JOINT INSPECTION
OF **ADULT SUPPORT**
AND **PROTECTION**

Partnership Briefing Updated 23/02/2022

Subject	Guidance for East Ayrshire & Fife partnerships
Covid-19 and remobilisation	- During 2020, and 2021, in response to the unparalleled challenges posed by the covid-19 pandemic, we made adjustments to our inspection methodology and the timing of our joint inspection programme. - From February 2022, we have removed pandemic-specific elements of our methodology. - We recognise that **all** the records we now scrutinise will cover a period after the imposition of restrictions on **23, March 2020.** - We are hopeful that going forward our inspection programme will be less impacted upon as partnerships remobilise after the worst effects of the pandemic. - We do recognise, partnerships face ongoing pandemic-related challenges.

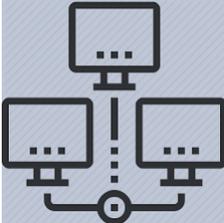| Subject	Guidance for partnerships
Background, overview, and outline of streamlined and accelerated joint inspection programme	• Scottish Ministers have requested that the Care Inspectorate, Healthcare Improvement Scotland, and His Majesty's Inspectorate of Constabulary in Scotland to carry out a joint inspection of adult support and protection in 26 partnership areas in Scotland. The Care Inspectorate will lead this programme. • This joint inspection follows on from the joint inspection of adult support and protection in six partnership areas published in July 2018[1]. • The purpose of this joint inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements. • The scrutiny and assurance of ASP was originally designed to take place in two phases over five years. Phase 1 (2020-21) planned to deliver 26 local multi-agency ASP inspections that would focus on the assurance of local ASP practice and processes. Phase 2 (2022-24) of this programme would be informed by the findings of Phase 1. • **Covid-19 pandemic** –, We re-engineered phase one of our programme to take account of the exigencies of the covid-19 pandemic. We will continue with this streamlined approach going forward. Streamlinedmethodology

The flow diagram below shows the following stages:

- Wk 1 P/ship briefing
- Wks 1-4 P,ship gathers records for file reading
- Wk 5 Remote file reading week
- Wks 6-9 Report prep phase
- Wk 10 PD 2 & factual accuracy check rept
- Wk 12 Embargoed report issued to p.ship
- Wk 13 Report published on websites

Key points for p,ship in 13wk fprint

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[1] https://hub.careinspectorate.com/media/3402/review-of-adult-support-and-protection-report.pdf

Subject	Guidance for partnerships
Background, overview, and outline of streamlined and accelerated joint inspection programme, continued.	**Streamlined and accelerated methodology** The key elements of our ongoing streamlined and accelerated programme for joint inspection of adult support and protection are: • The time taken for the inspection of each partnership is considerably shortened from 20 weeks to 13 weeks. • For partnerships this means: o Inspection report will be delivered in 13 weeks rather than 20 weeks. o Partnerships will only require to deploy staff to service the main part of the inspection for 13 weeks rather than 20 weeks. o A streamlined process for submission of supporting evidence o Commencement of our staff survey and arrangements for sampling of records of adults at risk of harm will be carried out in for a number of partnerships prior to the main 13-week period for the inspection. o More time (one week) to gather the electronic records of adults at risk of harm we will read remotely. o Scope to afford partnerships with flexibility with the overall scheduling of our inspection programme.

Shortened staff survey - less time to complete. Streamlined position statement & supporting evidence submissions	Preparations for creation of records sample before start of inspection	Shorter inspection period, reduced p,ship staff commitment & more timely reporting

Key elements of streamlined process 1

Subject	Guidance for partnerships

Impact of the covid-19 pandemic on adults at risk of harm, and partnerships compliance with the Scottish Government's covid-19 additional guidance for adult support and protection.	• **From February 2022,** we will:
	  o Cease to specifically scrutinise partnerships' responses to keeping adults at risk of harm safe during the pandemic and its associated restricted period.
	  o Remove questions related to the pandemic from our file reading tools and our staff survey.
	  o Include one question in our file reading tool about the possible impact of the pandemic on the adult at risk of harm.
	  o Retain in partnerships' position statements the option for them to discuss the impact of the pandemic on their adult support and protection arrangements and adults at risk of harm.

What do we mean by adult protection partnership?	• Here is our definition of adult protection partnership. • The focus of our joint inspection will be the contributions of social work, Police Scotland, and health to keeping adults at risk of harm safe, and how they work collaboratively to do this. IK, 19, Nov ASP partnership kerri.docx

Subject	Guidance for partnerships
Revised inspection schedule 2021-23.	• We originally created a two-year inspection schedule that allows us to inspect 26 partnerships in two years (2020-21). **We have revised this to take account of the exigencies of the covid-19 pandemic.** • The revised streamlined and accelerated schedule is based on a **13-week timescale** for the inspection of each adult protection partnership. • This inspection schedule was configured around the 13 risk and concern hubs. This was to minimise impact upon each hub's business continuity by concurrent inspections of partnerships served by hub *(see embedded map showing location of concern hubs).* **Going forward we will adopt a flexible approach to configuring our inspections around divisional concern hubs.** • We will not be inspecting partnerships we inspected in 2017 for Joint Inspection of Adult Support and Protection Report (published July 2018). Map of divisional concern hubs.pdf
Partnership notification letter	• Copy of this letter to relevant partnership senior managers. Contains key dates. • Request for partnership to appoint an **inspection coordinator** (from the local authority) a **health liaison person,** for making health records available to us. And a **police liaison officer.** • Details of briefings and professional discussions with the partnership. • Several accompanying documents including – file sampling arrangements, submission of supporting evidence.

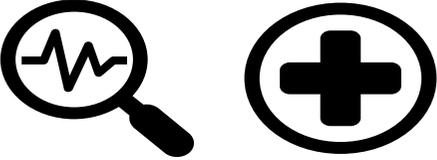| Subject	Guidance for partnerships
Scrutiny partners' statutory powers	• Our statutory powers enable us to require partnerships to make social work, health, and police records available to us are pursuant to Section 115 of the Public Services Reform (Scotland) Act 2010[2] and the associated regulations pertaining to joint inspections (see embedded document). Section 117 of the foregoing Act sets out what regulations make provision for. • As a result of the covid-19 pandemic and the associated restrictions, partnerships have made the requisite social work, health, and police records, for adults at risk of harm, available to us electronically and off-site – i.e., without the need for us to carry out analysis of the records **on partnership premises**. **This approach will continue going forward.** • There are several ICT applications, such as Microsoft SharePoint and Egress, which can facilitate straightforward and secure remote access to records. • At a very early stage of the joint inspection, we will meet remotely with the partnership to discuss the technicalities how they can securely make the records we require available to us remotely, and without the need for specific on-site presence by our joint inspection team. PDF File Reading - Regulations.pdf

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[2] http://www.legislation.gov.uk/asp/2010/8/part/8/crossheading/joint-inspections

Subject	Guidance for partnerships
What we will inspect and how will we do it?	• We will scrutinise partnerships' **key processes** (duty to inquire, investigation, management of risk etc) to ensure adults at risk of harm are safe, protected and supported. We will look at **leadership** for adult support and protection within the partnership. *Our methodology* • Our joint inspection will encompass: o scrutinise the social work, police, and health records of adults at risk of harm o scrutinise the recordings of duty to inquire episodes related to adult at risk of harm o survey of staff within the adult protection partnership o analysis of documentary evidence and a succinct position statement submitted by the partnership. o discussions with frontline staff and senior managers about adult support and protection. • For the quality indicators and quality illustrations developed for this joint inspection please refer to this embedded document. Jan 21 FINAL PDF version ASP QIs.pdf

Subject	Guidance for partnerships
Size of the sample of records 23,Feb Case_File_Sample_Gui 23, Feb PIR_FAQs_FINAL.doc›	• **50** adults at risk of harm whose adult protection journey have proceeded to the investigation stage and beyond. We will read the social work, health, and police records for these adults at risk of harm. We will require **15** reserve adults at risk of harm and their social work, police, and health records. • **40** adults at risk of harm who have been subject to initial inquiry and the partnership decided to take no further adult protection related action. We will only read the partnership's **recordings** of the initial inquiry episode for this sample. We do not require any reserve cases. • Our sample will be stratified for person characteristics and type of harm. • We provide detailed guidance and return spreadsheets for partnerships. • **We ask partnerships to upload a small number of records first, so we can advise them if there are any gaps.** **Impact of covid-19 pandemic** **From February 2022, we will remove from our sampling instructions all references to the restricted period associated with the pandemic.** *Key recording domains* **Initial inquiries** *(duty to inquire) recording of episode only* — **Full investigation** *(social work, health & police records)* — **Adult protection case conference held** *(social work health & police records)* — **Post case conference adult protection activity** *(social work, health & police records)* — **Review adult protection case conference/s held** *(social work, health & police records)*

Subject	Guidance for partnerships
Making police records available to us remotely.	• We have created a police record tracker for partnerships to show which police records they submit for each of the 50 adults at risk of harm in our sample. *Police record tracker* | STORM Command & Control Incident	Interim VPD	Crime Management Record	IRD or equivalent record	Case Conference Record	Management of Risk Documentation	Other (please state)
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Subject	Guidance for partnerships
Making relevant health records available to us remotely	• This section has been developed to support staff who have been identified as the NHS liaison person for the purposes of the joint inspection. The information covers the main points relevant to the local NHS Board participation in the joint inspection. If more information is required, please do not hesitate to contact the Healthcare Improvement Scotland (HIS) senior inspector allocated to your partnership inspection (contact details will be provided at the partnership discussion meeting). • A key role for the designated NHS liaison person will be to identify and arrange access to health case files which are likely to include relevant adult support and protection (ASP) information. This task will span the full range of health services in both Health and Social Care Partnerships and acute NHS services. The assistance of others such as medical records personnel or NHS IT staff may be required, and this will be for the NHS liaison person to identify locally. • The NHS liaison person is asked to arrange access to only the most relevant health files. Information suitable for upload will vary depending on the health systems in use in the ASP Partnership area and sample characteristics. • Health records may be in a range of formats, potentially requiring a range of approaches to upload the relevant information. If any issues with uploading the health information are envisaged, the NHS liaison person should inform the HIS senior inspector as soon as possible. • For the purposes of this exercise, the definition of a relevant health file is one which is likely to contain information or communication about ASP processes, which is or has been active within the previous two years and/or where information may be recorded that identifies risk of harm (in relation to ASP) and the subsequent health response to this. • **The two years will be taken from the date the joint inspection team issue the sample to the partnership, and they start the process of uploading records**. If there is additional relevant information in the lead up to the two-year period, you may choose to share this. If you are in any doubt, please contact the HIS senior inspector. • Partnerships are not required to check the record for relevant adult protection information.

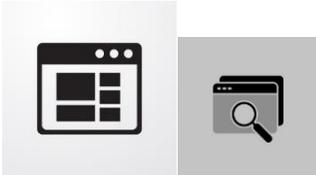| Subject	Guidance for partnerships
Making relevant health records available to us remotely	• We recognise that pertinent health information may be recorded in any health record, however, please note that data will only be taken from the health information made available. A template, known as the health tracker, has been developed to assist with this activity. Completing the tracker will provide an easy reference for the files that an adult at risk of harm has e.g., mental health file, learning disability file, anticipatory care plan etc. and the decision-making process relating to which files were submitted for reading. An example of the tracker is included at the end of this guidance. • **Please note for phase 1 of the joint inspection of ASP GP records will not be required. We understand there may be information which includes the GP, where this is the case, you can upload.** **Learning from Adult Support and Protection inspections already undertaken** • Partnerships have been able to provide an array of health information which has helped us to determine how the adult at risk of harm's needs were met. • Information related to the communication between health services and the adult at risk of harm and or unpaid carers has been helpful in determining how adults at risk of harm have been supported. • Similarly, understanding the health role and collaborative engagement with partner agencies and third and independent sector has also been beneficial. • Information on transitional care, admissions and discharge arrangements has supported assessment of the quality of care in the community and acute care settings. Information regarding referrals helps to build an understanding of the pathways to person-centred care and support, all of which enable the inspection team to promote the evaluation of adult support and protection arrangements from a health perspective. The list of suggested health records and useful information is not exhaustive. Partnerships should upload any other information they feel is relevant to adult support and protection. This could be risk assessments, chronologies, protection plans, minutes of meetings, meeting invites, case conference correspondence etc

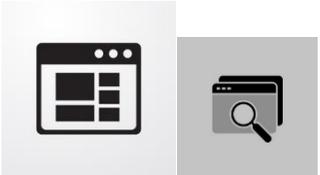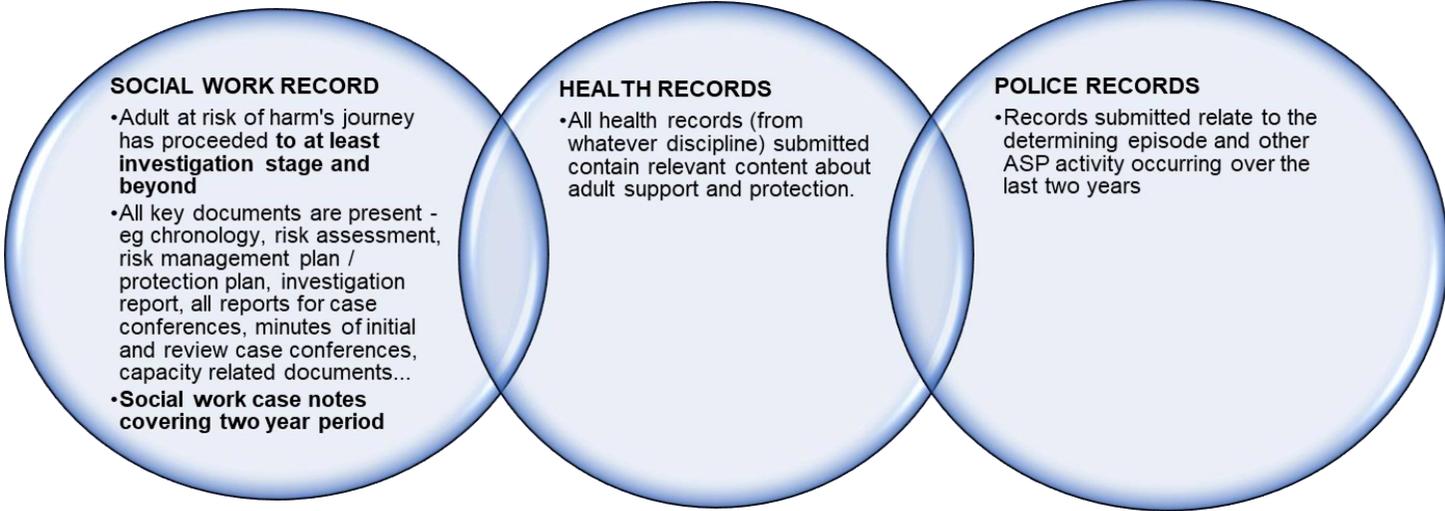| Subject	Guidance for partnerships	
Making relevant health records available to us remotely	**Suggested Health Records**	**Useful information**
	Adult/Older Adult Mental Health	Capacity/Cognitive Assessment, clinical letters, referrals
	Accident and Emergency department	Admission, medical assessment, transfer information
	Acute in-patient	Hospital admission, continuing care record, discharge arrangements
	Learning disability services	Assessments, referrals
	Allied Health Professionals/Community Nursing	Occupational Health Assessment, communication assessment, home visits, referrals to other agencies, Anticipatory Care Planning arrangements including Power of Attorney).
	Addiction Services	Record of contact, referrals, support systems

Subject	Guidance for partnerships
Making relevant health records available to us remotely - continued	This list is for guidance and is not exhaustive.

This list is for guidance and is not exhaustive.

If the partnership determines any adult at risk of harm has any other health records that contain **relevant adult protection related material** these records should also be made available to the inspection team.

Where an individual has had significant input from a health service during the two-year time frame for example learning disability or mental health service it is expected this record is made available. If a decision is made not to submit this record, please record the reason on the health tracker. Please note it is not necessary to submit information such as standalone appointment dates/ times with no further information, generic blood results or ECG results.

Health record tracker

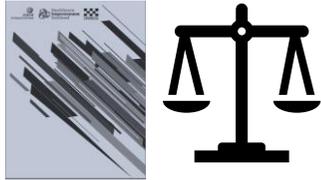| CHI	Mental health services	Addiction and recovery services	Learning disability services	Older adult services	Allied health professionals	District nurse services	Acute in-patient	Emergency departments	Anticipatory care plan	other - please state	Decision re submission or no submission

Subject	Guidance for partnerships
Remote briefings for the partnership and remote professional discussions	- At an early stage of the joint inspection, we will meet **remotely** with senior managers from across the adult protection partnership – social work, health, and police to brief them about the joint inspection of adult support and protection. - We will meet remotely with the partnership's appointed coordinator, health liaison person, and police liaison officer to discuss all aspects of the joint inspection and answer any of their questions. This is an early opportunity to discuss all our detailed case file sampling arrangements, arrangements for remote file reading, and arrangements for our staff survey. - After our remote file reading, we will provide partnerships with electronic copies of the data from *our staff survey* *our analysis of partnership's handling of initial inquiries* *our main file reading analysis.* - Following our remote file reading, we will meet remotely with the partnership to discuss our joint inspection findings. - All remote meetings will take place using Microsoft Teams. If for any reason this is not feasible for a partnership, we will use another method such as teleconference.
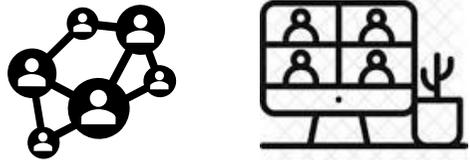
Subject	Guidance for partnerships
Partnership's position statement and analysis of supporting evidence	• We have a supporting evidence request document for partnerships. • Partnerships should submit **best evidence not all evidence**. • We will ask partnerships to submit a **succinct position statement**. We will provide guidance on format and content. • We will provide full details of how partnerships should submit supporting evidence to us remotely. • HMICS supported Police Scotland to develop an inspection toolkit which acknowledges national structure and localism. • We ask partnerships to populate our template (provided) with details of their stated timescales for the completion of various elements of adult protection activity – initial inquiries, investigations. • We ask partnerships for a succinct position statement that outlines their position in respect of key processes for adult support and protection (QI 1) and leadership for adult support and protection (QI 2). **Partnerships should not provide a self-evaluation for these areas.** Position_Statement_230222.docx 23 Feb Evidence_List.docx
Staff survey	• We will conduct a staff survey that is about adult support and protection. • We will provide guidance about staff who should be surveyed and how staff should complete the survey. • Provider organisations should take part in the staff survey. • The survey will be conducted using an on-line survey tool Smart Survey. • We will provide partnerships with a link to our survey tool. • The staff survey will be opened for three weeks. • You will receive a staff survey progress report on the number of completed surveys on week two. • **From February 2022, we reduced the size of the staff survey by 50 percent to shorten completion time for staff.**

Subject	Guidance for partnerships
Size and composition of joint inspection teams	• One HMICS officer. • One or two HIS inspectors. • Team leader and one other Care Inspectorate strategic inspector. • One practitioner inspector. • Unfortunately, due to the aftermath of the covid-19 pandemic and the need to remotely access and scrutinise the records of adults at risk of harm it will not be possible for us to deploy **associate inspectors** or **local file readers**. We will keep this under review going forward. • All file readers will read across the social work, health, and police records for adults at risk of harm whose adult protection journey has reached the stage of investigation and beyond.
Leadership of joint inspection teams	• One team leader will lead one joint inspection team and be responsible for the preparation and publication of one joint inspection report. • It is possible that our arrangements for leadership of our joint inspection teams will change as the programme of joint inspections progresses.

Subject	Guidance for partnerships

Remote access to the social work, health, and police records of adults at risk of harm. And remote access to the recordings of initial inquiry episodes.	• In line with the section about our powers to access personal records <u>Powers</u>, we have sought an overarching commitment from partnerships that they will make personal records available to us remotely – that is, electronically and without the requirement for us to deploy inspectors on-site.
	• The foregoing is subject to a Data Protection Impact Assessment (DPIA)
	• Partnerships can make records remotely available to us securely and efficiently by:
	    1) Placing sampled records in the partnership's SharePoint repository, Egress repository, or equivalent, and giving the joint inspection team time-limited secure access to the repository. We have secured an overarching agreement that police records will be made available to us using Egress.
	    2) Uploading the personal records sampled to the Care Inspectorate's SharePoint repository.
	        ○ The foregoing two options are our preferred or default position. **We have successfully carried out remote access to a full suite of social work, health, and police records for a joint inspection of adult support and protection**. And the use of SharePoint, Egress or equivalent is the optimal method of accessing records remotely.
	• We have online frequently asked questions guidance for partnerships on use of data sharing platforms for remote access to records.
	https://www.careinspectorate.com/images/Adult_Support_and_Protection/Guidance_for_remote_access_to_files.pdf
	• **When records are placed on SharePoint, material should relate to <u>two years</u> prior to the date the joint inspection team issue the sample to the partnership, and they start the process of uploading records. If start date for ASP activity is <u>earlier</u>, then the partnership should submit material from date adult protection activity commenced.**
	• **Partnerships should submit social work case notes going back two years.**
	• At the earliest possible stage in the joint inspection, we will convene a remote meeting with the partnership to discuss the detailed arrangements for the partnership to submit records to us remotely. It may be that more than one such remote meeting is necessary.
	
	Sep SharePoint Invite.docx
	• Guidance for use Care Inspectorate's SharePoint repository

Subject	Guidance for partnerships
Remote access to the social work, health, and police records of adults at risk of harm. And remote access to the recordings of initial inquiry episodes.	• Partnerships should ensure that **all** passwords for remote access to electronic records repositories are made available to the inspection team timeously before the start of the inspection. Similarly, for all partnership guidance for us about remote access to records. • Partnerships' ICT help teams should be briefed about the joint inspection and the team will be accessing records remotely. • When partnership made records available to us remotely, they should bear in mind that inspectors are not familiar with their nomenclature for their electronic record keeping systems. Folder names etc should be easily understandable by inspectors who are guest users of the systems, Acronyms and abbreviations should be avoided. *Indication records p'ships should submit* **SOCIAL WORK RECORD** •Adult at risk of harm's journey has proceeded **to at least investigation stage and beyond** •All key documents are present - eg chronology, risk assessment, risk management plan / protection plan, investigation report, all reports for case conferences, minutes of initial and review case conferences, capacity related documents... •**Social work case notes covering two year period** **HEALTH RECORDS** •All health records (from whatever discipline) submitted contain relevant content about adult support and protection. **POLICE RECORDS** •Records submitted relate to the determining episode and other ASP activity occurring over the last two years

Subject	Guidance for partnerships
Reporting and evaluations in report. Published joint inspection of adult support and protection reports.	• We will publish a succinct report of our joint inspection findings at the end of the 13-week period. This will be published on the scrutiny partners' websites • Partnerships will have the opportunity to check the report for factual accuracy prior to publication • The contents of our report will mainly be the data for our scrutiny of the records of adults at risk of harm and the staff survey. There will be an accompanying analytical narrative • We will ask partnerships for an improvement plan for areas for improvement we identify. • **Here is the link to our published joint inspection of adult support and protection reports.** https://www.careinspectorate.com/index.php/publications-statistics/46-inspection-reports-local-authority/joint-inspections-of-services-for-adults-2 **Evaluations** Our reports will **not** provide evaluations using the standard six-point scale, rather they will provide concise judgements on progress with key processes for adult support and protection and leadership. **Progress statement** To provide Scottish Ministers with timely high-level information, our joint inspection reports include a statement about the partnership's progress in relation to our two key questions: • How good were the partnership's key processes for adult support and protection? • How good was the partnership's strategic leadership for adult support and protection? **Range of answers to our two key questions** Very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm. Effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement. Important areas of weakness that could adversely affect experiences and outcomes for adults at risk of harm. There were substantial areas for improvement.