



**Item No. 10**

**Meeting Date**

**Wednesday 9<sup>th</sup> June 2021**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Susanne Millar, Chief Officer

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**Clinical and Professional Quarterly Assurance Statement**

<b>Purpose of Report:</b>	To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement.
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<b>Background/Engagement:</b>	<p>The quarterly assurance statement is a summary of information that has been provided to, and subject to the scrutiny of the appropriate governance forum.</p> <p>The outcome of any learning from the issues highlighted will then be taken back into relevant staff groups.</p>
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<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) consider and note the report.</p>
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**Relevance to Integration Joint Board Strategic Plan:**

Evidence of the quality assurance and professional oversight applied to health and social care services delivery and development as outlined throughout the strategic plan.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<p>Contributes to:</p> <p><b>Outcome 7.</b> People using health and social care services are safe from harm.</p>
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	<b>Outcome 9.</b> Resources are used effectively and efficiently in the provision of health and social care services.
<b>Personnel:</b>	The report refers to training and development activity undertaken with staff.
<b>Carers:</b>	Offers assurance to carers that quality assurance and professional and clinical oversight is being applied to the people they care for when using health and social care services.
<b>Provider Organisations:</b>	No impact on purchased clinical/social care provider services.
<b>Equalities:</b>	None
<b>Fairer Scotland Compliance:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	This report contributes to the Integration Joint Board's duty to have clinical and professional oversight of its delegated functions.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for Glasgow City Council:</b>	The report provides assurance on professional governance.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The report provides assurance on clinical governance.

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### 1. Purpose

- 1.1. To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement.

### 2. Background

- 2.1. This report seeks to assure the Integration Joint Board that clinical and professional governance is being effectively overseen by the Integrated Clinical and Professional Governance Board, chaired by the Chief Officer.
- 2.2. This report provides the IJB Finance, Audit and Scrutiny Committee with information collated up to March 2021 (attached at Appendix 1 for easier scrutiny). This cover report also provides an opportunity to offer more detail on issues relating to particular incidents and cases.
- 2.3. The most recent quarterly clinical and professional assurance statement was provided to the IJB Finance, Audit and Scrutiny Committee in [April 2021](#).
- 2.4. This report also provides assurance that clinical and professional governance arrangements remain a priority during COVID-19 with adjustments made to ensure operational and strategic oversight arrangements remain in place.

### 3. Integrated Clinical and Professional Governance Board

- 3.1. The Integrated Clinical and Professional Governance Board allows further scrutiny of the minutes from the following Governance meetings:
    - Social Work Professional Governance Sub Group
    - Children & Families / Criminal Justice Clinical and Care Governance Leadership Group
    - Older People & Primary Care Clinical and Care Governance Leadership Group
    - Mental Health Quality & Clinical Governance Committee
    - Police Custody Healthcare Clinical Governance Committee
    - Prison Healthcare Clinical Governance Committee
    - Homelessness Care Governance Group
    - Sandyford Governance Group.
  - 3.2. The HSCP, through the Integrated Clinical and Professional Governance Board, and the other Governance forums, continues to emphasise the need to embed a reflective, quality assurance expectation within all sections of the HSCP.
- ### 4. Significant Case Reviews (SCRs)
- 4.1. There are currently four SCRs to note in this quarterly assurance statement, two for Children's Services (Child D and Child E) and two for Adult Services (Adult A and Adult B).

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- 4.2. The Child D SCR has been presented to the Chief Officers Group. Publication and dissemination strategies have been agreed – a redacted version will be made available publicly, with an executive summary to be used for learning events with professionals.
- 4.3. The Child E SCR is underway, and engagement with the staff group is ongoing.
- 4.4. The Adult A SCR will be presented to the Adult Support & Protection Committee.
- 4.5. The Adult B SCR has been presented to the Chief Officers Group. Publication and dissemination strategies have been agreed – a redacted version will be made available publicly, with an executive summary to be used for learning events with professionals.
- 4.6. The Scottish Government has produced new national guidance for Child Protection Committees undertaking SCRs, which are being renamed Learning Reviews. At the time of writing it is anticipated that this will be published in May 2021, and the local joint SCR protocol is being updated to reflect the new guidance.

## **5. Multi-Agency Public Protection Arrangements (MAPPA)**

- 5.1. Within Glasgow during the reporting period January to March 2021 there were three instances of further sexual offending which resulted in an Initial Notification to the MAPPA Strategic Oversight Group (SOG). In all of these cases a decision was made not to review further.
- 5.2. A final draft of the new MAPPA Guidance has been circulated to the MAPPA SOG Areas for consideration and comment before it is published later this year.
- 5.3. The main changes to the Guidance are contained within the Scottish Prison Services (SPS) section which includes a new process map outlining a MAPPA person's journey from progression to liberation. The Guidance also places a greater emphasis on SPS Risk Management Team (RMT) as the sole decision making forum in relation to individuals subject to MAPPA being granted community access whilst in custody. It is expected that no parallel MAPPA meetings would take place in the community until the individual is nearing release.
- 5.4. The Guidance details changes to the criteria for MAPPA Extension cases for individuals associated with terrorism and highlights the need in those cases to link with Police Scotland PREVENT.

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- 5.5. Within the Significant Case Review section of the updated Guidance the main changes are that responsible authorities are no longer required to report all further sexual offending, only offences resulting in serious harm. Under this section the Guidance details the role of the Chief Officers Group (COG) in overall process, including having the final decision on where and who publishes a SCR. It also refreshes the role of the SOG in overall process and makes clear relevant Data Protection legislation needs to be adhered to when providing information at key stages in the process.
- 5.6. There are also changes to the performance indicators within the new MAPPA Guidance that each SOG area will be asked to report on which involves additional scrutiny on attendance by the Responsible Authorities both at MAPPA meetings and SPS Risk Management Team. There is no date for publication of the Guidance.

## **6. Self-evaluation Activity**

- 6.1. Glasgow Child Protection Committee (CPC) and Adult Support & Protection Committee (ASPC) have continued to receive the weekly data report also used to inform the Scottish Government of changing trends during COVID-19. Committees continue to reflect on this and identify emerging themes for further analysis.
- 6.2. The thematic review on Parental Mental Health as a risk indicator in child protection registration is complete and has been presented to the CPC.
- 6.3. The thematic review on Mental Health Officer Detentions is nearing completion and will be presented to the next ASPC meeting.
- 6.4. The CPC Neglect Subgroup has initiated two pieces of audit work – the reduction in the proportion of children on the Child Protection Register with a risk indicator of neglect, and the number of children with 3+ periods of child protection registration.
- 6.5. In respect of ASP inspection, work is underway to identify and collate evidence for the Care Inspectorate's quality indicators, as well as liaison with the Inspectorate on the secure digital sharing of records.
- 6.6. The Initial Referral Discussions (IRDs) continue to audit on an 8 weekly cycle involving Police, Health, Social Work and Education. The IRDs are signed off by agencies once they are satisfied that all actions are complete.
- 6.7. In addition to the audit cycle a deeper dive of one week's activities was undertaken to understand the process from initial referral to outcome. The review confirmed what was already known that there is a high level of activity at the initial referral end of the intervention continuum and only around half go on to child protection investigation and a smaller group to case conference.
- 6.8. Work continues to review the IRD process with partners and this work is related to the roll out of the National Joint Investigative Interview model being piloted in Glasgow.

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### **7. Assurance Areas**

#### **7.1. Workforce Registration**

Workforce registration issues, including conduct and fitness to practice information, are reported to the relevant Governance groups. Where necessary detail is also provided to the Integrated Clinical and Professional Governance Board. There are currently no outstanding workforce registration issues.

#### **7.2. Healthcare Associated Infection**

Matters associated with healthcare associated infection are routinely tabled during the Integrated Clinical and Professional Governance Board. During the last quarter there has been nothing to report in this area.

### **8. Recommendations**

#### **8.1. The IJB Finance, Audit and Scrutiny Committee is asked to:**

- a) consider and note the report.

**Significant Adverse Event Review Quarterly Reporting  
January – March 2021**

Service	Number of Significant Adverse Event Reviews Commenced in reporting period (1 January – 31 March 2021)	Number of Significant Adverse Event Reviews Concluded in reporting period (1 January – 31 March 2021)	Number of active Significant Adverse Event Reviews
Addictions	0	3	9
Children and Families	1	0	13
Homelessness	1	0	4
Mental Health Services	12	5	43
Older People and Primary Care	2	1	4
Police Custody Healthcare	0	0	1
Prison Healthcare	1	0	9
Sandyford	0	3	2

In October 2020, the Significant Adverse Event Review Policy replaced the previous Significant Incident Policy (SCI).