Item No. 12

Meeting Date **Wednesday 10th December 2025**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **Kelda Gaffney, Depute Chief Officer (Operations and Governance) and Chief Social Work Officer**

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Clinical and Professional Quarterly Assurance Statement (Quarter 2 2025/2026)

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1st July 2025 - 30th September 2025.
Background/Engagement:	The quarterly assurance statement is a summary of information that has been provided 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.

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:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1st July 2025 - 30th September 2025.

2. Background

2.1 This report seeks to assure the IJB Finance, Audit and Scrutiny Committee that clinical and professional governance is being effectively overseen by the Integrated Clinical and Professional Governance Group which is chaired by the Chief Officer, Glasgow City Health and Social Care Partnership (HSCP).

2.2 The most recent quarterly clinical and professional assurance statement was provided to the IJB Finance, Audit and Scrutiny Committee on 10th September 2025.

2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during Quarter 2 2025/2026 (1st July to 30th September 2025).

3. Governance Structures and Processes

3.1 Glasgow HSCP has robust professional and clinical governance structures around each of the service areas. These governance arrangements are overseen by the Glasgow City Integrated Clinical and Professional Governance Group.

3.2 The Public Protection arrangements across the city are overseen by the Chief Officers Group, chaired by the Chief Executive of Glasgow City Council, with representation from key partner agencies and the independent chair of both the Adult Support and Child Protection Committees.

4. Quarterly Updates from Governance Groups Quarter 2 2025/2026

4.1 Glasgow City Integrated Clinical and Professional Governance Group

4.1.1 The Glasgow City Integrated Clinical and Professional Governance Group meets quarterly. The Group is chaired by the HSCP Chief Officer, with membership of Depute Chief Officers, Assistant Chief Officers and Professional Leads. The group receives reports from the Social Work Professional Governance Board, Governance Groups for each Care Group (Children and Families, Older People and Primary Care, and Adult Services); and Mental Health and Primary Care Clinical Governance Groups.

4.1.2 In Quarter 2, the following issues/updates were noted:

- Progress in closing Significant Adverse Event Reviews (SAERs) with 47 closed in the quarter and 62 outstanding.
- Scoping work on increasing acuity and complexity, and impact on resource and capacity.

- Issues with access and quality of the Interpreting Service, noting the number of languages spoken in the city.
- An update on the Termination of Pregnancy and Referral (TOPAR) Service within Sexual Health Services.

4.2 Mental Health Services Clinical Governance Group

4.2.1 The Mental Health Services Clinical Governance Group's (MHSCGG) function includes whole-system oversight for Glasgow City and NHS Greater Glasgow & Clyde (NHSGGC) services. The agenda items include governance assurance on Clinical Risk, Feedback and Investigations, Quality Improvement, Policy Development and Implementation, Research and Development, Medicines Governance, Legislation, Infection Control, Continuous Professional Development and Learning, and Quarterly Reporting from Care Groups. The MHSCGG meets monthly.

4.2.2 Medical/Nursing Staffing and Inpatient Bed Pressures

Mental Health Services (MHS) continue to experience significant pressures across both inpatient and community settings with bed occupancy for adult mental health services regularly sitting at 100% occupancy. The situation is compounded by prolonged lengths of inpatient stay in some areas with difficulties accessing community-based care packages and legislative delays.

The 15 bedded Learning Disability unit (Blythswood) remains on the Stobhill site and beds in Inverclyde have been temporarily reduced due to gaps in senior medical staffing numbers.

The contingencies that are in place to maintain safe and effective delivery of care include: daily bed huddles, weekly huddles involving all MHS teams, a reconfiguration of the Bed Management work stream and improved recording of delayed discharges.

Community Mental Health Teams also continue to experience significant pressure, with average waiting times routinely exceeding the 4 week target (up to 24 weeks) for new referrals as a consequence of staffing gaps and the volume of referrals for Neurodevelopmental disorders (NDD).

4.2.3 Suicide Risk and Design Group (SRDG)

The rolling programme of ward decant work is ongoing to progress removal of ligature points. This work is being undertaken based on the risk profile of the wards assessed clinically as high risk. Phase A of the Ligature-reduction works programme is now complete. Phase B is due to commence in October 2025, with a completion date for Phase B being July 2026.

There is an ongoing focus on training to raise awareness of ligature risks and managing suicidality. Data from Workforce Information confirms that 42% of staff who work in MHS have completed the module.

4.2.4 Continuous Intervention (CI)

The Continuous Intervention Policy and Practice Guidance was implemented 31st March 2025. Weekly audits were undertaken for 12 weeks concluding late June 2025, and outcomes of this will inform further training or a need for additional support. A measurement framework is being developed.

The use of Wellness Toolkits has been implemented in most inpatient areas. There is a multidisciplinary Task and Finish approach to establish a Wellbeing Service and the Service Specification is being developed.

4.2.5 Alcohol and Drugs Recovery Services (ADRS)

The Thistle Service (Safer Drug Consumption Facility)

The Thistle Service has been operational since 13th January 2025. By 30th September a total of 461 unique individuals (367 males, 94 females) had registered and used the facility a total of 7,165 times. There have been 4,767 injecting episodes inside the facility. There have been 60 medical emergencies within the facility up to 30th September, and affected individuals responded to emergency care on site. Support from Scottish Ambulance Service was only required on 11 occasions. There have also been 380 recorded referrals from The Thistle to other support, treatment and care services.

As well as being co-located with the Enhanced Drug Treatment Service (EDTS) (diamorphine assisted treatment), Complex Needs Service, Greater Glasgow Clyde Blood Borne Virus and Sexual Reproductive Health, and Glasgow City's Housing First team, the service benefits from the onsite support of an acute consultant for supporting the physical health needs of service users. A primary care service has recently been established in Hunter Street, as well as a mobile Dental Unit.

A Glasgow City HSCP Oversight Board has been established for The Thistle. Future activity includes development of a Business Case for Smoking/Inhalation Spaces within the facility. Up-to-date service data can be found at: Thistle Service Data | Glasgow City Health and Social Care Partnership.

The formal evaluation, coordinated by NHS GGC Public Health and delivered independently by academic departments, formally began on 1st April 2025. More details about the evaluation can be found at: Evaluating the impact of the UK's first saNctioned sAfer drug Consumption faciliTy (ENACT): A mixed-methods natural experiment study - NIHR Funding and Awards. The UK Government Scottish Affair's Committee recently published a report on The Thistle and recommendations are being considered at the Oversight Board.

4.2.6 Child and Adolescent Mental Health Service (CAMHS)

Following concerns raised in the BBC Scotland Disclosure Programme, a number of internal and external reviews of inpatient units are ongoing. The Royal College Psychiatry Review will be a 3-phased approach with Phase 1 undertaken from July until October 2025. This was a desktop review of governance using key documents provided by NHS GCC and reviewing internal quality assurance processes, alongside conducting group discussion with senior management and multi-disciplinary teams.

Phase 2 will commence in October 2025 until January 2026 and will be a case note review of 12 randomly selected patients. Interviews with key stakeholders, staff and service users will explore emerging themes from past and present incidents of care. A review of the culture of care will include a site visit from the review team and reviewing feedback around patient safety, restrictive practices, and decision making in adverse events.

Phase 3 will begin in (approximately) June 2026, six months after dissemination of the final report from the review team and will review the progress of governance and culture of care within the unit. This will include measuring progress against report recommendations and gathering evidence of actions undertaken. This will include a one-day meeting with senior representatives from the Health Board and Skye House.

A final report will be issued highlighting examples of positive practice, areas for improvement, and recommendations to support development. Reviews are being monitored through a Board Executive Oversight Group. The joint Healthcare Improvement Scotland and Mental Welfare Commission inspection took place in August 2025. There were no immediate escalations and the full report, outcomes and any improvement plan will be included in the next quarterly assurance report to this Committee.

4.2.7 Outstanding Mental Health Significant Adverse Event Reviews (SAERs)
Addressing the backlog of outstanding SAERs in MHS continues to be a priority with ongoing measures in place as previously described. There is a focus on closing delayed SAERs.

At 1st September 2025:

- 91 open SAERs in MHS; No pre-2023 SAERs.
- 124 potential SAERs to be reviewed. All services are being asked to prioritise decisions regarding them. No pre-2023 potential SAERs.
- 58 beyond 140 days since commissioned.

The Chief Officer has convened a number of meetings to maintain oversight of outstanding SAERs, which has impacted positively on the number of SAERs brought to conclusion. The Depute Chief Officer, Operations & Governance, has developed a short-life working group to review the current processes and consider improvements.

4.2.8 Mental Health Strategy
In addition to the ongoing review of current community investment priorities, the approach to strategy delivery is moving from multiple service-aligned work streams to fewer core leadership workstreams aligned under Wellbeing, Access, Assessment, Treatment, and Moving Between and Out of Services. These groups will take a patient centred, silo-agnostic approach to purpose and function.

Work on unscheduled care has progressed with full implementation of board wide Mental Health Assessment Units and a framework in place for the delivery of Community Acute Care Services to reduce the need for hospital admission.

The borderline personality disorder (BPD) Pathway, from a relatively small cohort of patients, shows a sustained 50% reduction in occupied bed days at four years post specialist (Dialectical Behaviour Therapy, Mentalisation- Based Therapy) treatment.

An agreed set of principles has been produced from a review of Primary Care Mental Health Teams and implementation will be subject to local resource and workforce constraints.

Following extensive community engagement, a long list of combinations of hospital sites that will support the future configuration of mental health wards and beds has been developed. Discussion is ongoing on whether the required option appraisal process will consider all 13 combinations, or an interim shortlisting stage is required. Option appraisal will be followed by public consultation.

4.3 Social Work Professional Governance Board

4.3.1 The Social Work Professional Governance Board (SWPGB) meets every 4 weeks and receives governance updates from localities, Public Protection and Complex Needs, Adult Services, Children Services, Care Services, Justice Services, Homelessness Services, Organisational Development, Practice Audit, Human Resources, Social Work School of Glasgow Caledonian University, and the Care Inspectorate.

The SWPGB has developed a sub-group and reporting structure which consists of:

- Locality Governance;
- Mental Health Officer (MHO) Forum;
- Directly Provided Services Forum including Homelessness, Older Peoples Residential Services, Children's Residential Service, Fostering Services, and Care at Home Services;
- Safeguarding Board.

4.3.2 At the SWPGB in Quarter 2:

- The revised Supervision Policy was presented for review. The policy has been developed to be more reflective of the opportunities and challenges that have arisen from different approaches to working for some social care staff. The shift to hybrid approaches reduced the level of peer support, mentoring, and access to informal supervision and support. Glasgow City HSCP is dedicated to supporting the social care workforce and aim to promote meaningful supervision through the implementation of the policy, a supervision toolkit, and briefings for supervisors and managers. This policy is underpinned by robust research and evidence, including worker and manager feedback, analysis of research papers, and resources from the Care Inspectorate and Scottish Social Services Council (SSSC) website. The aim of the policy is to streamline the current policy and make it more inclusive to frontline staff.
- Learning and Development now have approval to deliver the Practice Teaching Award in-house.
- A Safeguarding Board has been developed, with a focus on data collection against priorities for safeguarding service users across all care groups, learning from internal audits, Inspections and Learning Reviews, and oversight of improvement/action plans.
- Approved the roll out and management arrangements proposed for Families for Children to launch their online learning platform (GOLD) for foster carers and adopters.

- The Joint Protocol for Discharge from Forensic Services was approved and signed off by NHS Governance in January 2025. The purpose of these operational principles is to set out for managers, clinicians and practitioners in NHSGGC and the HSCP, agreed processes in relation to identifying and accessing community care and/or accommodation with support.
- Approved the Caring for Glasgow's Children and Young People document, which is a recognition and celebration of the important role of our residential carers. Our care teams bring with them experiences, skills, knowledge and 'ways of being' which provide safe, nurturing, loving and healing environments in which our children and young people can grow and learn.
- The Adult Support and Protection Tripartite Audit Report was discussed. Adult Support and Protection (ASP) arrangements in Glasgow City are subject to an annual Tripartite Audit undertaken by Social Work, Health and Police Scotland. The Joint Audit represents a key strength of our self-evaluation processes and related governance arrangements. The audit activity helps to identify, and track, positive practice and areas for development. It also provides assurances of the effectiveness of our ASP processes across agencies.
- Secure Screening guidance has been refreshed and approved, following input from Legal Services.
- Practice Guidance for the Glasgow Assessment and Plan (GAP) was approved. This guidance is divided into two parts: Part A provides general guidance for GAP, and Part B covers guidance for specific types of GAP assessments.

4.4 Multi-Agency Public Protection Arrangements (MAPPA)

4.4.1 Scottish Government and Chairs of the Strategic Oversight Group (SOG) meet quarterly as a National SOG to develop and evaluate strategic plans, discuss practice issues, and ensure the arrangements for MAPPA are as robust as they can be.

4.4.2 MAPPA is overseen by the Strategic Oversight Group (SOG) in Glasgow which meets quarterly. The SOG includes senior representatives from the responsible authorities and oversees performance and strategic planning of MAPPA. Within Glasgow the SOG ensures that MAPPA is performing to the agreed standards, that Duty to Cooperate and Responsible Authorities are working together to effectively reduce the risk that individuals subject to MAPPA pose to the community, and that strategic planning is improving performance.

4.4.3 The MAPPA Operational Group (MOG) meet every 6 weeks with representation at an appropriate level from the responsible authorities. The focus of the group is the operational running of MAPPA.

4.4.4 The NASSO (National Accommodation for Sex Offenders Group) meet quarterly to manage the complexities in relation to housing individuals subject to sex offender registration.

4.4.5 The National Performance Indicators (NPIs) of MAPPA continue to be reviewed monthly, and within the reporting period all NPIs have been met, except for one NPI in July, whereby one of the initial Level 3 meetings was held less than 4 weeks prior to liberation.

4.4.6 By the end of the quarter, there were six Category 1 Level 2 cases, two Category 1 Level 3 cases, and three Category 3 Level 2 cases being managed within the community. During the reporting period, there were four Initial Notification Reports submitted to the SOG, one of which progressed to an Initial Case Review. The findings of this will be reviewed at the next SOG.

4.4.7 The MAPPA audit continues to be completed bi-monthly and there has been two audits during the reporting period. Learning and good practice examples were disseminated to MAPPA partners.

4.4.8 Local planning for the implementation of Multi Agency Public Protection System (MAPPS), which is the replacement for ViSOR, continues to make positive progress. A Glasgow MAPPS governance group has been stood up which comprises of current ViSOR users and IT. The aim of the group is to support business and operational readiness for MAPPS.

4.5 **Prevent**

4.5.1 Prevent forms part of the UK Government's wider counter-terrorism strategy known as 'CONTEST'. The purpose of Prevent is to safeguard and support individuals susceptible to becoming terrorists or supporting terrorism. Prevent is an enhanced multi- agency approach with all local authorities taking responsibility for delivery of the Prevent Multi-Agency Panel (PMAP) processes in their area. Glasgow City HSCP is the lead for Glasgow. Prevent Business Groups are held quarterly, and the group discuss all cases and Prevent-related concerns.

4.5.2 The Prevent Multi-Agency Panel (PMAP) continues to review active cases and cases following closure from PMAP. In the reporting period case numbers and referrals have remained consistent, with active cases consisting of males.

4.5.3 Following the Prevent Assurance feedback, positive progress has been made to take forward the feedback. Progress is tracked by the Prevent Strategic Oversight Group and the CONTEST group.

4.5.4 To support awareness raising within Prevent, a Communication Strategy has been developed. The aim is to raise awareness of the Prevent duty, how to make a referral, and the associated processes when an individual is subject to Prevent. To support this, 'Raising Prevent Awareness' training has been developed which will be hosted on GOLD. It is anticipated that this will be available within the next reporting period.

4.5.5 The PMAP Guidance was published in August 2025 and Prevent leads have attended a meeting with the UK Government Home Office to discuss the changes to the guidance. Implementation of the PMAP Guidance will be locally tracked via the Prevent Strategic Oversight Group.

4.6 Adult Support and Protection (ASP)

4.6.1 The ASP Committee (ASPC), as per section 42(1) of the Adult Support and Protection (Scotland) Act 2007, is a key multi-agency strategic governance arrangement for ASP activity in Glasgow City. It reports to the Chief Officers Group (COG) on a quarterly basis.

The ASPC meets quarterly to receive assurances from all partners on ASP activity. Typical standing agenda items include ASP National Minimum Dataset (NMD), self-evaluation activity, Learning Reviews and any associated improvement plans, and national updates.

The ASPC is chaired by an Independent Convener and is supported by two multi-agency sub-groups: Quality Assurance (quarterly meeting) and the Learning Review Panel (quarterly meeting).

The work of ASPC is supported by a Committee Team (Lead Officer, Senior Development Officer and Learning and Development Officer), who work across the ASPC and Child Protection Committee (CPC). A centre-based ASP team (ASP Service Manager and two ASP Senior Officers) provide oversight into all HSCP ASP activity as well as implement any strategic priorities.

In addition to ASPC governance, the ASP team reports directly to the following groups to ensure oversight of ASP activity:

- Social Work Professional Governance Board (as required)
- Public Protection Core Leadership meeting (quarterly)
- ASP Citywide Meeting (quarterly meeting with ASM and SMs across the city)
- ASP Service Manager meeting, chaired by Head of Service
- Safeguarding Board

4.6.2 <u>National Minimum Dataset (NMD)</u>
Q1 data was submitted to the Scottish Government on 15th August 2025. Q1 covered the reporting period April – June 2025. Within the period, Glasgow HSCP received 3,361 referrals and completed 3,361 formal inquiries under section 4 of the 2007 Act. A full breakdown of Q1 data/indicators follows:

- The main referral source continues to be Care Homes (32%), Police Scotland (14%), Third Sector Organisations (13%), NHS (14%), and Housing (11%).
- 858 (26%) of inquiries used investigatory powers

4.6.3 Outcomes

	Three Point Criteria Met			
Assessment Outcome Description	Yes	No	Unknown	Total
NFA* at all	398	820	48	1,266
NFA under ASP - SW actions required	524	668	37	1,229
NFA under ASP - signpost to other agency	109	404	18	531
ASP Case Conference required	15			15
ASP Investigation & Risk Assessment	118	16	14	148
ASP Review Case Conference	7			7
NFA - current ASP involvement	68	27	5	100
Abandon	2	2	61	65
Total	1,241	1,937	80	3,361

(* NFA – No Further Action)

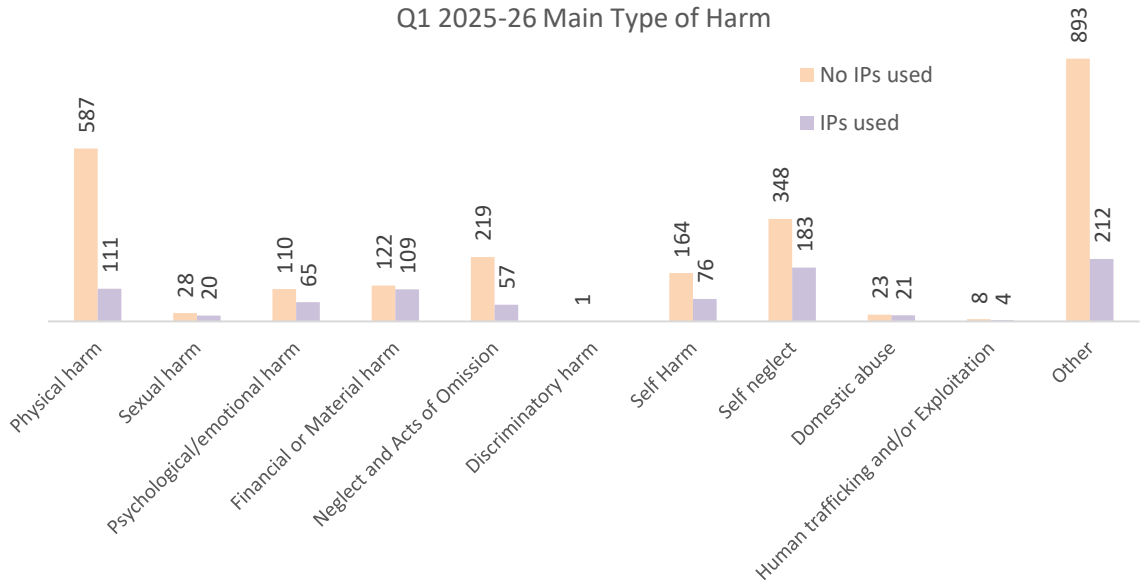
58% of all inquiries did not meet the three-point criteria, however more than 55% of this merited further action from social work or other agencies and 2% were already subject to ASP intervention. The ASP team are reviewing the use of “NFA at all” to ensure appropriate decision making. Additionally, there is a “NFA” Audit taking place in November 2025, which will look at practice in South Glasgow where the use of “NFA at all” is proportionally higher than the other areas.

4.6.4 Case Conference

There were 82 initial case conferences and 85 review case conferences in the quarter, with 152 (91%) adults at risk invited to these 167 case conferences. Around 52% attended the case conference. A further 7% of the adults at risk invited but who chose not to attend were represented by another person.

4.6.5 Main Type of Harm

The main type of harm is physical harm, followed by self-neglect and acts of omission

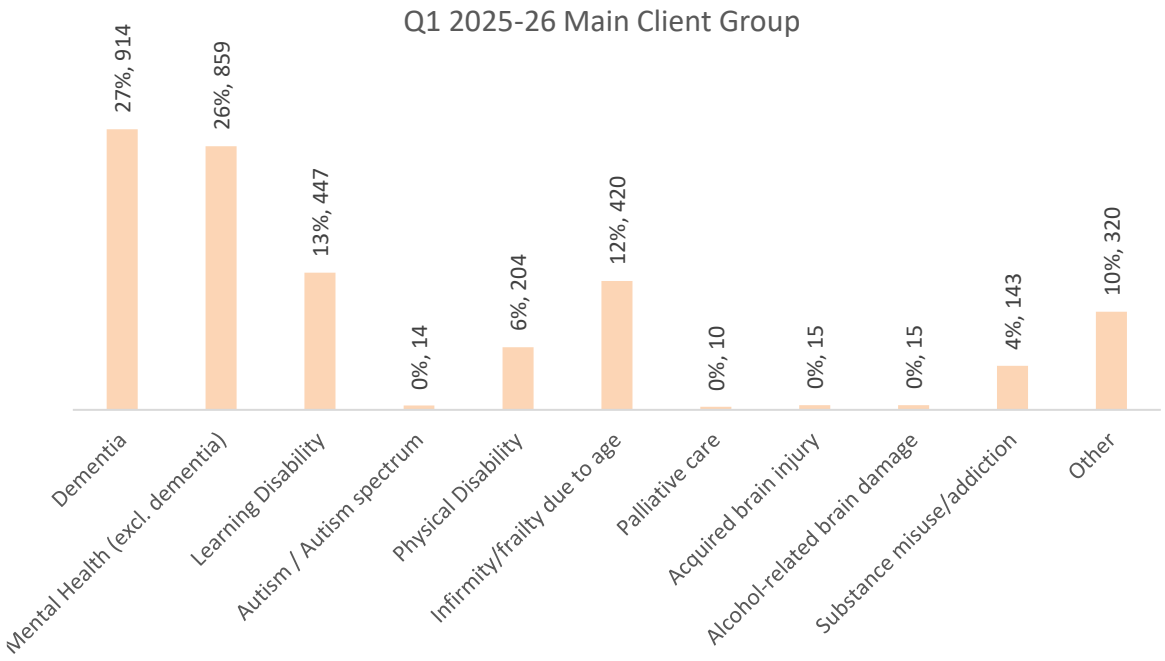


The “Other” category includes “other ASP harm issue” and “mental health”. In Q1 these accounted for 614 and 457 cases respectively. In 30 cases the type of harm was not known. Work continues in each quarter to analyse the “other ASP harm issue”.

4.6.6 Location of Harm

The adult at risk’s own home is the main location of harm (40%) followed by a care home (35%)

4.6.7 Main Client Group



Further, but not full, analysis of the “Other” category is shown in the table below. Analysis of the open comments continues to be an ambition each quarter to understand the data more thoroughly.

“Other”	Total
Vulnerable Adult/ Young Person	102
Domestic Abuse	26
Long term health condition	17
Human Trafficking	16
Cognitive Impairment	13
Living conditions	10
Substance misuse/abuse	7
AWI	6
Financially vulnerable	6
Forced marriage	4
Homelessness	3
Sexual assault	3

4.6.8 Large Scale Investigations (LSIs)

Three LSIs commenced in this quarter, two relating to the care home sector and one in a supported living service. The HSCP's Care Home Oversight Group maintains oversight of LSI activity and outcomes, as well as other care home concerns.

4.6.9 Annual Performance Report

The ASP Annual Performance Report was completed in September 2025:

- ASP referrals numbers for the period (April 2024 – March 2025) were marginally lower than they were in the previous reporting period (0.2% decrease).
- Glasgow HSCP received 12,035 ASP referrals (for 7,060 adults) in the year 2024/25, retaining a 100% conversion rate, meaning the 12,035 in referrals equates to 12,035 in formal inquiries undertaken under section 4 of the Act. While referrals show a slight decrease from last year, there is still an upward trend in ASP referrals when considered over a longer period (e.g. 6,926 referrals in the year 2019/20)
- The source of referrals across 2023/24 and 2024/25 has remained relatively consistent, with the Care Home sector showing the largest increase in both count and share. There has been a 6.4 percentage point decline in referrals from Police Scotland. When combining the different parts of the NHS, all health-related referrals account for 14% of all referrals.
- In 2024/25, the most frequently recorded primary types of harm were Mental Health (51%) and Other ASP harm issues (48%). The high prevalence of 'Other' as a category can be explained by the local use of 'mental health' as a category of harm which the Scottish Government do not classify as a type of harm, meaning they need to be tracked as "Other" when being submitted formally. The HSCP have since aligned harm types to that of the Scottish Government to ensure the use of Other is limited. Among specific harm types, Physical harm (17%) and Self-neglect (15%) were the most prevalent, followed by Neglect and Acts of Omission (9%) and Self-harm (8%). Financial or material harm (6%) and psychological/emotional harm (4%) were less common but still notable.
- The majority of ASP referrals relate to harm occurring in private living environments, with 'Own Home' (43%) and "Care Home" (33%) together accounting for 76% of all referrals.
- The use of Investigatory Powers remains consistently low at 26% of the total inquiries undertaken within the reporting year.
- Fuller investigation e-forms have risen over the five-year period from 302 in 2020/21 to 514 in 2024/25, representing a 70% increase in investigative activity since the start of the period. This growth broadly mirrors the rise in overall referrals actioned, which have more than doubled in the same timeframe (from 5,108 to over 12,000). However, the proportion of referrals progressing to investigation has remained relatively low and stable, fluctuating between 4.1% and 6.4%. The peak proportion occurred in 2021/22 (6.4%), followed by a drop to 4.1% in 2022/23 and 2023/24, with a slight increase to 4.3% in 2024/25.
- In 2024/25 a total of 262 Protection Plans were managed for 187 adults. Of these 262 protection plans, 148 of these were newly opened in the year. Of the 262 adults with a Protection Plan in this year, 56% were

female and 43% were male. The number of adults subject to a Protection Plan (PP) Increased sharply from 100 in 2020/21 to a peak of 202 in 2023/24, before a slight decline to 187 in 2024/25.

- There were no Protection Orders under the Act applied for or granted in the reporting year. This would be typical for Glasgow City.

4.6.10 Self-evaluation/Audit Work

Inter-agency Referral Discussion (IRD) Pilot

The previous Quarterly Assurance report noted that the Adult IRD Pilot was coming to an end, and a full evaluation report would follow. The evaluation report was completed in September 2025 and is progressing through governance forums.

A brief summary of the pilot and evaluation:

- As of week ending 18th September 2025, there had been 49 IRDs held and 39 of those IRD minutes subject to audit. Police triggered 24 of the 39 IRDs (62%), Social Work 13 (33%) and Health 2 (13%).
- 54% of the 39 IRDs were held within the 2-day window between request and meeting. Full reasons were given for those outside this 2-day window, which was mainly due to staff availability.
- All three agencies attended each meeting and there was substantial evidence of appropriate information sharing between the three agencies in all 39 cases.
- Evidence of risk was clearly recorded in all 39 IRD minutes with evidence of actions, next steps and how to proceed recorded.
- Psychological and emotional harm (31%) were the most dominant harm in the IRD cases audited.
- The file readers agreed that the IRD effectively determined if the adult met the three-point criteria in 37 (95%) of the 39 cases audited and partially met the three-point criteria in one (3%) further case.
- Ongoing ASP action with multi-agency follow up was the most frequently noted outcome of the IRD, indicating the need for the IRD response initially.
- Overall, all agencies involved in the pilot felt it was an effective way to work together to ensure the vision for APS in Glasgow City was upheld

4.6.11 Inappropriate Referrals Audit

There was growing anecdotal evidence from Team Leaders across the city that there was/is a large volume of ‘inappropriate referrals’ being made under the Adult Support and Protection (Scotland) Act 2007.

The ASP team ran an exercise from 28th July 2025 to 29th August 2025, whereby Team Leaders from the three ASP Hubs as well as Health and Social Care Connect (HSCC) were asked to continue business as usual, whilst flagging any cases that they felt were inappropriate. Thereafter, the ASP team audited the cases to determine whether they were actually inappropriate from a strategic point of view and in considering best practice.

There were a total of 22 cases flagged from a total ASP referral pool of 1,318 within the period. Therefore, the level of referrals deemed ‘inappropriate’ for the purpose of this exercise was 1.6% of the overall total. Of the 22 cases flagged, there were 7 cases that the ASP team assessed as appropriate and

within the scope of the Act. The remaining 15 cases could have been better managed out with the Act, avoiding additional and unnecessary demand on the ASP Hubs.

A full evaluation report of the findings is progressing through governance forums, and the recommendations from the audit are summarised below:

- ASP training to be updated to reflect what may be considered appropriate/inappropriate referrals. This should also be discussed at Team Leader forums to ensure updated knowledge and understanding of the evolving practice standards in ASP.
- Conversion rates to be considered to allow Team Leaders more flexibility when receiving a referral, preventing unnecessary administrative burden.
- ASP team to work with partner agencies (specifically Housing) to ensure pathway for referrals under the Act and referrals for generic support are well understood.
- ASP team to work with colleagues in HSCP Business Administration to look at new ASP referral forms and e-forms to better support partner agencies and frontline staff.
- ASP team to review journey/outcome of referrals as there are queries on the high proportion of use of NFA.

4.6.12 Care Home Risk Matrix

The first phase of the Risk Matrix Tool (RMT) roll out has now concluded and is at evaluation stage, due to conclude by November 2025. Initial review of findings indicates evidence that ASP reporting has become more consistent and appropriate but full analysis will be provided in the evaluation. During the roll out phase, three review meetings were held with the participating homes, Care Inspectorate and relevant HSCP Teams (including the Care Home Quality Assurance Team and Commissioning Team).

Feedback from these review meetings indicates that the RMT has been positively received. Care home managers advise that the RMT is supporting defensible decision making and staff confidence in relation to ASP reporting.

The Care Inspectorate advise that reporting is much clearer and detailed which helps streamline their responses.

The HSCP Commissioning Team also confirm that there is clear evidence that the RMT is supporting consistent ASP reporting and safeguarding practice.

Both Commissioning and the Care Home Quality Assurance Team have identified care homes for the wider phased roll out and contact has been made by other Local Authorities who are keen to adopt the RMT.

4.6.13 Policy and Procedures

The Forced Marriage guidance has made initial early progress, in that a wider group of cross-sector agencies representatives have been selected to start this work in November 2025.

4.7 Child Protection (CP)

4.7.1 The Child Protection (CP) governance arrangements are held under the overarching governance arrangements within the HSCP Public Protection structure and the Child Protection Committee (CPC). The CPC is supported by a Committee Team and a CP Team.

4.7.2 The CPC meets quarterly, is chaired independently, and has multi-agency representation, with self-evaluation and quality assurance processes. These include the:

- CP Quality Assurance subgroup – Quarterly multi-agency meeting
- Learning Review Panel – Quarterly muti-agency meeting
- The CPC reports quarterly to the Chief Officers Group (COG)

4.7.3 The centralised CP Team is well established and has a clearly defined strategic, practice and policy development role in the protection of children and young people at risk of harm.

4.7.4 Key functions of the team include the responsibility for ensuring direction of flow between respective CP governance arrangements with locality teams, undertaking case reviews at the request of localities and the CPC, and translating national policy and legislation into practice in a Glasgow context.

4.7.5 Inter-agency Referral Discussion (IRD)

The Terms of Reference for the IRD Steering Group has been approved via the Quality Assurance sub-group and CPC. The group is attended by representatives from HSCP, NHSGGC Public Protection Health Services, Police Scotland and Education Services. A priority for the steering group is the development of a framework for ongoing quality assurance for the IRD and triage process. This includes the development and implementation of a multi-agency Quality Assurance (QA) tool which will ensure the appropriate governance and scrutiny of the process and subsequent decision making.

The IRD Steering Group are progressing with work in relation to the full implementation of pre-birth IRD in accordance with the National Guidance for Child Protection (2021) and the IRD Guidance.

4.7.6 Neglect Strategic Group

The Terms of Reference for the Neglect Strategic Group has been approved via the QA sub-group and CPC. The group is attended by representatives from HSCP, NHSGGC Public Protection Health Services, Police Scotland, Education Services, third sector partners, and SCRA.

As part of the quality assurance and scrutiny framework for the group, multi-agency partners are undertaking an audit of Notification of Concern referrals submitted to HSCC by health and education partners where the presenting concern was neglect.

The group is currently at the planning stage of the audit in terms of identifying the representative sample from the total number of referrals in the scope of the audit (May 2024 to May 2025). The sample will be reviewed using an audit tool agreed by the sub-group.

A report will be made available at the end of the audit that will identify areas of good practice and areas for further learning and development.

4.7.7 Audit and Quality Assurance

In addition to the work within the respective steering and strategic groups outlined, the CP team are currently involved in several pieces of audit and quality assurance work including:

- Child Protection Registration over 12months:
  - The CP team, in partnership with locality based Children's services, is conducting an audit focused on children who have been on the CP Register for over twelve months. This process is being implemented in stages to optimise learning opportunities and inform practice development.
  - The audit also includes supplementary questions for cases involving families with three or more children. This aims to evaluate care planning and decision-making processes for larger families, ensuring that the needs of each individual child are thoroughly assessed and addressed within the context of the CP Plan.
  - Phase 1 of the audit is complete (casefile reading for all children in scope allocated within South locality) and Phase 2 is currently underway (casefile reading in North West).

- Notification of Concern/ Request for Assistance
  - The revised online referral process for education and third sector partners was implemented in February 2025. The online referral process now includes both the formal CP referral, Notification of Concerns (NoC) and a GIRFEC referral, Request for Assistance (RFA).
  - As a result of this change the CP team, in partnership with HSCC and Education colleagues, are undertaking an audit of the NoC/RFA referrals received in May 2025 to evaluate the quality of the referral and implementation of the revised referral pathway.

4.7.8 Policy and Procedures/ Guidance.

The CP Team continues to ensure that existing overarching CP and Public Protection policy and procedures/guidance is in accordance with national and local drivers for change, and changes in legislation and policy frameworks. Following the approval of the revised CP Procedures in February 2025 the CP team are leading the review of:

- Young Person Support and Protection Procedures, to align with the revised National Guidance in respect of Care and Risk Management processes (CARM), which is designed to support children, young people and their families manage the serious risk of harm, to reduce harmful behaviours and build capacity within the child/young person and their family.
- Female Genital Mutilation Guidance, in conjunction with NHSGGC Public Protection Services
- Forced Marriage Guidance – in partnership with the ASP Team and locality Children's Services.
- Notification of the Death of a Child Procedures, considering changes to the national guidance from the Care Inspectorate.

4.7.9 Learning and Development/Training Pathways

The CP Team continues to meet quarterly with the Learning and Development team to ensure that training in relation to CP is meeting the needs of staff, the organisation, and national developments in terms of policy and practice (e.g. National Framework for Child Protection Learning and Development in Scotland 2024).

The CP Team have reviewed the current mandatory training for CP for qualified social workers, which will be delivered in November 2025. This course will be evaluated as part of the wider review of the pathway for training for CP.

4.8 Glasgow City HSCP Safer Staffing

4.8.1 Glasgow City HSCP has a wide range of health and social care services that are required to comply with the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

4.8.2 NHSGGC has a system wide HCSSA programme, chaired by Professor Angela Wallace, Executive Nurse Director and co-chaired by senior HSCP and clinical representatives. The programme has representatives from all professions covered by the Act as well as leaders from relevant areas of service.

4.8.3 A HCSSA website is available to staff and public and provides information on the legislation, duties of health and social care organisations, frequently asked questions, and updates (https://www.nhsggc.scot/health-care-staffing-scotland-act-2019).

4.8.4 During this quarter, the approach within the HSCP has been strengthened to support the Senior Management Team in maintaining oversight of the HCSSA work. By closely collaborating with Professional Leads, Heads of Services, and Managers across the HSCP and Hosted Services, it has been agreed to table a bi-monthly report to effectively monitor our ongoing local implementation of the HCSSA.

4.8.5 Staffing challenges in certain areas and the necessity to engage all professional groups across the HSCP and hosted services is recognised, as indicated by our staffing level tool, Datix reports, workforce meetings and feedback. Nevertheless, these potential risks are being actively mitigated, and work is ongoing to ensure improved planning of the challenges of the Reduced Working Week, which will come into effect April 2026.

The Safer Staffing Implementation Group (SSIG) convenes every six weeks to further the ongoing implementation, better understand the Act's requirements, and address interrelated staffing and quality of care agendas. Although there is not yet full substantial assurance regarding all the requirements, there has been a positive development this quarter in the RAYG (Red/Amber/Yellow/Green) rating for monitoring 'severe and recurring risk.' This rating has improved from limited assurance to reasonable assurance, enhanced by improved understanding and use of the risk registers for staffing concerns.

4.8.6 Working closely with NHSGGC Corporate Services will continue on issues dependent on centralised functions, such as Safe Care developments and statutory/mandatory training developments. Over the coming year, there is a commitment to improving systems across the organisation infrastructure to fulfil and deliver on the Act's duties.

5. Learning Reviews

5.1 Learning Reviews are commissioned by the ASP and CP committees. The processes and oversight of reviews are delegated to the Learning Review Panel, which meets six times per year. The panel appoints a lead reviewer and review team members from relevant agencies, who analyse agency records and information from staff and families to identify learning which may lead to improvement in public protection systems and practice.

5.2 The committee reports to the COG, and reports are also submitted to the Care Inspectorate.

5.3 During Quarter 2, the Learning Review Panel considered:
- New notifications of cases which meet the criteria for a review; and
- Progress in commissioned reviews.

5.4 There were 6 Adult Notifications and 5 Child Notifications under consideration. The Learning Review Panel recommended 5 reviews be commissioned (4 Adult and 1 Child). It has been agreed that the remaining 4 Child Notifications merit review activity and discussions are underway as to the best means of doing so.

5.5 Learning Reviews in progress included 2 Child, 2 Adult, and 1 Family.

5.6 Thematic Reviews in progress included:
- Deaths in emergency accommodation

5.7 4 reviews have been completed (1 Child, 1 Adult, 1 Family and 1 Thematic Review) and will be presented to the next ASP and CP committees and the COG.

5.8 Eight staff attended national training to support undertaking the roles of lead reviewer and review team member, which should increase capacity across the Public Protection partnership. The training materials can be adapted for local use and delivered as required.

6. Audit Activity

6.1 An audit programme is submitted annually to the SWPGB for approval. Following the meeting any actions agreed at the Board are then taken to next meeting of the Safeguarding Board. The Principal Officer (Practice Audit) is responsible for implementation and management of the audit programme, maintaining an overview of Audit activity, progress of individual Audits and production of reports on Audit outcomes/findings. The Principal Officer attends the SWPGB meetings to provide an update on the programme.

6.2 During Quarter 2 two audits were completed and are due to be presented to the SWPGB:

- Safe and Together
- An audit of 'Out of Hours' Social Work and Homeless Services

Work began on the Homeless Health Needs Assessment, in response to the submission by the Independent National Whistleblowing Office (INWO) recommendations, relating to the closure of the homelessness GP practice at Hunter Street in May 2023. The report has now been completed with recommendations based on:

- Literature review
- Significant Case reviews and Learning reviews
- Glasgow Homeless Profile
- Review of Service Users: previously engaged at the Hunter Street GP service and sampling exercise
- Service user Interviews
- Stakeholder consultation event
- Initial draft of the report recommendations to be completed

Full report and recommendations will be presented to the Senior Management Team for consideration.

6.3 Future work of the audit team will be directed towards service prioritisation and cost effectiveness.

7. External Scrutiny (Visits and Inspections)

7.1 Mental Welfare Commission (MWC)

7.1.1 During Quarter 2, the MWC undertook 10 local visits to mental health services and prison health care services in NHSGGC.

9 of the visits were announced and 1 was unannounced. Visits took place to inpatient wards at Ailsa Ward, Stobhill Hospital; South Ward, Dykebar Hospital; Ward 2, Leverndale Hospital; Ward 4A & 4B, Larkfield Unit, Inverclyde Royal Hospital; Balloch Ward, Leverndale Hospital; McNair Ward, Gartnavel Royal Hospital; Tate Ward, Gartnavel Royal Hospital; and HMP Low Moss; HMP Barlinnie; and HMP Greenock.
(Hyperlinks are included for those reports which have been published.)

7.1.2 Upon completion of the visit, services are issued a final report by the MWC, which may include recommendations for improvement. Services are then required to submit a formal action plan addressing these recommendations (including specified timescales for implementation) within three months of receiving the final report.

7.1.3 This Committee receives an annual report on MWC local visits to MHS in February each year which provides an overview of the reports published, recommendations, themes and improvement work.

7.2 Care Inspectorate

7.2.1 During Quarter 2, there were 3 inspections undertaken by the Care Inspectorate (1 was announced and 2 were unannounced). Inspections took place at Children's Residential Services at Milncroft Road; to Older People Residential Services at Victoria Gardens Care Home; and to Older People's Services at North West - HSCP - Community Support Service.

7.2.2 The Care Inspectorate can issue areas of requirements and improvements to be made by the services. Services are required to develop action and development plans in response, including timescales for completion.

7.2.3 This Committee receives annual reports in February each year on Care Inspectorate activity which include detail on requirements and improvements.

7.2.4 The Committee will also be informed via the Clinical and Professional Quarterly Assurance Statement of reports which receive a score of 2 or lower, with an action plan required to be presented to FASC for oversight and assurance.

7.2.5 During Quarter 2, no inspections received a score of 2 or lower.

7.3 Healthcare Improvement Scotland (HIS)

7.3.1 A joint inspection by the MWC and HIS took place in Quarter 2 of the CAMHS inpatient units. Whilst the unit is situated within Stobhill Hospital, the service is hosted by West Dunbartonshire HSCP.

7.4 His Majesty's Inspectorate for Prisons Scotland (HMIPS)

7.4.1 There was one inspection undertaken by HMIPS during Quarter 2, to HMP Low Moss.

7.5 Future Reporting

7.5.1 A review of future reporting requirements to this Committee is underway to include outcomes of External Scrutiny visits and subsequent improvement plans to provide more effective assurance. It is anticipated that recommendations will be presented to this Committee in February 2026.

8. Recommendations

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

a) Consider and note the report.