

<b>Recommendation 1 - All adult protection referrals are processed timeously</b>						
<b>SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations</b>						
<b>ACTION OWNER - Team Manager APN - HSCP</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Completion Notes</b>
1.1	Referrers will be reminded of their duties to report concerns where they believe an adult is at risk of harm.	The APC will send an update letter to all relevant organisational leads for cascading. The letter will remind organisations of their duty, under the act, regarding making referrals where there are ASP concerns. Communication regard duties to make referrals will be repeated biannually.	Through quality assurance file reviews undertaken monthly, the APN team manager will monitor the timing between incident and referral received.	APC Convenor	Jul-19	<b>Complete</b> - letters circulated October 2019
1.2	Clear process and timescales regarding referrals received are in place to prevent any delays to adults believed to be at risk of harm	We will review the referral process at the APN, through a process mapping workshop. The process will include timescales for making and recording outcomes of referrals.	A referrals outcome decision will occur within 2 working days. The Aberdeenshire Operational Practice Group will audit the effectiveness of the process. This will be a performance indicator reported to the APC.	Team Manager APN	Process mapping Oct 18 New process in place Nov 18 Evaluation March 19	<b>Complete</b> - Performance indicator to APC - 95% referrals completed within 2 day timescale (Aug19 - Jan 20)

Recommendation 2 - The partnership should make sure that ASP key processes are applied consistently across the partnership						
SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations						
ACTION OWNER - SDO HSCP						
No	Required	How	Evidence of improvement	Task Lead	Timescale	Completion Notes
2.1	ASP process will be fit for purpose. The processes will be clear and well defined and be understood by all staff across the partnership.	Multi-agency practice improvements workshops will review the ASP process to simplify where required. All processes will be agreed on a multi-agency basis. Any improvements to the process will be communicated to all staff across the workshop and included in guidance and training.	Case file audit will occur every two years and will evidence compliance with guidance.	SDO - HSCP	Workshops occur through 18/19. Process developed and implemented by Oct 2019. Case File Audit occurred Jan 20	<b>Complete</b> - Process for referrals, IRD's, Investigations, Case Conference (including chronologies, risk assessment and protection plan) agreed and implemented. Case File Audit complete.
2.2	The partnership will assess awareness and confidence of staff to consistently undertake their duties under ASP.	All ASP partnership staff will be asked to complete a survey to assess knowledge, confidence and compliance of ASP processes.	Following the training and policy review there is a increase in staff confidence, knowledge and compliance. This will be evidenced through the staff survey results.	SDO - HSCP	Survey issued in Dec 18 Provision of Report to APC - Sept 2019 Repeat survey – annually	<b>Complete</b> - Good level of responses received to survey. Analysis and reporting to APC occurred.
2.3	ASP training will be fit for purpose	ASP training to be reviewed to assure that information regarding the following is clear and consistent with legislation, policy and guidance: Capacity/unable to protect Involvement of the adult and their carer Role of police Role of chronologies Risk assessments Role of advocacy Cross over of legislation	Improved feedback from training.	Chair L&D Group	Mar-20	<b>Complete</b> - All training reviewed an updated where required.

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2.4	ASP guidance will be fit for purpose and applied consistently across the partnership.	<p>ASP guidance to be reviewed to assure that information regarding the following is clear and consistent:</p> <ul style="list-style-type: none"> <li>Capacity/unable to protect</li> <li>Involvement of the adult and their carer</li> <li>Role of police</li> <li>ASP processes</li> <li>Role of chronologies</li> <li>Risk assessments</li> <li>Role of advocacy</li> <li>Cross over of legislation</li> </ul> <p>Assessment if the following guidance will be reviewed:</p> <ul style="list-style-type: none"> <li>Council Officer Guidance</li> <li>Information Sharing Protocol</li> <li>Large Scale Investigation Policy</li> <li>Threshold Policy</li> </ul>	Feedback from Team managers, and case file audits will show that staff are compliant with guidance.	SDO - HSCP	The Grampian Procedures to be amended in line with practice improvements with work commencing Dec 19. Aberdeenshire operational guidance for Council Officers produced and implemented Oct 19.	<b>Partially Complete</b> - Aberdeenshire Operational procedures complete. The work to review and amend the Grampian Guidance and procedures was paused due to the Covid 19 Pandemic, this work will be completed by Dec 2020.	
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Recommendation 3 - The partnership should set specific timescales for the prompt completion of each phase of the adult protection process						
SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations						
ACTION OWNER - APN Team Manager						
No	Required	How	Evidence of improvement	Task Lead	Timescale	Completion Notes
3.1	Where possible specific timescales will be consistent across the Grampian partnership	Taken forward by the Grampian Adult Protection Working Group (see Action 3 GAPWG Action Plan 18/20)	Timescales are agreed	Police rep - GAPWG	Mar-19	<b>Complete</b> - Referrals 2 days, IRD 3 days, Investigations (Including Case Conference 4 weeks, Reviews 6 months
3.2	Review of the ASP processes of Aberdeenshire HSCP the through a process mapping workshop. Identify where timescales should apply and set appropriate timescales	Practice improvement workshops occurred to map processes.	Timescales are established	Team Manager APN	Oct-18	<b>Complete</b> - All timescales implemented. See 3.1 for timescales
3.3	A clear recording system so that timescales can be monitored. The monitoring of timescales should asses the need for practice improvement and the need for escalation through governance systems.	Practice improvement workshop to establish appropriate recording process that will allow timescale monitoring. Monitoring to occur at Operational Practice Group, with issues being reported to the APC.	System accurately record timescales and monitoring occurs.	Team Manager APN	Sep-19	<b>Complete</b> - PI's regarding the timescales are monitored by the APC and if required concerns will be referred to the Operational Group if further investigation and implementation of practice improvements.

<b>Recommendation 4 - The partnership should make sure the social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them</b>						
<b>SOURCE - 2018 ASP Inspection - Aberdeenshire recommendations</b>						
<b>ACTION OWNER - Lead SW HSCP</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Completion Notes</b>
4.1	Where possible guidance, training and systems for completing chronologies will be undertaken consistently across the partnership	Taken forward by the Grampian Adult Protection Working Group (see Action 4 GAPWG Action Plan 18/20)	Guidance, training and templates agreed on a Grampian basis.	Chair L&D Group		<b>Complete</b> - Agreement for Care Inspectorate templates and guidance to be used.
4.2	Aberdeenshire HSCP will develop guidance and training to support professionals to prepare well balanced and valid chronologies	Has been agreed through the Grampian Adult protection Working Group. Aberdeenshire guidance and training to be undertaken.	Initial chronology completed to inform IRD discussion. Robust multi-agency chronologies are undertaken as part of ASP investigation, as appropriate to level of complexity and risk.	Lead SW – HSCP	Guidance available Aug 19	<b>Complete</b> - See 4.1. Training has occurred at Council Officer Forum and included in revised Module 3 ASP training. Care Inspectorate guidance on chronologies is promoted as best practice.
4.3	Chronologies should be shared at ASP meetings to support multi-agency decision making regarding risk and protection. Chronologies should include information from all ASP partners.	A multi-agency chronology will be completed and be part of the Investigation Assessment for an adult at risk of harm and will shared at an ASP Case Conference.	Case file audit will show a 100% percentage increase in adults that have a valid chronology. Target 60% of files audited have a chronology at an acceptable standard.	Team Manager APN	Template for APCC to include chronologies Dec 19, guidance available Sept 19, case file audit Jan 20	<b>Complete</b> - Template drafted and agreed. Included in Investigation report and circulated at APCC. PI to be monitored by APC and referred to Operational Group for practice improvements if not meeting agreed 60% target

Recommendation 5 - The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work						
SOURCE - 2018 National AP Inspection						
ACTION OWNER - Lead SW HSCP						
No	Required	How	Evidence of improvement	Task Lead	Timescale	Completion Notes
5.1	Self evaluation of staff regarding skills, knowledge and confidence in carrying out ASP duties.	All ASP partnership staff to be asked to complete a survey to assess knowledge, confidence and gaps in current training.	Provision of a baseline to determine additional training required.	SDO - HSCP	Dec-18	<b>Complete</b> - See 2.2
5.2	Peer support for council officers to develop skills and knowledge.	Re-establish regular Council Officer forums. Explore the benefits of making forum multi-agency. Develop a Microsoft team portal for Council Officers.	CO forums will occur regularly (4 times per year) covering a variety of topic as identified by the CO's themselves. Attendance and feedback will be monitored.	Team Manager APN	Council Officer forums runs throughout 2019.	<b>Complete</b> - Forums have occurred regularly (4 per year). Positives improvements on attendance with approximately 50 Council Officer attending each session. Each session is recorded so that any CO that was unable to attend can view the session. Team page has also been created to support Council Officers in their role.
5.3	Ensure staff across the partnership have the appropriate skills and knowledge to fulfil duties under ASP is taken forward as a Grampian Priority	Taken forward by the Grampian Adult Protection Working Group (see Action 6 GAPWG Action Plan 18/20)	Included on the GAPWG action plan, progress monitored and reported to the APC.	Chair L&D Group	Mar-20	<b>Complete</b> - All training has been reviewed and amended where necessary. Development of financial harm and 2nd person training. Evaluation tool developed.

Recommendation 6 - The partnership should be assured the independent advocacy is considered, offered and made available where appropriate						
SOURCE - 2018 National AP Inspection						
ACTION OWNER -						
No	Required	How	Evidence of improvement	Task Lead	Timescale	Completion Notes
6.1	Advocacy will be considered and encouraged at appropriate stages of the adults ASP Journey.	Discussion at APN team meeting	APN senior practitioners to have a greater awareness of IA and encourage it use at different stages of the process. Consideration/use of advocacy discussion in supervision notes during case discussion.	APN Team Manager	Oct-18	<b>Complete</b> - Discussion session held with Council Officer. Systems in place to enable consideration and use of advocacy at each ASP stage,
6.2	Recording consideration of advocacy involvement will occur for all adults at risk of harm, reasons for advocacy not occurring will be recorded.		Monitoring regarding advocacy involvement to occur at APC and be reported to Operational Group is concerns are noted to support practice improvements.	SDO - HSCP	Jan-19	<b>Complete</b> - Consideration of advocacy involvement and reason for not referring will be recorded on the Investigation form and reported as a PI to the APC.
6.3	Policy and training to be reviewed to give assurances that practitioners are clear about their role of involving independent advocacy.	See 2.3/2.4	Information regarding advocacy in training and guidance is clear and understood by practitioner.	SDO - HSCP	Mar-20	<b>Complete</b> Advocacy training included in core modules and have occurred at Council Officer Forums. Operational Guidance and Grampian Procedures give clear statement about use of advocacy.
6.4	Assessment of barriers to effective working relationship between HSCP and ANE.	Joint workshop between HSCP and ANE to explore any perceived difficulties in the working relationship and how future issues should be managed.	Feedback/self evaluation as part of workshop.	Lead SW - HSCP	Mar-19	<b>Complete</b> - Joint meeting have occurred. Discussion and presentation occurred at Council Officer Forums in Nov 19 and Jan 20.

<b>Recommendation 7 - The partnership should be assured that there is sufficient capacity in partnership organisation to manage ASP work effectively.</b>						
<b>SOURCE - 2018 National AP Inspection</b>						
<b>ACTION OWNER - Lead SW HSCP</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Completion Notes</b>
7.1	Police Concern Hub has sufficient capacity to manage concern reports.	Ensure that there are measures in place to reduce the backlog of concern report at the Police Concern hub and mitigate against potential risks.	All ASP concerns are screened and triaged (based on level of risk) within 1 day.	DCI - NE Division Police Scotland	Sep-18	<b>Complete</b> - Triage in place and monitoring occurring.
7.2	The APN has sufficient capacity to manage ASP work	Review the role of the APN to ensure there is capacity for the network to fulfil their role	Timescales established are met. Audit shows improvements from the inspection results.	Lead SW - HSCP	Aug-19	<b>Complete</b> - Review undertaken following the practice improvement workshops. SW post agreed to increase capacity and improve skill mix.
7.3	Frontline staff involved in ASP require regular, high quality, rigorous and knowledgeable supervision and support	Supervision and support is available throughout the partnership. Line managers have appropriate knowledge in ASP so that support can be given.	Staff receive good, appropriate and regular supervision. Staff are confident and feel well-supported. Service receive good support and are protected as required.	Lead SW - HSCP Lead Nurse - HSCP, DI PPU – NE Division	Mar-20	<b>Complete</b> - Evidence that SW staff are receiving regular robust supervision. Revised Guidance rolled out.
7.4	Review role of the CSWO to ensure clarification of their role within ASP.	CSWO will be a member of the APC, to enable minutes and papers to be reviewed. They will attend at least two meetings per year.	CSWO attend and supports the APC. Adult Support and Protection is evidence on the CSWO annual report.	CSWO	Sep-18	<b>Complete</b>
7.5	Required partners should attend adult protection case conferences, particularly police and health is taken forward as a Grampian priority.	Taken forward by the Grampian Adult Protection Working Group (see Action 5 GAPWG Action Plan 18/20)	Included on the GAPWG action plan, progress monitored and reported to the APC.	NHS ASP Lead	Mar-20	<b>Complete</b> - Benchmarking of attendance completed in Aberdeenshire Police attendance 97% where invited, Health 75% when invited.

<b>Recommendation 8 - The partnership will ensure that service users and their carers' views are used to inform and influence the way in which adult protection</b>						
<b>SOURCE - 2018 National AP Inspection</b>						
<b>ACTION OWNER - Team Manager APN</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Completion Notes</b>
8.1	Have an appropriate systems for adults at risk and their carers to give views on their ASP Journey	Review process for gaining views on ASP from service users and extend this process to carers involved in the process, with an aim to improve feedback	Feedback is requested from Adults at risk (where it is appropriate) and their carers. Increased response to request for feedback.	SDO HSCP	Mar-19	<b>Complete</b> - Process agreed and to be implemented June 19
8.2	Systematically measure outcomes for adults at risk of harm and their unpaid carers' is taken forward as a Grampian priority	Taken forward by the Grampian Adult Protection Working Group (see Action 1 GAPWG Action Plan 18/20)	Included on the GAPWG action plan, progress monitored and reported to the APC.	Team Manager APN	Mar-20	<b>Partially Complete</b> - Aberdeenshire Outcomes framework was shared with partners. Different approaches continue to exist in each of the council areas.

<b>Recommendation 9 - The partnership will support adult at risk and their carers to be included and involved in the adult protection journey</b>						
<b>SOURCE - 2018 National AP Inspection</b>						
<b>ACTION OWNER - Team Manager APN - HSCP</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Progress</b>
9.1	ASP processes will support the adult and their carers involvement at all stages.	Support to encourage involvement will be assessed and developed (if required) at the process improvement workshops.	Inspection results noted that adults were supported to be involved in the ASP process - 93% the support was rate good or above 77%. Carers were supported to be part of the process 88%. These figures will improve for the next ASP self evaluation audit.	Team Manager APN	Case File Audit Jan 2020	<b>Complete</b>
9.2	Adults and their carers will be involved in the risk assessment process .	Risk assessment will be part of the APCC. Adults and their carers will attend APCC. Where it is not appropriate to attend the reason will be recorded.	Attendance will be monitored.	Team Manager APN	Dec-19	<b>Complete</b> - Staff are clear that adults and their carers should be invited to APCC's and a clear process for recording non attendance is in place.

<b>Recommendation 10 - The partnership will improve process for Capacity Assessments to minimise delays in ASP cases</b>						
<b>SOURCE - 2018 National AP Inspection</b>						
<b>ACTION OWNER - ASP Lead - NHSG</b>						
<b>No</b>	<b>Required</b>	<b>How</b>	<b>Evidence of improvement</b>	<b>Task Lead</b>	<b>Timescale</b>	<b>Progress</b>
10.1	A Grampian model to be implemented for accessing Capacity Assessment for adults at risk of harm	Taken forward as a Grampian Adult Protection Group priority. Sub group developing guidance and tools.	Guidance and tools are developed and implemented. Evaluation to occur.	ASP Lead - NHSG	Aug-19	Partially Complete - Draft Pathway and Decision Specific Tool implemented in April 19. Staff informed through Webinar and at Council Officer Forum. Evaluation paused due to Covid 19.

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11 The APC will ensure that actions are progressed/ completed from ASP Case Reviews							
SOURCE - APC remit							
ACTION OWNER - SDO HSCP							
Initials	Date of ICR referral	Referral From	Date at OPG	Recommendation	Date to Committee	Decision at APC	Shared with
SS	11/12/2018	Council	21/02/2018	NFA	03/04/2019	approved	
Mrs B	01/07/2019	Police	18/09/2019	SCR	06/11/2019	SCR internal	
	Name	Area	Date at OPG	Recommendation	Date to Committee	Decision at APC	Shared with
	SCR - Miss A	North Lanarkshire	23/06/2017	Aberdeenshire position statement (28/10/19)	06/12/2017	Approved	Aberdeenshire VAWP
	Aberdeen City - Miss L	Aberdeen City	17/04/2018	Discussion at GAPWG. Training workshop on undue pressure	16/05/2018		
	SCR - Sharon Greenop	South Ayrshire	25/07/2019	Position statement and actions agreed	04/09/2019	Approved	HSCP - Location Managers & Council Office Forum