

Improvement Plan

Adult Support and Protection

Angus March 2023

The aim of improvement activity in health and social care is to make services better for the people who use them. That might mean making services:

- *safer*
- *more effective*
- *more efficient*
- *more person-centred*
- *more equitable, or*
- *more timely.*

Understanding if aims have been achieved requires identification and definition about what 'better' would look like, and appropriate measures to know if the changes made resulted in the improvements sought.

Measurement for improvement asks questions like:

- *What does "better" look like?*
- *How will we recognise better when we see it?*
- *How do we know if a change is an improvement?*

What needs to improve? What is the improvement goal?	Barriers to improvement	Action plan (who, what, where, when, how)	Monitoring progress (how, when)
<i>Identify areas for improvement. Agree what will change as a result of making improvements (improvement goal).</i>	<i>Identify what the barriers are to making improvements and how these might be overcome.</i>	<i>Specify who needs to do something differently, what needs to change, and where, when and how changes can be made.</i>	<i>Specify how success will be measured when it will be measured and who will do this.</i> What does success look like?
<p>1) Recording of adult support and protection practice in case records varied in consistency and content. This was more evident in the application of the three-point criteria and the recording of actions taken to manage risk for those adults who did not progress beyond inquiry and investigation stages.</p>	<p>No barriers identified.</p>	<p>(a) The multiagency partnership/AHSCP will establish a multiagency working group via the APC Practice and Policy subgroup tasked with reviewing all current relevant paperwork/documentation and key processes. This will take a holistic approach but will have a particular focus on a clear recording process for inquiries, consideration of the 3-point test, the development and use of dynamic risk assessments and the inclusion of a prompt at the investigation stage confirming that the adult has been advised of their rights. This group will be established in April 2023 with revised processes and paperwork/documentation completed for implementation by October 2023 and a report to the APC for December 2023.</p>	<p>(a) Progress will be monitored through the key groups such as the AHSCP monthly Adult Protection meetings and the AAPC Self-evaluation and Continuous Improvement subgroup. Success will be measured via our self-evaluation processes by November 2023 and include feedback from practitioners on impact of changes.</p> <p>Success will look like:</p> <p>a clear recording process for inquiries, consideration of the 3-point test, the development and use of dynamic risk assessments and the inclusion of a prompt at the investigation stage confirming that the adult has been advised of their rights</p>

		<p>(b) Training and awareness sessions will be delivered to all relevant multiagency staff on the revised processes and paperwork/documentation prior to implementation. These sessions will have a particular focus on ensuring all multiagency staff are clear when an IRD should take place and the recording requirements for this. Training will take place in June 2023, prior to implementation in July 2023.</p> <p>(c) NHS Tayside will undertake a single agency audit which will include recording, information sharing and feedback by May 2023. This will be reported to the APC September 2023 meeting.</p>	<p>(b) Progress will be monitored through key groups such as the AHSCP monthly Adult Protection meetings and the AAPC Self-evaluation and Continuous Improvement sub. Success will be measured through an evaluation following the delivery of the sessions and again, through an evaluation of the changes and feedback from practitioners by November 2023.</p> <p>Success will look like:</p> <p>staff are clear when an IRD should take place and the recording requirements for this.</p> <p>(c) NHS Tayside will share results of the audit with the NHS Tayside SECI sub-group as well as relevant partnership groups to share learning and provide assurance on progress.</p> <p>Success will look like:</p> <p>-Recording of concerns/risks within health records/documentation (e.g. minutes uploaded)/staff attendance at key</p>
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<p>2) The quality of chronologies had improved but needed progressed to include better recording of multi-agency information, significant life events and impact. This would further enhance decision making around risk.</p>		<p>(a) We will review all single and multiagency guidance relating to chronologies to ensure these are clear and fit for purpose and this will include guidance on how to use electronic chronology templates for developing a chronology and their use to recognise patterns of concern. This will ensure a consistent recording format for chronologies and a dynamic use of chronologies in informing risk assessment and risk management. Implementation of this will commence in August 2023.</p>	<p>(a) Progress will be monitored through key groups such as the AHSCP monthly Adult Protection meetings and relevant single agency groups. Success will be measured through regular single and multiagency self-evaluation and continuous activities. The findings from self-evaluation are reported via the AAPC SECI subgroup/ the AAPC and the COG.</p> <p>Success will look like:</p> <p>a consistent recording format for chronologies and a dynamic use</p>

		<p>(b) Current training programmes will be reviewed to ensure any amendments to chronology guidance is reflected within such programmes. The e-learning module will be reviewed by August 2023 and the need for further in person training will be informed by ongoing national work and if required a plan will be in place by December 2023.</p> <p>(c) NHS Tayside has introduced chronology guidance and template and this will continue to be highlighted via the NHS Tayside AP Team to clinical staff/teams for implementation and sharing within multiagency arenas to inform multiagency risk management. This is also included within Level 1 training sessions and will be included within planned Level 2 sessions from August 2023.</p>	<p>of chronologies in informing risk assessment and risk management.</p> <p>(b) The AAPC Workforce development subgroup will lead on reviewing the training and will update via the regular sub group reporting to the AAPC.</p> <p>Success will look like:</p> <p>Multi-agency staff completing the e-learning and any other subsequent training. Evaluation reflecting the learning being used in practice.</p> <p>(c) Progress will be monitored within NHS Tayside Self Evaluation activities such as audits and updates will be shared to the AAPC within the regular cycle of reporting from NHS Tayside.</p> <p>Success will look like:</p> <p>Single and multiagency self-evaluation activities will note use of chronologies within health.</p>
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			Sharing of health chronologies within key processes to inform multiagency risk management plans.
3) The quality assurance framework needed to be further embedded to include a frequent multi-agency approach to monitor change and sustainability more effectively. This should include frontline practitioners and adults with lived experience of adult support and protection.	No barriers identified.	<p>(a) The AHSCP will accelerate improvements relating to progress arising from the single agency audit completed in 2020. Work on this has already commenced and will be complete by August 2023.</p> <p>(b) The AAPC SECI subgroup will finalise the AAPC Quality Assurance Framework to include single agency inputs to this. The QAF will be a</p>	<p>(a) Progress will be monitored through the AHSCP monthly Adult Protection meetings. Success will be measured through a variety of evidence gathered in relation to specific areas of improvement such as audits and staff involvement and feedback. This work has already commenced and will be complete by December 2023, allowing a 4-month timescale between completion of the actions in August 2023, implementation of these and evaluation following implementation.</p> <p>Success will look like: Completion of APIP – Adult Protection Improvement Plan (which has now been achieved).</p> <p>(b) Monitoring of the QAF will be led via the AAPC SECI subgroup and a quarterly report will be provided as a standing agenda</p>

		<p>standing agenda item on the AAPC agenda from March 2023 and will be used to provide an analysis of emerging themes and trends which will inform priorities for future SECI activities. First version of framework by August 2023 with ongoing work for 12-18 months to check quality of data etc and refine. Final version spring 2025.</p> <p>(c) NHS Tayside will continue to refine the NHST AP QAF and incorporate the Public Protection Accountability Framework for NHS Boards within this. This will be shared with partners via the SECI sub-group and identify elements that can be included within a multiagency framework by October 2023. The NHST QAF is presented to PPEG on a quarterly basis.</p>	<p>item to the AAPC from March 2023.</p> <p>Success will look like:</p> <p>A framework that allows for input from multi-agency partners. Themes being identified and feedback to the APC to inform the strategic plan.</p> <p>(c) NHS Tayside monitors the QAF/PPAF via the NHST Public Protection Executive Group.</p> <p>Success will look like:</p> <p>Final PPAF presented to NHST PPEG and shared with partners to inform multiagency performance frameworks on an ongoing basis that evidence progress/priorities</p>
<p>4) The Adult Protection Committee had recently refined their improvement plan, but further consolidation was needed. Both this and the annual performance reporting approach impacted on the visibility of change and timely identification of trends or issues.</p>	<p>No barriers identified.</p>	<p>(a) The AAPC will convene a SLWG to review, refine and redesign the AAPC Improvement plan to ensure actions can be clearly identified and a focus on priorities is clear. This review will be completed by May 2023. The format will then be tested with contributing partners and final version brought to the APC October 2023 meeting. The revised improvement plan will also take key</p>	<p>(a) The revised improvement plan will identify short/medium and long-term timescales across a 3-year period. The improvement plan will be monitored via the AAPC and key areas delegated to relevant subgroups of the AAPC.</p>

		issues highlighted within the Angus ASP Inspection Report into consideration.	Success will look like: An improvement plan in place that all partners can understand and report too. That allows for oversight of actions and progress towards these.
<p>5) Strategic service user engagement and awareness raising were recognised by the partnership as areas for improvement. Recently developed plans should be progressed to support feedback and engagement with adults at risk with lived experience in the strategic work.</p>	<p>Recognise the challenges in identifying service users who wish to be involved at this level.</p> <p>Information around AAPC & ASP is currently not available in accessible formats and this must be addressed if we are to encourage people to get involved in the committee's work.</p> <p>Regularly asking for feedback is a helpful step towards service improvement that is informed by people with lived experience. However, the committee recognise that this does not represent true participation.</p>	<p>(a) Angus Independent Advocacy, the PPA Team and the Angus Alcohol and Drug Partnership are planning an event to explore how individuals would wish to be involved in adult protection activities and planning. The event will explore how individuals can be involved and understand any barriers that may exist for people including learning from AIA Citizen Advocacy Steering Group. The event is being taken forward by the advocacy partners steering group. As they meet 8 weekly the planning will be completed by around summer 2023 with the event being held in late summer. A report will be submitted to the December 2023 APC meeting.</p> <p>(b) Explore links with key groups such as Dementia Meeting Centres and Angus Carers Voice Network, Angus Voice, Angus Carers Centre 'Caring Influences' group & other relevant</p>	<p>(a) The PPA Team, AIA and the AADP will encourage attendance at the summer event and prepare a report with recommendations to the AAPC by December 2023. The AAPC will input to the event to highlight key areas from the Improvement Plan/QAF that would benefit from service user engagement and input and to ensure alignment with these areas of work.</p> <p>Success will look like:</p> <p>Good attendance /participation at event</p> <p>Clear plan emerges as to how people can be involved in the planning/activities moving forward</p> <p>(b) The PPA Team will support the development of accessible information, and this will be progressed via the AAPC Policy and Practice subgroup and</p>

		<p>organisations to undertake focus groups that can be used to support creation of and approve accessible materials by Dec 2023.</p> <p>(c) AIA and the PPA Team will identify opportunities for gathering views during and after adult support and protection interventions/processes by December 2023.</p> <p>(d) The AAPC/PPA Team will explore how service user feedback is considered/included at committee level and this may include lived experience views as a standing agenda item as part of the AAPC. This will be considered by December 2023 however as it is led by the previous action's completion date will be summer 2024.</p>	<p>updates on progress to the AAPC via regular reporting cycles.</p> <p>Success will look like:</p> <p>A range of accessible materials are readily available to anyone affected by ASP.</p> <p>(c) This area will be informed from feedback from the summer event and will be updated once this is explored.</p> <p>Success will look like:</p> <p>Individuals have opportunity to have a say throughout ASP processes.</p> <p>(d) This area will be informed from feedback from the Spring event and will be updated once this is explored.</p> <p>Success will look like:</p> <p>Service user feedback informs work of the committee and is embedded at this level.</p>
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Abbreviations

AAPC – Angus Adult Protection Committee

AADP – Angus Alcohol and Drug Partnership

AHSCP – Angus Health and Social Care Partnership

AIA – Angus Independent Advocacy

AP – Adult Protection

ASP – Adult Support and Protection

COG – Chief Officers Group

IRD – Initial Referral Discussion

L & D – Learning and Development

PPA – Protecting People Angus

PPAF – Public Protection Accountability Framework

PPEG – Protecting People Executive Group

QAF – Quality Assurance Framework

SECI - Self-evaluation and Continuous Improvement subgroup

SLWG – Short Life Working Group