Item No. 14

Meeting Date **Wednesday 13th April 2022**

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

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 ☐ (please note below) Not Applicable ☒

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

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.

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 December 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 December 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
- 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.

4. Significant Case Reviews (SCRs)

4.1 Following the publication of the National Guidance for Child Protection Committees Undertaking Learning Reviews (which replaces the guidance on SCRs), the CPC and ASPC have produced a Joint Learning Review Protocol. Future SCRs will now be referred to as Learning Reviews. Since the last reporting period there has been no further Learning Reviews or Significant Case Reviews published.

4.2 Child D SCR was published on 10th August 2021. An action plan has been devised based on the findings and progress will be monitored via the Quality Assurance Subgroup and CPC. Learning Packs have been developed to facilitate dissemination of learning amongst partner agencies. Three multi-agency learning events have been hosted by the CPC.

4.3 Child H SCR is underway, and a workshop has been arranged for practitioners involved with the family.

4.4 The findings of Adult A SCR have been accepted by the Chief Officers Group and a redacted report will be published shortly. The Quality Assurance Subgroup is in the process of drawing up a multi-agency action plan.

4.5 Adult B SCR was published on 6th September 2021. An action plan has been devised based on the findings and progress will be monitored via the Quality Assurance Subgroup and ASPC. Learning Packs have been developed to facilitate dissemination of learning amongst partner agencies. Three multi-agency learning events have been hosted by the ASPC.

4.6 A thematic review of the deaths of four older young people under similar circumstances is underway.

4.7 A Joint Learning Review with South Lanarkshire CPC has been commissioned regarding a family who moved frequently between the two partnership areas.

5. Multi-Agency Public Protection Arrangements (MAPPA)

5.1 The National MAPPA Annual Report was published on 5th November 2021, and the Glasgow MAPPA Annual Report was published on 23rd November 2021. The Glasgow MAPPA Annual report evidences that national targets continue to be met.

5.2 Since the last report, the number of Registered Sex Offenders and Extension cases managed at level 2 and 3 have remained static.

5.3 Extensive preparatory work has been undertaken in relation to the MAPPA Significant Case Review (SCR) which has now formally commenced. The SCR will be conducted independently and findings will be published in due course.

5.4 The Glasgow Strategic Oversight Group (SOG) have agreed not to sign the Information Sharing Agreement proposed by Police Scotland at this time. A letter outlining the reasons for this was submitted to the National Sex Offender Policing Unit on 4th March 2022.

5.5 The new MAPPA guidance is expected to be published at the end of March 2022.

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 reviews of Mental Health Officer Detentions, Parental Mental Health as a Risk Indicator in Child Protection Registration, and Children with 3+ Periods of Registration have been disseminated to the locality Child Protection Forums and action plans will be devised.

6.3 An audit of children and young people's participation in child protection decision-making is underway. This will be replicated with service users' participation in adult support and protection processes.

6.4 An audit of the ASP Duty Systems was commenced in September 2021, to help quality assure our key ASP processes. This involved an analysis of 60 cases at Duty to Inquire (DTIs) stage, proportionately chosen from across the three ASP Duty Hubs (North West, South, and North East). The audit highlighted the high level of contact with partner agencies at DTI stage (evidenced in 88% of cases) and correct application of the three-point test (evidenced in 73% of cases). Crucially, the audit highlighted that in a significant amount of cases (82%), actions were taken to help the adult be safe from harm. Similarly, in cases where it was determined that action was not taken by SWS, it was deemed not to be necessary as safeguarding action had already been taken by other partner agencies (including Health, Scottish Fire and Rescue Services, Police Scotland) or declined by the adult.

6.5 The audit tool will be incorporated into regular governance arrangements to allow for regular case sampling to help drive practice improvements. ASP Eforms are in the process of being updated to help strengthen recording regarding advocacy referrals, chronology recording, the application of the three-point test and the escalation protocol (mandatory sections and additional guidance added to form to aid staff). Staff briefings will be held to disseminate learning from the audit and promote additional training opportunities, including the development of online modules (ASP awareness and Chronology modules added to GOLD). HSCP also piloting training to support staff to become more trauma informed – again this will support the application of the three-point test from a trauma informed perspective.

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.

Appendix 1

Significant Adverse Event Review - Quarterly Reporting
October – December 2021

Service	Number of Significant Adverse Event Reviews Commenced in reporting period (1 October– 31 December 2021)	Number of Significant Adverse Event Reviews Concluded in reporting period (1 October – 31 December 2021)	Number of active Significant Adverse Event Reviews ongoing as at 31 December 2021
Addictions	0	2	10
Children and Families	5	3	17
Homelessness	0	1	2
Mental Health Services	12	4	55
Older People and Primary Care	3	0	9
Police Custody Healthcare	0	0	1
Prison Healthcare	1	1	9
Sandyford	1	1	3