

Angus Adult Protection Committee SCR P19 Action Plan Recommendations

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Area/ay Undertaken	
1.1	Angus Council and NHS Tayside should agree and implement methods that will enable interoperability and access of recording systems, with a focus on improving information sharing between acute, primary care and the Scottish Ambulance services and effective information sharing at points of transition of care between primary care services, adult care services, housing and care providers.	Remind all team managers of the requirement to adhere to the policy and we assured the audits are completed in all areas?	Angus Council and NHS Tayside			<p>AHSCP ASP Audit Rec. 5: Existing application programming interfaces (APIs) are used to enable automatic transfer of key information from Eclipse to EMIS and vice versa.</p> <p>AHSCP ASP Audit Rec. 6: A full set of case notes needs to be made available to Out of Hours service</p> <p>APC SCR O18 Rec. 1, Action 1,2,3 and 5: Develop a proposal for an integrated information sharing system that is full data protection compliant and that the full costs of developing such system are identified</p>	<p>Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice</p> <p>NHS Tayside: progressing conversations with ehealth colleagues to place ASP alerts (as was done with MAPP) onto key systems but with pull through to Clinical Portal and EKIS system to increase spread of this information to Primary care and OOH colleagues</p>	<p>SAS now sharing information with GPs following attendance.</p> <p>All ECS MDTs should be recorded within the VISION record in General Practice thereby ensuring vulnerable persons discussed within ECS meetings have a record.</p> <p>Roll-out of Monifieth Integrated Care will include the vital admin role which has access to EMIS (DNS), VISION (GP) and Care First/Eclipse (social work) records.</p>
1.2	Although good record keeping was found across several service areas not all records were completed to the required agency/organisation/professional standards. To provide assurance of this, all agencies should have robust governance processes in place to ensure record keeping is of the required standard and supports effective communication and decision making.		All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)			<p>AHSCP ASP Audit Rec. 5: A full set of case notes needs to be made available to Out of Hours service</p> <p>APC SCR O18 Rec. 1, Action 1: Identify what IT Systems in Angus are currently integrated and can these be further integrated using current IT: Completion date March 2021</p>	<p>Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice</p> <p>Police Scotland: The IVPD system has an integrated Chronology to record Police attendance at multiagency meetings; rationale for decision making and legal pathway for sharing; and to identify any escalation of risk. Police Scotland have an escalation protocol embedded in their process.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p>	<p>Relevant assurance is provided annually by services within the Information Governance domains including compliance with case record audit policy and compliance with case recording policies and standards. An end of year audit of assurance reports will be carried out to identify gaps within services and learning.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p> <p>The Risk & Concern hub Manager will undertake a review of AP IRD on a monthly basis to ensure that there is governance of this process. Any concerns raised will be highlighted to relevant staff and partner agencies to improve practice and process</p>
1.3	The District nursing service should undertake an audit of records across the service and develop an action plan to address the poor record keeping, in line with the NHS Tayside Record Keeping Policy and NMC Standards for Record Keeping. This should have a particular focus on ensuring that records reflect the current circumstances of the individual.	Under development	Angus Health and Social Care Partnership (AHSCP)	Mid January		District Nursing service will be included in above audit. (AC) New record has now been introduced within the District Nursing service which is person-centred (intro June 21) (AC)		
1.4	Homecare should complete the programme of updating processes and guidance across the service that has commenced in relation to case recording and referral information. The service should implement an audit of records across the service and develop an action plan to address the poor record keeping.	Under development	Angus Health and Social Care Partnership (AHSCP)	Mid January		<p>Monthly case file audits are in place by SSCO and HCM to ensure consistency and highlight any issues to be actioned by workers.</p> <p>Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within ECS meetings (AC)</p> <p>Audit tools to be reviewed to ensure there is a focus on ASP cases/consider separate audit tool for ASP cases. All ASP cases are audited monthly. All ASP cases are highlighted at MDT - this info needs to be cross referenced to ERT cases by SSCO. SSCO to highlight ASP cases in case files.</p> <p>Case Recording training to be rolled out to all ERT staff.</p> <p>All these actions will be included in the ERT action plan</p>	<p>Audit of CCPG assurance reports will include homecare service.</p> <p>Homecare service provided by external agencies would require this to be agreed as part of commissioning arrangements.</p> <p>Audits regularly take place within District Nursing. However, there was recognition that the patient held records required to be updated. A new record has been developed and is currently being implemented. The new record format will facilitate better record keeping. District Nursing will also need to implement some training on the importance of record keeping.</p>	
1.5	NHS Tayside should review hospital discharge procedures to ensure processes for sharing information on hospital discharge are robust and this happens timeously to inform community services. District Nurses should be included in these procedures. They should consider the appointment of a health professional to co-ordinate health input/ monitor health needs ensuring links to primary healthcare are made for community settings.	Grace to link in with Sean McArtney on progress with the clinical documentation	NHS Tayside			<p>New clinical documentation is currently being tested and includes section pertaining to discharge planning. This has included the introduction of EKORA and the planned development of a supporting discharge document that will be used within both acute and partnership areas.</p> <p>Improvement work with Hospital Discharge hub has progressed</p>		

1.6	<p>The AHSCP should consider the development of an enhanced care service for people under 65 to include expanding the current MDT system to enable it to be more flexible, responsive, and inclusive to need, rather than be focussed on age. This should include considering a review of the provision of ANP roles across Angus to ensure equity of access and support to treatments and consideration of an ANP within the AIDARS service.</p>	<p>Angus Health and Social Care Partnership (AHSCP)</p>	<p>Work in progress. Whilst Monifieth Integrated Care was aimed at older people, the project did occasionally include under 65 cases. Planning is underway to extend Integrated Care to other areas of Angus and the roll out will include under 65's. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within ECS meetings (AC).</p> <p>The needs of particular younger adult population to be addressed: Neurological enhanced community support to continue to be tested and rolled out in Angus (AC) AIDARS working on model to achieve MAT standards with primary care with focussed stakeholder engagement. (AC) Mental Health/Angus Clinical Partnership group development event planned with view to improving interface between primary care and mental health services. (AC) ANP roles are being considered within Mental Health including</p>
1.7	<p>NHS Tayside should progress the finalisation of work currently underway to introduce an electronic referral process from Primary Care to the Acute Medical Unit (AMU), assess whether any similar referral processes are required between Primary Care and other acute services and, develop clear referrals processes where they are required.</p>	<p>Discuss the latter part as to whether any additional referral processes are (a) required or (b) have been implemented.</p> <p>NHS Tayside</p> <p>Will pick up at meeting with Pam and Kathryn on Monday 13/12</p>	<p>Linda Fox has been contacted for update on this work which had commenced during the SCR</p>
1.8	<p>The AHSCP should ensure all services have a system in place to provide assurance that a case referral made from one service to another has been received and that the required support has commenced, prior to current service support ending and the case being closed. This will ensure that no one is left without any ongoing support when they have been assessed as requiring it.</p>	<p>Angus Health and Social Care Partnership (AHSCP)</p>	<p>SCR O18 Rec. 4 Action 8: work to be undertaken with local GP's to develop clear information sharing and recording process for when an adult is at risk.</p> <p>SCR O18 Rec. 9: Angus HSCP also to review the current system of managing referrals and discharges from CMHT to ensure that all cases are fully considered by all relevant professionals: No update or timescale.</p> <p>AHSCP ASP Audit Rec. 22: Referral documentation should be developed where cases are to be transferred or co-worked between teams. This should include the expectation of a chronology at handover. Referrals to other agencies should contain an assessment of risk and need and a clear request for the scope of work expected.</p> <p>AHSCP ASP Audit Rec 2: Electronic prompt to respond to referrers that concerns have been received. However, this remains unresolved. This has been passed to Eclipse lead Susanne Smeaton for review/consideration during change board meetings. Discussion to take place within wider ASP Eclipse review</p> <p>SCR O18 Rec. 11: Angus HSCP should review how agencies work together in sharing relevant information and concerns to ensure individuals are enabled to access the right services with flexibility across professional services and geographical boundaries</p> <p>ICR/Case Review R19: The Policy and Practice sub group of AAPC should consider the benefit of agreeing and implementing a shared risk assessment tool</p> <p>SLWG convened and front sheet developed for info sharing to GPs to advise of AP measures</p> <p>Transfer of cases OI to be reviewed to include expectation of chronology as per OI – completion date Dec 2021</p> <p>ECS meetings with regular discussion of at-risk persons to facilitate handovers.</p> <p>Planned Care Board to continue to review referral cancellations to ensure appropriate pathways. QI work involving General Practice is planned.</p> <p>Can we look at how we can use ECLIPSE to evidence/ document this as well as a completion timeframe? It would also require operational instruction updates built into this process. This can be taken to the Eclipse Change Board and given high priority. (PM)</p> <p>this is referrals or is this in fact further concerns raised by other services (needs to be clarified as the referral prompt to respond to ASP referrals is presently sitting with ECLIPSE Change Board) (PM)</p> <p>In complex or disputed cases, the Complex and Co-existing Conditions Panel process is invoked. (LK)</p>
2.1	<p>Primary Care services consider the use of the Palliative prognostic score which might prompt clinicians to realise that someone is dying, even in the absence of a diagnosis.</p>	<p>NHS Tayside and AHSCP</p>	<p>AHSCP: Not clear whether this relates to GPs or wider primary care. (AC)</p> <p>Primary care LES is available to all GP practices in Angus to support palliative care. MDT meetings include use of prognostic scores where possible. (AC)</p> <p>Prognostic scores widely used within district nursing service. (AC)</p> <p>Greater involvement of Macmillan nurses within integrated primary care teams is being trialled. This may improve recognition and support for patients not formally engaged within palliative or cancer services. (AC)</p>
2.2	<p>Health care professionals should be committed to the provision of consistently high-quality end of life care for all that reflects the 4 principles set out in The Scottish Government's guidance for caring for people in the last days and hours of life (2014).</p>	<p>NHS Tayside and HSCP/all health staff</p>	<p>NHS Tayside: Iona Philp, Macmillan Palliative & End of Life MCN Manager / Transformation Programme Pain Pathways Lead has agreed to assist with this</p>

2.3	<p>Services within AHSCP should ensure they support integrated working and the involvement of the correct professionals/agencies at the correct time. Consideration should be given to inviting Social Care Officers (SCOs) to practice MDTs or ECS meetings. There is a need for clear information and guidance to be made available for staff about what health services are available and how these can be accessed.</p>	<p>Angus Health and Social Care Partnership (AHSCP)</p>	<p>AHSCP ASP Audit Rec.16: The right people with the right knowledge and decision making powers need to attend case conferences and other relevant ASP meetings- all agencies/APC PSC</p>	<p>Invitations to ASP meetings is being extended to include care at home, day care, and district nursing.</p> <p>Regular communication between home care providers and the Community Nursing service to continue to be developed.</p> <p>Clear guidance is now in place to ensure clinical care needs and concerns are communicated directly to community nursing teams with regular meetings in place at local level. This shouldn't be limited to e.g. District Nursing but involve the most appropriate clinical lead for the case at the time. (AC)</p> <p>NHS Tayside: Iona Philp, Macmillan Palliative & End of Life MCN Manager / Transformation Programme Pain Pathways Lead has agreed to assist with this</p>
2.4	<p>The AHSCP should review the process for referring to District Nurses to adopt a person centred rather than a task focussed approach. This review should include a system where, when required, individuals are admitted to the District Nursing caseload rather than just receiving input for specific tasks to ensure a holistic and person-centred approach to meet the health needs of individuals. Written criteria relating to the role of the District Nursing service and the referral process should be made widely available to aid understanding of the district nursing role and how it can be accessed.</p>	<p>Angus Health and Social Care Partnership (AHSCP)</p>		<p>District Nursing caseload admission and discharge document agreed across Tayside is in development and shortly to be agreed. (AC)</p> <p>District Nursing have developed Admission and Discharge Guidance. This is in its final draft and out to the District Nurses across Tayside to comment on prior to launching early 2022. District Nursing can ensure that this is made widely available. (AC / KF)</p>
2.5	<p>AHSCP should review the current reach of anticipatory care planning to ensure that patient's receive care earlier rather than later and that information is available to all professionals involved in unscheduled and secondary care.</p>	<p>Angus Health and Social Care Partnership (AHSCP)</p>	<p>AHSCP ASP Audit Rec. 8: There should be more explicit analysis of risk in the ASP1 investigations: Generic Risk assessment will be trialled in one team for three months. This has been raised to ASP Training Sub Group for review and consideration – now sits with Chair of Training Sub Group Fiona Pollock Completion Jan 2022</p> <p>AHSCP ASP Audit Recs. 10 and 11: effective chronologies must be prioritized as a routine casework task. These must be produced in a way that adds value to informing risk assessment. Tayside Practitioners Guidance: Chronologies (2019) should be followed: A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>AHSCP ASP Audit Rec.18 Earliest possible collaborative and SMART intervention should be taken and recorded, prior to the adult protection threshold: The non-protection risk assessment has been re-named as the generic risk assessment. An operational instruction has been drafted - Completed</p> <p>SCR 018 Rec. 6: The learning from 018 should be used to inform the ongoing work of the Transitions Group. This should include the following: The identification of young people who may be vulnerable and who would benefit from additional support. Consideration of support options where young people do not meet the threshold for statutory services. Development of a coordinated approach and a pathway of support based on identified need: A gap analysis has now been undertaken. This information is currently being analysed and membership of SLWG's are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas – no timescale given</p> <p>SCR 018 Rec.13: Angus HSCP should develop a process that facilitates staff to identify cases and access support and advice from fellow professionals. The process should be inclusive of opportunities for reflective practice to develop.</p> <p>ICR/Case Review R19: There is a need to ensure we develop a shared understanding of the roles and responsibilities of different agencies and create the conditions for improved joint working that resolve concerns and reduce negative attitudes.</p>	<p>Generic Risk assessment will be trialled in one team for three months. Completion Dec 2021.</p> <p>Guidance to be developed to ensure level of risk determines decision to raise IRD or elevated directly to Case conference. Will require discussion within Team Management Forum</p> <p>Anticipatory care planning is included within the Angus annual assurance template. An audit will take place regarding the performance in this indicator for all partnership services with barriers to an anticipatory care</p> <p>A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>The non-protection risk assessment has been re-named as the generic risk assessment.</p> <p>A gap analysis has been undertaken and the information currently being analysed and membership of SLWGs are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p> <p>The transitions group is a strategic planning group and not a case planning group. This would sit with CCCP if not resolved through current pathways. Pathways of support and early intervention resources are being developed in the Transitions Group.</p> <p>All services have Adult protection Champions to signpost staff to advice and guidance, to support in complex cases and in promoting good practice in ASP. Test of Change of this approach being undertaken to end of January 2022.</p> <p>Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed. District Nursing are currently testing the use of REFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p>
2.6	<p>NHS Tayside should consider a pathway for admission to an acute medical hospital setting for people with chronic long-term issues where wider acute medical problems cannot be managed within primary care settings</p>	<p>NHS Tayside</p>		<p>NHS Tayside: Meeting arranged with Pam and Kathryn on 13/12 to discuss.</p> <p>AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)</p>

2.7	NHS Tayside should consider the need to develop a "suspected cancer" fast-track service that GPs can access.	NHS Tayside	<p>NHS Tayside: Meeting arranged with Pam and Kathryn on 13/12 to discuss</p> <p>AHSCP: This is already in existence with urgent suspected cancer referrals highlighted within the electronic system. However, there are concerns with regard to referral cancellations which are being highlighted to NHS Tayside by the GP subcommittee. Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)</p> <p>The NHS Tayside Cancer board, primary care QI network and GP referral advisors (alongside the NHS planned care board) are reviewing this area of care. (AC)</p> <p>Referral pathways approved by the GP sub are shared within refGuide system so primary care clinicians can readily access. This is a new development which is being rolled out. (AC)</p>
2.8	Angus HSCP should review the falls pathway to include confirmation to referrers that the referral has been received, what follow up action will be taken and when and alerting referrers to issues of non-engagement and case closure.	Angus Health and Social Care Partnership (AHSCP)	Falls pathway will be taken forward by Angus falls group. Standard practice is that the Falls Service phone patient x2, leave message on voicemail. If available if no contact made after 2 calls then a standard letter is sent out inviting them or family/friend to call department. It does not say they will be discharged from the service because we would like them to phone department at any time. Also, the service would call NOK but more often than not they do not have this information. If a referral comes through the generic email then the recipient does reply with a thank you but if it is a message on the answering machine then this won't happen.. but the service send out feedback form to all referrers with action taken or that they have not been able to get in touch with them. (AM)
2.9	The Angus Falls service should consider liaising with Occupational Therapists and Physiotherapists who attend practice Multidisciplinary Team meetings (MDTs) and ECS meetings	Angus Health and Social Care Partnership (AHSCP)	This should already be happening. May need reinforced to all ECS teams. At the time of this referral from SAS it was not standard practice for all referrals to be highlighted to OT/PT. When the community alarm to falls service pathway changed, the falls assessor trialled sending out weekly notifications through the generic OT/PT mailbox. This is something that shall be revisited. Could the service maybe highlight a "falls champion" in each locality? Could be AHP/ nurse/ medic, someone who attends the MDTs that could have weekly contact with Falls Assessor? (AM)
2.10	Angus HSCP should review the need for staff education and training in relation to the Falls Pathway.	Angus Health and Social Care Partnership (AHSCP)	This is being taken forward by the Angus falls group with additional resource agreed to support. A wide range of professionals from Angus HSCP are invited to the Angus Falls Group, with agenda item discussion around the pathways into the service that should be shared within teams by those attending. Falls Team now set up on Microsoft Teams with documentation/ files added to, this has been promoted through the group, we have been and continue to do staff training, videos made that staff can watch when required. (AM)
3.1	Angus APC review the learning and development and quality assurance opportunities in place to support staff. Managers and Review Officers to develop consistent practice in producing adult protection plans that are linked to a clear assessment of need and risk, which are reviewed to ensure they are dynamic in nature, clear for the adult at risk and offer direction to agencies involved.	<p>A programme of learning is developed for first line managers to develop their capacity to support staff in ASP work.</p> <p>Angus Adult Protection Committee (APC)</p> <p>Programme developed and implemented and evaluated. Multi Agency Guidance and Good Practice Guidance developed</p> <p>Jun-22</p>	<p>SCR 018. Rec. 15 Action 2: A review of multi-agency AP training should be undertaken with regards to input regarding risk assessment and protection plans; Work ongoing in relation to ongoing future demand for Council Officer training.</p> <p>AHSCP: Services are hampered by lack of reliable central data about Council Officer training. Meeting agreed need for central data base and for each TM to keep a record themselves of who in their team has necessary qualifications. George has asked Fiona Pollock to work with Service Leaders on current and projected Adult Protection demand and future needs for Council Officer-qualified staff. Action: George to discuss with Fiona and Kathryn Lindsay (CSWO) when picture complete</p> <p>SCR 018 Rec.15: AAPC should review the learning development and quality assurance</p> <p>SCR 018 Rec.5 AAPC should support AHSCP to undertake a comprehensive review of the Adult Protection System: ASP Audit SLWG on quality assurance addressing the following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion?</p> <p>A generic, consistent evaluation process to be developed for use with PPA WLD learning</p> <p>A programme of quality assurance and scrutiny is in place.</p> <p>Audit-SLWG on Quality assurance is addressing the following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion? -are there resource/time/capacity issues that need to be overcome? -how do we ensure that any changes stick and avoid reversion to old ways? -Next meeting 4 November 2021.</p>

		All agencies to ensure first line managers are able to support staff with their contribution to developing risk assessments and AP plans. (Link to rec. 3.2 and 3.9 re processes and purpose of Core Group Meetings)	All single agencies		Jun-22	AHSCP Rec.8: There should be more explicit analysis of risk in the ASP1 investigations; Identify training needs in relation to professional curiosity to support critical analysis.	Generic Risk assessment will be trialled in one team for three months
3.2	Angus APC should develop clear guidance in relation to decision-making and accountability of the various stages of the ASP process e.g. referral, investigation, case conference and that any guidance is supported by a governance and quality assurance process that monitors the effectiveness of the process. Staff training should be provided to ensure this is clearly understood and local operational procedures should be reviewed within this context.	Tayside ASP Protocol to be amended to Good Practice Guide, with specific sections included for more complex needs. Dissemination process and awareness raising programme to be developed upon completion.	Angus Adult Protection Committee (APC) Policy and Practice Sub group and Tayside Lead Officers group	Good Practice Guidance in place that is easily accessible to all staff. Appropriate awareness raising and dissemination has taken place	Jun-22		Discussion taken place across Tayside with agreement that Tayside ASP Protocol requires revising
3.3	The AHSCP should ensure that membership of core group meetings should include health professionals and the introduction of Adult Protection Advisor posts within NHS Tayside should be considered to support ASP meetings to ensure there is always adequate representation, good decision making and escalation.		Angus Health and Social Care Partnership (AHSCP)			ICR/Case Review R19: The Policy and Practice sub group of AAPC should consider the benefit of agreeing and implementing a shared risk assessment tool. AHSCP ASP Audit Rec.16: The right people with the right knowledge and decision-making powers need to attend case conferences and other relevant ASP meetings. Further contributions from relevant health professionals are needed: No timescale or updated given	Generic Risk assessment will be trialled in one team for three months 2021 saw the involvement of an adult protection advisor from NHST in every adult protection case conference and at every adult protection core group meeting in Angus, and this is ongoing as at December 2021 (MH). Greater involvement of Angus AMD and lead nurse within work of Adult protection will improve links between health and social care for ASP and ensure appropriate engagement of relevant health services. (AC)
3.4	For those subject to ASP measures and in hospital for two weeks or more, consideration should be given to developing a joint process with the locality HSCPs and NHS Tayside that allows, at the point of discharge, a joint ASP core group and pre-discharge planning meeting to take place.	Grace to link in with Sean McCartney re this and the planned discharge document and link to the NHS ASP Policy that sets out a standard in relation to this.	NHS Tayside and HSCP/All health staff				AHSCP: All teams to be reminded to invite Independent Advocacy to a team meeting with staff on an annual basis. (JR). Every adult protection case conference and review case conference always addresses the matter of independent advocacy. (MH) Greater involvement/access to advocacy can be achieved through social prescribers in General Practice. Ensure social prescribers are engaged in all GP practices within ECS/MDT meetings
3.5	All statutory partners should explore how advocacy services can become more involved in the ASP/AWIA process to ensure adults are supported throughout these processes. This should include reviewing current practice and identifying barriers to the involvement of advocacy.	Conversations take place with Advocacy services in localities and priority is given to referrals relating to statutory processes. Opportunities to raise staff awareness of advocacy are reviewed- recent example with the input to Caseview. The benefit of advocacy is captured within ASP training	All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)				
3.6	Angus HSCP should review the documentation process for core group meetings to ensure they are able to evidence the discussion and decision making. This should include considering the role and provision of admin to support operational staff preparing minutes for AP meetings. It would also be helpful to add a section to the current documentation that allows for "barriers to information sharing and agreed actions to mitigate against the risk of information not being shared" being captured.		Angus Health and Social Care Partnership (AHSCP)				Completed.ASP1 reviewed and amended. Minute of CGM reviewed and amended. There is a new process for communications with GPs as part of O18. improvement plan. This will continue to be evaluated. Completed.ASP1 reviewed and amended. Minute of CGM reviewed and amended. (MH)
3.7	All statutory partners should ensure that the Tayside ASP Minimum Learning Standards that have been identified for ASP training are shared and that training is available within each partner organisation to meet these requirements and that training data is shared routinely with the Angus APC.		All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)				NHS Tayside: NHS Tayside supports the MLS and provides a range of training as a single agency and within multiagency training. NHS Tayside is currently developing an AP Training Strategy that links with the Tayside MLS framework. NHST QA framework and is now being shared with locality APCs/sub groups
3.8	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup	Practice Guide updated as necessary. Awareness raising and dissemination has taken place	Feb-22		
3.9	The Angus Adult Protection Committee should develop criteria for the role of the case holder with lead responsibility for ASP cases. This could be included within the above guidance, with a clear focus on empowering them to make decisions.	Link to Action 3.2 - Multi agency guidance in place. Consideration to be given to Council Officer Framework and national guidance	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup		Jun-22		

3.10	All agencies should update their local operating procedures to reflect the above guidance which should include having one clear case holder with responsibility for the case. Although it is recognised that it is often necessary to have more than one service co-working a case and collaborating to achieve best outcomes for the individual, there should be one clear case holder leading the co-ordination of complex cases, to ensure clear lines of accountability.	All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)	AHSCP: Every adult protection case (where an adult at risk has a protection plan agreed at a case conference) always has an allocated key worker and has since 2009 in Angus. (MH)		
3.11	The AHSCP should consider the role of a lead professional within adult support and protection processes and what the role, function and decision making requirements would be.	Angus Health and Social Care Partnership (AHSCP)	In Angus the keyworker allocated for every adult at risk subject to a formal protection plan always has the clear task - the receipt and dissemination to relevant professionals of any information relevant to the wellbeing of the adult at risk. (MH)		
3.12	The AHSCP should ensure Service Leaders have a robust system in place for monitoring ASP cases and raising these with Team Managers in supervision. The AHSCP should consider the extent to which there is a culture of support in managing complex adult support and protection cases, including time for cases to be explored, risks to be escalated and decisions to be given some further oversight and governance. Staff need to understand how Senior Managers can influence. Clear information should be provided to Team Managers about the role and responsibilities of Service Leaders which is consistent across all services within the AHSCP.	Angus Health and Social Care Partnership (AHSCP)	<p>SCR 018 Rec. 13 Actions 1 and 2: Angus HSCP should review the training needs across the staff group in relation to understanding of the inter-related nature of trauma, adverse childhood experiences, mental health and substance use and implications of GDPR in terms of information sharing. A process should be developed to facilitate access to specialist peer support</p> <p>Draft operational instructions for ASP supervision have been agreed by service leaders for a test in 3 teams. Support to managers in form of discussion groups is in place. Measures in place: 1. staff perception in terms of reflective supervision 2. time needed for managers to undertake this model.</p> <p>We need a clear escalation process in place about cases of concern, also with cases that do not sit within ASP. This needs to sit across all services within the partnership, both social work and health. (PM)</p>		
3.13	The Angus Adult Protection Committee should provide training to care at home staff about thresholds, escalation and person-centred care and accountability in the context of adult protection. This could be informed by the Tayside Practitioners good Practice Guide.	Link to rec. 3.1 and 3.9. Good Practice guide to be developed. Care at Home providers to ensure staff can access the PPA LD framework and bespoke programme developed in partnership with Care at home providers if necessary	Angus Adult Protection Committee (APC) - PPA L7D Sub	Number of Care at home staff accessing PPA training. Programme of learning in place if necessary	Jun-20
3.14	Angus Council should ensure that contracts with providers make explicit escalation responsibilities. This should include clear information to the provider on how to escalate concerns and who to escalate these to.	Angus Council			
4.1	NHS Tayside should develop a clear pathway for accessing an assessment of capacity. This should include individuals with alcohol issues, those who have substance use dependencies and people with a physical disability who are not accessing a psychiatry service and should be irrespective of age.	NHS Tayside	<p>A SLWG was commissioned by the medical and Nurse Director and was chaired by a Consultant Psychiatrist. Membership was reflective of the 3 Tayside localities and the multiagency representation.</p> <p>A Capacity Assessment pathway has been developed and approved by PPEG and next steps include:</p> <ul style="list-style-type: none"> - Review of Pathway by MWC - Development of EQIA - Discussion at Tayside GP Sub 14/12 - Development of a LearnPro module on Consent, Capacity and Supported Decision Making - Education resource bank - ANPs attend NES course on assessment of capacity and consent to treatment for Advanced Nurse Practitioners (ANP) which will expand those able to undertake this activity - Audit impact of pathway 		
4.2	NHS Tayside, the AHSCP and Angus Council should develop a protocol for sharing the outcome of a capacity assessment with the care team, particularly if an adult is deemed to retain capacity. This should include guidance in relation to where there are challenges in terms of determining if someone has capacity. If they are under ASP measures, there should be a specific plan identified in terms of identifying how the capacity assessment will be progressed, with clear actions and timescales identified.	NHS Tayside, AHSCP, Angus Council	<p>Linked to 4.1</p> <p>Escalation component built into pathway if unable to secure a capacity assessment for a specific reason</p> <p>Capacity Assessment Pathway will be useful for the ASP care group to complete which will provide the necessary information to support a capacity assessment request</p>		
4.3	NHS Tayside should ensure appropriate AWIA education and training is provided to relevant acute and primary care services on the difference between an assessment of capacity and S47 consent to treatment. This should include GPs, so they are clear on their role in terms of undertaking assessments such as S47 and capacity assessments. Local operating procedures should be updated to make this explicit.	NHS Tayside	<p>LearnPro module being delivered (completion date 31/1/22) on Consent, capacity and Supported Decision making</p> <p>Links to the current S47 documentation and the Informed Consent Policy will be made and all available via the NHST AP Staffnet page with links to other resources and good practice guidance.</p>		
4.4	The AHSCP, Angus Council and NHS Tayside should ensure that ASP/AWIA training, including regular refresher training, is made mandatory for all relevant professionals. Clear governance should put in place to ensure mandatory and refresher training is undertaken by all staff.	<p>NHS Tayside: Service specific training is identified by each service but a number of services would benefit from having regular updates in legislation and this will be possible via the Crossing the Acts training.</p> <p>NHS Tayside: Explore opportunity as to whether this could be developed in an elearning module via the Tayside Leads group.</p>	NHS Tayside, AHSCP, Angus Council		

						AHSCP ASP Audit Recs. 39,40 and 41: General level ASP training should be undertaken as part of induction for all operational staff in adult services. This should be given the same mandatory importance as data protection training. Rather than a policy this is now being considered a "Plan". The draft will be updated to include changes of timescales to sit alongside the induction and training and development. This will be discussed at MTM on 21.10.21
4.5	NHS Tayside should develop procedures for identifying and investigating impaired cognitive function, including alcohol-related cognitive impairment. Such protocol and procedures should identify appropriate referral and treatment options.	A SLWG is being established within Dundee HSCP around ARBI and opportunities to contribute to this will be explored. Arrange conversation with key clinicians within substance misuse and neuropsychology services.	NHS Tayside			Discuss this area further at meeting with Pam and Kathryn on Monday 13/12 AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)
4.6	NHS Tayside, Angus Council and the AHSCP should provide guidance and training for staff around the relationship between alcohol, care, capacity and ARBD. All appropriate staff should be trained in the identification, assessment, and management of ARBD. This should include responsibility to assess the impact of persistent alcohol abuse on an individual's capacity to respond to proposed care and treatment plans, the potential role of protective legislation in implementing care plans to protect individuals and clarify on how long an individual requires to be abstinent from alcohol before a capacity assessment can be undertaken. The resulting agreed process should be shared across Tayside. The Angus Alcohol and Drugs Partnership intend to explore commissioning some bespoke training for staff on this issue.		NHS Tayside, AHSCP, Angus Council			The Policy and Practice Sub Group of the Angus APC (chaired by NHS) has identified the need to develop a Good Practice guidance document (as part of the suite of such guides already developed) around Alcohol and Safeguarding. AHSCP: Stakeholder engagement planned between mental health services and clinical partnership group which should inform future closer working between primary care and mental health services. (AC) This will require separate workstreams across agencies highlighted within this recommendation. Angus ADP should lead on this and identify a clear workstream to take this forward, focusing on levels of awareness/ training required to ensure a clear knowledge base supports effective and targeted practice. This will require elevation/ discussion with Tayside ADP and how this can be a targeted approach across the 3 HSCP to ensure a consistent approach. A managed and inclusive workforce development plan will be required to take this forward. (PM) Pathways for people experiencing alcohol related brain damage, and indeed other acquired brain injuries should be clear within NHST Tayside and taken forward through the Living Life Well
5.1	Angus APC should consider additional learning opportunities on understanding and dealing with self-neglect on a multiagency basis and should include information on the legal framework surrounding this issue. Such training should include a specific focus on alcohol-dependent adults and recognise the complicated role that alcohol plays in adult protection and that 'lifestyle choice' is often an unhelpful paradigm, and to avoid stigmatising those who misuse alcohol.	Review of current resources/training to ensure sufficient focus on alcohol as a risk factor in respect of self neglect	Angus Adult Protection Committee (APC) and ADP	Resources reviewed and updated as necessary	Feb-22	
5.2	Angus APC should continue to promote the Practitioner's Guidance and review this in light of learning from this case. Additionally, there would be merit in seeking feedback on this toolkit from practitioners on its relevance in order to further refine and enhance the guidance over time.	Link to rec 5.1 Evaluation of toolkit to be undertaken	Angus Adult Protection Committee (APC); ADP and AAPC Policy and Practice Sub	Toolkit evaluated and outcome reported to AAPC	Feb-22	
5.3	NHS Tayside should build on the process adopted for MAPPA alerts to include alerts for vulnerable adults within ehealth systems such as EMIS/Trak and that such alerts can also be used to highlight risks such as non-engagement that can then be acted upon. NHST should develop a Standard Operating Procedure to better manage and track vulnerable patients who fail to attend clinic appointments.		NHS Tayside			Progressing pathway similar to MAPPA alerts for AP alerts as mentioned with pull through to Clinical Portal and EMIS.
5.4	Partners within Angus HSCP should develop and implement a process which allows staff to purchase basic items quickly when required to ensure essential care can be provided in cases of extreme self-neglect.		Angus Health and Social Care Partnership (AHSCP)			This already exists under emergency payments under S12 SW (Scotland) Act 1968. Awareness may need to be raised with non-SW qualified staff.
5.5	The Angus APC should ensure that learning and recommendations from this SCR are shared within Angus and across Tayside and provide assurance to staff that a range of improvements will be implemented to decrease the chances of such a situation happening again.	Learning pack and dissemination programme to be developed, similar to O18 to include assessment of use and impact within single agencies	Angus Adult Protection Committee (APC); Lead Officer and Reviewers	Pack developed and dissemination strategy in place. Regular assessment of use and impact within single agencies undertaken	Launch of pack February 2022 to coincide with National Adult Protection Day	

5.6	A multi-disciplinary approach should be taken across Angus HSCP to ensure all individuals, irrespective of grade or employing organisation who are supporting individuals should have the opportunity to be involved in team discussions and have their contributions valued.	Angus Health and Social Care Partnership (AHSCP)	AHSCP ASP Audit Rec. 24: Relevant supervision policy should be revised:	Supervision satisfaction survey undertaken. Ols updated and an evaluation of the trial of the draft instructions to be undertaken- Completion date January 2022. See MDT and Integrated Care references above Home care workers should be closely linked with the district nursing service and contacted directly with clinical care concerns, with regular meetings. The ECS/MDT values of equal partners in care should be reinforced within all teams. Relevant REFLECT self-evaluation to be carried out within all services in Angus HSCP.		
5.7	The AHSCP, Angus Council, NHS Tayside and the ADP should ensure all relevant staff receive training and awareness in relation to alcohol use, substance misuse and comorbidities to address the attitudes and stigma surrounding these and so that staff know where they can go for support, and where to refer people when they need help. This should include GP's and commissioned service providers.	NHS Tayside: Link in with clinical colleagues from Substance Misuse to identify what training is currently provided/planned and any gaps AHSCP: Angus mental health services and Clinical Partnership Stakeholder event will support moving forward with this together. (AC)	NHS Tayside, AHSCP, Angus Council, AADP			
5.8	NHS Tayside and the AHSCP should consider the need for alcohol enhanced outreach services for individuals who are heavily reliant on acute services and build on any existing work that is already being undertaken in this area.	NHS Tayside: Discussion with Substance Misuse Services and ADP on current plans to be arranged- need to identify who is leading on this? AHSCP: AIDARS is readily accessible by service users, accepting telephone referrals. (AC)	NHS Tayside and AHSCP			
5.9	NHS Tayside and the HSCP's should develop guidance to assist practitioners in providing safe and appropriate care for individuals who are difficult to engage or who do not attend an appointment. Such guidance should recognise there may be valid barriers to engagement which an individual may need help to overcome and takes account of the severity of concerns and levels of risk and includes support for multiagency systems to coordinate positive and assertive engagement.		NHS Tayside and HSCP/All health staff	AHSCP: Enhanced community support MDT meetings available and established in all Angus GP practices. (AC) Neurological ECS now being trialled (joint meetings between DN and specialist neuro. Nurse), early indications are positive with plans to roll out. (AC) AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future. (AC)		
5.10	The AHSCP should review their assessment and care management procedures to include guidance for staff when an individual who is dependent upon alcohol repeatedly comes to the attention of health and/or social work services. Procedures should ensure an assessment of the individual's capacity to consent to and co-operate with proposed care and treatment necessary to protect his/her health, safety and/or welfare.		Angus Health and Social Care Partnership (AHSCP)	AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future. (AC) There are in fact two different recommendations within 5.10: Point 1 There are clear referral structures and review structures embedded within the completed Dual Diagnosis Pathway between substance and mental health services. This is also included within the North East ECS Project, which includes primary care representation. These pathways would benefit from review within the care management review, as well as discussions within Community Nursing as part of ongoing MDT developments/ roll out across Angus. (PM) Point 2 Procedures to ensure capacity to consent requires to be included within the present review of capacity assessment pathways, or lack of within Tayside, as well as discussions around targeted training around Crossing the Acts Training (AWI, ASP, Mental health legislation) being developed within Angus. Needs embedded within		
5.11	Angus Council Communities (housing) should develop clear guidance that provides the flexibility and governance required to ensure regular inspection of those properties where concerns have been raised on a regular basis.	Implement inspection protocol for properties where concerns have been raised	Angus Council	Number of properties where concerns have been raised by risk level - high/medium/low Percentage of inspections completed as per agreed inspection rate	01/04/2022 - review implementation quarterly thereafter	Housing Management Team discussion 15/12/21. Agreed to implement inspection Protocol for properties where concerns have been raised. This will cover: Role of other agencies/ communication of concerns when identified/ identifying key contacts Assessment of level of risk, links to inspection rate Escalation process where access denied
5.12	Angus Council Communities (housing) should develop a protocol in relation to vulnerable people at risk requiring urgent housing that provides clarification on roles and responsibilities for vulnerable people requiring temporary housing. This should make clear who has responsibility to secure accommodation when housing have no accommodation available and this should be made widely available to partners.	Review existing temporary accommodation policy	Angus Council	Temporary accommodation policy is reviewed and available to partners Percentage offered temporary accommodation immediately	01/04/2022 - review implementation quarterly thereafter	Rapid Rehousing Transition Plan Housing Management Team discussion 15/12/21. Agreed to review existing temporary accommodation policy to consider: Role of direct access flat at North Grimsby / other direct access accommodation; use of supported housing as interim accommodation; store of furniture; provision of support/ role of AHSCP: escalation policy when suitable accommodation/ support cannot be identified through normal channels
5.13	The AHSCP should consider how they will meet the needs of people under the age of 65 who have a need for respite care and progress plans to develop adequate provision. This could include a local, dedicated respite service for people under 65 in Angus who have complex lifestyles and that includes the right type of support and environment for this younger age group along with a suitable environment and suitably qualified and trained staff.		Angus Health and Social Care Partnership (AHSCP)			
5.14	The AHSCP should provide training to staff in respite services and/or bespoke input or support when they are required to support younger people with complex needs within an older people's respite environment.		Angus Health and Social Care Partnership (AHSCP)			Neurological ECS now being trialled (joint meetings between DN and specialist neuro. Nurse), early indications are positive with plans to roll out. It may be with enhanced support in the community, less reliance is placed on residential facilities or hospitals, with plans to roll out.

6.1	The AHSCP should review local ASP Operational Instructions to reflect the agreement described in this section in relation to Police Scotland.	Angus Health and Social Care Partnership (AHSCP)	
6.2	Police Scotland and Primary Care should work together to develop clear guidance for GP's and police detailing the information that sudden death reports should contain including good practice principles on how these reports should be written.	Police Scotland and NHS Primary Care	Police Scotland will obtain information on the deceased's medical history from the GP for timeous submission of the Sudden Death Report and within 24 hours of the death. The SDR report will report on the circumstances surrounding the death. COPFS can request further information from the GP should this be required.
6.3	NHS Tayside should identify a single point of contact within each practice/hospital service responsible for the provision of information to the Procurator Fiscal. This will ensure a process where it is clear where the responsibility lies for notifying the Procurator Fiscal when an adult subject to formal adult support and protection procedures has died and ensuring the correct information is provided.	NHS Tayside	NHS Tayside: Will pick this up with Pam and Kathryn on Monday 13/12 AHSCP: A short-life working group should be formed in order for primary care to respond to this recommendation. (AC)
6.4	Prior to completion of the SCR, a recommendation was submitted to Police Scotland as detailed below: 'Police Scotland and NHS Primary Care Services to ensure that when reporting Sudden Deaths to the Procurator Fiscal, that they should include in their reporting procedures when relevant, that the Deceased was subject to Adult Support and Protection procedures at the time of death'.	Police Scotland and NHS Primary Care	AHSCP: This was escalated to Alison Clement prior to completion of the SCR- need to contact Alison for update and how we develop this work on a Tayside basis. AC- national response to this recommendation is required. Police Scotland: Police Scotland are in the process of arranging a meeting with COPFS to discuss flagging on Sudden Death Reports for ASP. This will feature as a drop down screen to any national SDR system with the options, Yes, No and Unclear on the SDR to identify if the deceased is known to be under ASP.
7.1	The AHSCP should amend local operating processes to ensure that a prompt is built into the core group meetings where the core group should consider the need for any of the legal powers available. The chairperson of these meetings should explicitly record why Legal and/or Mental Health Officer representation are not included within the core group membership, if this is the case.	Angus Health and Social Care Partnership (AHSCP)	Local operating procedures amended.
7.2	The Angus Adult Protection Committee should review adult protection training to ensure, within the training, that there is a clear focus on the use of emergency powers covered in the training, as well as clarity of communication; ability to challenge another professional's decisions and that the views of others are considered. This should also consider how to address the issue of workers becoming unfamiliar with and less skilled in the use of legal interventions due to them being infrequently used.	Angus Adult Protection Committee (APC)	
7.3	The Angus Adult Protection Committee should consider the introduction of training for relevant staff that provides an overview of the 3 Acts available to keep people safe: the Adults with Incapacity (Scotland) Act 2000 (AWIA), the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and the Adult Support and Protection (Scotland) Act 2007 (ASP). From a learning perspective consideration should be given to requesting input and guidance from the Sheriff's Office in terms of criteria around the use of relevant orders including how these are used effectively in other areas of the country.	Angus Adult Protection Committee (APC)	

Angus Adult Protection Committee SCR P19 Action Plan Lead APC

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence or Action Already Undertaken	
3.1	Angus APC review the learning and development and quality assurance opportunities in place to support staff, Managers and Review Officers to develop consistent practice in producing adult protection plans that are linked to a clear assessment of need and risk, which are reviewed to ensure they are dynamic in nature, clear for the adult at risk and offer direction to agencies involved.	A programme of learning is developed for first line managers to develop their capacity to support staff in ASP work.	Angus Adult Protection Committee (APC)	Programme developed and implemented and evaluated. Multi Agency Guidance and Good Practice Guidance developed	Jun-22	SCR O18 Rec. 15 Action 2: A review of multi-agency AP training should be undertaken with regards to input regarding risk assessment and protection plans; Work ongoing in relation to ongoing future demand for Council Officer training.	AHSCP: Services are hampered by lack of reliable central data about Council Officer Training. Meeting agreed need for central data base and for each TM to keep a record themselves of who in their team has necessary qualifications. George has asked Fiona Pollock to work with Service Leaders on current and projected Adult Protection demand and future needs for Council Officer-qualified staff. Action: George to discuss with Fiona and Kathryn Lindsay (CSWO) when picture complete	Informal discussions, email correspondence, meeting agendas and minutes
						SCR O18 Rec.15: AAPC should review the learning development and quality assurance	A generic, consistent evaluation process to be developed for use with PPA WLD learning	An initial draft process has been developed and trialled with a small number of courses. The next step is to look to apply that process to other courses and review effectiveness
						SCR O18 Rec.5 AAPC should support AHSCP to undertake a comprehensive review of the Adult Protection System: ASP Audit SLWG on quality assurance addressing the following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion? -are there resource/time/capacity issues that need to be overcome? -how do we ensure that any changes stick and avoid reversion to old ways?	A programme of quality assurance and scrutiny is in place.	following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion? -are there resource/time/capacity issues that need to be overcome? -how do we ensure that any changes stick and avoid reversion to old ways?
		All agencies to ensure first line managers are able to support staff with their contribution to developing risk assessments and AP plans. (Link to rec. 3.2 and 3.9 re processes and purpose of Core Group Meetings)	All single agencies	Jun-22		AHSCP Rec.8: There should be more explicit analysis of risk in the ASP1 investigations: Identify training needs in relation to professional curiosity to support critical analysis.	Generic Risk assessment will be trialled in one team for three months	
3.2	Angus APC should develop clear guidance in relation to decision-making and accountability of the various stages of the ASP process e.g. referral, investigation, case conference and that any guidance is supported by a governance and quality assurance process that monitors the effectiveness of the process. Staff training should be provided to ensure this is clearly understood and local operational procedures should be reviewed within this context.	Tayside ASP Protocol to be amended to Good Practice Guide, with specific sections included for more complex needs. Dissemination process and awareness raising programme to be developed upon completion.	Angus Adult Protection Committee (APC)	Good Practice Guidance in place that is easily accessible to all staff. Appropriate awareness raising and dissemination has taken place	Jun-22		Discussion taken place across Tayside with agreement that Tayside ASP Protocol requires revising	Note of Lead officer meeting Tayside Lead Officer Action Plan
3.8	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup	Practice Guide updated as necessary. Awareness raising and dissemination has taken place	Feb-22			
3.9	The Angus Adult Protection Committee should develop criteria for the role of the case holder with lead responsibility for ASP cases. This could be included within the above guidance, with a clear focus on empowering them to make decisions.	Link to Action 3.2 - Multi agency guidance in place. Consideration to be given to Council Officer Framework and national guidance	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup		Jun-22			
3.13	The Angus Adult Protection Committee should provide training to care at home staff about thresholds, escalation and person-centred care and accountability in the context of adult protection. This could be informed by the Tayside Practitioners good Practice Guide.	Link to rec. 3.1 and 3.9. Good Practice guide to be developed. Care at Home providers to ensure staff can access the PPA LD framework and bespoke programme developed in partnership with Care at home providers if necessary	Angus Adult Protection Committee (APC) - PPA L7D Sub	Number of Care at Home staff accessing PPA training. Programme of learning in place if necessary	Jun-20			
5.1	Angus APC should consider additional learning opportunities on understanding and dealing with self-neglect on a multiagency basis and should include information on the legal framework surrounding this issue. Such training should include a specific focus on alcohol-dependent adults and recognise the complicated role that alcohol plays in adult protection and that 'lifestyle choice' is often an unhelpful paradigm, and to avoid stigmatising those who misuse alcohol.	Review of current resources/training to ensure sufficient focus on alcohol as a risk factor in respect of self neglect	Angus Adult Protection Committee (APC) and ADP	Resources reviewed and updated as necessary	Feb-22			
5.2	Angus APC should continue to promote the Practitioner's Guidance and review this in light of learning from this case. Additionally, there would be merit in seeking feedback on this toolkit from practitioners on its relevance in order to further refine and enhance the guidance over time.	Link to rec 5.1 Evaluation of toolkit to be undertaken	Angus Adult Protection Committee (APC); ADP and AAPC Policy and Practice Sub	Toolkit evaluated and outcome reported to AAPC	Feb-22			
5.5	The Angus APC should ensure that learning and recommendations from this SCR are shared within Angus and across Tayside and provide assurance to staff that a range of improvements will be implemented to decrease the chances of such a situation happening again.	Learning pack and dissemination programme to be developed, similar to O18 to include assessment of use and impact within single agencies	Angus Adult Protection Committee (APC); Lead Officer and Reviewers	Pack developed and dissemination strategy in place. Regular assessment of use and impact within single agencies undertaken	Launch of pack February 2022 to coincide with National Adult Protection Day			
7.2	The Angus Adult Protection Committee should review adult protection training to ensure, within the training, that there is a clear focus on the use of emergency powers covered in the training, as well as clarity of communication; ability to challenge another professional's decisions and that the views of others are considered. This should also consider how to address the issue of workers becoming unfamiliar with and less skilled in the use of legal interventions due to them being infrequently used.		Angus Adult Protection Committee (APC)					
7.3	The Angus Adult Protection Committee should consider the introduction of training for relevant staff that provides an overview of the 3 Acts available to keep people safe: the Adults with Incapacity (Scotland) Act 2000 (AWIA), the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and the Adult Support and Protection (Scotland) Act 2007 (ASPA). From a learning perspective consideration should be given to requesting input and guidance from the Sheriff's Office in terms of criteria around the use of relevant orders including how these are used effectively in other areas of the country.		Angus Adult Protection Committee (APC)					

Angus Adult Protection Committee SCR P19 Action Plan APC Update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken	
3.1	Angus APC review the learning and development and quality assurance opportunities in place to support staff. Managers and Review Officers to develop consistent practice in producing adult protection plans that are linked to a clear assessment of need and risk, which are reviewed to ensure they are dynamic in nature, clear for the adult at risk and offer direction to agencies involved.	A programme of learning is developed for first line managers to develop their capacity to support staff in ASP work.	Angus Adult Protection Committee (APC)	Programme developed and implemented and evaluated. Multi Agency Guidance and Good Practice Guidance developed	Jun-22	SCR O18, Rec. 15 Action 2: A review of multi-agency AP training should be undertaken with regards to input regarding risk assessment and protection plans: Work ongoing in relation to ongoing future demand for Council Officer training.	AHSCP: Services are hampered by lack of reliable central data about Council Officer Training. Meeting agreed need for central data base and for each TM to keep a record themselves of who in their team has necessary qualifications. George has asked Fiona Pollock to work with Service Leaders on current and projected Adult Protection demand and future needs for Council Officer-qualified staff. Action: George to discuss with Fiona and Kathryn Lindsay (CSWO) when picture complete	Informal discussions, email correspondence, meeting agendas and minutes
		All agencies to ensure first line managers are able to support staff with their contribution to developing risk assessments and AP plans. (Link to rec. 3.2 and 3.9 re processes and purpose of Core Group Meetings)	All single agencies		Jun-22	SCR O18 Rec.15: AAPC should review the learning development and quality assurance SCR O18 Rec.5 AAPC should support AHSCP to undertake a comprehensive review of the Adult Protection System: ASP Audit SLWG on quality assurance addressing the following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion? AHSCP Rec.8: There should be more explicit analysis of risk in the ASP1 investigations: Identify training needs in relation to professional curiosity to support critical analysis.	A generic, consistent evaluation process to be developed for use with PPA WLD learning A programme of quality assurance and scrutiny is in place.	SLWG in place addressing the following questions: -are existing audit questions fit for purpose? -do we need to add to or adapt the questions? -are the questions applied consistently? -are the formats and methods being applied consistently? -are we able to evidence that audits are being carried out within timescales and at proper frequency? -are the practise changes or improvements identified from audits being progressed to conclusion? -are there resource/time/capacity issues that need to be overcome? -how do we ensure that any changes stick and avoid reversion to old ways?
3.2	Angus APC should develop clear guidance in relation to decision-making and accountability of the various stages of the ASP process e.g. referral, investigation, case conference and that any guidance is supported by a governance and quality assurance process that monitors the effectiveness of the process. Staff training should be provided to ensure this is clearly understood and local operational procedures should be reviewed within this context.	Tayside ASP Protocol to be amended to Good Practice Guide, with specific sections included for more complex needs. Dissemination process and awareness raising programme to be developed upon completion.	Angus Adult Protection Committee (APC) Policy and Practice Sub group and Tayside Lead Officers group	Good Practice Guidance in place that is easily accessible to all staff. Appropriate awareness raising and dissemination has taken place	Jun-22	Discussion taken place across Tayside with agreement that Tayside ASP Protocol requires revising	Note of Lead officer meeting Tayside Lead Officer Action Plan	
3.8	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	The Angus Adult Protection Committee should review the Tayside Escalation Good Practice Guide to ensure escalation and professional accountability in adult support and protection cases includes clear information on escalation expectations particularly where serious concerns exist and effecting the desired change is not being achieved. This guidance should be shared and promoted widely to ensure staff are aware of it and a consistent approach is implemented.	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup	Practice Guide updated as necessary. Awareness raising and dissemination has taken place	Feb-22			
3.9	The Angus Adult Protection Committee should develop criteria for the role of the case holder with lead responsibility for ASP cases. This could be included within the above guidance, with a clear focus on empowering them to make decisions.	Link to Action 3.2 - Multi agency guidance in place. Consideration to be given to Council Officer Framework and national guidance	Angus Adult Protection Committee (APC) - Policy and Practice Subgroup		Jun-22			
3.13	The Angus Adult Protection Committee should provide training to care at home staff about thresholds, escalation and person-centred care and accountability in the context of adult protection. This could be informed by the Tayside Practitioners good Practice Guide.	Link to rec. 3.1 and 3.9. Good Practice guide to be developed. Care at Home providers to ensure staff can access the PPA LD framework and bespoke programme developed in partnership with Care at home providers if necessary	Angus Adult Protection Committee (APC) - PPA L7D Sub	Number of Care at Home staff accessing PPA training. Programme of learning in place if necessary	Jun-20			
5.1	Angus APC should consider additional learning opportunities on understanding and dealing with self-neglect on a multiagency basis and should include information on the legal framework surrounding this issue. Such training should include a specific focus on alcohol-dependent adults and recognise the complicated role that alcohol plays in adult protection and that 'lifestyle choice' is often an unhelpful paradigm, and to avoid stigmatising those who misuse alcohol.	Review of current resources/training to ensure sufficient focus on alcohol as a risk factor in respect of self neglect	Angus Adult Protection Committee (APC) and ADP	Resources reviewed and updated as necessary	Feb-22			
5.2	Angus APC should continue to promote the Practitioner's Guidance and review this in light of learning from this case. Additionally, there would be merit in seeking feedback on this toolkit from practitioners on its relevance in order to further refine and enhance the guidance over time.	Link to rec 5.1 Evaluation of toolkit to be undertaken	Angus Adult Protection Committee (APC); ADP and AAPC Policy and Practice Sub	Toolkit evaluated and outcome reported to AAPC	Feb-22			
5.5	The Angus APC should ensure that learning and recommendations from this SCR are shared within Angus and across Tayside and provide assurance to staff that a range of improvements will be implemented to decrease the chances of such a situation happening again.	Learning pack and dissemination programme to be developed, similar to O18 to include assessment of use and impact within single agencies	Angus Adult Protection Committee (APC); Lead Officer and Reviewers	Pack developed and dissemination strategy in place. Regular assessment of use and impact within single agencies undertaken	Launch of pack February 2022 to coincide with National Adult Protection Day			
7.2	The Angus Adult Protection Committee should review adult protection training to ensure, within the training, that there is a clear focus on the use of emergency powers covered in the training, as well as clarity of communication; ability to challenge another professional's decisions and that the views of others are considered. This should also consider how to address the issue of workers becoming unfamiliar with and less skilled in the use of legal interventions due to them being infrequently used.		Angus Adult Protection Committee (APC)					

The Angus Adult Protection Committee should consider the introduction of training for relevant staff that provides an overview of the 3 Acts available to keep people safe: the Adults with Incapacity (Scotland) Act 2000 (AWIA), the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and the Adult Support and Protection (Scotland) Act 2007 (ASPA). From a learning perspective consideration should be given to requesting input and guidance from the Sheriff's Office in terms of criteria around the use of relevant orders including how these are used effectively in other areas of the country.

Angus Adult Protection Committee (APC)

Angus Adult Protection Committee SCR P19 Action Plan Lead AC

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
3.14	Angus Council should ensure that contracts with providers make explicit escalation responsibilities. This should include clear information to the provider on how to escalate concerns and who to escalate these to.	Under development	Angus Council		Min January			
5.11	Angus Council Communities (housing) should develop clear guidance that provides the flexibility and governance required to ensure regular inspection of those properties where concerns have been raised on a regular basis.	Implement inspection protocol for properties where concerns have been raised	Angus Council	Number of properties where concerns have been raised by risk level - high/medium/low Percentage of inspections completed as per agreed inspection rate	01/04/2022 - review implementation quarterly thereafter		Inspection Protocol for properties where concerns have been raised will be implemented. This will cover: Role of other agencies/ communication of concerns when identified/ identifying key contacts Assessment of level of risk, links to inspection rate Escalation process where access denied	
5.12	Angus Council Communities (housing) should develop a protocol in relation to vulnerable people at risk requiring urgent housing that provides clarification on roles and responsibilities for vulnerable people requiring temporary housing. This should make clear who has responsibility to secure accommodation when housing have no accommodation available and this should be made widely available to partners.	Review existing temporary accommodation policy	Angus Council	Temporary accommodation policy is reviewed and available to partners Percentage offered temporary accommodation immediately	01/04/2022 - review implementation quarterly thereafter	Rapid Rehousing Transition Plan	Agreed to review existing temporary accommodation policy to consider: Role of direct access flat at North Grimsby / other direct access accommodation; use of supported housing as interim accommodation; store of furniture; provision of support/ role of AHSCP; escalation policy when suitable accommodation/ support cannot be identified through normal channels	

Angus Adult Protection Committee SCR P19 Action Plan AC update

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
3.14	Angus Council should ensure that contracts with providers make explicit escalation responsibilities. This should include clear information to the provider on how to escalate concerns and who to escalate these to.	Under development	Angus Council		Mid January			
5.11	Angus Council Communities (housing) should develop clear guidance that provides the flexibility and governance required to ensure regular inspection of those properties where concerns have been raised on a regular basis.	Implement inspection protocol for properties where concerns have been raised	Angus Council	Number of properties where concerns have been raised by risk level - high/medium/low Percentage of inspections completed as per agreed inspection rate	01/04/2022 - review implementation quarterly thereafter		Inspection Protocol for properties where concerns have been raised will be implemented. This will cover: Role of other agencies/ communication of concerns when identified/ identifying key contacts Assessment of level of risk, links to inspection rate Escalation process where access denied	On agenda of Housing Management team meetings. Minutes from Housing Team meetings
5.12	Angus Council Communities (housing) should develop a protocol in relation to vulnerable people at risk requiring urgent housing that provides clarification on roles and responsibilities for vulnerable people requiring temporary housing. This should make clear who has responsibility to secure accommodation when housing have no accommodation available and this should be made widely available to partners.	Review existing temporary accomodation policy	Angus Council	Temporary accomodation policy is reviewed and available to partners Percentage offered temporary accomodation immediately	01/04/2022 - review implementation quarterly thereafter	Rapid Rehousing Transition Plan	Agreed to review existing temporary accomodation policy to consider: Role of direct access flat at North Grimsby / other direct access accomodation; use of supported housing as interim accomodation; store of furniture; provision of support/ role of AHSCP; escalation policy when suitable accomodation/ support cannot be identified through normal channels	Policies & Protocols in place. Review of existing temporary accomodation policy on Housing Management Team meetings agenda and minutes from Housing Management Team meetings.

Angus Adult Protection Committee SCR P19 Action Plan Lead AC NHS

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	evidence or Action Already Undertaken	
1.1	Angus Council and NHS Tayside should agree and implement methods that will enable interoperability and access of recording systems, with a focus on improving information sharing between acute, primary care and the Scottish Ambulance services and effective information sharing at points of transition of care between primary care services, adult care services, housing and care providers.	Remind all team managers of the requirement to adhere to the policy and we assured the audits are completed in all areas?	Angus Council and NHS Tayside AHSCP Angus Council and NHS Tayside NHS Tayside		AHSCP ASP Audit Rec. 5: Existing application programming interfaces (APIs) are used to enable automatic transfer of key information from Eclipse to EMIS and vice versa. AHSCP ASP Audit Rec. 6: A full set of case notes needs to be made available to Out of Hours service	APC SCR O18 Rec. 1, Action 1,2,3 and 5: Develop a proposal for an integrated information sharing system that is full data protection compliant and that the full costs of developing such system are identified	Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice NHS Tayside: progressing conversations with ehealth colleagues to place ASP alerts (as was done with MAPPA) onto key systems but with pull through to Clinical Portal and EKIS system to increase spread of this information to Primary care and OOH colleagues	SAS now sharing information with GPs following attendance. All ECS MDTs should be recorded within the VISION record in General Practice thereby ensuring vulnerable persons discussed within ECS meetings have a record. Roll-out of Monifieth Integrated Care will include the vital admin role which has access to EMIS (DNs), VISION (GP) and Care First/Eclipse (social work) records.

Angus Adult Protection Committee SCR P19 Action Plan AC NHS update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken	
1.1	Angus Council and NHS Tayside should agree and implement methods that will enable interoperability and access of recording systems, with a focus on improving information sharing between acute, primary care and the Scottish Ambulance services and effective information sharing at points of transition of care between primary care services, adult care services, housing and care providers.	Remind all team managers of the requirement to adhere to the policy and we assured the audits are completed in all areas?	Angus Council and NHS Tayside			<p>AHSCP ASP Audit Rec. 5: Existing application programming interfaces (APIs) are used to enable automatic transfer of key information from Eclipse to EMIS and vice versa.</p> <p>AHSCP ASP Audit Rec. 6: A full set of case notes needs to be made available to Out of Hours service</p> <p>APC SCR O18 Rec. 1, Action 1.2.3 and 5: Develop a proposal for an integrated information sharing system that is full data protection compliant and that the full costs of developing such system are identified</p>	<p>Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice</p> <p>NHS Tayside: progressing conversations with ehealth colleagues to place ASP alerts (as was done with MAPP) onto key systems but with pull through to Clinical Portal and EKIS system to increase spread of this information to Primary care and OOH colleagues</p>	<p>SAS now sharing information with GPs following attendance.</p> <p>All ECS MDTs should be recorded within the VISION record in General Practice thereby ensuring vulnerable persons discussed within ECS meetings have a record.</p> <p>Roll-out of Monifieth Integrated Care will include the vital admin role which has access to EMIS (DNS), VISION (GP) and Care First/Eclipse (social work) records.</p>

Angus Adult Protection Committee SCR P19 Action Plan Lead AHSCP

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.3	The District nursing service should undertake an audit of records across the service and develop an action plan to address the poor record keeping, in line with the NHS Tayside Record Keeping Policy and Nursing and Midwifery Council Standards for Record Keeping. This should have a particular focus on ensuring that records reflect the current circumstances of the individual.	District Nursing service will be included in end of year audit.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government		New person-centred record has been introduced within the District Nursing service (June 21) Training on record keeping within District Nursing service is taking place.	Audits regularly take place within District Nursing. However, there was recognition that the patient held records required to be updated. A new record has been developed and is currently being implemented. The new record format will facilitate better record keeping. District Nursing will also need to implement some training on the importance of record keeping.
1.4	Homecare should complete the programme of updating processes and guidance across the service that has commenced in relation to case recording and referral information. The service should implement an audit of records across the service and develop an action plan to address the poor record keeping.	Audit tools to be reviewed to ensure a focus on Adult Support and Protection cases. All Adult Support and Protection cases are audited monthly and a new tool is being developed. All Adult Support and Protection cases are highlighted at Multi-disciplinary Team meetings. This information needs to be cross referenced to Enablement Response Team cases by Senior Social Care Officer. Senior Social Care Officers to highlight Adult Support and Protection cases in case files. Case Recording training to be rolled out to all Enablement Response Team staff. All these actions will be included in the ERT action plan	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government		Monthly case file audits are in place by Senior Social Care Officer and Home Care Manager to ensure consistency and highlight any issues to be actioned by workers. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Service meetings	Audit of Clinical, Care and Professional Governance assurance reports will include homecare service. Homecare service provided by external agencies would require this to be agreed as part of commissioning arrangements.
1.6	The AHSCP should consider the development of an enhanced care service for people under 65 to include expanding the current Multi-disciplinary Team system to enable it to be more flexible, responsive, and inclusive to need, rather than be focussed on age. This should include considering a review of the provision of Advanced Nurse Practitioner roles across Angus to ensure equity of access and support to treatments and consideration of an Advanced Nurse Practitioner within the AIDARS service.	The needs of particular younger adult population to be addressed: Neurological enhanced community support to continue to be tested and rolled out in Angus AIDARS are working on model to achieve Medication Assisted Treatment (MAT) standards with primary care with focussed stakeholder engagement. Mental Health/Angus Clinical Partnership group development event is planned with a view to improving interface between primary care and mental health services. Advanced Nurse Practitioner roles are being considered within Mental Health including AIDARS as part of workforce planning. Enhanced Community Services should not be age related currently. District Nursing can undertake further training on this.	Angus Health and Social Care Partnership (AHSCP)	Mid January	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government		Whilst Monifieth Integrated Care was aimed at older people, the project did occasionally include under 65 cases. Planning is underway to extend Integrated Care to other areas of Angus and the roll out will include under 65's. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Services meetings.	
1.8	The AHSCP should ensure all services have a system in place to provide assurance that a case referral made from one service to another has been received and that the required support has commenced, prior to current service support ending and the case being closed. This will ensure that no one is left without any ongoing support when they have been assessed as requiring it.	see below Operational Instructions required. ECLIPSE will be considered to evidence practice in this area. This will be given high priority at Eclipse Change Board. (PM) Planned Care Board to continue to review referral cancellations to ensure appropriate pathways. Quality Improvement work involving General Practice is planned.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	SCR O18 Rec. 4 Action 8: work to be undertaken with local General Practitioners to develop clear information sharing and recording process for when an adult is at risk. SCR O18 Rec. 9: Angus HSCP also to review the current system of managing referrals and discharges from Community Mental Health Team to ensure that all cases are fully considered by all relevant professionals. AHSCP ASP Audit Rec. 22: Referral documentation should be developed where cases are to be transferred or co-worked between teams. This should include the expectation of a chronology at handover. Referrals to other agencies should contain an assessment of risk and need and a clear request for the scope of work expected. AHSCP ASP Audit Rec. 22: Electronic prompt to respond to referrers that concerns have been received. SCR O18 Rec. 11: Angus HSCP should review how agencies work together in sharing relevant information and concerns to ensure individuals are enabled to access the right services with flexibility across professional services and geographical boundaries ICR/Case Review R19: The Policy and Practice sub group of Angus Adult Support and Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool	Short Life Working Group convened and front sheet developed for info sharing to General Practitioners to advise of Adult Protection measures Transfer of cases Operational Instruction to be reviewed to include expectation of chronology – completion date Dec 2021 Enhanced Community Services meetings with regular discussion of at-risk persons to facilitate handovers. The referral prompt to respond to referrers that Adult Support and Protection referrals is presently being addressed by the ECLIPSE Change Board) (PM) In complex or disputed cases, the Complex and Co-existing Conditions Panel process is invoked. (LK) Completed 2019	Completed

2.3	Services within AHSCP should ensure they support integrated working and the involvement of the correct professionals/agencies at the correct time. Consideration should be given to inviting Social Care Officers to practice Multi-disciplinary Team Enhanced Community Service meetings. There is a need for clear information and guidance to be made available for staff about what health services are available and how these can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec. 16: The right people with the right knowledge and decision making powers need to attend case conferences and other relevant Adult Support and Protection meetings- all agencies/Adult Support and Protection Committee Practice Subgroup</p> <p>Invitations to Adult Support and Protection meetings is being extended to include care at home, day care, and district nursing.</p> <p>Regular communication between home care providers and the Community Nursing service to continue to be developed.</p> <p>Clear guidance is now in place to ensure clinical care needs and concerns are communicated directly to community nursing teams with regular meetings in place at local level. This shouldn't be limited to e.g. District Nursing but involve the most appropriate clinical lead for the case at the time. (AC)</p>
2.4	The AHSCP should review the process for referring to District Nurses to adopt a person centred rather than a task focussed approach. This review should include a system where, when required, individuals are admitted to the District Nursing caseload rather than just receiving input for specific tasks to ensure a holistic and person-centred approach to meet the health needs of individuals. Written criteria relating to the role of the District Nursing service and the referral process should be made widely available to aid understanding of the District Nursing role and how it can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>District Nursing caseload admission and discharge document across Tayside is in development and shortly to be agreed. (AC)</p> <p>District Nursing have developed Admission and Discharge Guidance. This is in its final draft and out to the District Nurses across Tayside to comment on prior to launching early 2022. District Nursing can ensure that this is made widely available. (AC / KF)</p>
2.5	AHSCP should review the current reach of anticipatory care planning to ensure that patient's receive care earlier rather than later and that information is available to all professionals involved in unscheduled and secondary care.	Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec. 8: There should be more explicit analysis of risk in the ASP1 investigations</p> <p>Training to provide more explicit analysis of risk in the ASP1 has been raised to Adult Support and Protection Training Sub Group for review and consideration. Generic Risk assessment will be trialled in one team for three months. Completion Dec 2021.</p> <p>Guidance to be developed to ensure level of risk determines decision to raise Initial Referral Discussion or elevated directly to Case conference. Will require discussion within Team Management Forum</p> <p>Anticipatory care planning is included within the Angus annual assurance template. An audit will take place regarding the performance in this indicator for all partnership services with barriers to an anticipatory care. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p> <p>AHSCP ASP Audit Recs. 10 and 11: effective chronologies must be prioritized as a routine casework task. These must be produced in a way that adds value to informing risk assessment. Tayside Practitioners Guidance: Chronologies (2019) should be followed. A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>AHSCP ASP Audit Rec. 18 Earliest possible collaborative and SMART intervention should be taken and recorded, prior to the adult protection threshold.</p> <p>The non-protection risk assessment has been re-named as the generic risk assessment. An operational instruction has been drafted and is being trialled.</p> <p>SCR 018 Rec. 6: The learning from SCR 018 should be used to inform the ongoing work of the Transitions Group. This should include the following: The identification of young people who may be vulnerable and who would benefit from additional support. Consideration of support options where young people do not meet the threshold for statutory services. Development of a coordinated approach and a pathway of support based on identified need: A gap analysis has now been undertaken. This information is currently being analysed and membership of Short Life Working Groups are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p> <p>The transitions group is a strategic planning group and not a case planning group. This would sit with Complex and Co-existing Conditions Panel if not resolved through current pathways. Pathways of support and early intervention resources are being developed in the Transitions Group.</p> <p>SCR 018 Rec. 13: Angus HSCP should develop a process that facilitates staff to identify cases and access support and advice from fellow professionals. The process should be inclusive of opportunities for reflective practice to develop.</p> <p>All services have Adult Protection Champions to signpost staff to for advice and guidance, to support in complex cases and in promoting good practice in Adult Support and Protection. Test of Change of this approach being undertaken to end of January 2022.</p> <p>Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p> <p>ICR/Case Review R19: There is a need to ensure we develop a shared understanding of the roles and responsibilities of different agencies and create the conditions for improved joint working that resolve concerns and reduce negative attitudes.</p>
2.8	Angus HSCP should review the falls pathway to include confirmation to referrers that the referral has been received, what follow up action will be taken and when and alerting referrers to issues of non-engagement and case closure.	Falls pathway will be taken forward by Angus falls group.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	There is a current protocol in place which will be reviewed.

2.9	The Angus Falls service should consider liaising with Occupational Therapists and Physiotherapists who attend practice Multidisciplinary Team meetings (MDTs) and Enhanced Community Service meetings	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	The falls assessor has trialled sending out weekly notifications through the generic Occupational Therapy /Physiotherapy mailbox. This is something that shall be revisited. A "falls champion" in each locality is being considered. (AM)
2.10	Angus HSCP should review the need for staff education and training in relation to the Falls Pathway.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	Additional resource agreed to support the Angus Falls group in developing practice. Agenda is around the pathways into the service alongside staff training. (AM)
3.3	The AHSCP should ensure that membership of core group meetings should include health professionals and the introduction of Adult Protection Advisor posts within NHS Tayside should be considered to support ASP meetings to ensure there is always adequate representation, good decision making and escalation.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>ICR/Case Review R19: The Policy and Practice sub group of Angus Adult Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool.</p> <p>AHSCP ASP Audit Rec. 14: The right people with the right knowledge and decision-making powers need to attend case conferences and other relevant ASP meetings. Further contributions from relevant health professionals are needed.</p> <p>Generic Risk assessment will be trialled in one team for three months</p> <p>2021 saw the involvement of an adult protection advisor from NHS Tayside in every adult protection case conference and at every adult protection core group meeting in Angus, and this is ongoing as of December 2021 (MH).</p> <p>Greater involvement of Angus Associate Medical Director and lead nurse within work of Adult protection will improve links between health and social care for Adult Support and Protection and ensure appropriate engagement of relevant health services. (AC)</p>
3.6	Angus HSCP should review the documentation process for core group meetings to ensure they are able to evidence the discussion and decision making. This should include considering the role and provision of admin to support operational staff preparing minutes for Adult Protection meetings. It would also be helpful to add a section to the current documentation that allows for 'barriers to information sharing and agreed actions to mitigate against the risk of information not being shared' being captured.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. Completed.</p> <p>There is a new process for communications with GPs as part of O18. improvement plan. This will continue to be evaluated. Completed ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. (MH)</p>
3.11	The AHSCP should consider the role of a lead professional within adult support and protection processes and what the role, function and decision making requirements would be.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	In Angus the keyworker allocated for every adult at risk subject to a formal protection plan always has the clear task - the receipt and dissemination to relevant professionals of any information relevant to the wellbeing of the adult at risk. (MH)
3.12	The AHSCP should ensure Service Leaders have a robust system in place for monitoring Adult Support and Protection cases and raising these with Team Managers in supervision. The AHSCP should consider the extent to which there is a culture of support in managing complex adult support and protection cases, including time for cases to be explored, risks to be escalated and decisions to be given some further oversight and governance. Staff need to understand how Senior Managers can influence. Clear information should be provided to Team Managers about the role and responsibilities of Service Leaders which is consistent across all services within the AHSCP.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>SCR O18 Rec. 13 Actions 1 and 2: Angus HSCP should review the training needs across the staff group in relation to understanding of the inter-related nature of trauma, adverse childhood experiences, mental health and substance use and implications of GDPR in terms of information sharing. A process should be developed to facilitate access to specialist peer support</p> <p>Draft operational instructions for Adult Support and Protection supervision have been agreed by service leaders for a test in 3 teams. Support to managers in form of discussion groups is in place. Measures in place: 1. staff participation in terms of reflective supervision 2. time needed for managers to undertake this model.</p> <p>A clear escalation process in place about cases of concern is needed, also with cases below the Adult Support and Protection threshold across all services. (PM)</p>
5.4	Partners within Angus HSCP should develop and implement a process which allows staff to purchase basic items quickly when required to ensure essential care can be provided in cases of extreme self-neglect.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	This already exists under emergency payments under S12 SW (Scotland) Act 1968. Awareness may need to be raised with non-social-work qualified staff.
5.6	A multi-disciplinary approach should be taken across Angus HSCP to ensure all individuals, irrespective of grade or employing organisation who are supporting individuals should have the opportunity to be involved in team discussions and have their contributions valued.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec. 24: Relevant supervision policy should be revised</p> <p>Supervision satisfaction survey undertaken. Operational instructions updated and an evaluation of the trial of the draft instructions to be undertaken. Completion date January 2022. See Multi-disciplinary team and Integrated Care references above</p> <p>Home care workers should be closely linked with the district nursing service and contacted directly with clinical care concerns, with regular meetings. The Enhanced Community Service /Multi-disciplinary Team values of equal partners in care should be reinforced within all teams. Relevant REFLECT self-evaluation to be carried out within all services in Angus HSCP.</p>
5.10	The AHSCP should review their assessment and care management procedures to include guidance for staff when an individual who is dependent upon alcohol repeatedly comes to the attention of health and/or social work services. Procedures should ensure an assessment of the individual's capacity to consent to and co-operate with proposed care and treatment necessary to protect his/her health, safety and/or welfare.	Referral pathways between AIDARS and Community Mental Health would benefit from review, as well as discussions within Community Nursing as part of ongoing Multi-disciplinary Team developments across Angus (PM)	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AACP Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future (AC)</p> <p>There are clear referral structures and review structures embedded within the completed Dual Diagnosis Pathway between substance and mental health services. This is also included within the North East Enhanced Community Services Project, which includes primary care representation. (PM)</p> <p>Procedures to ensure capacity to consent require to be included within the present review of capacity assessment pathways, or lack of within Tayside, as well as discussions around targeted training around Crossing the Acts Training (AWI, ASP, Mental health legislation) being developed within Angus. Needs embedded within workforce development/ Training partnership discussions (PM)</p>

5.13	The AHSCP should consider how they will meet the needs of people under the age of 65 who have a need for respite care and progress plans to develop adequate provision. This could include a local, dedicated respite service for people under 65 in Angus who have complex lifestyles and that includes the right type of support and environment for this younger age group along with a suitable environment and suitably qualified and trained staff.	Work in progress via Physical Disabilities Improvement Plan. Report due to IJB in February 2022.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Neurological Enhanced Community Service now being trialled (joint meetings between District Nursing and specialist neuro. Nurse). Early indications are positive with plans to roll out. It may be with enhanced support in the community, less reliance is placed on residential facilities or hospitals. (AC)
5.14	The AHSCP should provide training to staff in respite services and/or bespoke input or support when they are required to support younger people with complex needs within an older people's respite environment.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
6.1	The AHSCP should review local ASP Operational Instructions to reflect the agreement described in this section in relation to Police Scotland.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
7.1	The AHSCP should amend local operating processes to ensure that a prompt is built into the core group meetings where the core group should consider the need for any of the legal powers available. The chairperson of these meetings should explicitly record why Legal and/or Mental Health Officer representation are not included within the core group membership, if this is the case.	Under development	Angus Health and Social Care Partnership (AHSCP)	Completed	Local operating procedures amended. Completed

Angus Adult Protection Committee SCR P19 Action Plan AHSCP update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken	
1.3 ES LP	The District nursing service should undertake an audit of records across the service and develop an action plan to address the poor record keeping, in line with the NHS Tayside Record Keeping Policy and Nursing and Midwifery Council Standards for Record Keeping. This should have a particular focus on ensuring that records reflect the current circumstances of the individual.	District Nursing service will be included in end of year audit.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government		New person-centred record has been introduced within the District Nursing service (June 21) Training on record keeping within District Nursing service is taking place.	Audits regularly take place within District Nursing. However, there was recognition that the patient held records required to be updated. A new record has been developed and is currently being implemented. The new record format will facilitate better record keeping. District Nursing will also need to implement some training on the importance of record keeping.
1.4 JR	Homecare should complete the programme of updating processes and guidance across the service that has commenced in relation to case recording and referral information. The service should implement an audit of records across the service and develop an action plan to address the poor record keeping.	Audit tools to be reviewed to ensure a focus on Adult Support and Protection cases. All Adult Support and Protection cases are audited monthly and a new tool is being developed. All Adult Support and Protection cases are highlighted at Multi-disciplinary Team meetings. This information needs to be cross referenced to Enablement Response Team cases by Senior Social Care Officer. Senior Social Care Officers to highlight Adult Support and Protection cases in case files. Case Recording training to be rolled out to all Enablement Response Team staff. All these actions will be included in the ERT action plan	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government		Monthly case file audits are in place by Senior Social Care Officer and Home Care Manager to ensure consistency and highlight any issues to be actioned by workers. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Service meetings	Audit of Clinical, Care and Professional Governance assurance reports will include homecare service. Homecare service provided by external agencies would require this to be agreed as part of commissioning arrangements.
1.6 GB AC PM	The AHSCP should consider the development of an enhanced care service for people under 65 to include expanding the current Multi-disciplinary Team system to enable it to be more flexible, responsive, and inclusive to need, rather than be focussed on age. This should include considering a review of the provision of Advanced Nurse Practitioner roles across Angus to ensure equity of access and support to treatments and consideration of an Advanced Nurse Practitioner within the AIDARS service.	The needs of particular younger adult population to be addressed: Neurological enhanced community support to continue to be tested and rolled out in Angus AIDARS are working on model to achieve Medication Assisted Treatment (MAT) standards with primary care with focussed stakeholder engagement. Mental Health/Angus Clinical Partnership group development event is planned with a view to improving interface between primary care and mental health services. Advanced Nurse Practitioner roles are being considered within Mental Health including AIDARS as part of workforce planning. Enhanced Community Services should not be age related currently. District Nursing can undertake further	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government		Whilst Monifieth Integrated Care was aimed at older people, the project did occasionally include under 65 cases. Planning is underway to extend Integrated Care to other areas of Angus and the roll out will include under 65's. Enhanced community service already covers all ages however aligned care management teams historically have been >65yrs. This is now being addressed. Front-line teams to be reminded that age is not a barrier to being considered within Enhanced Community Services meetings.	
1.8 PM	The AHSCP should ensure all services have a system in place to provide assurance that a case referral made from one service to another has been received and that the required support has commenced, prior to current service support ending and the case being closed. This will ensure that no one is left without any ongoing support when they have been assessed as requiring it.	see below Operational instructions required. ECLIPSE will be considered to evidence practice in this area. This will be given high priority at Eclipse Change Board. (PM) Planned Care Board to continue to review referral cancellations to ensure appropriate pathways. Quality Improvement work involving General Practice is planned.	Angus Health and Social Care Partnership (AHSCP)	Mid January	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government Completed 2019	SCR O18 Rec. 4 Action 8: work to be undertaken with local General Practitioners to develop clear information sharing and recording process for when an adult is at risk. of Adult Protection measures SCR O18 Rec. 9: Angus HSCP also to review the current system of managing referrals and discharges from Community Mental Health Team to ensure that all cases are fully considered by all relevant professionals. AHSCP ASP Audit Rec. 22: Referral documentation should be developed where cases are to be transferred or co-worked between teams. This should include the expectation of a chronology at handover. Referrals to other agencies should contain an assessment of risk and need and a clear request for the scope of work expected. AHSCP ASP Audit Rec. 22: Electronic prompt to respond to referrers that concerns have been received. SCR O18 Rec. 11: Angus HSCP should review how agencies work together in sharing relevant information and concerns to ensure individuals are enabled to access the right services with flexibility across professional services and geographical boundaries ICR/Case Review R19: The Policy and Practice sub group of Angus Adult Support and Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool	Short Life Working Group convened and front sheet developed for info sharing to General Practitioners to advise of Adult Protection measures Transfer of cases Operational Instruction to be reviewed to include expectation of chronology – completion date Dec 2021 Enhanced Community Services meetings with regular discussion of at-risk persons to facilitate handovers. The referral prompt to respond to Adult Support and Protection referrals is presently being addressed by the ECLIPSE Change Board) (PM) In complex or disputed cases, the Complex and Co-existing Conditions Panel process is invoked. (LK) Completed	

2.3 LK	PM SM TI	Services within AHSCP should ensure they support integrated working and the involvement of the correct professionals/agencies at the correct time. Consideration should be given to inviting Social Care Officers to practice Multi-disciplinary Team Enhanced Community Service meetings. There is a need for clear information and guidance to be made available for staff about what health services are available and how these can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec.16: The right people with the right knowledge and decision making powers need to attend case conferences and other relevant Adult Support and Protection meetings- all agencies/Adult Support and Protection Committee Practice Subgroup</p>	<p>Invitations to Adult Support and Protection meetings is being extended to include care at home, day care, and district nursing.</p> <p>Regular communication between home care providers and the Community Nursing service to continue to be developed.</p> <p>Clear guidance is now in place to ensure clinical care needs and concerns are communicated directly to community nursing teams with regular meetings in place at local level. This shouldn't be limited to e.g. District Nursing but involve the most appropriate clinical lead for the case at the time. (AC)</p>
2.4	ES LP	The AHSCP should review the process for referring to District Nurses to adopt a person centred rather than a task focussed approach. This review should include a system where, when required, individuals are admitted to the District Nursing caseload rather than just receiving input for specific tasks to ensure a holistic and person-centred approach to meet the health needs of individuals. Written criteria relating to the role of the District Nursing service and the referral process should be made widely available to aid understanding of the District Nursing role and how it can be accessed.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government		<p>District Nursing caseload admission and discharge document across Tayside is in development and shortly to be agreed. (AC)</p> <p>District Nursing have developed Admission and Discharge Guidance. This is in its final draft and out to the District Nurses across Tayside to comment on prior to launching early 2022. District Nursing can ensure that this is made widely available. (AC / KF)</p>
2.5 SM	AC PM LK TI	AHSCP should review the current reach of anticipatory care planning to ensure that patient's receive care earlier rather than later and that information is available to all professionals involved in unscheduled and secondary care.	Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec. 8: There should be more explicit analysis of risk in the ASP1 investigations</p>	<p>Training to provide more explicit analysis of risk in the ASP1 has been raised to Adult Support and Protection Training Sub Group for review and consideration. Generic Risk assessment will be trialled in one team for three months. Completion Dec 2021.</p> <p>Guidance to be developed to ensure level of risk determines decision to raise Initial Referral Discussion or elevated directly to Case conference. Will require discussion within Team Management Forum</p> <p>Anticipatory care planning is included within the Angus annual assurance template. An audit will take place regarding the performance in this indicator for all partnership services with barriers to an anticipatory care. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p> <p>AHSCP ASP Audit Recs. 10 and 11: effective chronologies must be prioritized as a routine casework task. These must be produced in a way that adds value to informing risk assessment. Tayside Practitioners Guidance: Chronologies (2019) should be followed: A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>AHSCP ASP Audit Rec.18 Earliest possible collaborative and SMART intervention should be taken and recorded, prior to the adult protection threshold:</p> <p>SCR O18 Rec. 6: The learning from SCR 018 should be used to inform the ongoing work of the Transitions Group. This should include the following: The identification of young people who may be vulnerable and who would benefit from additional support. Consideration of support options where young people do not meet the threshold for statutory services. Development of a coordinated approach and a pathway of support based on identified need: A gap analysis has now been undertaken. This information is currently being analysed and membership of Short Life Working Groups are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p> <p>SCR O18 Rec.13: Angus HSCP should develop a process that facilitates staff to identify cases and access support and advice from fellow professionals. The process should be inclusive of opportunities for reflective practice to develop.</p> <p>ICR/Case Review R19: There is a need to ensure we develop a shared understanding of the roles and responsibilities of different agencies and create the conditions for improved joint working that resolve concerns and reduce negative attitudes.</p> <p>A new chronologies operational instruction has been drafted and agreed. This is now in operation - Completed.</p> <p>The non-protection risk assessment has been re-named as the generic risk assessment. An operational instruction has been drafted and is being trialled.</p> <p>A gap analysis has been undertaken and the information currently being analysed and membership of Short Life Working Groups are being identified to progress proposals for bridging identified gaps and devising improvements to close the gaps, in both areas of current support where gaps have been identified and in newly emerging areas.</p> <p>The transitions group is a strategic planning group and not a case planning group. This would sit with Complex and Co-existing Conditions Panel if not resolved through current pathways. Pathways of support and early intervention resources are being developed in the Transitions Group.</p> <p>All services have Adult Protection Champions to signpost staff to for advice and guidance, to support in complex cases and in promoting good practice in Adult Support and Protection. Test of Change of this approach being undertaken to end of January 2022.</p> <p>Relevant REFLECT self-evaluation questions to be completed over next 10 months to include 2.3 and 5.2 in particular. Themes across all services to be identified and action plans completed. District Nursing are currently testing the use of ReFLECT (anticipatory care plan) and are the first to use in Tayside. Three have been completed. (AC/ KF)</p>

2.8	AM	Angus HSCP should review the falls pathway to include confirmation to referrers that the referral has been received, what follow up action will be taken and when and alerting referrers to issues of non-engagement and case closure.	Falls pathway will be taken forward by Angus falls group.	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	There is a current protocol in place which will be reviewed.
2.9	AM	The Angus Falls service should consider liaising with Occupational Therapists and Physiotherapists who attend practice Multidisciplinary Team meetings (MDTs) and Enhanced Community Service meetings	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	The falls assessor has trialled sending out weekly notifications through the generic Occupational Therapy /Physiotherapy mailbox. This is something that shall be revisited. A "falls champion" in each locality is being considered. (AM)
2.10	AM	Angus HSCP should review the need for staff education and training in relation to the Falls Pathway.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Additional resource agreed to support the Angus Falls group in developing practice. Agenda is around the pathways into the service alongside staff training. (AM)
3.3	SM PM TI LK GG	The AHSCP should ensure that membership of core group meetings should include health professionals and the introduction of Adult Protection Advisor posts within NHS Tayside should be considered to support ASP meetings to ensure there is always adequate representation, good decision making and escalation.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>ICR/Case Review R19: The Policy and Practice sub group of Angus Adult Protection Committee should consider the benefit of agreeing and implementing a shared risk assessment tool.</p> <p>AHSCP ASP Audit Rec.16: The right people with the right knowledge and decision-making powers need to attend case conferences and other relevant ASP meetings. Further contributions from relevant health professionals are needed.</p> <p>2021 saw the involvement of an adult protection advisor from NHS Tayside in every adult protection case conference and at every adult protection core group meeting in Angus, and this is ongoing as at December 2021 (MH).</p> <p>Greater involvement of Angus Associate Medical Director and lead nurse within work of Adult protection will improve links between health and social care for Adult Support and Protection and ensure appropriate engagement of relevant health services. (AC)</p>
3.6		Angus HSCP should review the documentation process for core group meetings to ensure they are able to evidence the discussion and decision making. This should include considering the role and provision of admin to support operational staff preparing minutes for Adult Protection meetings. It would also be helpful to add a section to the current documentation that allows for "barriers to information sharing and agreed actions to mitigate against the risk of information not being shared" being captured.	complete	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. Completed.</p> <p>There is a new process for communications with GPs as part of O18, improvement plan. This will continue to be evaluated. Completed. ASP1 reviewed and amended. Minute of Core Group Meeting reviewed and amended. (MH)</p>
3.11	GB	The AHSCP should consider the role of a lead professional within adult support and protection processes and what the role, function and decision making requirements would be.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	In Angus the keyworker allocated for every adult at risk subject to a formal protection plan always has the clear task - the receipt and dissemination to relevant professionals of any information relevant to the wellbeing of the adult at risk. (MH)
3.12	PM SM TI LK	The AHSCP should ensure Service Leaders have a robust system in place for monitoring Adult Support and Protection cases and raising these with Team Managers in supervision. The AHSCP should consider the extent to which there is a culture of support in managing complex adult support and protection cases, including time for cases to be explored, risks to be escalated and decisions to be given some further oversight and governance. Staff need to understand how Senior Managers can influence. Clear information should be provided to Team Managers about the role and responsibilities of Service Leaders which is consistent across all services within the AHSCP.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>SCR O18 Rec. 13 Actions 1 and 2: Angus HSCP should review the training needs across the staff group in relation to understanding of the inter-related nature of trauma, adverse childhood experiences, mental health and substance use and implications of GDPR in terms of information sharing. A process should be developed to facilitate access to specialist peer support</p> <p>Draft operational instructions for Adult Support and Protection supervision have been agreed by service leaders for a test in 3 teams. Support to managers in form of discussion groups is in place. Measures in place: 1. staff perception in terms of reflective supervision 2. time needed for managers to undertake this model.</p> <p>A clear escalation process in place about cases of concern is needed, also with cases below the Adult Support and Protection threshold across all services. (PM)</p>
5.4	PM SM TI LK JR	Partners within Angus HSCP should develop and implement a process which allows staff to purchase basic items quickly when required to ensure essential care can be provided in cases of extreme self-neglect.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	This already exists under emergency payments under S12 SW (Scotland) Act 1968. Awareness may need to be raised with non-social-work qualified staff.
5.6	PM SM TI LK JR	A multi-disciplinary approach should be taken across Angus HSCP to ensure all individuals, irrespective of grade or employing organisation who are supporting individuals should have the opportunity to be involved in team discussions and have their contributions valued.	Under development	Angus Health and Social Care Partnership (AHSCP)	To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	<p>AHSCP ASP Audit Rec. 24: Relevant supervision policy should be revised</p> <p>Supervision satisfaction survey undertaken. Operational Instructions updated and an evaluation of the trial of the draft instructions to be undertaken- Completion date January 2022. See Multi-disciplinary team and Integrated Care references above</p> <p>Home care workers should be closely linked with the district nursing service and contacted directly with clinical care concerns, with regular meetings. The Enhanced Community Service /Multi-disciplinary Team values of equal partners in care should be reinforced within all teams. Relevant REFLECT self-evaluation to be carried out within all services in Angus HSCP.</p>

5.1	PM	The AHSCP should review their assessment and care management procedures to include guidance for staff when an individual who is dependent upon alcohol repeatedly comes to the attention of health and/or social work services. Procedures should ensure an assessment of the individual's capacity to consent to and co-operate with proposed care and treatment necessary to protect his/her health, safety and/or welfare.	Referral pathways between AIDARS and Community Mental Health would benefit from review, as well as discussions within Community Nursing as part of ongoing Multi-disciplinary Team developments across Angus (PM) Procedures to ensure capacity to consent require to be included within the present review of capacity assessment pathways, or lack of within Tayside, as well as discussions around targeted training around Crossing the Acts Training (AWI, ASP, Mental health legislation) being developed within Angus. Needs embedded within workforce development/ Training partnership discussions (PM)	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future (AC) There are clear referral structures and review structures embedded within the completed Dual Diagnosis Pathway between substance and mental health services. This is also included within the North East Enhanced Community Services Project, which includes primary care representation. (PM)
5.13	GB	The AHSCP should consider how they will meet the needs of people under the age of 65 who have a need for respite care and progress plans to develop adequate provision. This could include a local, dedicated respite service for people under 65 in Angus who have complex lifestyles and that includes the right type of support and environment for this younger age group along with a suitable environment and suitably qualified and trained staff.	Work in progress via Physical Disabilities Improvement Plan. Report due to IJB in February 2022.	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	Neurological Enhanced Community Service now being trialled (joint meetings between District Nursing and specialist neuro. Nurse). Early indications are positive with plans to roll out. It may be with enhanced support in the community, less reliance is placed on residential facilities or hospitals. (AC)
5.14	JR	The AHSCP should provide training to staff in respite services and/or bespoke input or support when they are required to support younger people with complex needs within an older people's respite environment.	Under development	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
6.1	GB	The AHSCP should review local ASP Operational Instructions to reflect the agreement described in this section in relation to Police Scotland.	Under development	Angus Health and Social Care Partnership (AHSCP)		To be agreed by AAPC Mandated Sub Group by end January 2022 for submission to Scottish Government	
7.1		The AHSCP should amend local operating processes to ensure that a prompt is built into the core group meetings where the core group should consider the need for any of the legal powers available. The chairperson of these meetings should explicitly record why Legal and/or Mental Health Officer representation are not included within the core group membership, if this is the case.	Complete	Angus Health and Social Care Partnership (AHSCP)		Completed	Local operating procedures amended. Completed

Angus Adult Protection Committee SCR P19 Action Plan Lead All Partners Agencies

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.2	Although good record keeping was found across several service areas not all records were completed to the required agency/organisation/professional standards. To provide assurance of this, all agencies should have robust governance processes in place to ensure record keeping is of the required standard and supports effective communication and decision making.	<p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>AHSCP</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>Angus Council</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>NHS Tayside</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>Police Scotland</p>			<p>AHSCP ASP Audit Rec. 5: A full set of case notes needs to be made available to Out of Hours service</p> <p>APC SCR 018 Rec. 1, Action 1: Identify what IT Systems in Angus are currently integrated and can these be further integrated using current IT: Completion date March 2021</p>	<p>Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice</p> <p>Police Scotland: The iVPD system has an integrated Chronology to record Police attendance at multiagency meetings; rationale for decision making and legal pathway for sharing; and to identify any escalation of risk. Police Scotland have an escalation protocol embedded in their process.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p>	<p>Relevant assurance is provided annually by services within the Information Governance domains including compliance with case record audit policy and compliance with case recording policies and standards. An end of year audit of assurance reports will be carried out to identify gaps within services and learning.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p> <p>The Risk & Concern hub Manager will undertake a review of AP IRD on a monthly basis to ensure that there is governance of this process. Any concerns raised will be highlighted to relevant staff and partner agencies to improve practice and process</p>
3.5	All statutory partners should explore how advocacy services can become more involved in the ASP/AWIA process to ensure adults are supported throughout these processes. This should include reviewing current practice and identifying barriers to the involvement of advocacy.	<p>Conversations take place with Advocacy services in localities and priority is given to referrals relating to statutory processes.</p> <p>Opportunities to raise staff awareness of advocacy are reviewed- recent example with the input to Carseview.</p> <p>The benefit of advocacy is captured within ASP training</p>	<p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p>				
3.7	All statutory partners should ensure that the Tayside ASP Minimum Learning Standards that have been identified for ASP training are shared and that training is available within each partner organisation to meet these requirements and that training data is shared routinely with the Angus APC.	<p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p>				<p>NHS Tayside: NHS Tayside supports the MLS and provides a range of training as a single agency and within multiagency training.</p> <p>NHS Tayside is currently developing an AP Training Strategy that links with the Tayside MLS framework.</p> <p>NHST QA framework and is now being shared with locality APCs/sub groups</p>	
3.10	All agencies should update their local operating procedures to reflect the above guidance which should include having one clear case holder with responsibility for the case. Although it is recognised that it is often necessary to have more than one service co-working a case and collaborating to achieve best outcomes for the individual, there should be one clear case holder leading the co-ordination of complex cases, to ensure clear lines of accountability.	<p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p>				<p>AHSCP: Every adult protection case (where an adult at risk has a protection plan agreed at a case conference) always has an allocated key worker and has since 2009 in Angus. (MH)</p> <p>Police: D Division have identified an ASP lead Detective Officer in each of the 3 local authority areas to take responsibility for the initial daily management of ASP investigations. D Division are in the process of reviewing Crime and PPU structures, addressing how ASP investigations are conducted by specialist resources and/or allocated appropriately, whilst ensuring appropriate governance, accountability and co-ordination with other areas of public protection as required.</p>	

Angus Adult Protection Committee SCR P19 Action Plan All Partners Agencies update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.2	Although good record keeping was found across several service areas not all records were completed to the required agency/organisation/professional standards. To provide assurance of this, all agencies should have robust governance processes in place to ensure record keeping is of the required standard and supports effective communication and decision making.	<p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>AHSCP</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>Angus Council</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>NHS Tayside</p> <p>All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)</p> <p>Police Scotland</p>			<p>AHSCP ASP Audit Rec. 5: A full set of case notes needs to be made available to Out of Hours service</p> <p>APC SCR 018 Rec. 1, Action 1: Identify what IT Systems in Angus are currently integrated and can these be further integrated using current IT. Completion date March 2021</p>	<p>Access to EMIS by OOHs agreed - further discussion to be had as to how this is to be put into practice</p> <p>Police Scotland: The iVPD system has an integrated Chronology to record Police attendance at multiagency meetings; rationale for decision making and legal pathway for sharing; and to identify any escalation of risk. Police Scotland have an escalation protocol embedded in their process.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p>	<p>Relevant assurance is provided annually by services within the Information Governance domains including compliance with case record audit policy and compliance with case recording policies and standards. An end of year audit of assurance reports will be carried out to identify gaps within services and learning.</p> <p>D Division Risk & Concern hub now has a QA process embedded in their process. The Supervisor of the Risk & Concern hub will undertake a QA of 5 concern reports on a weekly basis. Any failing or concern raised is highlighted to the operational officer and their Supervisor or to the hub processor and they will be signposted to relevant training/business process guidance as required. This process has been embedded since February 2021.</p> <p>The Risk & Concern hub Manager will undertake a review of AP IRD on a monthly basis to ensure that there is governance of this process. Any concerns raised will be highlighted to relevant staff and partner agencies to improve practice and process</p>
3.5	All statutory partners should explore how advocacy services can become more involved in the ASP/AWIA process to ensure adults are supported throughout these processes. This should include reviewing current practice and identifying barriers to the involvement of advocacy.	<p>Conversations take place with Advocacy services in localities and priority is given to referrals relating to statutory processes.</p> <p>Opportunities to raise staff awareness of advocacy are reviewed- recent example with the input to Carseview. The benefit of advocacy is captured within ASP training</p>	All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)				
3.7	All statutory partners should ensure that the Tayside ASP Minimum Learning Standards that have been identified for ASP training are shared and that training is available within each partner organisation to meet these requirements and that training data is shared routinely with the Angus APC.		All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)			<p>NHS Tayside: NHS Tayside supports the MLS and provides a range of training as a single agency and within multiagency training.</p> <p>NHS Tayside is currently developing an AP Training Strategy that links with the Tayside MLS framework.</p> <p>NHST QA framework and is now being shared with locality APCs/sub groups</p>	
3.10	All agencies should update their local operating procedures to reflect the above guidance which should include having one clear case holder with responsibility for the case. Although it is recognised that it is often necessary to have more than one service co-working a case and collaborating to achieve best outcomes for the individual, there should be one clear case holder leading the co-ordination of complex cases, to ensure clear lines of accountability.		All Statutory Partners/All Agencies (NHS Tayside, AHSCP, Angus Council, Police Scotland)			<p>AHSCP: Every adult protection case (where an adult at risk has a protection plan agreed at a case conference) always has an allocated key worker and has since 2009 in Angus. (MH)</p> <p>Police: D Division have identified an ASP lead Detective Officer in each of the 3 local authority areas to take responsibility for the initial daily management of ASP investigations. D Division are in the process of reviewing Crime and PPU structures, addressing how ASP investigations are conducted by specialist resources and/or allocated appropriately, whilst ensuring appropriate governance, accountability and co-ordination with other areas of public protection as required.</p>	

Angus Adult Protection Committee SCR P19 Action Plan Lead NHS

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.5	NHS Tayside should review hospital discharge procedures to ensure processes for sharing information on hospital discharge are robust and this happens timeously to inform community services. District Nurses should be included in these procedures. They should consider the appointment of a health professional to co-ordinate health input/ monitor health needs ensuring links to primary healthcare are made for community settings.	GG to link in with SM on progress with the clinical documentation	NHS Tayside				New clinical documentation is currently being tested and includes section pertaining to discharge planning. This has included the introduction of EKORA and the planned development of a supporting discharge document that will be used within both acute and partnership areas.	Improvement work with Hospital Discharge hub has progressed
1.7	NHS Tayside should progress the finalisation of work currently underway to introduce an electronic referral process from Primary Care to the Acute Medical Unit (AMU), assess whether any similar referral processes are required between Primary Care and other acute services and, develop clear referrals processes where they are required.	Discuss the latter part as to whether any additional referral processes are (a) required or (b) have been implemented. Will pick up at meeting with K and P on Monday 13/12	NHS Tayside				LF has been contacted for update on this work which had commenced during the SCR	
2.6	NHS Tayside should consider a pathway for admission to an acute medical hospital setting for people with chronic long-term issues where wider acute medical problems cannot be managed within primary care settings		NHS Tayside				NHS Tayside: Meeting arranged with Pam and Kathryn on 13/12 to discuss. AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)	
2.7	NHS Tayside should consider the need to develop a "suspected cancer" fast-track service that GPs can access.		NHS Tayside				NHS Tayside: Meeting arranged with K and P on 13/12 to discuss AHSCP: This is already in existence with urgent suspected cancer referrals highlighted within the electronic system. However, there are concerns with regard to referral cancellations which are being highlighted to NHS Tayside by the GP subcommittee. Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC) The NHS Tayside Cancer board, primary care QI network and GP referral advisors (alongside the NHST planned care board) are reviewing this area of care. (AC) Referral pathways approved by the GP sub are shared within refGuide system so primary care clinicians can readily access. This is a new development which is being rolled out. (AC)	
4.1	NHS Tayside should develop a clear pathway for accessing an assessment of capacity. This should include individuals with alcohol issues, those who have substance use dependencies and people with a physical disability who are not accessing a psychiatry service and should be irrespective of age.		NHS Tayside				A SLWG was commissioned by the medical and Nurse Director and was chaired by a Consultant Psychiatrist. Membership was reflective of the 3 Tayside localities and the multiagency representation. A Capacity Assessment pathway has been developed and approved by PPEG and next steps include: - Review of Pathway by MWC - Development of EQIA - Discussion at Tayside GP Sub 14/12 - Development of a LearnPro module on Consent, Capacity and Supported Decision Making - Education resource bank - ANPs attend NES course on assessment of capacity and consent to treatment for Advanced Nurse Practitioners (ANP) which will expand those able to undertake this activity - Audit impact of pathway	
4.3	NHS Tayside should ensure appropriate AWIA education and training is provided to relevant acute and primary care services on the difference between an assessment of capacity and S47 consent to treatment. This should include GPs, so they are clear on their role in terms of undertaking assessments such as S47 and capacity assessments. Local operating procedures should be updated to make this explicit.		NHS Tayside				LearnPro module being delivered (completion date 31/1/22) on Consent, capacity and Supported Decision making Links to the current S47 documentation and the Informed Consent Policy will be made and all available via the NHST AP Staffnet page with links to other resources and good practice guidance.	
4.5	NHS Tayside should develop procedures for identifying and investigating impaired cognitive function, including alcohol-related cognitive impairment. Such protocol and procedures should identify appropriate referral and treatment options.	A SLWG is being established within Dundee HSCP around ARBI and opportunities to contribute to this will be explored. Arrange conversation with key clinicians within substance misuse and neuropsychology services.	NHS Tayside				Discuss this area further at meeting with K and P on Monday 13/12 AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)	
5.3	NHS Tayside should build on the process adopted for MAPPA alerts to include alerts for vulnerable adults within ehealth systems such as EMIS/trak and that such alerts can also be used to highlight risks such as non-engagement that can then be acted upon. NHST should develop a Standard Operating Procedure to better manage and track vulnerable patients who fail to attend clinic appointments.		NHS Tayside				Progressing pathway similar to MAPPA alerts for AP alerts as mentioned with pull through to Clinical Portal and EMIS.	

6.3

NHS Tayside should identify a single point of contact within each practice/hospital service responsible for the provision of information to the Procurator Fiscal. This will ensure a process where it is clear where the responsibility lies for notifying the Procurator Fiscal when an adult subject to formal adult support and protection procedures has died and ensuring the correct information is provided.

NHS Tayside

NHS Tayside: Will pick this up with K and P on Monday 13/12

AHSCP: A short-life working group should be formed in order for primary care to respond to this recommendation. (AC)

Angus Adult Protection Committee SCR P19 Action Plan NHS update

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
1.5	NHS Tayside should review hospital discharge procedures to ensure processes for sharing information on hospital discharge are robust and this happens timeously to inform community services. District Nurses should be included in these procedures. They should consider the appointment of a health professional to co-ordinate health input/ monitor health needs ensuring links to primary healthcare are made for community settings.	GG to link in with SM on progress with the clinical documentation	NHS Tayside				New clinical documentation is currently being tested and includes section pertaining to discharge planning. This has included the introduction of EKORA and the planned development of a supporting discharge document that will be used within both acute and partnership areas.	Improvement work with Hospital Discharge hub has progressed
1.7	NHS Tayside should progress the finalisation of work currently underway to introduce an electronic referral process from Primary Care to the Acute Medical Unit (AMU), assess whether any similar referral processes are required between Primary Care and other acute services and, develop clear referrals processes where they are required.	Discuss the latter part as to whether any additional referral processes are (a) required or (b) have been implemented. Will pick up at meeting with K and P on Monday 13/12	NHS Tayside				LF has been contacted for update on this work which had commenced during the SCR	
2.6	NHS Tayside should consider a pathway for admission to an acute medical hospital setting for people with chronic long-term issues where wider acute medical problems cannot be managed within primary care settings		NHS Tayside				NHS Tayside: Meeting arranged K and P on 13/12 to discuss. AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)	
2.7	NHS Tayside should consider the need to develop a "suspected cancer" fast-track service that GPs can access.		NHS Tayside				NHS Tayside: Meeting arranged with Pam and Kathryn on 13/12 to discuss AHSCP: This is already in existence with urgent suspected cancer referrals highlighted within the electronic system. However, there are concerns with regard to referral cancellations which are being highlighted to NHS Tayside by the GP subcommittee. Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC) The NHS Tayside Cancer board, primary care QI network and GP referral advisors (alongside the NHST planned care board) are reviewing this area of care. (AC) Referral pathways approved by the GP sub are shared within refGuide system so primary care clinicians can readily access. This is a new development which is being rolled out. (AC)	
4.1	NHS Tayside should develop a clear pathway for accessing an assessment of capacity. This should include individuals with alcohol issues, those who have substance use dependencies and people with a physical disability who are not accessing a psychiatry service and should be irrespective of age.		NHS Tayside				A SLWG was commissioned by the medical and Nurse Director and was chaired by a Consultant Psychiatrist. Membership was reflective of the 3 Tayside localities and the multiagency representation. A Capacity Assessment pathway has been developed and approved by PPEG and next steps include: - Review of Pathway by MWC - Development of EQIA - Discussion at Tayside GP Sub 14/12 - Development of a LearnPro module on Consent, Capacity and Supported Decision Making - Education resource bank - ANPs attend NES course on assessment of capacity and consent to treatment for Advanced Nurse Practitioners (ANP) which will expand those able to undertake this activity - Audit impact of pathway	
4.3	NHS Tayside should ensure appropriate AWIA education and training is provided to relevant acute and primary care services on the difference between an assessment of capacity and S47 consent to treatment. This should include GPs, so they are clear on their role in terms of undertaking assessments such as S47 and capacity assessments. Local operating procedures should be updated to make this explicit.		NHS Tayside				LearnPro module being delivered (completion date 31/1/22) on Consent, capacity and Supported Decision making Links to the current S47 documentation and the Informed Consent Policy will be made and all available via the NHST AP Staffnet page with links to other resources and good practice guidance.	
4.5	NHS Tayside should develop procedures for identifying and investigating impaired cognitive function, including alcohol-related cognitive impairment. Such protocol and procedures should identify appropriate referral and treatment options.	A SLWG is being established within Dundee HSCP around ARBI and opportunities to contribute to this will be explored. Arrange conversation with key clinicians within substance misuse and neuropsychology services.	NHS Tayside				Discuss this area further at meeting with K and P on Monday 13/12 AHSCP: Note that the involvement of the GP subcommittee of NHS Tayside alongside the GP referral advisors will be key to this recommendation. (AC)	
5.3	NHS Tayside should build on the process adopted for MAPPA alerts to include alerts for vulnerable adults within ehealth systems such as EMIS/trak and that such alerts can also be used to highlight risks such as non-engagement that can then be acted upon. NHST should develop a Standard Operating Procedure to better manage and track vulnerable patients who fail to attend clinic appointments.		NHS Tayside				Progressing pathway similar to MAPPA alerts for AP alerts as mentioned with pull through to Clinical Portal and EMIS.	

6.3

NHS Tayside should identify a single point of contact within each practice/hospital service responsible for the provision of information to the Procurator Fiscal. This will ensure a process where it is clear where the responsibility lies for notifying the Procurator Fiscal when an adult subject to formal adult support and protection procedures has died and ensuring the correct information is provided.



NHS Tayside



NHS Tayside: Will pick this up with K and P on Monday 13/12

AHSCP: A short-life working group should be formed in order for primary care to respond to this recommendation. (AC)

Angus Adult Protection Committee SCR P19 Action Plan Lead NHS AHSCP

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
2.1	Primary Care services consider the use of the Palliative prognostic score which might prompt clinicians to realise that someone is dying, even in the absence of a diagnosis.	NHS Tayside and AHSCP				<p>AHSCP: Not clear whether this relates to GPs or wider primary care. (AC)</p> <p>Primary care LES is available to all GP practices in Angus to support palliative care. MDT meetings include use of prognostic scores where possible. (AC)</p> <p>Prognostic scores widely used within district nursing service. (AC)</p> <p>Greater involvement of Macmillan nurses within integrated primary care teams is being trialled. This may improve recognition and support for patients not formally engaged within palliative or cancer services. (AC)</p>	
5.8	NHS Tayside and the AHSCP should consider the need for alcohol enhanced outreach services for individuals who are heavily reliant on acute services and build on any existing work that is already being undertaken in this area.	<p>NHS Tayside: Discussion with Substance Misuse Services and ADP on current plans to be arranged- need to identify who is leading on this?</p> <p>AHSCP: AIDARS is readily accessible by service users, accepting telephone referrals. (AC)</p>	NHS Tayside and AHSCP				

Angus Adult Protection Committee SCR P19 Action Plan NHS AHSCP AC update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
4.2 SM DM	NHS Tayside, the AHSCP and Angus Council should develop a protocol for sharing the outcome of a capacity assessment with the care team, particularly if an adult is deemed to retain capacity. This should include guidance in relation to where there are challenges in terms of determining if someone has capacity. If they are under ASP measures, there should be a specific plan identified in terms of identifying how the capacity assessment will be progressed, with clear actions and timescales identified.	NHS Tayside, AHSCP, Angus Council				Linked to 4.1	Escalation component built into pathway if unable to secure a capacity assessment for a specific reason Capacity Assessment Pathway will be useful for the ASP core group to complete which will provide the necessary information to support a capacity assessment request
4.4 DM	The AHSCP, Angus Council and NHS Tayside should ensure that ASP/AWIA training, including regular refresher training, is made mandatory for all relevant professionals. Clear governance should put in place to ensure mandatory and refresher training is undertaken by all staff.	NHS Tayside: Service specific training is identified by each service but a number of services would benefit from having regular updates in legislation and this will be possible via the Crossing the Acts training. NHS Tayside: Explore opportunity as to whether this could be developed in an elearning module via the Tayside Leads group.	NHS Tayside, AHSCP, Angus Council			AHSCP ASP Audit Recs. 39,40 and 41: General level ASP training should be undertaken as part of induction for all operational staff in adult services. This should be given the same mandatory importance as data protection training; Rather than a policy this is now being considered a "Plan". The draft will be updated to include changes of timescales to sit alongside the induction and training and development. This will be discussed at MTM on 21.10.21	
4.6 PM AC	NHS Tayside, Angus Council and the AHSCP should provide guidance and training for staff around the relationship between alcohol, care, capacity and ARBD. All appropriate staff should be trained in the identification, assessment, and management of ARBD. This should include responsibility to assess the impact of persistent alcohol abuse on an individual's capacity to respond to proposed care and treatment plans, the potential role of protective legislation in implementing care plans to protect individuals and clarity on how long an individual requires to be abstinent from alcohol before a capacity assessment can be undertaken. The resulting agreed process should be shared across Tayside. The Angus Alcohol and Drugs Partnership intend to explore commissioning some bespoke training for staff on this issue.	NHS Tayside, AHSCP, Angus Council				The Policy and Practice Sub Group of the Angus APC (chaired by NHS) has identified the need to develop a Good Practice guidance document (as part of the suite of such guides already developed) around Alcohol and Safeguarding. AHSCP: Stakeholder engagement planned between mental health services and clinical partnership group which should inform future closer working between primary care and mental health services. (AC) This will require separate workstreams across agencies highlighted within this recommendation. Angus ADP should lead on this and identify a clear workstream to take this forward, focusing on levels of awareness/ training required to ensure a clear knowledge base supports effective and targeted practice. This will require elevation/ discussion with Tayside ADP and how this can be a targeted approach across the 3 HSCP to ensure a consistent approach. A managed and inclusive workforce development plan will be required to take this forward. (PM) Pathways for people experiencing alcohol related brain damage, and indeed other acquired brain injuries should be clear within NHST Tayside and taken forward through the Living Life Well strategy. Referral pathways approved by the GP sub are shared within refGuide	

Angus Adult Protection Committee SCR P19 Action Plan Lead NHS AHSCP AC ADP

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
5.7	The AHSCP, Angus Council, NHS Tayside and the ADP should ensure all relevant staff receive training and awareness in relation to alcohol use, substance misuse and co-morbidities to address the attitudes and stigma surrounding these and so that staff know where they can go for support, and where to refer people when they need help. This should include GP's and commissioned service providers.	<p>NHS Tayside: Link in with clinical colleagues from Substance Misuse to identify what training is currently provided/planned and any gaps</p> <p>AHSCP: Angus mental health services and Clinical Partnership Stakeholder event will support moving forward with this together. (AC)</p>	NHS Tayside, AHSCP, Angus Council, AADP					

Angus Adult Protection Committee SCR P19 Action Plan NHS AHSCP AC ADP update

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
<p>5.7 ADP lead</p>	<p>The AHSCP, Angus Council, NHS Tayside and the ADP should ensure all relevant staff receive training and awareness in relation to alcohol use, substance misuse and co-morbidities to address the attitudes and stigma surrounding these and so that staff know where they can go for support, and where to refer people when they need help. This should include GP's and commissioned service providers.</p>	<p>NHS Tayside: Link in with clinical colleagues from Substance Misuse to identify what training is currently provided/planned and any gaps</p> <p>AHSCP: Angus mental health services and Clinical Partnership Stakeholder event will support moving forward with this together. (AC)</p>	<p>NHS Tayside, AHSCP, Angus Council, AADP</p>					

Angus Adult Protection Committee SCR P19 Action Plan Lead NHS HSCP All Health Professionals

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
2.2		Health care professionals should be committed to the provision of consistently high-quality end of life care for all that reflects the 4 principles set out in The Scottish Government's guidance for caring for people in the last days and hours of life (2014).		NHS Tayside and HSCP/All health staff			NHS Tayside: IP, Macmillan Palliative & End of Life MCN Manager / Transformation Programme Pain Pathways Lead has agreed to assist with this	
3.4		For those subject to ASP measures and in hospital for two weeks or more, consideration should be given to developing a joint process with the locality HSCPs and NHS Tayside that allows, at the point of discharge, a joint ASP core group and pre-discharge planning meeting to take place.	GG to link in with SM re this and the planned discharge document and link to the NHS ASP Policy that sets out a standard in relation to this.	NHS Tayside and HSCP/All health staff			AHSCP: All teams to be reminded to invite Independent Advocacy to a team meeting with staff on an annual basis. (JR). Every adult protection case conference and review case conference always addresses the matter of independent advocacy. (MH) Greater involvement/access to advocacy can be achieved through social prescribers in General Practice. Ensure social prescribers are engaged in all GP practices within ECS/MDT meetings	
5.9		NHS Tayside and the HSCP's should develop guidance to assist practitioners in providing safe and appropriate care for individuals who are difficult to engage or who do not attend an appointment. Such guidance should recognise there may be valid barriers to engagement which an individual may need help to overcome and takes account of the severity of concerns and levels of risk and includes support for multiagency systems to co-ordinate positive and assertive engagement.		NHS Tayside and HSCP/All health staff			AHSCP: Enhanced community support MDT meetings available and established in all Angus GP practices. (AC) Neurological ECS now being trialled (joint meetings between DN and specialist neuro. Nurse), early indications are positive with plans to roll out. (AC) AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future. (AC)	

Angus Adult Protection Committee SCR P19 Action Plan NHS HSCP All Health Professional Update

Recommendation		Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
2.2		Health care professionals should be committed to the provision of consistently high-quality end of life care for all that reflects the 4 principles set out in The Scottish Government's guidance for caring for people in the last days and hours of life (2014).		NHS Tayside and HSCP/All health staff			NHS Tayside: IP, Macmillan Palliative & End of Life MCN Manager / Transformation Programme Pain Pathways Lead has agreed to assist with this	
3.4		For those subject to ASP measures and in hospital for two weeks or more, consideration should be given to developing a joint process with the locality HSCPs and NHS Tayside that allows, at the point of discharge, a joint ASP core group and pre-discharge planning meeting to take place.	Grace to link in with Sean McCartney re this and the planned discharge document and link to the NHS ASP Policy that sets out a standard in relation to this.	NHS Tayside and HSCP/All health staff			AHSCP: All teams to be reminded to invite Independent Advocacy to a team meeting with staff on an annual basis. (JR) Every adult protection case conference and review case conference always addresses the matter of independent advocacy. (MH) Greater involvement/access to advocacy can be achieved through social prescribers in General Practice. Ensure social prescribers are engaged in all GP practices within ECS/MDT meetings	
5.9	PM TI	NHS Tayside and the HSCP's should develop guidance to assist practitioners in providing safe and appropriate care for individuals who are difficult to engage or who do not attend an appointment. Such guidance should recognise there may be valid barriers to engagement which an individual may need help to overcome and takes account of the severity of concerns and levels of risk and includes support for multiagency systems to co-ordinate positive and assertive engagement.		NHS Tayside and HSCP/All health staff			AHSCP: Enhanced community support MDT meetings available and established in all Angus GP practices. (AC) Neurological ECS now being trialled (joint meetings between DN and specialist neuro. Nurse), early indications are positive with plans to roll out. (AC) AIDARS included in stakeholder event between primary care and mental health services to ensure integrated approach for the future. (AC)	

Angus Adult Protection Committee SCR P19 Action Plan Lead Police NHS Primary Care

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
<p>6.2</p>	<p>Police Scotland and Primary Care should work together to develop clear guidance for GP's and police detailing the information that sudden death reports should contain including good practice principles on how these reports should be written.</p>	<p>Police Scotland and NHS Primary Care</p>				<p>Police Scotland have a Standard Operating Procedure for the submission of Sudden Death Reports. The submitting officer will obtain information on the deceased's medical history from the GP for timeous submission of the Sudden Death Report and within 24 hours of the death. The SDR report will report on the circumstances surrounding the death. COPFS can request further information from the GP should this be required.</p>	
<p>6.4</p>	<p>Prior to completion of the SCR, a recommendation was submitted to Police Scotland as detailed below: "Police Scotland and NHS Primary Care Services to ensure that when reporting Sudden Deaths to the Procurator Fiscal, that they should include in their reporting procedures when relevant, that the Deceased was subject to Adult Support and Protection procedures at the time of death".</p>	<p>Police Scotland and NHS Primary Care</p>	<p>Process in place with regular review of effectiveness</p>	<p>Jan-23</p>		<p>AHSCP: This was escalated to AC prior to completion of the SCR- need to contact AC for update and how we develop this work on a Tayside basis. AC- national response to this recommendation is required.</p>	<p>Police Scotland: Police Scotland are in the process of arranging a meeting with COPFS to discuss flagging on Sudden Death Reports for ASP. This will feature as a drop down screen to any national SDR system with the options. Yes, No and Unclear on the SDR to identify if the deceased is known to be under ASP.</p>

Angus Adult Protection Committee SCR P19 Action Plan Police NHS Primary Care Update

Recommendation	Action	Lead	Evidence / Outcome	Completion Date	Link to Other Plans	Actions Already Undertaken	Evidence of Action Already Undertaken
6.2	Police Scotland and Primary Care should work together to develop clear guidance for GP's and police detailing the information that sudden death reports should contain including good practice principles on how these reports should be written.	Police Scotland and NHS Primary Care				Police Scotland have a Standard Operating Procedure for the submission of Sudden Death Reports. The submitting officer will obtain information on the deceased's medical history from the GP for timeous submission of the Sudden Death Report and within 24 hours of the death. The SDR report will report on the circumstances surrounding the death. COPFS can request further information from the GP should this be required.	
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