



Item No. 12

Meeting Date

Wednesday 15th June 2022

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

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Clinical and Professional Quarterly Assurance Statement

Purpose of Report:

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

Background/Engagement:

The quarterly assurance statement is a summary of information that has been provided to, and subject to the scrutiny of the appropriate governance forum.

The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team ☐
Council Corporate Management Team ☐
Health Board Corporate Management Team ☐
Council Committee ☐
Update requested by IJB ☐
Other ☐
Not Applicable ☒

Recommendations:

The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) consider and note the report.

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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:

Reference to National Health & Wellbeing Outcome:	Contributes to: Outcome 7. People using health and social care services are safe from harm. Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	The report refers to training and development activity undertaken with staff.
Carers:	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.
Provider Organisations:	No impact on purchased clinical/social care provider services.
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	This report contributes to the Integration Joint Board's duty to have clinical and professional oversight of its delegated functions.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	The report provides assurance on professional governance.
Implications for NHS Greater Glasgow & Clyde:	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 2022 (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 2022](#).
- 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
 - Adult Clinical and Care Governance Group
 - Mental Health Quality & Clinical Governance Committee
 - Police Custody Healthcare Clinical Governance Committee
 - Prison Healthcare Clinical Governance Committee
 - Homelessness Care Governance Group
 - Sexual Health 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.

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4. Significant Case Reviews (SCRs) / Learning Reviews and SAER Activity Summary

- 4.1 [Adult A SCR](#) was published on 28th April 2022.
- 4.2 For the Child H Learning Review, practitioner events have taken place and the lead reviewers are analysing the information in preparation for writing the review report.
- 4.3 The Child S Learning Review has commenced. The lead reviewers and review team are determining the scope of the review and identifying practitioners to participate.
- 4.4 A thematic review of the deaths of four older young people under similar circumstances is underway.
- 4.5 The Joint Learning Review with South Lanarkshire Child Protection Committee is progressing. The Terms of Reference have been agreed and the joint review team established.
- 4.6 A number of referrals have been received in relation to young people involved in serious community violence who have experience of exposure to domestic abuse in childhood, and women who have died/completed suicide following child protection activity/removal of their children. It is anticipated that a further two thematic learning reviews will be commissioned.
- 4.7 An induction resource has been devised for lead reviewers and review team members to ensure that the new learning review protocol is implemented, and a series of awareness-raising briefings for staff is in progress.
- 4.8 [Adult B SCR](#) – in addition to the ASP Committee briefings that have been held, the HSCP (via Local ASP Steering Forums) held multi agency Practice Development Sessions (previously known as Local Management Reviews) to help disseminate the learning. This ensured that the learning pack materials were distributed and presented in a structured approach, involving key note speakers and small group discussions to identify relevant improvement planning. A similar approach will be adopted in practitioner sessions that are being planned – with dates confirmed for May / June within the 3 areas.
- 4.9 Adult B Action Plan is also being progressed both on a multi agency and single agency basis and monitored via the QA Group. From a SW perspective, a range of actions have been completed including the aforementioned awareness raising sessions, updating of ASP e-forms to promote improved recording (including chronology recording), training reviewed, and content updated/ new courses developed (including development of an e-learning module on Chronologies for both Health and SWS staff systems) and completion of an ASP audit.

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- 4.10 Summary of SAER activity during the period 1 April 2021 – 31 March 2022
42 SAER were closed.

Addictions	5
C&F	4
Homelessness	3
MHS	25
OPPC	2
Prisons	2
Sandyford	1

5. Common Themes from the SAER

- 5.1 A number of common themes emerged from the completed reviews:
- 39 of the SAER were commissioned as a result of the death of a patient/ service user
 - Consistent and timely communication
 - Up to date risk assessment and compliance with agreed protocols requires refresh
 - Family and carers involvement require further improvements
 - Guidance re prescribing and monitoring required circulation to clinicians.
- 5.2 Responses to SAER activities including specific action requirements are summarised in reports detailing expectations on those responsible for leading. Action points are subsequently governed through respective care group governance arrangements with oversight ensuring the dissemination of learning.

6. Multi-Agency Public Protection Arrangements (MAPPA)

- 6.1 The new MAPPA guidance was published at the end of March 2022. The implementation of the new guidance will be managed via the MAPPA Oversight Group and the Strategic Oversight Group.
- 6.2 Since the last report, the number of Registered Sex Offenders and Extension cases managed at level 2 and 3 have remained static.
- 6.3 The Significant Case Review formally commenced at the beginning of March 2022 following extensive preparatory work and is currently being completed, once finalised this will be shared to ensure the learning highlighted is implemented.
- 6.4 The national ViSOR information sharing agreement implementation has been extended until the 30th of June 2022. Further documentation is anticipated in relation to the proposed information sharing agreement, once received this will be reviewed by the SOG.
- 6.5 The MAPPA National Annual Report is expected to be published in October 2022; the Glasgow MAPPA Annual Report will be published following this.

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7. Self-evaluation Activity

- 7.1 Glasgow Child Protection Committee (CPC) and Adult Support & Protection Committee (ASPC) have continued to receive the 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.
- 7.2 Evaluations of the dissemination of learning from the Adult B and Child D SCRs and the impact of the Public Protection Bulletin are in progress.
- 7.3 The audit of children's and young people's participation in child protection processes is complete, and the findings will be taken to the Child Protection Quality Assurance Subgroup and Committee.
- 7.4 Preparation is underway for a similar audit on service user participation in adult support and protection processes.

8. Assurance Areas

8.1. 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.

8.2. 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.

- 8.3 ASP Inspection Operational Oversight Group has been established and meetings are held on a monthly basis to help prepare for inspection. This is a multi-agency arrangement, with related work-plan, to support ongoing arrangements by Police, Health, and SWS to improve how we support and protect adults at risk of harm, in advance of the external ASP Inspection (part of a National Programme led by the care Inspectorate).

9. Recommendations

- 9.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
 - a) consider and note the report.

**Significant Adverse Event Review Quarterly Reporting
January – March 2022**

Service	Number of Significant Adverse Event Reviews Commenced in reporting period (1 January – 31 March 2022)	Number of Significant Adverse Event Reviews Concluded in reporting period (1 January – 31 March 2022)	Number of active Significant Adverse Event Reviews Ongoing as at 31 March 2022
Addictions	1	1	9
Children and Families	2	0	19
Homelessness	0	0	2
Mental Health Services	8	8	52
Older People and Primary Care	2	0	15
Police Custody Healthcare	0	0	1
Prison Healthcare	2	1	10
Sandyford	1	0	4