



Item No. 15

Meeting Date Wednesday 12th June 2024

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 the period 1 st January 2024 – 31 st March 2024.
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Background/Engagement:	<p>The quarterly assurance statement is a summary of information that has been provided and subject to the scrutiny of the appropriate governance forum.</p> <p>The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.</p>
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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>
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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:

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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.

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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, 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 [7 February 2024](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during quarter 4 2023/2024, 1st January 2024 to 31st March 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 4 2023/2024

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 Health and Social Care Partnership, 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 4:
 - The Group received an update on the NHS Greater Glasgow & Clyde Long COVID Service, new legislation which allows occupational therapists, physiotherapists, nurses and pharmacists to certify fit notes and the proposed Standard Operating Procedure to test this in the service.
 - The Group noted to progress with implementation of the Safer Drug Consumption Facility and the involvement of Community Police in the training and induction programme.

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- The Group noted progress in Prison Healthcare in relation to Medical Emergency Training (MET) and Certification of Death Training.
- The Group noted pressures in the Sexual Health Service around Abortion Care and Gender Service and actions being taken to mitigate the risks.
- The Group noted the progress in concluding Significant Adverse Event Reviews (SAERs), with 13 concluded in the quarter 4, and 83 reviews on-going.
- The Group 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 (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 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 with 12 meetings scheduled annually.

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 due to staff vacancies, with reduced ability to staff inpatient and outpatient teams optimally in some areas. The situation is compounded by prolonged lengths of inpatient stay in some areas and ongoing high levels of demand on community teams. Contingencies are in place to maintain safe and effective delivery of care, but there is increased risk of inpatients having to board in alternative wards (in terms of care group/acuity/function) as part of contingency measures.

Medical staffing pressures are particularly prevalent in Adult and Older People's Mental Health at present. In addition, Inverclyde medical staffing pressures have resulted in pausing admissions to the Acute Assessment Unit of non-Inverclyde patients and capping admission numbers.

4.2.3 Sodium Valproate Safeguards

Following a change in national requirements for safeguards with Valproate prescribing, an updated policy has been circulated to staff along with an associated 7 Minute Briefing highlighting the key points. To augment this, a series of scheduled MS Teams Valproate Requirements awareness sessions have taken place.

The new process in Mental Health Services includes informing Clinical Directors (CD) of any Valproate initiation so that this can be tracked as part of stepped up audits of compliance.

4.2.4 Suicide Risk and Design Standards Group (SRDSG)

Ten Mental Health wards have been identified as very-high priority for anti-ligature work. Wards will be decanted one by one as part of a rolling programme.

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Training and education to improve awareness on the management of ligature risk is also required to reduce ligature incidents. SRDSG has created a sub-group to develop a suicide reduction workshop to improve knowledge and awareness on ligature risks for frontline staff. This includes a ligature point identification document, and a ligature awareness educational video which includes frontline staff discussing suicide risk and learning from events.

4.2.5 Exception Reporting to Scottish Government

In February 2024, the Scottish Government (SG) wrote to all Health Boards updating the request for notice, within 48 hours, of Board wide mental health issues including serious incidents and business continuity issues. A process has been developed using established communication processes.

4.2.6 Fatal Accident Inquiries

There are five Fatal Accident Inquiries on-going, relating to the deaths in 2018 and 2019.

4.2.7 Continuous Intervention Policy

The Continuous Intervention Policy Review Short Life Working Group (SLWG) is finalising the draft policy and practice guidance.

4.3 **Social Work Professional Governance Board**

4.3.1 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.

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.

4.3.2 At the Social Work Professional Governance Board meetings in Quarter 4:

- A Working Group for Supervision was established to develop a supervision tool to ensure consistency. There are representatives from Care Services, Older People Services, Children Services and Adult Services
- The current process for Access Restrictions within the CareFirst system and who has the authority to approve staff getting access to Restricted Files is being reviewed to strengthen governance arrangements.
- A presentation was delivered on the Milton Community Hub. The funding has come from the Scottish Government regeneration grant. The building will host the new community hub and a new nursery. The work of the Hub is to close the gap between higher education and community development.

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- The revised Transition protocol for the Management of Effective Transitions Between Children and Adults Services was presented. The protocol is intended to support the transfer of the care management of young people who require ongoing support into adulthood, from Children's Services to Adult Services.
- An update on the Safer Drug Consumption Facility was provided. Work has commenced at Hunter Street. Complex Needs Team have moved to Commonwealth House temporarily until new base at Bell Street is ready. Governance arrangements are in place and well established. The Implementation Board meets 8 weekly with a number of workstreams who report into the board. A number of posts have been advertised, Operations Manager and Team Leaders. Work is underway in conjunction with the BBC on filming a Disclosure programme.
- 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. Over the last 3 months the undernoted were approved:
 - External Research six monthly update;
 - Practice Audit Programme 2023/24;
 - Audit of 16+ Care Leavers: A review of Glasgow's Continuing Care & Aftercare Services/Glasgow Housing Association (GHA) Protocol from 10/01/2020 to the 10/01/2022 (Action plan and consultation ongoing).
 - An evaluation of Martha's Mammies, a service that was set up to work with women who have lost the care of their children in Glasgow.
 - Meaningful Connections Policy; and
 - Care Inspectorate Action Plans for
 - Crossbank Crescent Childrens Unit
 - Hamilton Park Avenue Childrens Unit
 - Mosspark Childrens Unit
 - Norse Road Childrens Unit
- Care Inspectorate Reports and Action Plans were presented for
 - Hawthorn House Residential Home
 - Wallacewell Day Care Unit
 - GCC SWS Homelessness Emergency/Assessment Centre – Rodney Street
 - South HSCP Community Support Service
 - Carlton Centre
 - Chaplet Children's House
- The Chief Social Work Officer Annual Report was tabled for information and the complaints dashboard for Care Services and Residential Older People.
- The Social Work Professional Governance Board continues to monitor the challenges around the Mental Health Officer recruitment and retention and Social Work registration issues. An audit has been undertaken in relation to employees who still need to register. Four weekly audits will continue.

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- A critical incident case was presented to the group and key learning points were shared and discussed.

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 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.
- 4.4.3 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 number of MAPPA cases across the 3 [categories](#) and [levels](#) have remained consistent across the quarter. By the end of the quarter, there were 5 category 1 cases managed at level 2, and 5 category 3 cases managed at level 2. There were no active level 3 cases.
- 4.4.6 Within Glasgow during the reporting period, there were 2 instances of further offending which resulted in an initial notification report to the SOG. In both cases the decision was made not to review any further. This was because risk management procedures were in place.
- 4.4.7 There have been three audits completed during this quarter, two of which focused on the management of MAPPA cases across the 3 categories for level 2, and the third audit focused on the use of ViSOR. The findings of the audits were case specific and were shared with staff involved in the cases, and the MAPPA Operational Group to support learning.
- 4.4.8 The [National Performance Indicators](#) (NPIs) of MAPPA have continued to be reviewed monthly; between January to March 2024 all NPIs were met, apart from February where the NPI in relation to 90% of level 2 and 3 minutes to be complete and released within 10 working days reduced to 81%.
- 4.4.9 The Significant Case Review (SCR) Implementation Group met once within the reporting period, the group continue to make positive progress in taking forward the good practice, learning points, and recommendations from the SCR.

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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 of delivery of the Prevent Multi-Agency Panel (PMAP) processes for 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 Cases

Prevent Multi-Agency Panels (PMAP) continue to convene several times a month to discuss all active cases and cases under review following closure from PMAP.

Case numbers remain consistent. The active cases are of an extreme right-wing ideology or mixed unclear ideology, and all are male. Most referrals to Glasgow in the last 3 months have been for individuals between the ages of 15-25 years.

Since January, one case was closed due to Prevent involvement naturally coming to an end with there being no evidence of extreme ideological beliefs being present. Agencies are still involved with the case. If any new concerns emerge, partners working with the individuals know to escalate these concerns to the PMAP chair and Prevent Co-Ordinator.

4.5.3 Prevent Multi-Agency Panel Guidance

Glasgow's Prevent Co-Ordinator is currently leading on rewriting the Prevent Multi-Agency Panel Guidance alongside the Scottish Government and Home Office policy teams. Glasgow's PMAP panel are amending any areas of the current guidance that are outdated or do not work in live practice.

The United Nations Convention on the Rights of the Child (UNCRC) act is also being reviewed to look at the potential approach to this in Scotland for Prevent and how this works in practice.

4.5.4 Training

A pack of training has been commissioned for the year to raise awareness of Prevent amongst practitioners. Training includes:

- Islamism Ideology
- Extreme Right Wing Ideology
- Anti-Semitism
- Trauma, Adversity and Violent Extremism
- Prevent Awareness Raising

This training will be offered to relevant stakeholders within the council. Glasgow's Prevent Business Group are also planning to hold an input/webinar in September to all Glasgow's statutory partners. This input will look to provide updates on new guidance, training, case study examples and feature inputs from experts within Prevent.

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4.5.5 PMAP/ Channel Evaluation

The Home Office, University College London and Ipsos Mori are conducting a review of PMAP in Scotland. A report on PMAP delivery in Scotland will be produced from this and provide a useful evaluation on the performance of Scottish Prevent Multi-Agency Panels.

4.5.6 Definition of Extremism

The UK Governments Department for Levelling Up, Housing and Communities announced a new definition of extremism in March. Although Prevent is a reserved policy area, extremism is devolved to Scotland. The Scottish Government have made the decision not to adopt this definition based on research conducted in 2023.

4.6 **Adult Support and Protection**

4.6.1 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 the Committee subgroups which include a Quality Assurance subgroup and Learning Review Panel. The ASPC meets six times per year 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.

4.6.2 Annual Joint Evaluation

Glasgow City's Joint Evaluation (2023) has now been completed in terms of the file reading and the staff survey being undertaken in November/December 2023 and Final Report now completed with related analysis. The findings will also be reported to ASPC and relevant governance forums and will inform an updated ASP Improvement Plan and related work streams.

The findings highlight as key strengths strong evidence of information sharing between partner agencies and management oversight of decision making in almost all cases, at both inquiry and investigation stage. Almost all cases at investigation stage, effectively determined if the adult is at risk of harm and the quality of the investigation was rated within the excellent to good range in 73% of cases. Almost all ASP Case Conferences were rated within the excellent to good range, effectively determining what needed to be done to support and protect the adult, and Protection Plans were compiled timeously and multi-agency in scope. The adult at risk of harm was appropriately involved throughout the ASP process, in almost all cases.

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The Report also highlights the impact of previous improvement plans (informed by self-evaluation) in driving practice development, most notably:

- Attendance (and non-attendance) at Case Conference was appropriately recorded in all cases (100%) within the 2023 Audit - this was highlighted as an area for improvement in the external Thematic Inspection in 2022 and our internal Joint Audit 2022 (when appropriate recording of attendees was only achieved in 65% of cases). A Short Life Working Group was set up address those findings and a range of actions were progressed to drive practice improvements.
- Chronology practice has improved in terms of frequency and quality of recordings – this was also identified as an area for improvement based on previous audit findings and led to the development of a learning pack and staff briefings to raise awareness of good practice standards. Mandatory questions have also been embedded within the Investigation/Risk Assessment eform to ensure life event chronology recordings are added to the system – leading to life event recordings being evident in 98% of ASP investigation cases (up from 30% in the 2022 Audit). Staff also fed back within the employee questionnaire that they often lack confidence when using agency IT systems to add chronologies. Looking ahead, we will look to improve the overall quality of life event chronology recordings by promoting a trauma informed approach that encompasses significant events out-with ASP and support staff to overcome system barriers.
- Police involvement when suspected criminality – again this area of practice was flagged for improvement within the Thematic Inspection and the 2022 Joint Audit. That led to a series of Police-led staff briefings to raise awareness of roles and responsibilities, and development of a Police Guidance note. At investigation stage, findings highlight that 18 cases involved suspected criminality with Police appropriately involved/consulted in 12 of those cases (67%) - this is up from a figure of 50% in 2022. Of the remaining 6 cases, Police were involved prior to ASP investigation stage in terms of making the ASP referral in 3 of the cases. The overall sample involved 30 cases referred by Police – with 12 of those cases progressing to Case Conference stage and Police attending all of those meetings (helping to provide evidence of collaborative working and robust processes). Looking ahead, we will explore options for an Adult Inter Agency Referral Discussion (IRD) process to help further embed opportunities for sharing information across partner agencies

The findings also highlight areas for strengthening:

- Adult Participation – the adult at risk of harm was invited to 14 of the 23 Initial Case Conferences held. Conversely, they were not invited to 9 of the 23 initial Conferences. The files give clear reasons for the lack of invite in 7 cases – this includes factors such as significant cognitive impairment – but not in the remaining two. Moving forward, this will become a specific question in our minute template and allow us to provide fuller scrutiny to data linked to invites and attendance. Additionally, we will introduce a Participation Report that will pull information across various data points, including direct feedback from the adult, and present at ASP Committee and related governance forums
- Duty to Inquire Stage – there remains a significant challenge involved in responding to the high volume of ASP referrals and the related complexity of such work. Staff highlighted these issues within the employee questionnaire,

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and expressed concern that the increasing number of referrals may impact on the quality of our response. This is possibly reflected in the number of inquiries (30%) that were rated as “adequate” – up 5% percentage points from last year – partly linked to a lack of detail and analysis within recordings. Practice in this area will benefit from the increasing role of Health and Social Care Connect Service as the single point of receipt for ASP referrals. An ASP Working Group has been set up to look at the interface between Health and Social Care Connect and locality Teams to support practice development including an ASP Duty Protocol as part of a wider improvement plan. We will also link with the National Implementation Group linked to the Revised Code of Practice and the new National Dataset (see below), to help track service responses to the increasing referral rates

4.6.3 ASP Minimum Dataset

Scottish Government launched Phase One of the ASP Minimum Dataset in April 2023, to support more meaningful comparisons across Local Authorities and to help inform effective improvement planning. This involves quarterly submissions across a range of data points – with quarter four figures just being collated. On that basis, figures can be drawn for the calendar year (ending 31st March 2024):

- Total ASP Referrals for period 1st April 2023 to 31st March 2024 – 11,781
This is a rise from 8431 in 2021/22, and 10,329 in 2022/23. The main source of referrals is Police Scotland.
- Total number of cases that involved the use of Investigative Powers – 2987
This is a new area of reporting introduced by the national data set and highlight the use of investigative powers under section 7 to section 10 of the Act (in terms of visit, interviewing the adult, medical examination and examination of records). This means that out of the 11,781 referrals we received, we have had to intervene more extensively and use investigative powers in 2987 cases. The most frequent type of harm prompting the use of investigative powers, was self-neglect.
- Total number of ASP Case Conferences held – 602
This includes 305 Initial Case Conferences and 297 Review Case Conferences to give a total of 602 – this is up from a figure of 485 in 2022/23

Work is now underway to compile our Annual Performance Report to help provide a fuller trend analysis

4.6.4 ASP Revised Code of Practice

Scottish Government has set up a national Implementation Group to support local areas to align to align their ASP processes to the revised Code of Practice (which helps support the implementation and performing of functions under the Act). A variety of work streams are underway to support practice improvement linked to the use of investigative powers, use of chronologies, self-evaluation, and adult participation. The National Implementation Oversight Group met in March 2024 with updates given on additional briefing note for the role of non-Council Officers. The Care Inspectorate are also leading on developing a Quality Improvement Model for ASP which takes account of the Revised Code of Practice, and this will help inform practice standards and future self-evaluation.

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Glasgow City are actively involved in such forums and work is being progressed at a local level to implement the new guidance. This includes updating Council Officer training to incorporate a trauma informed approach, the launch of a new chronology course and system updates to better embed ASP data regarding adult participation and support improved governance arrangements. A Short Life Working Group has also been set up to help consider the implications of the Revised Code of Practice and reflect updates within our ASP Operational Procedures.

4.7 Child Protection

- 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 meets quarterly and is chaired independent of the HSCP and has multi-agency representation and 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 (PO) for Child Protection, who has management oversight for the central Child Protection team as well as HALT, who support young people displaying sexually problematic 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 part 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, within Glasgow's Young Persons Support and Protection procedures (YPSP).

The CP team have facilitated two CP development sessions in April 2024 for Grade 8 staff across Children's Services which focused on Child Sexual Abuse; the team has further dates arranged for June and November. The team have also supported the locality CP Practice Development forums in May.

- 4.7.2 A 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. As such, the Child Protection (CP) Team have developed an implementation plan that includes an update of the Glasgow Social Work Services Child Protection Procedures based on the information contained in the national guidance and the findings from staff consultations.

The final draft of Glasgow's Child Protection Procedures is complete and will be considered via the Chief Officers Group, Social Work Professional Governance Board, Child Protection Committee (CPC), and key partners in advance of final approval. 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 representative 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 agencies governance structures and the CPC.

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The CP team are now currently reviewing Glasgow's Young Persons Support and Protection (YPSP) procedures, to align with the revised National Guidance in respect of Care and Risk Management processes (CARM), which 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.

- 4.7.3 A further key priority for the CP 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 chaired by the Chief Social Work Officer, and the Operational Oversight Group chaired by the Assistant Chief Officer, Children's Services.
- 4.7.4 The Child Protection audit concluded. A working group to consider the findings from the report and develop action plan to implement the learning and key areas for development has been chaired by Head of Children's Service, South. A second phase of the audit has been planned. This will involve consultation with children, young people and their families in terms of their experience of the CP process, and also consultation with partner agencies.
- 4.7.5 In respect of Child Protection registrations (CPR), there are currently 287 children on the Child Protection Register. The rate of registration continues to maintain an overall decrease in registration since 2019. Comparable figures for CPR in March 2023 was 288, March 2022 was 303 and March 2021 was 339. It should be noted that CPR figures in North East have now decreased in comparison with North West and South, NE has consistently had the most CPR in the city. This reversal in trend will be explored further with the CP Team and the locality CP Service Managers.

However there continues to be an increase in the number of IRD's of approximately 20%, however this appears to follow a trend across GC&C, and nationally. The CP team and Children's Services along with partners from Police Scotland, Education and Health CP colleagues have undertaken a recent sample of the IRD process within Glasgow, as part of the self-evaluation and quality assurance for IRD. This also helped to inform the review of the multi-agency rewrite of the IRD guidance, in line with the revised National Guidance for Child Protection. This sample's initial findings evidenced that the IRD process in Glasgow was effective in terms of mitigating against potential delays in arranging IRD, and that the decision to proceed to IRD was proportionate to the potential level of risk and need. The report will be available once it has been considered at each agency's appropriate governance processes.

- 4.7.6 The CP team and CPC are currently undertaking audit activity identified in the Child Protection QA sub group action plan in relation to
- Children and young people who are on the CP register for more than 12 months

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- Children and Young People who have three or more periods of CP registration.

4.8 Glasgow City HSCP - Safer Staffing Oversight Group

- 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). The Oversight Group has been created to ensure that the HSCP has appropriate leadership, organisational infrastructure and assurance processes in place to enable the implementation, monitoring and reporting of the HCSSA within the HSCP.

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. The HSCP's Integrated Clinical and Professional Governance Group will have final sign off and will link to the NHSGGC Programme Board for onward reporting.

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

- 4.8.2 The Group had its first meeting during Quarter 4. At the meeting:
- the Terms of Reference were approved;
 - an update was received from the HCSSA Programme Board; and
 - On-going work on the current staffing levels was noted.

5. Learning Reviews

- 5.1 Learning Reviews are commissioned by the Adult Support and Protection and Child Protection Committees, which meet six times per year. The processes and oversight of reviews are delegated to the Learning Review Panel, which also 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.

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- 5.3 During Quarter 4, 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 4 Adult Notifications and 2 Child Notifications under consideration.
- 5.3.2 Learning Reviews commissioned included 4 Child; 2 Adults; and 2 Family.
- 5.3.3 Thematic Reviews commissioned included:
- Care-experienced young people;
 - Young people involved in community violence;
 - Maternal deaths; and
 - Deaths in emergency accommodation.
- 5.4 Two Child Learning Reviews were concluded during quarter 4.

6. Audit Activity

- 6.1 An audit programme is submitted annually to the Social Work Professional Governance Board (SWPGB) for approval. The Principal Officer (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 (Audit) attends the SWPGB meetings to provide an update on the programme.
- 6.2 There are currently 4 Audits ongoing.
- 6.3 During September-December 2023, 1 Audit commenced:
- 1) Multi Agency Risk Assessment Conference (MARAC)
- 6.4 During the period, 3 Audits continued:
- 1) Safe and Together Evaluation;
 - 2) Complexity of Cases between Alcohol and Drug Recovery Services (ADRS) and Complex Needs Team; and
 - 3) Mental Health Officer System and Provision.
- 6.5 During quarter 3, 1 Audit concluded; this was a literature review of modular buildings for homelessness families/individuals.
- 1) Child Protection Process Audit;
 - 2) Martha's Mammies Evaluation;
 - 3) 16+ Care Leavers Housing Protocol Audit; and
 - 4) A literature review of modular buildings for homelessness families / individuals.

7. External Scrutiny (Visits and Inspections)

7.1 Mental Welfare Commission

- 7.1.1 During quarter 4, the Mental Welfare Commission (MWC) undertook 10 local visits to mental health inpatient and community sites in NHSGG&C. Of the visits undertaken, 8 were announced and 2 were unannounced. Visits took

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place to [Glenkirk Centre, North West Glasgow](#); [Langhill Unit, Inverclyde Royal Hospital](#); [Intensive Psychiatric Care Unit \(IPCU\), Leverndale Hospital](#); [Low Secure Forensic Mental Health Services, Leverndale Hospital](#); [Ward 37, Royal Alexandra Hospital](#); [Iona Ward, Gartnavel Royal Hospital](#); Arran Ward, Royal Alexandra Hospital; [IPCU, Gartnavel Royal Hospital](#); [Timbury Ward, Gartnavel Royal Hospital](#); and Skye House, Stobhill 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 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 in February each year; the report provides an overview of the reports published, recommendations, themes and improvement work.

7.2 Care Inspectorate

7.2.1 During quarter 4, there were 4 inspections undertaken by the Care Inspectorate, all were unannounced. Inspections took place to Homelessness Services, at [Homelessness Emergency/Assessment Centre at Rodney Street](#); Older People Residential Care, at [Hawthorn House Care Home](#); Older People's Services at [South, HSCP Community Support Service](#); and Children's Services at [Chaplet Avenue Children's Unit](#).

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 appended to the report once these have been taken through relevant governance structures. During quarter 4, none of the inspections scored 2 or lower.

7.3 Healthcare Improvement Scotland

7.3.1 There were no Healthcare Improvement Scotland Inspections undertaken during quarter 4.

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

7.4.1 During quarter 4 there was 1 inspection undertaken by HMIPS, to the Lillias Community Custody Unit, Maryhill, Glasgow.

8. **Recommendations**

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

a) consider and note the report.

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