



# Angus Adult Protection Committee

Biennial Report 2010 - 2012



**Angus Adult Protection Committee  
Annual Report 2010-2011**

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## FOREWORD

I am very pleased to provide my second biennial report to Ministers of the Scottish Parliament. It is also the sixth annual report of the Angus Adult Protection Committee (AAPC). This report sets out the achievements of the partnership from 2010-2012, outlines work in progress and sets out our plans for the coming year. The past two years have been very busy, with significant development in the breadth, scope and volume of work undertaken to protect adults at risk of harm in Angus.

The ministerial response to the first biennial report identified a number of areas which are an important focus of the committee's work. Progress is briefly outlined here.

Building and strengthening the partnership is essential in working to protect adults at risk of harm. The AAPC continues to have strong and consistent representation from Angus Council, NHS Tayside, Tayside Police and the voluntary sector within its membership. I am very pleased to report that AAPC membership continues to include a GP; the involvement of a consultant old age psychiatrist, who is also the lead clinician for older people and dementia service in Angus CHP; and that links have now been established with acute hospital services. To develop awareness and understanding, GP information packs were developed and disseminated; a GP protected learning time event was held; and adult support and protection is included in junior doctors' induction training.

Work with Tayside Police is fundamental to identifying and protecting adults who may be at risk of harm. The past three years have seen a significant increase in referrals, most were made by Tayside Police. Early identification enabled a range of supportive and preventative work to be undertaken. Partnership working between council officers and police is also crucial in implementing statutory orders to protect adults from harm. In all statutory orders financial abuse was a significant concern, reinforcing a key issue emerging from the analysis of adult protection data. In all cases where a statutory order was granted, substance misuse was a key characteristic of the perpetrator. These emerging facts have taken the work of the AAPC increasingly into wider public protection partnerships, strengthened by revised governance arrangements and the development of linked work programmes: with Trading Standards significant work has been undertaken in relation to the 'Think Jessica' campaign; Choose Life in relation to self harm; with the Angus Alcohol and Drugs Partnership; the Angus Violence against Women Partnership; and the Angus Child Protection Committee.

Service users continue to feel safer because of adult protection processes and the AAPC's understanding is enhanced by the findings of self evaluation, audit and review. As a result we share good practice, and work on areas which need to improve.

Involving service users and carers, and raising public awareness are ongoing priorities and the inclusion of Angus Independent Advocacy in the AAPC is important to this. Involving service users - hearing their voice; raising public awareness and working in partnership in relation to adult protection came together powerfully in the recent Angus 'Safe and Sound' public event. It embodies the commitment, hard work and involvement of all partners in Angus to protect adults at risk of harm. I therefore begin my report with this and extend my grateful thanks to everyone involved with the work of the Angus Adult Protection Committee over the past two years.

A handwritten signature in black ink that reads "Margaret Wells". The script is cursive and elegant, with a large, flowing initial 'M'.

Margaret Wells  
Independent Chair  
Angus Adult Protection Committee

## Safe and Sound

The Angus Falls Service and the Angus Adult Protection Committee recently collaborated to produce an innovative public awareness raising event involving service users. Safe and Sound aimed to raise the Angus public's awareness and promote the safety and wellbeing of its residents who may be at risk of harm. The event was supported and directed by a local amateur dramatic association making it truly a community and multi-agency event.

Service users with learning disabilities with an interest in drama, and older people from the Angus Gold drama group enacted four scenarios where adults were at risk of harm. There was an emphasis on financial harm, reflecting the prevalence of this type of harm in Angus, with emotional harm, carers' issues and how home environments can contribute to falls also highlighted.

The scripts were designed to provide entertainment, with some humour and warmth intertwined into the scenarios, while getting over the serious message of harm in the community.

The actors made incredible efforts to rehearse and learn their lines and while there were a few nerves on the day of the performance, the pride and enjoyment in having taken part in such an event was very evident. The response from the audience was testimony to the work put in by all who took part.

Following the drama the audience was invited to visit information stalls, set up by relevant agencies and partnerships, to pick up information and discuss the issues raised in the drama. Around 300 people, including members of the public, service users, carers and staff attended the event.

Feedback was extremely positive. Here are some comments.

- *"Super – a good way of putting over important messages"*
- *"Great show, super acting, grand day out"*
- *"I enjoyed it. I learned to look after my money"*
- *"Excellent event. Very enjoyable, informative and accessible to all"*
- *"Very well put over – emotional"*
- *"I thoroughly enjoyed it and if more people came we wouldn't have the same problems"*
- *"Lots of great information put over in a unique way"*
- *"Made me think about the danger that I may face when alone"*
- *"Just magic"*
- *"It was such a brilliant show – looking forward to the next one!!"*

The event was filmed and is available to download on the Angus Adult Protection Committee website [www.aapc.org.uk](http://www.aapc.org.uk)

## 1. The Angus Adult Protection Committee

Vision statement: "Working together to protect adults at risk of harm in Angus".

The Angus Adult Protection Committee (AAPC) meets quarterly and reports to the Angus Adult Protection/Child Protection Executive Group three times a year. Committee partnership representation is as follows.

Tayside Police	1 member
Angus Community Health Partnership	2 members
Medical practitioners	2 members
Angus Council	2 members
Voluntary sector	2 members
Care Inspectorate (SCSWIS)	1 member
Procurator fiscal	Invited at least annually

### 1.1 Objectives of the Angus Adult Protection Committee

The objectives are to:

- Develop policies and strategies and involve service users and carers
- Develop systems to identify adult protection concerns and deal with referrals
- Guide significant case reviews and oversee the implementation of learning
- Devise, implement and evaluate education and training programmes
- Create information sharing policies, procedures and practices
- Monitor, audit and review the implementation and impact of policy
- Monitor performance and report to Scottish Ministers on progress against agreed adult protection outcome measures
- Oversee the publication of public information

The committee established three sub committees. The training, policy, and practice sub committees meet at least quarterly, and the chairs meet with the independent chair on a quarterly basis. Each sub committee has an agreed work plan linked to the overall action plan. Sub committee members represent partner agencies and consult their agencies to ensure relevant engagement and involvement.

The committee held a development day on 8 February 2012 to review progress and determine direction and focus for the coming year. The actions from this day are noted in the action plan in Appendix 1.

## 1.2 Local governance arrangements

The committee reports to the Adult Protection/Child Protection Executive Group, chaired by the chief executive of Angus Council. The group meets three times per year and comprises chief officers from Angus Council, NHS Tayside, Angus Community Health Partnership and Tayside Police.

## 1.3 Links with public protection

An Adult Protection/Child Protection Liaison Group was established and had its first meeting in September 2010. This group meets three times per year and is accountable to the executive group. In 2012-2013 it is planned to strengthen the links with other partnerships involved in public protection to identify and address joint issues.

## 1.4 Tayside Adult Protection Steering Group

The Tayside Adult Protection Steering Group ensures the co-ordination of service developments and promotes the sharing of ideas and good practice across the three local authority areas. Executive decision making powers remain with the three local adult protection committees.

The benefit of joint working across the three local authority areas has already been evidenced by a number of joint projects including:

- A Tayside multi-agency adult support and protection protocol
- An adult protection annual conference
- Tayside adult protection training
- Tayside planning officers' group

## 2. Service users and carers

People who use services, potential users of services and adults at risk are the central focus of the work of the committee. It is essential that service users who may at some time in their lives require protection are able to contribute to the work of the committee. Over the past two years there has been a concerted effort to include adults at risk in adult protection processes such as attendance at case conferences.

A number of service user and carer awareness presentations and consultation meetings have taken place over the last two years to inform service users and carers about adult protection and to ask how they would like to be involved with the committee's work. In 2012-2013 a priority objective is to strengthen the way we include the views of service users and carers in the work of the committee. Proposals are being developed to form a service user sub committee.



## 2.1 Service user engagement

The committee initially agreed to engage with service users through user groups and self advocacy groups in Angus. Service users are a diverse and widespread group living in a wide range of circumstances and in receipt of a wide range of services and for this reason it was agreed that no one person could represent service users on the adult protection committee. Work to engage with service users is outlined below:

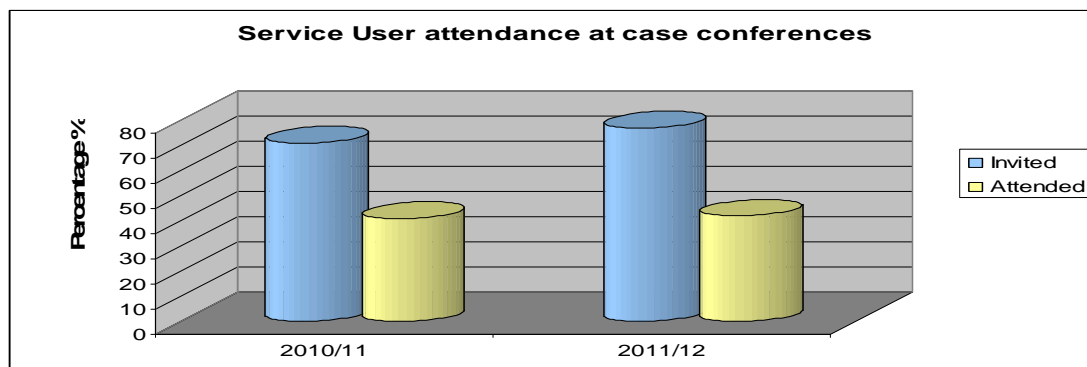
- Awareness raising was undertaken with service users and carers about the legislation and their understanding of the committee
- Service user groups were asked to comment on the multi-agency strategy
- Service user groups were asked how they would like to be consulted
- Engagement with people over 50 years old has been undertaken through voluntary sector organisations. Both the Angus Gold Area Network and Dementia Network have been involved in discussions about service user consultation
- Service users with learning disabilities who attend a self advocacy group (SHOUT) formed a small, supported focus group. This has proved to be very successful
- A service user awareness event "Safe and Sound" involved people from one of the learning disability groups and from Angus Gold over 50's drama group
- A consultation section has been added to the committee's website. This has been advertised through a press release and all Angus citizens have been asked to comment on the adult protection strategy
- Methods of service user information and engagement have been incorporated into a communication strategy which was developed in 2011
- In 2012-2013 it is planned to gather feedback from service users who were involved in adult protection investigations and case conferences in order to learn from their views. This will be done through a short questionnaire

## 2.2 Service user contribution to adult protection processes

Over the past two years there has been a focus on the involvement of service users in case conferences and in supporting them to contribute. There is a presumption that the adult at risk will attend the case conference unless there is good reason not to do so. Work to support service user contribution has included:

- Operational guidance developed
- Council officer training delivered
- A mentoring system developed to remind staff to invite and support service users to attend case conferences
- Flexibility as to where case conferences are held (e.g. in a person's own home)
- The views of the adult at risk are recorded when expressed by the service user or known by others at the conference
- In all cases the support of an independent advocate is offered to the service user
- Information leaflet issued to service users about the case conference which includes a section to record their views

**Chart 1 Service user attendance at case conferences**



- In 2011-2012 invitations to case conferences increased by 6% on the previous year. This did not result in a significant increase in attendance
- Independent advocacy representation increased by 13% (30 out of 110 case conferences) in 2011-2012

A review of a random sample of 20 case conferences was undertaken to establish why more service users do not attend despite increased numbers of invitations extended.

- It was found that 18 out of 20 service users were invited, of whom 11 attended (61%). The two service users who were not invited did not have capacity to express their views.

Of those who were invited but did not attend:

- Three did not wish to attend but agreed to their views being represented by their allocated worker
- Two did not engage with services or with the adult protection process
- Two were unable to attend due to health issues.

Service users who have experienced an investigation and case conference will be asked for feedback in order to learn from their experience during the coming year. This will be done via a short questionnaire.

**Good practice example:**

*A person with serious physical health problems had difficulty leaving their home and did not want to visit a local social work office but wanted to be involved in their case conference. After some discussion with the adult at risk and their carer an agreeable solution was found and the case conference was held in the person's own home.*

### 2.3 Service user information

A service user leaflet is widely distributed informing people who may be at risk of harm about their rights and the contact numbers for adult protection in Angus are included.

A leaflet for service users invited to case conferences was developed in 2011 and is now issued with all initial case conference invitations.

### 2.4 Carers

Angus Carers is an organisation that provides a key source of information and support to carers. During an awareness event in May 2010 carers made suggestions about how they might be able to contribute to the adult protection agenda.

Following a carer's event in March 2011, Angus Carers formed a focus group. Four carers from the group commented on the Angus adult protection strategy.

### 3. Management information

#### 3.1 National dataset

The adult protection committee contributed to the development of the national dataset and have provided a return for 2011-2012. This is available at [www.aapc.org.uk](http://www.aapc.org.uk)

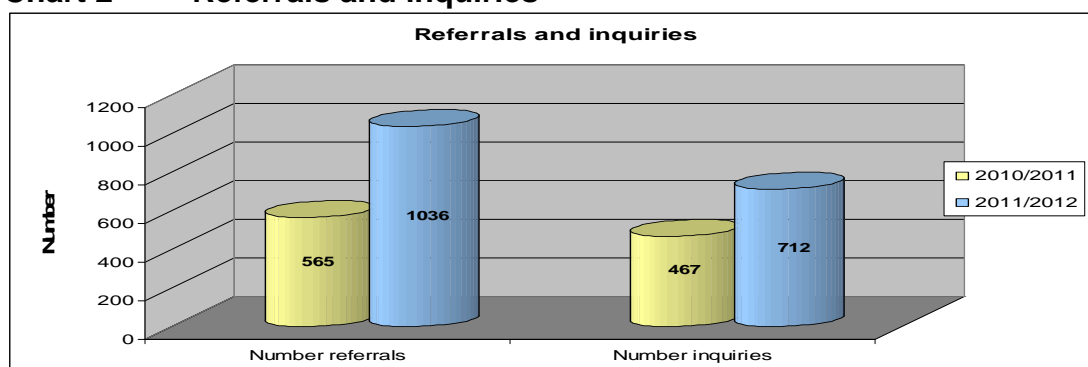
#### 3.2 Performance management

Performance information is vital in informing the committee whether the training, staff guidance, public awareness and policies are having a positive impact on the identification and protection of adults at risk.

There has been significant work undertaken to develop statistical information over the past two years. Each community team provides monthly information and statistical reports.

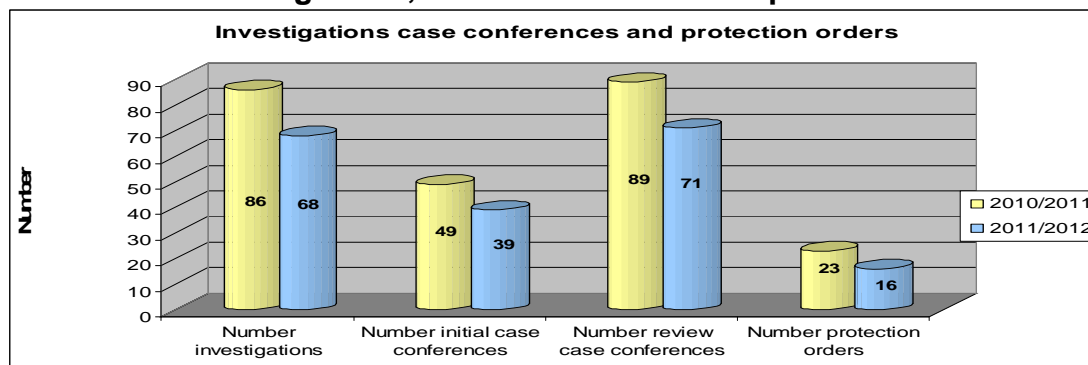
The committee receives performance reports biannually. The practice sub committee also considers trend information and makes recommendations to the adult protection committee and training sub committee.

**Chart 2 Referrals and inquiries**



- The large number of referrals in 2011-2012 compared with the preceding year is due to a change in police procedures which saw no screening of adult concern reports. The development of an adult protection early screening group in Angus should mean a sharp reduction in the number of referrals classified as “adult protection” in 2012-2013.
- A closer examination of police reports has shown a strong link with substance misuse or self harm. The association between self harm/ threat of self harm, substance misuse and these reports are being shared with Choose Life and the Alcohol and Drugs Partnership. In 2012-2013 these links will be explored further to consider whether joint action may be positively taken in respect of the individuals concerned.

**Chart 3 Investigations, case conferences and protection orders**



- The number of case conferences reduced in 2011-2012 in comparison to 2010-2011. The reason for this is unclear but there are indications that numbers are increasing again in the current reporting period. This will be monitored by the committee.
- During 2010-2011 there were twenty three applications to the Angus sheriff courts for protection orders all of which were granted. Nine adults were subject to protection orders. During the period 1 April 2011 to 31 March 2012 there were sixteen protection orders in Angus. At 31 March 2012 only one full banning order was still in place. There was a review of the use of protection orders in Angus. Findings are set out in section 4.3.

**Good practice example:**

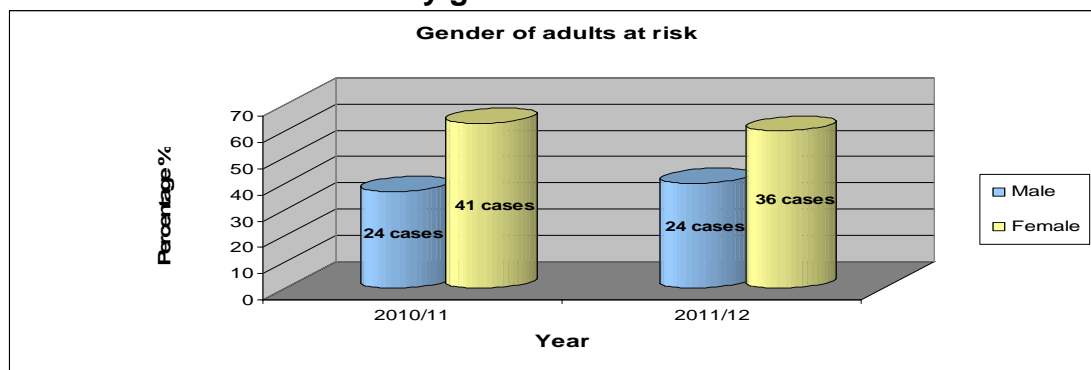
*An older person with dementia was befriended by a local woman who seemed intent on becoming the person's financial attorney. Following an adult protection investigation and adult protection plan being implemented, close liaison with the older person's solicitor and a speedy assessment of capacity prevented power of attorney and change of the person's will taking place.*

### 3.3 Adults at risk

For the purpose of preparing statistical reports, “adults at risk” are those people who have had a formal multi agency plan in place for their protection agreed at an adult protection case conference.

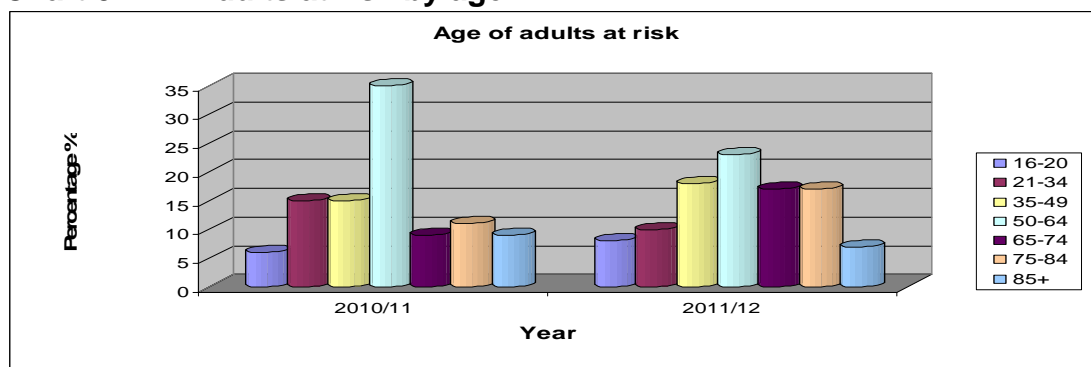
From 1 April 2010 – 31 March 2012 the following profile is emerging:

**Chart 4 Adults at risk by gender**



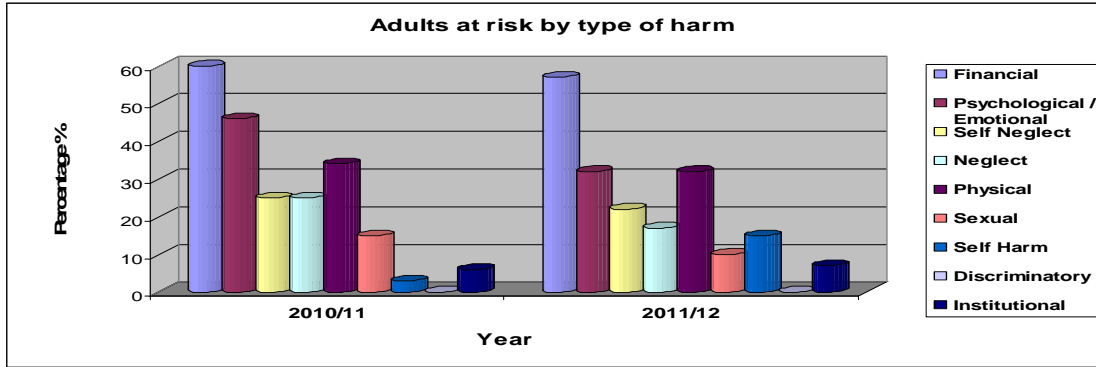
- Over the whole two year reporting period, 38.5% percent of adults at risk were men and 61.5% were female.

**Chart 5 Adults at risk by age**



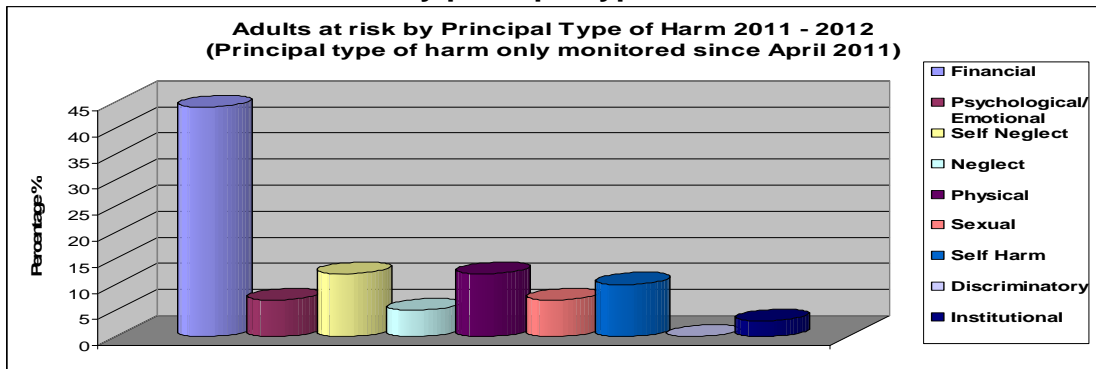
- Most adults at risk were aged below 65 years. During 2010-2012 29% of people who were harmed were in the age range 50-64. People in the age group 65-85+ formed 35% of the adult protection workload. Comparison between the two years data shows a 12% increase in the number of adults at risk aged over 65. This is encouraging as it suggests the risk to older people in Angus is being more readily identified and addressed.

**Chart 6 Adults at risk by type of harm**



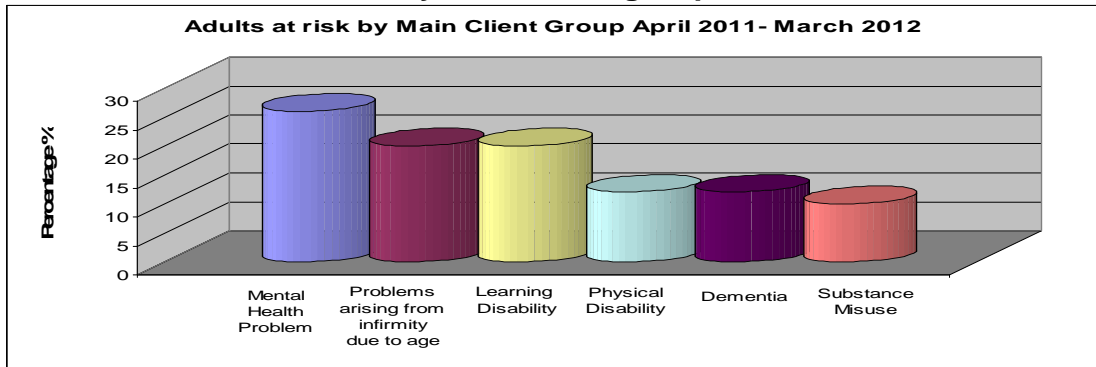
- Chart 6 includes all types of harm identified for adults at risk in Angus, including principal and secondary types. Some adults at risk were at risk of more than one type of harm.

**Chart 7 Adults at risk by principal type of harm**



- Financial harm has consistently been the most common type of harm.
- The incidence of emotional/psychological harm is significant, but tends to be a secondary or consequent type of harm rather than a principal type.

**Chart 8 Adults at risk by main client group**



- The introduction of a national dataset has resulted in change to the classification of adults at risk from main service area to main client group. Comparative data for 2010-2011 is therefore not available.

- The fairly even spread of adults at risk across main client groups in Angus is positive with all service areas identifying adults at risk.

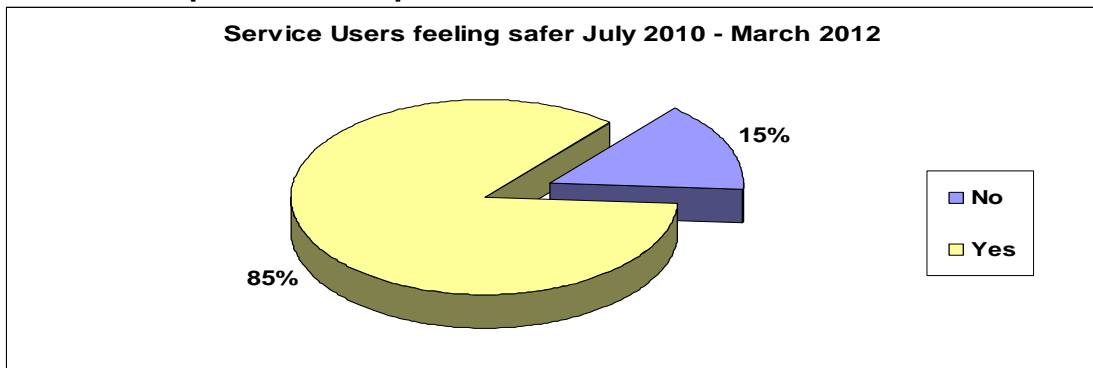
**Good practice example:**

*Adult protection procedures were used to formally consider concerns about the danger of sexual harm to a service user. This case involved the issue of balancing the rights of a service user and their individual freedom with the duty to protect them from harm. Adults with incapacity legislation was used to achieve the best balance and outcome.*

3.4 Service user outcomes

The minutes of review case conferences include two key questions: “do those present at the meeting feel that the adult at risk is safer as a result of the adult protection procedures in place?” and “does the service user feel safer as a result of the adult protection procedures in place?” These questions were added to the review process on 27 July 2010 and were a means to evidence that adult protection procedures are making a difference to people’s lives.

**Chart 9 Adults at risk who felt safer following implementation of a plan for their protection**



**Chart 10 Adults at risk where professionals felt the adult had been made safer by implementation of an adult protection plan**



- The percentage of service users who feel safer or are assessed as being safer is most encouraging.



- The cases where it was thought that safety had not increased were generally cases where the service user never accepted that they were at any risk. The consequent lack of engagement or co-operation with adult protection processes reduced the capacity of involved professionals to radically reduce the risks.

### 3.5 Adult protection outcomes framework

The committee is represented at the Community Care and Health Partnership (CCHP) which ensures that the committee is integrated into the Angus community planning agenda with appropriate links made to the public protection agenda. The CCHP is chaired by the Director of Social Work and Health and comprises of the chief officers of the partner agencies.

Adult protection outcomes have been developed and base line information has been reported to the adult protection committee and the CCHP.

Over the coming two years, it is planned to further develop the Angus adult protection outcomes framework in order to ascertain whether adult protection procedures are improving the quality of the lives of those who need them.

## 4. Significant case reviews

A significant case review (SCR) multi-agency protocol is in place and will be subject to review in 2012-2013.

In line with the protocol for conducting an adult significant case review the practice sub committee has undertaken practice case reviews using the initial case review tool. These were cases referred to the practice sub committee by various agencies that triggered significant concern and fitted the criteria set out with the significant case review protocol. Learning from these reviews has been disseminated and recommendations for action are included within the committee's integrated improvement action plan.

The practice sub committee also identifies cases for self assessment by the various community care services using the initial case review tool. Since 2010 two self assessments have been requested and carried out in line with the practice case reviews above. A further two have been requested and are in progress.

### 4.1 Audit

Since April 2010 the practice sub committee has audited a further six cases using the Self-evaluation of Adult Support and Protection Activity in Scotland resource handbook. This quality assurance audit took account of both quality indicators and locally agreed adult protection standards. It was a multi-agency audit with recommendations for improvement added to the improvement plan.

## 4.2 Mental Welfare Commission reports

In 2011 the committee considered the implications of Mental Welfare Commission (MWC) reports. Recommendations which might apply to Angus have been added to the improvement plan.

Areas for improvement resulting from MWC reviews and case file audits and case reviews include:

- Sharing information with attendees at case conference
- More efficient referral systems
- Adherence to operational instructions regarding timescales, thresholds and referral to independent advocacy
- Inclusion of current risk assessment in case records
- Referring agency invited to and represented at case conference
- Preparing for applications for orders
- Decision making in relation to alleged harm in care homes
- Involvement of the adult at risk in decisions made about their protection
- Consistency of post trauma support

Improvement actions taken in Angus as a result of these recommendations included:

- Training on operational instructions
- New screening system being implemented
- Investigation training delivered to council officers
- Large scale inquiry protocol developed
- Single point of contact for new referrals developed
- Review of operational guidance to reflect changes to procedures

Strengths in Angus included:

- Collaborative working within and between agencies
- Service users were safer as a result of adult protection procedures
- In some cases evidence of involvement of the adult at risk in their cases was very strong

### 4.3 Review of protection orders

Protection orders were used regularly in Angus throughout 2010-2011. The numbers of protection orders granted by the sheriff courts in Angus are shown in Chart 3 (page 13).

A review found that all applications to the courts for a protection order had been granted and that all orders but two were banning orders. Consequently, particular attention was paid to these.

On reviewing the banning orders it was found that in Angus seven adults were protected by a total of 21 banning orders. Eleven were temporary orders, 10 were full orders. A total of nine people were banned from approaching adults at risk.

The review also found that all adults protected by banning orders were at risk of financial harm and that the people banned from approaching the adults at risk were all regularly misusing alcohol or drugs (or both). All banned people were either family members or well known to the adults at risk. All adults at risk who were protected by banning orders were found to have been made safer as a result.

The number of protection orders used in Angus fell by 22% to 18 in 2011-2012; 17 banning orders and one assessment order. The people banned from approaching adults at risk in 2011-2012 had substance misuse problems and financial harm was the predominant reason for protective action. Towards the end of 2011-2012 the number of orders in Angus still in force fell to a single order. It is not yet clear whether the reduced frequency in the use of protection orders in Angus is a trend. The use of orders in Angus and their effectiveness will continue to be monitored.

**Good practice example:**

*An older person in poor health was financially and psychologically harmed by a close relative who refused to move from the service user's house and spent significant time drinking, smoking, demanding money and generally making the person's life difficult. Close co-operation between police and social work in partnership with the service user has improved the situation greatly.*

## 5. Public information

### 5.1 Publicity

Developing publicity to raise awareness about adult protection and preventing harm is an important element of the work of the committee. The publicity campaign during 2010-2012 included:

- Press releases
- Launch of the Angus Adult Protection Committee website [www.aapc.org.uk](http://www.aapc.org.uk)
- Marketing stalls at Angus summer fairs and at the Angus Health Fair
- Promotional materials developed in partnership with the Angus Child Protection Committee
- Letters and leaflets sent to banks to raise awareness of financial harm
- Participation in a TV advertising campaign
- An article in Angus Life - a free newspaper distributed to over 50,000 households in Angus
- Safe and Sound 2012 calendar which was distributed throughout Angus. The calendar featured monthly information about personal and home safety and wellbeing
- Safe and Sound public event

### 5.2 Public engagement and consultation

The committee's website has a public consultation section to allow members of the public to comment on key documents such as the multi-agency strategy and the public awareness survey.

A public awareness survey was conducted at summer fairs during 2010-2011 to provide some indication of public awareness and to gauge the effectiveness of these initiatives.

There has been a noticeable increase in the awareness of the need to report adult protection concerns to the police. Awareness of the adult protection committee is also a positive feature of the responses.

The citizens' panel was used to assess the impact of the national TV advertising campaign in August 2011. A Survey Monkey questionnaire was issued and more than eighty responses were received.

A communication strategy has been developed drawing together a number of ongoing work streams to engage staff, the public, service users and carers.

## **6. Management of services and staff**

### **6.1 Lead agency responsibilities**

Angus Council Social Work and Health is the lead agency for, among other functions, the delivery of learning disabilities, physical disabilities and older people services. NHS Tayside is the lead agency for mental health under 65 services.

### **6.2 Angus Council Social Work and Health**

Eligible council officers undertake adult protection activity. Staffing levels in community care have been augmented to take into account extra work arising from adult protection procedures.

In addition to the augmentation of teams, an adult protection review officer (APRO) undertakes the chairing of adult protection case conferences and reviews. This post is directly managed by the senior manager for community care services who has lead responsibility for adult protection.

A senior planning officer who supports the adult protection committee is located in a public protection partnership office and is accountable to the senior manager for community care services.

### **6.3 Tayside Police**

A detective inspector heads the public protection unit (PPU), which deals with adult protection, child protection, domestic abuse and multi-agency public protection arrangement (MAPPA) referrals. Local community liaison officers have become increasingly involved with adult protection and now attend most case conferences.

### **6.4 NHS Tayside**

The NHS Tayside Adult Support and Protection Implementation Group was established in September 2011. The purpose of the group is to provide NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee and ensure implementation of effective adult support and protection arrangements throughout NHS Tayside. The implementation group has developed a work plan to take forward agreed changes and improvements. The group reports to the Improvement and Quality Committee as a sub committee of NHS Tayside Board via the Clinical Quality Forum.

The remit of the group includes continuous improvement, policies, procedures and protocols, management information, quality assurance, practice, training and development and strategic planning.

Membership of the implementation group is as follows:

Medical Director NHS Tayside (chair)
Employee Director
Head of Workforce Knowledge and Skills
Nurse Director NHS Tayside
General Manager - Surgical Directorate (for all Acute Services)
Safety, Governance and Risk Representative
Allied Health Professions Representative
Primary Care Representative
Dundee CHP Representative
Perth and Kinross CHP Representative
Angus CHP Representative
Strategy and Regional Planning Projects Manager

The general manager, surgical directorate has attended an Angus Adult Protection Committee meeting and receives all minutes.

A more detailed account of the role of NHS Tayside in protecting adults at risk of harm can be found in Appendix 2 at the end of this report.

## 7. Budget summary 2010-2011 and 2011-2012

Expenditure in 2010-2011 and 2011-2012 is as follows in the table below:

<b>ASP Year End Summary</b>	<b><u>2010/11</u></b>	<b><u>2011/12</u></b>
	£'000	£'000
Staff Costs	255	239
Property Costs	1	-
Transport Costs	0	10
Supplies & Services	10	25
Third Party payments	16	12
Income	(8)	(3)
	<b><u>274</u></b>	<b><u>283</u></b>

## 8. Communication and cooperation between agencies

In Angus there is a history of strong partnership working which has resulted in enthusiastic and effective co-operation between the partner agencies.

### 8.1 Partnership achievements 2010-2012

- Establishment of the joint executive group for adult and child protection and developing strengthened links with wider public protection arrangements

- Learning from practice to improve services for adults at risk of harm
- Development of robust data
- Use of data to explore issues, improve and develop services
- Multi-agency audits, case reviews and self evaluation
- Development of local multi-agency operational staff guidance
- Launch of the Think Jessica campaign in Angus
- Development of a joint Trading Standards/Social Work and Health protocol to address financial harm
- Delivery of an extensive multi-agency training programme for adult protection
- Review of training requirements for the private and voluntary sector
- Improved liaison with the child protection committee
- New systems to monitor the adult protection process
- Development of a formal inter-agency strategy for the protection of adults at risk
- Contribution to the review of the Tayside adult protection protocol
- Development of an action plan following review of Mental Welfare Commission reports
- Development of proposals for public information
- Development of networks for consultation and involvement of the public in the adult protection agenda
- Development of a communications strategy
- Development of adult protection outcomes
- Development of adult protection standards
- Contribution to the development of national standards
- Audit of systems in place for identifying and protecting adults at risk
- Safe and Sound public awareness event

- Safe and Sound calendar distributed throughout Angus
- Development of a large scale inquiry protocol

## 8.2 Examples of effective partnership working

### 8.2.1 Adult protection standards

Adult protection standards have been developed in Angus and these have been shared with Tayside partners with a view to developing Tayside standards. The Association of the Directors of Social Work (ADSW) Adult Protection Sub Committee has developed a national adult protection standards framework to which the Angus committee has contributed. Adult protection standards were used in the Angus adult protection audit in 2011 to measure quality of practice.

### 8.2.2 Engagement of GPs

GP information packs were developed in Angus and have been disseminated throughout Tayside. The packs include information about the legislation and local contact details and the adult protection CD-ROM. Adult protection was also part of a GP protected learning time event. Angus is fortunate to have a GP representative on the committee who is particularly active in bringing issues to the attention of colleagues.

### 8.2.3 Joint work with Trading Standards

A joint protocol to introduce the Think Jessica campaign to Angus in order to prevent and deal with incidents of financial harm, and particularly postal scams, has been developed between Social Work and Health and Trading Standards. The protocol has been adopted by the adult protection committee. It builds on previous work relating to doorstep crime where the problem of high pressure “cold calling” sales was addressed through a publicity campaign and the creation of “no cold calling” areas.

An awareness campaign has been delivered jointly by adult protection and trading standards officers across Angus Council, the NHS and Tayside Police, including home care, care managers, social workers, sheltered housing staff, police community liaison officers, district nurses, and community housing teams. Wider publicity of the dangers of postal scams and the Think Jessica campaign is planned during 2012.

### 8.2.4 The Early Screening Group

In March 2012 the committee approved a six month pilot to trial an early screening group in Angus. The group involves community nursing, Tayside Police, community mental health service, Social Work and Health’s alcohol, drug and blood borne virus team, and Neighbourhood Services (housing). Its purpose is to ensure an informed and appropriate response for adults about whom the police have concerns.



### 8.2.5 Influencing national developments

Occasional difficulty in arranging medical examinations in Angus was identified early in the life of the new legislation. Work to develop a local solution and to engage GPs in Angus has influenced the work at a national level to establish the role of the GP in adult protection work.

Angus also identified a problem with accessing information from the Department of Work and Pensions (DWP) to address risk of financial harm and brought the issue to the attention of the Scottish Government.

### 8.2.6 Implementing protection orders

There has been considerable joint work with the police in relation to policing the banning orders taken out to protect individuals. Police community officers make regular checks to make sure the order is not contravened and if breaches occur these are dealt with robustly with good co-operation from the procurator fiscal.

#### **Good practice example:**

*A concern about an older person was reported to the police by staff in an Angus Post Office. The person seemed to be taking instructions over a mobile phone when attempting to send a money gram to India. The police arrived promptly and intervened. A council officer has investigated and found that a combination of the vigilance of post office staff and police intervention prevented the loss of a significant sum of money to scammers.*

### 8.3 Integration

Angus Community Health Partnership and Angus Council Social Work and Health have, for many years, delivered integrated community care services. This close working relationship and the local commitment within the partnership will ensure the continued delivery of high quality adult protection services to adults at risk. The move towards further integration in community care will bring both challenges and opportunities for the adult protection committee in the years ahead.

## 9. Training

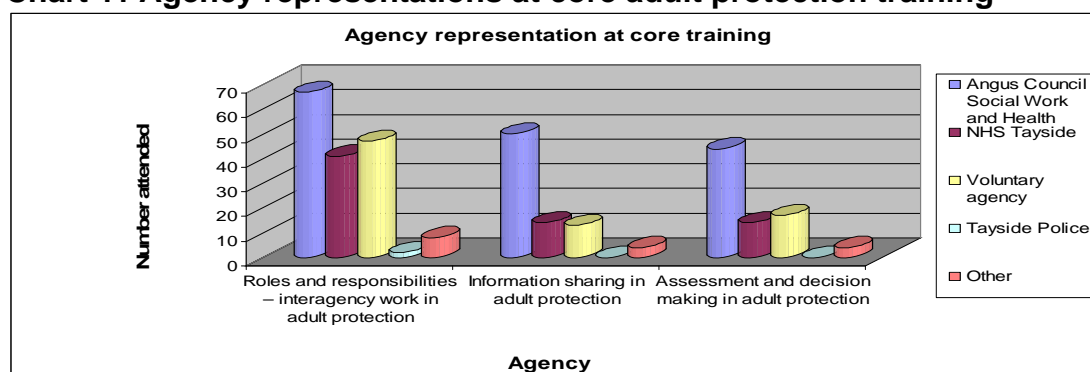
The Angus adult protection multi-agency training strategy has been reviewed and a programme of training commissioned.

### 9.1 Interagency training

Core training complements the multi-agency staff guidance and is delivered on a rolling programme. Core training in adult protection in Angus consists of:

- Roles and responsibilities – interagency work in adult protection (1/2 day)
- Information sharing in adult protection (1 day)
- Assessment and decision making in adult protection (1 day)

**Chart 11 Agency representations at core adult protection training**



Other achievements/activity:

- An adult protection showcase event which brought together agencies involved in adult protection work to present their perspective and role in adult protection
- Development of an adult protection basic awareness training CD-ROM with distribution to all partner agencies
- Adult protection basic awareness training CD-ROM is now included in the e-induction module of both Angus Council and NHS Tayside
- Development of an adult protection training DVD with Tayside partners depicting scenarios where harm occurs. This project was commissioned from Art Angel <sup>1</sup>
- Headline presentation to the GP protected learning time event 2011
- Improved uptake from voluntary and private sector care agencies

<sup>1</sup> Art Angel is an arts advocacy project run for and by people with experience of mental health difficulties, offering a wide spectrum of arts based activities as a means of positive self-expression, creative exploration, self-development through creativity, developing communication and peer support.

## 9.2 Single agency training

### 9.2.1 Angus Council Social Work and Health

Capacity and consent to sexual activity training for trainers (June 2010), was commissioned specifically for mental health officers (MHOs). An undertaking to disseminate capacity and consent to sexual activity training to NHS Tayside and to the other two Tayside local authorities has been made and will take place in conjunction with the NHS Making Choices Keeping Safe training which addresses the sexual health and safety needs of adults with learning disabilities.

Practitioner and council officer training is a one day foundation event covering inquiries investigations and protection orders. Specifically for council officers, this training was opened up to all partner agencies who may be involved in investigations under the Act. An annual training event will take place for new council officers.

Investigation training was developed to address the needs of council officers to increase their knowledge and skill in relation to adult protection investigations. This was piloted in 2012 and will be repeated in a rolling programme in Angus and shared with the other two Tayside local authorities.

The launch of Social Work and Health operational instructions briefing appraised community care staff and childcare team managers of the significant changes in the Angus Council Social Work and Health adult protection operational instructions.

Chronologies training has been delivered to community care staff and it is planned that multi-agency training will commence when a shared template is agreed and implemented.

### 9.2.2 Tayside Police

All police officers in Angus have been given training in relation to adult protection. Guidance to operational officers is regularly issued by the public protection unit and examples of good practice are highlighted.

All community liaison officers and other key members of staff who attend case conferences are given advice and guidance about how a case conference operates and what is expected of attendees. The involvement of community liaison officers in case conferences has raised awareness at a local level of situations affecting vulnerable individuals and has allowed for the implementation of a more comprehensive and effective support package. Community liaison officers also attend multi-agency training events.

### 9.2.3 NHS Tayside

NHS Tayside employs around 14,000 staff and there is a need to ensure that key staff groups are able to access the required level of training to meet their needs. Training needs are identified via the staff's electronic knowledge and skills framework/personal development plan (e-KSF/PDP). NHS Tayside now has two learning and development advisors to facilitate the ongoing roll-out of training sessions. These learning and development staff are members of the committee's training sub committee.

There is significant focus on disseminating adult protection education and training throughout NHS Tayside, as follows:

- An adult protection learn-pro module has been developed and piloted in several areas. The module is to be fully available to all staff from August 2012. This module may also be transferable to council IT systems
- The Adult Support and Protection (Scotland) Act is introduced to new employees at NHS Tayside's corporate induction courses and participants are signposted to access further details and information, relevant to their role
- Respecting and Protecting Adults at Risk in Scotland – legislation and practice learning resource available to all staff via staffnet and highlighted at induction
- Test of Change Project – a learning disabilities e-learning toolkit is available via learn-pro
- Adult protection general awareness workshops to staff who are identified as requiring this knowledge as identified under the electronic knowledge and skills framework/personal development plan
- Adult support and protection has been introduced into junior doctors' core induction training
- The Mental Health Specialty Board in Scotland has now included adult protection as mandatory training for higher trainees in psychiatry. NHS Tayside has been influential in progressing this at a national level
- NHS employees in Angus have access to the multi-agency adult protection core training programme. Angus Community Health Partnership (CHP) has undertaken a learning needs assessment to decide which staff roles require adult protection training
- The assessment has targeted the level of training to particular roles. For staff members in those roles, the training is mandatory and there is an expectation that the information and knowledge will be cascaded throughout the CHP

- Angus CHP has focussed on ensuring an improved uptake of the use of the adult protection basic awareness CD-ROM, which is also part of the NHS Tayside e-induction module. To date the percentage of staff employed by the CHP who have viewed the CD- ROM are as follows:

<b>Service</b>	
Community Nursing	61%
Child, Family and Public Health	70%
Occupational Therapy	100%
Minor Injury Units	100%
Outpatients Department	60%
Learning Disabilities	100%
Community Mental Health	100%
Continence Service	100%
Substance Misuse	92%
Psychiatry of Old Age Service	99%
Community Hospitals	84%
Reception Staff	73%
Office based staff	100%
Speech and Language Therapists	100%

### 9.3 Awareness raising for staff

In addition to the adult protection training efforts have been made to raise awareness among staff about the Act and its implications. The following events and actions have been undertaken in the past two years:

- Adult protection showcase event (October 2010)
- Adult protection information leaflet distributed via Angus Council payroll (June 2010)
- Distribution of adult protection wallet cards in Community Health Partnership payroll (June 2010), Angus Council (June 2010) and Tayside Police (December 2010)
- Articles for staff newsletters (Angus Matters, ALPHA, Social Work and Health newsletter)
- Development and distribution of an information pack for GPs (December 2010)
- Angus Adult Protection Committee website launched (April 2011)
- Awareness raising sessions about financial scams in partnership with Angus Council Trading Standards (January 2012 – June 2012)
- Flyer in Angus Council pay slips about financial harm (December 2011)

- Agreement for information about financial harm to be distributed in CHP payslips in 2012

## **10. Welfare reform**

The Welfare Reform Act received Royal Assent on 8 March 2012. The Act sets out the most radical change to the welfare system since the inception of the Welfare State.

The likely net loss for benefit claimants in Angus as a result of these changes will be in excess of £11 million per annum. The impact of this on vulnerable and at risk people in Angus may be significant. The adult protection committee in Angus will pay close attention to the impact of these reforms and work hard to minimise any potential negative outcomes for those in need of support and protection.

## **11. Conclusion and future plans**

The information contained within this second biennial report provides clear evidence that partnership working to protect adults at risk of harm in Angus has continued to develop and strengthen over the two year period from 2010 to 2012. A great deal has been achieved. Members of the Angus Adult Protection Committee bring a wide range of experience, perspective and skill to the table. They draw on this to shape the agenda and show strong shared commitment to drive and inform strategic direction, associated policy, service development, guidance, procedures, and training. Information about service users' experience and key issues emerging in practice have increasingly informed the work of the committee over the last two years. Key issues identified in practice receive the prompt attention of the AAPC not only locally but also, where necessary, raising issues at national level to develop guidance and find solutions in critical areas of work.

Over the past two years the committee's work has been further strengthened by developing links within the wider public protection partnership, in particular, the Angus Child Protection Committee, Angus Alcohol and Drugs Partnership and the Angus Violence against Women Partnership.

Focus in all of these areas will continue to inform the strategic direction and work of the committee over the coming year to take forward its vision of working together to protect adults at risk of harm in Angus.

Key priorities include:

- Continuing to raise awareness about adult protection amongst staff and in the community
- Identifying adults at risk of harm, increasing adult protection referrals and improving outcomes
- Effectively engaging service users in the work of the committee
- Developing the links between adult protection and other relevant partnerships to explore joint issues and identify actions
- Acting to minimise the prevalence of financial harm

- Reviewing the structure and governance arrangements of the committee

Working with wider public protection partnerships, specific priority areas include:

- Self harm, linking with Choose Life
- Financial exploitation linked to substance misuse and leading to protection orders, an issue shared by the Angus Alcohol and Drug Partnership
- Work with Trading Standards to address financial exploitation and scams
- Forced marriage, a shared issue with Angus Violence against Women Partnership and Angus Child Protection Committee

All of this work takes place in the challenging environment of financial constraint and welfare reform in addition to the positive impetus to develop increasingly integrated services. This report concludes with the committee's action plan for the future year. It sets out a comprehensive programme of objectives and actions which will deliver a broad range of developments to improve and enhance the protection of adults at risk of harm in Angus.

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**Priorities for the adult protection committee for the year 2012 - 2013 are as follows:**

- a. To develop the links between adult protection and other relevant partnerships, explore joint issues and identify actions  
*Actions relating to this priority: 1.1, 1.2, 1.3, 1.5, 1.6, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11*
- b. To effectively engage service users in the work of the committee  
*Actions relating to this priority: 1.1, 1.2, 1.3, 5.1, 5.2.*
- c. To identify adults at risk of harm, increase adult protection referrals and improve outcomes  
*Actions relating to this priority: 1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.12, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 5.2, 5.3.*
- d. To act to minimise prevalence of financial harm  
*Actions relating to this priority: 1.1, 1.2, 1.3, 1.4, 1.5, 4.11, 2.13*
- e. To review structure and governance procedures of committee  
*Actions relating to this priority: 5.3, 2.11*



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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To address the identified priorities of the adult protection committee</b>	Form a short life working group to consider joint issues across partnerships and identify joint actions	March 2013	Joint actions are identified in relation to substance misuse, criminal justice, violence against women, child protection, suicide and self harm	AAPC/CPC/ADP/AVAWP/MAPPA/Choose Life
	Form a short life working group to improve service user involvement	March 2013	Service users are more effectively involved in committee	AAPC
	Form a short life working group to address the prevention of and improve response to financial harm	March 2013	Response to financial harm is improved	AAPC/Trading Standards

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## 1. Public Information

*Aim: Adult protection committees are required to produce and disseminate public information about protecting adults at risk*

- *To raise awareness of adult protection issues within communities and with the general public.*
- *To promote the work of agencies in protecting adults to the public.*
- *To provide information about where members of the public should go if they have concerns about an adult at risk of harm.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
<b>To raise public awareness of adult protection issues</b>	1. Angus "Safe and Sound" event in partnership with the Falls Group ( <i>carried over from 2011-12 action plan, see action 18</i> )  ( <i>priorities a,b,c,d</i> )	26 April 2012	The event is delivered	AAPC/Falls Group
	2. Survey questionnaire used at public events as method of consultation  ( <i>priorities a,b,c,d</i> )	March 2013	Members of public engage with consultation method	AAPC/ACPC
	3. Analyse and report findings of consultation questionnaire  ( <i>priorities a,b,c,d</i> )	March 2012	Analysis of the responses completed and report produced	AAPC/ACPC

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To raise public awareness of adult protection issues (cont)</b>	4. Adult protection article published in Angus Life regarding financial harm  <i>(priorities c,d)</i>	June 2012	Article published	SPT/TSO
	5. Raise awareness around financial harm in partnership with Angus Council Trading Standards  <i>(priorities a, c, d)</i>	March 2013	There is an increase in awareness among the public of financial harm	SPO/TSO/ APRO
	6. Form a joint communication and engagement group for adult and child protection  <i>(priority a)</i>	April 2012	Group established and a joint approach to communications is established	AP/CP Liaison Group

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**2. Policies, procedures and protocols**

- *Ensure constituent agencies have in place their own up to date policies and procedures.*
- *Regularly develop, disseminate and review interagency policies and procedures.*
- *Ensure that protocols are developed around key issues where there is agreement that this is required.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop and review local policies, protocols and procedures in relation to adult protection</b>	1. Review the Angus Council Social Work and Health operational instructions.  <i>(priority c)</i>	May 2012	Operational instructions are reviewed and re-issued	SPO
	2. Review multi-agency adult protection staff guidance  <i>(priorities a, c)</i>	August 2012	Multi-agency guidance reviewed and re-issued	SPO
	3. Contribute to the review of the Tayside adult protection protocol  <i>(priorities a, c)</i>	March 2013	Tayside protocol reviewed and re-issued	AAPC

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop and review local policies, protocols and procedures in relation to adult protection (cont)</b>	4. Contribute to the development of national adult protection outcomes  <i>(priorities a, c)</i>	March 2013	National outcomes out for consultation to the APCs	SPO/ADSW
	5. Make links with other partnerships involved in public protection, explore the need for joint developments and make formal proposals  <i>(priorities a, c)</i>	March 2013	Links are established with other partnerships and joint developments identified	AAPC/ACPC
	6. With the Alcohol and Drugs Partnership, develop protocols to address the link between substance misuse and adult protection  <i>(priorities a, c)</i>	March 2013	The nature of the link between adult protection and substance misuse are explored and joint protocols are in place	SPO APC/ADP
	7. Lead on consultation responses to the Scottish Government  <i>(priorities a, c)</i>	March 2013	Relevant consultations are responded to.	SPO/AAPC

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop and review local policies, protocols and procedures in relation to adult protection (cont)</b>	8. Develop a joint communications strategy with the child protection committee  <i>(priorities a, c)</i>	March 2013	A joint publicity strategy is in place	CP/AP Liaison Group
	9. Develop an adult protection screening tool for children's services  <i>(priorities a, c)</i>	30 April 2012	Screening tool developed	SPO
	10. Develop local operational guidance in relation to forced marriage  <i>(priorities a, c)</i>	December 2012	Operational guidance published	SPOs AVAWP, CPC and APC
	11. Contribute to the development of the Tayside Steering Group  <i>(priorities a and e)</i>	March 2012	All partners are engaged and attend regularly	AAPC
	12. Review the Angus significant case review protocol and triggers for a significant case review.  <i>(priority c)</i>	October 2012	Protocol reviewed, all partners agree to triggers for significant case review	SPO AAPC

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**3. Quality Assurance**

- Agree, implement and review multi-agency quality assurance mechanisms for interagency work, including auditing against the Quality Indicators specified by the Self Evaluation of Adult Support and Protection Activity in Scotland.
- Ensure that these quality assurance mechanisms directly contribute to the continuous improvement of services to protect adults at risk of harm
- Report on the outcome of these activities, and make recommendations, to the Chief Officer Group.

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop a quality assurance system to ensure that services meet the needs of adults at risk</b>	1. Five cases audited using the Self Evaluation of Adult Support and Protection Activity in Scotland resource handbook  <i>(priority c)</i>	March 2013	Audit completed	Practice sub committee
	2. Present a report to the adult protection committee on the main findings of the 2011 case file audit  <i>(priority c)</i>	March 2013	Report to committee complete	Practice sub committee chair

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop a quality assurance system to ensure that services meet the needs of adults at risk (cont)</b>	3. Undertake four case reviews/self evaluation <i>(priority c)</i>	March 2013	Four cases reviewed either as a self evaluation review or a review undertaken by the practice sub committee	Practice sub committee
	4. Identify learning from case file audit and develop the improvement plan to address issues that require improvement <i>(priority c)</i>	March 2013	Agreed actions added to the improvement plan and completed on target	Practice sub committee
	5. Review Mental Welfare Commission investigation reports and other significant issues in relation to adult protection and make recommendations for improvements in Angus <i>(priority c)</i>	March 2013	Reports reviewed and relevant actions added to the improvement plan	Practice sub committee



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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To develop a quality assurance system to ensure that services meet the needs of adults at risk (cont)</b>	6. Review effectiveness of of adult protection policy and procedures  <i>(priority c)</i>	March 2013	Findings of review reported to committee	Practice sub committee

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#### 4. Training and staff development

- *Have an overview of single agency adult protection training and consider the implications for interagency training.*
- *Plan, review and quality assure interagency training and development activities.*
- *Have in place, and review at least annually, a programme for interagency adult protection training.*
- *Ensure relevant, effective and consistent interagency training is provided for practitioners, managers, non-statutory agencies and for adult protection committee members themselves.*

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer / Group
<b>To support staff to undertake their duties to protect adults at risk</b>	1. Deliver adult protection multi-agency core training <i>(priority c)</i>	March 2013	Training programme delivered.	Training sub committee
	2. Deliver investigation training for adult protection <i>(priority c)</i>	March 2013	Training programme delivered.	Social Work and Health TO
	3. Deliver a learning event on the service user perspective <i>(priority b, c)</i>	October 2012	Learning event delivered.	Training sub committee
	4. Review levels of staff awareness within partner agencies <i>(priority c)</i>	March 2013	Numbers of staff who have used the training CD and/or accessed single agency or multi-agency training collated and analysed	Training sub committee

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To support staff to undertake their duties to protect adults at risk (cont)</b>	5. Deliver case conference training  <i>(priority c)</i>	March 2013	Training programme delivered.	Training sub committee
	6. Arrange practitioner event on interface issues between child protection and adult mental health issues  <i>(priority c)</i>	June 2012 October 2012	Training programme developed and delivered.	AP/CP Liaison Group
	7a. Deliver case recording training to Social Work and Health community care services	June 2012	Training programme developed. Pilot delivered	TO
	7b. Deliver chronologies training based on SWIA guidance to partner agencies in partnership with the child protection committee <i>(carried over from 2011-12 action plan, see action 12)</i>  <i>(priority c)</i>	March 2013		Training sub committee

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To support staff to undertake their duties to protect adults at risk (cont)</b>	8. Disseminate capacity and consent to sexual activity training to Tayside partners <i>(carried over from 2011-12 action plan, see action 13)</i>  <i>(priority c)</i>	June 2012	Training programme finalised and delivered.	SPO/TO
	9. Deliver adult protection briefing in partnership with the child protection committee to elected members and chief officers <i>(carried over from 2011-12 action plan, see action 14b)</i>  <i>(priority c, e)</i>	June 2012	Learning event delivered.	AP & CP SPO/ TO
	10. Develop and deliver training in relation to hostile and uncooperative families  <i>(priority c)</i>	December 2012	Training programme developed. Pilot delivered.	Training sub committee
	11. Develop and deliver training in relation to financial harm in partnership with Trading Standards  <i>(priority c,d)</i>	March 2013	Training programme developed. Pilot delivered.	Training sub committee

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Objective	What are we going to do?	When will we do it by?	How will we know we have done it? <b>Outcome Indicator</b>	Lead Officer / Group
<b>To support staff to undertake their duties to protect adults at risk (cont)</b>	12. Arrange and host a Tayside adult protection conference  <i>(priority c)</i>	December 2012	Tayside conference delivered	Training sub committee
	13. Explore options for e-learning	March 2013	Proposals presented to committee	Training sub committee
	14. Training in adults with incapacity legislation for staff in partner agencies	March 2013	Training delivered	Training sub committee

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### 5. Involving service users and the public

*Aim: The guidance for adult protection committees makes it a requirement to engage people who use services in:*

- Staff training
- Development of policy
- Influencing practice
- Development of services

Objective	What are we going to do?	When will we do it by?	How will we know we have done it? Outcome Indicator	Lead Officer/Group
<b>To involve service users, carers and the public in the work of the adult protection committee</b>	1. Inform and consult with service users about adult protection through reference forums and community groups  <i>(priority b)</i>	March 2013	Service users consulted as required	SPO
	2. Develop an evaluation tool for people who have been the subject of adult protection procedures to feed back their experiences  <i>(priorities b and c)</i>	December 2012	Evaluation tool developed	SPO/APRO
	3. Develop proposals about the formation of a service user sub committee and how it is to be supported  <i>(priorities c, e)</i>	September 2012	Proposals developed and presented to committee	APC

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Key:

AAPC:	Angus Adult Protection Committee
ACPC:	Angus Child Protection Committee
ADSW:	Association of Directors of Social Work
AP:	Adult Protection
APRO:	Adult Protection Review Officer
CP:	Child Protection
SPO:	Senior Planning Officer
TO:	Training Officer
TSO:	Trading Standards Officer

## **NHS Tayside Adult Support and Protection Implementation Group**

### **Management of Staff, Communication and Co-operation between agencies**

The NHS Tayside Adult Support and Protection Implementation Group was established in September 2011. The purpose of the group is to provide NHS Tayside Board with the assurance that robust governance and management systems are in place to develop, oversee, and ensure implementation of, effective adult support and protection arrangements throughout NHS Tayside in accordance with the Adult Support & Protection (Scotland) Act 2007. The group reports to the Improvement and Quality Committee as a sub committee of NHS Tayside Board via the Clinical Quality Forum.

The Adult Support and Protection Implementation Group will take responsibility for the development of key critical relationships with the three Multi-agency Adult Support and Protection Committees in Tayside and ensure that NHS Tayside fulfils its statutory duty to co-operate when an adult is known or believed to be “at risk” with enquires and investigations. The membership includes representation by the Medical Director, Nurse Director and Employee Director and representatives of all three CHPs, Acute Services, Allied Health Professions, Workforce - Knowledge & Skills, Primary Care and Safety, Governance & Risk.

The Adult Support and Protection Implementation Group acts as the steering group for effective adult support and protection arrangements within NHS Tayside and takes responsibility for development and implementation of an improvement plan. It influences, controls and is accountable for the plan and ensures successful delivery of the agreed whole system changes and benefits. The remit of the group includes Continuous Improvement, Policies, Procedures and Protocols, Management Information, Quality Assurance, Practice, Training and Development and Strategic Planning.

The workplan that is the focus of the group’s work brings together a number of areas that require action to be taken:

- A review of risk management for Adult Support and Protection has led to an operational risk being recorded in NHS Tayside’s SMART (Risk Management) system as part of NHS Tayside’s safety, governance and risk arrangements.
- The group have agreed a set of information requirements to facilitate information sharing alongside sharing relevant papers and minutes with APC Convenors and the National AS&P Network.
- Arrangements for medical examinations have been agreed and implemented. GP information packs were developed in Angus and have been distributed throughout Tayside. The packs include information about the legislation and local contact details and the adult protection CD-ROM. Adult protection has also been part of a GP protected learning time event. Adult support and protection has been introduced into junior doctors’ core induction training. The Mental Health Specialty Board in Scotland has now included adult protection as mandatory training for higher trainees in psychiatry.



NHS Tayside staff have followed, and continue to follow, due process within the AS&P agenda and it is worth noting that although numbers of referrals from NHS Tayside appear low this is possibly due to referrals from integrated health and social work teams being channelled through social work in line with the agreed procedure.

NHS Tayside continues to play an active role within each of the three Adult Protection Committees in Tayside and has done since their inception, with representatives engaging in core activities and structures of each committee.

A self-assessment has been undertaken of Older People in Acute Care following the standard statements outlined by Healthcare Improvement Scotland and the Healthcare Environment Inspectorate.

### Training

There is a significant focus on education and training in NHS Tayside with a number of development programmes being delivered in partnership with our local authority and voluntary partners.

Several e-learning programmes are available on the LearnPro e-learning system and accessible to all staff groups to complete.

These modules include “Caring for People with Learning Disabilities” and information about Adult Support and Protection.

During our corporate Induction programmes, all new employees are informed about this important agenda and signposted through NHS Tayside’s Staffnet site to a 20 minute DVD available and other educational training resource materials.

For staff who identify a need for a more in-depth level of knowledge in this area, regular workshops are available across Tayside, as shown in the table below:

<b>Level 1</b>			
LearnPro e-learning	Accessible by all staff via LearnPro e-learning site.	Target of an average 600 staff per month	The module has been piloted in a number of areas and will be fully available from August 2012.
Respecting and Protecting Adults at Risk in Scotland – legislation and practice. An Educational resource (NES)	Highlighted to all new staff at corporate induction and available to all via Staffnet	Average of 60-70 new employees on a monthly basis. During January – June 2012 436 staff completed the DVD session.	Weekly induction programmes delivered through the year.

<b>Level 2</b>			
General Awareness Workshops	For staff who work with vulnerable groups and who require knowledge / skills in relation to implementation of this Act. Identified through eKSF / PDP core dimension under Diversity and Equality.	eKSF covers 87% of staff in NHS Tayside.	Workshops delivered throughout the year in all three localities.
Half day AS&P events	Multi-agency staff group	Staff have attended from: Angus – 69 Dundee – 75 Perth & Kinross – 112	Workshop programmes throughout the year.
NES Knowledge into Action “Test of Change” project – Learning Disabilities e-learning toolkit	Test of change within Ward 26, Ninewells. Accessed via LearnPro.	31 staff	LearnPro module due for full release July 2012
<b>Level 3</b>			
Capacity to Consent Training	For staff working in specialist areas, as identified through PDP processes.	Training programme in development by Angus Council & NHS Tayside.	Dates to be confirmed.

**Membership of NHS Tayside Adult Support & Protection Implementation Group – as at 6<sup>th</sup> July 2012**

Medical Director, NHS Tayside (Chair)  
– Dr Andrew Russell

Nurse Director, NHS Tayside  
– Dr Margaret McGuire

Employee Director, NHS Tayside  
– Mrs Judith Golden

Angus CHP Representative  
– Ms Gail Smith

Dundee CHP Representative  
– Ms Beth Hamilton

Perth & Kinross CHP Representative  
– Mrs Angie McManus

General Manager – Surgical Directorate (Representative for all acute services)  
– Mrs Audrey Warden

Allied Health Professions Representative  
– Mrs Sheelagh Creegan

Workforce - Knowledge & Skills Representative  
– Mrs Pat Miller

Primary Care Representative  
– Miss Jane Haskett

Safety, Governance & Risk Representative  
– Mrs Arlene Napier

Strategy & Regional Planning Projects Manager, NHS Tayside  
– Mr Brian Kelly

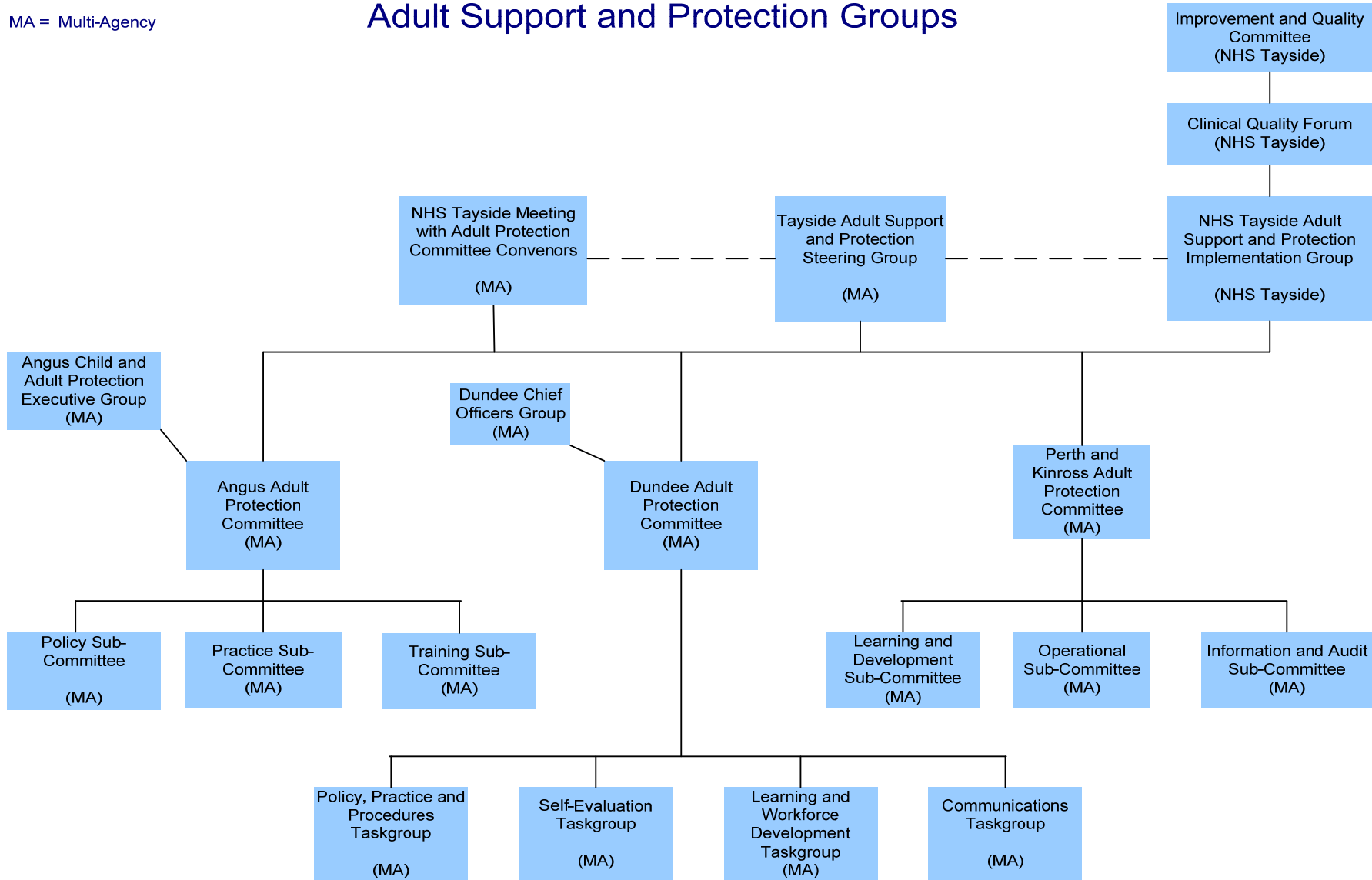
Head of Nursing & Vulnerable Families/Children (Mrs Joan Wilson) will provide input relating to Child Protection as required.

Administrative support is provided by Mrs Kathleen Paterson.

MA = Multi-Agency

# Adult Support and Protection Groups

Adult Support and Protection Groups



## Older People in Acute Care – Self Assessment

A self-assessment has been undertaken of Older People in Acute Care following the standard statements outlined by Healthcare Improvement Scotland and the Healthcare Environment Inspectorate. A number of these statements are relevant to AS&P and the responses are summarised below:

**Standard Statement: Older People being treated in initial assessment settings (eg. outpatient clinic, A&E and first 24 hours of admission into any setting in hospital) are appropriately screened and assessed. Where need is recognised, assessment by a multidisciplinary team is carried out and if admission is needed, it must occur promptly.**

Within NHS Tayside, the core admission documentation for both medical and nursing contains prompts to ensure that older people are screened for cognitive impairment inclusive of delirium/dementia, functional problems, existing home support and their current medicines both in hours and out of hours. This information is available to any member of the multidisciplinary (MDT) accessing the admission documentation.

During the current review of the core nursing documentation and discharge plan, which includes representation from secondary care, primary care, community staff, mental health staff and other agencies for example Social Work, the consent/capacity section of the core nursing data set has been reviewed. The revision of the core nursing documentation and discharge plan will improve the sharing of relevant information across the various care settings.

For any person with impairment identified through the functional screen, a complete assessment will be undertaken by a member of the Allied Health Profession (AHP) Team. This information is passed to the AHP team responsible for providing ongoing care or to the community team if the person is fit for discharge.

Within NHS Tayside all Medicine for the Elderly (MfE) wards have daily 'Board Rounds' where the plan of care for each patient is discussed with the multidisciplinary team (MDT). Immediate care and discharge requirements are discussed, planned and implemented. An MDT meeting communication sheet is available within all MfE wards.

The 'This is Me' system, which has been validated by the Alzheimer Society, which has recently been introduced in some clinical areas and will augment the admission information by ensuring patients' personal tastes and care preferences are known to all staff. Following completion the documentation is kept within the patient's casenotes and, as such, is again available to all members of the MDT. A spread plan for full roll out of this work has been implemented.

The 'This is Me' system has now been introduced in all acute clinical areas. Each Community Health Partnership (CHP) has a plan in place to offer the document to people diagnosed with dementia within the community setting.

A system which identifies patients with a diagnosis of dementia who should be regarded as vulnerable has been agreed by NHS Tayside. A butterfly sticker will be attached to the casenote interior. There is a monitoring and evaluation system attached to this scheme.

Following the test period within Perth Royal Infirmary the Butterfly Scheme has been modified to reflect learning from the test of change and will be implemented throughout NHS Tayside Acute wards in 3 phases. Phase 1 has already commenced in Perth Royal Infirmary, with implementation in Angus CHP Wards as Phase 2 and Dundee Acute Wards as Phase 3. Following completion of the current review of the Core Nursing Documentation and Discharge Plan, a butterfly sticker will be attached to the front cover of each patient's case note (for those with a diagnosis of dementia) in addition to the interior of the case note. In addition to this scheme for patients with a dementia diagnosis, NHS Tayside is currently testing the 'Outline Butterfly' for patients with a cognitive impairment who do not have a diagnosis of dementia. This is taking place within the Medicine for the Elderly Wards and one of the Orthopaedic Wards within Ninewells Hospital. Following completion and evaluation of this test, it is planned that this scheme will be implemented across NHS Tayside.

During the admission process mental state exam (MSQ) is undertaken. Any score below 10 triggers a more comprehensive review as indicated within the Management of Delirium Guidelines. Further to this is a functional screening component of the admission process.

NHS Tayside has a recently revised guideline for screening and treatment of delirium. The Confusion Assessment Method (CAM) is the preferred method to screen for delirium. The revised Guideline is contained within the Dementia Resource Pack which has been distributed to all wards.

The use of the Confusion Assessment Method (CAM) document out with the Medicine for the Elderly areas is variable therefore the current review of the Core Nursing Documentation and Discharge Plan has included cognitive impairment triggers into the "traffic light assessment". The liaison teams are currently actively promoting the use of the CAM document and are supporting staff to use the tool appropriately.

**Standard Statement: An outcome focussed and multidisciplinary/multi-agency approach to care is taken which meaningfully involves the patient and their carer.**

Within NHS Tayside a service model for the care of older people is undergoing redesign to further enhance the multiprofessional approach to care. Part of this redesign process has been within the Medicine for the Elderly service. This service model is underpinned by consultant delivered rapid response telephone service for GPs; step down rehabilitation services; outpatient assessment, rehabilitation and management and case management via Virtual Ward multidisciplinary team meetings.

The outcomes include GP access to OPRA (Older Peoples Rapid Assessment), which means that GPs refer directly to the OPRA service and patients are assessed by Medicine for the Elderly (MFE) Consultants in an outpatient setting rather than being admitted to acute hospital wards for that initial assessment. Urgent referrals are seen within 24 hours for rapid investigation and comprehensive geriatric assessment.

The Virtual Ward developments are being tested across the 3 CHP areas in NHS Tayside with the aim of proactive management of patients identified as being at risk of future emergency admission by a multidisciplinary team approach. Central to the approach in improving pathways and structures for managing older people and those with Long Term Conditions, is an anticipatory and enabling focus to care, based on good planning rather than a reactive approach to care.

Within the acute hospital setting the core data set is held within the nursing documentation and supports the holistic assessment of patients. This document is currently under review by a group of staff from across multi-disciplines which include representation from secondary care, primary care, community staff, mental health staff and other agencies for example Social Work. Following the groups initial review there has been recent consultation and awareness raising sessions which have resulted in some further minor amendments that have been incorporated into the document and is now undergoing final consultation prior to implementation. To aid timely discharge, seven of the Medicine for the Elderly Wards within NHS Tayside are part of the pilot of the Nursing Electronic Discharge Document.

To further support the involvement of older people and their carers to ensure that their views and knowledge contribute to the care plan NHS Tayside is implementing the This Is Me document. This document, validated by the Alzheimer Society and RCN, has recently been introduced and will augment the admission information by ensuring patient personal tastes and care preferences are known to all staff. The evidence underpinning the document is that often simple problems can be avoided by knowing as much about the person as possible and referring to the knowledge of carers/relatives who know the person best. A spread plan for this work has been developed.

The 'This is Me' system has now been introduced in all acute clinical areas. Each Community Health Partnership (CHP) has a plan in place to offer the document to people diagnosed with dementia within the community setting.

The nursing core data set contains a section relating to capacity and consent and there is an NHS Tayside Policy for Informed Consent. Each ward has resource packs, one relating to patients with Learning Disability and the other patients with Dementia. Both of these resource packs have detailed sections relating to The Adults with Incapacity (Scotland) Act 2000. NHS Tayside provides education to multi-professional staff relating to Adults with Incapacity and the implications for their practice.

During the current review of the core nursing documentation and discharge plan which includes representation from secondary care, primary care, community staff, mental health staff and other agencies for example Social Work, the consent/capacity section of the core nursing data set has been reviewed.

**Standard Statement: The Management of risk and clinical and care governance are at the heart of ensuring safe and effective care and services for older people.**

Within NHS Tayside the Board has delegated authority for risk management to the Audit Committee and to ensure linkage with wider organisational objectives, on an annual basis the Corporate Risk Profile of the organisation is mapped and aligned to the organisation's Corporate Objectives. The Strategic Risk Management Group (SMRG) is responsible for monitoring the Corporate Risk Profile so that it remains up to date and fit for purpose. Each of the Corporate Risks within our Corporate Risk Profile, which is presented to Tayside NHS Board quarterly, is aligned to the most appropriate Standing Committee of the Board. The Standing Committees review, examine and challenge the intricate detail of the corporate risk for which they have oversight on a biannual basis through the provision of a report from the Corporate Risk Owner. This process ensures the risks are being managed appropriately.

The Improvement and Quality Committee, chaired by a Non-Executive Member of the Board, provides high level assurance around patient safety, clinical governance, risk and improvement to the NHS Board. The Clinical Quality Forum purpose is to ensure co-ordination of clinical governance/quality activities across NHS Tayside by prioritising and agreeing the clinical and care governance/quality work programme for NHS Tayside. The Clinical Quality Forum is jointly chaired by the Medical Director and the Nurse Director. The work programme of the Clinical Quality Forum contains priorities determined on a risk based approach, examples of which include healthcare associated infection, complex care patient needs, of which older peoples' needs are included, and quality of healthcare records. Priorities of the Clinical Quality Forum form part of the work plans of the Directorates, Independent Contractors and CHPs.

In addition the Board Nurse Director has recently established a Person Centred Delivery Group. This group will be supported by four workstreams: Participation; Feedback; Valuing staff and organisational culture.

Our Safety, Clinical Governance and Risk Team, through a Hub approach, support our front-line staff and clinical teams to deliver safe, effective and person-centred care.

Following organisational restructuring in 2009 each of the newly formed directorates reviewed their clinical governance structures and reporting arrangements. This has been led by Associate Nurse Directors and Associate Medical Directors and progress is reported to the Clinical Quality Forum.



**Standard Statement: The needs of older people with communication or cognitive impairment are identified and appropriate support given as required.**

During the admission process all personal details and demographic data are documented and recorded in the patient's casenotes.

The 'This is Me' system has recently been introduced and will be spread throughout all acute wards which will augment the admission information by ensuring patient personal tastes and care preferences are known to all staff. Carers are proactively involved in completing this documentation which is kept in the patient's case notes. This will be monitored via the routine case note audits. A distribution plan has been implemented.

A system of identification recently agreed by NHS Tayside Board is the butterfly sticker. A butterfly sticker will be attached to the casenote interior and identifies the patient with a diagnosis of dementia who should be regarded as vulnerable. There is a monitoring and evaluation system attached to this scheme.

The 'This is Me' system has now been introduced in all acute clinical areas. Each Community Health Partnership (CHP) has a plan in place to offer the document to people diagnosed with dementia within the community setting. A psychiatric nurse has recently been recruited on a temporary basis for 1 year to work with wards 5 & 6 in Ninewells Hospital and Ward 7 & 8 Royal Victoria Hospital (Medicine for the Elderly). Baseline information has been gathered in relation to staff training needs and current practice in relation to the "This is me" document and "Butterfly" scheme. It is planned to run educational session with staff in small numbers and to support staff to complete the "This is me" document and the use of the Butterfly sticker.

Following the test period within Perth Royal Infirmary the Butterfly Scheme has been modified to reflect learning from the test of change and will be implemented throughout NHS Tayside Acute wards in 3 phases. Phase 1 has already commenced in Perth Royal Infirmary, with implementation in Angus CHP Wards as Phase 2 and Dundee Acute Wards as Phase 3. Following completion of the current review of the Core Nursing Documentation and Discharge Plan, a butterfly sticker will be attached to the front cover of each patient's case note (for those with a diagnosis of dementia) in addition to the interior of the case note.

In addition to this scheme for patients with a dementia diagnosis, NHS Tayside is currently testing the 'Outline Butterfly' for patients with a cognitive impairment who do not have a diagnosis of dementia. This is taking place within the Medicine for the Elderly Wards and one of the Orthopaedic Wards within Ninewells Hospital. Following completion and evaluation of this test, it is planned that this scheme will be implemented across NHS Tayside.

Each ward within the general hospitals has access within 24 hours of admission to an old age psychiatric liaison service. All data related to referrals to the old age psychiatry liaison team are recorded within the TOPAS information system.

All three areas in Tayside have been successful in securing funding through the Change Fund to enhance the existing dementia liaison teams.

An educational programme for older people and those with cognitive impairment in NHS Tayside acute hospitals (Ninewells, PRI and Stracathro) has been delivered.

NHS Tayside continues to make progress in improving the care and experience of older people, however in response to growing interest from the hospital community in better understanding and improving the experience of patients and their families, NHS Tayside will lead on the development of an 18 month collaborative to provide structure for learning and action that will engage staff in making real, system-level changes that will lead to dramatic improvements in care. The aim of the collaborative is to improve the experience of older people (in particular those with cognitive impairment) and their carers during their journey through Acute Care by November 2013.

A small number of pilot teams (7) have selected to join the first phase of the collaborative to conduct small-scale tests of change, and help successful changes become standard practice. NHS Grampian will work in partnership with NHS Tayside, collectively to develop and implement this collaborative.

## **NHS Tayside Corporate Risk – Complex Needs / Learning Disabilities**

There is evidence within NHS Tayside from former complaints and investigations that the experience of acute hospital services for people with learning disabilities, their families and carers requires change, improving their healthcare experience and quality of life.

A commitment has been made by NHS Tayside Board, to manage complex care through the organisation's corporate risk management system. The first year has enabled the infrastructure for improvement to evolve.

At the Clinical Quality Forum of 22 August 2011, the membership agreed this corporate risk should report at six weekly intervals. The NHS Tayside Improvement and Quality Committee was updated earlier in 2012 about work progressing in respect of related improvement work streams. Work streams identified for improvement in acute hospital services include:

Communication; observation; consent; clinical treatment; awareness and compliance with guidance; professional integrity

The complex care group for this corporate risk is accountable for progressing and monitoring improvement in these areas.

The complex care group, learning disability, comprises membership that includes the;

- Medical Director – risk owner
- Nurse Director – risk owner
- Associate Director of Nursing – risk manager
- Consultant Anaesthetist
- Head of Safety, Governance and Risk

Additional group membership and expertise has been enlisted as required. This approach has involved recruitment to the group where relevant of the Practice Educator, University of Dundee, Head of Workforce – Knowledge and Skills, Modernisation Consultant – Multi-media Development, who have provided direction and guidance in respect of educational ambitions the group wishes to achieve.

### **Person-centred Care:**

A meeting with the Tayside Co-ordinator for PAMIS (Promoting a More Inclusive Society) took place during 2011 and, as a result, membership for a public, family, carer reference group was secured. NHS Tayside Head of Safety, Governance and Risk is the officer linking directly with this group and the first meeting of the reference group took place as anticipated on 24 October 2011.

The group has agreed to review and comment on progress made around the improvement work-streams as these are developed and contribute to the revision of the NHS Tayside resource pack – Caring for People with Learning Disabilities.

**Safe Care:**

A data gathering exercise has been completed that will inform how effective the interim Nurse Liaison service has been in improving communication and relationships between professional groups and between patients, families, carers and professional groups. Work commissioned by NHS Tayside involving the University of Dundee, carers and the National Policy Advisor has now been received and will inform the future nursing model and associated funding requirements.

**Effective Care:**

The expertise of one of the Modernisation Consultants from the Tayside Centre for Organisational Effectiveness has been secured to create, through a LearnPro package, an IT platform, e-learning facilities for staff.

The drafted education pack content, whilst still subject to amendment, has now been constructed into the Learn-Pro package. A prototype is being shared with working group members to secure their contributions and consent around the content.

Links have been established with Social Work and Speech and Language Therapy colleagues who have created a communication tool for use by carers. This tool, Pre Appointment Recording Chart (PARC) aims to enable carers and or family members the opportunity to describe signs and symptoms of an acute episode of illness being experienced by the person in their care. It is anticipated this tool would be available for information within the revised resource pack

A short-life working group has been established to revise the current version of the NHS Tayside resource pack, Caring for People with Learning Disabilities and links have been established with University of Dundee colleagues who have been undertaking a piece of research determining a contemporary literature search related to learning disability.

The improvement plan has focussed upon a range of measures that aim to demonstrate NHS Tayside's commitment towards improving the care for people with learning disabilities within acute care environments.

Whilst it is recognised that there are further improvements to be made ensuring that every patient has an improved experience, the introduction of the Interim Nurse Liaison Service has enabled a more visible, consistent and integrated response to patient and family care needs with the aim of improving the healthcare experience for patients during their stay in hospital.

During the course of 2011/12, one of the hospital Senior Chaplains supported a test of change, using personal communication cards to source feedback from patients, relatives and carers. The purpose of this initiative was to enable the patient, family member or carer the opportunity to inform a member of staff, external to the clinical team, about their hospital experience

and this information has been used to further inform required improvement. A flowchart for advice about how to facilitate this method of hearing from people as to how care can be improved has been developed and will be implemented for securing feedback in the future from people in our care.