Commission for Independent Assurance and Improvement Support

Angus Significant Case Review Improvement Plan for P19

Final Report

Background

P19 was identified as an 'adult at risk' in August 2018 and died in December 2018 at the age of fifty. There was significant involvement with a number of services in the months leading up to their death.

Following P19's death, the Angus Adult Protection Committee (APC) received a request for consideration of a Significant Case Review (SCR) on the grounds that P19 was in receipt of services, was subject to an Adult Support and Protection Plan and that P19's experience of services provided an opportunity for learning and improvement.

Following completion of an Initial Case Review, the Angus APC agreed a SCR was necessary to explore in depth the circumstances of P19's death and the time and events leading up to it. The full report of the SCR was published in November 2021 and was made available on the Angus Council website.

It was the responsibility of the Angus APC led by its independent chair and reporting to the Angus Chief Officers' Group (COG), to produce, approve and implement an improvement plan that addressed the issues highlighted by the SCR. This was in accordance with the Interim National Framework for Adult Protection Committees for Conducting a Significant Case Review (2019) [1].

In January 2022 a commission from the Scottish Government Minister for Mental Wellbeing and Social Care was made in relation to the above SCR and more specifically, the subsequent improvement plan. The commission requested that the Care Inspectorate and Healthcare Improvement Scotland work together to provide support to the Angus partners in relation to the follow-up improvements required in response to the recommendations in the SCR final report.

Scope

The primary purpose of this commission was two-fold:

1. To provide Angus local partners with appropriate advice and practical support to enable them to deliver the required improvements in the reliability and effectiveness of local systems and processes for assessment, care planning, co-ordination and delivery of care for vulnerable adults. This would include, where requested by the Angus partners, providing advice and practical support to enable them to:

   - develop an appropriately prioritised and credible plan for delivering on the recommendations of the SCR
   - assess whether the infrastructures and capacity to enable delivery were in place across all key partners
   - identify what additional implementation support was needed including, whether any requests were made of Healthcare Improvement Scotland and/or Care Inspectorate improvement functions, and
   - if implementation support was identified for delivery by Healthcare Improvement Scotland and/or Care Inspectorate, to deliver that support to agreed timelines.

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[1] Interim framework for adult protection committees for conducting a significant case review 2019

2. To provide independent assurance to Scottish Ministers that appropriate action was being taken in response to recommendations of the review and that the risks for the delivery of person-centred, safe and effective care delivery and co-ordination were being addressed.

Approach

In gathering the evidence required to provide assurance on the implementation of the improvement plan, the joint assurance team[2] used well established scrutiny and assurance methods and approaches which were focused on two key areas:

- the governance and oversight of the plan at a strategic level, and
- the implementation of the plan at an operational level.

The Healthcare Improvement Scotland Quality Assurance Framework was used for the assessment and analysis of the joint assurance team's activities (see Appendix A).

The quality assurance framework is a tool that facilitates assessment of capacity for improvement within a service or area. Using the framework as a structure, the assurance team made evaluations against headline areas reflective of an improvement journey and the capacity for improvement across:

1. direction
2. implementation and delivery, and
3. results.

In order to be proportionate, and in line with the scope of the commission, there was a focus on five out of the seven domains in the framework. Specific criteria and quality indicators relevant to the implementation of the improvement plan were used.

Joint assurance team activities between March – September 2022 included :

- review of, and provision of feedback on, the Angus improvement plan, observation of the work of a Mandated Sub-Group of the Angus Adult Protection Committee
- review of documentation associated with the implementation of the improvement plan
- interviews with members of the Mandated Sub-Group with the exception of the chair, who provided a written response to a query about how the Committee was directing members to ensure cooperation and communication in relation to implementing the P19 Action Plan, and
- Interviews with senior managers and clinical leads across the key agencies responsible for taking forward the actions in the improvement plan.

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[2] The team consisted of joint lead inspectors from Healthcare Improvement Scotland (HIS) and The Care Inspectorate, one strategic inspector from the Care Inspectorate and one inspector from HIS.

Key findings

Direction

How clear is the partnership's vision and direction and how supportive is the leadership and culture?

What the Angus partners have done

From the outset, the Angus partners showed a commitment to learning and improvement in relation to this SCR and demonstrated a shared ownership of this. A number of improvements were made quickly and some prior to the publication of the SCR report.

At the time of the commission activities, as with all statutory agencies, the Angus HSCP was continuing to experience capacity and workforce issues related to the Covid-19 pandemic. Despite this, the partners supported their staff to give the implementation of the SCR action plan their commitment and priority.

A prioritised improvement plan was approved by the Angus APC to implement the recommendations made in the SCR and this set out key deliverables over a period of three years. A Mandated Sub-Group of the Angus APC was formed at the initial referral stage and continued to oversee the delivery of the improvement plan.

The Angus APC had a longstanding approach to managing SCRs by use of a Mandated Sub-Group which reported to both the Angus APC and onward to COG via the independent chair. The Mandated Sub-Group comprised of representatives of key agencies relevant to the SCR. This included Police Scotland, NHS Tayside, Angus Council and Angus HSCP. The independent chair of the Angus APC initially chaired the group. The Mandated Sub-Group met approximately every six weeks.

The COG established a scrutiny and support panel in July 2022 due to the complexities of the P19 SCR and the resultant improvement plan. The panel was made up of senior directorate level staff external to Angus partners and their role was to act in an advisory capacity to the Angus APC and to the COG.

Specifically, the panel:

- Would act as a 'critical friend' to provide constructive, evidenced feedback on the reported progress and impact from the P19 improvement plan
- Would offer advice, support and guidance on the work being undertaken and shared learning from other areas in support of the work, and
- Would assist and advise the Angus Adult Protection Committee and Angus COG on any specific risks or matters for escalation identified through scrutinising the improvement plan.

Joint assurance team assessment

The improvement plan was prioritised before the joint assurance team became involved. This was completed very quickly following publication of the SCR.

The rationale behind the prioritisation of recommendations and associated actions and timescales therein were discussed with partners in Angus and the joint assurance team was satisfied that the recommendations had been prioritised appropriately.

The SCR contained fifty-nine comprehensive recommendations. The resultant improvement plan was cross referenced with previous ICR/SCR to avoid duplication. Where there were similar actions, these progressed under one action.

This was an ambitious attempt to achieve one inclusive improvement plan which identified a range of actions to drive improvement across all areas of adult protection practice in Angus. It resulted however in a very large and unwieldly plan that initially proved challenging to update and measure progress against.

The joint assurance team provided feedback and observations on the initial version of the plan and considered that it required more clearly defined actions, methods of evaluating and review, risk identification, and evidence of actions completed and the identification of named staff responsible for the implementation of recommendations.

As a result of iterative local learning and initial feedback, Angus partners reviewed and developed their improvement plan to allow for more effective monitoring and measurement of the actions, associated timescales and more structured, evidence-based feedback to the Angus APC and COG.

The joint assurance team considered the SCR to be very thorough and comprehensive. However, the volume of recommendations made in relation to the SCR created challenges for the partnership and resulted in an improvement plan that was difficult to manage and the original purpose and focus of some of the recommendations was lost.

The joint assurance team advised the Mandated Sub-Group members that a number of the recommendations were not SMART (specific, measurable, achievable, realistic and time bound). Having SMART recommendations would have made the initial implementation of the plan easier and avoided the diversion of staff energy to revisit the shape of the plan. The support provided by Angus HSCP planning colleagues to their staff in working to achieve this was viewed by the assurance team as effective. Operational staff were appreciative of the support they received from their planning colleagues which helped them manage their input into the plan.

Angus partners created a more meaningful, live document and this will provide a good basis as a template for future improvement plans.

The Mandated Sub-Group was seen to be clear in its purpose and the joint assurance team considered it to be the 'engine room' for implementation of the identified actions from the recommendations. Senior managers and the Chair of the Mandated Sub-Group demonstrated strong collaborative and effective leadership with clear roles and responsibilities in place. Strong lines of governance were evident in discussion at the Mandated Sub-Group ensuring that the impact and improvement needed following SCR P19 were on the radar of all levels of staff within all relevant agencies.

Despite some changes in the personnel leading on the implementation, leadership around the plan remained consistent as a result of the collective prioritisation of the improvement across all partners. This was largely due to the support Mandated Sub-Group members gave their staff. This was particularly noted in the Angus HSCP where appropriate prioritisation had been given to the work around P19 and an effort made to locate this work in 'business as usual' without losing its importance and specific focus.

To further develop the separation of governance and oversight roles, the role of Mandated Sub-Group chair moved from being held by the APC independent chair to a member of the APC with extensive senior clinical and care governance experience. The identification of a new chair however resulted in a delay of almost 4 months in this key strategic group meeting.

Whilst the joint assurance team was assured that individual agency work progressed on the implementation of the plan; the team identified potential risks in the senior managers across the agencies not meeting on a regular basis. They missed the opportunity to address any multiagency problems at an early stage.

We were confident that the chair would address any issues arising from this delay and that should there be any need for any future changes to core personnel implementing the plan, contingency plans would be in place to ensure continuity.

Whilst we observed only one Mandated Sub-Group with the new chair, the joint assurance team considered that the new chair would further support a systematic approach to the implementation of the plan. Appropriate links were now being made to wider corporate and service risks. We were confident that there would be a sharper focus in approach and direction to the implementation of the plan. Better linkage had been made across recommendations to ensure more efficiency, sustainability of improvement and change. The new chair brought a valuable connection to the Clinical Care and Professional Governance group.

This arrangement also enabled a greater consistency of approach to the testing of evidence with other clinical care governance assurance arrangements. This would allow more focused assurance to the Angus APC and COG in the future.

The joint assurance team concluded it was positive that the COG identified a need for more support and scrutiny of the oversight of the improvement actions. Establishment of the scrutiny and support panel appeared to be a constructive decision by the COG. Enlisting the additional support and added expertise and knowledge of an external panel has the potential to significantly impact strategic level activity and support the implementation of the improvement plan.

These arrangements were in the early stages which meant the joint assurance team was unable to determine the full impact of the group. Clarity about the decision-making processes and the level to which this group could influence operational changes was required.

The new panel had the potential to bring additional support to ensure the improvement plan was implemented with the appropriate rigour. Review of this panel is planned in January 2023 and its impact and value in helping drive forward the implementation of the improvement plan can be formally assessed by the COG at that point.

Implementation and delivery

How well are the Angus partners managing and improving performance?

What the Angus partners have done

NHS Tayside representation on the Angus APC had been augmented since the publication of the SCR P19 with the inclusion of the Clinical Director for the HSCP and the lead nurse for the HSCP.

The reporting format for updating the progress of the recommendations at the Mandated Sub-Group was developed to make it more efficient and user friendly.

There was evidence of good progress at the Mandated Sub-Group in respect of the priority 1 actions in the improvement plan with some of these already complete and others progressing well.

A new chair was appointed to the Mandated Sub-Group.

Learning from SCR P19 was quickly used to develop a detailed learning pack which has been widely disseminated across the APC partnership in Angus as well as pan Tayside.

A collaborative review of pathways of care between the acute services in NHS Tayside and Primary care had been undertaken.

A pan Tayside multiagency and multidisciplinary short life working group (SLWG) was established to develop a pathway for people with alcohol related brain disorder (ARBD).

The importance of technology to support implementation of the recommendations and improve recording and monitoring had been a recurrent theme in discussion with partners in Angus. Improved digital solutions were being actively sought to ensure consistency across systems and methods of managing and improving performance.

Joint assurance team assessment

We concluded that steady progress had been made to make quality improvements. There was an awareness of the requirement for quality assurance and quality monitoring at all levels. We were unable to see many outputs from this as yet given the early stage of the developments. However, we were encouraged to hear the principles of quality planning and the use of quality measures being discussed regularly.

The recording of updates on the progress of recommendations took time to get to a position of being a 'live' document that all agencies could input to. A change in reporting format however led to a considerable improvement in the progress reporting. The changed reporting template could usefully be developed as a template for the monitoring and updating of future improvement plans.

Where recommendations were being taken forward across partner agencies, it proved challenging to monitor this consistently as updates were often carried out separately by agencies. We heard from some of the operational and professional staff identified to lead on the recommendations that this could result in agencies working in silos. The joint assurance team raised this with Mandated Sub-Group members given the potential risks to effective

implementation of the recommendations between NHS Tayside and the Angus HSCP if this was not addressed.

The joint assurance team concluded that the change to the Chair of the Mandated Sub-Group would contribute to a refreshed approach at a stage where it was appropriate to review and confirm evidence of progress and completion of recommendations. This would allow both the identification of measures to ensure sustained change and a focus on outstanding and longer-term improvements.

Whilst the improvement plan actions and update activity had been improved markedly, work needed to continue to ensure that gaps in the plan were filled. It was noted that the Angus APC had not updated the recommendations it was responsible for. There had been staffing changes which impacted on this. It was hoped that this gap would be addressed as soon as possible, and that the Mandated Sub-Group chair would act quickly where any of the partners were not providing updates and where this may impact upon delivery of the recommendations within the timescales agreed.

There were limitations identified in the improvement plan on the ability of both the Angus HSCP and NHS Tayside to fully deliver on recommendations linked to the access to capacity assessments. An identified pathway to inform the assessment of capacity, however, has now been developed and shared with staff through the NHS Tayside Adult Protection staffnet page. Additionally, a new consultant psychiatrist with section 22[3] approval has been appointed to Angus Integrated Drugs and Alcohol Recovery Service. It is hoped these measures will address to some extent the potential for delay identified in the SCR.

This improvement did not remove the challenges within the Angus HSCP in identifying consultant psychiatry time from NHS Tayside. There was a reliance on locum psychiatry, which was highlighted in the Trust and Respect report[4] and the Healthcare Improvement Scotland review of adult community mental health services[5]. There were also pressures identified within primary care on GP (General Practitioner) time to complete capacity assessments, this was being addressed by the Angus HSCP through the development of an SLA (service level agreement) with General Practice for undertaking capacity assessments.

The pathway established will provide support in completion of capacity assessments. This did not remove the need for clinicians, including medical staff, GPs and consultant psychiatrists to complete assessments, and pressure remained on these groups. There remained a gap in capturing data on both requested and outstanding capacity assessments. The potential for delays remained, as well as an ongoing risk to accessing capacity assessments at the right time.

Improvement support was requested to help focus the activity of the SLWG established to develop a pathway for people with ARBD. The Transformational Redesign Unit in the Healthcare Improvement Scotland iHub supported a session with the group on 13th June 2022 to identify how the recommendation for a pathway for ARBD could be most effectively met. A project brief was accepted by the SLWG. This work was progressing with a discovery phase due to complete at the end of 2022. This will be followed by an improvement phase due to commence in January 2023.

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[3] Mental Health (Care and Treatment) (Scotland) Act 2003
[4] Trust and Respect - Final Report of the Independent Inquiry into Mental Health Services in Tayside Feb 2020
[5] Review of Adult Community Mental Health Services Tayside July 2020

We discussed the method of reporting identified risk, the datix system was being used to some extent, however we heard that the data for Angus showed higher reporting than Dundee or Perth and Kinross. Our discussion also highlighted a possible inconsistency in reporting across primary care and acute services within NHS Tayside. Whilst governance arrangements for reviewing incidents were well established, raising awareness of the arrangements across primary care had been identified as an improvement and work on this had commenced. A consistent and strengthened use of the existing system across primary care would increase the opportunity to identify risk and provide shared learning opportunities. This is an area where improvement support may be considered beneficial in the future.

Initial work had taken place on engaging with difficult to engage individuals. This work spans all Angus partners but identifying who was responsible for progressing this was not clear initially. Actions were put in place towards the end of the commission work which gave some assurance that this work was in progress and consideration given as to how this could be shared across all partners.

The complexity of recommendations that would add to existing established practices, for example, the addition of medical pathways to acute services, resulted in positive dialogue between primary care and acute services to seek the best solutions. The need to measure the impact of changes made was recognised within some discussions held with the joint assurance team.

Results

What difference have the Angus partners made and what has been learned?

What the Angus partners have done

The Angus partners demonstrated a commitment to understanding the multiagency issues and impact from SCR P19 both within their adult protection governance structures and at the operational and service level. Despite having an impact upon already pressured partners, all agencies were seen to prioritise the work of SCR P19 and it was clear that lessons learned had already had an impact on practice.

There was evidence of senior clinical and management teams across health taking ownership of the issues. The implications of the recommendations were recognised. These extended beyond Angus HSCP with a focus on learning from the SCR extending across NHS Tayside. Examples of quality improvement following the publication of the SCR P19 were evident in both primary care and acute services. These included the establishment of a SLWG in primary care to immediately consider what could be done as a result of SCR P19. These actions were underway before the improvement plan was developed. Although challenges remained around record sharing, changes to coding within records to identify adults at risk were implemented.

Joint assurance team assessment

It was evident that the Angus partners had taken time to reflect on P19, the SCR, recommendations and learning. Discussion with the joint assurance team also allowed them

to consider and evaluate their actions and direction. Despite some changes in core personnel leading on implementation, the joint assurance team concluded that effective implementation would continue at an appropriate pace. This would be dependent on robust monitoring and evaluation which could demonstrate improvement to the Angus APC.

As the implementation of the improvement plan was still at an early phase, it was too early to elicit conclusive evidence on whether the expected improvements for the year 1 priorities had been achieved. The joint assurance team was satisfied however that the direction and actions taken during the commission were appropriate and should deliver the expected results. This would be dependent upon the appropriate review and evaluation of year 1 priorities being undertaken so the Angus APC can be assured that implementation was meeting expectations and timescales, and that there was evidence that improvement was embedded. Continued monitoring and review of year 2 and 3 priorities by the Mandated Sub-Group should continue to be reported to the Angus APC.

Monitoring and review

As the Angus partners continue to implement the improvement plan, there will be methods of ensuring continued monitoring and review of this and identification of support to Angus partners if necessary.

- The Care Inspectorate link inspector to Angus will continue with their overall relationship with Angus Council and the Angus HSCP, as well as support to the Angus Adult Protection Committee.
- A joint adult support and protection inspection of the Angus multiagency partnership commenced in September 2022. This inspection will consider some elements of the areas identified in SCR P19. A report will be published in January 2023.
- The iHub will continue to support the ARBD SLWG to the conclusion of the agreed plan.

Conclusion

The joint assurance team concluded that the Angus partners were providing appropriate and effective strategic leadership and direction in the implementation of the improvement plan.

The COG recognised the benefit of establishing the scrutiny and support panel which should bring appropriate rigour and challenge as the implementation of the improvement plan continues. It was not yet clear what impact this group would have, and the COG had determined to review and evaluate its effectiveness in January 2023.

The SCR and the prioritisation of recommendations was robust and comprehensive. The number of recommendations however meant that the subsequent improvement plan was difficult to manage across all partners.

We acknowledge the approach to conducting the SCR for P19 was outside the scope of this commission. The review team considered the purpose of SCRs and now, Learning Reviews in recognising the importance of reviews of significant cases not only for the individuals concerned and their families, but also to allow for learning across the whole adult protection system.

The learning review guidance clarified the role of the COG or equivalent in relation to learning reviews by indicating that the learning review report will be considered by both the APC and COG for sign off. The guidance stated that *not all recommendations may be accepted by the APC* but in these circumstances, this should be justified by the APC and the decision to not accept all will be ratified by the COG **(Learning Review Guidance 2022).** This may have been helpful for SCR P19.

Future SCR recommendations should be SMART, explicit and concise enough so that implementation is effective in meeting the recommendations made. This was an ambitious attempt to incorporate the large number of significant recommendations into one whole improvement plan to assist improvement across all areas of adult protection and practice improvement. In the future, the Angus APC should consider whether this was the most effective way to move forward with the change they wanted to see following SCR P19.

The work and focus of the Mandated Sub-Group with this complex improvement plan has developed positively. The need for evidence to demonstrate improvement following implementation of the recommendations was being made more explicit. Identification of

risks and risk management were now being considered more effectively during the Mandated Sub-Group meetings. Better linkages had been made across the recommendations and this should improve efficiency, improvement and sustainability of change.

The joint assurance team advise the Angus APC to review and refresh the Terms of Reference of the Mandated Sub-Group to ensure that the allocation of Mandated Sub-Group chairs in the future is considered in relation to the knowledge that is required to scrutinise actions taken and to drive the work required.

The joint assurance team saw a real willingness by all Angus partners to see improvement and embed change across all agencies. Despite capacity issues which impacted on all the core staff involved in implementation of the improvement plan, senior managers ensured that this work was a priority and there remains a commitment for this to continue. The partners had been making the appropriate links to other current improvement activities to reduce duplication of effort and ensure a joined up organisational approach to improvement overall.

The issue of human rights had been a constant consideration during all the improvement work, and this should be commended.

The COG and Angus APC need to keep up the momentum currently in place and ensure robust monitoring and evaluation of the plan and consider how to measure the impact of any changes across the whole system as they move forward.

Appendix A – Healthcare Improvement Scotland Quality Assurance Framework

Direction		Implementation & Delivery		Results
How clear is our vision and purpose?	How supportive is our culture and leadership	How well do we engage our stakeholders?	How well do we manage and improve performance?	What difference have we made and what have we learned?

1. Clear vision and purpose
1.1 Defined Purpose and Vision
1.2 Understanding of the population profile, needs and inequalities
1.3 Understanding of context, own capabilities and major challenges
1.4 Agreed Strategy and priorities
1.5 Key Performance Indicators

2. Leadership and culture
2.1 Shared Values
2.2 Person-centred planning and care
2.3 Staff empowerment and wellbeing
2.4 Diversity and inclusion
2.5 Openness and transparency
2.6 Robust governance arrangements

3. Co-design, Co-production
3.1 People who experience care and carers
3.2 Workforce
3.3 Partners, governing stakeholders and suppliers
3.4 Local community

4. Quality Improvement
4.1 Pathways, procedures and policies
4.2 Financial planning
4.3 Workforce planning
4.4 Staff development and performance

5. Planning for Quality
5.1 Plans for delivery
5.2 Performance management and reporting
5.3 Risk management and business continuity
5.4 Audit, evaluations and research
5.5 Improvement and innovation

6. Relationships
6.1 Person-centred and safe outcomes
6.2 Dignity and respect
6.3 Compassion
6.4 Inclusion
6.5 Responsive care and support
6.6 Wellbeing
6.7 Public confidence

7. Quality Control
7.1 Delivery of key performance indicators
7.2 Delivery of strategy and priorities
7.3 Lessons learned and plans to apply

Capacity for improvement – based on evidence of all key areas in particular, outcomes, impacts and leadership.