

NHS Lothian

Patient Safety (Adult Protection)

Internal Audit Report - Final
January 2026

An overhead photograph of five medical professionals in a hospital hallway. One man in a white lab coat is looking at a document, while others in blue scrubs are looking at their phones or other documents. The floor is light-colored and has shadows from the hallway lights.

Level of assurance:	
Design	Moderate
Effectiveness	Moderate

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Report Status

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Executive Summary

Level of assurance: (see appendix II for definitions)	
Design	Moderate Generally, a sound system of internal control designed to achieve system objectives with some exceptions.
Effectiveness	Moderate Evidence of non-compliance with some controls, that may put some of the system objectives at risk.

Summary of findings			# of agreed actions
M	1		3
L	2		3
Total number of findings: 2			

Background

In 2024, the previous internal audit service conducted an audit of Public Protection and Patient Safety at NHS Lothian, focusing on Adult Protection. This audit resulted in a limited assurance opinion, highlighting the need for improvements in safeguarding practices.

As part of the 2025-26 Internal Audit Plan, it was agreed that Internal Audit would revisit this area to assess progress and ensure compliance with the Adult Support and Protection (Scotland) Act 2007.

The Act mandates the protection of adults at risk of harm, requiring NHS Lothian to identify and support individuals who may be unable to safeguard their own well-being due to vulnerabilities.

Staff are obligated to report concerns, facilitating information sharing with relevant safeguarding bodies. Public Protection is a strategic priority, overseen by the Public Protection Action Group (PPAG), which provides direction and reports to the Healthcare Governance Committee every six months.

The Adult Support and Protection (ASP) Team, led by the Lead Nurse for Public Protection, collaborates with local authorities to ensure effective partnership working. Each of the Health and Social Care Partnerships (HSCP's) have a Quality Assurance (QA), Learning and Development and Learning Review sub-committee which is a sub-group of the HSCP/local authority ASP Committee. A member of the ASP team sit on each of these sub-committees to ensure effective and collaborative partnership working.

Training and resources are accessible via the NHS Lothian Intranet, supported by a Learning and Development Strategy for 2025-2028. This strategy aims to enhance Child and Adult Protection learning across three levels, tailored to staff roles and responsibilities.

Referrals are reviewed through Datix, NHS Lothian's Adverse Event Reporting system, with comprehensive guidance available for staff on how to record a referral. Multi-agency discussions are facilitated through Initial Referral Discussions (IRD) and the EIRD system, ensuring coordinated responses to identified risks.

The team have organised a conference scheduled for February which will showcase and promote Public Protection initiatives and share insights into the team's work.

Purpose

The Patient Safety Internal Audit was to provide assurance to Management and the Audit and Risk Committee that the controls around Adult Protection within NHS Lothian are well designed and operating effectively. This review evaluated the extent to which improvement actions to address previous audit recommendations in this area have been implemented and sustained.

Conclusion

As part of our work, we have identified two findings, one assessed as medium and one assessed as low significance.

NHS Lothian demonstrates a robust framework for Patient Safety in Adult Protection, marked by several areas of good practice. This is achieved through the establishment of a comprehensive service plan that aligns with strategic objectives. Additionally, the ASP team reports up to the PPAG, which meets quarterly, ensuring strategic oversight and effective communication through documented minutes.

Additionally, there are clear procedures and pathways in place, supported by accessible training and resource via the NHS Lothian Intranet; and Roles and Responsibilities are clearly documented.

Despite this, significant gaps were identified in reporting on training compliance due to the transition from LearnPro to the Turas system, which has exacerbated these issues and limited the ability to accurately track and report on training completion rates. Internal Audit acknowledges that management is aware of these challenges and is focused on improving the oversight and accessibility of compliance data to ensure the effective safeguarding of vulnerable individuals; during the course of the audit, communications were sent out to staff asking them to update their Learning Profiles to improve reporting.

Furthermore, there is a need to embed a Risk Log within PPAG minutes and implement clear ownership, version control, and review processes for key documents within NHS Lothian and Public Protection. Addressing the absence of these elements in documents like the 'Public Protection Strategic Overview 2025' and various Terms of References will enhance clarity, accountability, and continuous improvement in supporting strategic objectives and risk management.

As a result of our audit, we are able to provide moderate assurance over the design and operational effectiveness of NHS Lothian's arrangements in place in relation to Patient Safety in Adult Protection.



Executive Summary

Our testing did not identify any concerns surrounding the controls in place to mitigate the following risks:

- ✓ If roles, responsibilities, and reporting lines around Adult Protection are not clearly documented and communicated, staff may fail to take or escalate the appropriate action, exposing vulnerable patients to increased harm and placing the organisation at risk of legal, reputational, and operational repercussions.
- ✓ If the governance framework for Adult Protection lacks clear oversight, escalation mechanisms, and effective follow-up on improvement actions, the organisation risks failing to address emerging safeguarding concerns promptly, leading to potentially severe harm for vulnerable adults and exposing the organisation to legal, regulatory, and reputational repercussions.
- ✓ If Adult Protection concerns are not thoroughly identified, documented, escalated, and analysed (including during multi-agency collaboration), the organisation may miss critical safeguarding interventions, fail to address systemic issues, and ultimately expose vulnerable adults to increased harm while incurring significant legal, regulatory, and reputational consequences.



Executive Summary

SUMMARY OF GOOD PRACTICE

We noted a number of areas of good practice being demonstrated at the organisation in relation to Patient Safety (Adult Protection). These include:

- ▶ There is a Public Protection Policy in place which clearly outlines all expected content, linking seamlessly to associated materials, guidance and relevant procedures i.e., Adult Support and Protection procedures.
- ▶ The Adult Support and Protection (ASP) procedure is comprehensive and documents a robust pathway for staff to follow when they know or believe an adult to be at risk of harm. This includes the 4R's (recognise, report, record and refer). The Procedures clearly reference relevant legislation and provide a suitable outline of roles and responsibilities.
- ▶ The NHS Lothian Public Protection Team have created a 4R's poster. It highlights key contact email address and is accessible to download via the Intranet and encouraged to be put in staff areas.
- ▶ Policies and Procedures are accessible via the Adult Protection page on the NHS Lothian Intranet, and the Intranet clearly outlines advisors' availability, role and contact details.
- ▶ The standalone L&D Strategy Paper outlines the comprehensive Child and Adult Protection training and strategic objectives for 2025-2028. It is accessible alongside the Public Protection Policy on the organisation's internet/intranet policy pages, in accordance with Recommendation 10 from the Grant Thornton Internal Audit.
- ▶ There is a Service Plan in place for ASP/Multi Agency Public Protection Arrangements (MAPPA) which takes the objectives from the Strategic Objectives and Development plan and clearly articulates how the team will achieve the priority areas. The Plan was updated as of August 2025.
- ▶ Within the ASP/MAPPA service Plan 2025, there is a priority area dedicated to multi agency working and outlines NHS Lothian's commitment to multi-agency working with key partners to improve public protection arrangements and the delivery of safe effective care, which also includes their support of the Data Sharing Partnership.
- ▶ There is a system 'EIRD' hosted by NHS Lothian that the three core agencies have access to collaborate i.e., police, social work. For each Initial Referral Discussions (IRD), a form is filled out with the patient's name, outlining concerns, background discussions, risk assessments and decisions and IRD outcome.
- ▶ Each HSCP has an IRD overview Group which meets regularly to review, and quality assures any completed IRD's; and a Learning Review Subcommittee which is a delegated group that discharge the responsibilities of the Adult Protection Committees when a referral for a Learning Review has been received.
- ▶ There are three Quality Assurance and Learning and Development (L&D) sub-committees for each Local Authority. Management sits on all the HSCP L&D sub-committees which are sub-groups of the Local authority ASP Committees.
- ▶ Internal Audit can confirm that concerns of adverse trends are escalated through an appropriate governance structure by having a representative from the ASP team on each committee or sub-committee i.e., Quality and Assurance, Learning and Development.
- ▶ There is a Public Protection Action Group (PPAG) which meet quarterly and minutes are taken. Internal Audit reviewed the PPAG minutes for the last 12 months and can confirm that there is suitable oversight of performance and engagement across the different reporting groups and attendance by a member of the ASP. An action log has been developed and is reviewed and agreed at the beginning of each PPAG meeting.
- ▶ There is an Overview of Public Protection meetings and the schedule outlining the meeting type, area, frequency, member, depute and when reports are due.
- ▶ A generic mail inbox was developed that the advisors and two MAPPA Health Liaison nurses check daily.
- ▶ A call log is in place to monitor activity and details all contacts received, made and handled by the ASP to ensure concerns are documented; our review found that it is consistently utilised to monitor activity.
- ▶ Numbers are reported in the ASP quarterly report on the total number of enquiries showing by either email, phone or other i.e., Datix.



Executive Summary

SUMMARY OF GOOD PRACTICE (CONT'D)

- ▶ There is a training pathway dedicated to ASP and it progresses over three levels according to roles and responsibilities; and courses are developed on a partnership basis, incorporating the Scottish Government Adult Support and Protection training materials. The ASP advisors email signatures link to the Training pages on the Intranet.
- ▶ Feedback is gathered through a generated QR code that the ASP advisors collate and evaluate for single agency training.
- ▶ There is clear guidance within the Training Descriptors on how often staff should update their knowledge, either as part of the core mandatory training, which is every 2 years and/or through continuous learning as part of annual Professional Development Plans (PDPs) as noted in the Strategy.
- ▶ Staff can access Training via the dedicated section on the Intranet with links for each local authority that staff can book through. Within each link, shows the trainings schedule for the year ahead.
- ▶ There is Training provided on Chronology, Record Keeping and Report Writing through Lunch and Learns accessible via Teams Link conducted by the two ASP advisors.
- ▶ Incidents are reported through Datix and the ASP advisors get notified if the incident was flagged as Adult Protection. Head of Public Protection also receives a report of serious incidents.
- ▶ There is comprehensive guidance on how to use Datix i.e., send emails via feedback and communication, how to view and attach documents. There is also relevant support on reviewing adverse events using Datix; and there are FAQs i.e., how to create an account on Datix, how to link records in Datix, how to change the adverse event manager.

SUMMARY FINDINGS

Notwithstanding the areas of good practice, we have noted areas where further improvements can be made:

- ▶ **Training Compliance** - Internal Audit has identified significant challenges in monitoring compliance with mandatory Public Protection training due to the transition from the LearnPro system to Turas, which has limited reporting capabilities. This has resulted in difficulties in tracking training completion rates, with 227 staff not allocated to specific departments or job roles out of 764 staff who completed the Adult Support and Protection (advanced) module. Additionally, there is a lack of evidence for regular monitoring of Level 1 assessment scores and completion rates as recommended in the previous internal audit report. We acknowledge that Management are aware of these oversight issues and are working to improve compliance reporting, with communications sent out to all staff in December to update Learning Profiles.
- ▶ **Document Governance** - To enhance Public Protection document governance within NHSL, it is important to capture clear ownership, version control, and review processes for key documents. During our review of several policies and procedures, it was highlighted that there is an absence of these elements in documents such as the 'Public Protection Strategic Overview 2025' and various Terms of References. This would be a welcome addition to improve clarity and accountability.
- ▶ **Service Risks** - Internal Audit identified that while risk areas are discussed in PPAG meetings, the absence of a dedicated risk log within the PPAG minutes may hinder effective risk management. Embedding a Risk Log in the minutes would enhance the capture and ongoing management of service-level risks, aligning with the Public Protection Strategic Overview's objectives.

Detailed Findings



Detailed Findings

Risk: Without robust, up-to-date Adult Protection training and effective monitoring of compliance, staff may fail to recognise or respond appropriately to safeguarding concerns, increasing the risk of harm to vulnerable adults and exposing the organisation to both liability and reputational damage.

Finding 1 - Training Compliance	Type
<p>Public Protection is one of nine mandatory training modules at NHS Lothian. Ensuring the completion of Public Protection training at NHS Lothian is important in safeguarding the well-being of patients and staff, fostering a safe and secure healthcare environment.</p> <p>Internal Audit conducted a review of the PPAG minutes dated 29th August 2024, which highlighted concerns regarding the oversight of mandatory Public Protection training completion. This issue arose due to the transition from the LearnPro system to Turas, which has limited reporting capabilities.</p> <p>The Adult Support and Protection (ASP) team is responsible for monitoring compliance with staff training in public protection to ensure all personnel are adequately equipped to safeguard vulnerable individuals. The transition from LearnPro to Turas has presented challenges in overseeing and reporting on training compliance, as the current system lacks the functionality needed to provide accurate and accessible compliance data across all departments.</p> <p>In relation to training compliance, Internal Audit identified the following issues:</p> <ul style="list-style-type: none"> • Since 1st April, of the 764 staff who completed the Adult Support and Protection (advanced) module, 227 are not allocated to a specific department or job role on Turas, complicating oversight of completion rates by department. Staff need to manually enter their role in their profile. Communications were sent out in a weekly brief on 11th December 2025 outlining the importance for all managers to ensure staff profiles are correct. • Recommendation 7 from the previous audit suggested regular monitoring of Level 1 assessment scores and completion rates. Management responded on 30th September 2024 that they would report compliance and completion rates up through PPAG once a solution was resolved. Internal Audit could not identify evidence of this in the PPAG minutes. • Internal Audit were unable to assess the overall level of compliance with Public Protection and Adult Protection mandatory training as management were unable to provide training completion for two out of five selected adverse event managers due to the difficulties noted with the change in Learning Platform. <p>Internal Audit acknowledge that Management are aware that there is a lack of oversight on the completion of mandatory Public Protection training due to the transition and noted that whilst progress had been made on Compliance Reporting with LearnPro, the subsequent transition to Turas meant that some of this progress was undone. As a result, Management recognise that this is an area they need to work on to ensure compliance data is readily available.</p>	<p>Design and Effectiveness</p> 
Implication	Significance
<p>Without up-to-date Turas profiles and compliance data, Management may be unaware that staff lack the necessary training to effectively recognise and respond to safeguarding concerns, increasing the risk of harm to vulnerable adults and potentially leading to non-compliance with regulatory standards.</p>	Medium



Detailed Findings

Risk: Without robust, up-to-date Adult Protection training and effective monitoring of compliance, staff may fail to recognise or respond appropriately to safeguarding concerns, increasing the risk of harm to vulnerable adults and exposing the organisation to both liability and reputational damage.

Recommendations	Action owner	Management response	Completion date
1. We recommend that there is a section dedicated to Training Compliance reported at each PPAG meeting going forward. Reports on non-compliance should also be shared with line Managers so that they can be followed up on.	Carolyn Wyllie Director of Public Protection,	We are happy to dedicate a section in our PPAG reports to training compliance, although it may be not available every Quarter report and may need to be reported annually. We can share the reports with management, but at this time we do not have data to specific areas/teams. We will look to resolve this with Turas but are reliant on their support to resolve this.	April 2027
2. We recommend that Management continue to monitor the position on job role profile completion and follow up directly with those who have not completed their profile.	Carolyn Wyllie Director of Public Protection,	For those individuals who were identified during the audit as not completed their profile, we have already communicated to them that they need to ensure employee job roles are completed. Regarding the recommendation to monitor staff complete their job role profiles, the ASP advisors in the PPD do not have access to the information as this is the responsibility of department line managers. However, in order to support the recommendation, we will send a quarterly communication briefing via NHS Lothian Intranet news as well as remind staff attending training events to updates their profiles. We will also introduce quarterly audits where we will audit a sample of records and report the results via PPAG.	April 2027
3. We recommend that Management liaise with Turas to resolve the issues with reporting capabilities.	Carolyn Wyllie Director of Public Protection,	We are keen to resolve this issue and will reach out to Turas, to review this and request support in this area.	April 2027



Detailed Findings

Risk: If the governance framework for Adult Protection lacks clear oversight, escalation mechanisms, and effective follow-up on improvement actions, the organisation risks failing to address emerging safeguarding concerns promptly, leading to potentially severe harm for vulnerable adults and exposing the organisation to legal, regulatory, and reputational repercussions.

Finding 2 - Document Governance			Type
<p>Effective document governance is essential across key governance groups within NHS Lothian and Public Protection to ensure clarity, accountability, and continuous improvement, as highlighted by Internal Audit's review of NHSL's policies and procedures, which identified improvement opportunities for enhancing ownership, version control, and review processes to support strategic objectives and risk management.</p> <p>Internal Audit reviewed several policies and procedures and identified opportunity for improvement in relation to document governance arrangements:</p> <ul style="list-style-type: none"> The 'Public Protection Strategic Overview 2025' although updated in October 2025, does not summarise the changes, outline next review date, or the owner of the strategy. There is a 'Strategic Objectives and Development plan 2024 to 2027' which comprehensively describes how NHSL will meet the objectives and priority areas; however, it does not have an owner, version control or next review date recorded. The Public Protection Action Group (PPAG) Terms of References (ToR) does not clearly outline the reporting arrangements in place as outlined in the 'Public Protection Strategic Overview 2025' document. It also does not outline that the PPAG report to the Healthcare Governance Committee every six months, nor does it have version control or next review date. Whilst there is a comprehensive NHSL Learning Review Communication Strategy which clearly outlines what a learning review is, it does not have an owner, version control or next review date. 			<p>Design</p> 
Implication			Significance
<p>Without effective governance, there is a risk that documents may become outdated or inaccurate, leading to misinformed decision-making and strategic misalignment. Additionally, the lack of clear ownership and review processes can result in non-compliance with regulatory standards, diminished accountability, and increased vulnerability to operational and reputational risks.</p>			Low
Recommendations	Action owner	Management response	Completion date
1. We recommend that Management implement standardised protocols for document ownership, version control, and review schedules across all governance groups and documents as discussed to ensure uniformity and transparency.	Alison MacDonald Exec Director of Nursing	We will ensure that all documents detailing ownership, version control and review dates are implemented	Next PPAG meeting - May 2026
2. We recommend that Management incorporate a dedicated risk section within the Action Log to be reviewed at each PPAG meeting. This addition will significantly enhance the process of identifying, recording, and escalating risks related to Public Protection.	Alison MacDonald Exec Director of Nursing	We will amend the current action log to include a dedicated risk section.	Next PPAG meeting - May 2026



Detailed Findings

Risk: If the governance framework for Adult Protection lacks clear oversight, escalation mechanisms, and effective follow-up on improvement actions, the organisation risks failing to address emerging safeguarding concerns promptly, leading to potentially severe harm for vulnerable adults and exposing the organisation to legal, regulatory, and reputational repercussions.

Finding 3 - Service Risks			TYPE
<p>Although the Public Protection Strategic Overview outlines that the escalation of service risks following a PPAG is to be included in the Corporate Nursing and Midwifery Risk Log, it is important that the PPAG maintains its own risk log to ensure all risks are captured and managed effectively at the service level.</p> <p>Internal Audit reviewed the Strategy which outlines that although the Directorate has not previously operated or held a separate risk log, that quarterly service reports to PPAG will identify any risk areas for discussion.</p> <p>Internal Audit can confirm that within the sample of minutes reviewed, risk areas were outlined; however, there is an opportunity to more clearly capture the risks and ensure ongoing management by embedding a Risk Log within the PPAG minutes.</p>			<p>DESIGN & EFFECTIVENESS</p> 
IMPLICATION			SIGNIFICANCE
There is a risk that service-level issues may not be adequately tracked or managed, potentially leading to delayed interventions and insufficient oversight.			LOW
RECOMMENDATIONS	ACTION OWNER	MANAGEMENT RESPONSE	COMPLETION DATE
We recommend that a Risk Log is introduced at the PPAG quarterly meetings to be reviewed to ensure ongoing oversight of risks. Risks can then be captured and escalated up to the Corporate Nursing and Midwifery Risk Log where required.	Carolyn Wyllie Director of Public Protection	We will develop and implement a Risk log to be completed and reviewed at each PPAG meeting.	August 2026

Observations



Observations

1. Communication Strategy

Whilst the Public Protection Strategic Overview 2025 includes a high-level communications strategy that outlines plans for developing a comprehensive strategy and conducting quarterly staff engagement sessions, Internal Audit were unable to identify a fully developed strategy within the document. Whilst the intention and framework for communication are present, the detailed strategy itself is still in progress and not yet formalised. Management noted that a session was planned for December, however, was cancelled due to absence in the team. We acknowledge that efforts are being made to address different strands of communication, but the strategy is not yet complete.

2. National Guidance

Whilst Adult Support and Protection has had no corresponding national guidance in relation to learning and development, Management noted that it is expected to be published early 2026 and has not yet been approved by the Scottish Government. Management noted that NHSL have been part of the consultation and fed into development.

3. Adult Support and Protection Conference

A half-day conference is taking place in February 2026 to bring together professionals from across health, social care, and partner agencies to explore key themes in adult protection. Management note that a draft agenda is in development outlining key times, sessions and presenters.

4. Interagency Referral Discussion

It was noted that there was a sharp increase in IRD activity in West Lothian over the past three months, and the reasons for this spike were unclear, though levels have since stabilised and are comparable with other local authorities as per the West Lothian QA minutes on 30th October 2025. It was noted that agencies are not always providing sufficient background information in IRDs, causing delays in closure; and that IRDs remain open due to missing updates or incomplete background information. Internal Audit acknowledge that mitigations are in place with the IRD review group to help address these challenges and meetings have been increased from every four weeks to every two, which has helped reduce backlog.

Internal Audit reviewed the minutes for each of the QA Sub Committees and noted the following:

- For West Lothian on 30th October 2025, Nine IRDs lacked a recorded harm type, likely due to data recording issues within the IRD system. The type of harm is added to the IRD by social work or the police
- For East and Mid Lothian on 26th August 2025, a summary on Q1 Financials for ASP noted that a couple of cases which were dealt with under ASP processes could have been referred to Child Protection processes in the first instance.

Internal Audit also reviewed guidance in place around IRDs and noted the following:

- There is an eIRD System Multi-agency Guidance document created in July 2021 and references that it should be read alongside 'Child Protection procedures' rather than Adult Support and Protection.
- The Edinburgh IRD - Multi-agency Guidance does not have version control.

Internal Audit acknowledge that the NHS Lothian Adult Support and Protection team are not in direct control of these IRDs and that while health provide input to all IRDs, the IRDs are initiated by social work or the police; therefore, the gaps in data are outwith their control.



Observations

5. Datix Incident Reporting

Internal Audit selected a sample of 10 Adult Protection incidents between the period 1 January 2025 and 26 November 2025 recorded through Datix. We performed testing to confirm that these were recorded appropriately and managed in line with Policy; as well as considering the quality of entries. We identified the following:

- From the spreadsheet, out of 49 incidents, 7 are still open.
- There were several instances where the incident number was not recorded within Datix or there was no date outlining when the individual reached out to police or social work.
- There was one instance where there were no lessons learned captured.
- There was one instance where there was no assessment outlined.
- There was one instances where the patients name was mentioned.
- There were two instances where the incident was partially handled through recognising, reporting and recording however was unclear if the incident was referred.

Internal Audit acknowledges that whilst the Adult Support and Protection team conduct a read-through of Datix reports and contacts staff if there are any gaps, providing advice and support to ensure all necessary steps have been taken; they do not have control over staff inputting incidents into Datix and this is instead the responsibility of the relevant Line Manager.

As a result, we acknowledge that the Adult Support and Protection Team are only responsible for reviewing incidents that are marked as Adult Support and Protection and providing advice on these.

Internal Audit can confirm that where there are concerns on Datix Incidents received or if staff have not fully followed the process or made a referral where needed, the Adult Support and Protection team have recorded this in the advice log when they need to follow up. Management noted that this is infrequent and the last time a call was about a Datix was recorded in March 2025. It was noted that follow up on incidents is usually done via a phone call to check that staff have taken appropriate actions in line with their responsibilities under the Adult Support and Protection (Scotland) Act (2007).

6. PPAG Minutes

There was a gap in the PPAG minutes as the November 2024 meeting was postponed until December. Management noted that due to unforeseen circumstances, it was further postponed to January 2025, however, as the next scheduled meeting for PPAG was due in February the decision was taken to continue with the regular cycle rather than having two meetings so close together.

7. Quality Assurance

As per the East and Mid Lothian minutes on 26th August 2025, Members reflected on Child and Adult Support and Protection processes that there is a need for a clear framework for decision-making on the appropriate route and possibly training/awareness-raising to build confidence for practitioners, particularly workers who are responsible for screening within ASP and CP. Management noted that this is on the agenda for the next East and Mid IRD workshop which will include ASP (joint work) due to take place March 2026 and is in the P&QI action log.



Observations

8. Document Governance

Internal Audit reviewed each of the HSCP's Quality Assurance (Q&A) and Learning and Development (L&D) sub-committee's which are a sub-group of the HSCP (local authority) Adult Support and Protection Committee; as well as the Learning Review sub-committees. Internal Audit identified the following opportunities for each local authority to consider:

- Learning and Development
 - East Lothian and Midlothian - ToR was last reviewed May 2025, however, does not outline date of next review.
 - Edinburgh - The ToR is to be reviewed June 2026, however, there are certain aspects which are still to be confirmed 'tbc'.
 - West Lothian - There is no next review date.
- Quality Assurance
 - East and Midlothian - There is no next review date.
 - Edinburgh - The ToR requires a review dated 2023. Management noted that there is a meeting on 14th January 2026 to review this.
 - West Lothian - There is no next review date.
- Learning Reviews
 - There is a small typo with the date on the ToR 'ebuary 2025' in the Edinburgh ToR.
 - The TOR does not outline next review date for the East and Midlothian ToR.

Whilst NHS Lothian do not own these documents specifically as each of the Sub-Committees are governed by each Local Authority, Management outlined that they would pass these onto each committee

Appendices



Background

It was agreed as part of the 2025-26 Internal Audit Plan that Internal Audit would conduct a review of Patient Safety at NHS Lothian.

NHS Lothian's previous internal auditors conducted a Public Protection and Patient Safety audit focussing on Adult Protection in January 2024 which resulted in a limited assurance opinion; and was therefore agreed that internal audit would revisit this area to provide assurance that improvements have been made.

The Adult Support and Protection (Scotland) Act 2007, is designed to protect adults who are at risk of harm and places clear responsibilities on organisations, such as NHS Lothian; to identify and support adults who may be unable to safeguard their own well-being, property, rights, or other interests.

Under the Act, an "adult at risk" typically requires consideration of:

- Whether the person is unable to safeguard their own well-being, property, rights, or other interests.
- Whether they are at risk of harm (physical, psychological, or financial).
- Whether any disability, illness, or mental disorder makes them more vulnerable.

If there is reasonable cause to suspect that an adult is at risk, NHS staff have a responsibility under the Act to report these concerns. This usually involves sharing information with relevant safeguarding or social work departments and carefully documenting concerns.

Public Protection remains a top priority to prevent harm to vulnerable groups within society and is supported by the Public Protection Action Group (PPAG) which is chaired by the Executive Nurse Director. The group was set up in 2014 to oversee, monitor and provide strategic direction and meet on a quarterly basis, reporting to the Healthcare Governance Committee twice a year.

There is a Public Protection Strategic Overview 2025 paper and Strategic Development Objectives which describe the policy framework for the Directorate including the structure and oversight arrangements.

The Adult Protection Team, managed by the Lead Nurse for Public Protection is supported by two Adult Support and Protection advisors who play a crucial role in the day-to-day operations, training and audits across the partnership.

In addition to NHSL internal Governance and oversight for Adult Protection, the ASP team are in partnership with the four local authorities. Each of the HSCP's have a Quality Assurance (QA) sub-committee and Learning and Development sub-committee which is a sub-group of the HSCP/local authority ASP Committee. A member of the ASP team sit on all these sub-committees to ensure effective and collaborative partnership working.

There is an Adult Protection page on the NHSL Intranet where staff members can access training that links to each local authorities training pages and key contact details. There is an ASP procedure which outlines the pathway for all NHSL staff, specifying roles and responsibilities; and escalation procedures.

There is a Learning and Development Strategy for 2025 to 2028 which covers the totality of Child and Adult Protection learning; and the training pathway is dedicated to ASP and progresses over three levels according to the roles and responsibilities.

A conference is to be held in February to promote work of Public Protection and give insight into the work the team does and share learning and current thinking.

When staff members submits a referral, it is recorded in Datix and the patient's health record. Datix is NHS Lothian's Adverse Event Reporting Form accessible via the Intranet. There are Frequently Asked Questions (FAQs) and guidance on how to send emails via feedback and communication, view and attach documents and use the system. There is also an e-learning module for managers on how to review Datix via Turas.

Initial Referral Discussions (IRD) are the vehicle for multi-agency discussion where an individual at risk has been identified; and is the process between social work, police and NHS and provides a shared record of discussion and decisions reached including an interim safety plan. Information sharing is via the system 'EIRD' hosted by NHSL.

Each ASP Committee has a Learning Review Sub committee which is a delegated group that discharge the responsibilities of the Adult Protection Committees when a referral for a Learning Review has been received.



Appendix I: Definitions

Level of assurance	Design of internal control framework		Operational effectiveness of controls	
	Findings from review	Design opinion	Findings from review	Effectiveness opinion
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

Recommendation significance	
High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.



Appendix II: Terms of reference

Extract from terms of reference

Purpose

The Patient Safety Internal Audit was to provide assurance to management and the Audit and Risk Committee that the controls managing Adult Protection within NHS Lothian are well designed and operating effectively. This review evaluated the extent to which improvement actions to address previous audit recommendations in this area have been implemented and sustained.

Key risks

- If roles, responsibilities, and reporting lines around Adult Protection are not clearly documented and communicated, staff may fail to take or escalate the appropriate action, exposing vulnerable patients to increased harm and placing the organisation at risk of legal, reputational, and operational repercussions.
- Without robust, up-to-date Adult Protection training and effective monitoring of compliance, staff may fail to recognise or respond appropriately to safeguarding concerns, increasing the risk of harm to vulnerable adults and exposing the organisation to both liability and reputational damage.
- If the governance framework for Adult Protection lacks clear oversight, escalation mechanisms, and effective follow-up on improvement actions, the organisation risks failing to address emerging safeguarding concerns promptly, leading to potentially severe harm for vulnerable adults and exposing the organisation to legal, regulatory, and reputational repercussions.
- If Adult Protection concerns are not thoroughly identified, documented, escalated, and analysed (including during multi-agency collaboration), the organisation may miss critical safeguarding interventions, fail to address systemic issues, and ultimately expose vulnerable adults to increased harm while incurring significant legal, regulatory, and reputational consequences.

Exclusions

The scope of the review was limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review. Our review does not provide assurance over all aspects of Patient Safety or Adult Protection.

Where sample testing was undertaken, our findings and conclusions were be limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.



Appendix III: Staff interviewed

BDO LLP appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.

Alison Macdonald	Executive Nurse Director	Key Sponsor
Carolyn Wyllie	Director of Public Protection	Key Contact
Claire Kapusciak	Lead Nurse Public Protection	Key Contact
Dyo McKay	Adult Support and Protection Advisor	Key Contact
Matthew Hayes	Adult Support and Protection Advisor	Key Contact
Yvonne Buckner	PA to Director of Public Protection	Key Contact



Appendix IV: Responsibilities, limitations and conformance with the Global Internal Audit Standards

Management responsibilities

The Board is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the Company's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the Company.

Internal controls covers the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the Company in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

Limitations

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion is subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

Conformance with the Global Internal Audit Standards This engagement has been conducted in accordance with the Institute of Internal Auditors' Global Internal Audit Standards.

FOR MORE INFORMATION:

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The matters raised in this report are only those which came to our attention during our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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