

## UPDATE REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE - 19 JUNE 2019

### ABERDEENSHIRE ADULT PROTECTION ACTION PLAN

#### 1. Recommendations

##### The Audit Committee is recommended to:-

- 1.1 acknowledge and note that all action points on the plan are progressing or completed;
- 1.2 acknowledge and commend the work done by the Aberdeenshire Adult Protection Partnership, in relation to the plan; and
- 1.3 agree that the Action Plan Exception Report should be included with the papers supplied to the Social Work and Clinical Governance Group, as part of current scrutiny and governance arrangements:

#### 2 Purpose

To provide Audit Committee Members with an updated position, in relation to the Adult Protection Action Plan for Aberdeenshire Adult Protection Committee (APC).

#### 3 Background

The Adult Support and Protection (Scotland) Act 2007 was introduced to provide support and protection to Adults in Scotland who are at risk of harm. As part of this legislation Adult Protection (AP) Partnerships were formed, made up from a variety of public bodies and third sector members. These Partnerships are overseen by Adult Protection Committees and are chaired independently. The legislation outlines primary functions of this committee (in relation to the public bodies and office holders who are included in the AP Partnership), as follows:

- (a) keep under review the procedures and practices of the public bodies and office-holders
- (b) give information or advice, or make proposals, to any public body and office-holder
- (c) make or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders

As IJB Audit Committee Members will be aware, in November 2017 Aberdeenshire Adult Protection Partnership were subject to a Joint Thematic Inspection.

Aberdeenshire Adult Protection Partnership received an evaluation of adequate against all quality indicators and was given the following, specific recommendations for improvement:

- The partnership should set specific timescales for the prompt completion of each phase of the adult protection process.
- The partnership should make sure it applies adult protection key processes consistently across the entire partnership.
- The partnership should make sure that all adult protection referrals are processed timeously.
- The partnership should make sure that social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them.
- The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work.

From this the Aberdeenshire Adult Protection Committee (APC) developed an Adult Protection Action Plan for improvement. This document is detailed in Appendix 1.

#### **4 Current Position**

The Action Plan was reviewed at the APC Meeting on June 6 2019. It was noted that out of 29 actions:

- 14 are completed
- 13 are in progress and on time
- 2 are in progress with slight delays in progress

An Exception Report to the Action Plan will be submitted to the Aberdeenshire Public Protection Group in June, by the Chair of the APC and thereafter on a 6-monthly basis. Only one action has been highlighted as an exception and is detailed in Appendix 2.

The IJB Social Work and Clinical Governance Group act receive a regular Adult Support and Protection update, including the minutes of the APC meetings as part of the standing agenda. This group could also receive the 6 monthly exception report, if required.

**Lindsey Flockhart, Lead Social Worker**  
**Aberdeenshire Health and Social Care Partnership**

Briefing prepared by Lindsey Flockhart, Lead Social Worker  
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Date 06.06.2019

Recommendation 1 - All adult protection referrals are processed timeously								
SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations								
ACTION OWNER - Team Manager APN - HSCP								
No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
1.1	Referrers will be reminded of their duties to report concerns where they believe an adult is at risk of harm.	The APC will send an update letter to all relevant organisational leads for cascading. The letter will remind organisations of their duty, under the act, regarding making referrals where there are ASP concerns.	Through quality assurance file reviews undertaken monthly, the APN team manager will monitor the timing between incident and referral received.	APC Convenor	Jul-19	Letter drafted, discussed at APC June 2019.	Financial and resources available in HSCP budget for ASP.	Not required.
1.2	Clear process and timescales regarding referrals are in place to prevent any delays to adults believed to be at risk of harm	We will review the referral process at the APN, through a process mapping workshop. The process will include timescales for making and recording outcomes of referrals.	A referrals outcome decision will occur within 2 working days. The Aberdeenshire Operational Practice Group will audit the effectiveness of the process. This will be a performance indicator reported to the APC.	Team Manager APN	Process mapping Oct 18 New process in place Nov 18 Evaluation March 19	<b>Complete</b> - Process workshop completed and new process in place. Evaluation to occur at the AOPG in March 19.	Financial and resources available in HSCP budget for ASP.	Not required.
Recommendation 2 - The partnership should make sure that ASP key processes are applied consistently across the partnership								
SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations								
ACTION OWNER - SDO HSCP								
No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
2.1	ASP process will be fit for purpose. The processes will be clear and well defined and be understood by all staff across the partnership.	Multi-agency practice improvements workshops will review the ASP process to simplify where required. All processes will be agreed on a multi-agency basis. Any improvements to the process will be communicated to all staff across the workshop and included in guidance and training.	Case file audit will occur every two years and will evidence compliant with guidance.	SDO - HSCP	Workshops occur through 18/19. Process developed and implemented by Aug 2019	Initial workshops occurred in 18, additional workshop dates set.	Financial and resources available in HSCP budget for ASP.	Not required.
2.2	The partnership will assess awareness and confidence of staff to consistently undertake their duties under ASP.	All ASP partnership staff will be asked to complete a survey to assess knowledge, confidence and compliance of ASP processes.	Following the training and policy review there is a increase in staff confidence, knowledge and compliance. This will be evidenced through the staff survey results.	SDO - HSCP	Survey issued in Dec 18 Provision of Report to APC - Sept 2019 Repeat survey – annually	Survey developed to be approved at APC in Dec. Good level of responses received. Analysis and reporting to be undertaken by Sept 19.	Financial and resources available in HSCP budget for ASP. If the completion rate of the survey is low, results would not be a sufficient indicator	Consideration that the survey becomes a mandatory task of staff annually.

2.3	ASP training will be fit for purpose	ASP training to be reviewed to assure that information regarding the following is clear and consistent with legislation, policy and guidance: Capacity/unable to protect Involvement of the adult and their carer Role of police Role of chronologies Risk assessments Role of advocacy Cross over of legislation	Improved feedback from training.	Chair L&D Group	Mar-20	The ASP Trainers from across Grampian covering Aberdeen City, Aberdeenshire, Moray, NHS Grampian and Police Scotland met March 2019. Modules 1, 2 and 4 were reviewed to ensure consistency. Module 3 will require updating following the completion of the development of procedures/policy relating to chronologies and risk assessments - March 20. Representatives from Police Scotland and advocacy services give presentations in module 2 programme.	Financial and resources available in HSCP budget for ASP and through Joint training co-ordinator post NHSG.	Not required.
2.4	ASP guidance will be fit for purpose and applied consistently across the partnership.	ASP guidance to be reviewed to assure that information regarding the following is clear and consistent: Capacity/unable to protect Involvement of the adult and their carer Role of police ASP processes Role of chronologies Risk assessments Role of advocacy Cross over of legislation  Assessment if the following guidance will be reviewed: Council Officer Guidance Information Sharing Protocol Large Scale Investigation Policy Threshold Policy	Feedback from Team managers, and case file audits will show that staff are compliant with guidance.	SDO - HSCP	The guidance to be reviewed in conjunction with the process planning workshops - to be completed in March 20.	Completion of this work likely to be delayed. Agreed the work requires to be undertaken after all practice improvements around processes have been agreed. A work plan for this action to be agreed at the GAPWG in Aug 19, work to be completed by March 20.	Financial and resources available in HSCP budget for ASP.	Not required.

**Recommendation 3 - The partnership should set specific timescales for the prompt completion of each phase of the adult protection process**

SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations

ACTION OWNER - APN Team Manager

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
3.1	Where possible specific timescales will be consistent across the Grampian partnership	Discussion to occur at GAPWG.		Police rep - GAPWG		<b>Complete</b> - Timescales have been agreed as a Grampian Priority and are include in the Grampian Adult Protection Working Group action plan.	No financial implications. Resources are available through current staff that are members of the GAPWG.	Not required.

3.2	Review of the ASP processes of Aberdeenshire HSCP through a process mapping workshop. Identify where timescales should apply and set appropriate timescales	Practice improvement workshops occurred to map processes.	Timescales are established	Team Manager APN	Oct-18	<b>Complete</b> - Process mapping workshops have occurred, agreed that referral outcome completed in 2 days and period from referral to case conference (if required) 4 weeks.	Financial and resources available in HSCP budget for ASP. Following change to process there will be heightened risk around implementation.	Monitoring during the implementation phase will be increased. Audit to occur following the implementation to assess impact.
3.3	A clear recording system so that timescales can be monitored. The monitoring of timescales should assess the need for practice improvement and the need for escalation through governance systems.	Practice improvement workshop to establish appropriate recording process that will allow timescale monitoring. Monitoring to occur at Operational Practice Group, with issues being reported to the APC.	System accurately record timescales and monitoring occurs.	Team Manager APN	Sep-19	The recording system has been completed. Following implementation of new IRD and Investigation paperwork by Aug 19 all systems will be operations for monitoring.	Financial and resources available in HSCP budget for ASP.	Not required.

**Recommendation 4 - The partnership should make sure the social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them**

**SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations**

**ACTION OWNER - Lead SW HSCP**

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
4.1	Where possible guidance, training and systems for completing chronologies will be undertaken consistently across the partnership	To be discussed at the GAPWG		Chair L&D Group		Complete - Chronologies have been agreed as a Grampian Priority and are included in the Grampian Adult Protection Working Group action plan.	No financial implications. Resources are available through current staff that are members of the GAPWG.	Not required.
4.2	Aberdeenshire HSCP will develop guidance and training to support professionals to prepare well balanced and valid chronologies		Chronologies are recorded within case files, as appropriate to level of complexity and risk.	Lead SW – HSCP	Guidance available Aug 19	Chronology tools and guidance agreed. To be implemented follow the introduction of IRD and Investigation processes in Aug 19	Financial and resources available in HSCP budget for ASP.	Not required.
4.3	Chronologies should be shared at ASP meetings to support multi-agency decision making regarding risk and protection. Chronologies should include information from all ASP partners.	A multi-agency chronology will be completed and be part of the Investigation Assessment for an adult at risk of harm and will be shared at an ASP Case Conference.	Case file audit will show a 100% percentage increase in adults that have a valid chronology. Target 60% of files audited have a chronology at an acceptable standard.	Team Manager APN	Template for APCC to include chronologies Dec 19, guidance available Sept 19, case file audit Feb 20	Template drafted and agreed. To be included in Investigation report and circulated at APCC. Implemented by Sept 19.	Financial and resources available in HSCP budget for ASP.	Not required.

**Recommendation 5 - The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work**

**SOURCE - 2018 National AP Inspection**

**ACTION OWNER - Lead SW HSCP**

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
5.1	Self evaluation of staff regarding skills, knowledge and confidence in carrying out ASP duties.	All ASP partnership staff to be asked to complete a survey to assess knowledge, confidence and gaps in current training.	Provision of a baseline to determine additional training required.	SDO - HSCP	Dec-18	<b>Complete</b> - Survey sent to staff Dec 18 Provision of a baseline to APC - Feb 2019 Repeat survey – annually	Financial and resources available in HSCP budget for ASP.	Not required.

5.2	Peer support for council officers to develop skills and knowledge.	Re-establish regular Council Officer forums. Explore the benefits of making forum multi-agency.	CO forums will occur regularly (4 times per year) at convenient venues across Aberdeenshire covering a variety of topic as identified by the CO's themselves. Attendance and feedback will be monitored.	Team Manager APN	Council Officer forums runs throughout 2019, evaluation occurs Dec 19.	<b>Complete</b> - Dates have been agreed for forums to occur.	Lack of capacity among council officers to attend	Team Manager will support attendance as a priority
5.3	Ensure staff across the partnership have the appropriate skills and knowledge to fulfil duties under ASP is taken forward as a Grampian Priority	To be agreed and monitored at the GAPWG	Included on the GAPWG action plan, progress monitored and reported to the APC.	Chair L&D Group	Mar-20	Agreed as priority, process for monitoring occurring. Action plan to be implemented by March 20	Financial implications of events . Resources are available through current staff that are members of the GAPWG.	Where events to increase knowledge are required agencies will resources these from current budgets.

**Recommendation 6 - The partnership should be assured the independent advocacy is considered, offered and made available where appropriate**

SOURCE - 2018 National AP Inspection

ACTION OWNER -

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
6.1	Advocacy will be considered and encouraged at appropriate stages of the adults ASP Journey.	Discussion at APN team meeting	Immediate.	APN Team Manager	Oct-18	<b>Complete</b>	Financial and resources available in HSCP budget for ASP.	Not required
6.2	Recording consideration of advocacy involvement will occur for all adults at risk of harm, reasons for advocacy not occurring will be recorded.		Monitoring regarding advocacy involvement to occur at OPG and be reported to the APC.	SDO - HSCP	Jan-19	<b>Complete</b> - It has been agreed that consideration of advocacy involvement will be recorded on the Investigation form.	Financial and resources available in HSCP budget for ASP.	Not required
6.3	Policy and training to be reviewed to give assurances that practitioners are clear about their role of involving independent advocacy.	See 2.3/2.4		SDO - HSCP	Mar-20		Financial and resources available in HSCP budget for ASP.	Not required
6.4	Assessment of barriers to effective working relationship between HSCP and ANE.	Joint workshop between HSCP and ANE to explore any perceived difficulties in the working relationship and how future issues should be managed.	Feedback/self evaluation as part of workshop.	Lead SW - HSCP	Mar-19	Joint meeting have occurred, further work required at Council Officer Forums Dec 19.	Financial and resources available in HSCP budget for ASP.	Not required

**Recommendation 7 - The partnership should be assured that there is sufficient capacity in partnership organisation to manage ASP work effectively.**

SOURCE - 2018 National AP Inspection

ACTION OWNER - Lead SW HSCP

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
7.1	Police Concern Hub has sufficient capacity to manage concern reports.	Ensure that there are measures in place to reduce the backlog of concern report at the Police Concern hub and mitigate against potential risks.	All ASP concerns are screened and triaged (based on level of risk) within 1 day.	DCI - NE Division Police Scotland	Sep-18	<b>Complete</b> - Triage in place and monitoring occurring.	Financial and resources undertaken through Police Scotland	Not required
7.2	The APN has sufficient capacity to manage ASP work	Review the role of the APN to ensure there is capacity for the network to fulfil their role	Timescales established are met. Audit shows improvements from the inspection results.	Lead SW - HSCP	Aug-19	<b>Complete</b> - Review undertaken following the practice improvement workshops. SW post agreed to increase capacity and improve skill mix.	Financial and resources available in HSCP budget for ASP.	Not required

7.3	Frontline staff involved in ASP require regular, high quality, rigorous and knowledgeable supervision and support	Supervision and support is available throughout the partnership. Line managers have appropriate knowledge in ASP so that support can be given.	Staff receive good, appropriate and regular supervision. Staff are confident and feel well-supported. Service receive good support and are protected as required.	Lead SW - HSCP Lead Nurse - HSCP, DI PPU – NE Division	Dec-19	Supervision Policy group meet 06/09/18	Financial and resources available in HSCP, NHSG and Police Scotland.	Not required
7.4	Review role of the CSWO to ensure clarification of their role within ASP.	CSWO will be a member of the APC, to enable minutes and papers to be reviewed. They will attend at least two meetings per year.		CSWO	Sep-18	Complete	Financial and resources available through HSCP	Not required
7.5	Required partners should attend adult protection case conferences, particularly police and health is taken forward as a Grampian priority.	To be agreed and monitored at the GAPWG	Included on the GAPWG action plan, progress monitored and reported to the APC.	NHS ASP Lead	Mar-20	Agreed as priority, process for monitoring occurring. Action plan to be implemented by March 20	Financial implications of events . Resources are available through current staff that are members of the GAPWG.	Not required

**Recommendation 8 - The partnership will ensure that service users and their carers' views are used to inform and influence the way in which adult protection and support services are delivered.**

SOURCE - 2018 National AP Inspection

ACTION OWNER - Team Manager APN

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
8.1	Have an appropriate systems for adults at risk and their carers to give views on their ASP Journey	Review process for gaining views on ASP from service users and extend this process to carers involved in the process, with an aim to improve feedback	Feedback is requested from Adults at risk (where it is appropriate) and their carers. Increased response to request for feedback.	SDO HSCP	Mar-19	Complete - Process agreed and to be implemented June 19	Financial and resources available in HSCP budget for ASP.	Not required
8.2	Systematically measure outcomes for adults at risk of harm and their unpaid carers' is taken forward as a Grampian priority	To be agreed and monitored at the GAPWG	Included on the GAPWG action plan, progress monitored and reported to the APC.	Team Manager APN	Mar-20	Agreed as priority, process for monitoring occurring. Action plan to be implemented by March 20	Financial and resources available in HSCP budget for ASP.	Not required

**Recommendation 9 - The partnership will support adult at risk and their carers to be included and involved in the adult protection journey**

SOURCE - 2018 National AP Inspection

ACTION OWNER - Team Manager APN - HSCP

No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
9.1	ASP processes will support the adult and their carers involvement at all stages.	Support to encourage involvement will be assessed and developed (if required) at the process improvement workshops.	Inspection results noted that adults were supported to be involved in the ASP process - 93% the support was rate good or above 77%. Carers were supported to be part of the process 88%. These figures will improve for the next ASP self evaluation audit.	Team Manager APN	Aug-19		Financial and resources available in HSCP budget for ASP.	Not required
9.2	Adults and their carers will be involved in the risk assessment process .	Risk assessment will be part of the APCC. Adults and their carers will attend APCC. Where it is not appropriate to attend the reason will be recorded.	Attendance will be monitored.	Team Manager APN	Dec-19	Complete - APN staff are clear that adults and their carers should be invited to APCC's and a clear process for recording non attendance is in place. Monitoring systems still to be established.	Financial and resources available in HSCP budget for ASP.	Not required



## APPENDIX 2

### Exception Report - Adult Protection Action Plan 2018 – 2020

Total Actions	29
Actions Complete	14
Actions in progress on time	13
Action in progress slight delay	2
Actions in progress significant delay	0

### Actions where concerns have been raised by APC on 5 June 2019

Recommendation 2 - The partnership should make sure that ASP key processes are applied consistently across the partnership								
SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations								
ACTION OWNER - SDO HSCP								
No	Required	How	Evidence of improvement	Task Lead	Timescale	Progress	Risk - Financial/resource Implications	Mitigation against risks
2.1	ASP process will be fit for purpose. The processes will be clear and well defined and be understood by all staff across the partnership.	Multi-agency practice improvements workshops will review the ASP process to simplify where required. All processes will be agreed on a multi-agency basis. Any improvements to the process will be communicated to all staff across the workshop and	Case file audit will occur every two years and will evidence compliant with guidance.	SDO - HSCP	Workshops occur through 18/19. Process developed and implemented by Aug 2019	Initial workshops occurred in 18, additional workshop dates set.	Financial and resources available in HSCP budget for ASP.	Not required.

		included in guidance and training.						
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Although the above recommendation is in progress, the Committee raised concerns regarding the implementation of the Initial Referral Discussions in the ASP process. The introduction of Initial Referral Discussions is agreed by Police Scotland and the HSCP Senior Management Team. The process has been developed but implementation has been delayed until August 19 due to concerns on operational ability to participate, specifically in relation to health representation. The committee agreed that work will continue with medical practices to achieve full engagement into the process, but resource limitations of some practices may lead to non-participation. Participation will be analysed by the Aberdeenshire ASP Operational Practice Group with recommendations for improvement being discussed at future APC and HSCP Senior Management Team meetings.