



**Item No. 15**

**Meeting Date Wednesday 5<sup>th</sup> February 2025**

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

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

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**Clinical and Professional Quarterly Assurance Statement  
(Quarter 3 2024/2025)**

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| <b>Purpose of Report:</b> | To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1 <sup>st</sup> October 2024 – 31 <sup>st</sup> December 2024. |
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| <b>Background/Engagement:</b> | <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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| <b>Governance Route:</b> | <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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| <b>Recommendations:</b> | <p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Consider and note the report.</p> |
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| <b>Relevance to Integration Joint Board Strategic Plan:</b> |
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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. |
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**Implications for Health and Social Care Partnership:**

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| <b>Reference to National Health &amp; Wellbeing Outcome:</b> | Contributes to:<br>Outcome 7 - People using health and social care services are safe from harm.<br>Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services. |
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| <b>Personnel:</b> | The report refers to training and development activity undertaken with staff. |
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| <b>Carers:</b> | 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. |
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| <b>Provider Organisations:</b> | None |
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| <b>Equalities:</b> | None |
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| <b>Fairer Scotland Compliance:</b> | None |
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|-------------------|------|
| <b>Financial:</b> | None |
|-------------------|------|

|               |      |
|---------------|------|
| <b>Legal:</b> | None |
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| <b>Economic Impact:</b> | None |
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| <b>Sustainability:</b> | None |
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| <b>Sustainable Procurement and Article 19:</b> | None |
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| <b>Risk Implications:</b> | None |
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| <b>Implications for Glasgow City Council:</b> | None |
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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | None |
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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.

### 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 [11<sup>th</sup> December 2024](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during quarter 3 2024/2025, 1<sup>st</sup> October 2024 to 31<sup>st</sup> December 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 3 2024/2025

#### 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 3, the group:
- Noted work to progress incidents recorded on the Datix incident management system and that this had been highlighted in the Datix Newsletter as an example of good practice.
  - Noted progress in relation to Mental Welfare Commission action plans.

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- Noted pressures within services and the mitigations in place.
- Received an update on the commissioning of the Safer Drug Consumption Facility.
- Noted the recent publication of [Alcohol Specific Deaths by National Records of Scotland](#) which showed a 9% reduction for Glasgow compared to the previous year.
- Received an update on the progress in concluding Significant Adverse Event Reviews (SAERs) in line with NHS GGC targets, with 12 SAERs concluded in the quarter and 103 ongoing (12 of which were reported pre-2023).

### 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 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 have continued to experience significant pressures across both inpatient and community settings due to staff vacancies (10% medical), increased demand (3.4% annually) and increased acuity of presentations. There are equal challenges with maintaining adult admission bed capacity with a consistent almost 100% bed occupancy. The situation is compounded by issues with social care and housing leading to delayed hospital discharges. This is particularly pertinent in Learning Disability Services. Contingencies are in place to maintain safe and effective delivery of care. These include weekly huddle meetings, chaired by the Chief Nurse; where bed management and staffing challenges are monitored and responded to imminently. Daily bed management meetings are also in place with senior manager/clinician involvement.

Medical staffing pressures are currently particularly prevalent in Older People's Mental Health Services and in older adult liaison services.

Significant work is being undertaken in relation to the use of Mental Health Staff bank, both in terms of reducing the need for bank staff and in ensuring that bank staff provide a high quality of care. An oversight sight group has been established to review bank staff usage, the chief nurse is meeting regularly with inpatient managers, and a Mental Health Bank Staff Governance (Induction) process has successfully been established to ensure all new Nurse Bank staff are afforded the same opportunity of support to successfully complete induction as substantive staff. The Practice Development Nurse team verify successful induction completion.

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### 4.2.3 Mother and Baby Mental Health Unit

The Mother and Baby Mental Health Unit, based in the Leverndale Hospital campus has again obtained accreditation from the Perinatal Quality Network.

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

The Health and Safety Executive (HSE) had written to National Health Service Greater Glasgow and Clyde (NHS GG&C) with identified actions relating to a completed suicide in one of the adult admission wards. The SRDG have responded to the HSE and we received confirmation on 25/10/2024 that the HSE are satisfied that the mitigations enacted to reduce ligature risks are satisfactory.

A Seven Minute Briefing; NHS GG&C Suicide Reduction and Management of Ligature Risks Policy has been developed and circulated to staff.

### 4.2.5 Alcohol and Drugs Recovery Services (ADRS)

The UK's first safer drug consumption facility, The Thistle, became operational on 13th January 2025 following sign off from NHS GG&C Estates, Assure and Infection Control and the release of a Statement of Prosecution Policy by Scotland's Lord Advocate. This is sited at Hunter Street Health and Care Centre alongside other services relevant to the target population. The workforce is in place; a community engagement forum has been established; and a robust independent evaluation plan with oversight by the GG&C Director of Public Health is in place. The implementation board has changed to an oversight board to monitor performance and governance.

### 4.2.6 NHSGGC Mental Health Strategy 2023-2028

The staff engagement sessions are ongoing with the anticipated implementation of the preferred pathway from Spring 2025.

### 4.2.7 Outstanding Mental Health Significant Adverse Event Reviews (SAERs)

Addressing the backlog of outstanding SAERs in Mental Health Services (MHS) continues to be a priority with ongoing measures in place as previously described. At 3<sup>rd</sup> December 2024:

- 110 open SAERs in MHS; 6 of these are pre-2023 incidents; and
- 164 potential SAERs to be reviewed; 8 of these are pre-2023 incidents.

### 4.2.8 Continuous Intervention Policy and Practice Guidance

The Continuous Intervention Policy has been divided into two documents - a Policy Statement and Guidance Document. The draft policy is currently out for consultation. Planning is ongoing regarding the development of learning and educational materials necessary to support implementation as well as an evaluation exercise post implementation of the policy in early 2025. These groups will feedback to the Continuous Intervention Implementation Group and subsequently to the Mental Health Services Clinical Governance Group.

## 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.

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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 meeting in Quarter 3:

- All Heads of Service were asked to provide an update on how each of the care groups and localities are managing hybrid working and expectations of staff. A report will be presented to a future meeting with recommendations on how services should operate a model of hybrid working.
- The Higher Education Institution (HEI) for West of Scotland – The Scottish Government have advised that from March 2025, there will no longer be a learning network which is the contracted organisation for all of the placing agencies. Local Authorities will meet with HEIs to look at partnership agreements.
- In terms of the National Care Service there have been widely reported issues regarding withdrawal of support from others. The Scottish Government are reviewing and we await an update. Staff sessions have taken place to provide updates on the Phase 2 proposals.
- A report on the Adult Support and Protection Code of Practice was tabled at the meeting. The report provided an overview of the Revised Adult Support and Protection (ASP) Code of Practice 2022 and related work of the National Implementation Group to help Local Authorities to apply the revised Code, and implications for ASP arrangements within Glasgow City. The paper set out the role of the Code of Practice and key amendments to previous versions of the Guidance and made recommendations for a service improvement model that will support fuller alignment with the revised Code.

Option 2 proposed that we adopt a more gradual approach to full alignment, looking to progress a range of measures to support the role of Council Officers within our ASP processes and mitigate any related risks, as follows:

- Maintain the current ASP arrangements and continue work to increase Council Officer capacity within our ASP processes.
- Recommend that Council Officer training becomes mandatory for all Grade 8s within the broader range of Adult Social Work Services (including Homelessness, Justice and Alcohol and Drug Recovery Services). This will provide more robust oversight by Team Leaders who have attained Council Officer status.
- Recommend that Council Officer training becomes mandatory for all Grade 7s (who meet the criteria for post qualification training) within the broader range of Adult Social Work Services - this will expand the total number of Council Officers.

Option 2 was supported by the Board with further work being conducted.

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- A presentation on the Family Connections Assessment and Plan was delivered. The aim of Family Connections Assessment and Plan is to:
  - review and strengthen assessment of sibling and sibling like relationships;
  - encourage early assessment; and
  - a clear reviewable plan.

A pilot and evaluation exercise will be conducted by Centre of Excellence for Children's Care and Protection (CELCIS). There will be impact nationally for Community of Practice for Siblings; Scottish Adoption and Permanence Guides. Briefings will be arranged for staff in February 2025. The Board agreed to the proposal.

- The Adult Placement Procedural Guidance and supporting documentation was tabled and agreed by the Board. This was an action for Family for Children to meet as per recent fostering inspection and is part of their service improvement action plan. The Care Inspectorate made a requirement that they have an adult placement service up and running as soon as possible; guidance and paperwork is key to the service meeting this requirement. The adult placement service is for care experienced young adults who have been in foster care and want to remain with their current foster family on a continuing care basis. This service will allow this to happen for those aged between 18-21. Foster care stops for all young people at the age of 18 but this service will allow for continuity of care and financial support should this be in line with young person's wishes. Agency decision maker still to be decided.
- The Glasgow City Health and Social Care Partnership Social Work Child Protection Procedures – November 2024 were tabled and agreed. However, it was noted that further work is required to finalise the procedures, and this will be presented to the Social Work Professional Governance Board in February 2025 for approval. Briefings and training are being arranged and scheduled for early 2025.

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

- 4.4.1 Scottish Government and Chairs of the Strategic Oversight Group (SOG) meet quarterly as a National SOG to develop and evaluate strategic plans, discuss practice issues, and ensure the arrangements for MAPPA are as robust as they can be.
- 4.4.2 MAPPA is overseen by the Strategic Oversight Group (SOG) in Glasgow which meets quarterly. The SOG includes senior representatives from the responsible authorities and oversees performance and strategic planning of MAPPA. Within Glasgow the SOG ensures 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.

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- 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 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 three 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.
- 4.4.6 During the reporting period, there was one instance of further offending which resulted in an initial notification report to the SOG. Following review, it was concluded that no further action was required.
- 4.4.7 The MAPPA audit continues to be completed bi-monthly, there has been 1 MAPPA audit during the reporting period. The identified learning was specific to the cases reviewed which was disseminated to MAPPA partners.
- 4.4.8 The [National Performance Indicators](#) (NPIs) of MAPPA have continued to be reviewed monthly, within the reporting period all NPIs were met.
- 4.4.9 The Multi Agency Public Protection System (MAPPS) which is the replacement for Violent and Sex Offender Register (ViSOR) was planned for implementation from 2025 into 2026 however this is currently delayed. ViSOR will continue to be utilised until the implementation of MAPPS. An implementation plan for MAPPS within Glasgow is currently underway, which is reviewed 6 weekly at an implementation meeting.
- 4.4.10 The Significant Case Review (SCR) Implementation Group has come to a close following review of the outcomes and progress by the Chief Officers Group. The outstanding recommendations will continue to be reviewed nationally.

## 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 Health and Social Care Partnership (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 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, with active cases consisting of males who have Extreme Right-Wing ideology.
- 4.5.3 Within the reporting period, Glasgow Prevent leads participated in the Prevent Multi-Agency Panel Guidance consultation led by Scottish Government, it is anticipated that the guidance will be published in 2025.

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- 4.5.4 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 which continued to be delivered during the reporting period.
- 4.5.5 Within the reporting period, the Prevent Duty Trainer Portal went live. This is a training product designed to be delivered in person or virtually across the UK. The training itself will support the GOV.UK Prevent duty training service, specifically covering content from the awareness and referrals courses. It is an optional Home Office resource that as a local authority Glasgow have agreed to take forward.
- 4.5.6 To prepare for the Prevent Assurance Process commencing in early 2025, Glasgow Prevent leads attended an awareness session which outlined the process. Completion of the assurance will be the focus of the next quarter.

## 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 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 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 National ASP Data 2023/24

The Institute for Research and Innovation in Social Services (IRISS) have recently distributed a National Report detailing key ASP data based on quarterly submissions linked to the new National Minimum Dataset. This dataset replaces the previous annual survey which ran from 2014 to 2023, with the intention of supporting more meaningful comparisons between Councils. However, the new dataset remains in the transitional phase and regional variations continue to exist, reflecting the impact of different ASP operational systems. On that basis, it is necessary to treat the national ASP data with some caution, but some trends are worth highlighting:

- Glasgow City receive a higher number of ASP referrals than most other Local Authorities: Glasgow received 2204 referrals per 100,000 of the population for the calendar year ending 31/03/2024. Only four Local Authorities received a higher number of referrals than Glasgow when applying the same criteria (Dundee, Perth, Stirling and Dumfries).

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- Source of referrals – National figures show that Police Scotland are the main source of ASP referrals at 26%, followed by Health at 17% and then Care Homes at 16%. That trend looks slightly different in Glasgow City with our main source of referrals being Care Homes (25%), Police (21%) and Health (12%). Based on our figures, we have commenced improvement work and audit linked to ASP referrals from care homes.
- Case Conferencing Activity – Glasgow City's data is broadly akin to the national picture, with 110 Case Conferences being convened per 100,000 population, equating to 56 Initial Case Conferences and 54 at Review stage.

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

ASP Guidance for Care Home Staff was approved in August 2024, to provide additional support to the Care Home sector and help address the significant volume of ASP referrals received from Care Homes.

A test of change approach involving two care homes, one directly provided and one privately commissioned, began on 18<sup>th</sup> November 2024. This involves applying the Guidance and related risk matrix and providing examples of low level concerns that do not warrant an ASP referral. Typical examples would include a one off medication error or altercation between two residents where no harm occurs. The care home quality assurance team will closely monitor the application of the risk matrix and related Guidance and evaluate the pilot early in 2025. The model promotes a whole systems approach focussed on prevention and early intervention, which also benefits from the key role of the Care Home Quality Assurance Team (CHQAT) and related test of change whereby the CHQAT are completing inquiries for most of the ASP referrals submitted by Care Homes. The test of change has been extended until the end of the year and an audit of inquiries is underway to help inform future service developments.

### 4.6.4 Inter-Agency Referral Discussions (IRDs)

A further meeting was held of the IRD Oversight Group (November 2024) and subsequent multi-agency agreement for a revised IRD pilot proposal – due to be submitted to SWPGB in January 2025 for fuller consideration.

### 4.6.5 Revised Code of Practice / National Implementation Workstreams

Glasgow continues to nominate representatives for each of the workstreams (chronologies/ self-evaluation/ adult participation /role of council officer) which helps to inform the implementation of the revised Code of Practice at a local level. An update report was also submitted to SWPGB (November 2024) to highlight the work ongoing to support fuller alignment with the revised Code of Practice. This includes a training plan to help maximise Council Officer resource and a working group to update ASP Operating Procedures.

### 4.6.6 ASP Related Training

An ASP Spotlight event was held in October 2024 for frontline staff to raise awareness of the role of the Advocacy Project within the ASP processes. This included an overview of referral pathways, communication aids/services and support to help achieve meaningful service user participation.

## 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 independently 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 team consists 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 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 (Devolved Decision Making), focusing on the 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.
- 4.7.2 A key priority for the CP Team continues to be the Implementation of the National Guidance for Child Protection in Scotland, Under the Public Protection Services structure, the Child Protection team have responsibility for the implementation of the guidance in Glasgow. This has included the review of Glasgow's Child Protection Procedures, and they were considered at an Extraordinary Social Work Professional Governance Board in December and agreed on an interim basis. There are areas that have been identified for further discussion and agreement, and it is expected that the final draft of the CP procedures will be considered for approval at the SWPGB in February. On approval they will be presented to the Child Protection Committee (CPC). Planning for the implementation of the revised Child Protection procedures and framework for CP practice, will be led and delivered by the CP team. This includes a plan to evaluate the implementation of the procedures will be undertaken 12 months after the initial implementation date.
- 4.7.3 The CP team continue to lead the review of 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 risk management framework. A working group for this across Children's Services, has been identified to undertake the review. The review has also included representation from Children's Rights and the Promise Participation workers. Consultations with partner agencies have been included as part of the overarching action plan. Upon completion, the procedures will be considered at SWPGB.

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- 4.7.4 As part of the implementation of the National Guidance and Glasgow's framework for Child Protection, the team are working with Learning and Development colleagues to develop a training pathway for Child Protection for all staff across Social Work Services. A review of the multi-agency CP Basic Awareness online course, and SW CP Basic Awareness 2 day course have been completed. The team are currently, in partnership with Children's Services, planning to refresh the current CP Assessment course in line with the implementation of the updated CP procedures and overarching framework for CP practice.
- 4.7.5 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 developing a strategic group, whose governance arrangements will sit under the CPC.
- 4.7.6 A key priority for the Child Protection team continues to be the planning for 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.
- 4.7.7 The CP team, in conjunction with the CPC and colleagues across Social Work Services (SWS) have been working to develop a framework for reporting requirements to the Scottish Government. This has included identifying current gaps in reporting mechanisms, in particular within CareFirst and seeking to address these gaps. This has included the development of an eForm that enables the HSCP to be able to link and report on Child Protection work from the point of IRD. 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.
- 4.7.8 The CP team and CPC are currently undertaking audit activity identified in the Child Protection Quality Assurance (QA) Sub Group action plan in relation to:
- Children and young people who are on the CP register for more than 12 months; and
  - Children and Young People who have three or more periods of CP registration.

However, on reviewing data, no children or young people fell within the parameters being subject to child protection registration for three or more periods in the previous 6 months. A report will be submitted to the QA Sub Group to consider the recommendation that extending outwith this scope of 6 months would not offer any substantial contemporary learning.

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 only. The findings from this are to be considered at the QA Sub Group.

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### 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 Health and Social Care Partnership (HSCP) 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 (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 National Health Service Greater Glasgow and Clyde (HSGGC) 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 A piece of work has been undertaken on the self-evaluation tool that has been developed for Older People Residential Care Homes and Day Care Services. This has been shared with Children Houses and Homelessness. Once it is a workable tool, the Communications Team will create as an online tool and can also share with Commissioning Services. Work is in progress. The Tool has been shared with the Care Inspectorate on inspections that have taken place this year.

4.8.3 Care Inspectorate's HCSSA Implementation Group

The feedback focused on the survey that they had conducted and were seeking views on steps taken to meet legislation requirements. The group asked if organisations who would be interested in participating in giving good news stories regarding work they are doing and participating in podcasts. It was agreed that the HSCP would participate in the podcast and involve an amalgamation of a number of services - Children's, Older People, Homelessness, Day Care and Homecare.

4.8.4 HCSSA Glasgow City Implementation Group Update

Work is ongoing to ensure appropriate engagement from all service areas to ensure implementation of HCSSA. There is currently a review of the range of meetings, membership and terms of reference.

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### 4.8.5 Board HSCP Working Group Update

Real Time Staffing Assessment and Escalation - A template has been developed by the Quality and Transformation Team (QTT) to support staff to record discussion and decisions during daily huddles if they do not do that already. This goes further to support the Duty for real time staffing assessment and escalation and is an interim measure until we have a more consistent electronic solution. The use of the system 'Safe Care' will be discussed at board level and a final decision will be made on its use.

### 4.8.6 Time to Lead Board Short Life Working Group (SLWG)

The short life working group was established to consider in depth at the HCSSA Duty. A Standard Operating Procedure (SOP) is in development. There is currently a small HSCP working group looking particularly at Band 7 nursing roles for Nurse Team Lead/Senior Charge Nurse and their leadership role, time available to them and day to day activity. A meeting is being convened to discuss the outcomes and will be reported into the oversight group.

### 4.8.7 Clinical Advice Board (SLWG)

The group has been established and meets on a fortnightly basis. The legislation says organisations must 'put in place, and keep in place, plans for seeking/gaining appropriate clinical advice when decisions are needed in relation to staffing and 'put in place, and keep in place, arrangements for documenting decisions which conflict with said clinical advice'. The group are developing a standing operating procedure which is in draft form and will go the Health and Care Staffing Programme Board for discussion and review.

### 4.8.8 Healthcare Improvement Scotland (HIS) SLWG - Mental Health and Learning Disability Staffing Level Tool

The planned staffing level tool run due to commence 21<sup>st</sup> October 2024 was postponed due to a request from HIS to test the newly developed staffing level tool within the system safe care. HIS will provide training on the tool and system alongside NHSGGC. Testing commenced in November 2024 at the Leverndale Hospital site and will be finalised in the next quarter (January 2025).

### 4.8.9 Healthcare Improvement Scotland (HIS) Multi-disciplinary Professional Judgement (MDPJ) Tool

The QTT have participated in the SLWG to develop the MDPJ Tool. HIS have agreed a version that can be digitalised and a recommendation to Scottish Government will be presented at the next Parliamentary window which would see the MDPJ tool digitalised and included in the Legislation from April 2025.

## 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.

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- 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 3, 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 3 Adult Notifications and 2 Child Notifications under consideration.
- 5.3.2 Learning Reviews in progress included 3 Child, 3 Adult, and 2 Family.
- 5.3.3 Thematic Reviews in progress included:
- Young people involved in community violence; and
  - Deaths in emergency accommodation.
- 5.4 One Child Learning Review was concluded during quarter 3 and is being progressed through governance processes.
- 5.5 One Thematic Review was concluded during quarter 3 and is being progressed through governance processes.
- 5.6 Two completed Child Learning Reviews were submitted to the Care Inspectorate and feedback is awaited.
- 5.7 An evaluation has been completed 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> October to 31<sup>st</sup> December 2024 one audit was completed, and was presented to the Social Work Professional Governance Board (SWPGB) for sign off on 14<sup>th</sup> January 2025:
- i) Audit/Review into Glasgow Health and Social Care Partnership (HSCP) Mental Health Officer (MHO) Social Work provision.
- As with all audits, an action plan will be developed following full discussion at SWPGB and a summary of learning will be included in the next Assurance Statement.
- 6.2 There are currently 2 audits ongoing:
- i) The Safe and Together audit is continuing. File reading has been completed and data processed. Staff interviews are currently being conducted.
- ii) An audit into 'Out of Hours' Social Work Homeless Services Provision has commenced.
- 6.3 A list of audit requests was sent to the Chief Social Work Officer for review and prioritisation. A list of audit priorities has now been sent to the Practice Audit Team.
- 6.4 An emergency request was submitted to the Practice Audit Team in December 2024 by the Chief Executive to draft a response to the 'Scottish Child Abuse Inquiry'. This is in respect of the request sent by the Chair of the Inquiry as to

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how the HSCP has responded to a number of recommendations made by numerous inquiries and reports connected with Children and Young People since 1999.

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

#### 7.1 Mental Welfare Commission

- 7.1.1 During quarter 3, the Mental Welfare Commission (MWC) undertook 8 local visits to mental health inpatient wards in NHS GG&C; all of these were announced. Visits took place to [Nairn Ward, Stobhill Hospital](#); [Isla and Jura Wards, Stobhill Hospital](#); [Appin Ward, Stobhill Hospital](#); [Armada and Broadford Wards, Stobhill Hospital](#); ICU, Leverndale Hospital; Langhill Clinic, Inverclyde Royal Hospital; Rehab Ward, Leverndale Hospital; and Wards 37 and 39, Royal Alexandra 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 The MWC also produce themed and investigation reports; the recommendations and learning points are reviewed by the HSCPs and the boardwide Mental Health Services Clinical Governance Group. In quarter 3 a response was provided to an investigation report.
- 7.1.5 A poster produced by the MWC on Advance Statements was circulated to inpatient and community services to be displayed in patient areas to promote Advance Statements. Additional resources available on the MWC website have been circulated; and a Seven Minute Briefing on Advance Statements was re-circulated to be displayed on notice boards in staff areas.

#### 7.2 Care Inspectorate

- 7.2.1 During quarter 3, there were 4 inspections undertaken by the Care Inspectorate; all were unannounced. Inspections took place to Children's Services at [Main Street Residential Unit](#); [Mosspark Drive](#); and Norse Road; and to Older People's Services at [Hawthorn House, Care Home](#). *(Hyperlinks are included for those reports which have been published.)*
- 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.

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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 3, of the reports received, no inspections received a score of 2 or lower.

### **7.3 Healthcare Improvement Scotland**

7.3.1 There were no inspections undertaken by Healthcare Improvement Scotland during quarter 3.

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

7.4.1 During quarter 3 there was one inspection undertaken by HMIPS to HMP Barlinnie.

## **8. Recommendations**

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

- a) Consider and note the report.