

IAA Summary report - Local visits post-Covid recovery programme

Interim report

Final report

1. Title of plan, policy or strategy being assessed

Local visits post-Covid recovery programme

2. What will change as a result of this proposal?

1. More remote aspects of visits – maximise interviews with patients, carers, staff by Near Me/phone etc, combined with limited in-person on-site visits
2. Fewer visits than our usual programme, until phase 4 of visits recovery programme
3. Visits prioritised: services where we are aware of concerns
4. Services we would usually visit on a regular pattern will have a longer gap between visits
5. Additional risk assessments due to Covid – both service and personal risk assessment for visiting staff
6. Impact on ability to meet with individuals – additional barriers eg PPE and remote technology
7. All visits will be announced rather than 25% unannounced, at least until stage 4.

3. Briefly describe engagement around this proposal to date and planned

Discussions at executive group, practitioner forum

4. Date of IIA

21 July 2020

5. Who was present at the IIA? Identify facilitator, project lead, report writer

Name	Job title	Role
Alison Thomson	Interim CE	Project lead
Claire Lamza	Interim Executive Director – Social Work	
Juliet Brock	Medical Officer	
Alison Smith	Casework Manager	
Kate Fearnley	Executive Director – Engagement & Participation	

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Monitoring data		
Research/literature evidence		Local intelligence gathering process and advice line and other contacts from services and from people with lived experience & carers leading to identification of priority services for visits
Lived experience/ carer evidence & evidence of engagement		
Good practice guidelines		
Other (specify)		
Additional evidence required		

7. In summary, what impacts were identified and which groups will they affect?

Equality & human rights	Affected populations
Positive	<p>Protection of vulnerable children and adults is core business</p> <p>Resuming visits will help to promote participation, inclusion, dignity and control over decisions & will form core of report</p> <p>Remote communication technology may enhance engagement with some groups eg young people, people with autism</p> <p>May engage more with carers as result of any difficulty engaging with older people</p>
Negative	<p>Fewer visits than usual programme will reduce impact</p> <p>Communication barriers such as masks and video likely to impact more on older people, especially those with cognitive impairment, people with learning disability, people with hearing impairment, people requiring translation facilities</p> <p>Refugees and asylum seekers may be particularly at risk – could ask additional questions of admission wards and seek to meet any</p>
Geographical communities	
Positive	Introduction of remote visiting could allow us to do more than we usually do in relation to islands and remote areas
Negative	Avoiding travel could impact on ability to visit remote/island areas, need not to exclude if have concerns meriting a visit

	Use of more local practitioners may mean visitors have less local knowledge
Staff	
Positive	
Negative	Some staff may not be able to do in-person visits Staff may find visiting unfamiliar area more challenging – more pre-visit preparation required, impact on part time staff
Environment and sustainability	
Positive	Sending people more locally will reduce travel, although requiring separate cars Using remote technology will help reduce travel
Negative	

8. Consider how you will communicate information about this policy. Who needs to be made aware? How will you communicate it to groups with specific communication needs? Please provide a summary of the communications plan.

Internal communication via practitioner forum, line management, email circulation.

External communication:

- Direct communication with services where a visit is planned
- Media release re resumption of visits

9. Additional information and evidence required? If so, how will it be gathered? If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

10. Recommendations

1. Risk assessment must cover all issues, especially potential added Covid risk to vulnerable patient groups such as older people
2. Build good level of communication with services into the plan
3. Build in identifying refugee/asylum seeker patients
4. Review after pilot visit to State Hospital and revise as required
5. Ensure services in islands/remote areas are visited where there are any concerns
6. Mitigate communication issues re PPE barriers by minimising PPE according to local requirements
7. Maximise carer input by asking services to notify carers before visit with how they can engage, particularly remotely, and proactively contact carers, especially where communication with patient has been difficult

11. Action plan

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take forward?	Deadline for progressing	Review date
Add specific item on Covid vulnerability of older people/other vulnerable patient group to risk assessment template	Alison Smith	End July	
Pre visit process – include: <ul style="list-style-type: none"> • Guidance on communication with service • Q on refugee/migrant patients • Discussion on PPE requirements and patient communication needs 	Alison Thomson/ Alison Smith	End July	
Review after State pilot and revise as required	Visits group	End August	
Make clear services in islands/remote areas must be visited where there are any concerns	Alison Thomson	End July	
Redraft standard letter to wards inviting carers to contact	Alison Smith	End July	
Include proactive contact with carers in practitioner visits guidance	Alison Thomson	End July	

12. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

Review of local visit reports.

13. Sign off by Executive lead

Name Alison Thomson

Date 1 September 2020

14. Send completed IIA for publication on website