



**Item No. 13**

**Meeting Date**

**Wednesday 11<sup>th</sup> December 2024**

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

**Report By:** Kelda Gaffney, Interim Assistant Chief Officer, Adult Services

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**Clinical and Professional Quarterly Assurance Statement  
(Quarter 2 2024/2025)**

**Purpose of Report:**

To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1<sup>st</sup> July 2024 – 30<sup>th</sup> September 2024.

**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.

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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:**

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

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### 1. Purpose

- 1.1 To provide the IJB Finance, Audit and Scrutiny Committee (FASC) with a quarterly clinical and professional assurance statement for the period 1<sup>st</sup> July 2024 – 30<sup>th</sup> September 2024.

### 2. Background

- 2.1 This report seeks to assure the IJB FASC that clinical and professional governance is being effectively overseen by the Integrated Clinical and Professional Governance Group, 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 FASC on [11<sup>th</sup> September 2024](#).
- 2.3 This report provides FASC with information collated during quarter 2 of 2024/2025, which covers 1<sup>st</sup> July 2024 to 30<sup>th</sup> September 2024.

### 3. Governance Structures and Processes

- 3.1 The 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 chair of both the Adult Support and Child Protection Committees.

### 4. Quarterly Updates from Governance Groups Quarter 2 2024/25

#### 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 Chief Officer, Glasgow City HSCP, with membership of Assistant Chief Officers and Professional Leads. The Group receives reports from the Social Work Professional Governance Board; the Governance Group for each Care Group (Children and Families, Older People and Primary Care, and Adult Services); and the Governance Groups for Hosted Services (Alcohol and Drug Recovery Services (ADRS), Mental Health Services, Police Custody Healthcare, Prison Healthcare and Sexual Health Services).
- 4.1.2 At the Integrated Clinical and Professional Governance Group meeting in Quarter 2, the Group:
- Received an update on the actions across NHS Greater Glasgow and Clyde following a safety alert in relation to bed rails by the Medicines and Healthcare Products Regulatory Agency (MHRA).
  - Noted work to progress incidents recorded on the Datix incident management system.

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- Noted preparatory work being undertaken in relation to expected Mental Welfare Commission visits to community settings.
- Noted pressures within Prison Healthcare in relation to Oral Healthcare waiting times, staffing pressures and escorting of patients to secondary care appointments.
- Noted the continued pressures in the Sexual Health Service around Abortion Care and Gender Service and actions being taken to mitigate the risks.
- Noted the progress in concluding Significant Adverse Event Reviews (SAERs), with 13 concluded during Quarter 2, and 95 reviews on-going.
- Noted the recent visits to sites by the Mental Welfare Commission and the progress with resulting actions.

### **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 and oversight for some Board-wide services. The agenda items include governance assurance on Clinical Risk, Feedback and Investigations, Quality Improvement, Policy Development & Implementation, Research & Development, Medicines Governance, Legislation, Infection Control, Continuing Professional Development (CPD) and Learning; and Quarterly Reporting from Care Groups. The MHSCGG meets monthly with 12 meetings scheduled annually.

### **4.3 Medical/Nursing Staffing and Inpatient Bed Pressures**

- 4.3.1 Mental Health Services continue to experience significant pressures across both inpatient and community settings due to staff vacancies, increased demand and acuity of presentations. The situation is compounded by prolonged lengths of inpatients stay in some areas and difficulties accessing community-based care packages especially in Learning Disability services. While contingencies are in place to maintain safe and effective delivery of care, there is likely still some impact on access to care until pressures subside. There is also an increased risk of inpatients having to board in alternative wards or hospitals (in terms of care group/acuity/function) as part of contingency measures.
- 4.3.2 Medical staffing pressures remain particularly prevalent in Older People Mental Health (OPMH) at present. In addition, Inverclyde Adult Mental Health (AMH) medical staffing pressures have resulted in pausing admissions to Acute Assessment Unit (AAU) of non-Inverclyde patients and capping admission numbers. Inverclyde has also activated the risk stratification pathway in the community team. Anticipated medical staffing gaps in OPMH and AMH in Renfrew will necessitate similar measures. A number of teams remain reliant on locums to ensure safe staffing levels. There is a focus on reducing reliance on high-cost agency locums.

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### 4.4 National Records of Scotland (NRS) National Suicide Data Release

- 4.4.1 The National Records of Scotland published the 2023 suicide data on 13<sup>th</sup> August 2024. Nationally there were 792 probable suicide deaths, an increase of 30 on the previous year. Male suicides increased by 34 to 590, while female suicides decreased by 4 to 202 deaths in the latest year. The rate of suicide in males was over three times as high as the rate for females. The average age of death for suicides has increased overall, from 41.9 in the year 2000 to 46.6 in 2023.
- 4.4.2 From a Greater Glasgow and Clyde (GG&C) perspective, contrary to the headline of the national data, there has been a decrease in probable suicides for GG&C between 2022 and 2023 (declining from 156 in 2022 to 141 in 2023).

### 4.5 Suicide Risk and Design Group (SRDG)

- 4.5.1 Phase 1 of the reduced ligature decant plan has started with Ward 3B, Leverndale moving to Stobhill Hospital site. Transfer and move completed fairly smoothly. Meetings with staff are ongoing regarding lessons learned and how to improve for future decants. Feedback from patients has been positive, describing the new facilities akin to a hotel.
- 4.5.2 The LearnPro Ligature Awareness Module has been updated and is aligned to the suicide reduction and management of ligature risks policy.
- 4.5.3 The Health and Safety Executive (HSE) have written to NHSGG&C with identified actions relating to a suicide in one of the adult admission wards. An action plan has been developed and submitted to HSE.

### 4.6 NHSGGC Mental Health Strategy 2023-28

- 4.6.1 Mental Health Services are being redesigned to enable response and better support to people experiencing mental illness. We are engaging with staff, the public, patients and service users involved with inpatient mental health provision, working towards an improved service for the future.
- 4.6.2 Initial community consultation events have taken place and staff consultation is currently underway with online and in person events. Healthcare Improvement Scotland are supporting the process of developing options for further public consultation.

### 4.7 Outstanding Mental Health SAERs

- 4.7.1 Addressing the backlog of outstanding SAERs in Mental Health Services (MHS) continues to be a priority with ongoing measures in place as previously described.
- 4.7.2 At 2<sup>nd</sup> September 2024:
- 97 open SAERs in MHS; 14 of these are incidents predating 2023.
  - 215 potential SAERs to be reviewed; 11 of these are incidents predating 2023.

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### 4.8 **Person Centred Care Planning (PCCP)**

- 4.8.1 Person centred care plans are now in place on the Electronic Management Information System (EMIS). These are in use for all new patients, for both inpatients and community mental health teams (CMHTs) and Alcohol and Drug Recovery Services (ADRS). Awareness training has been rolled out with approximately 350 nurses participating. The content and quality of the PCCP will be monitored using the combined care assurance audit tool (CCAAT) and within nurse line management supervision. We are currently working on the update to the PCCP guidance to reflect the location and audit trail as set within the EMIS system.

### 4.9 **Continuous Intervention Policy and Practice Guidance**

- 4.9.1 A Multidisciplinary Task and Finish group commissioned by the Continuous Intervention Implementation and Monitoring Group (CIIMG) has been established, this includes staff side representation. The group has concluded work on the re-write of the policy and practice guidance, with wider consultation due to conclude in December 2024, and implementation planned in January/February 2025. Work streams have been established to ensure effective implementation including staff readiness, evaluation and measurement with consideration to systems and processes to support the change.

### 4.10 **Social Work Professional Governance Board**

- 4.10.1 The Social Work Professional Governance Board (SWPGB) meets every 6 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 Caledonia University; Care Inspectorate; and Mental Welfare Commission.
- 4.10.2 The Social Work Professional Governance Board has developed a sub-group and reporting structure which consists of:
- Locality Governance;
  - Mental Health Officer (MHO) Forum; and
  - Directly Provided Services Forum including Homelessness, Older Peoples Residential Services, Children's Residential Service and Fostering Services, and Care at Home Services.
- 4.10.3 At the Social Work Professional Governance Board meeting in Quarter 2:
- The Adult Support and Protection (ASP) Care Home Guidance was discussed. The purpose of this guidance is to support managers and staff working in care homes (and similar settings) in their application of the ASP (Scotland) Act 2007. The aim is to help raise awareness of the legislation and related reporting requirements, and a promote a collaborative approach to support and protection arrangements. The Guidance aims to provide care home staff with access to clear and concise information to help prevent, recognise and report harm in care settings. SWPGB signed off guidance and when rolled out will come back to future meeting.

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- The Mental Health and Wellbeing Policy Practice Guidance and Self Evaluation was tabled. The guidance is intended to support carers to deepen their knowledge about the ways in which mental health concerns can affect children and young people and how to provide the support and care that might be needed. It is not exhaustive and additional resources and links are provided for carers to further increase their knowledge and understanding. The policy was approved for Residential Children's Services.
- The Health and Social Care Connect Standard Operating Procedures were tabled, seeking approval from the Board for changes to processes to improve the customer experience of contacting the Health and Social Care Connect (HSCC) Team and locality teams, and increase processing efficiency. The proposal was for all staff to share their direct/indirect contact details and advise on how they can be reached on a daily basis, with HSCC staff sharing allocated workers contact details with callers to request that callers contact their allocated worker directly. The Board raised concerns regarding this. Further work was to be undertaken with the guidance being updated. The Board agreed implementation of a minimum data quality standard for electronic referrals to HSCC with recommendations for HSCC to reject electronic referrals which do not meet that standard and implementation of verbal/electronic status updates being sent to referrers/referral subjects at key points in processes.
- Service Concern Best Practice Guidance 2024 was approved by the Board. The purpose of the guidance is to support staff considering submitting a Service Concern and provide the appropriate details for the investigating Contract Manager.
- All new Social Work policies and procedures are overseen by the Social Work Professional Governance Board and all research projects are monitored by the Governance Board.
- All social work inspection reports are presented to the Board and any areas of concern require an action plan to be attached.
- Since January 2024 there have been 8 inspections across the children's homes. Key themes have emerged from inspections that are consistent across several services. Particular areas of work that are being looked at as follows:
  - Promise Agenda
  - Nurture Training
  - Trauma Informed Care
  - Virtual Schools
  - Matching Work
  - Asylum Team for Unaccompanied Young People
  - My Meetings Model

### 4.11 Multi-Agency Public Protection Arrangements (MAPPA)

- 4.11.1 The 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.

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- 4.11.2 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 ensure the following: 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.
- 4.11.3 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.
- 4.11.4 The NASSO (National Accommodation for Sex Offenders Group) meet quarterly to manage the complexities in relation to housing individuals subject to sex offender registration.
- 4.11.5 Within the reporting period, the number of MAPPA cases across the 3 categories and levels have remained consistent. By the end of the quarter, there were four category 1 cases managed at level 2, and two category 3 cases managed at level 2. There were no active level 3 cases within the community.
- 4.11.6 During the reporting period, there were two instances of further offending which resulted in initial notification reports to the SOG. In both cases it was concluded that no further review was required.
- 4.11.7 The MAPPA audit continues to be completed bi-monthly, there has been 2 MAPPA audits during the reporting period. Learning identified was case specific which was disseminated to MAPPA partners.
- 4.11.8 The National Performance Indicators (NPIs) of MAPPA have continued to be reviewed monthly, within the reporting period all NPIs were met.
- 4.11.9 Multi Agency Public Protection System (MAPPS) which is the replacement for ViSOR remains planned for implementation from 2025 into 2026. An implementation plan for MAPPS is currently underway, which is reviewed 6 weekly at an implementation meeting.
- 4.11.10 The Significant Case Review (SCR) Implementation Group met once within the reporting period, during which progress against learning points and recommendations were reviewed. The outcomes and progress of the group has submitted to the Chief Officers Group for review.

## 4.12 Prevent

- 4.12.1 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 of delivery of the Prevent Multi-Agency Panel (PMAP) processes for their area. Glasgow City Health and Social Care Partnership is the lead for Glasgow. Prevent Business Groups are held quarterly and the group discuss all cases and Prevent related concerns.

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### 4.12.2 Cases

Prevent Multi-Agency Panels (PMAP) continue to convene to review active cases and cases under review following closure from PMAP. In the reporting period case numbers and referrals have remained consistent. Active cases currently consist of males who have Extreme Right-Wing ideology.

### 4.12.3 Prevent Duty Guidance Publication

The [Prevent Duty Guidance for Scotland](#) was recently updated and is now published online. The guidance became statutory in August 2024. Webinars took place in September to provide partners with an overview on changes.

### 4.12.4 Prevent Multi-Agency Panel Guidance

The Prevent Multi-Agency Panel Guidance is currently out for high level consultation led by Scottish Government, it is anticipated that the guidance will be published in 2025.

### 4.12.5 Training

In response to the Prevent Assurance process (2023) which highlighted that there was a lack of awareness of Prevent across sectors, a package of training was commissioned by the Scottish Government to raise awareness of Prevent amongst practitioners. The training is currently underway and includes: Islamism Ideology, Extreme Right-Wing Ideology, Anti-Semitism, Trauma, Adversity and Violent Extremism, and Prevent Awareness.

## 4.13 **Adult Support and Protection**

- 4.13.1 Adult Support and Protection (ASP) governance arrangements includes the oversight role of the Adult Support and Protection Committee (ASPC), which includes having an independent Convener who also chairs the Child Protection Committee (CPC). The Committee has multi-agency representation and related scrutiny, which also extends to the membership and terms of reference to the Committee subgroups which include a Quality Assurance subgroup and Learning Review Panel. The ASPC meets quarterly and standing agenda items include updates on action plans linked to the various subgroups, ASP data, and related improvement plans. The work of ASPC is supported by a Committee Team which consists of a Lead Officer, Senior Development Officer and Learning and Development Officer with the focus on promoting effective partnership working to help support and protect adults at risk of harm. Social Work, as the lead agency for ASP, also benefits from having a centre-based ASP Team (involving a Service Manager and two Senior Officers) to help support a robust approach to quality assurance and practice development including: providing regular updates to Social Work Governance arrangements, input to the Public Protection Management Meeting, convening an ASP Citywide Meeting six times per year, link to multi-agency ASP Steering forums held on a quarterly basis within each locality and supporting twice yearly Local Management Reviews.

## 4.14 **ASP Multi Agency Improvement Plan**

- 4.14.1 The ASP Improvement Plan has been developed by key partner agencies (Health, Social Work and Police) following on from the completion of the Annual Joint Audit (2023) and the ASP Performance Report (2023/24). The ASP Improvement Plan was submitted to the recent ASP Committee and Quality Assurance Subgroup (Sept 2024) and will be monitored via both

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forums to help promote continuous improvement within our support and protection processes.

### **4.15 ASP Performance Report 2023/24**

4.15.1 The ASP Performance report details the yearly trends analysis across key data points for Glasgow City for the year ending 31/3/24 and provides summary information across citywide and locality arrangements. This helps to highlight referral patterns and service responses across both HSC Connect and Locality ASP processes. Key points to note include:

- Around 75% increase in ASP referrals over a five-year period, partly linked to increasing awareness of the Act
- Main referral sources - Care Homes (25% of all referrals), Police (21%) and Health (12%)
- Around 30% of all inquiries resulted in the use of investigative powers to support and protect adults at risk of harm
- HSCC completed 31% of all ASP undertaken and reassigned 69% to locality teams for further inquiry and/or investigation.
- Close to 60% of inquiries were completed within 7 days.

4.15.2 The information within the Performance Report will be shared within relevant governance forums and will help to inform related ASP Improvement Plans.

### **4.16 ASP Guidance for Care Home Staff / Test of Change for Care Home Quality Assurance Team**

4.16.1 The developed guidance offers additional support to the Care Home sector and promotes a more consistent approach to submitting ASP referrals. This links to the recent ASP data reports highlighting a large volume of referrals from care homes, alongside concerns that there is significant variation in practice and indications that some care homes over-report and others under-report. The aim will be to launch the guidance as a pilot in the first instance, focusing on two specific care homes – one directly provided, and one privately commissioned. We will aim to achieve a whole systems approach, drawing upon the benefits of increased governance in this area (i.e. care home huddle arrangements and strengthened review activity), and the growing role of the Care Home Quality Assurance Team (CHQAT).

### **4.17 ASP Inter-Agency Referral Discussions (IRDs)**

4.17.1 A short life working group remains in place to explore the potential for an ASP IRD Pilot, involving up to 10 IRDs a week as part of a 3-month pilot, and facilitating information sharing between Police, Health and Social Work. The proposed Pilot was discussed at SWPGB in August 2024 and decision made to relay the proposal to local ASP Steering Groups and the ASP Working Group for further consideration.

### **4.18 Hoarding Taskforce to help promote best practice**

4.18.1 The Institute for Innovation and Research in Social Services (IRISS) is working with a mix of strategic and local partners, to help co-design an improved approach to supporting and protecting adults affected by problematic hoarding. This is a hidden and often misunderstood mental health issue that impacts on people who hoard, their families, communities

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and workers, and can often result in ASP referrals. Glasgow City are delighted to be an implementation partner alongside Stirling and Pan Lanarkshire, to help create an alliance across various sectors including Scottish Government, Housing, Fire and Rescue and the Care Inspectorate, in developing national guidance and practice resources. We anticipate that this national initiative will help support practice improvement at a local level.

### **4.19 ASP Related Training**

- 4.19.1 A new Chronology Course was launched at the beginning of September aimed at promoting good practice and support staff to overcome systems barriers. The new course will be evaluated and embedded into the suite of ASP related training to be delivered in 2025. The need to strengthen this area of practice was identified within the Joint Audit (2023) and related Improvement Plan.
- 4.19.2 An ASP Spotlight event was recently held for frontline staff to raise awareness of the role of the Sensory Support Service within our ASP processes. This included an overview of communication aids/services and support for meaningful service user participation.

### **4.20 Child Protection**

- 4.20.1 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 meets quarterly and is chaired independently of the HSCP and has multi-agency representation, self-evaluation and quality assurance processes. These include the CP Quality Assurance subgroup and Learning Review Panel. The CPC is supported by a Committee Team which consists of a Lead Officer, Senior Development Officer and Learning and Development Officer. The Child Protection teams consist of the Principal Officer for Child Protection, who has management oversight for the central Child Protection team as well as HALT, who support young people displaying sexually harmful behaviours, and the Family Support Service, who support children and adults who are survivors of child sexual abuse. The Child Protection team represent Social Work Services in several areas of work across the city, including Child Exploitation and Trafficking and are currently in year 4 of a Home Office pilot focusing on early identification of children and young people who are at risk of exploitation and trafficking in the city. Glasgow is the only Local Authority in Scotland to be included in the pilot. An evaluation of the pilot has been completed and the report will be available when it has passed the appropriate governance and scrutiny processes.
- 4.20.1 The CP team and CPC are currently undertaking audit activity identified in the Child Protection Quality Assurance subgroup action plan in relation to:
- Children and young people who are on the Child Protection register for more than 12 months
  - Children and Young People who have three or more periods of CP registration
- 4.20.3 In addition, there is currently work being undertaken to develop and establish a framework for an annual multi-agency audit of Child Protection work, similar to that undertaken in Adult Support and Protection. The first audit has been undertaken, with Social Work and Health Visiting staff. The findings

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from this are currently being reviewed and a report should be available for the next quarter.

- 4.20.4 A key priority for the Child Protection team is the anticipated inspection of Children's Services which will focus on 'Children at risk of harm'. The planning and preparation for this is governed by the Strategic Oversight Group and the Operational Oversight Group.
- 4.20.5 A further key priority for the Child Protection Team continues to be the Implementation of the National Guidance for Child Protection in Scotland 2021 which was published on 3rd September 2021. Under the Public Protection Services structure, the Child Protection team have responsibility for the implementation of the guidance in Glasgow.
- 4.20.6 The final draft of Glasgow's Child Protection Procedures is complete and has been approved by the Chief Social Work Officer, pending retrospective consideration at Social Work Governance Professional Governance Board in November, and will also be presented at the subsequent Child Protection Committee (CPC). Planning for the implementation of the revised Child Protection procedures will be led and delivered by the CP team, and an evaluation of the implementation of the procedures will be undertaken within 12 months.
- 4.20.7 In addition to this, the CP team have led a multi-agency review of the current Glasgow Inter-agency Discussion (IRD) guidance, again with a working group including representatives from Social Work Children's Services, Health, Education, Police and the CPC. The working group have completed the final draft of this, and it will be considered via each agency's governance structures and the CPC. It has also been agreed that the current IRD operational group will be reviewed with the intention of standing up a strategic group, whose governance arrangements will sit under the CPC.
- 4.20.8 A review of Glasgow's Young Persons Support and Protection (YPSP) procedures is underway, to align with the revised National Guidance in respect of Care and Risk Management processes (CARM). These are 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. The review of the YPSP procedures will follow a similar methodology to that of the review of the CP Procedures and will seek to ensure that the procedures are strength based, trauma informed and that the child/young person's social, developmental and psychological needs are considered within a risk management framework. A working group for this has been stood up and a first draft is being developed.
- 4.20.9 The CP team, in conjunction with the CPC and colleagues across Social Work have been working to ensure we can meet the reporting requirements to the Scottish Government for the first reporting period of the National Minimum Dataset, due in October 2024. The CP team will incorporate this learning into the development of a local framework for performance reporting for CP, to help inform performance, and crucially, continuous improvement in terms of service delivery.

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**4.21 Glasgow City HSCP - Safer Staffing Oversight Group**

- 4.21.1 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). The Oversight Group has been created to ensure that the Health and Social Care Partnership has appropriate leadership, organisational infrastructure and assurance processes in place to enable the implementation, monitoring and reporting of the HCSSA within the Health and Social Care Partnership.
- 4.21.2 The group oversees the strategic aspects of the work in relation to Health and Care Staffing Legislation and link with both the HSCP's Core Leadership and Governance structures for organisational accountability and transparency. To ensure there is appropriate focus for oversight, implementation and reporting, this group and the Health and Care Staffing Operational Subgroup will provide the forums for health and care staffing specific issues.
- 4.21.3 The HSCP's Integrated Clinical and Professional Governance Group will have final sign off and will link to the National Health Service Greater Glasgow and Clyde (HSGGC) Programme Board for onward reporting.
- 4.21.4 The Group meets 8-weekly, and membership consists of Senior Management Team members who have a strategic overview of staffing and standards of care within service delivery. The services included in the Group are:
- Children Services
  - Adult Services
  - Older People Services
  - Homelessness Services
  - Homecare Services
  - Commissioning – Health and Social Work
  - Criminal Justice Services
  - Primary Care Services
- 4.21.5 A recommendation from Glasgow City HSCP Safer Staffing Oversight Group was to establish a working group to progress actions with the first meeting taking place on 2<sup>nd</sup> September 2024.
- 4.21.6 NHSGGC has a system wide HCSSA programme, chaired by Professor Angela Wallace, Executive Nurse Director and co-chaired by senior HSCP and Medical representatives. The programme was remobilised in Summer 2023 and has representatives from all professions covered by the Act as well as leaders from relevant areas of service.
- 4.21.7 A HCSSA Website that has been developed and accessible by all staff (but is also public facing) [Health & Care \(Staffing\) \(Scotland\) Act 2019 - NHSGGC.](#)

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### **5. Learning Reviews**

- 5.1 Learning Reviews are commissioned by the Adult Support and Protection and Child Protection Committees, which meet four times per year. 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 on reviews to the Chief Officers Group, 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.
- 5.3.1 There were 1 Adult Notification and 2 Child Notifications under consideration.
- 5.3.2 Learning Reviews commissioned included 4 Child, 3 Adult, and 2 Family.
- 5.3.3 Thematic Reviews commissioned included:
- Care-experienced young people;
  - Young people involved in community violence; and
  - Deaths in emergency accommodation
- 5.4 Two Child Learning Reviews which were concluded during quarter 4 have completed the governance processes and executive summaries will be published shortly.
- 5.5 One Thematic Review was concluded during quarter 1 and is being progressed through governance processes.
- 5.6 An evaluation has commenced on the experiences of practitioners contributing to learning reviews, as part of the Learning Review Wellbeing Strategy.

### **6. Audit Activity**

- 6.1 During the period 1<sup>st</sup> of July to the 30<sup>th</sup> of September 2024, 1 audit was completed and signed off by the Social Work Professional Governance Board (SWPGB):
- (i) Audit/Review into Multi-Agency Risk Assessment Conferences (MARAC).
- 6.2 There are currently 2 audits ongoing:
- (i) Mental Health Officer (MHO) Audit/Review
  - (ii) Safe & Together
- 6.3 A list of audit requests covering Primary Care, Mental Health, Complex Needs and Home Care has been collated and sent to the Chief Social Work Officer for review and prioritisation.

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### 7. External Scrutiny (Visits and Inspections)

#### 7.1 Mental Welfare Commission

- 7.1.1 During quarter 2, the Mental Welfare Commission (MWC) undertook 3 local visits to mental health inpatient wards in NHSGG&C; all of these were announced. Visits took place to [Portree Ward \(Intensive Psychiatric Care Unit\)](#), [Stobhill Hospital](#); [Claythorn House \(Learning Disability Services\)](#), [Gartnavel Royal Hospital](#) and McNair Ward (Adult Acute), Gartnavel Royal Hospital. *(Hyperlinks are included for those reports which have been published.)*
- 7.1.2 The services receive a final report from the visit and recommendations can be made by the MWC. The service has three months, from receipt of the final report, to provide an action plan in response to recommendations, including timescales for completion.
- 7.1.3 The IJB Finance, Audit and Scrutiny Committee receive an annual report on MWC local visits to Mental Health Services in February each year; the report provides an overview of the reports published, recommendations, themes and improvement work.
- 7.1.4 A recurring theme from the local visit reports, under recommendation category 'Care, treatment, support and participation', was regarding person centred care plans. An action was generated to undertake quality improvement work in this area. A short life working group was established, and person centred care plan templates were developed; tested and officially rolled out across inpatient and community mental health sites on 1<sup>st</sup> July 2024. These are in place for inpatient areas and community mental health teams and are now live on EMIS (electronic management information system).
- 7.1.5 The services are currently working on feedback from carers and relatives on the new person centred care plans. Early feedback from the MWC has been positive; and it is hoped that the results of the quality improvement work undertaken will be recognised further in future local visit reports.
- 7.1.6 The content and quality of the person centred care plans will be monitored within the combined care assurance audit; and is also monitored by nurse line managers as part of the Nurse line management supervision process. Currently a scoping exercise is being carried out to identify any required further training particularly in relation to building literacy and digital skills of nursing staff.

#### 7.2 Care Inspectorate

- 7.2.1 During quarter 2, there were 5 inspections undertaken by the Care Inspectorate (CI); all were unannounced. Inspections took place to Children's Services, at [Broomfield Crescent Residential Children's Unit](#); [Dalness Residential Children's Unit](#); [Milncroft Road Residential Children's Unit](#); and [Wellhouse Residential Children's Unit](#); and to Older People's Day Care at [Orchard Grove House](#).

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- 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 The IJB Finance, Audit and Scrutiny Committee receives annual reports in February each year on Care Inspectorate activity; the reports 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 and action plans will be reported to the Committee once these have been taken through relevant governance structures.
- 7.2.5 During quarter 2, no inspections received a score of 2 or lower.
- 7.3 Healthcare Improvement Scotland
- 7.3.1 There was one unannounced joint inspection undertaken by Healthcare Improvement Scotland during quarter 2 to Police Custody Health Care at London Road, Cathcart and Govan.
- 7.4 His Majesty's Inspectorate for Prisons Scotland (HMIPS)
- 7.4.1 During quarter 2 there were no inspections undertaken by HMIPS.

## **8. Recommendations**

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