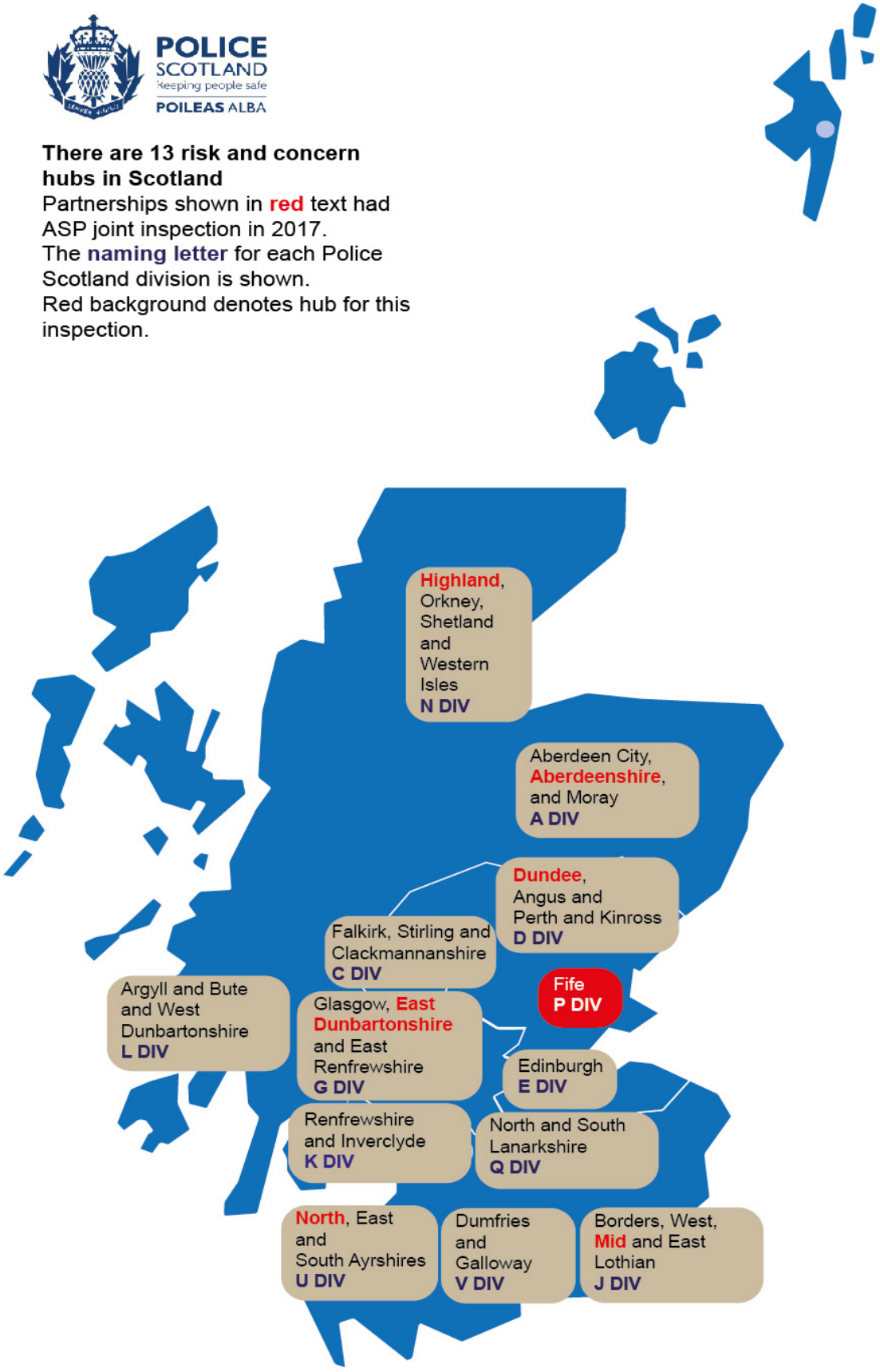
JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Fife Partnership August 2021

Contents

Map showing divisional concern hubs



Joint inspection of adult support and protection in the Fife partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual local partnership[1] areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these twenty-six inspections and the previous inspection work we undertook in 2017- 2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the Fife area were safe, protected and supported.

The joint inspection of the Fife partnership took place between May 2021 and August 2021.

Quality indicators

Our quality indicators[2] for these joint inspections are on the Care Inspectorate's website.

1 https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

2 https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

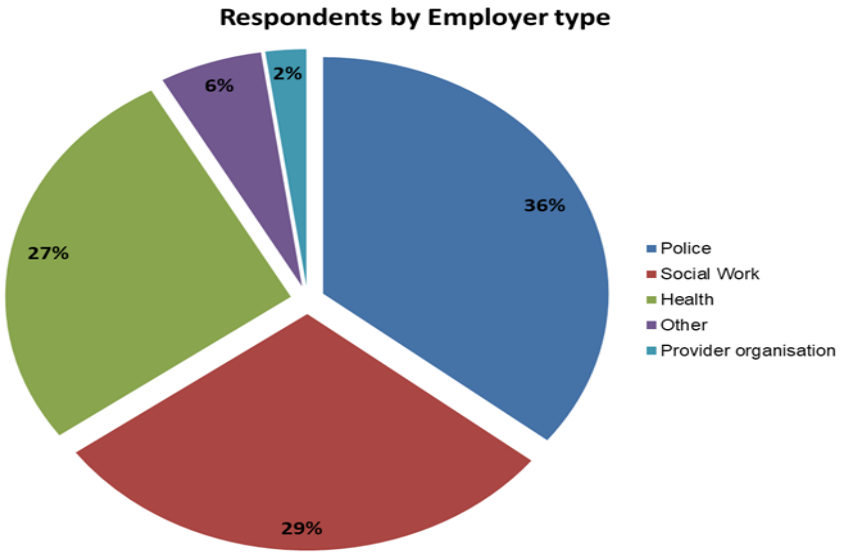
- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included four proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

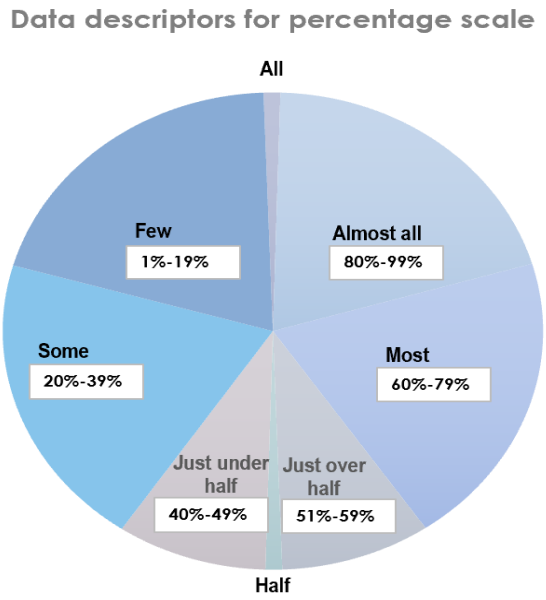
Staff survey. Staff from across the partnership (738) responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.



The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings of 40 adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

Staff focus groups. We carried out two focus groups and met with 16 members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges



Summary – strengths and priority areas for improvement

Strengths

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well-documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey**.**
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.
- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

Priority areas for improvement

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.
- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Adults at risk of harm experienced improvements to their safety and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnerships initial inquiry practice was highly effective, with well-documented interagency referral discussions. Partners' regular participation in these discussions was constructive.
- Partnership staff carried out competent, well-documented adult protection investigations.
- There were effective, timely, and generally well-attended adult protection case conferences. Suitably trained managers chaired them well. The police attended and participated constructively. All adults at risk of harm who chose to attend their adult protection case conference did so.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- The partnership did not have standardised templates for adult protection chronologies, risk assessments, and protection plans. Some adults at risk of harm did not have a chronology or a protection plan. This needed to improve.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns.

The social work contact centre screened all adult protection referrals. There was a clear, concise, harm reporting protocol to assist referrers. Commendably, the social work contact centre had accessible easy read information about adult protection for callers, and information in British Standard Sign Language and different languages. Almost all staff surveyed, thought the partnership screened adult protection referrals effectively.

Initial inquiries into concerns about adults at risk of harm

The partnership's practice for initial inquiries into the circumstances of adults at risk harm was highly effective. Its interagency referral discussion (IRD) system worked very well. There was a clear, well-thought-out template for recording these discussions.

All initial inquiries were done in a least restrictive manner, in line with the principles of the adult protection legislation. Staff correctly applied and fully recorded the three-point test. Almost all were done timeously, with management oversight and sign-off shown. Staff respected the human rights of all adults at risk of harm.

Almost all staff surveyed were aware of the three-point test, and most thought initial inquiries were handled efficiently.

We rated the quality of almost all initial inquires as good or better. In an illustration of effective joint work, bank staff acted promptly when they rightly suspected a vulnerable customer was at immediate risk of financial harm. The police responded swiftly and effectively. They quickly arrested the alleged perpetrators. Partners discussed the incident constructively at the interagency referral discussion. The police informed alleged perpetrators were charged and prosecuted. This was excellent initial inquiry practice, with a good outcome for the adult at risk of harm.

We rated almost all episodes as good or better for collaborative working among partners. The interagency referral discussions showed staff tried very hard to elicit and record the views of all parties. Police participation was very good. These productive discussions jointly determined the correct, least restrictive action to take.

Investigation and risk management

Chronologies

Chronologies are an important element of risk assessment and risk management. The partnership had no standardised template for adult protection chronologies. Staff created chronologies inconsistently, with a variety of templates and structures.

Most adults at risk of harm had a chronology, but significantly some (21%) did not. Quality of chronologies warranted improvement. We rated some as good or better, but most were adequate or worse. Chronologies rated poorly were not up-to-date, only referenced recent adult protection activity, did not mention key events in the life of the adult at risk of harm, and had no risk analysis. The partnership should create a template for adult protection chronologies, which covers key areas, and use this consistently. All adults at risk of harm who require a chronology should have one.

Risk assessments

Positively, almost all adults at risk of harm had a risk assessment, which was timely, and informed by multi-agency partners. Quality was variable, with half rated good or better and half rated adequate or worse. Almost all staff surveyed thought risk assessments included a relevant analysis of risks and protective factors.

There was no standard template for adult protection risk assessments; staff created risk assessments in several different ways. Some were standalone documents, some were embedded in other documents, such as investigation reports. The partnership should create an adult protection risk assessment template and develop a consistent standard approach to documenting and analysing the risks present for adults at risk of harm.

Full investigations

The partnership's investigation practice was thorough and competent. In almost all instances, council officers and second workers did investigations timeously, proficiently, and effectively. They were well documented, with most rated good or better for quality.

Deployment of a health professional as second worker when appropriate was an area for improvement.

In an illustration of thorough investigative practice, council officers investigated alleged resident harm in a care setting. They forensically interviewed witnesses and recorded this meticulously. The result was improvement to resident safety.

Adult protection case conferences

The partnership's practice for initial adult protection case conferences was very good. Its efforts to support adults at risk of harm to attend and participate meaningfully were impressive. This was despite the challenges of the covid-19 pandemic. The partnership made laptops available to adults at risk of harm so they could attend their virtual case conference.

All case conferences effectively determined actions required to keep the adult at risk of harm safe. Almost all were timely and were rated good or better for quality and effectiveness – we rated two thirds as very good.

Commendably, almost all adults at risk of harm were invited to their case conference and most attended. The partnership recorded reasons for non-attendance; mainly the individual decided not to attend. Unpaid carers attended purposefully when appropriate.

Case conferences were generally well-attended, with excellent participation by the police, who attended every case conference they were invited to.

Health professionals did not attend just over half of the case conferences to which they were invited. This was an area for improvement.

Case conferences were well-documented, with cogent contributions from partners. Suitably trained managers chaired them effectively. They were productive forums for partners and the adult at risk of harm to share information, analyse the risks present. and plan to manage risk.

Adult protection plans / risk management plans

Most adults at risk of harm who required one had a timely protection plan. Significantly, some (26%) did not. The quality was good, most were rated good or better. Almost all staff surveyed thought the partnership prepared effective protection plans.

Staff created protection plans inconsistently. A tailored protection plan template used consistently would support improvement.

Adult protection review case conferences

In almost all instances a review case conference took place timeously when needed. Almost all effectively determined actions to keep adults at risk of harm safe. Partners participated appropriately, and they were well-documented. Adults at risk of harm attended their review case conferences and participated meaningfully.

Implementation / effectiveness of adult protection plans

The partnership put suitable measures in place to make sure adults at risk of harm were safe, protected and supported and then implemented them effectively. Adults at risk of harm who had protection plans experienced improved safety, and wellbeing

outcomes. The partnership tried hard – with varying degrees of success – to collaboratively implement protection plans for adults at risk of harm who were hard to reach or uncooperative. Adults at risk of harm were purposefully involved and supported throughout the implementation of their protection plans.

Large-scale investigations

The partnership did large-scale investigations appropriately, competently, and collaboratively. The adult support and protection committee monitored them and exercised sound governance. Care Inspectorate staff were purposefully involved. Adults at risk of harm involved in large-scale investigations had improved safety and wellbeing outcomes. They were consulted and included throughout.

The partnership carried out positive improvement work for large-scale investigations. It identified an issue with gathering and storing information. To remedy this, it developed an accessible digital repository for large-scale investigation information. This development supported analysis of learning themes. The partnership linked these to its strategic improvement plan.

The partnership submitted a well-balanced report of a large-scale investigation. It coherently set out the detailed findings of the well-executed multi-agency investigation. It identified preventative actions to reduce future risk and the lessons learned.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

Collaborative working within the partnership was strong and effective across all areas of adult protection. Almost all staff surveyed thought they were supported to work collaboratively.

The partnership had up-to-date, comprehensive, accessible adult protection procedures and associated protocols. The National Health and Social Care Standards informed them. Most staff surveyed thought they were easy to obtain. The procedures were a creditable attempt by the partnership to incorporate all aspects of adult support and protection in one document.

Almost all staff surveyed were confident about making adult protection referrals to social work, and most thought their concerns would be handled competently.

Health involvement in adult support and protection

Generally, health staff worked collaboratively to identify when adults were at risk of harm and to ensure they were safe, protected and supported.

Health staff made appropriate referrals if they suspected an adult was at risk of harm. They got feedback on the outcome in almost all instances. We read several examples of competent work by health professionals to pass on their concerns about an adult to social work. Council officers investigated the concerns and acted to keep the adult at risk of harm safe.

The partnership carried out constructive work with the Scottish Ambulance Service to increase staff awareness of adult protection. Additionally, the Scottish Ambulance Service set up a health desk where ambulance crews could report adult protection concerns quickly. It swiftly processed referral paperwork and adverse incident reports (DATIX) and passed them on appropriately. This work was plainly successful. There were instances when ambulance crews raised the initial adult protection concern that triggered activities to keep the individual safe.

Health staff recorded adult protection matters proficiently, with most rated good or better. Health staff made an invaluable contribution to the partnership's delivery of positive outcomes for adults at risk of harm – in most instances we rated this good or better. As we did for health staff working collaboratively.

Health staff and other partners collaborated successfully. As illustrated by clinical staff from mental health services maintaining frequent contact with individuals. Their empathetic engagement with individuals enabled effective risk management, with the right supports deployed at the right time. The unscheduled care assessment team contributed purposefully.

Police involvement in adult support and protection

Fife command area, and the Fife divisional concern hub contributed positively and collaboratively to the partnership's efforts to support and protect adults at risk of harm.

Police Scotland service advisors accurately assessed almost all contacts and enquiries about adults at risk of harm. They effectively applied a proportionate assessment of threat, potential harm, risk, investigative opportunity and vulnerability (THRIVE) to determine the next steps. There was consistent practice to assess situational need and the correct response.

For most initial enquiry officers' actions, we evaluated them as good or better. Almost all initial assessments of THRIVE were accurate and cogently informed decision making. In just under half of episodes the recording of supervisory oversight was good or better.

In some instances (28%), the STORM (system for tasking and operational resource management) disposal code, record of incident type, was inaccurate. There was evidence of Scottish Crime Recording Standard Governance. A similar standard of scrutiny was not evident in incidents with multiple concern types. This led to a single concern approach, for multi-concern episodes. Initial enquiry officers' recorded details of a perpetrator's behaviour, as opposed to impact on the adult at risk of harm.

The divisional concern hub shared initial protection concerns with social work timely and efficiently for almost all episodes. Police Scotland's triage process to assess and determine risk prioritisation was effective in most cases.

Some resilience matrix narratives were too general and lacked analysis. Consistent application of the three-point test was not always clear. In some instances, the divisional concern hub's assessment could have added greater value to the risk management process.

Frontline officers frequently responded to individuals experiencing a mental health crisis. The national mental health pathway gave officers rapid telephone access to expert advice from a community psychiatric nurse. The community psychiatric nurse could assess the individual over the phone, if necessary. This was a favourable development.

Third sector and independent sector provider involvement

Most adults at risk of harm needed additional support. Third sector and independent sector providers effectively supported adults at risk of harm. Thereby, they had improved safety and wellbeing outcomes. Third sector and independent sector staff appropriately raised adult protection concerns and contributed to adult protection case conferences when invited. All provider staff surveyed thought their adult support and protection training was effective.

Key adult support and protection practices

Information sharing

The partnership had a suite of clear protocols for information sharing for adult protection. They worked well. Partners information sharing for all adults at risk of harm was systematic.

Police Scotland endorse interagency referral discussions as a "vital stage of the joint information process". This partnership had made good progress developing interagency referral discussions. They enabled purposeful multi-agency discussion and analysis.

Management oversight and governance

Just under half of records showed a line manager read them. In just under half decisions from supervision were not recorded. These two areas needed to improve. Most social work records and almost all police records had evidence of governance; some health records did. Evidence of exercise of governance was less apparent in health records. This is not necessarily a deficit due to the types of health records scrutinised.

Involvement and support for adults at risk of harm

The partnership's work to involve and support adults at risk of harm throughout their adult protection journey was admirable. There was a strong inclusion and involvement culture in the partnership. Almost all adults at risk of harm experienced invaluable support from social workers, health professionals and police officers. This helped them understand what was happening and encouraged their continuous engagement. Most staff surveyed thought adults at risk of harm were supported to participate meaningfully in adult support and protection decisions affecting their lives,

Independent advocacy

Commendably, the partnership offered advocacy to almost all adults at risk of harm they thought might benefit from it. All who accepted the offer got an advocate quickly.

Independent advocates gave skilful support to adults at risk of harm. They helped them make their views known at case conferences and other meetings. They made sure professionals took account of their views when making decisions about them.

Independent advocates did some outstanding work. An adult at risk of harm might struggle to participate in formal meetings. An advocate would voice their feelings, concerns, and risks. They helped social workers, health professionals, and police officers to purposefully engage with hard-to-reach individuals. This reduced their risks and improved their safety and wellbeing.

Capacity and assessment of capacity

Social work requested a capacity assessment for most adults at risk of harm who required one. For some (32%) they did not request one. This needed improvement.

Clinicians did capacity assessments competently and timeously for almost all adults at risk of harm for whom they were requested. For some (20%) they were not done. This needed improvement.

Where specific powers for proxies were in place for adults at risk of harm who did not have capacity, these should be shown their records. For just over half relevant individuals, proxy powers were shown in their records, for just under half they were not.

Financial harm and perpetrators of all types of harm

Partners, including Trading Standards and the banking and financial sector, worked well together to prevent financial harm and stop it when it occurred. In all instances of financial harm to vulnerable individuals, the partnership acted to stop it, and achieved this in most cases. There was some very productive joint work on financial harm.

The partnership took specific punitive actions against just over half of known perpetrators, with most actions rated good or better. Commendably, it attempted preventive work with almost all suitable perpetrators.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced positive outcomes because of partners' efforts. Positive outcomes included improvements to individuals' safety, wellbeing, their ability to protect themselves, and they had someone to tell if they were harmed. A few adults at risk of harm experienced poor outcomes. Typically, this was due to their lack of engagement. They were hard to reach, often due to chronic substance misuse problems. The partnership tried hard to work with these individuals.

Adult support and protection training

The partnership delivered a comprehensive suite of adult protection training. This included chairing case conferences, legislation, and thematic training such as professional curiosity.

Almost all staff surveyed thought the partnership provided the right level of adult protection training for all staff groups. Almost all thought their adult protection training supported them to carry out their role for adult protection and understand adult protection risk. Almost all council officers thought their specific training enhanced their capacity to do their job effectively.

Staff at our focus group said adult protection training continued online during the pandemic.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Leaders exercised governance and oversight that supported competent, effective adult support and protection practice.
- The adult support and protection committee did innovative work to raise public awareness of adult protection.
- Adults at risk of harm played an important role on the adult support and protection committee. A third sector body effectively supported their participation.
- Self-evaluation and quality assurance work determined areas for improvement. Leaders coherently oversaw necessary improvement work.
- Leaders had a sound grip of the strategic and operational demands of the Covid-19 pandemic. They delivered good support to operational staff.
- Leaders should initiate improvement work for the management of risk.

We concluded the partnership's strategic leadership for adult support and protection was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Vision and strategy

The partnership established a compelling vision for adult support and protection. It communicated this effectively. It had a comprehensive adult protection strategy, which leaders communicated and implemented effectively.

Leaders demonstrated a strong commitment to a collaborative approach for adult support and protection. They effectively instilled the partnership's staff with a collaborative ethos. Ultimately, this benefitted adults at risk of harm, as staff worked productively together to deliver improved safety, health, and wellbeing outcomes for them.

For staff who stated a view on leadership for adult support and protection, most were positive.

Effectiveness of strategic leadership and governance for adult support and protection across the partnership

The well-attended adult support and protection committee exercised, effective collaborative leadership for adult support and protection across the partnership – as did the chief officers group.

The adult support and protection committee constructively promoted public awareness of adult support and protection, and the public's responsibility to keep adults at risk of harm safe. It worked with local radio to achieve this. It introduced innovative practice by appointing adult support and protection engagement and participant coordinators. They worked to raise awareness of harm, how to report harm, and ensured adults at risk of harm had accessible information. They worked with Fife College and the University of St Andrews to raise awareness of adult protection among young people. They did similar work with Fife's LGBTQ+ community.

Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.

Generally, leaders promoted a culture of supported inclusion and involvement of adults at risk of harm, and if appropriate their unpaid carers. There was positive work to establish service users' forums.

The Scottish Fire and Rescue service participated purposefully in adult protection strategic forums as well as operationally. Adults at risk of harm benefitted considerably from the work of this service.

Delivery of competent, effective and collaborative adult support and protection practice

Partnership leaders exercised positive leadership for collaborative working in adult support and protection, at both an operational and a strategic level.

For a significant number of adults of at risk of harm, it was health staff who raised the adult protection concern that initiated activity to keep them safe. This was a promising development

A critical role for the partnership's strategic leaders was ensuring sound, competent adult support and protection practice. Their oversight and governance for initial inquiry practice was highly effective.

There was room for improvement for oversight and governance of practice for management of risk. Some adults at risk of harm had no chronology and some had no protection plan.

Partnership leaders needed to take decisive action to improve practice in the critical area of risk management. They needed to establish and embed the practice that all adults at risk of harm who require one should have a chronology and a protection plan. Leaders should carry out periodic audits to check progress.

Quality assurance, self-evaluation and improvement activity

Partnership leaders oversaw the production of a comprehensive strategic improvement plan. It underpinned all quality assurance, audit and improvement work.

Leaders brought about an extensive range of quality assurance, self-evaluation and improvement activity. They initiated productive multi-agency and single agency audits of adult protection records, which identified necessary improvements – including for chronologies and protection plans. The onset of the pandemic impeded improvement work.

The adult support and protection committee effectively monitored adult protection activity levels with an appropriate set of performance metrics.

The adult support and protection committee's self-evaluation and improvement subgroup developed an interagency adult support and protection staff survey to measure confidence and knowledge for their duties under the Adult Support and Protection (Scotland) Act 2007. This survey was scheduled for annual application.

Initial case reviews and significant case reviews

The partnership submitted information on several initial case reviews. These reports were very comprehensive, with an extremely detailed multi-agency chronology, and learning plan. There was a clear template for the preparation of all elements of initial case reviews, which was in line with Scottish Government guidance. There was one significant case review in progress.

Impact of Covid-19

Partnership leaders delivered purposeful leadership for dealing with the Covid'19 pandemic and its impact on adults at risk of harm. There was evidence that for adult support and protection, it was "business as usual" two months into the restricted

period – frontline staff corroborated this. We considered that – for adult support and protection - the partnership decisively and effectively dealt with the challenges of pandemic.

During the restricted period, almost all (95%) of relevant adults at risk of harm had face-to-face contact with council officers and other partnership staff. All adult protection activity was timely.

For almost all relevant adults at risk of harm (81%), the partnership's efforts to keep them safe during the restricted period were rated as good or better. The operational management response to the demands of keeping adults at risk of harm safe, was good or better for most (76%) of adults at risk of harm.

Staff said the partnership's leaders and operational managers managed the challenges of the pandemic well. They continued to visit adults at risk of harm throughout the pandemic, if it was safe to do so and in line with the individual's wishes. They said partnership leaders and operational managers gave them good support. Managers ensured staff were safe. Staff considered the partnership gave appropriate priority to adult support and protection work. They felt they had sufficient capacity to carry out this work.

Staff said the pandemic and its restrictions had an adverse impact on adults at risk of harm. Adults at risk of harm experienced loss of their support services or reduced services. Some were angry about this, while others accepted the inevitability of the situation. Staff said maintaining regular contact with adults at risk of harm reduced the damaging impact of service withdrawals and reductions.

Police officers acted effectively and empathetically as first responders throughout the pandemic and associated restricted period. They often had to deal with individuals who were distressed, or angry, or mentally unwell.

Summary

The Fife partnership carried out almost all aspects of adult support and protection well. Social work staff, health professionals, and police officers worked collaboratively to make sure adults at risk of harm were safe, supported, and protected. They commendably ensured adults at risk of harm and their unpaid carers were fully supported and involved at every stage of the adult protection process.

The partnership's practice for initial inquiries was exemplary. Partners participated purposefully in interagency referral discussions to effectively determine the most appropriate course of action. All of this was well-documented.

The partnership had a cohesive, well-constructed strategic improvement plan for adult support and protection.

An adult at risk of harm participated meaningfully in the adult support and protection committee. The lived experience of an adult at risk of harm enhanced the committee's capacity to operate effectively. The committee initiated productive self-evaluation, quality assurance and improvement activity. It carried out innovative work to raise public awareness of adult protection.

Partnership leaders exercised robust, collaborative leadership for adult support and protection. They had a sound grip of the challenges the pandemic created.

Management of risk is a critical facet of adult support and protection. There was room for improvement for chronologies, risk assessments, and protection plans.

Next steps

We ask the Fife partnership to prepare an improvement plan to address the priority areas for improvement (see Priorityareasforimprovement we identify). The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 89% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 100% of episodes where the HSCP clearly recorded application of the three-point test
- 100% of episodes where the HSCP applied three-point test correctly
- 80% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 25% (2 cases) less than 1 week, 63% (5 cases) 1 to 2 weeks, 13% (1 case) more than 3 months
- 80% of episodes evidenced management oversight of decision making
- 98% of episodes were rated good or better.

Staff survey results on initial inquiries

- 85% concur that the partnership accurately screens initial adult at risk of harm concerns, 9% did not concur, 6% didn't know
- 82% concur they are aware of the three-point test and how it applies to adults at risk of harm, 10% did not concur, 8% didn't know
- 70% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 5% did not concur, 26% didn't know
- 76% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 10% did not concur, 14% didn't know

Information sharing among partners for initial inquiries

- 100% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 79% of adults at risk of harm had a chronology
- 33% of chronologies were rated good or better, 67% were rated adequate or worse
- 85% concur chronologies form an important feature of ASP investigation reports, 3% did not concur, 11% didn't know

Risk assessment and adult protection plans

- 91% of adults at risk of harm had a risk assessment
- 50% of risk assessments were rated good or better, 50% were rated adequate or worse
- 74% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 73% of protection plans were rated good or better, 26% were rated adequate or worse
- 82% concur that ASP investigation risk assessments include relevant analysis of risk, including risk / protective factors, 2% did not concur, 16% didn't know

Full investigations

- 89% of investigations effectively determined if an adult was at risk of harm
- 93% of investigations were carried out timeously
- 64% of investigations were rated good or better

Adult protection case conferences

- 92% were convened when required
- 96% were convened timeously
- 68% were attended by the adult at risk of harm
- Police attended 100%, health 48% (when invited)
- 86% of case conferences were rated good or better for quality
- 100% effectively determined actions to keep the adult safe
- 77% feel confident adults at risk of harm are appropriately supported to attend ASP initial case conferences, 6% did not concur, 18% didn't know

Adult protection review case conferences

- 88% of review case conferences were convened when required
- 93% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 77% of inquiry officers' actions were rated good or better
- 71% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 72% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 66% good or better rating for the quality of adult protection recording in health records
- 72% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 100% of cases evidenced partners sharing information
- 100% of those cases local authority staff shared information appropriately and effectively
- 94% of those cases police shared information appropriately and effectively
- 96% of those cases health staff shared information effectively

Management oversight and governance

- 48% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 74%, police 83%, health 30%

Involvement and support for adults at risk of harm

- 93% of adults at risk of harm had support throughout their adult protection journey
- 80% were rated good or better for overall quality of support to adult at risk of harm
- 74% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 20% didn't know

Independent advocacy

- 91% of adults at risk of harm were offered independent advocacy
- 50% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.
- 67% concur they are confident adults subject to ASP investigations have the opportunity to access independent advocacy, 7% did not concur, 26% didn't know

Capacity and assessments of capacity

- 68% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 80% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 16% of adults at risk of harm were subject to financial harm
- 63% of partners' actions to stop financial harm were rated good or better
- 64% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 100% of adults at risk of harm who needed additional support received it
- 65% concur adults subject to ASP, experience safer quality of life from the support they receive, 7% did not concur, 28% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 57% concur local leaders provide staff with clear vision for their adult support and protection work. 10% did not concur, 33% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 53% concur local leadership of ASP across partnership is effective, 7% did not concur, 40% didn't know
- 54% concur I feel confident there is effective leadership from adult protection committee, 7% did not concur, 40% didn't know
- 45% concur local leaders work effectively to raise public awareness of ASP, 10% did not concur, 45% didn't know

Quality assurance, self-evaluation, and improvement activity

- 47% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 9% did not concur, 44% didn't know
- 49% concur ASP changes and developments are integrated and well managed across partnership, 9% did not concur, 43% didn't know