

**Patient Safety in Acute Care Inquiry
Recommendations for Health and Adult Social Care**

RECOMMENDATIONS SUMMARY

RECOMMENDATIONS	Lead organisation/s	Can the recommendation be applied to other Health and Social Care settings?	Comments
<p>1. <i>To ensure the public can fully understand the data presented in SUHT's Progress Reports on Safety. Reports needs to be succinct with contextual information to explain the numbers and percentages detailed in the report.</i></p>	<p style="text-align: center;">SUHT</p>	<p>All health and social care providers and commissioners should review the readability of their performance reporting</p>	<p>The statutory Safeguarding Boards will monitor the data in safety reports and other intelligence produced by SUHT, and will respond to any issues that arise.</p>
<p>2. <i>SUHT needs to promote best practice and share information on their progress more widely, to provide a more balanced perspective on performance</i></p>	<p style="text-align: center;">SUHT</p>	<p>All health and social care providers and commissioners may want to consider</p>	<p>As for recommendation 1, the statutory Safeguarding Boards will monitor the activity and data published by SUHT, and will respond to any issues that arise.</p>
<p>3. <i>Pleased with SUHT's Patient Safety Ward Walkabouts, both day and night, as an example of good practice. Would like to see these rolled out further in other Southampton health and care settings.</i></p>	<p style="text-align: center;">All health and social care providers with support from SUHT</p>	<p>All residential health and social care providers</p>	<p>In the council's residential homes, the managers and care co-ordinators already undertake walkabouts in the daytime and nighttimes.</p> <p>Regular meetings are also programmed with private providers which provide a formal opportunity to promote good practice.</p>
<p>4. <i>The increasing older person population and changing patient pathways will bring new challenges for Patient Safety. Further joint work across the health and social care organisations in the City needs to be carried out to plan for this.</i></p>	<p style="text-align: center;">SCC/PCT</p>	<p>All health and social care providers and commissioners</p>	<p>Substantial joint working is underway between the council and the PCT on a number of pathways, including stroke, neck and femur, and end of life.</p> <p>There is also joint working with Public Health, and care assessment teams are being co-located with PCT teams. There</p>

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			is extensive joint working on the development of the “virtual wards” initiative.
<p>5. <i>The Panel would like to see Public Health playing an active role in working with other council services that interact with older people to explore how they can support preventative work and the move of public health into the local authority will provide an enhanced opportunity to take this forward.</i></p>	SCC	All health and social care providers and commissioners should consider how they can help promote community involvement	A transition plan to transfer Public Health into the local authority is underway. Public health staff are already working on a number of preventative projects across the authority, as well as making substantial contributions at a strategic level. The support provided to the previous Health and Wellbeing Partnership by officers ensured that the role of public health interacted with other services.
<p>6. <i>The Panel would like to see the role that the voluntary sector and the general public can play in supporting older people recognised and included in SCC’s plans.</i></p>	SCC	SCC/PCT	<p>Volunteers and the voluntary sector are making significant contributions in the area. Volunteers provide support to residents in council-run homes as well as organising fetes and other activities. Volunteer activities in day services are organised by a volunteer co-ordinator. 21 volunteers are engaged in supporting learning disabilities activities.</p> <p>Some Day services activities are based in community centres run by the voluntary sector.</p> <p>All Supporting People services and some services for care are commissioned from the voluntary sector.</p>

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			The Executive Director of Health and Adult Social Care has regular meetings with the Chief Executive of Southampton Voluntary Services, and SVS was represented on the Health and Wellbeing Partnership.
7. <i>Strengthen cross sector working on falls prevention. Work that is going on also needs to be better promoted and mainstreamed.</i>	SCC	All health and social care providers and commissioners	<p>Training on the use of hip protectors and improving the gait for walking is provided to staff in residential accommodation.</p> <p>In addition the Homesafe service is commissioned from SCA.</p>
8. <i>The panel recommend an evaluation of the outcomes of the sloppy slipper exchange and /or similar initiatives should take place. If there is evidence that it has reduced falls the Panel would like the programme to be extended and rolled out in health and social care settings. This could be funded from the savings generated as a result of a falls reduction.</i>	All health and Social Care providers with support from SCC		<p>Unfortunately savings generated from activities to reduce falls do not come back to the council. However, two lines of action will be pursued:</p> <ul style="list-style-type: none"> • Efforts with health care commissioners to undertake an evaluation. • Use any evidence to present to an early meeting of the shadow health and wellbeing board once it has been established by Council.
9. <i>The Panel recognise that work is ongoing to reduce pressure ulcers; however there is a need to continue to improve cross sector working with Care Homes and GPs on this issue. The Panel recommends that the learning from the Turnaround project is shared across the whole care pathway in Southampton.</i>	SUHT/PCT	All health and social care providers	As pathways are redesigned, commissioners will ensure that any relevant learning points from the Turnaround project are incorporated.
10. <i>The profile of the role of other services in safety and safeguarding should be strengthened – from leisure</i>	SCC/PCT		The health impacts on housing are set out in the Housing Strategy for Older

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<p><i>in improving balance, housing in spotting issues including if inadequate housing is harming health, and finance in protecting assets.</i></p>			<p>People 2009-14.</p> <p>The FAB (Financial advice and benefits) team undertake assessments and support people to maximise access to eligible benefits. Access to financial advice for self-funders and for people going into residential care is commissioned from the Citizens' Advice Bureau. Advice services for disabled persons are commissioned from the Disability Advice and Information Network.</p> <p>The council is currently undertaking a review of information and advice services.</p> <p>Personal and individual budgets for care will allow users more support in identifying appropriate services. It will also provide brokerage to help people access benefits and entitlements. A "Buy Care With Confidence" initiative will enable individuals to purchase the care they need with increased confidence and spend their money more effectively and safely.</p> <p>Strategic commissioning will also focus on building community capacity e.g. utilising cross-sector community-based</p>

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			initiatives to help prevent or delay the need for social care.