



NHS Public Protection Accountability & Assurance Framework

Kenny O'Brien – Associate Director, Public
Protection

NHS Grampian



- Territorial Health Board
- 3 separate local authorities in our boundary
- 14,000 staff – broad range of services [acute; community; mental health in patient and outpatient]
- Board wide Public Protection Team – but majority of actual ‘work’ happens in service areas

NHS PPAAF



- National development – under the lead of Scottish Government
- Set out ‘exemplar evidence’ and 8 standards for 3 key areas of public protection.

**MAPP
A**

**CHILD
PROTECTION**

**ADULT
PROTECTION**

8. The Health Board provides an effective medical response for children and adults in need of assessment and care.

Evidence

- Arrangements are in place to provide assessment for child abuse and neglect, including joint paediatric/forensic medical assessment examinations (JPFE) when required.
- Medical assessments are conducted in line with sections 9 and/or 11 of the [Adult Support and Protection \(Scotland\) Act 2007](#) where a Council Officer knows or believes a person is an adult at risk of harm. The assessment may be conducted under an assessment order, if the court has granted an order for a health professional nominated by the council to conduct a private medical examination of the specified person.
- Assessment and care arrangements draw on best practice contained in the [Child Protection Scottish National Clinical Guidelines](#).
- There are clear assessment pathways for accessing assessments of capacity to contribute to protection decisions, including decisions relating to the use of Adult Support and Protection, Adults with Incapacity, and/or [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) legislation.
- There is access to appropriately trained medical staff during out of hours periods when there is a requirement for paediatric examination, medical assessment, or a JPFE.
- Processes are in place within Emergency Departments and acute receiving units to respond to suspected abuse and neglect of children and vulnerable adults, with appropriate information sharing mechanisms to support clinical staff and named persons to work in line with Getting it right for every child/everyone.
- Medical assessment and care responses are monitored and reviewed with a clear reporting mechanism to the executive Health Board lead.



The Toolkit



- National development – led by the Scottish Health Leadership for Adult Protection Group
- Test of Change across 10 NHS Boards from May – October 23
- Took evidence and standards and turned them into a useable self evaluation tool.

Public Protection Standard 1: An executive Health Board lead has overall responsibility for child protection, adult protection, and MAPPA and champions public protection across our Health Board and contracted services (page 8)

Applicable Care Inspectorate Quality Indicators Joint Inspection Children's Services:	Applicable Care Inspectorate Quality Indicators Adult Support and Protection:	United Nation's Convention of the Rights of the Child (UNCRC)	Achieved			Not applicable	Key data and evidence that provides assurance around this standard
			In Full	In Part	Not At All		
7.2, 9.3	QI. 2.1, 2.2,	Articles: 1-3,6,9,12,16,18,19,23-25,24,25,27,34-36,39,40,42	In Full	In Part	Not At All	Not applicable	Key data and evidence that provides assurance around this standard

Evidence

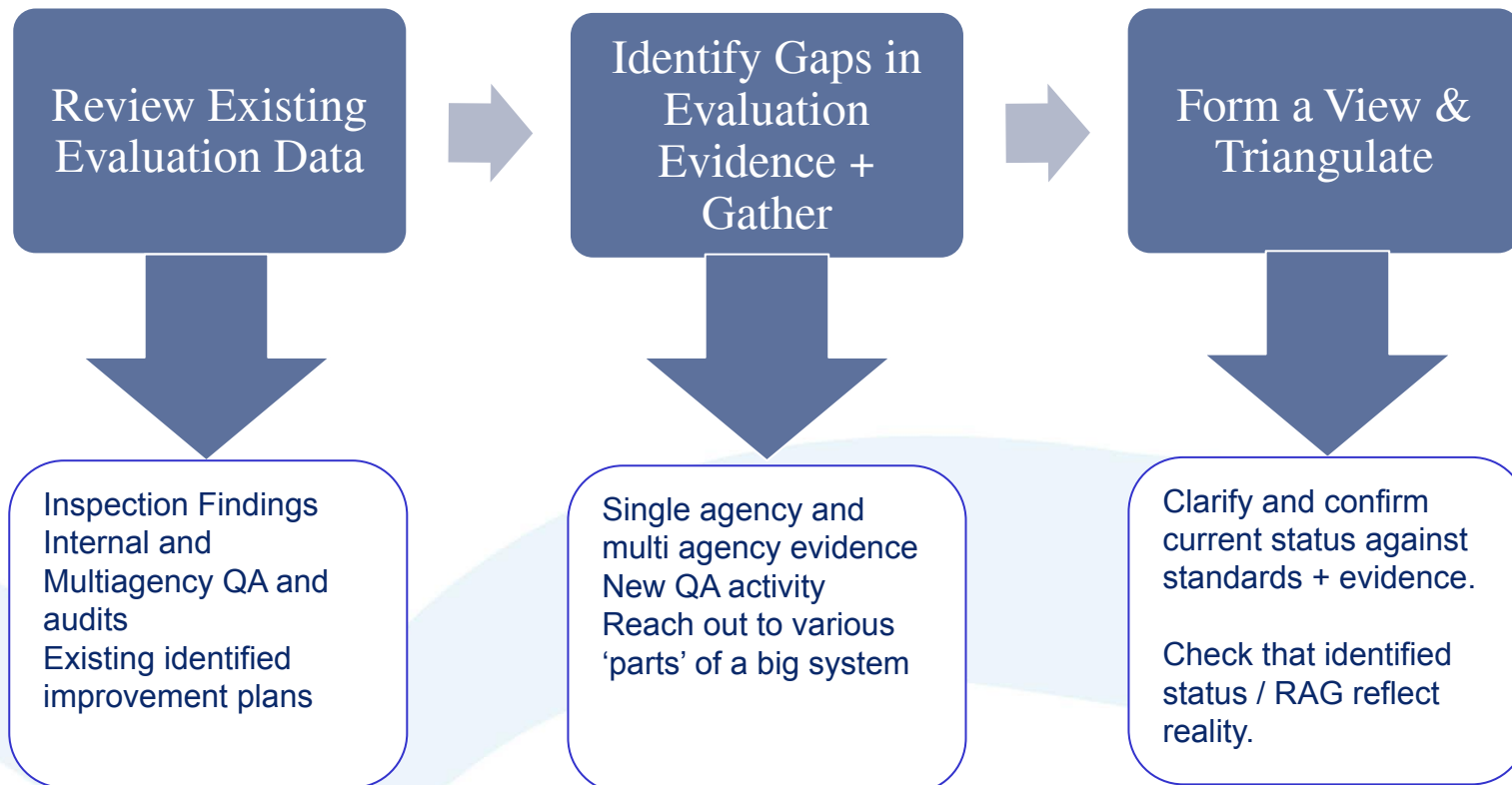
1.1 This lead is up to date with their public protection training, has public protection responsibilities reflected in their job description, and participates in relevant Chief Officer and Committee meetings.					
1.2 This lead ensures that local governance arrangements for public protection in their area support Chief Officers of Health and Social Care Partnerships.					
1.3 It can be shown that the executive lead promotes a positive culture of public protection (including unborn babies).					

Please provide an overall summary assessment on the extent to which our Public Protection Standard 1 has been implemented, identifying areas of strength and key barriers.

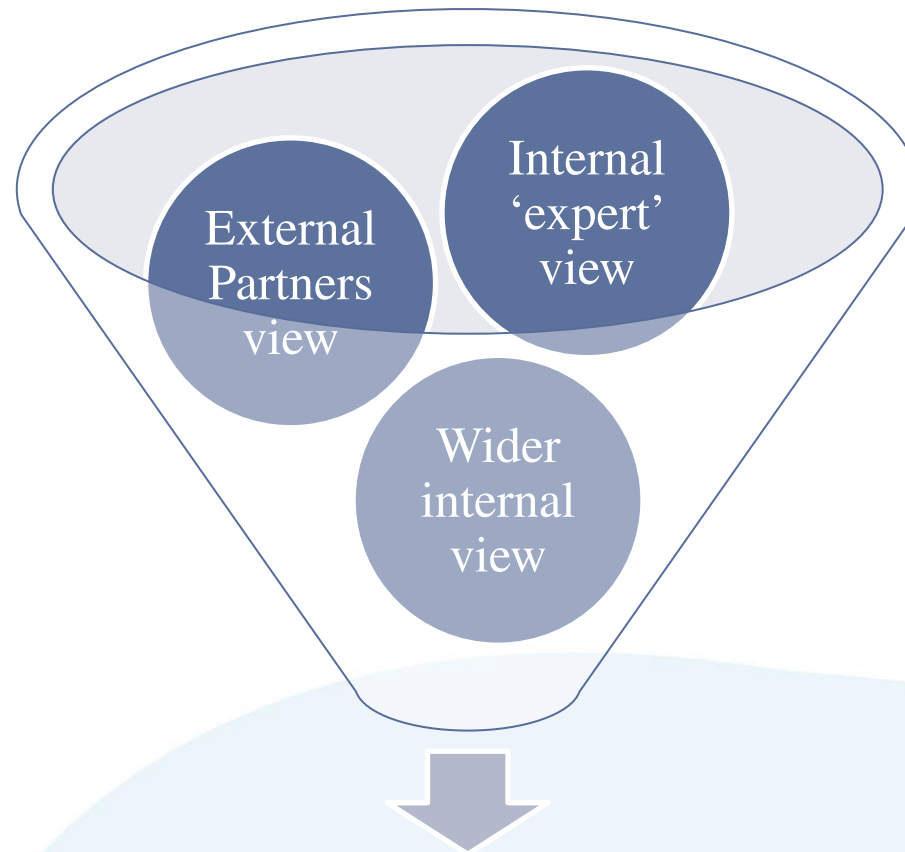
Please cite any planned self-improvement work

How we did it

- 3 stage process



Importance of Triangulation



Final Position

Governance and Action Planning



- Outcome had to be ‘owned’ within the organisation
- Important for accountability purposes but also for ‘what’s next’ or ‘so what?’
- Specific improvement activities came as a result of the self-evaluation work.
- Also shared with APC’s, CPC’s, SOG and all three COG’s



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Aberdeen City Health & Social Care Partnership
A caring partnership

WHAT IS THIS PATHWAY?
This pathway has been developed in the fields of Adult Support and Protection. It is designed to support professionals about mental health concerns.

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Pathway for Capacity Assessments for Protection Based Decisions
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NHS Grampian
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Questions and Discussion

