



Lancashire Care
NHS Foundation Trust

Action Plan
Independent Investigation
SI 2014/14031

Recommendation No 1		Agencies who are currently responsible for undertaking carer's assessment and providing carers services need to review their current protocols for: <ul style="list-style-type: none"> • Responding to disclosures of actual or potential risk of abuse of carers. • Identifying in what circumstances would there be an escalation of information sharing. • A review of the allocation and role of the care coordinator to identify their responsibilities for liaising with other involved services as part of both the initial assessment and during the review process. 			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We will review our approach to identifying and supporting carer's to receive Carer's assessments, working in partnership with LCC and other agencies. This will include a clear escalation process including information sharing.	July 2017	October 2017	Tom Swan	A clear protocol outlining the process for accessing Carer's assessment, escalation of concerns and the role of the Care Coordinator	Protocol
Recommendation No 2		In order to standardise and improve the quality of assessments and reviews of carer's needs and risks, consideration should be given to introducing one set of assessment and review proformas that are used by all carer's services within Lancashire.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
LCFT do not undertake carer's assessments but support carers to access assessments. We will engage in the work to be led by Lancashire County Council.			Tom Swan		

Recommendation No 3		Consideration should be given to introducing a “keeping safe plan” within all support plans which also addresses the carer’s possible fears around care alternatives for the person they are caring for and the consequences that may arise if action is taken.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We will work with those undertaking Carers assessments to develop and implement ‘keeping safe’ plans and ensure there is a process in place to support carers who do not want a carer’s assessment but may benefit from a ‘keeping safe’ plan.	July 2017	January 2018	Tom Swan	Carers who need ‘keeping safe’ plans are supported to have one.	‘Keeping safe’ plans in care records
Recommendation No 4		In order to improve information sharing between primary care and Lancashire Care NHS Foundation Trust’s community mental health services consideration should be given to strengthening a joint information sharing protocol. Such a protocol should identify both agencies’ responsibilities for : <ul style="list-style-type: none"> • Information sharing following a patient’s discharge from an acute inpatient admission. • Joint responsibility for on-going communication between a patient’s primary care and care coordinator. • Involvement of primary care in a patient’s care planning reviews by mental health services. 			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We will explore with Commissioners and primary care services information sharing arrangements to strengthen information sharing particularly where there are concerns.	July 2017	April 2018	Tom Swan/Bridget Welch	Improved information sharing arrangements	Information sharing agreements

Recommendation No 5		In order to evaluate whether the issues and deficits highlighted within this report are systemic within Lancashire Care NHS Foundation Trust's Complex Care and Treatment Team and/ or the N Compass service; both should consider undertaking an audit of a number of patients involved with both services. This audit should also include a review of the current interagency information sharing protocol and involvement in care planning and care planning reviews.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We will work with N-Compass to explore a joint audit of patients involved with both services. If a joint audit is not possible an internal audit of patients known to both services will be undertaken.	October 2017	March 2018	Lorraine Chadwick	Audit report	Audit report
Recommendation No 6		Lancashire Care NHS Trust should consider introducing an alert system on their Electronic Care Record System which alerts the clinician when new correspondence has been unloaded onto a patient's records.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We have commissioned a new electronic patient record system. We will explore how alerts like this can be implemented.	September 2017	tbc		Identify whether the new ECR system can send an alert when new correspondence is uploaded.	
Recommendation No 7		A quality audit should be undertaken of care plans and safety profiles and reviews completed by the Complex Care and Treatment Team to ascertain if practitioners are accurately identifying and assessing the levels of risk(s). Where deficits are identified with specific practitioners then the appropriate training and management guidance should be provided.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence

We will undertake an audit of care plans. Any areas of concern for individual practitioners will be addressed in supervision. One of the Trust's quality priorities is to review mental health clinical risk assessment and management	August 2017	October 2018	Damian Dewhurst (audit)/ Paul White (supervision)		Audit report	Audit report
	July 2017	See LifeQI	Helen Lilley			
Recommendation No 8		Lancashire Care NHS Foundation Trust should review its current guidelines within their Safeguarding Policy to ensure that it provides clear directives as to when and in what circumstances staff should be consulting the Trust's safeguarding team to seek advice and guidance.				
Trust Executive Lead		Dee Roach				
Planned Action	Start Date	Finish Date	Action Owner	Lead Owner	Outcome/Target	Supporting evidence
We will update our procedures and sharepoint site (intranet for staff) to make it easier for staff to find guidance. This will also include the LSAB Guidance for Safeguarding Concerns.	July 2017	December 2017	Bridget Welch	Bridget Welch	Revised procedure and sharepoint site	Revised procedure and sharepoint site
Recommendation No 9		The members of both the Complex Care and Treatment Team and psychologist who were involved in this case should receive additional training on their role, responsibilities and actions that is expected to be taken when there has been a disclosure and/or report from another service of either historical and/or recent incidents of domestic abuse.				
Trust Executive Lead		Dee Roach				
Planned Action	Start Date	Finish Date	Action Owner		Outcome/Target	Supporting evidence
The report and recommendations will be discussed with the individual staff and any additional	July 2017	September 2017	Paul White		Staff involved in this case understand their safeguarding responsibilities and know what to do.	PDRs

training needs will be addressed through supervision and the PDR process.					
Recommendation No 10		An audit should be undertaken within the Complex Care and Treatment Team, including the psychologist team, to highlight any current cases where domestic abuse maybe a feature to ensure that staff are: <ul style="list-style-type: none"> • Taking the appropriate and proportionate action is being taken. • Seeking the appropriate guidance from Lancashire Care NHS Foundation Trust's safeguarding team and their senior managers and supervisors. • Awareness of when to utilise assessments, such as CAADA DASH. 			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner Lead Owner	Outcome/Target	Supporting evidence
We will undertake an audit within the CCTT to highlight any cases where domestic abuse may be a feature.	August 2017	October 2017	Paul White	Cases identified where domestic abuse may be a feature and appropriate support is in place	Audit report
Recommendation No 11		In order to ensure that there is a process utilised to evaluate, maximise and demonstrate the value of its training programme to both the trainee and the organisation Lancashire Care NHS Trust should consider adopting a recognised training evaluation tool such as the Kirkpatrick Model.			
Trust Executive Lead		Dee Roach			
Planned Action	Start Date	Finish Date	Action Owner	Outcome/Target	Supporting evidence
We will explore the evaluation tools used for training	August 2017	October 2017	Bridget Welch	Training has appropriate evaluation tools	Review of evaluation tools