



## **1.0 Purpose**

The purpose of this document is to collate the improvement actions identified through undertaking 4 self-evaluation workshops with colleagues from Moray Adult Support Partners in April and May 2019.

Along with the insights gained from the Social Work (Council Officer) survey and the Case File Audit, this Learning Review Report will provide the evidence base for the Adult Support Protection Improvement Action Plan.

The collation of the Final Self Evaluation Learning Review Report along with the development of the Improvement Action Plan is the key milestones in the Adult Support & Protection (ASP) Project Plan.

## **2.0 Background**

As part of the preparation for the forthcoming Care Inspectorate Adult Support & Protection thematic inspection, a self-evaluation exercise was undertaken with members of the Moray Adult Protection Committee and representatives of the Moray ASP partner agencies.

The self-evaluation exercise was based on exploring the 3 sets of quality indicators -grouped as Outcomes, Key Processes and Leadership- which have been developed by the Care Inspectorate as part of their inspection regime. In total there are 23 questions.

The first workshop was held on 12 April with the Adult Protection Committee (APC). The primary aim of this workshop was for members of this Committee to answer the 6 Leadership questions. Due to the large number of participants, this was undertaken in two groups (both groups answering all 6 Leadership questions). Following this initial session, each table then focused on answering either the questions sets relating to the Key Process or Outcomes. The secondary aim of the Development Day was therefore to answer all 23 questions. Five of the Key Process questions (2.8 to 2.12) remained unanswered by the end the session.

Following this workshop with the Moray Adult Protection Committee, the following 3 workshops were held.

<b>Date</b>	<b>Workshop (2019)</b>
Outcomes	13 May
Processes	20 May
Leadership	27 May

Each workshop lasted approximately 2.5 hours and was devoted to answering the questions relating to the above quality indicator set.

In terms of contextualising the questions, items of evidence were presented in relation to many of the questions. This encompassed vision statements, Scot Government Annual Returns, audit report, the core process map, risk matrix and template. In addition, 3 case studies were presented to assist with exploring the relevant issues.

In total 30 colleagues from 10 partnership agencies took part in this self-evaluation exercise.

The above workshops were facilitated by Robin Paterson H&SCM (Snr Project Officer) and scribed by Iain McGregor (Adult Protection Unit Co-ordinator). The written report for each of the above sessions was circulated to the participants for comment and final agreement.

### **3.0 Findings and Emerging Themes**

The following table summarizes the improvement actions identified from each of these workshops and the Adult Protection Committee Development Day. Using a simple content analysis approach, the key words or phrases in relation to each improvement were identified as cross cutting themes. These key words or phrases are underlined in relation to the responses to the questions.

As outlined in section 4 of this report, it is proposed that these themes will be adopted as the sub-headings for the improvement action plan.



<p>be reviewed to ensure that cases are addressed in a timely manner.</p> <ul style="list-style-type: none"> <li>It was identified that the <u>carefirst electronic recording</u> system has the capability to code ASP referrals and it was agreed that better use could be made of this part of the carefirst system. It was also thought that as part of HSCM's plans to develop its ICT infrastructure, Officers could make further improvements in relation to the processing of referrals by making better use of digital technology.</li> </ul> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>Although an ASP Core Process is established for Moray, participants considered that a <u>refreshed multi-agency process</u> needs to be developed based on the above contribution from all partner agencies. This should incorporate realistic service standards for the completion of key elements of the ASP framework.</li> </ul>	<p><b>Management</b></p> <p><b>ICT &amp; Recording</b></p> <p><b>Policy, Process &amp; Procedure Performance Management</b></p>
<p><b>Question 1.3: We deliver the desired personal outcomes for adults at risk of harm-enhanced safety, wellbeing, and support to keep healthy. They and their unpaid carers (if appropriate) are involved throughout. Adult protection outcomes and general health and wellbeing outcomes delivered by our partnership are inextricably linked. Adults at risk of harm such as physical, sexual, emotional, financial harm, neglect, self- neglect and harm to self, are safe and protected as a consequence of our actions.</b> This question was explored through considering case study 2.</p>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>It was agreed that H&amp;SCM should further develop its <u>performance management</u> arrangements in relation to developing an approach to allowing ASP related health outcomes to be monitored and evaluated.</li> <li>While it was agreed that it was good practice that colleagues employed by NHS Grampian record risk of harm cases on DATIX, it is also vital these incidents follow the agreed <u>procedure</u> and are referred to the Access Team.</li> <li>While the weekly meetings of the Community Safety Partnership were seen as a strength, in terms of good partnership working, it was agreed that the application of the <u>3 point test</u> should be</li> </ul>	<p><b>Performance Management</b></p> <p><b>Audit &amp; Lived Experience</b></p> <p><b>Policy, Process &amp; Procedure</b></p>

<p><u>undertaken as a multi-agency activity.</u></p> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>The development of a revised Moray ASP <u>process</u> 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 <u>revised core process</u> and the establishment of a schedule of <u>multi-agency conducted audits</u>. The results of the audit should be shared with the Adult Support Protection Committee.</li> </ul>	<p><b>Policy, Process &amp; Procedure</b></p> <p><b>Audit &amp; Lived Experience</b></p>
<p><b>Question 1.4: Adults at risk of harm such as physical, sexual, emotional, financial harm, neglect, self- neglect and harm to self, are safe and protected as a consequence of our actions. This question was explored through considering case study 2.</b></p>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>It was viewed as a strength that the Community Safety Hub meets once a week to review -from a multi-agency perspective- how people who are vulnerable and at risk of harm can be further protected. It was also noted as an example of good practice that Police Scotland has a dedicated Officer who attends and supports these meetings. It was however thought that <u>better use of ICT applications</u> could be made to identify and categorise vulnerable people in Moray.</li> </ul>	<p><b>ICT &amp; Recording</b></p>
<p><b>Question 1.5: We carry out effective remedial work with perpetrators (harmers) when necessary.</b></p>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>Workshop participants identified that determining if we undertake effective remedial work with perpetrators (harmers) is an area for development for Moray. It was proposed that consideration should be given to <u>identifying best practice through exploring how other ASP partnerships are undertaking this area of work</u>. Insights and learning gained can then be incorporated into Moray's approach.</li> </ul> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>Colleagues are trained as to fulfil their role in undertaking Large Scale Inquires. However, we need to ensure that we evidence the support we provide to the perpetrators (harmers). This should be <u>part of any revised Moray procedure</u>.</li> </ul>	<p><b>Training &amp; Development</b></p> <p><b>Training &amp; Development</b></p>
<p><b>Key Processes</b></p>	

<b>Question 2.1: There is a decisive and consistent operational management of adult support and protection cases within our partnership (question also explored with Case Study 3).</b>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>• While partners thought that there is strong operational management of adult support cases in Moray, there were important elements of the <u>core process</u> that could be improved. These were identified as:-</li> <li>• following the submission of a Concern Report, feedback on the actions taken by partner agencies should be given and <u>confirmation who the key contact professional is</u>.</li> <li>• clarity in relation to the <u>number of Concern Reports that need to be submitted</u> before further action is taken.</li> <li>• Officers should <i>explore</i> <u>how carefirst</u> can be fully used to facilitate when the 5 trigger point Concern Report threshold has been reached.</li> <li>• Agreement of <u>expected timescales (presented as service standards)</u> for completion of key elements of the ASP process (e.g. time taken to apply the 3 point test following the submission of a referral) needs to be established.</li> </ul> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>• Participants considered that ASP training was of a high quality. However, it was thought that there would be <u>gaps in the training provided to all partners</u> (e.g. Level 2 training for Care Homes). The capacity issue of providing training to all partners was recognised. It was proposed that in the first instance a Training Needs Analysis should be undertaken to identify training and personal development needs and that opportunities to deliver ‘train the trainer’ should be considered as a means of addressing the challenges of providing training to all partners.</li> <li>• While there is strong partnership working, professional communication and engagement can be improved by ensuring that the ASP Unit is represented at the Health &amp; Social Care Moray Residential Care Home Meetings and that the <u>refreshed ASP process ensures that input/feedback from health is addressed in the revised procedure</u>.</li> </ul>	<p><b>Policy, Process &amp; Procedure</b></p> <p><b>Policy, Process &amp; Procedure</b></p> <p><b>Policy, Process &amp; Procedure</b></p> <p><b>ICT &amp; Recording</b></p> <p><b>Performance Management</b></p> <p><b>Training &amp; Development</b></p> <p><b>Policy, Process &amp; Procedure</b></p>

<p><b>Question 2.2:</b> We have a valid system for timely, accurate screening of all adults protection concerns intimated to our partnership. The three point test is correctly and consistently applied (Reference made to Case Study 3 &amp; Flow Chart of the Core Moray ASP Process).</p>	
<p><b>Workshop Response:</b> The ASP Flowchart is considered to be familiar to colleagues across all partnership areas. However, it is <u>5 years old and should be reviewed</u> to ensure that it is fit for purpose. Key areas that require up-dating are as follows:-</p> <ul style="list-style-type: none"> <li>➤ The <u>flow chart does not adequately reflect the multi-agency</u> input into the ASP process or the central role of the H&amp;SCM Access Team for receiving initial ASP referrals;</li> <li>➤ The <u>Flow Chart does not capture the full ASP Process</u> and does not, for example, outline the review and monitoring process;</li> <li>➤ The <u>flow chart should also make reference to clear timescales and service standards</u> for the completion of each part of the process. This will facilitate operational performance management as well as clarifying the expectations that people will have of the service;</li> </ul> <p>In relation to the application of the three point test, it was identified that there is a need for greater health involvement in this part of the process. To support this '<u>Second Officer Training</u>' should be provided to Health colleagues.</p> <p>Moreover, in preparation of reviewing the core process, workshop participants proposed that <u>colleagues should research and best practice</u> emerging from other ASP partnership areas.</p> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>• Although the Pan-Grampian Inter-agency Policy &amp; Procedure provides a strong foundation for a Moray specific process, it was agreed that the <u>revised ASP process should be based on the design principle that the application of the 3 point test is a multi-agency activity.</u></li> <li>• <u>Clear Service Standards</u> –including service and output measures- to be established to support the</li> </ul>	<p><b>Policy, Process &amp; Procedure</b></p> <p><b>Policy, Process &amp; Procedure</b></p> <p><b>Training &amp; Development</b></p> <p><b>Training &amp; Development</b></p> <p><b>Policy, Process &amp; Procedure</b></p> <p><b>Performance</b></p>

<p>Performance Management Process.</p> <p><b>Question 2.3: We share information (electronic and non-electronic) about adults at risk of harm effectively and timeously. Robust protocols are in place (reference made to the Grampian Adults at Risk of Harm Information Sharing Protocol).</b></p>	<p><b>Management</b></p>
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>While it is considered that a robust Grampian wide information sharing protocol is in place, effective and timeous information sharing by all Moray partners is not always evident. It was proposed that that engagement activity needs to be <u>undertake that makes partners aware of their duty to co-operate and their responsibility to share information.</u></li> </ul> <p>It was noted that there is evidence of timeous information sharing between the Access and Housing Teams, Police Scotland and the Integrated Mental Health Service have not experienced any significant issues.</p> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>The Scottish Ambulance Service (SAS) reported particular challenges in terms of receiving ASP related information when receiving an emergency call. The ability to address this issue will not be straight forward. However, the <u>revised ASP process should consider the needs of the SAS</u> in the further refinement of a Moray Core Process.</li> </ul>	<p><b>Training &amp; Development</b></p> <p><b>Policy, Process &amp; Procedure</b></p>
<p><b>Question 2.4: We carry out timely and cohesive multi-agency inquiries into adult protection concerns – including asp concerns relating to regulated services- which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm</b></p>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>While partners had an understanding of their responsibilities to support ASP investigations, <u>Social Workers reported that they sometimes felt overwhelmed with this responsibility in the context of already having full caseloads. They also reported that they were sometimes unsure of their role in investigations and found some of the terminology used confusing (e.g. what determines an Investigation). Police Scotland also noted that there was sometimes a lack of understanding of what some of the key terms used meant.</u> It was proposed that <u>training focusing on the clarity of</u></li> </ul>	<p><b>Service Redesign &amp; Review</b></p> <p><b>Training &amp; Development</b></p>

<p><u>professional roles and confidence in decision making –including Social Work- should be provided. The training should also cover processes and the terminology used.</u></p> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>Although systems and procedures have been established, it was identified that there is often <u>confusion in the correct use of terminology</u> and sometimes the <u>wrong forms have been used</u> by front line members of staff. It is suggested that a multi-agency /professional '<u>operating procedure type manual</u>' should be developed that clearly defines key terms. Furthermore, <u>forms should also be peer reviewed and revised.</u></li> <li>While the Adult Protection Committee was considered as having good representation from the key Partners in Moray, it's was considered timely to <u>review the membership with specific reference being given to GP representation.</u></li> </ul>	<p><b>Training &amp; Development</b></p> <p><b>Policy, Process &amp; Procedure</b></p> <p><b>Policy, Process &amp; Procedure</b></p>
<p><b>Question 2.5: We carry out competent, timely, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded.</b></p>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>In the context of improving the key processes, workshop participants identified that this <u>element of the process needs to be more clearly defined</u> and the forms used need to reviewed to ensure that they are fit for purpose. These changes should also be focused on <u>supporting information sharing across partner agencies.</u></li> </ul> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>As reported in the Annual Return, a significant number of Investigations were completed in 2017/18. Nevertheless, <u>all investigations need to be approach from a multi-agency perspective</u> and should include the original refer as part of the investigation team.</li> </ul>	<p><b>Policy, Process &amp; Procedure</b></p> <p><b>Policy, Process &amp; Procedure</b></p>
<p><b>Question 2.6: We prepare detailed risk assessments and risk management plans –including chronologies-for adults at risk of harm, who require them (risk assessment template and risk matrix circulated).</b></p>	
<p><b>Workshop Response:</b></p> <p>Workshop participants were familiar with the risk assessment template and considered that embedding the risk assessment as part of the ASP form on carefirst was a positive development along with the development of a numerical scale to accompany the RAG as a means of quantifying risk. However the following improvements for were identified. These were:-</p>	



<b>Question 2.10: We make timely, effective use of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation</b>	
<b>Workshop Response:</b> <ul style="list-style-type: none"> <li>Workshop participants agreed that in Moray we make effective use of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation, but sometimes our response could be more timely. The process of undertaking a risk assessment was integral to this outcome.</li> </ul>	<b>Policy, Process &amp; Procedure</b>
<b>Question 2.11: We carry out multi-agency assessments of need and prepare care plans that are focused on individuals' desired personal outcomes. Apposite services and supports are deployed as a result. Care plans are reviewed periodically</b>	
<b>Workshop Response:</b> <ul style="list-style-type: none"> <li>It was thought to be a strength that the Support and Review Plans for H&amp;SCM ask high level outcomes question relating to 'Feeling Safe' &amp; 'Living Life the Way You Want To'. However, the following aspects of assessment were identified as areas that could be improved. There were:- <ul style="list-style-type: none"> <li>➤ For H&amp;SCM, the most important issue is that <u>ASP issues are not always recorded on the Support Plan and Reviews are not undertaken in a timely and consistent manner</u>;</li> <li>➤ The separation of the Assessment from the Support Plan would facilitate a clearer identification of risk of harm concerns; and</li> <li>➤ In terms of partnership working and information sharing, it was also considered important that <u>a procedure and guidance for redacting support plan information is established</u>. This would then allow Support Plans to be shared with partners. Police Scotland noted that they have already established these arrangements.</li> </ul> </li> </ul>	<b>Audit &amp; Lived Experience</b>  <b>Training &amp; Development</b>  <b>Policy, Process &amp; Procedure</b>
<b>Question 2.12: Regular reviews are carried out for adults at risk of harm, Reviews are timeously convened if there are significant changes of circumstances.</b>	
<b>Workshop Response:</b> <ul style="list-style-type: none"> <li>It was considered that as part of the <u>ASP process review</u> (See 2.2), it will be necessary to establish a procedure for undertaken in a timeous manner.</li> </ul>	<b>Policy, Process &amp; Procedures</b>
<b>Leadership</b>	
<b>Question 3.1: Our strategic leaders model, support and develop good, partnership working (agenda</b>	



<b>Question 3.3: Our leaders ensure the delivery of robust, competent, and effective adult protection practices</b>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>While good networking between partners was identified as a core strength in terms of ensuring people were protected from risk of harm, workshop participants nevertheless agreed that they had <u>no confidence that robust processes were in place to support Out of Hours (OOH's) adult protection</u>. It was identified that the core OOH's process will require to be revised as part of the future improvement activity and <u>training for OOH's Social Work</u> will need to be delivered to ensure that robust practices are delivered.</li> <li>In terms of day-time ASP, the previous recommendation from both the Outcomes and Key Process workshops was endorsed by participants in relation to <u>reviewing if adequate resources are in place to support the Access Team to screen the high volume of ASP referrals</u>. These activities will require to involve OOH's Social Work staff.</li> </ul>	<p><b>Policy, Process &amp; Procedure</b></p> <p><b>Training &amp; Development</b></p> <p><b>Service Redesign &amp; Review</b></p>
<b>Question 3.4: Our leaders ensure sound quality assurance and audit processes and extant within our partnership, We carry out periodically self-evaluations of adult support and protection. And deliver improvements identified. Leaders value and take account of the views of adults at risk of harm and their carers to influence policy and planning (Previous Audit considered as part of the response to this question).</b>	
<p><b>Workshop Response:</b></p> <ul style="list-style-type: none"> <li>The example of the audit report submitted to the Adult Protection Committee was considered to be of a high standard. However, the improvement action previous identified by the Adult Protection Committee to agree an <u>audit schedule</u> was endorsed by workshop participants. Furthermore, this audit activity should be undertaken as multi-agency activity, the findings from the audit need to be followed through and the Health colleagues should provide DATIX information as part of this process (previous workshop noted that DATIX information is not always shared with the Access Team).</li> <li>It was also identified as being important to <u>explore how we can best engage with people who have a lived experience of being in contact with ASP colleagues</u>.</li> </ul> <p><b>Adult Protection Committee Response:</b></p> <ul style="list-style-type: none"> <li>The Adult Support and Protection Committee need to <u>establish an audit schedule</u>. The team</li> </ul>	<p><b>Audit &amp; Lived Experience</b></p> <p><b>Audit &amp; Lived Experience</b></p> <p><b>Audit &amp; Lived</b></p>

conducting the audits should reflect the multi-agency membership of the Committee and the insights and learning gained through this ongoing exercise should inform governance and front line practice	<b>Experience</b>
<b>Question 3.5: Our Adult Protection Committee and COG competently fulfil their statutory roles, supports and drives improvement, and exercise sound oversight and governance over adult protection within our partnership. They are instrumental in the development of harm prevention strategies (Scot Gov Moray Annual Report was referred to as evidence).</b>	
<b>Workshop Response:</b> <ul style="list-style-type: none"> <li>Workshop participants agreed with the improvement action identified by the Moray Adult Protection Group. This was to <u>review the remit of this Committee</u>, and the description of the duties and responsibilities of the key positions on this Committee should be developed. In addition, workshop participants considered that this review should be extended to COG in relation to ASP and to the establishment of sub-groups such as a Performance Group.</li> </ul>	<b>Policy, Process &amp; Procedure</b>
<b>Adult Protection Committee Response:</b> <ul style="list-style-type: none"> <li>As part of the <u>review of the remit of the Adult Protection Committee</u>, descriptions of the duties and responsibilities of the key positions on this Committee should be developed</li> </ul>	<b>Policy, Process &amp; Procedure</b>
<b>Question 3.6: In respect of adult support and protection, our Chief Social Work Officer exercises cogent, cohesive leadership for:</b> <ul style="list-style-type: none"> <li><b>Professional Support</b></li> <li><b>Maintenance of high standards</b></li> <li><b>Driving improvements in SW practice</b></li> <li><b>Systems in place to learn from critical incidents (Initial case reviews, significant case reviews etc)</b></li> <li><b>Carry out the statutory duties of the Chief Social Work Officer (and appointment of a proxy)</b></li> </ul> <b>(This question is abridged.)</b>	
<b>Workshop Response:</b> <ul style="list-style-type: none"> <li>It was reported that an important development -in terms of driving improvements in SW practice- was that the <u>CSWO now meets regularly as part of the Social Work Leaders Group to discuss issues relating to professional support and practice.</u></li> <li>The workshop also agreed with the improvement action identified by the Adult Protection Committee</li> </ul>	<b>Training &amp; Development</b>

that briefings should be provided to existing and new members in relation to their roles and responsibilities as members of the Moray Adult Protection Committee.

**Adult Protection Committee:**

- The CSWO should provide briefings to existing and new members -when inducted on to the Committee- in relation to their roles and responsibilities as members of the Adult Protection Committee.

### 3.1 Summary: Frequency of Themes

In summary, the following table shows the frequency that each theme is appears in relation to the above improvement actions.

	Theme	Frequency
1	Policy, Process & Procedure	33
2	Training & Development	13
2	Audit & Lived Experience	7
1	Performance Management	6
1	Service Redesign & Review	3
2	ICT and Recording	3

It is proposed that these 6 themes will be adopted as the workstreams for the Improvement Action Plan.

### 4.0 Next Steps

Along with the findings from the case file audit and the Social Work (Council Worker) Questionnaire, the above insights gained from the self-evaluation workshops provide a strong evidence base for the development of an Improvement Action Plan. The 12 month Improvement Action Plan is outlined the accompanying report.

## Appendix 1: Participation

The following table provides an overview of the colleagues, and their respective organisations, who participated in the series of self-evaluation workshops.

	Name	Organisation	APC (All questions- 12 4 19)	Outcomes (13 5 19)	Key Processes (20 5 19)	Leadership (27 5 19)
1	Jane Mackie	H&SCM (Chief Social Work Officer)	✓			✓
2	Susan Carr	(Director of Allied Health Professions & Director of Public Protection)	✓			
3	Yvonne Wright	H&SCM (Nurse Manager Dr Gray's)	✓			
4	Carol Chambers	Moray Council(Operations Manager Housing Needs),	✓			
5	Robert Appleby	NHS (Scottish Ambulance Service)	✓			
6	Gail Buchan	NHS (Scottish Ambulance Service)	✓			
7	Geoff Gable	TSI Moray ( Third Sector)	✓			
8	Roddy Burns	Moray Council (Chief Executive)	✓			
9	Jennifer Urquhart	Scottish Care	✓			
10	Laura Sutherland	H&SCM (Public Health Lead)	✓			
11	Linda Harper	H&SCM (Nursing Lead),	✓	✓		✓
12	Kevin Walker	Police Scotland	✓	✓		
13	Cllr Paula Coy	Moray Council (Councillor)	✓			
14	Zandra Smith	H&SCM (Consultant Practitioner Adult Protection Unit)	✓	✓	✓	✓
15	Scott Meredith	Turning Point Scotland	✓			
16	Stuart Mount	Scottish Fire & Rescue Service	✓			
17	Jane Westmacott	Moray Council (Criminal Justice)	✓			
18	Morag Laurence	Police Scotland (DCU)		✓		
19	Alan Milton	Police Scotland (Public Protection Unit)		✓	✓	✓
20	Bridget Stone	H&SCM (Consultant Practitioner)		✓	✓	✓
21	Alex Morrison	H&SCM (Manager, Access Team)		✓		
22	Gordon Mackenzie	H&SCM (Integrated Learning Disability Team Manager)		✓	✓	✓

23	Charles McKerron	H&SCM (Consultant Practitioner)		✓	✓	
24	Marie Burnell	H&SCM (Advanced Practitioner, Access Team)		✓	✓	✓
25	Linda Marquardt	H&SCM (West Team Manager)		✓	✓	✓
26	Kristin Clutterbuck	H&SCM (Social Worker, East Team)			✓	
27	Vicki Low	H&SCM (Social Worker, West Team)			✓	
28	Joyce Johnston	H&SCM (Service Manager)				✓
29	Lesley Attridge	H&SCM (Service Manager)				✓
30	Ailsa Innes	H&SCM (Social Worker (Mental Health))				✓