
Report To: Inverclyde Integration Joint Board **Date** 26 September 2022

Report By: Kate Rocks
Chief Officer **Report No:** IB/42/2022/AS
Inverclyde Health & Social Care Partnership

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Subject: Inverclyde Adult Support and Protection Partnership -
Adult Support – Quality Improvement Plan 2021-22

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the progress to date of the Adult Support and protection Quality Improvement Plan 2021-22.
- 1.2 This plan was commissioned by the Chief Officers Group from the positive Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in 2020.

2.0 SUMMARY

- 2.1 That Inverclyde Integration Joint Board note the content of this report and progress to date of the Adult Protection quality Improvement Plan.
- 2.2 The outcome of the audit on the impact of the Improvement Plan scheduled for 2023 will be brought back to the Inverclyde Integration Joint Board.

3.0 RECOMMENDATIONS

- 3.1 The IJB to note that HSCP officers will continue to implement and audit the impact of the Adult Protection Quality Improvement Plan. The current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of vulnerable adults in Inverclyde.
- 3.2 That the IJB noted a series of audits will take place in the first quarter of 2023 and a report on its conclusions will come back to the Inverclyde Integration Joint Board.

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. The file reading did take place in January 2021 and whilst no formal grading was offered a positive written report was provided as feedback.

4.2 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

4.3 Feedback was provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:

- 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.

4.4 There were 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.

4.5 An Adult Support and Protection Plan was drawn up and approved by the Chief Officers Group which addresses the identified areas of improvements (See Appendix 1) Key aspects of the Plan were already identified by HSCP officers and part of the established work plan. The attached plan has also been approved by the Care Inspectorate.

4.6 We have already implemented the plan and have signed off some actions whilst we have agreed plans to implement remaining areas by the end of 2022. It will be through the case file audit process scheduled for 2023 that will confirm the success of the plan and that changes are now embedded in practice.

4.7 **Summary of progress**

- a) **Chronology Template & Guidance** - Training rolled out to all Council Officers and Assessment Staff. Chronology is now in use in line with Guidance
- b) **Revise Risk Assessment and Adult Protection Plan** - Risk Assessment Guidance and template reissued to staff recommendations made Briefing sessions completed
- c) **Implement new recording guidance for SWIFT CIVICA & EMIS** - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed.
- d) **Interface between Partners information systems** – Internal to HSCP all Services use SWIFT and CIVICA Meetings with Partners established and this issue fully addressed with new Social work Information System.
- e) **Implement the revised West of Scotland ASP Procedures** Implement the revised West of Scotland ASP Procedures – Procedures & Guidance approved by adult Protection Committee and COG Workshop programmes in place and feedback is positive (80%).
- f) **Establish explicit recording of the application of 3 point Test at all stages of ASP Process-** Revised Guidance and Paperwork to clearly record application of the 3 point criteria is in place HSCP and Police Scotland to further develop understanding and application of the 3 point Test.
- g) **Refresh Quality Assurance framework across Partnership –APC Business Plan accelerated and Quality Improvement Plan** Improvement plan agreed at Adult Protection committee and established ASPC Quality and Development Sub Committee. Accelerate APC Business Plan implementation
- h) **Develop Multi Agency Audit and Governance Programme – Alongside single agency audits** - Previous self-evaluation and workshops have taken place will build on this foundation and future workshop to be arranged for this year, Involvement of community voice to support audit is historically part of this process.

5.0 IMPLICATIONS

5.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are specific legal implications arising from this report.

The implementation of the Improvement plan will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Protects Characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	People are protected from harm
People with protected characteristics feel included in the planning and developing of services.	Inclusive for all
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes and protects diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports and protects people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Protects refugees and promotes community attitudes

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 Audit results will be reported to the Chief officers Group and HSCP Governance.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 Appendix 1 – Inverclyde HSCP Adult Protection Quality Improvement Plan

IAPC ASP Quality Improvement Plan 2021-22 v0.3

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 30th November 2022</p>
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Lead	Alan Best (<i>Interim 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	How will we know achieved?
A Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	Alan Brown	31 st May 2021	GREEN 2019 had a soft roll out which was stalled by Pandemic. Documents and Guidance in place	Training rolled out to all Council Officers and Assessment Staff. Chronology is in use in line with Guidance.
	Briefing Sessions to Teams				
	Audit Roll out		30 th September 2022	GREEN Single Agency Audit in place.	Audit of use of chronologies. Chronologies used appropriately across Teams.
B Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	Margaret Burns	31 st January 2022	GREEN Revised documents ready and being rolled out.	Audit report completed and recommendations made.
	Reissue Risk Assessment Template and Guidance to all staff	Alan Brown	30 th September 2022	GREEN	Risk Assessment Guidance and template reissued to staff recommendations made.

		Briefing Sessions to Teams			30th September 2022	GREEN	Briefing sessions completed
		Audit Role out			30th September 2022	GREEN	Audit of use of risk Assessment and confirm are used appropriately across Teams.
C	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best		30th September 2022	GREEN	Paper work removed.
		Agree revised Paperwork and CIVICA Hierarchy			31st January 2022	GREEN	New paperwork and hierarchy on CIVICA.
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA			31st January 2022	GREEN	All ASP recording is appropriate and on SWIFT module.
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		30th April 2022	GREEN	Training completed.
		A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane		31st August 2022	GREEN	Meeting completed and agreed actions in place.

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 including 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	How will we know achieved?
A	Implement the revised West of Scotland ASP Procedures	Allen Stevenson	31 st August 2021	GREEN	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 st October 2022	GREEN	Draft Procedures in Place. Awaiting final COP

	Audit use of discretion exercised by Service Manager around Risk Assessment and progressing ASP Actions. Develop Practice Guidance to support decision making and use of discretion appropriately Establish quarterly development sessions to Teams all grades, Council Officers, Team Leads, Service Managers to improve consistency of practice around ASP Guidance Establish Quarterly development sessions for Service Managers to improve consistency of practice around ASP Guidance and application by Service Managers Programme of self-evaluation workshops to be re-established to assist in governance and consistent application of guidance	31 st July 2022	GREEN Agreed in principle	Audit completed and agreed appropriate use across Teams.
		31 st August 2022	GREEN Draft Procedures in Place	
		31 st October 2022	GREEN Programme of workshops to be restarted, can utilise regular Team Meetings	Workshop programmes in place and feedback is positive (80%). Case file audit to confirm consistency of practice and application of guidance.
		31 st October 2022		

3: The Partners should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Establish explicit recording of the application of 3 point Test at all stages of ASP Process	Revise Guidance and Paperwork to clearly record application of the 3 point criteria	Alan Brown	31 st January 2022	GREEN Approved	Consistent application and recording of 3 point criteria.
	Briefing Sessions to Teams		31 st August 2022	GREEN Programme in place	
	HSCP and Police Scotland to further develop understanding and application of the 3 point Test		31 st August 2022	GREEN	
	Audit Roll out		30 th September 2022	GREEN Single Agency Audit restarted and in place	Audit reports passed through Governance Structure.

4: The partnership's quality assurance performance framework needs further developed and more consistently applied based on previous audit findings.

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
A Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 st December 2021	GREEN Business Plan in place and relaunched	Signed off by COG as complete.
	Identify Key areas for Audit		31 st January 2022	GREEN Business Plan in place and relaunched	
	Agree Audit Plan and Framework		31 st January 2022	GREEN Business Plan in place and relaunched	
B ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 st March 2022	GREEN Business Plan in place and relaunched	

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	How will we know achieved?
A Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	In Place	GREEN Business Plan in place and relaunched	Signed off by COG as complete.
	Implement Self Evaluation and Quality Assurance compliance with the standards identified in the framework		In Place		
	Social Work Single Agency yearly audits. Include ASP cases.		In place		
	Annual audits of referrals not leading to investigation.		31 st July 2022		
	Multi Agency case file audit.		30 th November 2022		
B Develop Multi Agency Audit and Governance Programme	Arrange Audit Workshop to identify key areas and outcomes involving service users Work in partnership with users and carers to ensure safeguarding		30 th November 2022	GREEN Previous self-evaluation and workshops have taken place will build on this foundation	Signed off by COG as complete. Positive feedback from participants (80%).

		arrangements and interventions adhere to principles of the Act and actions and services are effective.				Any actions incorporated in guidance or future business plans.
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Date of Next Review 31st August 2022