <a href="http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms">http://www.kent.gov.uk/business/grow-your-business/supply-goods-and-services/social-care-commissioning/specifications-and-terms</a>

				basis.		
21.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That Kent and Medway SVA Board review the sections on neglect and adopt a structured approach to investigating cases of neglect as set out in this report					
21.1	A Self Neglect Policy is to be developed <b>Action Complete</b>	Safeguarding Adults Board Manager - to be monitored by Kent and Medway SVA Board	Staff will have a working knowledge of the Self-Neglect Policy		Green	A Self Neglect Policy has been developed and workshops have been held across Kent and Medway for staff across all agencies to work through case scenarios. The Policy can be found at: <a href="http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation">http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation</a>
21.2	The Neglect section of the Multi-Agency Policy, Protocols and Guidance document is to be reviewed <b>Action Complete</b>	Safeguarding Adults Board Manager - to be monitored by Kent and Medway SVA Board			Green	The Neglect section of the Multi-Agency Policy, Protocols and Guidance document has been reviewed and can be found at: <a href="http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation">http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation</a>
21.3	Statutory Guidance will be issued to support the Care Act <b>Action Complete</b>	Safeguarding Adults Board Manager - to be monitored by Kent and Medway SVA Board	Statutory guidance has been issued to support the Care Act		Green	Statutory guidance has been issued to support the Care Act. Definitions of abuse have been extended to include neglect
22.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That local safeguarding training includes a range of law and possible sanctions which includes, but is not limited to, Section 44 of the MCA					

22.1	Safeguarding Training in Kent and Medway will be reviewed and monitored continually <b>Action Complete</b>	Kent and Medway SVA Board Training Consultant	Safeguarding Training in Kent and Medway is reviewed to take into account changes in legislation and to share best practice amongst staff. The training is monitored continually		Green	Multi-Agency Adult Safeguarding Training is being reviewed to ensure the programme meets business needs
23.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That investigations under Health and Safety Legislation should be instigated in cases of neglect or negligence whether or not these are also being investigated with a view to prosecution under Section 44 of the Mental Capacity Act 2005					
23.1	Investigations under Health and Safety Legislation should be instigated in cases of neglect or negligence <b>Action Complete</b>	Health and Safety Executive Safeguarding Adults Coordinators KCC and Medway Council Police			Green	There are Health and Safety Leads in each Trust. Workshops have been held with Safeguarding Adults Co-ordinators and the Police have reviewed their training
24.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That the revised Serious Case Review protocol makes clear the distinction between the role of the standing panel that commissions reviews and the separately constituted groups that are convened to consider specific cases					
24.1	Review and amend the	Safeguarding Adults Board			Green	The Serious Case Review Protocols have been re-drafted in light of the Care Act and lessons

	Serious Case Review Protocols <b>Action Complete</b>	Manager - to be monitored by Kent and Medway SVA Board				learnt from this and other SCR's and were presented to the SAB in December 2014
24.2	Serious Case Review action plans need to be monitored <b>Action Complete</b>	Safeguarding Adults Board Manager - to be monitored by Kent and Medway SVA Board	Serious case Review action plans are monitored on a regular basis		Green	The Quality Assurance Working Group of the Safeguarding Adults Board monitors Serious Case Review action plans
25.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That the revised Serious Case Review protocol sets out a process whereby all cases that have raised concerns are referred for consideration and that these are then referred for an appropriate level of debriefing, intermediate review, quality assurance action, or serious case review depending on the seriousness and nature of each case					
25.1	Review and amend the Serious Case Review Protocols <b>Action Complete</b>	Kent and Medway SVA Board			Green	The Serious Case Review Protocols have been re-drafted in light of the Care Act and lessons learnt from this and other SCR's and were presented to the SAB in December 2014
25.2	Serious Case Review action plans need to be monitored <b>Action Complete</b>	Kent and Medway SVA Board	Serious Case Review action plans are monitored on a regular basis		Green	The Quality Assurance Working Group of the Safeguarding Adults Board monitors Serious Case Review action plans
26.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That Kent and Medway SVA Executive Board commission the development of a leaflet explaining to set out the routes by which members of the public, relatives and clients can make formal complaint about a safeguarding intervention					

26.1	Leaflets are produced to support the public to make formal complaints about a safeguarding intervention <b>Action Complete</b>	Kent and Medway SVA Board	Leaflets are available to members of the public		Green	All statutory organisations have a complaints process and have developed leaflets to support the public to make formal complaints
27.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That the revised policy and procedures include specific protocols for practitioners and for investigators about what constitutes neglect, and about how to investigate it in relation to a whole range of legal options.					
27.1	Written, up to date guidance is provided to practitioners and investigators <b>Action Complete</b>	Kent and Medway Safeguarding Leads	The Multi-Agency Policy, Protocols and Guidance document is updated every six months		Green	Guidance is set out in the Multi-Agency Policy, Protocols and Guidance document, which is updated every six months. The document is accessible at: <a href="http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation">http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation</a>
28.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That Kent and Medway SVA Board increases its commissioning oversight of serious case reviews and of all forms of multi – agency audit, debriefing and review					
28.1	The SAB has increased commissioning oversight of serious case reviews <b>Action Complete</b>	Kent and Medway SVA Board Kent and Medway SVA Serious Case Review Panel	Serious Case Review action plans are monitored on a regular basis		Green	The Quality Assurance Working Group of the Safeguarding Adults Board monitors Serious Case Review action plans

29.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> That KCC continues to take account of the fact that the care offered to self-funders is subject to less scrutiny than publicly funded placements and act to safeguard their interests wherever possible					
29.1	KCC ensure that all adults, including self-funders, are safeguarded <b>Action Complete</b>	KCC Strategic Commissioning	Self-funders interests are safeguarded wherever possible		Green	KCC have a responsibility for safeguarding all adults, including self-funders. DOLS assessments are carried out where necessary
30.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b> To ensure proper co-ordination of safeguarding investigations, the roles of Designated Senior Officer and Investigating Officer should not be taken by the same person as is clearly set out in the multi-agency protocol.					
30.1	The roles of Designated Senior Officer and Investigating Officer should not be taken by the same person <b>Action Complete</b>	KCC Medway Council	The roles of Designated Senior Officer and Investigating Officer will not be taken by the same person		Green	Written instructions have been issued to staff and Directors to reinforce the fact that the role of Designated Senior Officer and Investigating Officer should not be covered by the same person. Practice audits are used to quality assure front line practice. The last two audits have shown that staff are complying with this instruction