



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	9 th August 2022
Report Title	ASP Inspection Report
Report Number	HSCP22.054
Lead Officer	Claire Wilson, Lead for Social Work, HSCP
Report Author Details	Val Vertigans, Lead Strategic Officer Adult Public Protection, HSCP
Consultation Checklist Completed	Yes
Appendices	None

1. Purpose of the Report

The purpose of this report is to share the findings of the recent Joint Inspection of Adult Support and Protection (ASP) in Aberdeen which were published on 21st June 2022 ([Joint inspection of adult support protection in the Aberdeen City partnership \(careinspectorate.com\)](https://www.careinspectorate.com/joint-inspection-of-adult-support-protection-in-the-aberdeen-city-partnership)), and next steps.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Notes the findings of the recent Joint Inspection of Adult Support and Protection in Aberdeen and next steps.

3. Summary of Key Information

- 3.1. The programme of Joint Inspections was paused at the start of the pandemic, but, in a letter to COSLA and SOLACE dated 3 March 2021, the Cabinet Secretary for Health and Sport requested that the inspection programme resumes in a proportionate and sensitive manner.
- 3.2. The inspection programme is being led by the Care Inspectorate in collaboration with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS). This scrutiny and



RISK, AUDIT AND PERFORMANCE COMMITTEE

assurance will be undertaken in the context of health and social care integration. A phased approach is being adopted, using adapted methodology developed during 2020 which ensures the lightest possible approach.

- 3.3. The commencement of the inspection was delayed, in conjunction with inspectors, due to the significant and extreme pressures on systems, services and staff across the partnership, responding to Covid 19 and winter pressures, and formal Notification of inspection was finally received on 14th February 2022.
- 3.4. The inspection focused on key processes and leadership (see national [quality indicator framework](#)). The key activities included submission of a short position statement, submission of supporting evidence under specific themes, a case file audit and a staff survey across social work, health and police, which was completed by 327 staff across the multi agency partnership. Guidance and information about the methodology used can be found on the [Care Inspectorate website](#).
- 3.5. Scrutiny of the necessary files took place on the basis of Healthcare Improvement Scotland colleagues reading health records on location in Aberdeen, and Social Work records being read remotely, by the Care Inspectorate, via a Sharepoint site. Police records were examined via a nationally-agreed approach / mechanism.

4. Inspection Findings

- 4.1. The main findings of the inspection were as follows:
 - Our **Key Processes** are effective, with areas for improvement which are outweighed by clear strengths supporting positive experiences and outcomes for individuals;
 - Our **Strategic Leadership** is very effective, demonstrating major strengths in supporting positive experiences and outcomes for individuals.
- 4.2. Key Strengths were identified as:
 - The new Adult Protection Social Work Team undertaking collaborative and effective screening of referrals;



RISK, AUDIT AND PERFORMANCE COMMITTEE

- Communication and information-sharing, at every stage of the process;
- Our commitment to joint learning and development;
- Our Vision being well embedded, with a strong culture of strategic change and improvement; and
- Our user engagement strategy and initiatives – including seeking feedback from users at the end of the process, and the Adult Protection Committee's User Forum.

4.3. Priority Areas for Improvement were identified as:

- Quality of chronologies and protection planning (albeit the inspectors noted that we have well-designed tools and templates in place);
- Length of time taken to complete some investigations and case conferences;
- Lack of consistent and accurate recording by Health staff of their involvement in ASP;
- Need for more adults at risk to access independent advocacy; and
- Need to develop multi-agency evaluation approach, and better involve staff in change and improvement work.

It should be noted that all of these issues had previously been identified as areas for improvement, through local quality assurance and self evaluation work, and related activity had been incorporated into the Adult Protection Committee (APC) Improvement Plan.

5. Next Steps

- 5.1.** Following receipt of the final published report, the APC will review its Improvement Plan in light of the detailed findings. This is required to be submitted to the Care Inspectorate by 3rd August 2022.
- 5.2.** Progress in relation to the areas identified for improvement will be overseen by the Care Inspectorate Link Inspector, who is a member of the APC.
- 5.3.** A session has already been held with Council Officers to thank them for their engagement and involvement in the inspection process, and to advise them of issues which have emerged as a result of our own quality assurance as well as queries and issues raised by the inspectors during the course of the inspection.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 5.4. It is intended to hold a multi agency session to update staff across the partnership about the findings of the inspection and our approach going forwards in terms of addressing areas for improvement.

6. Implications for IJB

- 6.1. **Equalities, Fairer Scotland and Health Inequality** - There are no direct implications arising from the recommendations in this report.
- 6.2. **Financial** - There are no direct financial implications arising from the recommendations of this report.
- 6.3. **Workforce** - There are no direct workforce implications arising from the recommendations of this report. Staff will be involved on an ongoing basis in driving forward required improvements.
- 6.4. **Legal** - There are no direct legal implications arising from the recommendations of this report.

7. Links to ACHSCP Strategic Plan

- 7.1. This report links to the stated Strategic Plan aim in relation to services “To Protect and improve the safety of service users”.

8. Management of Risk

8.1. Identified risks(s)

Risk that an essentially positive inspection report leads to complacency in delivering high quality operational services and driving forwards improvement.



RISK, AUDIT AND PERFORMANCE COMMITTEE

8.2. Link to risks on strategic or operational risk register:

This report links to the below from the IJB Strategic Risk Register as at November 2021:

Risk 5



Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

8.3. How might the content of this report impact or mitigate these risks:

The findings of the inspection were overall very positive. Work is being undertaken to address areas identified for improvement through quality assurance. A communication plan is in development to keep staff apprised and seek their input and involvement to progress the necessary improvements. The risk is therefore low.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



Aberdeen City Health & Social Care Partnership

A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE