



Item No. 13

Meeting Date Wednesday 14th June 2023

**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 for noting.
Background/Engagement:	<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 within the HSCP.</p> <p>The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.</p>
Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
Recommendations:	<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:

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:

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 for noting.

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 Board, chaired by the Chief Officer.
- 2.2. This report provides the IJB Finance, Audit and Scrutiny Committee with information collated up to March 2023 (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 on [8 February 2023](#).
- 2.4. This report also provides assurance that clinical and professional governance arrangements remain a priority during recovery from COVID-19 with adjustments made to ensure operational and strategic oversight arrangements remaining 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 Subgroup
 - 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 Significant Adverse Event Reviews (SAER) activity summary

4.1 Multi-agency briefings are underway to disseminate learning from the Adult A SCR. The Adult Support and Protection Committee's (ASPC) Quality Assurance Subgroup is in the process of reviewing progress on the action plan.

4.2 The action plan for the Adult B SCR has been reviewed, with a further review scheduled for November 2023. The ASPC's Quality Assurance Subgroup is considering areas for self-evaluation activity to measure the impact and outcomes of the improvement work but note successful completion of a number of improvement actions, including the following:

- **Training** – review of ASP Awareness Raising training completed (updated version now being delivered via hybrid approach), range of e-learning courses developed (including chronology training), and delivery of staff briefings based on the Learning Pack materials to help effectively disseminate the learning from Adult B SCR (to both single and multi-agency target groups).
- **Strengthen links between key partner agencies** – Social Work Services (SWS) ASP Team, NHSGGC Public Protection Service and Police Scotland (ASP Team) now represented on the ASP Committee and relevant subgroups, and collaborative approach being taken to improvement planning and ASP governance arrangements. This includes a joint approach to commissioning Learning Reviews, recommencing our Joint Self Evaluation programme and regular interface meetings to help drive practice improvements.
- **Local Management Reviews** considered the themes/learning from the Adult B SCR and involved multi-agency participation (held during 2022)
- **Improve information sharing between agencies** – launch of Health and Social Care Connect Service (November 2022) has strengthened early contact arrangements and includes the triaging/screening of ASP referrals. This has helped develop greater access to a range of information systems including clinical portal/EMIS and supports information gathering/decision making at ASP inquiry stage
- **IT System updates** – CareFirst eforms amended to incorporate learning from SCR (and previous audits) to prompt improved recording and ensure that management oversight and chronology recordings are embedded into our recording systems, alongside additional guidance for staff to prompt good recording standards.
- **Promote improved application of HSCP ASP Escalation Protocol** – additional prompts added to eforms to ensure Team Leaders consider previous patterns of ASP referrals, when making decisions. This is also reflected in updated guidance introduced for the launch of the Connect Service which ensures that the application of the Escalation Protocol will be evidenced at the initial inquiry stage and result in a case being deemed complex if the Escalation Protocol is triggered. Case sampling and governance related to the introduction of Connect has evidenced the consistent application of the Escalation Protocol.
- **Strengthen ASP Data and performance management arrangements** – ASP Dashboard developed to include key reporting information and ASP

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Data Report now established as a set agenda item at ASP Citywide meeting, to help support improved governance.

- **Promote Good Practice in Chronology Recording** – e-learning training module developed and added to both GOLD (Council) and Learnpro (NHS GG&C) as part of collaborative approach to improvement planning. Work also at an advanced stage to introduce a new Chronology course for frontline SW staff. Chronology Learning pack and Good Practice Guide also developed to help respond to the different training needs of staff. CareFirst Eforms have also been updated to prompt improved chronology recording (both in terms of risk chronologies and broader Life Event recordings). Additional chronology questions also added to the audit tool for the recent Joint Self Evaluation to help subject this area of practice to further scrutiny.

The QA Sub-group will continue to monitor the Adult B Improvement Plan in terms of promoting continuous improvement and promote a robust joint approach to the Learning Review process (across the different stages of commissioning, completing and sharing the learning from Learning Reviews).

- 4.3 The action plan for the Child D SCR has been reviewed, and a further review is set for November 2023. The Children Protection Committee's (CPC) Quality Assurance Subgroup is now exploring self-evaluation activity to measure the impact and outcomes of the improvement activity.
 - 4.4 Local governance processes for the joint learning review with South Lanarkshire (Family A) are complete. South Lanarkshire CPC have advised that theirs will complete in May 2023. A joint publication and dissemination strategy will be devised, and an update will be issued to IJB members.
 - 4.5 The report for the Child H Learning Review is anticipated shortly.
 - 4.6 The report for the Child S Learning Review is anticipated shortly.
 - 4.7 The thematic reviews (Care-experienced Young People, and Young People & Domestic Abuse) and the scoping for a further thematic review (maternal deaths) are in progress.
 - 4.8 In respect of raising awareness of the learning review protocol and processes, a second series of multi-agency briefings have been scheduled for June – December 2023.
 - 4.9 A Lead Reviewers' Forum has been established to provide peer support, with the aim of replicating this for review team members.
 - 4.10 To ensure that future reviewers have the knowledge and skills required to lead reviews and to increase capacity in the system, a learning and development pathway will be created.
- 5. Multi-Agency Public Protection Arrangements (MAPPA)**
- 5.1 MAPPA Glasgow continues to meet National Performance Indicators (NPIs) outlined within the [National MAPPA Guidance](#) (2022).

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- 5.2 Since the last report, the number of Registered Sex Offenders and category 3 cases managed at level 2 and 3 has remained static.
- 5.3 A quarterly audit process of MAPPA cases remains on-going, with identified learning and good practice shared amongst MAPPA partners. Each responsible authority distributes the learning and good practice within their organisation.
- 5.4 The [Significant Case Review](#) (SCR) on Person H commissioned by the Glasgow MAPPA Strategic Oversight Group (SOG) was published on 6th April 2023. The aim of the SCR was to examine the Multi-Agency Public Protection Arrangements in respect of the management of Person H with a focus on the effectiveness of information sharing, risk assessment, and risk management. The period reviewed was 11 October 2013 to 4 June 2021, the date Person H was convicted of rape and placed on the sex offender register. The Independent Reviewer concluded that this crime could not have been predicted or prevented, and that Person H alone was solely responsible for this crime.
- 5.5 The SOG supports the findings and recommendations of the SCR, and are fully committed to learning from the SCR. The SCR identified several areas of good practice, learning points, and recommendations for MAPPA partners. The SOG will have oversight to the actions required to implement the learning and recommendations that have been made. To take this forward a SCR implementation group has been set up, which will be chaired by Assistant Chief Officer Public Protection Complex Needs, with representations from organisations identified within the areas of good practice, learning points and recommendations.
- 5.6 Multi-Agency Public Protection System (MAPPS) is scheduled to replace the Violent and Sex Offender Register (ViSOR) in May 2024. On-going consultation remains to support the development of the system. Scottish Government have set up a Scottish MAPPS group, to enable the system to be considered from a Scottish Perspective. This can in turn be fed back to the Home Office MAPPS Project and Programme Team.
- 5.7 Police inputting into ViSOR on behalf of responsible authorities ceased on the 1st of January 2023. Plans have been implemented to support the change in process. ViSOR inputting remains subject to on-going audit and review.
- 5.8 Significant Adverse Event Reports are considered in more detail at Appendix 1, however recent analyses of reports has highlighted common themes such as consistent application of risk assessment, communication/information sharing across key partners, the application of standard operating guidance procedures and issues regarding staff training.
- 6. Self-evaluation Activity**
- 6.1 The Adult Support & Protection Committee and Child Protection Committee are awaiting the findings from the HSCP's ASP tripartite and Child Protection audits to inform future self-evaluation activity.

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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.
- 7.3. **Publication of the Revised ASP Code of Practice** – A national pilot has been undertaken involving five Partnership areas, overseen by the Scottish Government, to help promote more consistent reporting of ASP data across local authorities, and greater opportunity for bench-marking and identification of trends. The wider roll-out will commence in 2023 and will eventually replace current reporting arrangements, including the Society of Local Authority Chief Executives (SOLACE) reporting, and will involve quarterly reports. Further national discussions are planned to help provide fuller details of the new reporting arrangements, prior to roll-out
- 7.4. **Launch of a new Health and Social Care Connect Service** - Work is ongoing to actively monitor transition arrangements for ASP referrals including a weekly file reading exercise and related meetings to quality assure and strengthen governance arrangements, during the early transition period.

8. Child Protection Updates

- 8.1 **National Guidance for Child Protection in Scotland 2021 was published in September 2021**
- The Child Protection team have developed an implementation plan that includes an update of the Glasgow SWS Child Protection Procedures based on the information contained in the national guidance and the findings from the consultations.
 - A succession of consultations have taken place with children and families staff from the HSCP representative of the citywide teams across Children's Services staff groups and grades. Heads of Service also attended the consultation.
 - A working group has been established led by the principal officer child protection to take this forward, the outcome will be a robust implementation of updated Child Protection Procedures.
 - The working group has completed the first draft of Glasgow's Child Protection Procedures, in consultation with Children's Services, and partner agencies. The final draft will be considered via the Chief Officers Group, Social Work Governance Board, Child Protection Committee and key partners in advance of final approval. Implementation planning will follow thereafter.
 - Concurrent to this, there is a plan to consult with our partners in the child protection sphere, to hear their experience of the process and listen to any suggestions that would enable Glasgow to promote best practice.

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- The Social Work Practice Audit Team have begun their audit of Child Protection practice, which has been approved at the Child Protection QA Sub Group and Child Protection Committee. Stage 1 of this has concluded, which consisted of casefile reading for the sample of 100 children/young people, and relevant adults. Stage 2 planning is underway which includes interviews with 12 Qualified Social Workers from each locality.

8.2 Interagency Referral Discussions (IRD)

- This remains an area of priority for the child protection team along with colleagues from the HSCP and partners from Police Scotland, Health and Education Services.
- We are currently along with Police, Health and Education colleagues undertaking a review of the IRD Triage Pilot, and a sampling of 45 referrals through the IRD Triage process, that took place over a four-week period in August/September 2022.
- Update of the IRD guidance is currently underway jointly with partners following an agreed piece of audit work. This will reflect developments in practice with regard to IRD, with the inclusion of Education Services in the IRD process. Additionally, the National Guidance sets out an expectation that IRD's will now be held in the context of:
 - CP Pre-birth assessment
 - Accumulation of concern
 - 16 to 17-year-old young people.

8.3 Scottish Child Interview Model (SCIM)

- The Glasgow Child Interview Team (GCIT) was established In October 2021. This is a joint team of social workers and police officers who are trained in the SCIM model and have begun to implement this model of joint investigative interview.
- The GCIT currently undertake 50 to 60% of the Joint Investigative Interviews in the city, and there is an ongoing recruitment plan in place to reach the aspiration for all children in Glasgow to be interviewed using this model.
- There is oversight of the implementation of the model and the team via the Strategic and Operational groups established to take forward and roll out the model across Glasgow.

8.4 [Devolved Decision Making \(DDM\) Pilot](#), National Referral Mechanism (NRM)

- The purpose of the Pilot is to test whether determining if a child is a victim of modern slavery within existing safeguarding structures is a more appropriate model for making modern slavery decisions for children. This approach will enable decisions about whether a child is a victim of modern slavery to be made by those involved in their care and ensure the decisions made are closely aligned with the provision of local, needs-based support and any law enforcement response.
- There has been agreement that Glasgow's participation in the pilot will be extended for a further year, until March 2024. 10 Further Local Authorities in Scotland had noted interest in being part of the pilot, as the Home office were seeking a further 10 sites across the UK. However disappointingly no other LA in Scotland was successful.

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- There is an ongoing programme of training from the Home Office for DDM decision makers, to ensure there is ongoing capacity for decision makers for the future.
- The feedback we have received from the Home Office to date remains positive in that the quality of the decisions Glasgow is making are above average. We have also improved on our timescales for organising meetings and returning decisions to the Home Office, which we hope to achieve through the additional training for decision makers.
- Practitioners appear to be more confident in their assessments in identifying child exploitation and trafficking, and the number of referrals have increased over second year and include young people who are sexually and/or criminally exploited.
- The practice audit team are working on our own evaluation of the pilot as we are aware, being the only Scottish Authority, that the learning outputs may be more reflective of the English and Welsh authorities who make up the majority of the pilot cohort.
- In terms of training to the wider staff groups and partners:
 - in year one we ran awareness raising training sessions to all staff and were able to assist Scottish Fire and Rescue in developing bespoke training for their staff with the assistance of Barnardo's.
 - in year two, we have focused on Deep Dive sessions focussed on Trafficking and Exploitation, which to date have included Ukraine-Spotting the Signs, and most recently Cyber Trafficking.

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 2023**

Service	Number of Significant Adverse Event Reviews Commenced in reporting period (1 January – 31 March 2023)	Number of Significant Adverse Event Reviews Concluded in reporting period (1 January – 31 March 2023)	Number of active Significant Adverse Event Reviews Ongoing as at 31 March 2023
Addictions	3	2	9
Children and Families	2	0	24
Homelessness	0	0	1
Mental Health Services	12	5	48
Older People and Primary Care	4	4	15
Police Custody Healthcare	0	1	0
Prison Healthcare	0	1	12
Sandyford	0	0	2