





# EAST AYRSHIRE ADULT PROTECTION COMMITTEE

Adult Support & Protection Improvement Plan 1 January 2025 – 31 December 2026

## 1. Introduction and Background

In East Ayrshire we continue to promote a culture of collaborative multi agency quality assurance and self-evaluation which has provided a number of outcomes and service improvements across our partnerships as demonstrated within our previous East Ayrshire Adult Protection Committee (EAAPC) Adult Support and Protection Improvement Plan 01 January 2023 to December 2024.

The Adult Protection Committee Improvement Subgroup produce and retain accountability and oversight for the review and implementation of this on behalf of the East Ayrshire Adult Protection Committee (EAAPC) and endorsed by the Chief Officers Group (Child, Adult and Public Protection) (EACOG) provides a working multi-agency framework that has direct influence on both strategic development and practice improvement. This regular programme of multi-agency audit, self-evaluation and review is a key function of the EAAPC. The joint ownership and commitment of action leads reflected in this Plan reinforces our ethos that we all have responsibility, individually and collectively, to protect people who are at risk of harm within our communities, and we know collaboration, cooperation and a sense of community responsibility will achieve this.

The work of the East Ayrshire Adult Protection Committee and the content within the Adult Support and Protection Improvement Plan align with and contribute towards the strategic objectives of a number of our public protection partnerships including the East Ayrshire Health and Social Care Partnership Strategic Plan over the 2024-27 period, particularly in relation to the 'safe and protected' and 'people at the heart of what we do' priorities.

This work is also framed in the context of the <u>East Ayrshire Community Plan 2015-2030</u>, particularly the <u>Wellbeing Delivery Plan</u>, and in regards to local contributions towards the National Health and Wellbeing and Justice Outcomes, particularly in relation to the '*community safety and public protection*' and '*people who use health and social care services are safe from harm*' outcomes.

This Plan has been developed and informed by the <u>EAAPC Chairs Biennial Report to Scottish Ministers 2022-2024</u> which sets out the priorities for the EAAPC which in turn has been informed by the multi-agency ASP Self-Evaluation 2024 Report findings that had the views of people with lived experience and their Unpaid Carers and multi-agency staff at its heart and within identified improvement activity. A scoping and review of all relevant protection partnerships' Strategic Plans was also undertaken in order to ensure our work remains connected and prevents duplication of effort and maximises resources.

We have considered the most updated position on improvement activity contained within the EAAPC Improvement Plan 2023 - 2024 and the aforementioned reports have taken account of the East Ayrshire and Ayrshire wide Practitioner events that we have held over the last two years to gather staff views. We drafted our Plan and shared the key priorities with staff by holding local conversations and engaged with the community to sense check we had captured the right things and offer a final chance to inform our plan before being endorsed by the EAAPC and EACOG.

## 2. Our Aim

The aim of the East Ayrshire Adult Protection Committee and therefore of this improvement plan is to ensure the citizens of East Ayrshire remain safe and protected through providing organisational and public assurance about the effective operations of adult support and protection key processes, and leadership for adult support and protection within East Ayrshire. Improving cooperation and collaboration between all agencies and wider partners will be at the heart of this.

## 3. Our APC Role and Function

This plan will achieve our aim through ensuring we carry out the functions of our EAAPC, as detailed below, which will be in the context that adults at risk, their families, carers and communities are able as fully as possible to participate, inform and shape our activity.

The Adult Support and Protection (Scotland) Act 2007 allows APCs to regulate their own procedures enabled through APCs addressing those functions set out in section 42 of the aforementioned Act, namely:

- reviewing adult protection procedure and practice
- providing information and advice and making proposals
- improving skills and knowledge.

This plan and the terms of reference for the EAAPC Improvement Subgroup align to these functions. **Core Functions** 

## Strategic Planning & Connections

- Communication, collaboration and cooperation
- Making and maintaining links with other planning arrangements
- Link effectively with other multi-agency partnerships and structures locally, regionally and nationally

#### Continuous Improvement

- Reviewing adult
   protection procedure
   and practice
- Self-evaluation, performance management and quality assurance
- Promoting good practice (information and advice giving)
- Improving skills and knowledge (staff development)

#### Public Information and Communication

- Raising public
   awareness of ASP
- Involving adults who may need or have needed support and protection
- Representing the views of adults, their families and Unpaid Carers.
- Involving communities

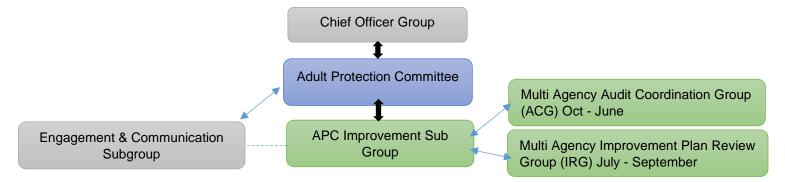
#### Reporting

- Publish a Biennial and annual progress report on the work undertaken by the Committee
- Delivery of activity measured against key performance measures in reporting year as well as identified priorities for the year ahead.
- National ASP Minimum Dataset

## 4. Reporting Arrangements

The EAAPC Improvement Subgroup is an integral part of the EAAPC governance and reporting arrangements. The subgroup retains oversight of this Improvement Plan as part of their statutory function through receiving and co-ordinating updates from action owners who have accountability for ensuring the actions and any working groups to focus on new or emerging trends are progressed through established improvement work that incorporates ASP. An Audit Co-ordination Group (ACG) is established annually in October each year to undertake the annual Multi Agency Audit in the following March. The ACG stands down in June to allow the Improvement Plan Review Group (IRG) to stand up and review and/or develop the ASP Improvement Plan from the Audit before standing down in September. This ensures robust arrangements for self-evaluation.

EAAPC will retain oversight of this Improvement Plan as part of their statutory function through receiving quarterly reports from the Subgroup Chair.



#### 4.1 OUR IMPROVEMENT PLAN

The overarching priorities of this plan will evidence highly effective outcomes for adults at risk and their unpaid carers by ensuring:

- The Partnership will evidence highly effective key processes to keep adults at risk of harm safe, protected and supported
- The Partnership will evidence highly effective strategic leadership for adult support and protection

#### with the aim that: the Partnership is highly effective in keeping adults at risk of harm safe, protected and supported.

The Key Performance Indicator Improvement Dashboard and the Risk Assessment Management Matrices will be updated and reviewed at every East Ayrshire Improvement Sub Group meeting to identify and mitigate any risks in terms of the progress of this plan and to ensure we are meeting our identified standards.

The detail of partners' improvement theory and approach across the adult support and protection system is shown in the diagram below:

#### Primary Driver – we need to ensure

Highly Effective Strategic Leadership

In order to achieve this AIM...

The APC is highly effective in keeping adults at risk of harm safe, protected and supported

Highly Effective Key Processes

Secondary Driver which Requires...

Improved collaboration (SAS and G.P's)

Strengthened Self Evaluation

Move from Trauma Informed to Trauma Responsive

Hearing the voices of and strengthening Participation of people a risk of harm

Greater communication between adult and children's services at key transition points

Strengthened reflective Learning approach within ASP practice

Improved public and service perception of ASP and partners to promote and understand the supportive nature of ASP

Improved ASP practice standards in line with 2024 Audit Findings

Strengthened multi-agency information sharing, risk assessment and decision making in complex cases.

Outcomes for people presenting with Suicidal ideation, fire Risk better understood and informing change

Impact of increased adult concern reporting understood and activity to reduce impact on statutory services in place

Understand disparity between national and local data for people with a learning disability

Change Ideas to ensure this happens...

ASP Improvement plan 2025-26 informed by National ASP QIF.

Explore further options to improve the adult a risks and Unpaid Carers participation in ASP processes

Public Health approach to self-neglect developed

Refresh of strategic approach to tackle financial harm

Review of AP/CP Interface Guidance & associated training delivered

Analysis of staff survey to identify improvement in 2025

Implementing Council Officer Workforce survey local recommendations.

Evidence of partner's transparency by informing adults of ASP referrals and as such promoting their rights.

ASP Improvement Plan delivered in 2025-26

Model of multi-agency approach to escalating risk implemented.

Strengthen consistent application of ASP Planning Meeting criteria across partners

Multi-Agency approach to data collation developed to identify any trends or gaps with systems improved to capture information for example around domestic abuse, undue pressure, Fire Risk and Suicidal ideation.

Desk Top Audit to aid ADP to understand factors influencing increased reporting of non-fatal overdose within protection reporting

Options for analysing data for people under category of Learning Disability agreed and implemented.

The table below represents a key to understanding the status of any particular improvement action within the Plan.

GREEN (G)	AMBER (A)	BLUE (B)	RED (R)	WHITE (W)
Successfully achieved	On Target There are <b>no</b> issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget	On hold or awaiting update There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget	Not Met/Outstanding There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget	Task not yet started

## **Function 1 – Strategic Planning and Connections**

#### Outcome 1.1

We exceed our statutory roles and provide effective strategic leadership and direction in adult support and protection across East Ayrshire.

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
	Continue to evidence improved confidence		Lead Officer: Lisa Brock	Nov 2024		
involved in adult protection work are	of the multi-agency workforce through			Nov 2025		
confident in the Governance and Leadership for ASP	survey arrangements in place.	themes from Audit and Learning Reviews to demonstrate evidence	ordinator	Nov 2026		
'		of improved				

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		performance and further improvement action required.				
		ASPIP25/26 - 02 Footfall data from EAC ASP Pages/NHS AthenA ASP Pages (Local) evidence increased access to	Improvement Co- ordinator			
		resources.	Key People: Ann McArthur, ASP Lead NHS			
		ASPIP25/26 - 03 APC annual attendance data report reported to COG with members plan for improvements.	Brock APC Practice	February 2025 February 2026		
			<b>Key People:</b> Aileen Anderson, Democratic Services			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		ASPIP25/26 - 04 Undertake a self- assessment that identifies potential gaps and areas for improvement in respect of Adult Support and Protection responsibilities	Lead Officer: A Bunton Scottish Care HSCP Integrated Lead	December 2025		
<b>1.2</b> Committee members are assured that Adult Support and Protection responsibilities and responses are effective and underpinned by strong partnership working	Ensure our annual multi-agency audit reflects the national Quality Assurance Framework (QIF) developed.	ASPIP25/26 - 05 Audit Coordination Team for 2026 Audit to sense check templates and guidance against QIF.	Lead Officer: Chair of Audit Co- ordination Team Key Worker: L Brock Practice Improvement Co- ordinator ASP Lead Officer	End January 2026		
		ASPIP25/26 - 06 Develop, deliver and report annually on multi- agency uptake of an EA e-learning resource to enhance the multi- agency workforces understanding and perception of being an auditor or being audited. (MA Audit).	Lead Officer: Emma Guthrie, Practice Development Co- ordinator	End February 2025		

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		ASPIP25/26 - 07 Social Work Single Agency annual Audit analysis reported to the APC Improvement Subgroup.	Lead Officer: HSCP ASP Senior Management Lead.	December 2025		
		ASPIP25/26 - 08 NHS Public Protection Accountability and Assurance Framework Self-Assessment outcome reported to EAAPC Improvement Subgroup with areas for multi-agency improvement in relation to ASP identified & reflected in APC Improvement Plan.	Lead Officer: Ann McArthur, ASP Lead NHS	2025 31 December 2026		
<b>1.3</b> Committee members supported to understand their roles and responsibilities and are supported to	Improved MA workforce Planning to ensure workforce have the skills, expertise and experience to deliver ASP activity		Lead Officer: Lisa Brock Practice Improvement Co- ordinator Key Worker: Emma Guthrie, Practice			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
exercise these effectively			Development Co- ordinator			
		ASPIP25/26 - 10 Report on the impact of the promotion of the proactive role of the Neighbourhood Coaches across our multi-agency workforce, in respect of sustaining tenancies.	Services <b>Key Worker:</b> Alexander Rae, Housing Services	2025		
		ASPIP25/26 - 11 Understand the distribution and impact of the Scottish Police College 2 day In person training.	Lead Officer: Peter Sharp, Police Scotland			
	Self-Assess our level of readiness in relation to integrating a Trauma Informed Approach	,				

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	EVIDENCE How we will know we are achieving outcomes	LEAD OFFICER & Key People	TIMESCALES When we will do this	UPDATE as at xx.xx.xx	R A B G W
<b>1.4</b> Committee members have the opportunity to reflect on the work of the EAAPC with frontline staff and to identify future priority activity.	An Ayrshire Seminar and East Ayrshire Annual Development Day is held for Committee		SFR Community Engagement & Prevention Lead Officer: Susan Maguire, EAAPC Independent Chair	February/March 2025 (Financial Harm in Older People) February/March 2026		
		ASPIP25/26 - 14 Ayrshire Seminar theme agreed and event delivered	Lead Officer: ASP Lead Officer Key Worker: Ayrshire Chairs and Leads Meeting	2025 (North Ayrshire hosting) 2026 (South Ayrshire hosting)		
<b>1.5</b> The Committee undertakes Learning Reviews (LR) and acts on findings.	Chief Officers assured learning from learning reviews embedded across and between partnerships.	ASPIP25/26 - 15 Analysis of APC/CPC LR activity reported to COG to outline themes emerging to enable us to understand the common areas for future consideration improvement and learning from our LR activity.	Lead Officer: Emma Guthrie, Practice Development Co- ordinator	February 2025		

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
1.6 The Committee are assured that young people receive the right support at the right time, by the right service where there are protection concerns.	The Committee is assured of greater communication and joint working across and between Children and Adult Services	ASPIP25/26 - 16 Annual key themes and trends of LSI Learning Together Forms reported to Senior Manager, ASP to outline themes emerging to enable us to understand the common areas for future consideration improvement and learning from our LSI activity. ASPIP25/26 - 17 Evidence of increased uptake of Safe and Together training by Council Officers.	Lead Officer: HSCP ASP Snr Management Lead Key Workers: Mairi Gribben, Senior Manager: Health and Wellbeing Lisa Brock, ASP Practice Improvement Co- ordinator Lead Officer: Lisa Brock APC Practice Improvement Co- ordinator (PI)	May 2026		
		ASPIP25/26 - 18 Short Life Working Group to consider options for risk assessment and analysis of Gender Based Violence to be	Lead Officer: Diane Langley, VAWP Lead Officer	31 December 2025		

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		developed and to replace the current Gender Based Violence tool used to support practitioners on Liquidlogic.				
		ASPIP25/26 - 19 Adult & Children and Justice Services to jointly develop transitions guidance where there are safeguarding concerns.	Manager Key Workers:	30 June 2025		
		ASPIP25/26 - 20 Adult & Children and Justice Services to jointly consider effectiveness of having lead role for inquiries under ASP where there are safeguarding concerns	Lead Officers: Marion MacAulay, Head of Service: Children & Families and Justice Services and Erik Sutherland,	30 June 2025		
		ASPIP25/26 - 21 Review the joint East Ayrshire AP/CP Interface Guidance with consideration to	Lead Officer: AP Lead and Kirsty Fraser, CP Lead	31 December 2025		

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	EVIDENCE How we will know we are achieving outcomes	LEAD OFFICER & Key People	TIMESCALES When we will do this	UPDATE as at xx.xx.xx	R A B G W
		adopting an Ayrshire position.				

## Function 2 – Continuous Improvement

#### Outcome 2.1

Adults at risk of harm are supported, safe and protected as a result of our activity.

#### Outcome 2.2

The adult at risk of harm believes that their views and wishes are taken seriously.

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
2.1 Effectively move from being trauma aware to trauma responsive in relation to Adult Support and Protection.	Strengthen our trauma informed response.		LeadOfficer:EmmaGuthrie:PracticeDevelopmentDevelopmentCo-ordinatorKey Worker:Key Worker:LiamWells,ADPLeadOfficer,DianeCraig,			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		ASPIP25/26 - 23 Update the Case Conference Chairs training to include a focus on being trauma informed with confidence around conflict management ensuring the adults views and voice do not	Development Co-			
		become lost. <b>ASPIP25/26 - 24</b> Present an Option Paper to EAAPC that supports the multi- agency workforce to build confidence in response to service refusal in a way that fosters supportive relationships and encourages engagement.	Practice Development Co- ordinator <b>Key Worker:</b> Diane			
2.2 A broader approach to identifying, engaging and collating the views	Hearing the voice of and improving participation of the person at risk and their families and unpaid	ASPIP25/26 - 25 Explore options to	Lead Worker: East Ayrshire Advocacy	31 December 2026		

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
of those involved in adult support and protection.	carers when circumstances require this.	their own Case Conferences.				
		ASPIP25/26 - 26 Explore options to improve how services involve unpaid carers in their cared for persons ASP journey.	Lead Officer: Kerry Ward, Service Officer, Contract & Commissioning	31 December 2026		
		ASPIP25/26 - 27 Consider options for fast-track pathways to reduce delays when individuals require psychological supports or alternative risk management processes such as CPA or access to new or updated capacity assessments	Lead Officer: Ann McArthur: ASP Lead Officer, NHS Ayrshire & Arran	2025		
2.3 The Committee is committed to a model of ongoing reflective learning across multi- agency partners.	Multi-Agency partners to consider and make better use of opportunities for joint working and to learn from peers across the ASP Landscape	ASPIP25/26 - 28 Consider options for joint working with partners to enhance the knowledge of their role in ASP Case Conferences				

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		ASPIP25/26 - 29 Explore new ways to share and embed learning from LSI's and Learning Reviews both with the EAAPC and into multi-agency practice.	LeadOfficer:EmmaGuthrie:PracticeDevelopmentDevelopmentCo-ordinatorKey Worker:DevelopmentCo-DevelopmentCo-ordinatorCo-	2026		
2.4 Improve standards of ASP practice in line with multi-agency audit 2024 findings	Strengthen multi- agency information sharing, risk assessment and decision making in complex cases.	ASPIP25/26 - 30 Multi-agency Escalating Risk (Escalation Protocol) to be developed and implemented with report on progress reported to EAAPC	Lead Officer: Mairi Gribben, Senior Manager			
		ASPIP25/26 - 31 Increase consistency in use of and standard of ASP Planning Meetings as evidenced by the 2025 & 2026 Multi-Agency Self- Evaluations of ASP	Lead Officer: Erik Sutherland, Head of Service Key Workers: Jo Gibson, Head of Service Marion MacAulay, Head of Service Donna Sinforiani, AP Lead Officer	2026		
		ASPIP25/26 - 32	LeadOfficer:DaleneSteele,			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		Explore and understand why ASP Inquiries with the use of Investigatory Powers frequently do not meet the 26 working day timescale and seek ways to improve this.	Manager			
		ASPIP25/26 - 33 Explore the development of a standard template for multi-agency chronologies which can also be used where individuals require to transition from child to adult, or other services.	Lead Officers: AP Lead Officer & Kirsty Fraser, CP Lead Officer <b>Key Worker:</b> Emma Guthrie, Practice Development Co-			
		ASPIP25/26 - 34 Consider and improve our ASP Service Referrer Feedback mechanisms once the ASP Episode has been completed.	Management Lead Key Workers: Mairi			

## Function 3 – PUBLIC INFORMATION, ENGAGEMENT & COMMUNICATION

#### Outcome 3.1

We help our communities to help keep themselves safe and protected.

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	EVIDENCE How we will know we are achieving outcomes	LEAD OFFICER & Key People	TIMESCALES When we will do this	UPDATE as at xx.xx.xx	R A B G W
3.1 The Committee is assured of action taken to improve public and service perception of the supportive nature of adult support and protection.	Dispel incorrect perceptions of ASP that are often barriers to engagement.	ASPIP25/26 - 35 Develop a resource for the business community to promote understanding of ASP and undertake a programme of delivery.	Lead: Engagement & Communication Subgroup Chair	31 December 2026		W
		ASPIP25/26 - 36 Utilise Engagement HQ to promote the commitment pledge to ASP across East Ayrshire	<b>Lead:</b> Engagement & Communication Subgroup Chair			
		ASPIP25/26 - 37 Develop and deliver ASP Weeks 2025 & 2026 in partnership with the National Engagement & Communication Group.	Lead: Engagement & Communication Subgroup			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
	Explore options to engage & communicate with our diverse communities	ASPIP25/26-38 Inclusive communication & community engagement is mainstreamed into our activities moving forward into 2025 - 2026	Lead: Engagement & Communication Subgroup			
		ASPIP25/26 – 39 Scope the option of Collective Advocacy with a view to establishing a Forum for people with Lived Experience	Lead: Engagement & Communication Subgroup			
3.2 The person at risk of harm or their unpaid carer has access to accessible information in relation to the Adult Protection journey to enhance their understanding and participation in the process.			Lead Officer: Neill Clark, Manager, EAAS Key Worker: Maggie Smith, EAAS East Ayrshire Carers Centre			

## **Function 4 – REPORTING**

#### Outcome 4.1

We produce quarterly national data and publish an annual and biennial report on EAAPC activity, progress and identify and act on any new or emerging trends.

#### Outcome 4.2

Our electronic systems are effective in supporting the collation and reporting performance in relation to ASP practice standards and expectations.

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	EVIDENCE How we will know we are achieving outcomes	LEAD OFFICER & Key People	TIMESCALES When we will do this	UPDATE as at xx.xx.xx	R A B G W
4.1 To empower East Ayrshire to be agile, adaptable, and responsive to the evolving needs of its community by establishing a robust data infrastructure	Strengthen digital approaches across Adult Support and Protection.	ASPIP25/26 - 41 Utilise Power BI to	Lead Officer: Lisa Brock, Practice Improvement Co- ordinator	30 June 2025		
		ASPIP25/26 - 42 Utilise MS Forms and Power BI to collate and analyse Multi-Agency Self-Evaluation data	Lead Officer: Lisa Brock, Practice Improvement Co- ordinator			

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
4.2 Multi-agency data available that informs future planning.	Strengthen data sharing and collation to better understand multi-agency trends in ASP	ASPIP25/26 - 43 Align and co-produce multi-agency data in respect of Police Scotland and NHS Ayrshire and Arran	Lead Officer: Lisa Brock, Practice Improvement Co- ordinator Key Workers: Vicky McLean, NHS Stephen Palmer, Police Scotland	31 December 2025		
4.3 To refresh our strategic approach to tackling financial harm	To support a preventative approach to tackling all aspects of financial harm.	ASPIP25/26 - 44 Host a round table event of key partners to explore wider options for responding to financial harm (to include challenges experienced with S10 requests).	Lead Officer: Susan Maguire, ASP Independent Chair	31 December 2025		
4.4 To support the APC to understand increased trends identified within the Biennial Report 2022 - 2024	To better understand the increasing risk factors to improve service response and negate the risk of reduced standards of adult at risk reporting.	ASPIP25/26 - 45 Undertake a desktop exercise to align the risk of Fire against ASP Referrals and provide the analysis to the Improvement Subgroup	Lead Officer: Craig Donnelly, Scottish Fire & Rescue Key Worker: Lisa Brock, Practice Improvement Co- ordinator	31 July 2025		

OBJECTIVES	ACTIONS	EVIDENCE	LEAD OFFICER	TIMESCALES	UPDATE	R A
What we want to achieve	What we are going to do	How we will know we are achieving outcomes	& Key People	When we will do this	as at xx.xx.xx	B G W
		ASPIP25/26 - 46 Understand increased trends in people undertaking more than one Investigation within the space of 12 months.	Lead Officer: Lisa Brock, Practice Improvement Co- ordinator			
		ASPIP25/26 - 47 Explore options to better understand the increased trend of Adult Concern reporting and the pathways they are directed to.	Lead Officer: Erik Sutherland, Head of Service			
		ASPIP25/26 - 48 Undertake a desktop exercise to aid ADP to understand factors influencing increased reporting of non-fatal overdose within protection reporting	Lead Officer: Lisa Brock, Practice Improvement Co- ordinator Key Worker: Dianne Ferguson, ADP Development Officer	31 March 2025		
4.5 To refresh our strategic approach to tackling self- neglect.	To support a preventative approach to tackling self-neglect.	ASPIP25/26 - 49 Work with the Strategic Planning Partners to explore Ayrshire wide options for responding to self-neglect.	Lead Officer: Lindsey Murphy, Health Improvement Lead			

#### OUR CURRENT IMPROVEMENT DASHBOARD

Measure	Target	2023/2024 Value	Spark Chart
% of Adult Protection Inquiries <b>without the</b> use of Investigatory Powers completed within 5 working days	63%	64%	
% of Adult Protection Inquiries <b>without the</b> use of Investigatory Powers signed off by Team Manager within 7 working days	63%	61%	
% of Adult Protection Inquiries with the use of Investigatory Powers completed within 26 working days	74%	42%	
% of total number of adults with advocacy at the end of an Inquiry with the use of Investigatory Powers	84%	Note: this KPI has been amended from % of Adults offered Independent Advocacy Services at Investigation Stage	
% of all adults at the end of an Inquiry with the use of Investigatory Powers who do not receive Advocacy services but were offered it	5%	Note: this KPI has been amended from % of Adults offered Independent Advocacy Services at Investigation Stage	
% of Adult Protection Case Conferences held within a maximum of 35 Working Days	84%	70%	
% of Adults who attend their Case Conference	80%	69%	
% of Police appropriately represented at Case Conferences when invited	80%	76%	
% of NHS appropriately represented at Case Conferences when invited	80%	71%	
% of Active Adults at Risk who have a completed Protection Plan	80%	84%	
% of Core Groups held within 10 working days of the ASP Initial Case Conference	80%	15%	
% of Review Case Conferences held within 3 months of Initial Case Conference	90%	82%	
% of the workforce who are Council Officers that are active in each reporting period	75%	81%	

Measure	Target	2023/2024 Value	Spark Chart
% of workers who felt that local leaders provide staff with a clear vision for their adult support and protection work			
% of workers who felt that ASP changes and developments are integrated and well managed across the partnership			
% of workers who have felt appropriately supported to undertake adult support and protection work			
% of people who have MLMP or MLMR completed 3 months following an adult ending their status as an Active Adults at Risk of Harm	90%	50%	
% of adults who die during an open Adult Protection Episode who have a completed Significant Occurrence Form	95%	100%	
% of people subject to 3 adult at risk referrals within a 3 month period with an ASP meeting held	90%	17%	
% of Housing staff who have attended second worker training			
% Uptake of NES ASP E-Learning across relevant NHS Workforce	95%	81%	

#### NEW ADDITIONS TO IMPROVEMENT DASHBOARD IN 2025 - 2026

Measure	Target	Evidence
% of NHS staff who have attended second worker training	TBC	Refer to 1.3 in Plan above.
% of ASP Inquiries with the use of Investigatory Powers signed off by Service Manager within 28 working days	74%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Planning Meetings signed off by Service Manager within 5 working days	74%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Initial Case Conference Decision Letters signed off by Service Manager within 1 working day	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Initial Case Conferences signed off by Service Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Core Groups signed off by Team Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Review Case Conference Decision Letters signed off by Service Manager within 1 working day	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Review Case Conferences signed off by Service Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024

#### OUR CURRENT RISK REGISTER

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
ASPIPRISK-01	Social Work Management Information System (Liquidlogic)	Any delay in implementation / availability and reporting of data that supports improvement in adult support and protection. Impact of system updates on functionality and data quality.	5	4	20		mpact	<ul> <li>Escalate to Liquidlogic development board</li> <li>Manual recording methods are partially available at the moment</li> <li>Understanding of gaps and reports now established</li> <li>Identify and develop ASP Business Objects Champions to assist with the sourcing of data in the interim</li> <li>Audit tool process now established and this is a standing item on the APC Improvement sub-group agenda to ensure frequent review.</li> <li>Health check process now underway, with small working groups to take this forward.</li> <li>Dedicated management escalation process now established.</li> <li>LL testing to be concluded by end of June 2024, with implementation of next version expected in July 2024. If issues remain following this, then scoping will be undertaken for further work to ensure accurate reporting.</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
	Workforce capacity to implement Improvement Plan	Any increased staff/management vacancies, in particular Council Officers, across frontline services or delays in recruitment/increased backfilling of internally recruited posts, or Service redesign that affects staff availability for statutory and development work. Also experience of exhaustion and stress within workforce.	3	3	9		mpact	<ul> <li>Escalate to Operational Risk Register;</li> <li>EAHSCP workforce management plan;</li> <li>Escalate to Risk Management Group;</li> <li>Cross service/agency availability to lead or support activity (CHCJ);</li> <li>Induction programme for managers and frontline workers supporting early ASP awareness;</li> <li>Various recruitment and retention activity currently underway in addition to agency arrangements to maintain sufficient workforce capacity (recent success with this including additional Social Workers, Support Assistants, and temporary Locality Team Manager. Recruitment will remain in place for future vacancies and future interviews scheduled);</li> <li>HSCP Workforce Plan 2022-25 approved by IJB and contains various actions to progress, including the establishment of a Workforce Planning Board.</li> <li>Return from 'Grow your Own' programme expected in May/June 2024, however these individuals will not be Council Officers.</li> <li>Close monitoring of Council Officer workforce and capacity, including through increased reporting abilities via HR21, and audits of Council</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								Officer workforce in relation to geographic spread (Locality audit underway).
ASPIPRISK-03	Ensuring access to East Ayrshire Advocacy Service's Lived Experience project to support reporting on the adult at risks' full journey in the ASP process	Any delay in implementation/availability of Lived Experience qualitative data due to low HSCP staff referrals uptake that compromises the ability to report on outcomes for adults at risk of harm and meet improvements identified in ASP Inspections and the current APC Delivery Plan. Also collation of carer views reliant on this mechanism to trigger access to views and may compromise future funding sustainability.	3	2	6		Impact	<ul> <li>Ongoing activity to encourage managers to refer service users to East Ayrshire Advocacy Service - Senior Management continuing to pursue this.</li> <li>Attendance and briefings at team meetings</li> <li>ASP script and guidance developed and provided to staff</li> <li>Advocacy Project lead visited all HSCP Team Meetings to raise awareness and give explanation of purpose</li> <li>Closer monitoring ongoing via the APC Improvement sub-group</li> <li>'Deep dive' undertaken to understand low numbers, however no clear reason identified. Senior Manager to go back to teams to pursue further.</li> <li>Potential alternative route to receive referrals being considered.</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								<ul> <li>The recent drop in referrals will be highlighted at upcoming management meetings.</li> </ul>
								<ul> <li>Minute Taker providing prompts at conference meetings.</li> </ul>
								<ul> <li>Newsletters to be re-circulated.</li> </ul>
								• EAAS have been invited to three development sessions over the coming months to promote.
								• Potential to add a function in Liquidlogic to record this going forward as part of the ongoing health check.
ASPIPRISK-04	improve or sustain ASP Practice standard of 35 working days in	The current interim 42 day standard evidences low impact on ability to meet performance standard therefore is reverting back to 35 days from 1st April 2024. Continued evidence of consistent low performance reduces the ability to provide assurance to APC/COG that adults identified as at risk of harm are receiving a responsive service and result in reduced ability to meet future Inspection and Regulation standards. Potential negative impact on workforce morale and public assurance	4	2	8		Impact	<ul> <li>Routine quarterly performance monitoring and reporting via ASP Improvement Plan and HSCP Scorecard</li> <li>Monthly performance reports to HSCP Managers to alert and support to address days</li> <li>Multi Agency ASP Audit March 2024 includes analysis of records and staff focus groups to help identify potential barriers and mitigations</li> <li>Support to increase use and reporting of HSCP ASP single agency management audits to identify further mitigations</li> <li>Scoping of decision letter</li> </ul>

#### OUR CURRENT IMPROVEMENT DASHBOARD

Measure	Target	2023/2024 Value	Spark Chart
% of Adult Protection Inquiries <b>without the</b> use of Investigatory Powers completed within 5 working days	63%	64%	
% of Adult Protection Inquiries without the use of Investigatory Powers signed off by Team Manager within 7 working days	63%	61%	
% of Adult Protection Inquiries with the use of Investigatory Powers completed within 26 working days	74%	42%	
% of total number of adults with advocacy at the end of an Inquiry with the use of Investigatory Powers	84%	Note: this KPI has been amended from % of Adults offered Independent Advocacy Services at Investigation Stage	
% of all adults at the end of an Inquiry with the use of Investigatory Powers who do not receive Advocacy services but were offered it	5%	Note: this KPI has been amended from % of Adults offered Independent Advocacy Services at Investigation Stage	
% of Adult Protection Case Conferences held within a maximum of 35 Working Days	84%	70%	
% of Adults who attend their Case Conference	80%	69%	
% of Police appropriately represented at Case Conferences when invited	80%	76%	
% of NHS appropriately represented at Case Conferences when invited	80%	71%	
% of Active Adults at Risk who have a completed Protection Plan	80%	84%	
% of Core Groups held within 10 working days of the ASP Initial Case Conference	80%	15%	
% of Review Case Conferences held within 3 months of Initial Case Conference	90%	82%	
% of the workforce who are Council Officers that are active in each reporting period	75%	81%	

Measure	Target	2023/2024 Value	Spark Chart
% of workers who felt that local leaders provide staff with a clear vision for their adult support and protection work			
% of workers who felt that ASP changes and developments are integrated and well managed across the partnership			
% of workers who have felt appropriately supported to undertake adult support and protection work			
% of people who have MLMP or MLMR completed 3 months following an adult ending their status as an Active Adults at Risk of Harm	90%	50%	
% of adults who die during an open Adult Protection Episode who have a completed Significant Occurrence Form	95%	100%	
% of people subject to 3 adult at risk referrals within a 3 month period with an ASP meeting held	90%	17%	
% of Housing staff who have attended second worker training			
% Uptake of NES ASP E-Learning across relevant NHS Workforce	95%	81%	

#### NEW ADDITIONS TO IMPROVEMENT DASHBOARD IN 2025 - 2026

Measure	Target	Evidence
% of NHS staff who have attended second worker training	TBC	Refer to 1.3 in Plan above.
% of ASP Inquiries with the use of Investigatory Powers signed off by Service Manager within 28 working days	74%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Planning Meetings signed off by Service Manager within 5 working days	74%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Initial Case Conference Decision Letters signed off by Service Manager within 1 working day	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Initial Case Conferences signed off by Service Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Core Groups signed off by Team Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Review Case Conference Decision Letters signed off by Service Manager within 1 working day	80%	Refer to EAAPC Improvement Group minute of 16 October 2024
% of ASP Review Case Conferences signed off by Service Manager within 5 working days	80%	Refer to EAAPC Improvement Group minute of 16 October 2024

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
ASPIPRISK-01	Social Work Management Information System (Liquidlogic)	Any delay in implementation / availability and reporting of data that supports improvement in adult support and protection. Impact of system updates on functionality and data quality.	5	4	20		mpact	<ul> <li>Escalate to Liquidlogic development board</li> <li>Manual recording methods are partially available at the moment</li> <li>Understanding of gaps and reports now established</li> <li>Identify and develop ASP Business Objects Champions to assist with the sourcing of data in the interim</li> <li>Audit tool process now established and this is a standing item on the APC Improvement sub-group agenda to ensure frequent review.</li> <li>Health check process now underway, with small working groups to take this forward.</li> <li>Dedicated management escalation process now established.</li> <li>LL testing to be concluded by end of June 2024, with implementation of next version expected in July 2024. If issues remain following this, then scoping will be undertaken for</li> </ul>

### OUR CURRENT RISK REGISTER

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								further work to ensure accurate reporting.
	Workforce capacity to implement Improvement Plan	Any increased staff/management vacancies, in particular Council Officers, across frontline services or delays in recruitment/increased backfilling of internally recruited posts, or Service redesign that affects staff availability for statutory and development work. Also experience of exhaustion and stress within workforce.	3	3	9		Impact	<ul> <li>Escalate to Operational Risk Register;</li> <li>EAHSCP workforce management plan;</li> <li>Escalate to Risk Management Group;</li> <li>Cross service/agency availability to lead or support activity (CHCJ);</li> <li>Induction programme for managers and frontline workers supporting early ASP awareness;</li> <li>Various recruitment and retention activity currently underway in addition to agency arrangements to maintain sufficient workforce capacity (recent success with this including additional Social Workers, Support Assistants, and temporary Locality Team Manager. Recruitment will remain in place for future vacancies and future interviews scheduled);</li> <li>HSCP Workforce Plan 2022-25 approved by IJB and contains various actions to progress, including the establishment of a Workforce Planning Board.</li> <li>Return from 'Grow your Own' programme expected in May/June</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								<ul> <li>2024, however these individuals will not be Council Officers.</li> <li>Close monitoring of Council Officer workforce and capacity, including through increased reporting abilities via HR21, and audits of Council Officer workforce in relation to geographic spread (Locality audit underway).</li> </ul>
ASPIPRISK-03	Ensuring access to East Ayrshire Advocacy Service's Lived Experience project to support reporting on the adult at risks' full journey in the ASP process	Any delay in implementation/availability of Lived Experience qualitative data due to low HSCP staff referrals uptake that compromises the ability to report on outcomes for adults at risk of harm and meet improvements identified in ASP Inspections and the current APC Delivery Plan. Also collation of carer views reliant on this mechanism to trigger access to views and may compromise future funding sustainability.	3	2	6		Impact	<ul> <li>Ongoing activity to encourage managers to refer service users to East Ayrshire Advocacy Service - Senior Management continuing to pursue this.</li> <li>Attendance and briefings at team meetings</li> <li>ASP script and guidance developed and provided to staff</li> <li>Advocacy Project lead visited all HSCP Team Meetings to raise awareness and give explanation of purpose</li> <li>Closer monitoring ongoing via the APC Improvement sub-group</li> <li>'Deep dive' undertaken to understand low numbers, however no clear reason identified. Senior Manager to go back to teams to pursue further.</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								<ul> <li>Potential alternative route to receive referrals being considered.</li> <li>The recent drop in referrals will be highlighted at upcoming management meetings.</li> <li>Minute Taker providing prompts at conference meetings.</li> <li>Newsletters to be re-circulated.</li> <li>EAAS have been invited to three development sessions over the coming months to promote.</li> <li>Potential to add a function in Liquidlogic to record this going forward as part of the ongoing health check.</li> </ul>
ASPIPRISK-04	Ability to meet, improve or sustain ASP Practice standard of 35 working days in respect of ASP Case Conference held	The current interim 42 day standard evidences low impact on ability to meet performance standard therefore is reverting back to 35 days from 1st April 2024. Continued evidence of consistent low performance reduces the ability to provide assurance to APC/COG that adults identified as at risk of harm are receiving a responsive service and result in reduced ability to meet future Inspection and Regulation standards. Potential negative impact on workforce morale and public assurance	4	2	8		Impact	<ul> <li>Routine quarterly performance monitoring and reporting via ASP Improvement Plan and HSCP Scorecard</li> <li>Monthly performance reports to HSCP Managers to alert and support to address days</li> <li>Multi Agency ASP Audit March 2024 includes analysis of records and staff focus groups to help identify potential barriers and mitigations</li> <li>Support to increase use and reporting of HSCP ASP single</li> </ul>

Code	Title	Risk Description	Likelihood	Severity	Risk Score	Risk Status	Risk Matrix	Risk Mitigation
								agency management audits to identify further mitigations
								<ul> <li>Scoping of decision letter</li> </ul>

#### **Glossary of Acronyms**

- ACG Audit Co-ordination Group
- ADP- Alcohol and Drug Partnership
- ASP Adult Support and Protection
- ASPIP25/26 Adult Support and Protection Improvement Plan 2025-2026
- **CPC** Child Protection Committee
- EAAPC East Ayrshire Adult Protection Committee
- EAC East Ayrshire Council
- EACOG Chief Officers Group (Child, Adult and Public Protection)
- HSCP Health and Social Care Partnership
- KPI Key Performance Indicator
- LR Learning Reviews
- LSI -Large Scale Investigation
- MS Forms Microsoft Forms Survey Tool
- **NES** NHS Education for Scotland
- NHS National Health Service-Ayrshire and Arran
- NHS AthenA NHS Staff Information website
- MLMP My Life My Plan Person Centred Social Work Assessment
- MLMR My Life My Review of the Person-Centred Social Work Assessment

**Power BI** – Business Intelligence (BI) platform for analysing, visualising and sharing data

- SFR Scottish Fire and Rescue Services
- S10 Section 10 of the Adult Support and Protection Act
- VAWP Violence Against Women Partnership