

# Moray Adult Protection Committee

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## BIENNIAL REPORT

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2018/2020



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## Foreword

Against the backdrop of a global pandemic, continually stretched and reallocated resources, changes in committee membership, new appointments of both Adult Protection Lead and Independent Chair, a race to catch up with the means for virtual meetings and a furloughed improvement project, the production of Moray's Adult Protection Committee Biennial Report has been a challenge in itself.

This is the sixth biennial report of Moray's Adult Protection Committee (Moray APC) and the first written following the new guidance on Biennial Reports. In accordance with the guidance, we are reporting on the types of harm identified in Moray and the actions taken by the partnership agencies in Moray to reduce the risk of harm and improve the outcomes for adults at risk of harm. We are summarising the work of the Moray APC and looking ahead to the next 2 years and the work we plan to do.

At the time of writing, Moray is getting ready to re-start a local adult support and protection improvement project, which was paused due to a focus on essential service provision when the Covid-19 pandemic began. The improvement project follows a multi-agency self-evaluation of adult support and protection arrangements in Moray. While it would be easy to become disheartened about the delay in progress of the improvement project, this Biennial Report endeavours to strike a more optimistic tone in assessing how far we have come in Moray and describing the ambitious journey we have planned to improve outcomes for adults at risk in Moray.

Samara Shah  
Independent Chair  
**October 2020**



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“We have such a long way to go,” sighed the boy. “Yes, but look  
how far we’ve come,” said the horse.

[from *The Boy, the Mole, The Fox and the Horse* by Charlie Mackesy]

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## Section 1. About Moray Adult Protection Committee

The purpose of this section is to provide some background on the Moray Adult Protection Committee.

### 1.1 Members and Attendees

Moray's Adult Protection Committee (Moray APC) is a constituted committee with the following core membership:

**Independent Chair**

**Chief Social Work Officer, Moray Council**

**Chief Nurse, Moray, NHS Grampian**

**Detective Chief Inspector, North East Police**

**2 Elected Members, Moray Council**

The effectiveness of Moray APC meetings is greatly enhanced by participation and attendance of the following:

**Consultant Practitioner, Adult Support & Protection Practice Lead, Moray Council**

**Adult Protection Training Facilitator, Moray Council**

**Director of Allied Health Professions & Public Protection, NHS Grampian**

**Adult Public Protection Advisor, NHS Grampian**

**Professional Lead for Clinical Governance, NHS Grampian**

**Advocacy Manager, Commissioned Advocacy Services (Circles)**

**Scottish Ambulance Service**

**Scottish Fire and Rescue Service**

**Independent Care Home Consultant/Consultancy Service**

It is acknowledged that there are some gaps in representation on the Moray APC. The third sector and voice of the service user should be better represented on the Moray APC and steps are being taken to address this.

**Moray APC meetings are well attended. Information sharing is forthcoming with professional challenge and discussion. There is a shared commitment to fulfilling statutory obligations and a shared aspiration of improvement. While there is a spirit of collaboration, there is a challenge in the availability of resources and support to take actions forward between meetings. The Moray APC would benefit greatly from a strategic lead to provide an effective link between partners, co-ordinate with the Independent Chair and support the work of the Moray APC and its sub-groups.**



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## **1.2 Working Groups and Sub Groups**

### **Case Review Sub Group**

Moray APC has recently established a Case Review Sub Group which considers referrals made under the Grampian Serious Case Review Protocol. The guidance in the Protocol helps the Case Review subgroup to make decisions on whether or not a review is necessary and that any review is undertaken at a level which is necessary, reasonable and proportionate.

### **Operational Working Group**

A multi-agency Operational Working Group, chaired by the Chief Social Work Officer and supported by a Project Manager was formed to oversee and manage the activity of the multi-agency self-evaluation of adult support and protection services and resulting improvement project. In the early stages, this group met on a weekly basis. As a result the Project Manager moving on to a new role and then the redeployment of resources at the beginning of the Covid-19 pandemic, the Operational Group stopped meeting. At the time of writing this report, the Operational Group has reformed with the support of a new Project Manager and has restarted its activities.

## **1.3 Oversight and Links to Other Public Protection Groups**

### **Chief Officers Group**

The Chief Executives of Moray Council and NHS Grampian together with the Divisional Commander of North East Police, the Chief Social Work Officer for Moray and the Chief Officer of the Health and Social Care Partnership are the Chief Officers Group for Moray (Moray COG).

The Moray COG has a strategic overview of all of Moray's public protection groups and the overall responsibility for making sure that agencies are working together to protect people in Moray. Moray COG directs and scrutinises the work of the Moray APC by consideration of:

- the regular reports on the work of the Moray APC provided by the Independent Chair;
- the Moray APC risk register;
- the Moray APC improvement and action plans; and
- any concerns or requests for assistance raised by the Independent Chair of the Moray APC.

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## **Links to other Public Protection Groups**

The Independent Chair of the Moray APC also chairs the Moray Child Protection Committee. The North East Police representative on the Moray APC chairs the Moray Violence Against Women Partnership. The Chief Social Work Officer provides a link to the Moray Integrated Joint Board.

Since April 2020, Moray's public protection chairs, lead officers and strategic links have met to share intelligence and discuss emerging themes. These meetings take place on a fortnightly basis virtually and are without formal agenda. Everyone is responsible for identifying their own actions and taking back to the appropriate group, committee or agency. The meetings enable a forum for discussion and the sharing of knowledge and resources. At another level, the meetings allow us to help and support each other. They provide a safe space to raise concerns and facilitate the invaluable 'corridor conversations' that were no longer possible in a world of virtual meetings and working from home but had previously both created invaluable discussion opportunities and been of benefit to our wellbeing.

## **1.4 Links to Regional and National Groups**

### **Regional - Grampian Adult Protection Working Group**

Grampian Adult Protection Working Group is a permanent subgroup of the Adult Protection Committees (APCs) in Aberdeen City, Aberdeenshire and Moray. The role of the group is to undertake a co-ordinating role on behalf of these APCs where work identified is agreed to be a cross Grampian priority. The group also encourages and promotes joint working and the sharing of good practice across the multi-disciplinary context.

Grampian Financial Harm Subgroup is a permanent subgroup of the Grampian Adult Protection Working Group. The Financial Harm subgroup meets on a quarterly basis and continues to fulfil its purpose of raising awareness of financial harm in its different forms; undertaking initiatives to reduce financial harm, and raising awareness of support for people who are at risk of financial harm in both the public and professional spheres in the North East of Scotland. The group keeps abreast of any new local or national

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financial harm initiatives and will do any work required to assist with their inclusion in local practices.

Grampian ASP Learning and Development Subgroup is a permanent subgroup of the Grampian Adult Protection Working Group. The role of the group is to support multi-agency trainers across the partnership to allow consistent responses to ASP concerns.

The Grampian Adult Protection Working Group is to be renamed the Grampian Adult Protection Group and will now be attended by the Independent Chairs of each of Moray APC, Aberdeen City APC and Aberdeenshire APC as well as the ASP leads and NHS Grampian and North East police.

### **National**

The Independent Chair attends the Adult Support and Protection Conveners Scotland meetings and the ASP Consultant Practitioner attends the national Adult Support and Protection Lead Officers meetings and those of Social Work Scotland. NHS Grampian APC members attend the National NHS Adult Protection Leads Network.

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## **Section 2. Looking Back - Summary of the Work of Moray APC**

The purpose of this section is to look back on the period 1 April 2016 to 31 March 2020 and reflect on the work of Moray APC and achievements. As far as possible, this summary is considered relative to the statutory functions of APCs.

### **2.1 Procedures and Practice**

#### **2.1.1 Multi-Agency Self Evaluation**

Following the announcement by the Scottish Government to develop a National Adult Support & Protection (ASP) Improvement Plan and implement a national ASP inspection programme, the Moray Chief Officers Group actioned a multi-agency self-evaluation of ASP arrangements in Moray. The self-evaluation included a series of learning review workshops, case file audits and learning from good practice elsewhere. A multi-agency project plan was developed based on the framework of Quality Indicators (grouped as Outcomes, Key Processes and Leadership) used by the Care Inspectorate to externally evaluate ASP services.

**The key findings from the self-evaluation were as follows:**

#### **Outcomes**

- there is a need to collate and document protection process and procedures from all partner agencies in Moray for collective understanding;
- the multi-agency process needs to be refreshed, incorporating realistic service standards for the completion of key elements of the ASP framework;
- a revised Moray ASP process should incorporate the sharing of the outcomes of ASP cases with all partners including the third sector;
- revised procedures need to evidence support provided in Large Scale Investigations.



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## Processes

- Training Needs Analysis should be undertaken and solutions found to the challenges of providing training to all partners (for example, train the trainer);
- Moray ASP Unit should be represented at the Health & Social Care Moray Residential Care Home Meetings;
- the revised Moray ASP process should be based on the design principle that the application of the three point test is a multi-agency activity;
- Clear Service Standards –including service and output measures- to be established to support the Performance Management Process;
- revised ASP process should consider the needs of the Scottish Ambulance Service in accessing information in the further refinement of a Moray ASP process;
- a multi-agency /professional ‘operating procedure type manual’ should be developed that clearly defines key terms and any forms should be peer reviewed and revised;
- all investigations need to be approach from a multi-agency perspective and should include the original referrer as part of the investigation team;
- risk assessments should have multi-agency input.

## Leadership

- the remit and membership of the Moray APC should be kept under review to fill any gaps;
- a high level risk register should be a standard agenda item at APC meetings;
- the APC needs to develop and promote a vision for Moray. This vision should acknowledge the importance of support as well as protection;
- The Adult Support and Protection Committee need to establish an audit schedule;
- the duties and responsibilities of the key positions of the Moray APC and process for induction of new members should be developed.

### 2.1.2 Moray ASP Improvement Project

**The findings from the self-evaluation have been translated into action in the form of the Moray ASP Improvement Project (see Section 4 for more information).**

The project has struggled at times due to insufficient resource within the Health and Social Care partnership. There has also been a period of time without a project manager and a pause on the project from March to September due to re-allocation of resource which prioritised frontline service over improvement activities during the Covid-19 pandemic. At the time of writing this Biennial Report, there is a new project manager in post. The project plan has been adapted to extend the timescales in which the project will be delivered and prioritise the actions into distinct phases. Additional support is being provided by the project manager to facilitate meetings and ensure actions are achievable and not overwhelming for action owners.

### 2.1.3 Screening Tool

Phase one of the Moray ASP Improvement Project is the implementation of a screening tool. The initial inquiry processes in Moray were identified, through self-evaluation, as being an area for development. A formal process required to be put in place to identify, evidence and record information about adults who had met the ASP 3 point test. Practitioners required more support in defining stages of the process to provide a clear picture around screening of information, evidencing decision making and documenting the timescales around initial inquiry work and investigation work. Further, a documented process needed to be put in place for holding ASP professionals' meetings, case conferences and recording information about 'at risk' individuals who had been identified as meeting the ASP 3 point test. The self-evaluation also provided an evidence base that the ASP work around risk identification and risk reduction work was mainly done by Social Work, rather than on a multi-agency basis.

As an interim solution, an 'ASP screening' data field has been created for information recording by the Health and Social Care Access Team. Action taken, evidence and reasons for decision making can now be recorded. Following referral to ASP by the Access Team, the ASP Unit continues to undertake a certain level of second screening. This is very much seen as an interim solution pending implementation of the screening tool and a local Initial Referral Discussion process.

A screening tool has now been created which will capture all of the work required for an 'initial inquiry'. When fully implemented, there will be timescales in place from when an ASP concern is received with the expectation that a decision will be made within 72 hours as to whether the concern requires ASP investigation or not. The screening tool will capture information and evidence how and why a decision has been made. It is hoped that the screening tool combined with the timescale for completion will enable initial inquiry work to take place and be completed more quickly. The screening tool is an important first step in the development of Initial Referral Discussion (IRD) processes which will further strengthen Moray's ASP processes. The aim is for the IRD process to be in place by May 2021.

## 2.1.4 Governance and Accountability

### Independent Chair

The first independent chairperson of the Moray APC was appointed in January 2019 but retired due to personal reasons after 6 months. A new independent chairperson was appointed in August 2019 and continues in the role.

### Chief Officers Group

The Independent Chair of the Moray APC has been attending the meetings of the Chief Officers Group since March 2019. A report by the Independent Chair on the work of the Moray APC is provided to the Chief Officers Group at each of the meetings, alongside regular reporting of the Moray APC risk register, the Moray APC improvement and action plans. The Chief Officer Group provides an opportunity for the Independent Chair to escalate any concerns or make requests for assistance.

### Risk Register

Review of the risk register of the Moray APC is a standing agenda item at every meeting of the Moray APC. In the early days of the Covid-19 pandemic, the Moray APC risk register was reviewed and a supplementary Covid-19 risk register was created. As the pandemic continues, a decision was made by the Moray APC to combine the two risk registers with consideration being given to Covid-19 across all of the identified risk themes. There is an additional risk register for the Moray ASP Improvement Project which is kept under review by the Project Manager for the Moray ASP Improvement Project and the Operational Working Group.

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## **The Moray Integration Joint Board**

In Moray, the partnership of health and social care has been governed by the Moray Integration Joint Board (IJB) since 1 April 2016. Until October 2020, the Chair of the IJB's Clinical Care and Governance Committee attended the Moray APC meetings. The Chief Social Work Officer attends both the Moray APC and the Clinical Care and Governance Committee and provides the IJB with an informative and comprehensive update at each meeting. Should there be concerns raised at the Moray APC which relate to the remit of the IJB, the arrangement is for the Chief Social Work Officer to escalate these through the Clinical Care and Governance Committee as appropriate.

### 2.1.5 Grampian Adult Protection Working Group

**During this reporting period. The Grampian Adult Protection Working Group's action plan had 8 priorities:**

- 1) Systematically measure outcomes for adults at risk of harm and their unpaid carers
- 2) Key processes for adult support and protection area as clear as possible so stakeholders understand them
- 3) Clear, unambiguous timescales for the completion of work related to each phase of adult protection prevents delays
- 4) Chronologies, risk assessments and risk management plans are crucial to keep adults at risk of harm safe
- 5) Required partners should attend adult protection case conferences, particularly police and health
- 6) Ensure staff across the partnership have the appropriate skills and knowledge to fulfil duties under ASP
- 7) Reduce the impact of financial harm in Grampian
- 8) Develop and implement clear pathways for capacity assessments



### 2.1.6 Capacity Assessments

In Moray's Biennial Report of 2016-18, it was noted that concerns regarding requests for "urgent" capacity assessments had been identified across Grampian, including Moray. Resultantly, a multi-agency group (led and chaired by NHS Grampian) had been convened to develop a pathway for supporting practitioners who require capacity assessments. Membership of the short life working group included NHS Grampian Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, Mental Health Officers and representatives from adult protection services in each of the three local authority areas in Grampian.

To strengthen and support an effective multiagency response to requests for capacity assessments, the following documents were developed and issued as working drafts for use by all practitioners:

- Grampian Assessment for Capacity Referral Form
- Grampian Capacity Assessment Decision-Specific Screening Tool (requires to be provided with completed referral form)
- Grampian Capacity Assessment Pathway

The Decision Specific Screening Tool is a document which aims to assist the practitioner consider the various elements involved in the decision-making process. It may be used to gather evidence of an adult having or lacking capacity in relation to specific decisions and also to consider whether a more formal assessment is required in order to pursue further measures.

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Multi-agency groups of professionals who have a concern regarding an individual's capacity can use the Decision Specific Screening Tool in advance of making a referral for a formal capacity assessment. This will allow the referral to be specific with regard to a particular decision to be made, allow the assessment to be focused on one or two questions which need examined in more detail and have a clear potential outcome, for example, considering guardianship under the Adults with Incapacity (Scotland) Act 2000. This work has empowered practitioners to take on this responsibility, develop their critical thinking skills, and work as a multi-agency team to gather a cross section of views of professionals.

It was anticipated the tool would be evaluated in early 2020. However this work was paused due to the Covid-19 pandemic. The working drafts are still being used effectively by practitioners and an evaluation is to be carried out in Winter 2020/21.

Informal feedback from practitioners suggests the documents have improved assessment of capacity. The tool has been warmly received in Moray. When capacity has been a point of discussion in ASP meetings and the multi-agency group agree that further exploration of capacity is needed, using the Decision Specific Screening Tool is often the outcome of the meeting.

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## 2.2 Information and Advice

### 2.2.1 Care Homes

The ASP Unit has supported some local care homes to carry out their own training needs analysis. An outcome of this training needs analysis has been to use the 'toolbox talks' method of training. The toolbox talks are short pieces of training specifically designed to fit in with the busy work environment where there are pressures on time

There are 13 registered older people's care homes in Moray, 12 of which are private businesses and one is a charitable organisation. All but one of the homes provide a mix of nursing and residential care and the remaining 1 is residential care only.

#### **Early Intervention, Enhanced Monitoring and Support**

ASP work with care homes focusses on support and addressing issues at an early stage. The Consultant Practitioner Lead in the ASP Unit actively engages with care homes to build up

the relationship, create opportunities for sharing best practice and provide training to care home staff. The priority is to ensure care homes see the ASP Unit as being there for support and prevention of incidents and issues which could become ASP concerns.

When concerns have arisen in care homes, the ASP Unit has worked together with care homes to support the resolution of the concerns. The ASP Unit has worked effectively with colleagues in commissioning and the Care Inspectorate around an enhanced monitoring and support model. When concerns are raised, they may not be ASP concerns but have the potential to escalate if not resolved. A monitoring and support model is followed which is proactive and preventative in resolving potential ASP concerns. The model sees the Consultant Practitioner lead for ASP putting in place the necessary systems and support package that the care home requires with the ongoing monitoring and reviewing being undertaken by commissioning colleagues. This process has also utilised support from other agencies in the multi-agency group as required. The enhanced monitoring and support model has been developed locally in Moray and the aim is to formalise the process to reflect the pro-active nature of the support available.

## Large Scale Investigations

**Approach.** When carrying out a LSI, we respecting the need to avoid unnecessary stress and strain for residents in a care home as well as care home staff and management. In the 2019/20 LSIs, as far as possible, the existing specialist service providers who were already providing care pertinent to each individual within the care home were involved in the LSI in terms of providing reports and assessments. This enabled existing specialist service resource to be used wisely.

Four Large Scale Investigations (LSI) of care homes have been carried out in Moray between April 2018 and March 2020 (two in 2018-19 and two in 2019-20). There is a commitment in Moray to 'working together' with care homes in the event of an LSI. From the outset of an LSI, the working together ethos requires agencies to support, advise and assist and the care home to be willing to take on the feedback provided.

The approach and methodology with both of the LSIs in 2019/20 was to involve council officers from all of the teams (including community care, mental health, learning disability and home from hospital). This shared the workload and provided opportunities for learning and development, particularly for practitioners from teams who had never been involved in any LSI process previously. The council officers undertook the reviews but all relevant professionals who were involved with the care home were invited to attend or be involved in a single review for each individual care home resident. The care homes required to be involved in the coordination of this and in the provision of staff resource and time. However, the process meant that disruption was kept to a minimum and the response from all professionals was coordinated. The ASP Unit actively worked in partnership with the care homes to make them aware of the process and timescales. The Consultant Practitioner ASP lead held a weekly strategic meeting with each care home with an action plan formulated and ensured that it was a supportive process for them.

The LSIs undertaken were greatly supported by colleagues in Commissioning as well as the Care Inspectorate. Partnership working was essential and maintained by effective communication links between all agencies which ensured regular updates after each weekly meet with the care home and as needed. The ASP lead also ran weekly forums with the council officers with the aim of providing both support and an opportunity to understand any developing themes/trends from the investigation process.

Both care homes have, with new management, ensured the improvements recommended from the LSIs have been sustained and maintained.

### Support to Care Homes During the Covid-19 Pandemic

- Weekly meeting with Care Inspectorate, Public Health and H&SC Moray to agree the combined RAG (Red, Amber, Green Traffic Light system) for Care Homes.
- Sharing of Public Health daily RAG Situation Report.
- Daily status reporting from Care Homes, which included; current and to-date numbers for suspected and confirmed cases, number of Covid-19 deaths, staff in isolation, % staff absence, bed vacancies, PPE stock levels.
- Twice weekly (minimum) collated report of the Moray wide status for all critical services, including Care Homes.
- Minimum of weekly calls to the Care Homes, often more frequently to as much as daily, depending on the needs or current/presenting issues.
- Open line of communication for Care Homes to contact H&SC Moray for access to advice, information, support, which was regularly utilised.
- Straightforward ordering system for support/supply of PPE requirements from the local hub.
- Overview of each home in terms of numbers of staff and current residents, modelling of practical options for staff redeployment, if needed, based on the skills mix breakdown within the homes.

The Care Homes in Moray restricted access to the premises and initiated lockdown measures prior to the Scottish Government order that the whole country should be in lockdown. In order to better support the Care Homes during the pandemic, a number of elements were put in place to supplement the direct point of contact already in place and to ensure a consistent approach to the support from Health and Social Care (H&SC Moray).



## 2.2.2 Raising Awareness – Financial Harm

### Grampian Financial Harm Subgroup

During this reporting period, the Grampian Financial Harm Subgroup has undertaken the following actions:



## Financial Harm – Action by North East Police

In response to an acknowledged increase nationally in relation to frauds and scams directed at vulnerable people, Police Scotland engaged with partners in awareness raising and preventative initiatives, designed to mitigate the risks associated with these issues.

Police Scotland's Safer Communities team in North East Police collaborated closely with Age Scotland, sheltered housing providers, and disability groups to deliver crime prevention messaging. This included raising awareness of possible attempts to defraud those aged over 75 in respect of TV licences.

Social media campaigning has taken place to promote safety advice and encourage reporting in relation to thefts where the victims are perceived to have been targeted due to their age or vulnerability. Messaging has been aimed at relatives and neighbours of the elderly and vulnerable, and also to partner agencies to ensure they remain alert to the potential for such instances and feel confident in reporting concerns.

The Banking Protocol partnership initiative between Police Scotland, banks and Trading Standards aims to protect vulnerable victims from being defrauded of funds from their bank accounts, through awareness raising of the threat, intervention and prevention activities.

There is some evidence of increased public awareness as a result of engagement efforts, in terms of reporting figures. An impact on crime prevention has also been seen as a result of the introduction of preventative initiatives.

### 2.2.3 Raising Awareness – Fire Safety

Patients cared for in NHS Grampian's Acute Care of the Elderly (ACE) setting often present with more than one of the risk factors identified by Scottish Fire Rescue Service which include:

- increased age;
- physical and mobility issues;
- mental health issues;
- cognitive impairment and dementia;
- visual/ hearing impairment; and
- living alone or in isolated rural communities.

A joint project was established on the ACE ward to:

- increase access to home fire safety visits for this group of patients; and
- raise awareness of the home fire safety visit service to improve safety within our communities.

During the project 37 patients (or a carer or behalf of the patient) agreed to a home fire safety referral being made. Out of these referrals, 14 visits took place. This small sample is a positive indicator of the potential impact this could have on the safety of the people in our communities. In the future, it is the intention that fire safety referrals will be routinely offered to patients by ward staff

This is some of the feedback on the project:

*"I didn't know that the visits were free. If it keeps people safe at home it's a good idea."* **ACE Staff Member**

*"I knew the fire service did visits, but didn't think it would help mum as she has smoke alarms. Now they'll be linked to her community alarm, it's even safer."*  
**Patients daughter during visit**

*"After I spoke to the staff on the ward, I didn't have to do anything else. It was easy. I think it was worth it."*  
**Patient following a visit**

## 2.3 Improving Skills and Knowledge

### 2.3.1 Moray ASP Learning and Development

Moray has a dedicated trainer in ASP who works on a part time basis of 2 days per week. Over the two year period of 1 April 2018 to 31 March 2020, 155 training sessions were delivered. Training has increased since the last Biennial Report, in particular in relation to bespoke training and training specifically for organisations outside of The Moray Council.

This dedicated trainer is supplemented by the NHS Grampian Joint Training Coordinator who offers additional training and support to NHS Grampian staff and GP's who have particular ASP training requirements.

While the number of training sessions has increased, so too has the number of cancellations of training sessions. The main cause of this is low attendance. Prior to the Covid-19 pandemic, active steps were being taken to contact persons booked on the training to ensure attendance.

Training needs are identified in a number of ways:

- Increased numbers of ASP referrals from an agency or team where a pattern is identified;
- Failure to make referrals by an agency or team;
- Large Scale Investigations revealing training need;
- Conversations with organisations about their training needs;
- Link with the Grampian ASP Learning and Development Group and
- Direct requests for training.

Based on anecdotal evidence, we have found that training participants report things after training that they would not have reported on before.

Training in care homes has been well received. The training is bespoke. It is delivered in shorter sessions to make it accessible for care homes who struggle to release staff for training. It uses case studies which relate to care homes to make it easier for staff to see a connection between the training and their work. It also focusses on the particular

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training need which has been identified. We have seen an increase in referrals and many of these referrals are coming from care homes who have received our training.

We always ask for feedback on our training and future training delivery is shaped by this feedback. For example, we have tailored content to improve the learning experience based on feedback received. The link between an increase in referrals from organisations and agencies who have had training shows that our training is effective.

Prior to the Covid-19 pandemic, it was planned to revisit some of the training in line with the ASP review of process coming out of the improvement project. As the review and implementation of a new process is still being looked this work is still to progress.

All face to face social work training has been cancelled in Moray due to the Covid-19 pandemic at least until the end of the year so alternatives are being explored. Currently it is planned to train small groups online using virtual meetings such as Microsoft Teams.



### 2.3.2 Grampian ASP Learning and Development Group

**These are the key achievements of the Grampian ASP Learning and Development Group.**

- A significant level of core and bespoke training has occurred during the reporting period. Evaluation of training packages are now being held between one to three months after the training event so that the impact on practice can be seen.
- Multi agency GP events have been held focusing on learning from local and national case reviews, decision specific capacity tools, non-engagement of potential adults at risk of harm.
- Robert Gordon University held an annual Inter Professional Learning Event with 200 undergraduate social work, midwifery and mental health nursing staff attending along with Police Scotland personnel. Of greatest benefit was the simulated multi agency case study discussion. This highlighted the different roles and responsibilities of the professions and the need for inter disciplinary co-operation.
- Previously a training package had been developed and delivered to people who require communication support (e.g. people with a learning disability) about how to keep themselves safe from harm. At the request of some older service users, from a sheltered housing establishment, a new pack has been developed with a focus on older people. The service users also co-produced the training package.
- The Grampian Learning and Development Terms of Reference and Strategic Framework documents were updated.
- Bespoke multi-agency training occurred on Hoarding/Self-neglect and Older People effected by Domestic Abuse
- Training for trainers sessions were delivered across Grampian to Scottish Fire and Rescue Service staff who rolled out the training across the area which resulted in an increase and improvement in the quality of information contained in referrals.

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## 2.4 Improving Co-operation

### 2.4.1 Working Together

There is significant cooperation between agencies relating to adult support and protection. This occurs both at an operational level, and in relation to strategic activities. Key partners share the chairing and leading of workstreams. Police Scotland and NHS Grampian rotate the chair of the Grampian Adult Protection Working Group every 2 years. NHS Grampian led on the development of the Grampian wide capacity assessment tools for ASP. Additionally, the NHS Grampian hosted Joint Training Coordinator post has continued to chair and support the Grampian ASP and Learning and Development sub-group on behalf of the partners.

There is a spirit of co-operation and collaboration in the Moray APC with the willingness of partners to volunteer to lead on pieces of work where they have the capacity, skills and experience to do so. For example, the NHS Grampian public protection adviser has provided direct support to Moray APC relating to the development of its risk register and improvement action plan.

Each of the themes in the Moray APC risk register and action plan is allocated to a risk champion or action lead, respectively. It is not the intention for any individual to manage the risk or tackle the improvement priority alone or on a single agency basis. The expectation is for collaboration with other partners to determine timescales and identify appropriate individuals against each action. All partners participate in forums and ensure that any work and/or activity is taking forward jointly.

## 2.4.2 Partners have sufficient capacity to manage ASP work effectively

### **Improving Attendance at Case Conferences by NHS Grampian and Police Scotland**

The Aberdeenshire section of the national joint inspection of ASP report highlighted issues regarding attendance of Police and Health at Adult Protection Case Conferences. Consultation with ASP colleagues in Aberdeen City and Moray highlighted that similar difficulties were also being experienced in their partnership (particularly with health attendance). An audit of case conferences attendance was undertaken through the development and completion of a survey following each case conference over three months. The results showed no concern regarding police and wider health attendance. No case conferences had GPs in attendance at the meeting; however they all provided a report. In person attendance by GPs at case conferences was identified as an area for improvement and work has since taken place to improve GPs attending case conferences in person.

Since January 2019, Moray has used the Grampian wide ASP agenda framework for ASP meetings, which means all professional opinions in relation to the ASP 3 point test are formally captured. The ASP unit actively works with primary care partners to try to be as flexible as possible to try and gain their attendance at meetings to enable multi-disciplinary decision making around whether a person is at risk.

Police have welcomed more robust processes for meetings. Police have acknowledged the increased number of meetings and have responded to this by increasing their capacity to attend.

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## Strengthening Support – NHS Grampian

NHS Grampian (NHSG) identified a need to strengthen the specialist Public Protection advice available to support the organisation and ensure that NHSG staff respond effectively to the different legislative requirements and government guidance.

NHS Grampian has recognised the need for additional capacity to support the adult support and protection agenda and has appointed both an Adult Public Protection Lead and an Adult Protection Advisor. The Adult Protection Advisor provides dedicated expertise and support to the health board and supports adult support and protection operational practice to deliver improvements.

Due to Covid-19, the Adult Public Protection Lead post was not appointed to until later in 2020. The Adult Protection Lead will provide additional capacity for NHS Grampian to deliver strategic and operational improvement internally, alongside providing additional support to partners.

## Section 3. Current Activity in ASP

The purpose of this section is to consider the current activity within ASP with reference to data analysis of harm and the challenges faced in service provision, practice and performance. It begins by looking at the data we have on harm identified, action taken and the outcome of the action. Attention is then turned to the experience of service users and the voice of the service user in shaping the work of the APC. From this follows identification of current issues with services, practice and performance with mention of the impact of the Covid-19 pandemic on the Moray APC.

### 3.1.1 Data Recorded

Data in Moray is recorded using the case management system CareFirst. Data recording and the data analysis of harm is recognised by Moray APC as requiring improvement. Numbers of ASP cases are small in Moray. Both the Consultant Practitioner ASP Lead and the Lead Mental Health Officer have personal knowledge of every live ASP case. Part of the ASP Improvement Project is to improve data recording. There is now a process for data recording on CareFirst of 'at risk' individuals so that they are identifiable by anyone viewing their file on CareFirst.

The requirement, as a result of the Covid-19 pandemic, to provide weekly data returns to the Scottish Government has been a new ask of the ASP Unit. However, the data has been a useful evidence basis for understanding the demands on the ASP Unit and this is being used to inform the work of the ASP Improvement Project.

The data currently recorded is that required and provided in the annual data return to the Scottish Government:

- Number of referrals
- Source of principal referrer
- Number of ASP investigations
- Age, gender, client group of ASP investigations
- Type of harm
- Location of harm
- Number of ASP case conferences
- Number of protection orders
- Number of LSIs
- Type of action taken relation to referrals
- Type of action taken in relation to ASP investigations



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Scottish Government Weekly Data (since April 2020):

- Numbers of adults at risk/adult protection referrals over the last week
- Number of adult concerns (from Police Scotland) over the last week
- Number of adults subject to an ASP investigation that started in the last week
- Number of adults at risk of harm who started a protection plan in the last week
- Number of adults at risk of harm who started a protection plan where domestic abuse is a factor in the last week

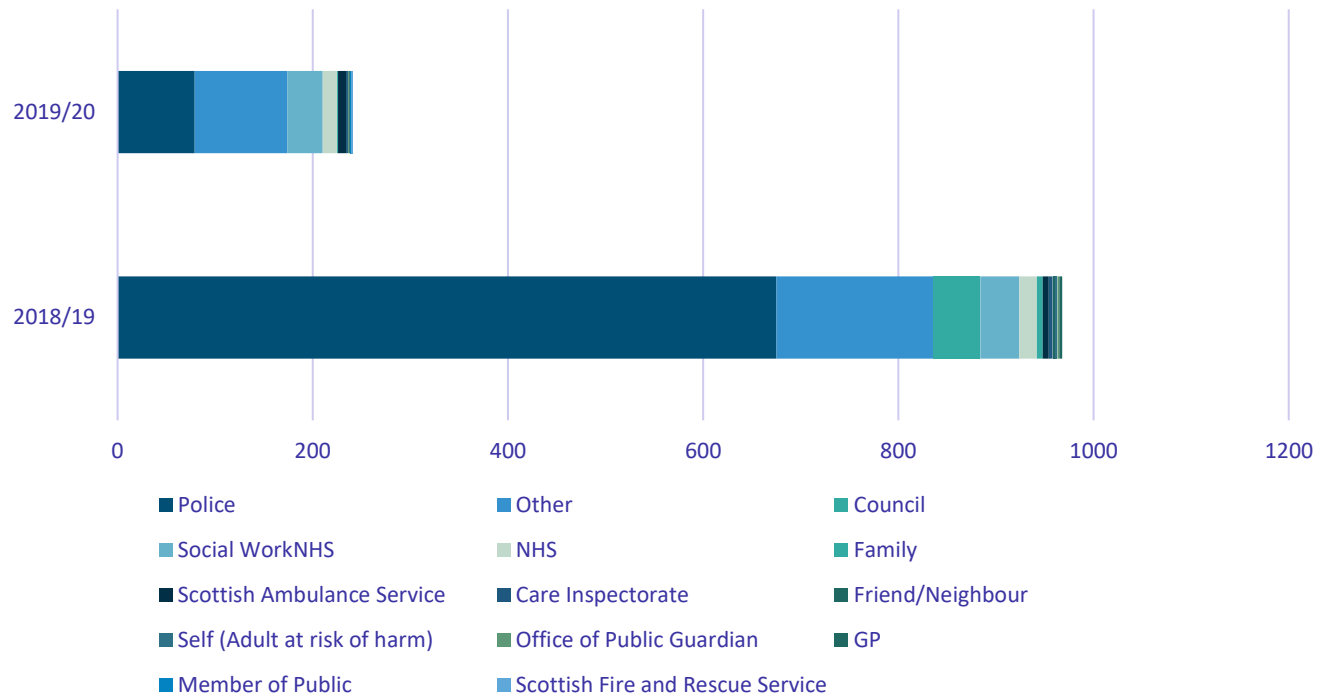
### 3.1.2 Number of Referrals

There is a significant change in the number of referrals in the reporting period 2018/19 compared to 2019/20 which requires some explanation. The key change relates to the number of referrals from the police. In 2018/19, all police concerns were classed as ASP referrals. In 2019/20, a distinction was made for police concerns and each concern recorded as either an adult at risk, a police concern or a referral to community care.

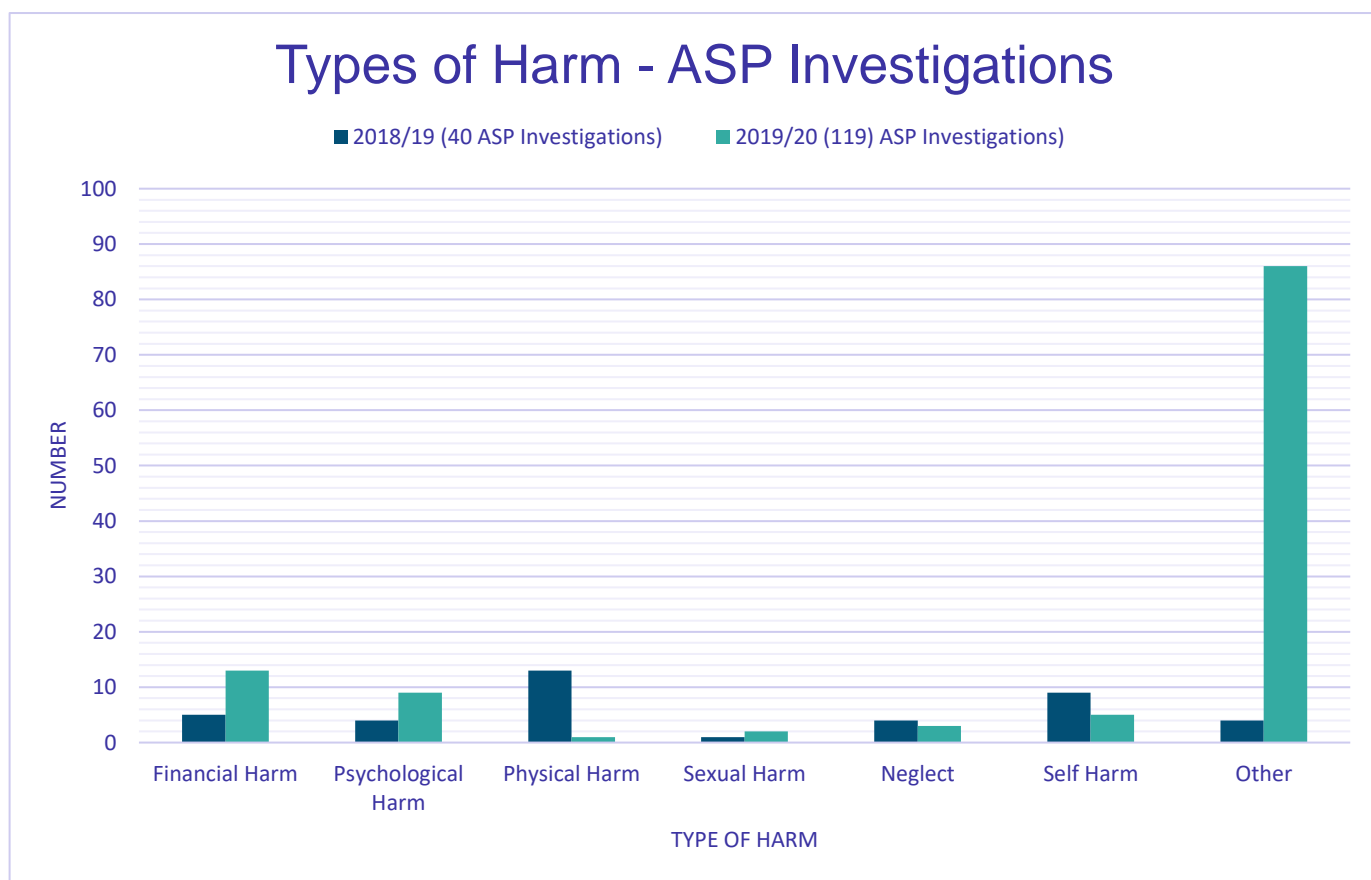
In both reporting periods, 'other' is a significant source of principal referral amounting to 161 (2018/19) and 95 (2019/20) in each year. An ASP referral was made for each resident in a care home which was subject to a Large Scale Investigation. This type of referral was classified as 'other'.

Source of Referral	2018/19	2019/20
Police	675	79
Other	161	95
Council	48	0
Social Work	40	36
NHS	18	15
Family	6	1
Scottish Ambulance Service	6	8
Care Inspectorate	4	2
Friend/Neighbour	3	0
Self (Adult at risk of harm)	2	0
Office of Public Guardian	2	1
GP	3	1
Member of public	0	1
Scottish Fire and Rescue Service	0	2

### ASP Referrals by Principal Referral Source Reporting Period 1 April to 31 March

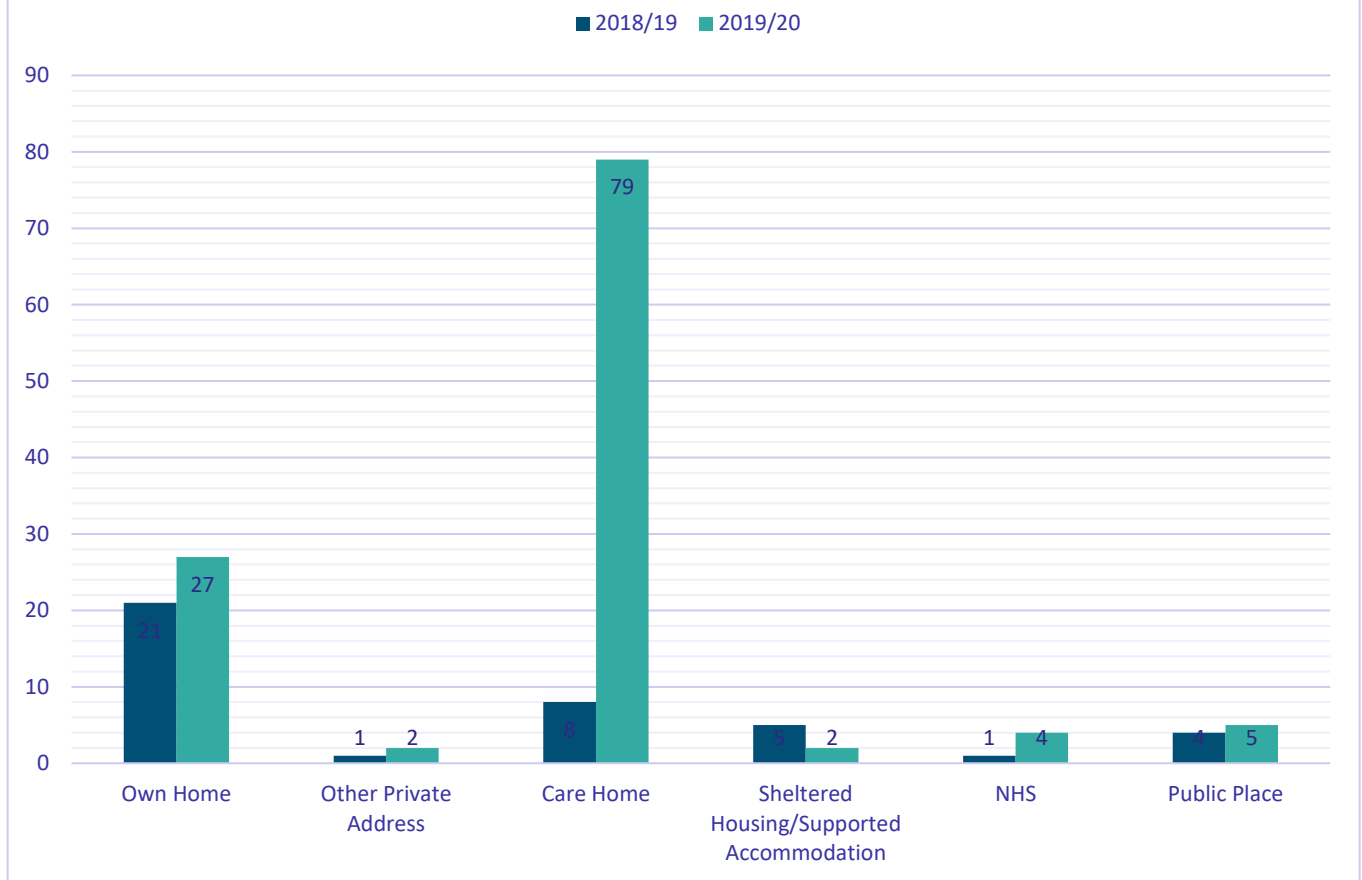


### 3.1.3 Type of Harm Identified



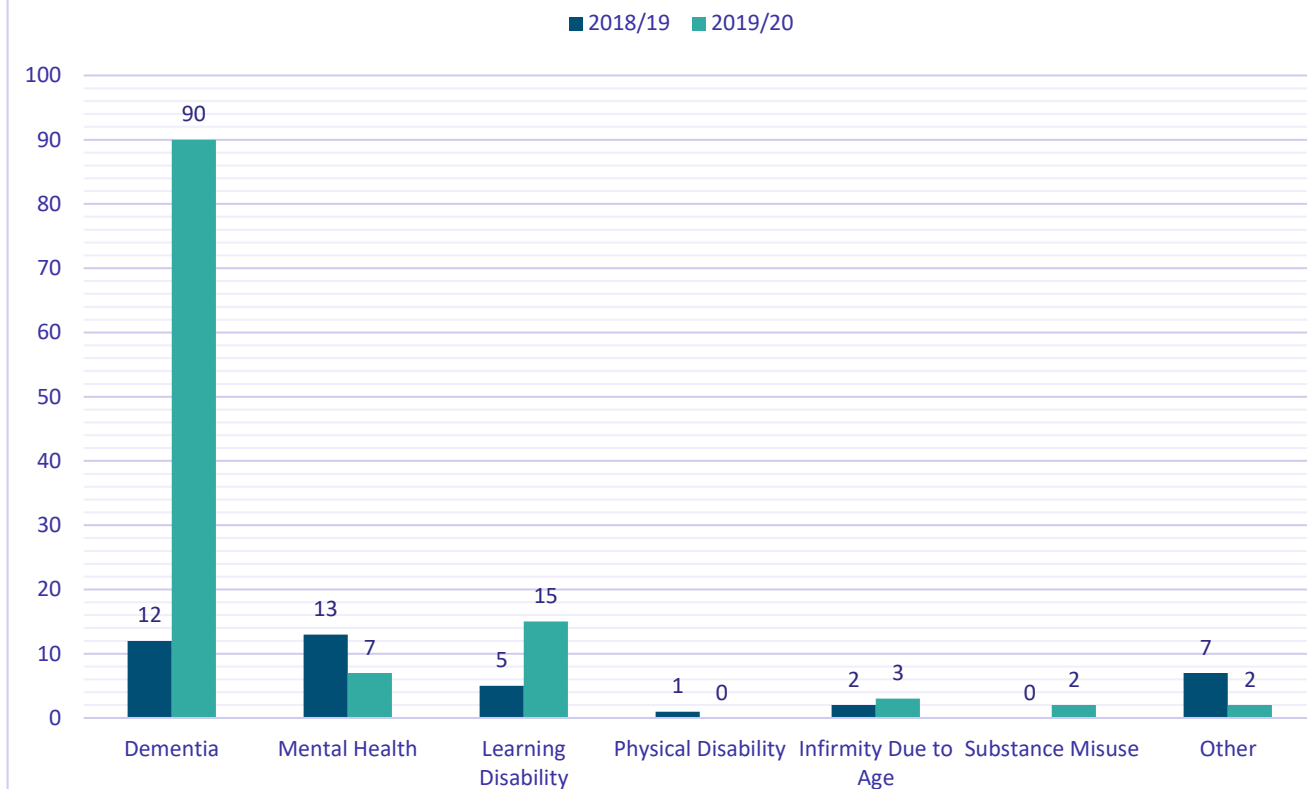
The chart above (**Types of Harm**) sets out the types of harm in ASP investigations. Year on year increases have been seen in financial harm, psychological harm and 'other' types of harm. The 'other types of harm' is a significant increase and requires some explanation. An ASP investigation was commenced for each resident in a care home which was subject to a Large Scale Investigation (LSI) in 2019/20. In 2019/20, this type of harm was classified as 'other.' Whilst it would have been possible to define the type of harm each individual resident could be vulnerable to, given their condition, this piece of work was not undertaken for all residents due to the limited resources available. Instead 'other' covers one or more concerns at the care home such as such as skin care, dietetics, moving and handling and clinical care and governance. The primary aim of the LSI process was to support all individuals in the care home to not be 'at risk' and address all areas of concern. Following investigation, recommendations and support provided to each of the care homes subject to the LSI process and action taken by the care home, this aim was achieved.

## Location of Principal Harm



Large Scale Investigations account for the higher number of incidents in care homes in the chart (**Location of Principal Harm**).

## ASP Investigations by Client Group



There is more fluctuation in the client groupings of ASP investigations year on year. In the chart above (**ASP Investigations by Client Group**) we see a significant spike in ASP investigations for persons with mental health difficulties. This correlates to the spikes in the other charts which are attributable to the care home Large Scale Investigations.

While numbers are small in Moray, the increase in investigations for persons with a learning disability is significant and merits further analysis. It would also be helpful to understand the cases classified as other and clarify if 'other' means falling into multiple client groups.

There is considerable work to be done in Moray to ensure consistency of data input and to put in place a system to analyse the data. The data in its current form provides a snapshot of the types of harm, client groups and locations of harm but raises a number of questions which are unable to be answered without a full review of each data entry.

### 3.1.4 Action Taken and Outcomes

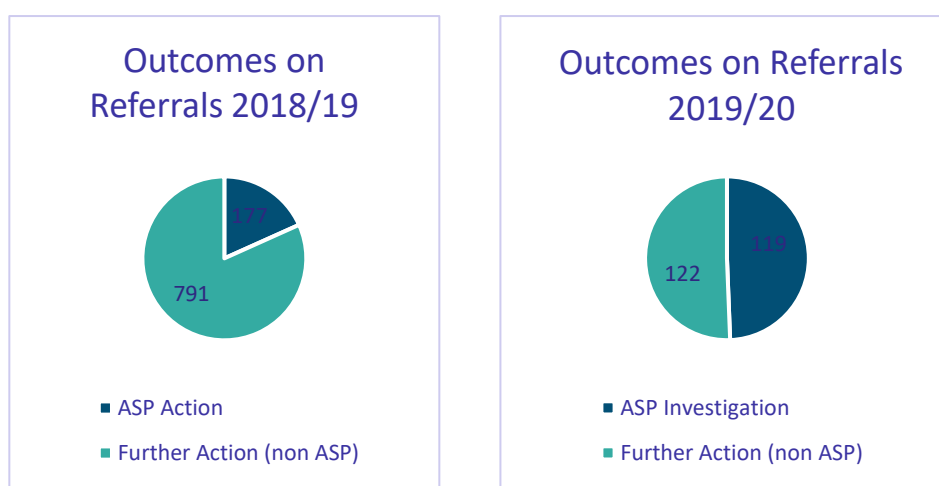
#### Process

Following the screening of an ASP concern and the identification of harm, if further ASP work is required, a council officer will be appointed to carry out an investigation. The council officer will either first visit the adult at risk (which must take place within 4 weeks of the investigation starting) or will immediately instigate a multi-agency adult protection meeting to consider whether or not the ASP 3 point test has been met. At the multi-agency adult protection meeting, the agencies present at meeting will each give their opinion on the case. If the 3 point test is met, an ASP risk assessment for the adult at risk is carried out and a protection plan, based on the risk assessment is put in place. A review date is set for the case. The review must take place within 6 months.

Where practitioners are unable to mitigate significant risk to the individual through the protection plans and arrangements put in place, the ASP case may need to be taken to Health and Social Care Moray's Practice Governance Group for consideration of inclusion on the Corporate Risk Register. When cases are accepted to go on the Corporate Risk Register, it is a reflection of Health and Social Care Moray's acknowledgement of the significant level of risk for the adult at risk and acceptance that risk mitigation for the case is limited.



For each referral, the data shows that either ASP action or an ASP investigation was carried out or further non ASP action was taken. Further non ASP action is, for example, referral to a community care team. The charts below (Outcomes on Referrals) show the numbers of ASP actions or investigations carried out in relation to referrals. Whereas ASP actions were the minority outcome in 2018/19, it is much more even in 2019/20. This is due to the reclassification of police concern in 2019/20 which were previously all considered ASP referrals.



Moray's infrastructure in relation to data for the reporting period is limited. Data recording has improved since January 2019. A spreadsheet is now kept which records the adult protections meetings which take have taken place and the decisions made at those meetings.

At the current time, it is not possible to pull data on specific action taken in relation to the harm identified other than by individual review of each case.

### Use of Protection Orders

Moray consistently conducts a small number of Protection Orders (as evidenced by Moray's Scottish Government Adult Protection Returns from 2017-2020). In 2018/19 there was one banning order with powers of arrest. In 2019/20, there was one temporary banning order.

While partners consider that they adopt appropriate and the least restrictive approach to protection orders, there is a need to collate and document the process and procedures from the perspective of all partner agencies in Moray in order that there is a collective understanding of the implementation of removal, banning and assessment orders.

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### 3.1.1 Reflections

In Moray, numbers of ASP referrals are small but can suddenly become substantially bigger in the event of a Large Scale Investigation. The commitment to supporting care homes through collaborative working and training and development is important in both preventing issues from arising and allowing for early intervention when issues do arise to prevent escalation to an LSI.

The group of staff working on ASP in Moray is small and there is little room for managing large increases in referrals. With the increased scrutiny around screening and formally capturing the ASP process, staff are now undertaking pieces of work which were not previously done on a consistent basis. Whilst this is strengthening ASP processes locally, it is acknowledged that this is stretching the limited resources available.

While publicity and promotion, training and development and increased co-operation is taking place locally and Grampian wide in relation to financial harm, this type of harm has increased in 2019/20 and is expected to become more prevalent due to the Covid-19 pandemic. The Grampian Financial Harm sub-group will remain active in trying to reduce the occurrence of this type of harm through public engagement.

## 3.2 Service Users

Since January 2019 and the appointment of a new Consultant Practitioner ASP Lead, more focus has been placed on involving service users in the ASP process. Capturing when an adult meets the 3 point test is a crucial part of this, as is the introduction of a means of recording information if an adult protection meeting takes place.

Following Moray's self-evaluation, it was agreed that development of a revised Moray ASP process should incorporate the sharing of the outcomes of ASP cases with all partners including the third sector. This could be achieved through ensuring that a meaningful conversation/review with the individual who has been at risk is part of the above revised core process. The establishment of a schedule of multi-agency conducted audits which are shared with the Moray APC would also help.

Voice of the stakeholder is a theme picked up on in the Moray APC risk register and specific work is captured in the action plan of the Moray APC. Work on service user engagement will be progressed both locally and on a Grampian wide basis.

### 3.3 Current Issues with Services, Practice and Performance

Moray APC uses a risk register as a mechanism for describing how we plan to organise the management of risk within our operating system. Responsibility for designing, refreshing and monitoring this risk register rests with the Moray APC on behalf of the Moray Public Protection Chief Officer Group (COG). As part of the monitoring discipline, the Moray APC considers emerging risks as well as established risks recorded on the register and identifies the actions that should be taken to respond to the risk.

The key areas of risk for the Moray APC are:

- Improving processes, procedures and practice;
- Hearing the voice of adults at risks and carers of adults at risk;
- Ensuring agencies have the required workforce capacity and capability to respond to the demand and the changing nature of the demand;
- Creating a system for local and national case reviews to contribute to learning and continuous improvement of services and systems; and
- Enabling better decision making through collecting, sharing, analysis and use of data.

**Section 4 of this report sets out the actions planned to address these areas of risk. Some of the actions are intended to be progressed locally whereas others will be progressed on a Grampian wide basis.**

Moray APC's ultimate vision as a partnership is to prevent harm happening to adults in the first place by enabling more widespread awareness-raising of adult protection across agencies and communities. But in cases where an adult is at risk of harm or being harmed, our aim is to enable as early an intervention as possible in order to safeguard the adult from potential harm or take immediate action to protect them.

#### Challenges Faced

The Moray APC faces a constant challenge of limited resources to progress actions. Improvements do take place but progress is slow. The workforce is small and the responsibilities are many. The commitment of

the workforce and Moray APC to supporting and protecting adults at risk of harm is not in any doubt. However, there is only so much that can be done at any point in time. More than ever, the workforce needs to be supported in order to maintain resilience as increased demands are placed on services.

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## 3.4 Covid-19 Pandemic

Although outside of the reporting period of this Biennial Report. APCs have been asked to provide information in the report in relation to the Covid-19 Pandemic. The purpose of this section is to provide the information requested.

### 3.4.1 Adult Protection Response

In March 2020, the Grampian Adult Protection Working Group came together with the Independent Chairs of each of Moray, Aberdeen City and Aberdeenshire to consider the implications of Covid-19, impact on service, contingency planning and keeping adults at risk of harm safe. From May 2020, the APC met on a monthly basis to co-ordinate the response to the pandemic. A Moray ASP Covid-19 Risk Register was put in place and reviewed at each meeting. The APC reviewed the national supplementary Covid-19 guidance published by the Scottish Government on 30 April 2020, to confirm all local arrangements were in line with this.

Contingency plans were put in place regarding any increased workload and impact if case demand increased over the capacity. ASP activity is being managed as per normal processes. The Access Team screen all concerns that are submitted, with those that appear to be of an ASP nature continuing to be passed onto the ASP Unit. While there are challenges faced locally as a result of limited resources, there are positives too from being one of the smaller local authority areas. The working relationships between leaders and managers and practitioners are good and very effective in providing support to each other and the wider staff teams. This reduced risk, improved the Covid-19 response and allowed for the implementation of contingencies during the pandemic.

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### 3.4.2 Inter-agency Co-operation

The early stages of the Covid-19 pandemic presented many difficulties in relation to the availability of technology to be able to hold remotely attended meetings. With each of the Police, NHS Grampian and Moray Council having their own, sometimes limited, means of holding a virtual meeting, it took some time to have everyone able to meet on a common platform. However, agencies worked together and provided support by providing the technology to host a meeting where a partner agency was not able to. Agencies have worked together well to understand the challenges faced and offer solutions, ideas and support.

### 3.4.3 Covid-19 ASP Guidance

Case conferences continued virtually using both conference call and video conference platforms. However difficulties with connection and quality of calls were experienced. Some care provider agencies did not have the technology to fully engage in virtual meetings. It is also a challenge in some cases to enable the supported adult to engage meaningfully when the use of technology is an added barrier to communication. Home visits are conducted where necessary as assessed on a case by case basis. Government guidelines are being followed and adhered to.

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### 3.4.4 New Demands on Services

During the Covid-19 pandemic, increased pressure has been placed on unpaid carers with activity and respite services unavailable. This has resulted in increased strain and tensions within households which is having a detrimental impact on the health and wellbeing of the unpaid carer and poses a risk of breakdown to the care relationship as a result.

Different routes and pathways to accessing support is resulting in different outcomes for people. Partners have expressed concern about accessing mental health services or having to access in a different way. The lack of or change in pathway can lead to services being accessed at crisis point. Scottish Ambulance Service has seen an increase in calls from individuals who feel they have no other route to help.

Staff health and wellbeing is of concern too. With an already tired and lean workforce there remains a concern that current staff levels are insufficient in the event of a sudden surge or demand on services. Actions are being taken by partners to mitigate this risk. Supporting staff and promoting health and wellbeing is considered a priority to ensure staff are in the best possible place from which they can continue to help adults at risk of harm. The need for the workforce of partner agencies to become trauma informed has been recognised and the roll out of Trauma Informed Practice training is welcomed. The Covid-19 pandemic has had an impact on everyone but in an unequal way. It is acknowledged that the workforce needs to be able to recognise the trauma/adversity that individuals have experienced, respond appropriately and support individuals to recover.

Working and planning in the uncertainty of the Covid-19 pandemic has created a constant challenge of which service to bolster and where to deploy resources. Face to face staff training has stopped and a method of online/virtual training is being developed but will take time.

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## Section 4. Looking Forward – Improvements and Proposals

The purpose of this section is to look ahead to the next two years and present the improvements and proposed action planned.

The actions and improvements are informed by the ASP multi-agency self-evaluation and the Moray APC risk register.

### 4.1 Moray ASP Improvement Project

The Moray ASP Improvement Project is intended to improve the policies, systems and processes relating to ASP in Moray. It has been informed by the multi-agency self-evaluation of ASP. The current work plan for the project sets out the first two project phases.

#### Phase 1 - Policy, Process and Procedure

##### Develop Core Process

- *To create and embed a robust screening tool into procedures with multi-agency input; and*
- *To create a robust IRD process created with multi-agency input.*

##### Training and Development

- *To support the project through identifying which training can be offered in Phase 1 to assist with improving the core process.*

##### Documentation and ICT

- *To ensure all forms are reviewed to ensure that they support information sharing between partners and are consistent with the revised Moray policy and procedures.*



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## **Phase 2 – Professional Practice and Performance Management**

### **Training and Development**

- *Develop a package of training materials and information sessions to support the delivery of change management.*

### **Communication and Engagement**

- *Inform all stakeholders of the change process and explain the rationale.*

### **Continuous Professional Development**

- *Support change management through coaching, mentoring and supervision.*

### **Performance Management**

- *Develop performance measures to support statutory requirements and continuous improvements.*

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## 4.2 Moray APC Action Plan

The Moray APC action plan is linked to and informed by the Moray APC risk register. From understanding the current risks identified by the Moray APC, the next step has been to formulate an action plan to manage the risks and put in place improvements.

### Multi-agency Policy and Procedures

- *Develop a multi-agency approach to learning and development which supports staffs understanding of policies, procedures and required practice on a Grampian wide basis;*
- *Review process for ensuring policies, procedures and practice guidance are current and fit for purpose;*
- *Create a website to host multi-agency APC policies, procedures and practice guidance, ideally to link in with Moray's other public protection groups; and*
- *Carry out an audit of cases to ensure best practice is in place and identify any learning needs.*

### Voice of Stakeholders

- *Develop protocol to ensure that advocacy services are offered to all ASP referred adults and any carers and a record is kept of this;*
- *Develop a programme of Quality Assurance activity to monitor and identify areas for further work in improving access to advocacy services and record keeping ;*
- *Ask adults and carers to be asked about their adult protection experience and explore alternative ways of getting feedback;*
- *Raise awareness and profile of advocacy;*
- *Strengthen work with Quarriers to support carers voice being heard;*
- *Explore with Advocacy adapting for local use the 'Making Safeguarding Personal' Outcomes Framework April 2018;*
- *Carry out review of previous complaints to establish if any learning can be gained; and*

- 
- *Establish process for formal complaints and other feedback received being reported to Moray APC.*

### **Resourcing, Training and Development**

- *Develop a multi-agency learning, and development annual programme informed by training needs analysis on a Grampian wide basis;*
- *Develop a method of evaluating training experiences of professionals and identify any improvements on a Grampian wide basis;*
- *Develop bespoke training where identified e.g. Implementation of financial harm training, GP training etc;*
- *Develop a formal reporting process for Moray APC to gain assurance that all partner staff are trained and are fully aware of ASP processes;*
- *Develop a formal reporting process for multi-agency partners to the Moray APC on sufficiency of workforce to meet needs; and*
- *Use technology in Learning and Development delivery and share recourses across partners.*

### **Learning from Local and National Case Reviews**

- *Form a Grampian Adult Protection Group case review sub group to review all national (non-Grampian) SCR's and share learning and recommended actions to the Grampian APCs;*
- *Form a Moray Case Review Group to manage local ICR/SCRs and recommendations from the Grampian case review sub group; and*
- *Develop a programme of Quality Assurance activity which includes monitoring of the supervision policy and person centred practice.*

### **Multi-Agency Self Evaluation**

- *Put in place a process for periodical self-evaluations to ensure that key areas of improvement have been identified and acted upon.*

### **Data**

- *Develop a multi-agency performance framework to include data and quality indicators;*
- *Work with business intelligence and performance management teams to extract intelligence;*
- *Provide operational data analysis reports to be provided to Moray APC for scrutiny; and*

- 
- *Consider national trends and lessons learnt from other local authorities.*

### **Consideration of the Impacts of Covid-19 Pandemic**

- *Embed Covid-19 improvement actions into existing action plans; and*
- *Redevelop ASP training to enable virtual or alternative safe delivery.*

## **4.3 Planned Action on Fraud and Financial Harm**

The Grampian Financial Harm subgroup is mindful of the different ways that fraud and financial harm can be perpetrated and it has amended its awareness raising message to suit this. An emphasis will be put on online fraud and cybercrime, as it has been recognised that there has been a rise in this type of crime during the Covid-19 lockdown.

The group will continue to work with individual organisations, third sector organisations and as a team to raise awareness of financial harm and try to understand some of the reasons why current methods of awareness raising fail to work. When circumstances allow, the group will continue to seek out opportunities to engage with the public in the effort to reduce all instances of financial harm.

It is recognised that loneliness and social isolation can play a part in people falling victim to scammers therefore members are keen to tap into any future events taking place to promote 'A Connected Scotland: the Scottish Government strategy for tackling social isolation and loneliness and building stronger social connections'.



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## MORAY ADULT PROTECTION COMMITTEE

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