PURPOSE

- Identify areas of good practice
- Establish any learning from the case
- Identify any actions required by the AAPC to promote learning to support and improve systems and practice
- To determine whether, and if so, what, changes in practice are necessary to ensure opportunities are not missed to prevent avoidable tragedies

QUESTIONS TO CONSIDER IN YOUR TEAM/SERVICE?

- What can I do in my **own practice** to influence the change that is required?
- How can I influence the change required in my team/my service area?
- How can I influence bigger changes if required?

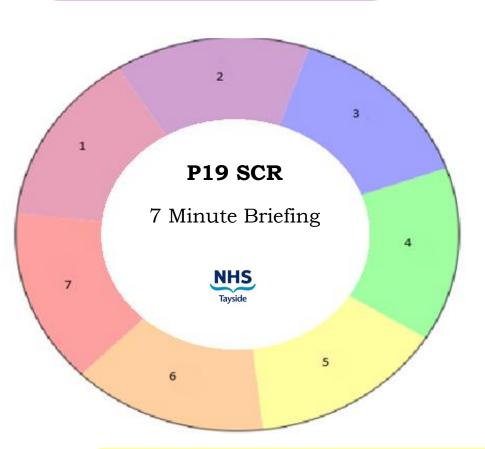
FURTHER LEARNING

A range of Tayside Good Practice Guides are available for staff to access and include:

- Professional Curiosity
- Escalation and Resolution
- Self Neglect and Hoarding

BACKGROUND

Adult P19 died at the age of 50 as a result of Disseminated Malignancy (a condition in which cancer is spread widely throughout the body). There was significant involvement with a number of services in the months leading up to death. P19 was identified as an 'adult at risk' 4 months prior to death.



KEY FINDINGS (1)

- Information sharing is critical to supporting and protecting those who are vulnerable and significant challenges exist around use of multiple data systems
- The importance of Palliative Care to improving the quality of life and reducing suffering
- Managing complex cases where an adult has complex health conditions, self-neglects and where capacity may be an issue is challenging for staff

KEY FINDINGS (2)

- The importance of legal literacy across the multiagency workforce. In respect of Adult Support and Protection and the Adults with Incapacity Act
- The need to consider legal options where a person is putting themselves at risk and consideration of the need for a capacity assessment.
- Escalate concerns, especially where there are ongoing risks present.

KEY FINDINGS (3)

Promoting a person-centred approach.

- The response needs to be proportionate to the level of risk to the person
- Each organisation needs to take responsibility for their role in supporting the adult.
- Multi-agency meetings and representation are essential for complex cases.

<u>Learning Summary:</u> P19 was an adult at risk who had an advanced bowel cancer and there is no one identifiable action that would have changed matters. However, the interconnection of diagnosis of bowel cancer, management of associated symptoms, capacity assessment, understanding the impact of alcohol use in identifying risk, delivering multiagency risk management plans together with P19 and information sharing all played a part on the overall experience and outcomes for P19. As such, the SCR was commissioned to identify opportunities for learning and sustainable change.

Add link to Full P19 Report