
Report To:	Health & Social Care Committee	Date:	29th April 2021
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/13/2021/AS
Contact Officer:	Allen Stevenson Head of Health and Community Care	Contact No:	01475 715212
Subject:	Inverclyde Adult Support And Protection Partnership – Feedback Findings From Completed Joint Inspection Activity		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Committee of the outcome of the Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary.

2.0 SUMMARY

- 2.1 The Inverclyde Joint Inspection commenced in January 2020 with progress being made until the suspension of the programme as a result of the Covid 19 pandemic. The inspection was incomplete with two key elements outstanding which were, casefile reading of social work, health and police records along with staff focus groups.
- 2.2 As part of their Pandemic Recovery Plan the lead inspector from the Care Inspectorate has advised that they wish to reconvene the inspection. This would also be seen as a Proof of Concept to see if remote inspection was effective and possible as well as learning around how IHSCP responded to the challenge of the Covid Pandemic.
- 2.3 In terms of the remote inspection process this proved to be successful with Inspectors completing their file reading outwith Inverclyde as well as holding two focus groups via a web meeting.
- 2.4 No formal report (or assessment grading) will be produced at this time. Formal Feedback has been provided which is very positive particularly around practice, partnership working and outcomes for vulnerable adults subject to the ASP process.
- 2.5 The Inspection team were able to feedback to the Chief Officers Group in March.
- 2.6 The Inspectors found overall strengths in the Partnership approach to ASP work across Inverclyde. Staff reported they were engaged in the work and were confident in their role around keeping people safe protected and supported.

Based on the evidence the Inspectors reported "that adults subject to adult support and protection, experienced a safer quality of life from support they receive" and furthermore "Adults at risk of harm were supported and listened to ... to keep them safe and protected" during the key processes of ASP process.

2.7 There are as would be expected some areas where the partnership could improve its performance. The Partnership acknowledges these recommendations and note that these were identified in the Position Statement submitted to the Inspection Team at the beginning of the process and that these actions are part of the Inverclyde Adult Protection Committee Business Plan for 2020 - 2022.

The implementation of the Plan has been stalled due to the current pandemic. The plan is to refresh the Business plan in light of the Inspection and to progress the necessary improvements within the next 12 months.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to:

Note the contents of the report and the positive outcome regarding the recent Adult Support and Protection Inspection in particular the identification of key strengths.

To agree with the actions contained in the attached Quality Improvement Plan (appendix 1)

To request a further report in March 2022 to advise the Committee completed actions in relation to the Quality Improvement Plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic.
- 4.2 IHSCP was the first partnership to be part of a two year national programme which would focus on reassurance that the Adult Support and Protection Act was implemented successfully and did contribute to safe guarding vulnerable adults.
- 4.3 Due to the impact of the pandemic the inspection was put on hold, we were keen to complete the process and agreed to restart the inspection on a virtual basis as a test of change. This was a complex activity given the range and scope of protection work which was successful in allowing the inspectors full access to Inverclyde Partners case files and staff.
- 4.4 The inspection at this point do not intend to provide an inspection report or offer a grading, however feedback was provided to provide assurance around the efficacy of the procedures and guidance of Adult Protection work as well as any recommendations where such performance could be improved. The Care Inspectorate have advised that a decision to provide a report only may be taken at a later date.

5.0 PROOF OF CONCEPT

- 5.1 The Care Inspectorate came back to us in September and advised that they wish to test two proof of concepts in order to conclude the Inverclyde inspection which, if successful, will become the recognised methodology for future inspections across Scotland.
- 5.2 The first proof of concept is for one team of inspectors to be based securely in a central Care Inspectorate location with remote, read only access to systems in order to undertake file reading.
- 5.3 The second proof of concept is for a smaller team of inspectors to be based securely in their own homes with remote, read only access to systems in order to undertake file reading.
- 5.4 The most effective and efficient way to access health and social work records was to provide inspectors with Inverclyde Council laptops with read only access to SWIFT and CIVICA, enabled access to the Adult Protection module and associated records and documents.
- 5.5 Inspectors will be issued with Inverclyde Council laptops to undertake the file reading. SWIFT and CIVICA will be installed to enable read only access for social work records and VM WARE will be installed to enable access to EMIS and the Clinical Portal for health records.
- 5.6 Her Majesty's Inspectorate of Constabulary in Scotland made separate arrangements with Police Scotland to have access to the appropriate platform for remote, read only access to police records.
- 5.7 This process allowed the inspectors to use the Inverclyde Joint Inspection to test proof of concepts involving file reading case files remotely in order to comply with COVID 19 regulations rather than visit Inverclyde.
- 5.8 The Inspection Team have concluded this proof of concept was successful allowing the team to reach a full conclusion and allow inspectors to adopt the proof of concepts as the recognised methodology for future joint AP Inspections across Scotland.

6.0 METHODOLOGY

- 6.1 The Inspectors looked in detail at the following areas of evidence:
 - Position Statement from Partnership.

- Supporting evidence from Partnership.
- Staff survey (187 responses).
- Focus Group with frontline staff.
- Social work, Health and Police records for 50 individuals subject to ASP Process.
- Audited 38 recordings of initial Duty to Inquire referrals where no further adult protection related action was taken.

6.2 The Inspectors spent 5 days in January auditing the procedures and 50 case files subjected to ASP as well as 38 cases where the partnership had a duty to enquire and took the decision not to progress to ASP Investigation. The Inspectors also carried out two focus groups with staff across the Partnership

7.0 FINDINGS OF THE INSPECTION

7.1 As noted no formal report or assessment grading is part of this report (at this time). Feedback has been provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults.

There are as would be expected some areas where the partnership could improve its performance.

- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
- The Practice Standards and Operating Procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work.
- The partnership should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.
- The partnership's quality assurance performance framework needs further developed and more consistently applied.
- The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

7.2 The HSCP welcome the above noted areas of improvement identified by the Inspection Team. These areas were already identified by Managers and Staff and were part of the Adult Support & Protection Business Plan 2020-2022 and progress has been made on these areas. Unfortunately due to the constraints imposed by the COVID Pandemic full implementation and review has been delayed. As noted a Quality Improvement Plan is attached and this will be implemented this financial year with a review and audit of progress which will allow for a full report to be submitted to the Committee at a future date.

7.3 Identified Areas of Strength

The Inspectors found overall strengths in the partnership approach to ASP work across Inverclyde. Staff reported they were engaged in the work and were confident in their role around keeping people safe, protected and supported.

Based on the evidence the Inspectors reported “that adults subject to adult support and protection, experienced a safer quality of life from support they receive” and furthermore “Adults at risk of harm were supported and listened to, to keep them safe and protected” during the key processes of ASP process.

The 6 Key areas of strength were:

- Staff survey showed staff across the partnership held generally positive and confident views about adult support and protection, and the partnership’s efforts to keep adults at risk of harm safe, protected and supported”.

- Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe.
- Partnership staff effectively shared information to identify and protect adults at risk of harm
- Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected.
- Police and health staff worked collaboratively to manage the risks for adults at risk of harm, and improve their health and wellbeing.
- Almost all case file records read concurred that adults subject to adult support and protection, experienced a safer quality of life from support they receive.

8.0 Next Steps

- 8.1 The feedback of the Inspection Team will be presented to the Inverclyde Adult Support and Protection committee in April 2021 including the Quality Improvement Plan. The Committee will receive regular updates on the implementation of the Plan and evaluation of its effectiveness through internal and partnership case file audit.
- 8.2 The Report and attached plan have also been shared with the Care Inspectorate Lead Inspector as will the outcome of the plans implementation.
- 8.3 The attached Quality Improvement Plan will be actioned over this financial year (2021-22) in order to ensure it is bedded into practice a Case File Audit will be completed in January 2022 allowing for full report to HSC Committee in March 2022.

9.0 IMPLICATIONS

Finance – None

One off costs

9.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

- 9.2 Information Governance – Completion of DPIA by Care Inspectorate with view from Information Governance within Inverclyde Council and NHS Greater Glasgow & Clyde being sought.

Human Resources

9.3 No implications

Equalities

9.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

9.5 No implications

10.0 CONSULTATIONS

10.1 The report has been prepared after due consideration with relevant senior officers in the HSCP. Lead Inspector from Care Inspectorate.

11.0 LIST OF BACKGROUND PAPERS

11.1 Inspection Team Power Point Presentation Quality Improvement Plan.

Background	<p>Following Joint Partnership Inspection 2021 5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan.</p> <p>This Quality Improvement plan is developed across the Inverclyde Partners to ensure appropriate focus upon these area.</p> <p>QIP will work with Staff reference Group Comprising of Council Officers</p> <p>The APCQSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to APC with final report to be completed by 28th February 2022</p>
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Lead	Allen Stevenson (<i>Head of Service, Health and Community Care</i>)
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1:Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a standardised approach and single templates used by all adult services and partners.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	
A	Chronology Template & Guidance	Alan Brown	31 st May 2021	GREEN 2019 had a soft roll out which was stalled by Pandemic Documents and Guidance in place	
	Reissue Chronology Template and Guidance to all staff			31 st October 2021	GREEN Single Agency Audit in place requires restart
	Briefing Sessions to Teams				
B	Audit existing tools and guidance	Margaret Burns	30 th June 2021	GREEN revised documents ready to roll out	
	Reissue RA Template and Guidance to all staff	Alan Brown	31 st August 2021	GREEN	
	Briefing Sessions to Teams		31 st August 2021	GREEN	

		Audit Role out		31 st October 2021	GREEN Single Agency Audit in place requires restart
C	Implement new recording guidance for SWIFT CICA & EMIS	Remove all existing paperwork from SW systems	Allen Stevenson	31 st October 2021	GREEN
		Agree revised Paperwork and CIVICA Hierarchy		31 st October 2021	GREEN in place requires approval
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA		31 st October 2021	GREEN agreed in principle
D	Interface between Partners information systems	SWIFT/CIVICA training sessions for social work staff. . It was viewed this repeat of SWIFT AP module training would also be worthwhile for the Assessment & Care Management and Learning Disability teams.	Alan Brown	31 st October 2021	GREEN agreed in principle
		A further session including NHS staff will look at the interface between SWIFT and EMIS		31 st October 2021	GREEN agreed in principle

2: The Practice Standards and Operating procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work include risk assessment support planning and decision to progress with ASP process strengthening peoples understanding of the conditions around where and when it applies.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments
A	Agree new Procedures	Allen Stevenson	31 st August 2021	GREEN Draft Procedures in Place
	Revise Inverclyde guidance following SG review.	Margaret Burns	31 st October 2021	GREEN Draft Procedures in Place
	Audit use of discretion exercised by Service Manager around Risk		31 st July 2021	GREEN agreed in principle

5: The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments
<p>A Accelerate APC Business Plan implementation</p>	<p>Approve action around APC Business Plan</p> <p>Implement Self Evaluation and Quality Assurance compliance with the standards identified in the framework</p> <p>Social Work Single Agency yearly audits. Include ASP cases.</p> <p>Annual audits of referrals not leading to investigation.</p> <p>Multi Agency case file audit.</p>	<p>Allen Stevenson</p>	<p>In Place</p> <p>In Place</p> <p>In place</p> <p>December 31st 2021</p> <p>December 31st 2021</p>	<p>GREEN Business Plan in place requires relaunch due to implementation stalling in 2020</p>
<p>B Develop Multi Agency Audit and Governance Programme</p>	<p>Arrange Audit Workshop to identify key areas and outcomes involving service users</p> <p>Work in partnership with users and carers to ensure safeguarding arrangements and interventions adhere to principles of the Act and actions and services are effective.</p>		<p>December 31st 2021</p>	<p>GREEN Previous self-evaluation and workshops have taken place will build on this foundation</p>

Date of Next Review 22nd April 2021