

NHS Lothian

Internal Audit 2023/24

Public Protection and Patient
Safety – Adult Protection

FINAL REPORT

January 2024

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It is the responsibility solely of NHS Lothian management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



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Report Distribution

Executive Lead:

- Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals

For action:

- Carolyn Wyllie, Director of Public Protection

For Information:

- Calum Blackburn, Chief Executive
- Craig Marriott, Director of Finance
- Corporate Management Team
- Audit and Risk Committee

Executive summary



Background

The Adult Support and Protection (Scotland) Act 2007 was introduced in October 2008. It provides duties, powers and measures for the support and protection of adults who may be at risk of harm.

Under this Act an 'adult at risk' means a person aged sixteen or over who is unable to safeguard their own wellbeing, property rights or other interests because they are affected by disability, mental disorder, illness or physical and mental infirmity, is more vulnerable to being harmed than those not so affected.

An adult is at risk of harm if another person's conduct is causing or is likely to cause the adult to be harmed, or the adult is engaging or is likely to engage in conduct which is likely to cause self-harm.



Objectives

Our review focussed on the following key risks:

- Roles and Responsibilities for Adult Protection Advisors are not clearly defined and there are ineffective links and communication in place across the organisation for staff to be aware of their roles and how to contact them.
- There is an ineffective reporting pathway to ensure that Adult Protection issues are highlighted and escalated appropriately.
- There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.
- There is an absence of a clear governance framework implemented to oversee service activity and seek assurance as well as escalate risk reporting.



Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.



Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages



Conclusion

Limited Assurance

We have reviewed the processes and controls around Adult Protection and have concluded that the processes have provided a **LIMITED level of assurance**. This was confirmed through testing over specific areas of the organisation, reviewing key documents, observations at meetings and through discussions with management.

The objectives reviewed are set out on page 5 with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention. We have raised 12 recommendations as a result of our testing. One of the objectives has received no assurance which management should act upon as soon as practically possible. The three recommendations rated high are as follows:

- Adult Protection Advisors (APAs) are contacted when an individual has a concern for a vulnerable adult. However, contacts received by the APAs are not recorded, reported or monitored. Maintaining a record of the contacts received by the APAs would support reporting and ensure the team was resourced appropriately, as well enabling the follow-up of a case should this be necessary.
- Our review identified numerous areas where increased involvement of the APAs would strengthen the overall management of incidents. Issues included:
 - Incidents categorised as Adult Protection, but following APA advice that they were incorrectly categorised, there was no evidence that these incidents had been amended. This may lead to continued inaccurate reporting of incidents.
 - The Adult Protection team were unable to provide us with review dates for the 23 incidents in our sample to confirmed when appropriate action had been taken.
 - Adult Protection incidents are not reported via the Adult Protection reporting framework.
- Public Protection mandatory training stood at 67% compliance as at 15 November 2023, below the target of 80%. 12 of the 18 adverse event managers named in our sample (recorded since 1 April 2023) were compliant with Adult Protection mandatory training requirements. However, one manager was not on the system, one had not completed the mandatory training and four had lapsed in the last four months.

The remaining findings raised within this audit relate to the requirement to update policy and procedure documentation to better reflect the roles and responsibilities of APAs, and various ways of contacting the team. Additionally, the governance arrangements in place in respect of reporting Adult Protection Service activity in relation to contacts, advice provided, ongoing incidents and training compliance needs to be strengthened and developed.

We recognise that the Director of Public Protection has been in post less than one year but shows good vision for the future and is working to develop the Adult Protection Service, improving reporting frameworks, and governance arrangements at all levels of the organisation. It is this consideration which has enabled us to provide a limited assurance opinion overall, but the action taken to implement our recommendations is pivotal to the progress continued to be made and the assessment of arrangements we will make within our Head of Internal Audit opinion. Our recommendations will support the Director of Public Protection to create a more robust Adult Protection Service.

Headline messages



Conclusion

We have raised 12 recommendations. The grading of these recommendations, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Roles and Responsibilities for Adult Protection Advisors are not clearly defined and there are ineffective links and communication in place across the organisation for staff to be aware of their roles and how to contact them.	Moderate Assurance		2		
There is an ineffective reporting pathway to ensure that Adult Protection issues are highlighted and escalated appropriately.	No Assurance	2	1		
There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.	Limited Assurance	1	2	1	1
There is an absence of a clear governance framework implemented to oversee service activity and seek assurance as well as escalate risk reporting.	Moderate Assurance		2		

Summary of findings



Examples of where recommended practices are being applied

- Since joining the team the Public Protection Director has put plans in place to review service provision and governance arrangements at each level of the organisation.
- There is an Adult Protection training programme in place which is linked to appropriate and current legislation and provides guidance to staff's responsibilities in public protection. The tiered approach to delivery ensures those with the greatest involvement and responsibility are provided with the most comprehensive training.
- There was good representation from services at the PPAG meeting we observed.
- Reports presented to the Public Protection Action Group (PPAG) are factual with a good level of detail, and the group has started to think strategically how information can be effectively disseminated across service lines.



Areas requiring improvement

- The roles and responsibilities of the Adult Protection Advisors are not mentioned within policy or procedures.
- The methods for contacting the Adult Protection Advisors is not referenced in policy or procedures.
- Records of contacts received and advice given by the Adult Protection Advisors are not maintained.
- Records of Adult Protection incidents which the Adult Protection Advisors have been made aware of are not maintained.
- PPAG meetings are not always minuted.
- Records of training compliance, including mandatory training provided by the Adult Protection Team, are not maintained.



Detailed findings & action plan

1.1

Limited Assurance

Roles and Responsibilities for Adult Protection Advisors are not clearly defined and there are ineffective links and communication in place across the organisation for staff to be aware of their roles and how to contact them.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>There is no reference to the roles and responsibilities of Adult Protection Advisors, nor how staff can contact them in the Adult Protection policy.</u></p> <p>The Adult Protection Advisor role is a key role across Scotland. The Advisors provide expert advice and support to staff, ensure there are clear communication lines, and that information is readily available regarding contact details and the referral process. They also deliver training in partnership with key adult protection and educational agencies. The responsibilities of the Adult Protection Advisors are outlined within their job descriptions. The team has an intranet page which includes telephone numbers and how to contact the team.</p> <p>The Public Protection Policy was developed and approved in January 2020 and was due for review in January 2022. Our review identified that the policy does not raise awareness of the Adult Protection Advisors, detail their responsibilities, nor how to contact them should staff have a concern.</p>	<p>Recommendation 1</p> <p>To raise awareness of the Adult Protection Advisors service provision, the Public Protection Policy should be reviewed, giving consideration to the following:</p> <ul style="list-style-type: none"> • The roles and responsibilities of Adult Protection Advisors to be detailed in the roles and responsibilities section of the policy. • The methods to contact the Adult Protection Advisors for advice should staff across the organisation have a query or concern regarding the welfare of an adult. <p>Once reviewed and updated, the policy should be ratified by an appropriate forum and made readily available to staff across the organisation with training for specific groups who are most likely to access APAs in their role.</p>	<p>Actions:</p> <ol style="list-style-type: none"> 1. Currently reviewing PP policy and will input sections as suggested by auditor. Particularly in reference to roles and responsibilities and contact methods. 2. We are also considering if it is practically feasible to have a weekly duty rota for ASP queries. We acknowledge that one of the challenges is that we only have 2 x WTE ASP advisors whereas we have 2 x Child Protection advisors available at the end of a phone on a daily basis. <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st March 2024</p>

Detailed findings & action plan

1.2

Limited Assurance

Roles and Responsibilities for Adult Protection Advisors are not clearly defined and there are ineffective links and communication in place across the organisation for staff to be aware of their roles and how to contact them.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>There is no reference to the roles and responsibilities of Adult Protection Advisors, nor how staff can contact them in the Adult Support and Protection procedures, dated March 2023.</u></p> <p>Operational procedures and guidelines for adult support and protection are dated March 2023; although these are not accessible alongside the policy. The contact details of the Adult Protection Advisors are not included in the procedure, nor a link to their intranet page with contact details, and we noted that the procedure does not advocate that the Adult Protection Advisors are the primary source of contact for advice and support. We recommend that the procedure is reviewed, ratified and made accessible across the organisation alongside the policy.</p>	<p>Recommendation 2</p> <p>To raise awareness of the Adult Protection Advisors service provision, the Adult Support and Protection procedure should be reviewed, giving consideration to the following:</p> <ul style="list-style-type: none"> • The methods for contacting the Adult Protection Advisors should be signposted in the procedure section dedicated to Key Contacts. • The procedure section dedicated to the support available for health professionals should advocate that the Adult Protection Advisors are the primary source of contact for advice and support. 	<p>Actions: We will immediately review the documentation and add the roles and responsibilities of the ASP advisors. This will include adding the communication methods.</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st January 2024</p>

Detailed findings & action plan

2.1

Limited Assurance

There is an ineffective reporting pathway to ensure that Adult Protection issues are highlighted and escalated appropriately.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Adult Protection contacts are not recorded, monitored nor reported.</u></p> <p>The Adult protection Advisors are contacted for advice when an individual has a concern for a vulnerable adult. However, contacts received by the Adult Protection Advisors (APAs) are not recorded and therefore activity by the Advisors is not reported or monitored. Maintaining a record of the contacts the APAs receive would support reporting and ensure that the team is resourced appropriately, as well as enabling follow-up of a case, should this be necessary.</p>	<p>Recommendation 3</p> <p>To ensure assurance can be provided that the Adult Protection Team deliver an efficient and effective service, a record of all contacts received should be maintained and a process developed to ensure advice is acted upon. The data fields to record should be agreed with PPAG to enable effective monitoring and reporting, and should consider the following:</p> <ul style="list-style-type: none"> • number of contacts received, • mode of contact made, e.g. telephone, email • advice provided by the APA, • any follow-up required by APA. 	<p>Actions: We will work collaboratively to develop an efficient and effective system which allows for the following</p> <ul style="list-style-type: none"> • Number of contacts • Mode of contact • Summary of advice offered • Actions & follow up if required <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st March 2024</p>

Detailed findings & action plan

2.2

Limited Assurance

There is an ineffective reporting pathway to ensure that Adult Protection issues are highlighted and escalated appropriately.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Adult Protection Advisors are not fully engaged with the review of AP incidents.</u></p> <p>Any event relating to adult support or protection is recorded on the Datix risk management system as an incident by the individual managing the event. Our review identified numerous areas where the involvement of the Adult Protection Advisors could be increased to strengthen the overall management of incidents. Issues included:</p> <ul style="list-style-type: none"> Some incidents were categorised as Adult Protection incorrectly, however, there was no evidence that these incidents had been amended or revised via advice from the Adult Protection Advisors. This may lead to continued inaccurate reporting of incidents. The Adult Protection team were unable to provide us with dates that they had reviewed the 23 incidents in our sample and approved that appropriate action had been taken. Adult Protection incidents are not reported via the Adult Protection reporting framework. <p>The Director of Public Protection recognises these issues need attention and plans to tackle them in 2024. We advise that a timetable to review Adult Protection incident management is agreed.</p>	<p>Recommendation 4</p> <p>The programme of work to review how Adult Protection incidents are managed should be agreed. The work should consider increased involvement of the Adult Protection Advisors to ensure incidents are recorded and reported accurately, including the review of the incident categorisation and any follow-up work required.</p>	<p>Actions: As recommended, we will work collaboratively across NHSL to develop a robust audit programme regarding incidents recorded on Datix in order to improve standards and assurance across our organisation.</p> <p>This action will require a longer period to develop and implement given we will need to include other directorates across NHSL to consider how the current system can be improved.</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th June 2024</p>

Detailed findings & action plan

2.3

Limited Assurance

There is an ineffective reporting pathway to ensure that Adult Protection issues are highlighted and escalated appropriately.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Reporting of Adult Protection services is not effective.</u></p> <p>The Public Protection Action Group (PPAG) provides oversight to the public protection service and prepares reports for the Healthcare Governance Committee. Our review identified numerous areas where reporting could be strengthened:</p> <ul style="list-style-type: none"> Compliance rates of Adult Protection mandatory training are not monitored or reported by the Adult Protection Team, and we advise that is included in the reporting framework. Information relating to the numbers of staff who have received the three-tier Adult Protection training is not reported by the Adult Protection Team, and we advise that is included in the reporting framework. <p>We acknowledge that the Director of Public Protection is working towards improving reporting arrangements; especially since recent reports were rejected due to the lack of quality of the report. We recommend that the revised Directors report template is implemented without further delay.</p>	<p>Recommendation 5</p> <p>To enable the organisation to act accordingly to issues relating to adult protection and provide Board assurance, a high-quality reporting framework should be agreed with PPAG and reflected in policy and terms of reference accurately. The reporting framework should consider the following:</p> <ul style="list-style-type: none"> Training information, including compliance with mandatory training. Details of all contacts received and handled by the Adult Protection Advisors. Details of all Adult Protection incidents. 	<p>Actions:</p> <ol style="list-style-type: none"> We fully acknowledge that reporting of mandatory training lacks assurance and therefore we are working collaboratively with respective directorates to explore, develop and implement positive change. When we have developed an accurate reporting framework, we will feed this information into our PPAG reports. As noted on recommendation 3, we will ensure that data from the ASP contacts and incidents is developed into a reportable framework and including in the quarterly PPAG reports. <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th June 2024</p>

Detailed findings & action plan

3.1

Limited Assurance

There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Mandatory training completion rates are not compliant with the target.</u></p> <p>All employees must complete the mandatory Public Protection Foundation e-module training and complete refresher training biennially. Employees are alerted to the need to refresh their training although their line managers are not. This is commonplace in other organisations.</p> <p>Mandatory training compliance is monitored by Senior Charge Nurses who report to local teams if there are any issues. This type of reporting does not provide assurance, as it is assumed that there are no issues if a report is not received. We did not confirm that a 'nil-report' is made. Mandatory training compliance reports are also reported to the Corporate Management Team on a quarterly basis.</p> <p>Our review identified that mandatory training in relation to Public Protection stood at 67% compliance as at 15 November 2023 which is below the target of 80%. We noted that low compliance was referenced in Board papers in April 2023 but are not aware of any further action being taken.</p> <p>Testing identified that 12 of the 18 adverse event managers named on our sample of 23 Adult Protection incidents recorded since 1 April 2023 were up to date with their Adult Protection mandatory training. However, one manager was not on the LearnPro system, one had not completed the mandatory training and four had lapsed in the previous four months.</p> <p>We noted that the Adult Protection Team is unaware of mandatory training compliance rates and were unable to provide us with the data we required for sample testing. The team is therefore unable to monitor or report training compliance, including understanding reasons for non-compliance they could act upon, and unable to engage in approaches to improve compliance.</p>	<p>Recommendation 6</p> <p>To enable Board assurance, the Adult Protection Team should ensure there is clearer reporting of compliance rates of mandatory adult protection training, and completion rates of the 3-tiered training programme at each service line to PPAG.</p>	<p>Actions:</p> <p>As with recommendation 5, we fully acknowledge that reporting of mandatory training lacks assurance and therefore we are working collaboratively with respective directorates to explore, develop and implement positive change.</p> <p>This will include significant discussion with our partners in education in order to track the Learnpro mandatory training compliance rates and associated escalation pathways.</p> <p>When we have developed an accurate reporting framework, we will feed this information into our PPAG reports.</p> <p>We have allowed for more time to achieve this improvement given the challenges in reporting frameworks which will need to be explored. This is primarily due to the complication that staff in the directorate do not currently have access to Learnpro overview reports across the organisation.</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th September 2024</p>

Detailed findings & action plan

3.2

Limited Assurance

There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Level 1 (Advance) assessment pass rates unavailable</u></p> <p>Advance Learnpro Level 1 advanced training should be completed by all staff involved in the direct care of adult patients and their families and carers. On completing the training all staff are required to complete a formal assessment and required to achieve a pass rate of 80%. Scores are saved on an individual's ESR record. However, compliance with completion of Level 1 training is not shared by the Adult Protection Team and we are unclear whether this information is recorded by the Team. The team should ensure that they have access to the training database and follow up non-compliance identified.</p>	<p>Recommendation 7</p> <p>The Adult Protection Team should review the team's training database and ensure Level 1 assessment scores are captured. Completion rates, assessment scores and regular monitoring should be reported to PPAG.</p>	<p>Actions:</p> <p>We have started discussions with our partners in Education in order to seek a solution. When resolved we will report compliance and completion rates up through PPAG</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th September 2024</p>
<p><u>Level 2 evaluation could be strengthened.</u></p> <p>Evidence provided indicated that an evaluation of Level 2 training is undertaken and captures the number of participants and information about the venue. It is good the feedback asks participants what they will do differently or incorporate into practice following the training. However, the evaluation may be further strengthened by taking the individual staff role into context with the feedback provided.</p> <p>We noted that 10 of the 11 evaluations we reviewed had indicated 10 different items they felt were the most useful to them. This indicates the participants had very individual needs; however, we were unable to confirm if this is considered further or determine how training evaluation is used to develop training.</p>	<p>Recommendation 8</p> <p>The Adult Protection Team should review the training evaluation proformas to ensure analysis enables the team to gain a fuller understanding of participant's individual needs against their roles and identify any areas for developing the training. Consideration should be given to grouping people at similar levels or in similar roles to maximise the benefit staff receive and improve focused discussion within the training material.</p>	<p>Actions:</p> <p>We will review and consider reporting themes which identify improvements. Thereafter we will consider how we report and evidence 'you said, we did' themes have actions and are reported up to PPAG. We will consider the development of a separate Learning, development and Training quarterly report.</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th September 2024</p>

Detailed findings & action plan

3.3

Limited Assurance

There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Flyers only advertise Level 2 training.</u></p> <p>Training requirements are documented within the training strategy and advertised on the Adult and Support Protection intranet pages. We were also informed that the Adult Protection team produces a flyer which is forwarded to managers for dissemination within their services.</p> <p>Review of the flyer we obtained confirmed that it only provided staff with information regarding Level 2 of the three-tiered training programme provided by the Adult Protection team. Therefore, we could not determine whether flyers are produced to advertise other levels of training.</p>	<p>Recommendation 9</p> <p>The Adult Protection Team should ensure all levels of training are adequately advertised to ensure managers and staff are aware of the training programme annual schedule.</p>	<p>Actions:</p> <p>As part of the Learning and Development Strategy, we will review how we advertise opportunities across NHSL staff groups.</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 30th September 2024</p>

Detailed findings & action plan

3.4

Limited Assurance

There is an absence of a robust and visible training pathway for all employees to ensure that mandatory training is undertaken.

Finding and implication	Audit recommendation	Management response, including actions
<p>The training pathway is not described in the policy.</p> <p>The training pathway is laid out in the NHS Lothian Public Protection Learning and Development Strategy 2022/25. The strategy is referred to in the Public Protection Policy, although the strategy is not accessible alongside the policy on the organisations policy webpages.</p>	<p>Recommendation 10</p> <p>To ensure all staff are aware of the training required for their role, the training strategy should be accessible alongside the Public Protection Policy on the organisations internet/intranet policy webpages.</p>	<p>This finding has attracted an 'Improvement Point' as opposed to a formal recommendation, and as such does not require a management response unless you wish to supply one.</p> <p>Action: We will review and amended immediately</p> <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st January 2024</p>

Detailed findings & action plan

4.1

Limited Assurance

There is an absence of a clear governance framework implemented to oversee service activity and seek assurance as well as escalate risk reporting

Finding and implication	Audit recommendation	Management response, including actions
<p><u>PPAG's governance around Adult Protection could be strengthened.</u></p> <p>The Public Protection Action Group (PPAG) is chaired by the Executive Nurse Director and provides the governance for Adult Protection. The Terms of Reference have recently been refreshed and approved by the Group in August 2023. PPAG meets four times a year.</p> <p>Observation at a PPAG meeting, and review of the minutes of PPAG, indicated that reports presented were factual, and the Director of Public Protection showed good vision for the future. However, we identified numerous areas which could strengthen the governance arrangements:</p> <ul style="list-style-type: none"> • No minutes were taken or produced for the PPAG meeting held in May 2023. A lack of a formal account of discussion or actions agreed does not enable continuity of the Group's business. • A formal action log is not in use and therefore there is no method to monitor, and evidence progress against actions. • The Adult Protection Team was not represented at PPAG until November 2023, and discussions were more focused on Child protection rather than Adult protection, suggesting that Adult protection may benefit from an increase in awareness raising. • The Director's report contained limited reference to performance or activity, or actions being taken to address issues such as workforce. Work to develop reporting should continue (see recommendation 6). 	<p>Recommendation 11</p> <p>To ensure the governance of Adult Protection is robust, the PPAG's governance arrangements should be reviewed, considering the following:</p> <ul style="list-style-type: none"> • A formal record of account should be produced for all meetings. • An action log should be developed to enable progress of actions agreed to be monitored and reviewed at the beginning of each meeting. • The attendance of key members, including the Adult Protection Team should be encouraged and monitored. • The Director's report should continue to be developed with support from the Group to raise awareness of Adult Protection service provision. 	<p>Actions:</p> <ol style="list-style-type: none"> 1. An action log was introduced immediately after discussion with the auditor and will now be evident and minuted in each PPAG. 2. There was a gap in staffing at the May meeting however this is now resolved with the new Director starting at the end of May 2023 and a minute taker in place consistently. 3. We appreciate the positive feedback regarding participation and attendance of other staff from the Directorate. This attendance is now inclusive, embedded and viewed positively by our staff teams who see the value of effective communication pathways and accountability. <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st January 2024</p>

Detailed findings & action plan

4.2

Limited Assurance

There is an absence of a clear governance framework implemented to oversee service activity and seek assurance as well as escalate risk reporting

Finding and implication	Audit recommendation	Management response, including actions
<p><u>The overall governance and accountability for Adult Protection could be strengthened.</u></p> <p>The provision of services for all aspects of public protection is managed by the Director of Public Protection, who reports to the Executive Nurse Director. The Public Protection Action Group (PPAG) chaired by the Executive Nurse Director, provides the governance structure and reports to the NHS Lothian Board via the Healthcare Governance Committee.</p> <p>Discussion with management highlighted that governance arrangements have historically been 'very loose'. However, the Director of Public Protection has been in post for less than one year and is working towards improving governance arrangements.</p> <p>Our review identified numerous areas which should be addressed to strengthen governance arrangements.</p> <ul style="list-style-type: none"> A review of Board minutes did not provide evidence of robust reporting of Adult Protection services to the Board with limited reference to public protection, and exception reports from PPAG noted in Board minutes on only two occasions. The Healthcare Governance and Risk Management Committee is named as part of the governance structure for Adult protection in both the PPAG Terms of Reference and the Public Protection Policy. The correct name for the Committee is in fact Healthcare Governance Committee, and we recommend any reference to the Committee is reviewed and amended. 	<p>Recommendation 12</p> <p>To ensure there is robust and consistent governance around Adult Protection, development of the overarching governance and accountability arrangements for Adult Protection should be finalised in line with an agreed schedule to ensure there is no slippage in the oversight of service provision. Upon agreement, these should be reflected in the relevant terms of reference, be ratified and shared, considering the following:</p> <ul style="list-style-type: none"> The correct title of the Healthcare Governance Committee (HGC) is reflected in documentation. The level and timeliness of quality reports from PPAG to the HGC is agreed and reflected in documentation. 	<p>Actions:</p> <ol style="list-style-type: none"> We will immediately action the point raised regarding the wrongly titled Healthcare Governance Committee We will discuss and implement a framework regarding the level and timeliness of reports with the chair of the HGC <p>Responsible Officer: Carolyn Wyllie, Director of Public Protection</p> <p>Executive Lead: Alison MacDonald, Executive Director of Nursing</p> <p>Due Date: 31st January 2024</p>

Detailed findings & action plan

4.2	Limited Assurance	There is an absence of a clear governance framework implemented to oversee service activity and seek assurance as well as escalate risk reporting
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Finding and implication	Audit recommendation	Management response, including actions
<p><u>The overall governance and accountability for Adult Protection could be strengthened (cont'd).</u></p> <ul style="list-style-type: none"> • There was evidence that the Healthcare Governance Committee receives reports and minutes from PPAG. However, we were informed that PPAG report to HGC 'periodically', and that there have been occasions when reports have been turned away due to the lack of quality within the reports. • We noted that the Healthcare Governance Committees Terms of Reference do not detail reporting to the Committee from other groups, including the PPAG, and inclusion of inputs as well as outputs would strengthen governance and the quality of reports it receives. 	Intentionally blank	Intentionally blank

Appendices

Appendix 1: Staff involved and documents reviewed



Staff involved

- Alison MacDonald, Executive Director of Nursing, Midwifery and Allied Health Professionals
- Carolyn Wyllie, Director of Public Protection
- Carol Frith, Clinical Nurse Manager
- Matt Hayes, Adult Support and Protection Advisor
- Claire Murray, Adult Support and Protection Advisor
- Yvonne Buckner, PA to Director of Public Protection
- Kayleigh Morris, Interim Specialist Education Lead - Staff Engagement and Experience



Documents reviewed

- Public Protection Policy, January 2020.
- Operational procedures and guidelines for adult support and protection.
- NHS Lothian Public Protection Training Strategy 2022-25
- Public Protection Action Group Terms of reference
- Healthcare Governance Committee Terms of reference
- Healthcare Governance Committee meeting documentation
- NHS Lothian Board meeting documentation
- Staff training attendance report relating to Public Protection (Adult) for 2023/24.
- Adult Protection training material
- Adult Protection training evaluation reports
- Data extract of Adult Protection incidents reported since 1 April 2023



Appendix 2:

Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant Assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.</p> <p>There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>
Moderate Assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Limited Assurance	<p>The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.</p> <p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance a number of HIGH rated recommendations)</p>

Appendix 2:

Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> • Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> • Information for management • Control operating but not necessarily in accordance with best practice

