

**Stephen Brown (Chief Officer)**  
Orkney Health and Social Care Partnership  
01856873535 extension: 2601  
[OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)



Agenda Item: 7

## **Performance and Audit Committee**

**Date of Meeting: 28 June 2023.**

**Subject: Internal Audit – Safeguarding: Adult Support and Protection.**

### **1. Purpose**

1.1. To present the Internal Audit on Safeguarding: Adult Support and Protection for member's scrutiny.

### **2. Recommendations**

The Performance and Audit Committee is invited to:

2.1. Scrutinise and seek assurance on the Safeguarding: Adult Support and Protection audit report, attached as Appendix 1 to this report.

### **3. Background**

3.1. In 2022/23 Azets undertook an audit for NHS Orkney in relation to Safeguarding: Adult Support and Protection to assist with the development of the work being done to date on improving Adult Support and Protection in Orkney.

3.2. NHS Orkney and the Orkney Health and Social Care Partnership have a duty of care and are committed to provide a safe and protected environment for their patients. The protection of vulnerable adults from abuse and harm is a key priority.

### **4. Audit Findings**

4.1. The internal audit highlighted three areas of good practice which included developing local Public Protection Guidelines, ensuring appropriate references to the Code of Practice under the Adult Support and Protection (Scotland) Act 2007 and the Biennial Adult Support and Protection report is shared widely to improve awareness.

4.2. The internal audit also highlighted five improvement areas in relation to training, reporting of outcomes of referrals and compliance with Adult Support and Protection Procedures.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	No.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	No..
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no risk or equality implications directly arising as a result of this report.

## 7. Risk and equality implications

7.1. There are no risk or equality implications directly arising as a result of this report.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Authors and contact information

10.1. Peter Thomas (Chief Finance Officer), Integration Joint Board. Email: [peter.thomas@orkney.gov.uk](mailto:peter.thomas@orkney.gov.uk), telephone: 01856873535 extension 2601.

10.2. Matthew Swann (Director), Azets. Email: [matthew.swann@azets.co.uk](mailto:matthew.swann@azets.co.uk), telephone: 01612451000.

## **11. Supporting documents**

11.1. Appendix 1: Internal Audit – Safeguarding: Adult Support and Protection.



# NHS Orkney

## Internal Audit Report 2022/23

### Safeguarding: Adult Support and Protection

November 2022



# NHS Orkney

## Internal Audit Report 2022/23

### Safeguarding: Adult Support and Protection

Executive Summary	1
Management Action Plan	5
Appendix A – Adult Support and Protection Framework	14
Appendix B - Definitions	17

<b>Audit Sponsor</b>	<b>Key Contacts</b>	<b>Audit team</b>
<i>Sam Thomas Director of Nursing, Midwifery, Allied Health Professionals and Acute Services</i>	<i>Stephen Brown, Chief Officer Cathy Martin, Service Manager</i>	<i>David Eardley, Head of Internal Audit Matthew Swann, Client Manager Lauren MacLean and Cameron Laurie, Internal Auditors</i>

# Executive Summary

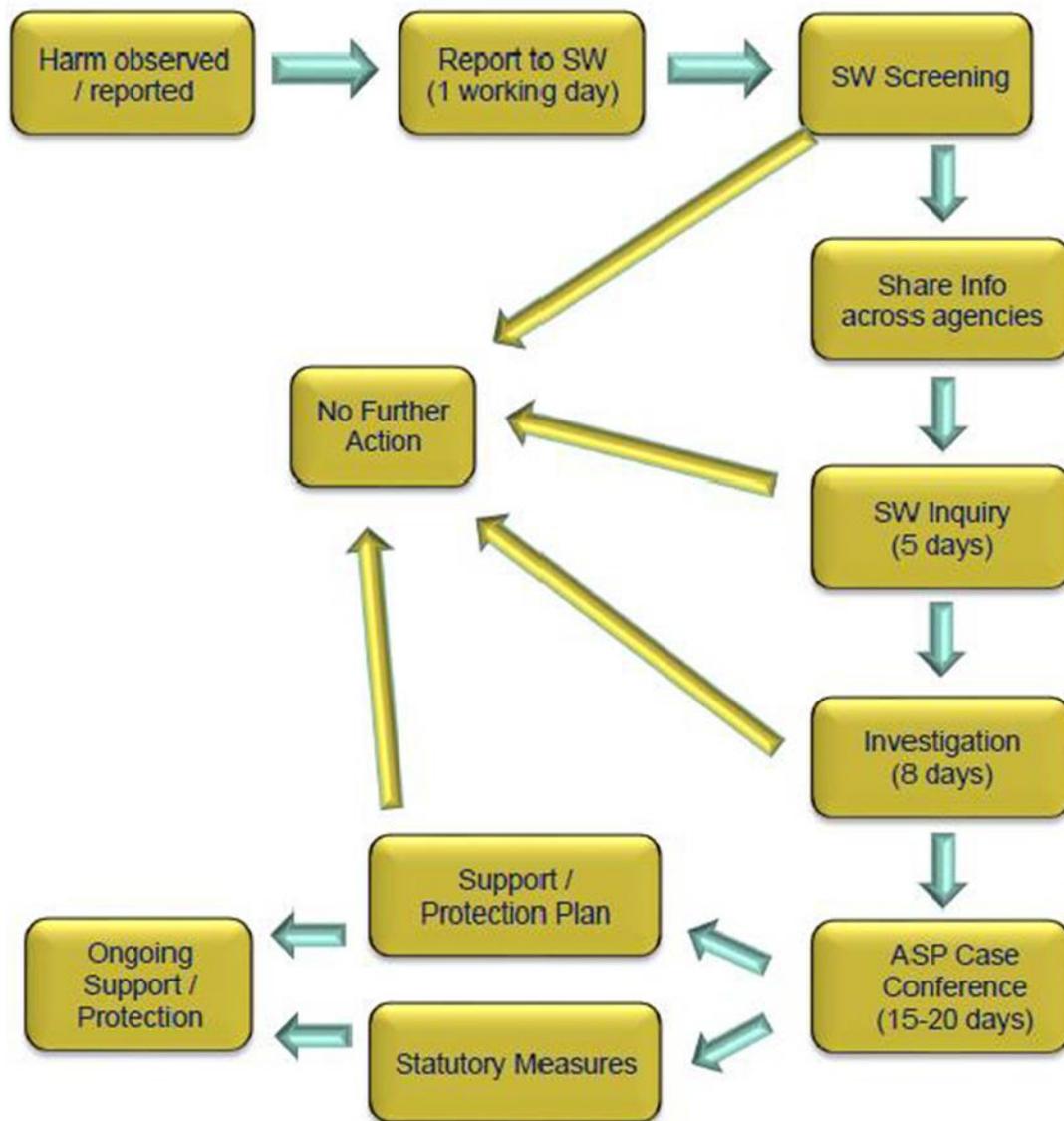
## Conclusion

**We have reviewed NHS Orkney's Adult Support and Protection arrangements and found that in general, appropriate procedures are in place which outline the process to be followed, roles and responsibilities and links to relevant legislation. However, we have noted areas of material weakness related to (i) training, (ii) reporting of outcomes of referrals, and (iii) compliance with adult support and protection procedures.**

- (i) NHS Orkney uses multi-agency training in relation to adult support and protection. Significant improvement is required to strengthen controls in this area and ensure effective, coherent training is delivered to appropriate staff. A Public Protection Training Strategy is in development that tailors training based on the roles of staff including delivery of mandatory training.**
- (ii) There is a need for the process to be updated to ensure that NHS Orkney is informed of the outcome of any adult support and protection referrals that have been made. This will allow NHS Orkney to take required action to reduce the risk of repeated incidents.**
- (iii) We reviewed three cases of issues reported to the Social Work Office and found that in two cases reporting timelines had not been followed correctly. There are two further areas where controls are not operating as expected relating to the current adult support and protection procedures being available to all staff and appropriate reporting of adult support and protection statistics.**

## Background and scope

The protection of vulnerable adults from abuse and harm is a key priority for the board and the sector. NHS Orkney and OHAC have a duty of care and are committed to providing a safe and protected environment for their patients. It is vital that there are appropriate arrangements in place to protect and safeguard patients. Within the Orkney Adult Support and Protection procedures, an adult support and protection process chart has been mapped out showing the full 20-day process from reporting a concern to case conference:

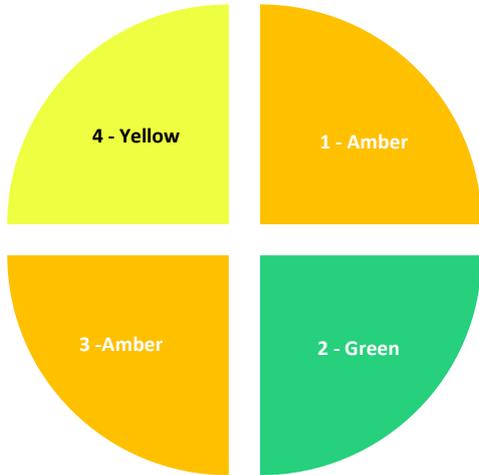


1

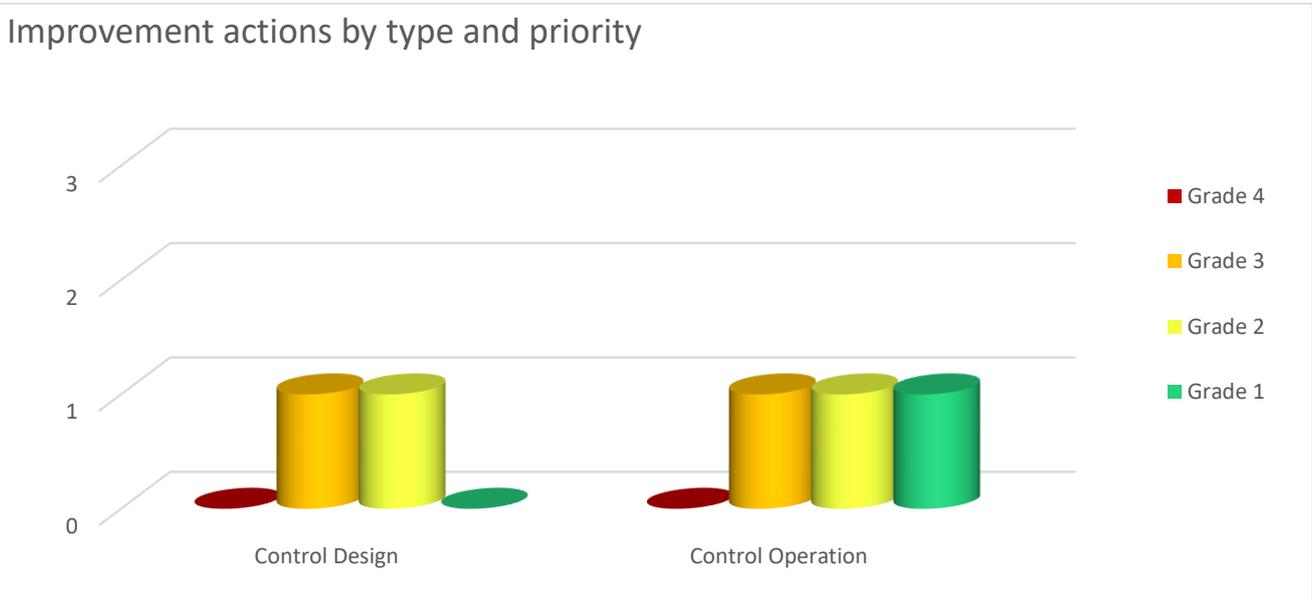
We have reviewed the Adult Support and Protection arrangements in place and the extent to which NHS Orkney is effectively discharging its responsibilities in relation to the safeguarding arrangements.

<sup>1</sup> SW refers to Social Work Services within the Local Authority.

# Control assessment



- 1. There are documented policies and procedures in place for safeguarding patients. This includes defining roles and responsibilities for ensuring legal and regulatory compliance and providing appropriate training to staff on this area.
- 2. The policies and procedures include the implementation of necessary safeguarding measures, and how Adult Support and Protection arrangements are managed.
- 3. Arrangements are in place to ensure that appropriate action is taken in relation to any identified safeguarding concerns for patients.
- 4. There is regular reporting to provide assurance that the framework is working effectively, and that appropriate action is being taken to address identified issues



Five improvement actions have been identified from this review, three of which relate to compliance with existing procedures and two to the design of controls themselves. See Appendix B for definitions of colour coding.

# Key findings

## Good practice

- In addition to the Orkney Partnership Adult Support and Protection Procedures, NHS Orkney has developed local Public Protection Guidelines which provide staff with guidance on how to identify those at risk of harm, what is classed as 'harm', discuss the duty to report concerns and make referrals, and address the duty to enquire and co-operate with investigations.
- The Adult Support and Protection Procedures make appropriate reference to the Code of Practice under the Adult Support and Protection (Scotland) Act 2007. Sections 2a and 2b of the procedure document outline how they are applied within Orkney.
- There is a biennial report produced which is presented to the Chief Officers Group and Public Protection Committee for noting and action, which is further shared with NHS Orkney staff to improve awareness in addition to bi-monthly updates on adult safeguarding, including topics such as Adult Support and Protection Improvement Plan and updates on specific cases. The report highlights outcomes and achievements, as well as areas for improvement, training and development, engagement and communication, specific case studies and a data analytics section.

## Areas for improvement

We have identified areas for improvement which, if addressed, would strengthen NHS Orkney's control framework. These include:

- Ensuring the new Turas public protection modules are made mandatory for level one and two staff and following up where compliance rates are low.
- Obtaining approval from senior management in relation to the Public Protection Training Strategy and a need to implement as soon as possible.
- Undertake follow-up activity on training delivered to confirm its effectiveness.
- Review instances where adult support and protection procedures have not been followed and reinforce the importance of documenting safeguarding cases in line with procedure.

These are further discussed in the Management Action Plan below.

## Impact on risk register

NHS Orkney's corporate risk register included the following risks relevant to this review:

- Risk 902: NHS Orkney will fail to meet the healthcare needs of isles residents due to a lack of a resilient and sustainable model of care: 20

## Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.

# Management Action Plan

Control Objective 1: There are documented policies and procedures in place for safeguarding patients. This includes defining roles and responsibilities for ensuring legal and regulatory compliance and providing appropriate training to staff on this area.

A yellow circle containing the word "Amber" in black text, indicating the status of the control objective.

Amber

## 1.1 Training

NHS Orkney relies on external multi-agency training. The multi-agency training is mandatory for all new staff and provides an overview of public protection, indicators of harm and how to report. We reviewed the attendees list from the most recent multi-agency training session delivered in October 2022 and confirmed that NHS Orkney staff were included. NHS Orkney does not currently have a multi-agency protection lead, although the role is being advertised, who would be responsible for developing a suitable safeguarding training plan and timetable to ensure all NHS Orkney staff complete required training.

Recognising the reliance placed on multi-agency training, NHS Orkney has developed a local Patient Protection Training Strategy. The strategy, which is currently in draft, is intended to support NHS Orkney in the implementation of duties and requirements set out within the Adult Support and Protection Act (2007). It splits personnel into five levels and three workforce groups (in line with The Royal College of Nursing Intercollegiate Document: Adult Safeguarding), depending on their knowledge, skills and extent of contact with adults at risk of harm. Initial training and refresher requirements are then set out for each level in the 'Adult Support and Protection Framework' (see Appendix A).

The Patient Protection Strategy is clear that level one and two staff should complete the 'public protection' modules on the NHS Education for Scotland platform (Turas). These public protection modules are intended to replace the 'Adult Support and Protection' course currently offered (latter reported compliance rate: 85.35%) and we would expect patient facing teams to be closer to full compliance. For example, Health and Community Care staff have a compliance rate of only 84%.

The new Public Protection modules are not yet on NHS Orkney's statutory and mandatory training schedule (although we acknowledge that the Public Protection Lead Nurse was liaising with Learning and Development to have the modules added at the time of fieldwork).

As a result of the above, NHS Orkney is impaired in completion of required training and in determining the impact of training, number of referrals made off the back of training and measure retention of knowledge from staff training. This was highlighted in staff feedback following the April 2022 session:

*'Challenge will be to maintain staff awareness...it would be helpful to have the key messaging of Act Against Harm - See Something, Say Something as a screen saver when devices time out...I feel it would help keep the message forefront in staff minds if it is regularly displayed on screen.'*

## Risk

There is a risk that safeguarding concerns are not handled appropriately or in line with procedures, due to a lack of structured and specific training having been completed, resulting in adverse impact for vulnerable adults.

## Recommendation

To ensure that multi-agency training is delivered to appropriate staff at the relevant time, NHS Orkney should ensure that the position of Multi-Agency Protection Lead is filled as soon as possible.

NHS Orkney should ensure that the new Public Protection modules are made mandatory for all relevant staff as soon as possible. Staff should be reminded of the importance of completing this training; finalising the Public Protection Training Strategy will help to reinforce this position. (We understand that the draft strategy is due to be presented to the Chief Officers Group for review and approval before the end of 2022).

Once the mandatory adult support and protection training is rolled out, NHS Orkney should monitor completion and should consider undertaking follow-up activity with staff to understand that the learning has been embedded.

### Management Action

Grade 3  
(Design)

Agree and partially actioned. Multi agency training to be embed and established across the partnership. Level 1 and level 2 training has been implemented and agreement reached that this should and is now mandatory across all staff groups, compliance and uptake to be monitored. Modules rolled out are the national modules and not those previously utilised local adaptations.

**Action owner:** Director of Nursing and Acute Services

**Due date:** 30 September 2023

## 1.2 Availability of adult support and protection procedure document

NHS Orkney follows the 'Orkney Adult Support and Protection Procedures' developed by the Orkney Public Protection Committee. The purpose of the document is to:

*'provide practical guidance to staff in Orkney Health and Social Care when seeking to support and protect adults at risk of harm and should be implemented in conjunction with the Scottish Government Code of Practice and the Orkney Interagency Adult Support and Protection Guidance'*

The document was first circulated to managers for cascading in September 2021. In addition, following each multi-agency training session, the procedure document is sent to each attendee as well as being made available on NHS Orkney's website under the publications section.

We reviewed an example of the communications sent out to each attendee following the October adult support and protection training session where it was highlighted that the version attached to the email was the February 2022 version, however, the procedure was due to be updated 'within the next few months'.

The procedure document has since been updated in October 2022 to incorporate advice from the revised Scottish Government Adult Support and Protection (Scotland) Act 2007 Code of Practice (July 2022). The updates made to the Adult Support and Protection procedures reflect these changes, however, we reviewed the publications section of the NHS Orkney website and found that the updated version has not been published.

### Risk

There is a risk that NHS Orkney staff are not aware of clarifications made by the Scottish Government as the most recent, updated procedure is not widely available, resulting in the new processes not being fully observed.

### Recommendation

We recommend that NHS Orkney issues the updated procedure document to all staff to make them aware of the changes and publishes the most recent version on the publications section of the website.

Periodic reminders of safeguarding practices should also be considered (for example, reminder of the 'see something, say something' tagline on screensavers).

### Management Action

Grade 1  
(Operation)

Agreed and will be rolled out across all staff groups and any publications held on website will be updated to current versions.

A programme of safeguarding practice reminders/familiarisation is being designed for roll out across the organisation.

**Action owner:** Director of Nursing and Acute Services

**Due date:** 30 September 2023

Control Objective 2: The policies and procedures include the implementation of necessary safeguarding measures, and how Adult Support and Protection arrangements are managed.



### **No reportable weaknesses identified**

We reviewed the Orkney Adult Support and Protection document which references the duty on council officers and health professionals to follow the Adult Support and Protection revised Code of Practice as well as relevant legislation, namely the Adult Support and Protection Act 2007. The document provides an overview of the process to be followed where an adult is identified as being at risk or subject to harm. This includes timescales for making referrals as well as next steps of inquiry, investigation, and case conferences.

The Orkney Adult Support and Protection document applies to all agencies providing care on the island. Therefore, we also reviewed NHS Orkney's Public Protection Guidance document which provides more specific guidance to NHS Orkney staff on how to identify those at risk of harm, what is classed as 'harm', duty to report concerns and make referrals as well as the duty to enquire and co-operate with investigations.

We have considered whether controls noted in policies and procedures have operated effectively under Control Objectives 1 and 3.

# Control Objective 3: Arrangements are in place to ensure that appropriate action is taken in relation to any identified safeguarding concerns for patients.



## 3.1 Feedback loop

The Orkney Adult Support and Protection Procedures includes a process chart (see background and scope section of this report) demonstrating the flow of information from the reporting body (NHS Orkney, Police Scotland, private GPs etc.) to the Duty Social Worker in the Council and appropriate groups thereafter.

The flowchart shows each stage of the referral and investigation process from observing harm and reporting to an 'Adult Support and Protection Case Conference' and support plan being implemented. The procedure makes clear that, once a referral is made from any of the partner agencies, the Social Worker or Council Officer within the local authority is responsible for carrying out inquiries and investigations. Whilst NHS Orkney staff have a duty to co-operate when asked under the 2007 Act, it is not clear from either the Orkney Adult Support and Protection Procedures or NHS Orkney's own 'Public Protection Guidelines' that outcomes of the referrals are required to be communicated to NHS Orkney.

To ensure the protection of vulnerable adults, it is vital that NHS Orkney receives appropriate, relevant feedback on referrals made to help drive continuous improvement and reduce the likelihood of similar issues arising in the future.

### Risk

There is a risk of repeated safeguarding issues if there is no requirement for the local authority to report the outcome of the referral back to NHS Orkney, resulting in potential harm to vulnerable adults.

### Recommendation

NHS Orkney should request that the Adult Support and Protection Procedures are updated to reflect more overtly the provision of relevant feedback to NHS Orkney to enable action to be taken to reduce the risk of future safeguarding issues arising.

#### Management Action

Grade 2  
(Design)

Agree with above recommendation.

**Action owner:** Director of Nursing and Acute Services

**Due date:** 30 September 2023

## 3.2 Operation of adult support and procedures

There were 11 adult support and protection referrals made by NHS Orkney between 1 November 2021 and 1 November 2022. We selected a sample of three to confirm that referrals had been processed in line with procedures set out within the Adult Support and Protection Procedure document.

In one of the cases we reviewed, the adult support and protection referral was made retrospectively (13 weeks after the initial issue was observed). The issue was initially part of a child safeguarding case and at the time, a decision was made not to make an adult support and protection referral as the child was due to be moved to another location in 12 days' time; that move was expected to mitigate against the risk of harm to the adult. Although the move did occur as planned and there have been no subsequent concerns raised, the documented, approved procedure was not followed in full. Had the move not gone to plan, it is unclear how this would have been identified and resolved and NHS Orkney would have been at risk of failing to report a vulnerable adult in need of support.

The initial adult support and protection referral in another case was made three working days after harm was first observed. The procedure is clear that referrals should be made to the Social Work Office within one working day. The delay in reporting reduces the likelihood of swift action being taken. It is unclear from the documentation reviewed what the outcome of the investigation process was and when the adult support and protection case conference began. It is understood that this case resulted in a large-scale investigation which began in July 2022, however, at the time of fieldwork, the minutes of the meeting where it was decided to close the investigation were not yet available. We are informed the issue with the completion of the meeting minutes was due to 'admin capacity issues'.

### Risk

There is a risk that safeguarding concerns are not handled appropriately as procedures for reporting, investigating, and documenting is not being followed as set out and approved, impacting the wellbeing of vulnerable adults.

### Recommendation

Whilst in both cases where delays were noted to recording of cases there were other mitigating factors, there is a need to be more explicit in required reporting timescales. For example, whilst it was identified that there was an adult at risk of harm as a branch of the child safeguarding case, processes should be clearer that the issue should also be logged at the first instance of awareness, irrespective of other factors to be considered.

We recommend that NHS Orkney reinforces the need to report issues as a matter of urgency, to enable appropriate processing and issues of potential harm to be addressed swiftly. Training should be provided where necessary.

#### Management Action

Agree with above recommendation

**Action owner:**

Director of Nursing and Acute

**Due date:** 31 July 2023

Grade 3  
(Operation)

# Control Objective 4: There is regular reporting to provide assurance that the framework is working effectively, and that appropriate action is being taken to address identified issues



## 4.1 Adult support and protection statistics

The Chief Officers Group (which includes representatives from NHS Orkney) receive bi-monthly updates on adult safeguarding, including topics such as Adult Support and Protection Improvement Plan and updates on specific cases. In addition, an adult protection report is produced biennially and circulated to the Public Protection Committee, Chief Officers Group and across NHS Orkney. The report highlights outcomes and achievements as well as areas for improvement. It also covers training and development, data analysis and specific case studies. The data analysis section breaks down most common referral providers, principal harm type and location of harm. However, the report doesn't give any data on how many of these referrals resulted in inquiry/investigation and what the outcome has been.

In July 2022, the Chief Officers Group was presented with the Scottish Government Adult Data Protection Return. The return is completed on an annual basis and breaks down how many referrals were made over the period, source of the referral, number of investigations undertaken by age, gender ethnicity etc. as well as number of case conferences over the period. Whilst available via the annual return, NHS Orkney should consider the need to review these key statistics more frequently to allow senior management to understand the position on adult protection. The Chief Officer of Orkney Health and Social Care Partnership has informed us that this is an ambition of NHS Orkney but is limited due to constrained resource.

### Risk

There is a risk that adult protection procedures do not operate effectively due to lack of scrutiny, resulting in trends in data not being identified and action taken to mitigate identified issues.

### Recommendation

NHS Orkney should review the format and frequency of adult support and protection statistics/reporting. More outcome-driven information should be considered for reporting as part of the biennial report for wider circulation and understanding of how processes are operating.

#### Management Action

Agree with above recommendation

Grade 2  
(Operation)

**Action owner:** Director of Nursing and Acute Services

**Due date:** 1 May 2023

# Appendix A – Adult Support and Protection Framework

GENERAL WORKFORCE

ASP

Level 1

Recognising and Responding

All staff working within NHSO

Staff at Level 1 should complete a minimum of 2hrs learning every 3yrs

Name of Course	How Accessed	Mandatory/ Optional	Learning Outcomes	Repeat/ Refresh?
ASP Level 1	TURAS/NES	Mandatory for all Staff within NHSO	<ul style="list-style-type: none"> <li>Recognise where there may be concerns about an adult’s well-being</li> <li>Know the adult support and protection procedures and take appropriate action – including immediate safeguarding activity and reporting to relevant partners/organisations</li> </ul>	Every 3 yrs.

**SPECIFIC WORKFORCE**  
**ASP**  
**Level 2**  
**Assessment and Intervention**

Staff with a direct care role who have a requirement to be professionally qualified/ and or a management responsibility who would be expected, as part of their role to be involved in adult protection activities. This will include for example: Nurses, Doctors, GP's, Midwives, Health Visitors, Community Nurses, AHP's, SCN's.

Staff at Level 2 should complete a minimum of 4 hours learning every 3 yrs.

Name of Course	How Accessed	Mandatory/ Optional	Learning Outcomes (As level 1 plus)	Repeat/ Refresh?
ASP Level 2	TURAS/NES	Mandatory for staff named above	<ul style="list-style-type: none"> <li>• Understand what constitutes harm, abuse and neglect and be able to identify any signs of harm, abuse or neglect</li> <li>• Be aware of the ASP Multi Agency Guidance, protocols and procedures and related legislation e.g. AWI, Mental Health Care and Treatment Act.</li> <li>• To know how and when to refer to social care if you have identified an adult safeguarding concern in accordance with organisational policies.</li> <li>• To be able to document safeguarding concerns in a format that informs the relevant staff and agencies appropriately.</li> <li>• Identify the appropriate and relevant information and know how to share it with other teams.</li> <li>• Have knowledge of tools to facilitate assessment of capacity</li> <li>• Understanding of professional roles, responsibilities, and professional boundaries</li> <li>• Ensure effective advocacy is provided, were required. For example were there are mental capacity or communication issues, in line with the legislation and professional guidance.</li> <li>• Contribute to identifying and implementing potential interventions</li> </ul>	Every 3 yrs.

**INTENSIVE WORKFORCE**

**ASP**

**Level 3-5**

**Intensive Support, Advanced Practice & Management**

Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are adult protection concerns e.g. GPs (including) trainees, SCNs, clinical team leaders.

This staff group will have regular and consistent individual contact with adults' families and carers. This group will also have direct involvement in adult protection arrangements beyond the reporting of a concern. [i.e. participating in case conferences, supporting investigatory activity etc]

Staff at Level 3 should complete a minimum of 8hrs learning every 3yrs

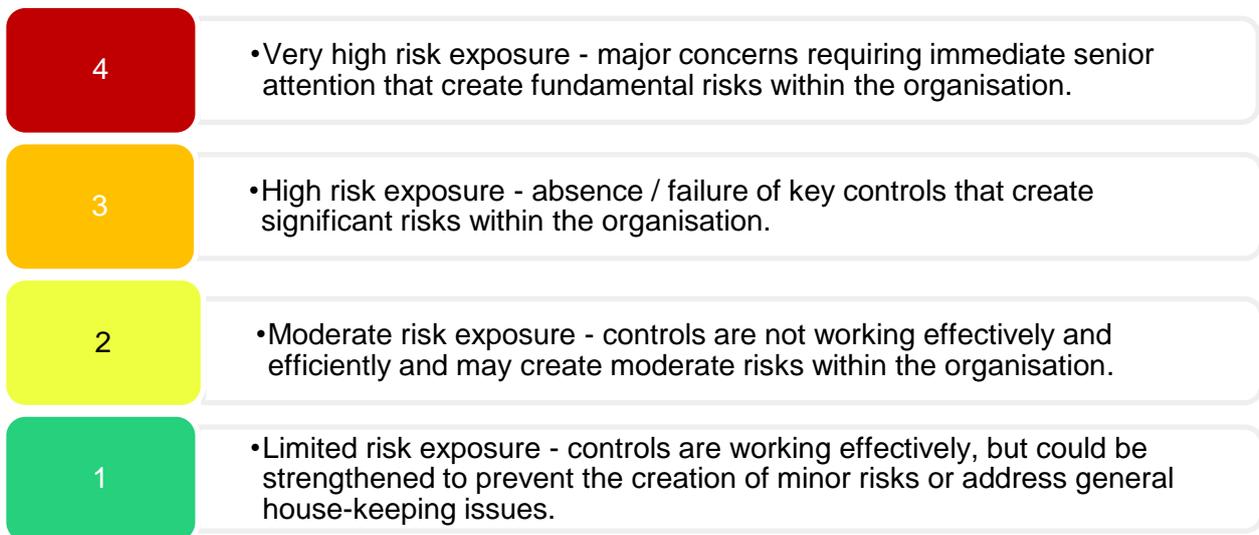
Staff at Level 4-5 should complete a minimum of 24hrs learning every 3yrs

Name of Course	How Accessed	Mandatory/ Optional	Learning Outcomes ( as level 1&2 plus)	Repeat/ Refresh?
ASP Level 3	Bespoke training	Essential to role	<ul style="list-style-type: none"> <li>• Co-operate with Adult Protection inquiries, investigations and disclosures in accordance with local policy and procedures</li> <li>• Comprehensively contribute to the assessment of risk in adult protection and develop and implement protection plans to reduce risk.</li> <li>• To be able to identify adults experiencing abuse, harm or neglect who have caring responsibilities, for other adults or children and make appropriate referrals.</li> <li>• Contribute to case meetings and reviews</li> <li>• Apply learning from audits alongside local and national Learning Reviews</li> <li>• Understand the roles of other organisations, particularly the Local Authority and Police Scotland</li> <li>• Compare legislation to bring the best outcome for the adult and to ensure protection.</li> </ul>	Every 3 yrs.

# Appendix B – Definitions Control assessments



## Management action grades



© Azets 2022. All rights reserved. Azets refers to Azets Audit Services Limited. Registered in England & Wales  
Registered No. 09652677. VAT Registration No. 219 0608 22.

Registered to carry on audit work in the UK and regulated for a range of investment business activities by the Institute  
of Chartered Accountants in England and Wales.