Agenda Item 10

Overview: Inspection Reports and National Publications

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Falkirk IJB Clinical and Care Governance Committee

26 November 2021

Overview: Inspection Reports and National Publications

For Consideration and Comments

1. Executive Summary

1.1 The purpose of this report is to provide an overview of the inspection reports and national reports published since the last meeting of the Clinical and Care Governance Committee (CCGC).

2. Recommendations

The Clinical and Care Governance Committee is asked to consider and comment on:

2.1 the contents of this report.

3. Background

3.1 The report presents to Committee a summary of recently published inspection reports and national reports in an overview paper. Where there are significant issues arising from these reports, more detail will be provided. Committee members can highlight if they want more detailed consideration of any paper, and if so, what the appropriate reporting arrangement would be.

4. Inspection Reports

4.1 Mental Welfare Commission (MWC)
At the time of preparing the report, the MWC has not published any reports on local HSCP services since the last update to Committee.

4.2 Care Inspectorate (CI)
At the time of preparing the report, the CI has not published any reports on local HSCP services since the last update to Committee.

4.3 Healthcare Improvement Scotland (HIS)
At the time of preparing the report, the HIS has not published any reports on local HSCP services since the last update to Committee.

4.4 Care Inspectorate Covid Reporting

Under the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No.2) Act, the CI report to the Scottish Parliament fortnightly on their inspection's activity. These inspections place a particular focus on infection prevention and control, personal protective equipment and staffing in care settings and the arrangements put in place by care services to respond to the Covid-19 pandemic. This enables inspectors to focus on these areas while also considering the overall quality of care and impact on people's wellbeing.

4.5 There have been no reports published on local services since the last update to Committee.

5. National Publications

5.1 An overview of 5 national publications of interest to the CCGC since the last report is attached at Appendix 1.

6. Conclusions

6.1 This report provides an update on local inspection activity, as well as national reports which have been published since the last report to the CCGC.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The inspection reports and national reports will provide standards and recommendations that the IJB can assess itself against to ensure delivery of the Strategic Plan and the national Health and Social Care Standards.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no legal and risk implications arising from this report.

Consultation

There are no consultation implications arising from this report.

Equalities Assessment

There are no equality implications arising from this report.

7. Author Signature

Suzanne Thomson, Senior Service Manager

8. List of Background Papers

The inspection and national reports are set out in the appendices.

9. Appendices

Appendix 1: Summary of national publications

Appendix 1

National Publications

Publication date	Organisation	Report title and summary	Implications for the HSCP	Timescales
14 October 2021	Mental Welfare Commission for Scotland	**Adults with Incapacity: supporting discharge from hospital** SG and MWC supporting AWI discharge from hospital.pdf (mwcscot.org.uk) This note outlines actions that can be taken to support this vulnerable group when discharging from hospital. It continues to highlight key points of the law to ensure individuals' rights are upheld.	Provisions from the Coronavirus (Scotland) Act in relation to the Adults with Incapacity (Scotland) Act 2000 have expired or been suspended. When people are clinically well enough to leave hospital, they should receive all necessary information and support to return to their home, whether that is their own house or an alternative community setting which is their home. It is not in anyone's interests to stay in hospital when there is no clinical reason to do so. For those people who do not have the capacity to fully participate in discharge planning processes, legal frameworks are considered to ensure appropriate lawful authority and respect for the person's rights.	Ongoing
30 September 2021	Audit Scotland	**Covid 19: Vaccination Programme** Covid-19: Vaccination programme (audit-scotland.gov.uk) The report emphasises the success of the programme with particular emphasis on the volume of people who have received at least one dosage (over 90% of those 18 and over) and the clear reduction of severely ill and deaths from the virus. There has been a notable lack of engagement with younger people. Those living in deprived areas and some ethnic groups. This is currently being tackled through action carried out by the Scottish Government. The report noted the quick and responsive way the Scottish Government and NHS boards have been to new clinical advice from the JCVI as well as planning for future stages of the programme. The vaccination programme has thus far been supported by temporary staff, however, there has to be a recognition for a longer-term for solution to ensure that future steps in the programme are sustainable.	This report has been written in reflection as all of the key dates for the next stages of the vaccination programme had already past by the date of publication. It is therefore appropriate for committee to note and recognise the need to remain flexible and responsive whilst acknowledging the progress made so far.	No further action required

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		The lessons learned in terms of collaboration, joint working and new digital tools should be utilised to inform the wider delivery of the NHS services.		
24 September 2021	Scottish Government	**Evaluation of the Scottish Strategy for Scotland** Scottish Strategy for Autism: evaluation - gov.scot (www.gov.scot) The report discusses the impact and success of the Scottish Strategy for Autism. Chapter 5 evaluates the emerging themes in relation to the delivery and implementation of the strategy. The main factors that influences implementation at a local level were: • the effort from individuals whilst driving forward the work and securing commitment from their local leadership to be able to push through the strategy. • if the relationship between third sector had historical been strong, the implementation of local strategies and their development was much easier. • the amount of local strategies developed from the £35,000 funding varied. Some committed to investment in building relationships and establishing forums whilst others had plans that had not been finalised yet since 2014. • the level of long-term commitment from local authorities were low, it was common to see an initial attempt as promoting change but never amounted to much. • as the national strategy did not place mandatory requirements on local authorities to engage with local strategies, it meant that they did not need to be submitted or reviewed. Therefore, no consequences had occurred for those who did not participate.	A number of consistent issues were raised from individuals who were supposed to have benefitted from the strategy. This had led to lessons being identified to help aid future policy direction: • narrow the focus of future work which will mean less might be achieved but there is more likelihood of effective delivery and sustainability • provide clarity about actions and implementation so that there are identified achievements within a clear plan • explore what evidence or data could be routinely collected to inform a picture of what is happening locally and nationally • provide clarity on where autism sits within government policy – lack of consensus of how autism should be considered, the disability vs neurodiversity debate; • consider focusing on areas that need to see the greatest change – diagnosis, transitions, support for autistic adults, employment; • place stronger requirements on local authorities to deliver, especially if funding is provided to support them; • review who is contributing to the discussions and influencing policy so that the usual suspects are not always around the table and the contributors are from a wider pool to reflect the small and large charities supporting autistic people, and individuals with a lived experience from across the ages; and • build on the positive relationships that exist – the nature of the dialogue has on many occasions been acrimonious and hostile, require a standard of	Ongoing

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			acceptable engagement if people want to genuinely be involved in progressing this agenda in a more positive way.	
23 September 2021	Mental Welfare Commission for Scotland	**Racial Inequality and Mental Health in Scotland: A call to action** Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk) Research was undertaken to reveal trends in detention related to ethnicity, some of the key findings were reported. All ethnicities were roughly aligned with their population versus detention population. What should be noted is detention rates were slightly higher in ethnic minorities: • White – 83.9% detention population, 82.5% general. • 'White other' – 4.9% detention population, 4% general. • Black – 1.5% detention population, 1% general. Key differences were found when looking into length of detention as it was found longer detentions for black people (2.1% detention population compared to 1% generally). There had been noticeable differences when applying the Mental Health Act – people of a black or mixed or multiply ethnicity background were more likely to be perceived as a greater risk to themselves and others whereas white people were more likely to be considered a risk to themselves. Research also uncovered that there was a relationship between areas of socio-economic deprivation and detentions with higher proportions of detained people from the more deprived Scottish Index of Multiple Deprivation. This became clearer by uncovering that the 58% of black people detained were from the most deprived areas of Scotland compared to only 36% of whites. A case study unveiled that often people have troubles accessing mental health treatments and faced barriers such as lack of understanding or disbelief from professionals.	• The recommendations provided were categorised by organisations they were targeted at. The ones included here were for 'To health boards (with support from HSCP)'. • Consult with ethnic minority representatives to uncover barriers for individuals in accessing psychiatric care and treatment. • Have information available on local and national organisations that provide support to ethnic minorities. Compile a list of organisations that provide input to diverse communities and/or share regional lists between neighbouring health board ethnic diversity lead officers • Mental health services should develop a bespoke programme of engagement meetings with those third sector organisations that meet their local requirements to develop trust and reduce barriers to service use by people from minority ethnic communities • Consider adding demographic variables to patient/people who use services in the community and family/carer feedback forms so that they can collect feedback according to these to ensure and demonstrate that they are receiving feedback from all communities who use their services. • Promote the availability of a black and minority ethnic forum (BME) (if one exists for the health board) and promote its purpose to all staff. Ensure staff have a clear understanding of the role and availability of the equality and human rights champion within their area, if applicable. • Review protocols for dealing with racially motivated incidents involving people who use services with the	By September 2022

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		Racial abuse was common towards mental health staff – this was worsened by the lack of diversity and equality training.	health board's black and minority ethnic (BME) network or in the absence of such a network with representativeness from people from diverse ethnic backgrounds. Ensure appropriate reporting and support for the victims of racism, and escalation processes. • Address the incomplete returns on ethnicity for people who become subject to compulsory measures, ensuring that information for ethnicity recording can be collected at a time that is less likely to cause distress. • Explore any further reasons why their data return on ethnicity within mental health services remains incomplete. Report what steps they are taking to address the incomplete data to the Commission.	
16 September 2021	Mental Welfare Commission	**Care and treatment for people with alcohol related brain damage in Scotland** CareAndTreatmentOfPeopleWithARBD_Sept2021.pdf (mwcscot.org.uk) Earlier this year the Commission spoke to 50 of the 553 people in Scotland who had an ARBD diagnosis and a guardianship in place. Just over half were aged under 65, and half were 65 to 75. The report found that for people aged under 65 who have alcohol related brain damage (ARBD), living in inappropriate community care homes with much older residents can create dependency and isolation. Discriminatory perceptions of a 'self-inflicted illness' can also lead to people with a diagnosis of ARBD being marginalised and socially isolated. The Commission has raised concerns about care and treatment for this small but vulnerable group of people in the past, and published guidance for health and care services to help share good practice. The report focuses on people with a diagnosis of ARBD who are also	The report recommendations for HSCP are: • HSCP should commission suitable, age appropriate and where possible specialist ARBD services. • HSCP should ensure allocation of the delegated officer role to a name individual to ensure consistency and continuity. • Community care review activity within HSCP should be dynamic, coordinated processes which include review of personal outcomes, care plans, placements, the guardianship order and whether all or some of the powers remain relevant. • HSCP strategic advocacy plans should include focus on accessibility of advocacy support at all stages of the care and support continuum.	Ongoing

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		subject to a welfare guardianship order. Just over half had a local authority guardian and just under half had a private guardian. The report looks at care arrangements, at how the law is being used and at whether good practice is being followed.		
15 July 2021	Mental Welfare Commission for Scotland	**Significantly impaired decision making ability – How well is it recorded in practice?** 2021-01_SIDMA-brief.pdf (mwcscot.org.uk) SIDMA is a crucial, and unique, aspect to Scottish mental health law. The understanding of this concept is a mental disorder negatively impacts an individual's memory and communication skills directly related to decision making. Key reasons for SIDMA are: impaired insight, limited cognitive function and psychotic symptoms. The vast majority of CTO's were completed by an Approved Medical Practitioner whilst the rest were a GP. The study found that many of the reasons behind SIDMA were aligned with previous studies, however, some forms offered no reason at all. In terms of quality, improvement has to be made – the specific link between SIDMA and mental disorder is seen in very few.	The suggestions for review were primarily targeted at the Scottish Law Review, however, lessons that can be taken away from the research are: • encourage the use of SIDMA by medical professionals • if any legal changes do occur, be willing and ready to embrace them • have discussions at a local level and understand research into the use, reasoning and impact SIDMA has.	No further action required
15 July 2021	Mental Welfare Commission for Scotland	**Advance statements in Scotland** T3-AdvanceStatements_2021.pdf (mwcscot.org.uk) Advance statements is a mechanism for an individual, who has previously been unwell due to a mental disorder, can explain how they wish, and do not wish, to be treated if they become unwell again in the future and have impaired decision making about medical treatment. Of those being treated under a T3 certificate, only 6.6% (309) had an advance statement. In comparison to those who did not have one, those who did were more likely to be young, male or in a deprived	The report recommendations for HSCP are: • promote individuals to complete advance statements and indicate to relevant professionals when these options should be discussed. • Quality Improvement Teams at health boards and the research community may wish to consider the utility of undertaking further tests of change/research to establish the optimal moment in a person's contact with mental health services to make an advance statement. Involvement of carers and the named person in this process also needs to be fully considered.	3 years

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		area of Scotland.		
29 June 2021	Mental Welfare Commission	**Authority to Discharge** AuthorityToDischarge-Report_May2021.pdf (mwcscot.org.uk) The report is centred around the reality that those who are treated for in care may not have the capacity to participate in the discharge planning process and therefore legal frameworks have to be in place. A sample of 457 cases was taken of which there were 20 unlawful moves – some were down to the misuse of the Coronavirus (Scotland) Act 2020. There was further movement away from biding by legislation as not all HSCPs followed guidance and policy. 78 out of 267 cases showed that those working in hospital discharge were not fully aware of the power held by attorneys or guardians. This was furthered by a general lack of understanding of law, poor practice, unsure of what amounted to good practice, misunderstanding around power of attorney. 14 FHSCP cases were analysed and it was found that most discharges that had individuals with inability were handled legally. It was recognised that this number is low and could overlook any illicit behaviour. There were a number of positive areas of practice that the investigation identified: • Robust AWI processes in place for consideration of legal authority for discharge • Case conferences convened to determine the appropriateness and agreement for the use of Section 13za of the Social Work (Scotland) Act 1968 and a record of this for audit • Promotion of the use of advocacy services to ensure individuals were involved to support decision making • Outcomes focussed assessments and social work practice focussed on upholding the rights of the individual • Embedding the role of the MHO in discharge planning processes as a key safeguard with expertise and focus on the rights of	The report recommends the following actions: • Undertake full training to identify gaps in knowledge with capacity and assessment – legislation, definitions and human rights. The aim is to produce a confident, competent, multidisciplinary workforce. • Establish a consistent system for recording incapacity assessments. • Make it clear the status of the registered care home placements in terms of law and financial/welfare implications. • Practitioners facilitating hospital discharges should have copies of relevant documents detailing the powers as evidence if any future action was to be taken. • Assessments should reflect the individual and decisions are focused on their personal outcomes. • Ensure a robust system of recording for auditing is in place • Audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016. • Have strong leadership and expertise to support operational discharge teams.	Ongoing

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		individuals • No evidence that Coronavirus emergency legislation was utilised unlawfully in FHSCP having not been enacted • Respect for multidisciplinary roles and responsibilities ensuring that health and social work retained focus on individuals and not other drivers such as beds and finance		
24 March 2021	Scottish Government	**Social Care – self-directed support: framework of standards** Social care - self-directed support: framework of standards - gov.scot (www.gov.scot) This framework consists of a set of standards (including practice statements and core components) written specifically for local authorities to provide them with an overarching structure, aligned to legislation and statutory guidance, for further implementation of the self-directed support approach and principles.	**November 2021 Update** The HSCP are considering the framework and implementations requirements.	Ongoing
11 March 2021	The Scottish Government and COSLA	**Planning with People: community engagement and participation guidance** Care services - planning with people: guidance - gov.scot (www.gov.scot) This guidance is designed to build upon existing engagement strategies and is intended to support greater collaboration between decision makers, staff that deliver services, and service users and carers.	**November 2021 Update** Healthcare Improvement Scotland (HIS) has consulted for views on the draft Quality Framework for Community Engagement documents with two deadlines: 31 October and 12 November. The self-evaluation tool is to sit alongside the Planning with guidance. There are a number of proposals: • NHS Boards and IJB's should have 'engagement leads' - members of staff who can provide relevant links • Organisational barriers must be identified and addressed by effective leadership • The decision-making process must be transparent and clearly demonstrate that the views of communities have been considered. Organisations will be required to show that these principles are embedded in their practice.	National guidance will be reviewed in January 2022

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			HIS has a statutory role across NHS Boards and IJB's to support, ensure and monitor patient focus and public involvement activities relating to health services. NHS Boards and IJB should keep HIS informed about proposed service changes from the earliest possible stage. However, it is unclear whether HIS's role is to provide support to engagement or audit our engagement for accountability purposes. A Quality Framework is currently being developed by the Care Inspectorate and HIS to support engagement, self-evaluation, and external quality assurance. The HSCP Participation and Engagement Strategy will reference this guidance. We will continue to embed participation and engagement using the National Standards as a minimum, complying with this guidance.	
21 December 2020	Equality and Human Rights Commission	**EHRC briefing: Equality in residential care in Scotland during coronavirus (Covid-19)** Equality in residential care in Scotland during coronavirus (COVID-19) | Equality and Human Rights Commission (equalityhumanrights.com) The EHRC have identified the key equality issues affecting people living and working in care homes during the coronavirus pandemic and the briefing explains how to apply the legal framework set out in equality law to address these issues.	**November 2021 Update** The report has been circulated and we are considering the recommendations for HSCP's.	Ongoing