

SCRUTINY PANEL B

Thursday, 11th November, 2010
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Committee Room 1 - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt (Vice-Chair)
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Parnell

Contacts

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PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2010/11

2010	2011
Thurs 10 June	Thurs 13 Jan
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	Thurs 21 Apr
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 and Part 3 (Schedule 2) of the Council's Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
 - (a) any employment or business carried on by such person;
 - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
 - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
 - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Panel Administrator prior to the commencement of this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (

To approve and sign as a correct record the Minutes of the meetings held on 14 October 2010 and to deal with any matters arising, attached.

7 TRANSFORMING OLDER PEOPLES MENTAL HEALTH SERVICES IN THE SOUTH HAMPSHIRE AND SOUTHAMPTON AREA

Report of the Head of Consumer Experience and Engagement Hampshire Partnership Foundation Trust, detailing the Transforming Older Peoples Mental Health Services in the South Hampshire and Southampton area and the consultation process on changes, attached.

8 REDESIGNING ADULT MENTAL HEALTH SERVICES IN SOUTHAMPTON

Report of the Director of Operations – Adult Mental Health Services - Hampshire Partnership NHS Foundation Trust, detailing proposals for the redesign of adult mental health services in Southampton, attached.

9 PATIENT SAFETY IN ACUTE CARE – THE ROLE OF ADULT SOCIAL CARE AND HEALTH (ASCH) DIRECTORATE

Report of Head of Personalisation and Safeguarding and the Head of Care Provision, detailing the work of the Council's Adult Social Care and Health (ASCH) Directorate in improving patient safety, attached.

WEDNESDAY, 3 NOVEMBER 2010

SOLICITOR TO THE COUNCIL

SCRUTINY PANEL B

MINUTES OF THE MEETING HELD ON 14 October 2010

Present: Councillors Capozzoli (Chair), Drake, Harris, Marsh-Jenks, Payne, Parnell and Dick

Apologies: Councillor Daunt

In Attendance: Councillor White Cabinet Member for Health and Adult Care

20. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The Panel noted that Councillor Dick was in attendance as a nominated substitute for Councillor Daunt in accordance with Council Procedure Rule 4.3 for the purposes of this meeting only.

21. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Scrutiny Panel B Meetings on the 9th and 23rd September 2010 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

22. **HAMPSHIRE PARTNERSHIP FOUNDATION TRUST PROGRESS WITH QUALITY ACCOUNTS**

The Panel considered and noted the report of the Director of Health and Adult Social Care, detailing a paper by the Hampshire Partnership Trust on the development of their 2010/11 Quality Account. (Copy of the report circulated with the agenda and appended to the signed minutes).

With the consent of the Chair, the Interim Deputy Director of Governance and the Associate Chief Executive for the Hampshire Partnership Foundation Trust detailed the report.

RESOLVED that the Hampshire Partnership Foundation Trust be requested to present an update the Panel on the progress and development of their 2010/2011 Quality Account at a later date .

23. **PATIENT SAFETY IN ACUTE CARE INQUIRY – SUHT CURRENT PERFORMANCE**

The Panel considered and noted the report of the Director of Nursing, Southampton University Hospitals NHS Trust (SUHT), detailing information on patient safety. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Director of Nursing and the Medical Director detailed the report circulated with the papers and answered questions on the following topics:

- whether the errors in medication were significant in relation to the numbers of drugs prescribed on a daily basis. The Panel were informed that the numbers indicated within the report were an extremely small percentage of the medicines prescribed at the hospital. It was also stated that additional checks prior to administering of any drugs further reduced numbers the actual numbers of

- patients receiving incorrect medicines. The Panel suggested that SUHT should review how these numbers are presented to avoid any misunderstanding;
- the culture of reporting near misses in relation to medicine prescription. It was explained that the trust valued the support of its employees and undertook to learn from all potential incidents of harm to patients. It was further stressed that the report systems were an important part of the learning and monitoring process within the hospital;
 - Infection Control. The Panel were informed that the numbers detailed in the papers were used to direct and focus support for areas affected by a viral outbreak. The Panel were further informed that the Trust's performance had significantly improved but, lessons were being learnt and that targets were taken seriously. The importance of collating information, including for areas that they had no direct responsibility for, as part of the overall tracking of infection within the hospital was stressed to the Panel;
 - the recent Department of Health lead project to reduce the numbers of pressure ulcers and avoidable falls received in the hospital. The Panel were informed that the greater emphasis on these areas had significantly improved the performance of the hospital resulting in positive effects all along patient pathways;
 - inter-agency co-operation and patient pathways and the tracking of patient issues through the health community in order to reduce the number of cases getting to hospital;
 - the current research into re-admittance figures and how these could possibly affect budgeting in the future.
 - the importance of the safety walks within the hospital and how the information gathered on these walks had been channelled into improving patient care. The Panel discussed the frequency and the scope of the safety walks and learnt that all areas were included at all times.

RESOLVED that the information provided be entered in to the Inquiry's file of evidence.

Agenda Item 7

DECISION-MAKER:	PANEL B		
SUBJECT:	TRANSFORMING OLDER PEOPLES MENTAL HEALTH SERVICES IN THE SOUTH HAMPSHIRE AND SOUTHAMPTON AREA		
DATE OF DECISION:	11 NOVEMBER 2010		
REPORT OF:	BUSINESS AND PROJECT MANAGER – ENGAGEMENT TEAM. HAMPSHIRE PARTNERSHIP NHS FOUNDATION TRUST		
AUTHOR:	Name:	David Higenbottam	Tel: 023 8087 4100
	E-mail:	David.Higenbottam@HantsPT-SW.NHS.UK	

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

To receive a paper from Hampshire Partnership NHS Foundation Trust (HPFT) on Transforming Older Peoples Mental Health Services in the South Hampshire and Southampton area and how they will engage on proposals to change services.

RECOMMENDATIONS:

- (i) To note the Hampshire Partnership NHS Foundation Trust's proposals for changes to older people mental health services in the South Hampshire and Southampton area.
- (ii) To comments on the process for improving the service and the engagement proposals.
- (iii) To agree that Panel B will be given a further opportunity to comment on the proposals as they develop and more details are known.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to engage with HPFT over the development of their proposals Transforming Older Peoples Mental Health Services in the South Hampshire and Southampton area.

CONSULTATION

3. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. None.

DETAIL

5. HPFT, together with NHS Southampton City and NHS Hampshire are undertaking a review of older peoples mental health service across the South Hampshire and Southampton area. The aim of the review is to improve the care pathway for older people with mental health needs. The process is very much at the beginning at this stage however HPFT would like to discuss with the panel how this work will be taken forward. Background to the review is included in the attached briefing paper and further details will be provided to the panel at the meeting.
6. Stakeholder events which are open to the public regarding the proposals will be held in Southampton on 22 November and Romsey on 30 November..
7. HPFT are keen to engage with and regularly update Panel B throughout the process and there will be further opportunities to comment as options are developed and the implication of changes for Southampton become clearer.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

9. None.

Revenue

10. None.

Property

11. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

13. None.

POLICY FRAMEWORK IMPLICATIONS

14. None

SUPPORTING DOCUMENTATION

Appendices

1.	Planning Ahead, Working Together – Transforming Older Peoples Mental Health Services in South Hampshire and Southampton.
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Documents In Members’ Rooms

1.	None
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Background Documents

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Background documents available for inspection at: N/A

KEY DECISION? N/A **WARDS/COMMUNITIES AFFECTED:** N/A

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Planning Ahead, Working Together

Transforming Older Peoples Mental Health Services in the South Hampshire and Southampton area

We are looking to change our care pathway so that we can deliver a service for older people with mental health needs that provides and supports:

- Early diagnosis
- Improved support in the community, introducing new or enhanced roles
- Less reliance on in-patient beds with timely admission to specialist mental health beds when required
- Improved intermediate care
- Improved support from specialised services into nursing and residential homes
- Improved end of life care

NHS Hampshire, NHS Southampton City and Hampshire Partnership NHS Foundation Trust have already been working together on a programme of engagement with the public and partner organisations. This has provided the local NHS with good feedback on its current services for older people with mental health needs whilst indicating priorities for these services in the future.

This work has been in response to several national policies which have provided guidance and direction for services for older people with mental health needs.

These policies have translated locally into the Hampshire Joint Commissioning Strategy for Older Peoples Mental Health Services (2008) and the Southampton Joint Dementia Commissioning Strategy (2009-2012).

Whilst a significant amount of work has taken place we know that our current community services do not achieve the aims of the above policies. We also know from our engagement work to date of some key areas that we can develop. These include:

- Improved information and support for patients and carers
- Improved joint working across partner organisations
- Enhanced services that provide improved access and more community based support with less reliance on in-patient beds

We are now seeking feedback to the proposed care pathway along with views on how services for older people with mental health needs could be further improved.

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Agenda Item 8

DECISION-MAKER:	PANEL B			
SUBJECT:	REDESIGNING ADULT MENTAL HEALTH SERVICES IN SOUTHAMPTON			
DATE OF DECISION:	11 NOVEMBER 2010			
REPORT OF:	DIRECTOR OF OPERATIONS – ADULT MENTAL HEALTH SERVICES. HAMPSHIRE PARTNERSHIP NHS FOUNDATION TRUST			
AUTHOR:	Name:	Anna Lewis	Tel:	023 8024 1331
	E-mail:	Anna.Lewis@hantspt-sw.nhs.uk		

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

To receive a presentation from Hampshire Partnership NHS Foundation Trust (HPFT) on proposals for the redesign of adult mental health services in Southampton.

RECOMMENDATIONS:

- (i) To note the Hampshire Partnership NHS Foundation Trust's proposals for the redesign of adult mental health services in Southampton.
- (ii) To comment on the process for improving these services.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to engage with HPFT over the development of their proposals for the redesign of adult mental health services in Southampton.

CONSULTATION

2. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL

4. HPFT are proposing a redesign of adult mental health services in Southampton. HPFT would like to discuss with the panel how this work will be taken forward and will deliver a presentation on the proposals.
5. Milton House and Crowlin House rehabilitation units will be affected by the proposals. On the 9 March 2010 a meeting of the Health Cities Panel discussed a letter referred to them by OSMC regarding the future of Crowlin House. The presentation by HPFT will further clarify the position regarding Crowlin House.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

6. None.

Revenue

7. None.

Property

8. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

10. None.

POLICY FRAMEWORK IMPLICATIONS

11. None

SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Background documents available for inspection at: N/A

KEY DECISION? N/A WARDS/COMMUNITIES AFFECTED: N/A

Agenda Item 9

DECISION-MAKER:	PANEL B
SUBJECT:	PATIENT SAFETY IN ACUTE CARE INQUIRY – THE ROLE ADULT SOCIAL CARE AND HEALTH (ASCH) DIRECTORATE
DATE OF DECISION:	11 NOVEMBER 2010
REPORT OF:	HEAD OF PERSONALISATION AND SAFEGUARDING, AND THE HEAD OF CARE PROVISION, ASCH

STATEMENT OF CONFIDENTIALITY

None

SUMMARY

This paper describes the work of the Adult Social Care and Health (ASCH) Directorate in improving patient safety.

RECOMMENDATIONS:

- (i) To receive the information from the City's Adult Social Care and Health in relation to patient safety and use the information provided as evidence in the inquiry.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the inquiry process.

CONSULTATION

2. None.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

BACKGROUND

4. There are two main areas of oversight of patient safety involving staff from ASCH services; direct work to manage safeguarding concerns regarding vulnerable adults and working to ensure safe discharge from hospital.

WORKING WITH HEALTH PROVIDERS TO MANAGE SAFEGUARDING CONCERNS

5. All health providers in the area are signed up to the multi agency safeguarding adults protocol. In addition a process has recently been agreed for addressing safeguarding concerns within NHS provision. The process is based on the practice tools used by ASCH Directorate to determine the level of intervention required to manage safeguarding investigations and subsequent actions (appendix 1).

6. Consultant Nurses have lead roles for Safeguarding in Southampton University Hospitals Trust (SUHT), Hampshire Partnership Foundation Trust and Solent Healthcare. ASCH Directorate is leading a process to improve the multi-disciplinary approach promoting an increasingly collaborative relationship, working to keep patients safe. Most recently this has included the implementation of a tool for root cause analysis and an investigative visit to an NHS site. Strategy meetings and case conferences are developing further openness and commitment to work jointly to put people's interests at the centre of working practice and to ensure organisational learning to prevent future events.
7. There are also plans in place to carry out proactive work. Plans are in place for the safeguarding leads at the NHS sites to work in the community and gain experience of safeguarding within provider services and for members of ASCH safeguarding team to visit an NHS site.

Working with partners to ensure safe Hospital Discharge

8. The Hospital Discharge Team, (HDT) works within the Discharge Bureau in SUHT. The Team is composed of Council and Solent Healthcare employees and managed by a Council employed Manager, whose role is funded jointly with NHS Southampton City (NHSSC). The team focus on timely discharge for people with social care and health needs
9. Where a patient is discharged by SUHT without appropriate preparation for discharge, a "poor discharge notification" will be sent to the HDT. An incident form will be completed and sent to NHSSC Customer Service which notifies SUHT and then monitors progress/response to the poor discharge notification. All complaints, (including poor discharge) are then monitored via a weekly board. A response is sent to the HDT and to the original complainant. The information is managed within the HDT on a database. The objective is for the organisation to learn from the event and to improve service to people in similar positions.
10. In addition the Council works with NHS partners to provide a 'Rapid Response team' to meet immediate community nursing and care needs to provide short term support to people leaving hospital where their ongoing care needs are not clear or plans are not yet in place to meet these needs. This ensures good liaison with the hospital discharge team and a means of meeting urgent care needs on discharge or to prevent hospital admission. The Rapid Response team works closely with the 're-ablement' personal care team to maximise people's safe care after discharge from hospital.

FINANCIAL/RESOURCE IMPLICATIONS

11. Responses to safeguarding and poor discharge planning are managed within established resources by the appropriate operational team. Practice development in this area is managed by the Safeguarding in Provider Services Team.

Property

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007. The response to safeguarding concerns meets the performance standards required by the Care Quality Commission and the Association of Directors of Social Services National Framework for Good Practice (November 2005).

Other Legal Implications:

14. None.

POLICY FRAMEWORK IMPLICATIONS

15. To fail to respond to safeguarding concerns would increase risk to vulnerable adults and fail to meet national guidance on the role of the Local Authority in this area of work.

SUPPORTING DOCUMENTATION

Appendices

1.	Appendix 1 – Framework for addressing safeguarding concerns within NHS provision.
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Documents In Members' Rooms

1.	N/A
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Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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Background documents available for inspection at: N/A

KEY DECISION? N/A

WARDS/COMMUNITIES AFFECTED:	N/A
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Southampton Safeguarding Adults Board

Framework for Addressing Safeguarding Concerns within NHS Provision

May 2010

Principles of the Framework

Investigations into safeguarding concerns arising in NHS provision will take place under the auspices of the Adult Safeguarding Procedure for which the Local Authority has a lead co-ordinating responsibility.

The approach outlined reflects the national guidelines published by the Department of Health in its document called “Clinical Governance and Adult Safeguarding - An Integrated Process (February 2010).

The investigation process will be:

- linked to mainstream multi-agency safeguarding adult procedures.
- transparent with external scrutiny built in to the process to promote independence and to avoid self policing.
- integrated with the NHS clinical governance framework e.g. adverse incident reporting, complaints and risk management*

Reporting Forms

NHS adverse incident reporting forms need to be cross referenced with the adult safeguarding procedure and amended to include the following trigger question:

“Has this incident harmed or placed at risk of harm, a vulnerable adult?
If yes, does the information presented suggest the need for a safeguarding alert to be raised?”

Likely incidents leading to concerns being investigated under the adult safeguarding process include incidents relating to:

- poor practice
- neglect/acts of omission
- policies or procedures not being followed

in which the VA has been harmed or placed at risk of harm e.g. their physical/emotional well being has been adversely affected as a result.

Organisation will assess the incident report and if it is decided that it falls within the remit of the Adult Safeguarding Procedure an alert should be made to the Adult Contact Team or Hospital Discharge Bureau.

Criteria to determine a NHS led intervention

Decision Making Criteria:

- a 'one-off', isolated incident
- no previous history of similar incidents recorded for the vulnerable adult.
- no previous history of similar incidents recorded for the organisation.
- no previous history of abuse by the person alleged to be responsible.
- not part of a repeating or escalating pattern of abuse.
- no clear criminal offence described in the safeguarding alert.
- there is not a clear intent to harm or exploit the vulnerable person.
- no indication of-going risk to the vulnerable adult or other vulnerable people.
- incident being managed appropriately by the organisation.

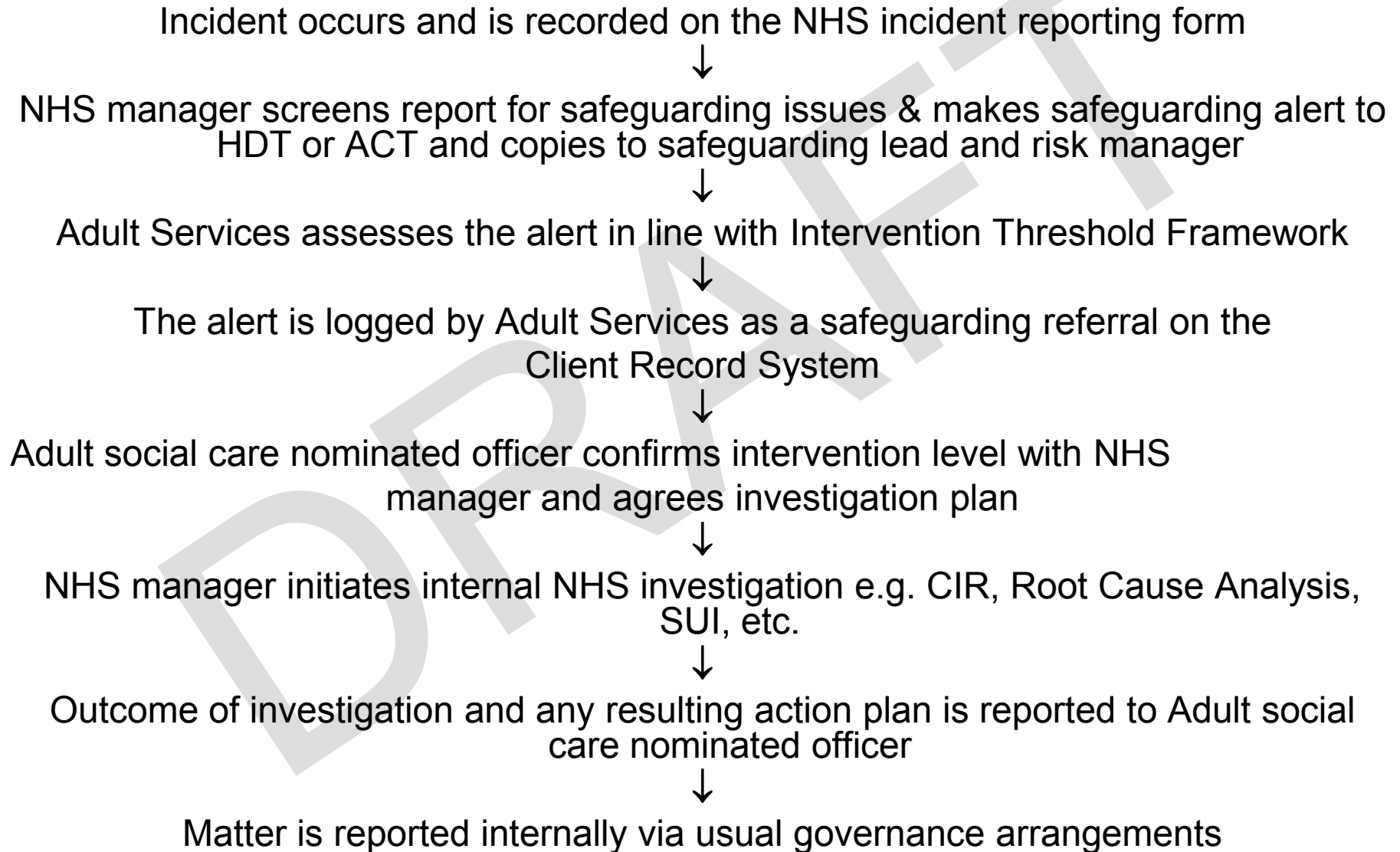
Level of Response:

- Organisation reports incident to the LA and agrees strategy & level of intervention
- Organisation carries out an internal investigation
- Organisation reports back the outcome to the nominated adult social care officer
- Organisation monitors in liaison with the nominated adult social care officer

Action & Outcomes:

- Organisation reports incident to the LA
- Makes the required notification to regulatory body.
- Action taken by organisation to address 'presenting concerns' are documented.
- Organisation reports outcomes to the nominated adult social care officer
- May result in minor alterations in the way service is provided to a vulnerable adult.
- May result in changes to the way staff/other resources are deployed in the delivery of care.

Process Map



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