Item No. 16

Meeting Date **Wednesday 4th February 2026**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

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Clinical and Professional Quarterly Assurance Statement (Quarter 3 2025/2026)

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1st October 2025 – 31st December 2025.
Background/Engagement:	The quarterly assurance statement is a summary of information that has been provided and subject to the scrutiny of the appropriate governance forum. The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Consider and note the report.

Relevance to Integration Joint Board Strategic Plan:
Evidence of the quality assurance and professional oversight applied to health and social care services delivery and development as outlined throughout the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Contributes to: Outcome 7 - People using health and social care services are safe from harm. Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	The report refers to training and development activity undertaken with staff.
Carers:	Offers assurance to carers that quality assurance and professional and clinical oversight is being applied to the people they care for when using health and social care services.
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

1.1 To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1st October 2025 – 31st December 2025.

2. Background

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

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

2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during Quarter 3 2025/2026 (1st October to 31st December 2025).

3. Governance Structures and Processes

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

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

4. Quarterly Updates from Governance Groups Quarter 3 2025/2026

4.1 Glasgow City Integrated Clinical and Professional Governance Group

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

4.1.2 In Quarter 3, the following issues/updates were noted:

- Progress in closing Significant Adverse Event Reviews (SAERs) with 28 closed in the quarter and 52 outstanding.
- A Short Life Working Group has been meeting fortnightly to monitor and support the completion of the overdue SAERs.

- Dialogue with the Scottish Government around Winter Planning in Homelessness Services.
- Progress with the establishment of Safer Staffing in Health Visiting.
- Blood Borne Virus Testing in Prison Healthcare with both HMP Barlinnie and HMP Low Moss achieving 92%.
- Newly Qualified Nurses 2025 induction programme for Mental Health and Alcohol and Drug Recovery Services took place for 1 week in October. This was well attended, and very positive feedback was received.
- Interpreting service issues discussed. These have been raised with the Health Board and discussed with the Equalities Team.

4.2 **Mental Health Services Clinical Governance Group**

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

4.2.2 Mental Health Services continue to experience significant pressures across both inpatient and community settings, with bed occupancy for adult and older adult mental health services still sitting at 98-103%. The situation is compounded by prolonged lengths of inpatient stay in some areas, along with challenges in accessing community-based care packages and legislative delays.

In addition to existing contingencies to maintain safe and effective delivery of care, there is a need for an improved system-wide approach to bed management as well as the recording and management of delayed discharges. Recruitment is underway for a senior board-wide bed manager, who will be responsible for managing patient flow across all sites. This role will be tasked with reducing the use of contingency beds (using beds designated for other purposes to release capacity) within the campus as part of the Mental Health Strategy. Integrated discharge teams remain operational, and systems for referrals and the recording of delays have been reviewed and simplified, particularly to ensure rapid allocation of work. However, improvement continues to be challenged by reduced resources in the teams due to vacancies and sick leave.

Community Mental Health Teams also remain under very high pressure, with average waiting times routinely exceeding the 4-week target (up to 24 weeks) for new referrals. Staffing gaps in community teams currently stand at 11%, which further adds to the demand. Referrals for neurodevelopmental disorders remain very high, with waiting times for assessment exceeding three years for Attention Deficit Hyperactivity Disorder (ADHD) and up to seven years for Autistic Spectrum Disorder (ASD).

4.2.3 The rolling programme of ligature reduction work continues. Funding is secured for all Phase B works spanning 2025/26 and into 2026/27 with opportunities to accelerate timescales being pursued.

Work is now ongoing with clinical leads to identify future phases of ward decant work to allow the scoping of these to be undertaken concurrently with the Phase B delivery. The order of the works will be dictated by the risk prioritisation of the wards as assessed by clinical leads alongside health and safety colleagues.

The Executive Oversight Group, chaired by the Deputy Chief Executive, is now in place and supports the Suicide and Self Harm Reduction Group by ensuring a focused approach to reducing risk across our Mental Health and Acute sites exists. In addition, a further review of funding is underway to prioritise Emergency Department interventions as described previously. This group will meet monthly after each meeting of the Suicide and Self Harm Reduction Group and ensure overall visibility and delivery of the improvement plan across the Board.

There is an ongoing focus on training to raise awareness of the ligature risk and dealing with suicides. GGC292: Ligature Awareness Learn-Pro Module (Role specific mandatory for inpatient Mental Health areas). Data from Workforce Information confirms 1447 staff identified as in scope to complete the module. Currently 984 have completed the module resulting in a compliance rate of 68% for inpatient mental health areas.

4.2.4 The unannounced joint Mental Welfare Commission/Healthcare Improvement Scotland Inspection to Skye House, the Child Adolescent Mental Health Service (CAMHS) inpatient unit, occurred in late August 2025. There were no escalations arising from this. Both reports are anticipated to be available early 2026. Phase three of the Invited Review Team review will commence June 2026 with a review of the progress of governance and culture of care within the unit. All reviews are being considered through the Board Executive Oversight Group.

The unit continues to function with a very high level of clinical activity both in terms of admission numbers and acuity of presentation. In light of this a decision has been reached to temporarily reduce bed numbers from 24 to 16. Impact across both Children’s Services and Adult MH Inpatient Services are being monitored.

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

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

Following extensive community engagement, a long list of combinations of hospital sites that will support the future configuration of mental health wards and beds has been developed. An external facilitator has been approached to support the Options Appraisal process.

4.2.6 The Mental Health (MH) research portfolio within NHS Greater Glasgow and Clyde (GG&C) encompasses a wide range of services, including Child and Adolescent, Adult, Older People, Forensic Mental Health, Drug and Alcohol services, and services for individuals with Learning Disabilities. Through sustained efforts to expand MH research activity, GG&C hosts the largest mental health research portfolio in Scotland.

Significant progress has been achieved in research recovery, which is attributed to the successful outcome of applying to nationally important initiatives: (1) National Institute for Health and Care Research (NIHR) Mental Health Translational Research Collaboration (MH TRC) funding call to join the UK Mood Disorders Research Network; and (2) UK Dementia Trials Network (DTN) membership. These memberships have brought substantial funding and will expand access to innovative treatments and research opportunities for GG&C patients.

4.3 Social Work Professional Governance Board

4.3.1 The Social Work Professional Governance Board (SWPGB) meets every 4 weeks and receives governance updates from all areas of social work practice.

4.3.2 At the SWPGB in Quarter 3:

- The Supervision Policy and the Newly Qualified Social Worker Supported Year Handbook was signed off by SWPGB. The supervision electronic toolkit is complete and will be signed off in due course and thereafter briefings will be arranged for staff.
- A Prison Based Social Work – Phase 2 Thematic review is taking place, focussing on risk assessment applied to those currently serving custodial services.
- Whilst a review of Mental Health structures and practice is ongoing, an immediate need was identified to ensure accessibility and therefore one contact telephone number has been developed to access Glasgow Mental Health Officer service.
- Data Protection Impact Assessment (DPIA) delays were highlighted, and efforts have been made to streamline the DPIA issues.
- An Abstinence Audit and the findings were presented. The findings will be circulated once Alcohol and Drug Recovery Services has progressed through the management team and the improvement plan will be overseen by the Safeguarding Board.
- A Research Update was provided; an update was given on the management of the external research process including applications received and the uptake of research from the list of approved research themes.
- The Multi-agency Child Protection Interagency Referral Discussion Guidance was presented, having been developed alongside Children Services, Police Scotland, NHSGGC Public Protection and Education. The SWPGB approved the guidance, with an outstanding piece of work on pre-birth IRD processes to be concluded within 3 months.
- The Adults with Incapacity Governance Terms of Reference were signed off by the SWPGB. Progressing this work is crucial in terms of assuring

that the HSCP is meeting its statutory obligations and in improving practice and data outputs.

- The Safe and Together Audit was presented, following an evaluation of the pilot of the Safe and Together Model in the South of Glasgow. Whilst the audit recognised the positive impact of the training both on outcomes and staff confidence, it is recommended that the HSCP develop and deliver an in-house programme. An action plan in response to the audit will be monitored through the Safeguarding Board.
- The Safer Families - Direct Work with Men - Glasgow City HSCP Children and Families workbook was presented for approval. The workbook supports social work assessment and intervention by facilitating direct work with men in families experiencing domestic abuse. The aim is:
  - To support the social worker in gathering information and assessing the individual's readiness and commitment to making changes to support his partner and children.
  - To support the individual to explore and understand the impact of their behaviours on their children and their family.
  - To support the individual to identify their goals as a parent, as a partner and as an individual.
  - To build on strengths and develop strategies to support positive changes, to create a safer family home.

  Section one consists of seven guided discussions, to support the social worker in direct work with the individual, both to inform assessment and to support the individual to recognise and understand abusive behaviours and identify motivation to change. Section two is a safety plan to be printed off and completed by the individual, with support, and for them to take away and keep.

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 MAPPA Operational Group (MOG) meet every 6 weeks with representation at an appropriate level from the responsible authorities. The NASSO (National Accommodation for Sex Offenders Group) meet quarterly to manage the complexities in relation to housing individuals subject to sex offender registration.

4.4.3 The National Performance Indicators (NPIs) of MAPPA have continued to be reviewed monthly, and within the reporting period all NPIs have been met except from one NPI in September and October. In both September and October, there was a reduction in the NPI relating to '90% of level 2 and 3 minutes to be completed and released within ten working days.' In both months, three minutes were distributed late. This was due to staff annual leave.

4.4.4 By the end of the quarter of the reporting period, there were four Category 1 Level 2 cases and five Category 3 Level 2 cases being managed by Glasgow City HSCP.

4.4.5 MAPPA Glasgow currently has 9 risks, three of the risks are currently sitting at high and six at medium. The risk register continues to be reviewed at the MOG and SOG.

4.4.6 The MAPPA audit continues to be completed bi-monthly, with one audit during the reporting period. The learning identified and good practice was disseminated to MAPPA partners. ViSOR continues to be audited bi-monthly and outcomes disseminated to users at the ViSOR user group and Service Managers. The ViSOR user group, which is also focusing on the operational planning for Multi Agency Public Protection System (MAPPS) continues to meet bi-monthly to support users.

4.5 Prevent

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

4.5.2 The GOLD Prevent Awareness Training went live on 11th November 2025. The training will aid in developing awareness of the Prevent Duty, submission of referrals, and the PMAP process. The ideological specific training which is available on the Training Portal is currently being delivered by Police. To support the HSCP taking this training forward, options are currently being explored in relation to identifying trainers and areas of priority in terms of dissemination.

4.6 Adult Support and Protection (ASP)

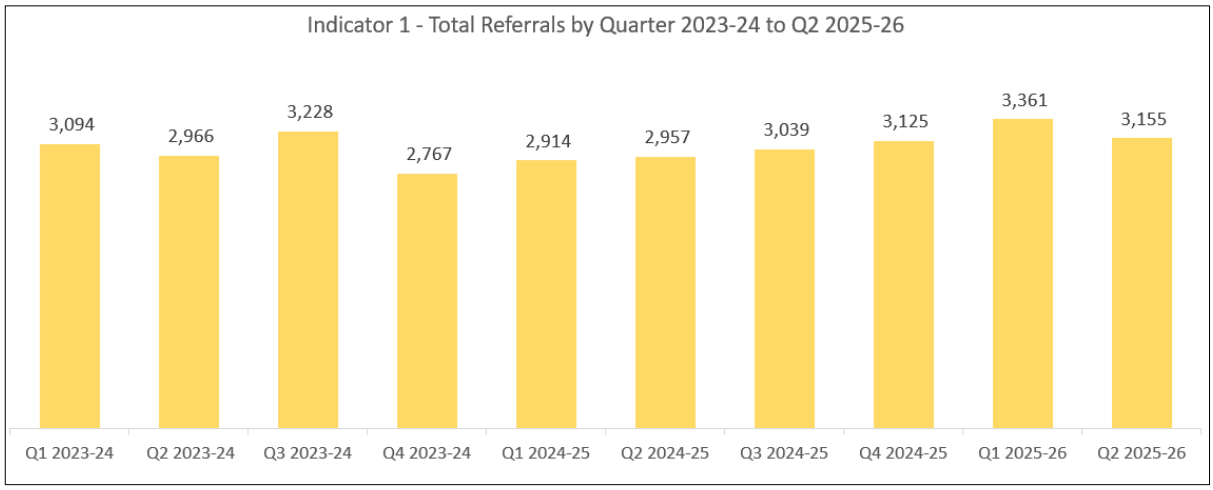
4.6.1 The ASP Committee (ASPC), as per section 42(1) of the Adult Support and Protection (Scotland) Act 2007, is a key multi-agency strategic governance arrangement for ASP activity in Glasgow City. It reports to the Chief Officers Group (COG) on a quarterly basis.

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

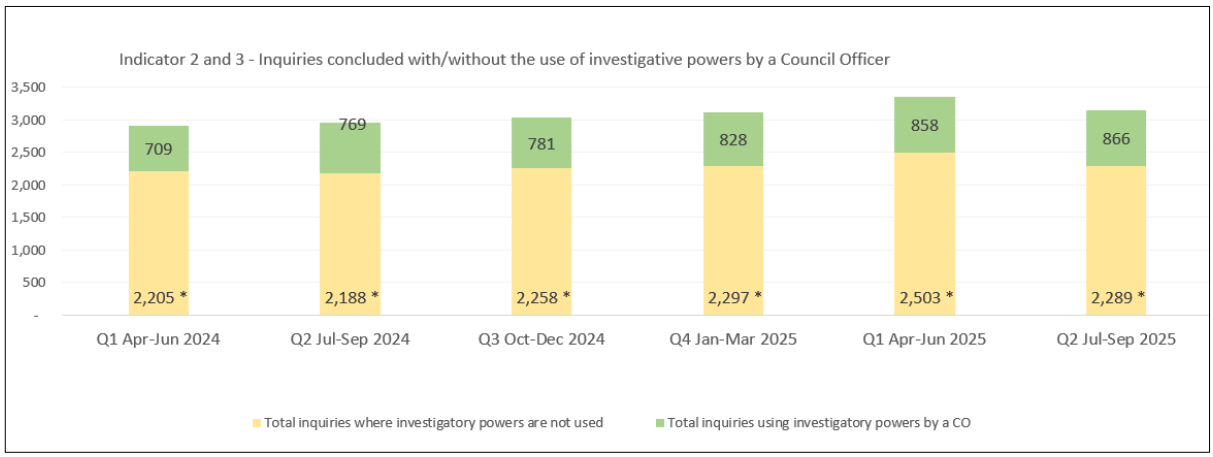
- Social Work Professional Governance Board (as required)
- Public Protection Core Leadership meeting (quarterly)
- ASP Citywide Meeting (quarterly meeting with Assistant Service Managers and Service Managers across the city)
- ASP Service Manager meeting, chaired by Head of Service
- Safeguarding Board

4.6.2 National Minimum Dataset (NMD)

Quarter 2 data was submitted to the Scottish Government on 14th November 2025, covering the reporting period July – September 2025. Within the period, a total of 3,155 referrals were received.



Of the 3,155 referrals, the majority were progressed without the use of investigatory powers (section 7-10 of the 2007 Act) – as shown below.



The main referral source continues to be Care Homes, followed by Police Scotland, Third Sector Organisations, NHS services (combined), and Housing. This profile remains consistent with previous quarters (more detail in chart below). Whilst care homes remain the dominant referral source, there is a steady decline in referral rates, likely owing to the work underway re: the Care Home Risk Matrix.

There were 154 ASP case conferences held during the quarter. Adults at risk were invited to 112 case conferences, with 59 adults attending and a further 10 represented by another person.

The main type of harm remains physical harm, followed by neglect/self-neglect and psychological harm. The “other” category includes “other ASP harm issue” and mental health-related concerns. Ongoing work continues each quarter to further analyse this category and reduce reliance on non-specific harm

classifications. As the data is reported on completed cases, the work on reducing the use of "other" will take time to filter through.

Adults at risk in their own home continues to be the main location of harm, followed by care home settings, consistent with previous quarters.

There were no Large-Scale Investigations (LSIs) which commenced during Quarter 2.

At Quarter 2 end, there were 137 adults subject to ASP Protection Plan.

4.6.3 The ASP team are beginning to consider how the recently published Care Inspectorate's Quality Improvement Framework can be utilised locally to drive internal self-evaluation and inform future audit activity. There are plans underway to test this out on a multi-agency ASP Protection Plan audit in addition to a targeted audit of cases in the South where "no further action at all" is utilised more often than other locality counterparts. An audit tool has been developed, and the audit activity will commence early 2026.

4.6.4 There has also been a review of governance arrangements for the cases currently open under ASP and a change in process to allow timely escalation and completion of these cases, to ensure appropriate oversight and action. These open cases are reported on a monthly basis, and a new RAG (red, amber, green) rating has been introduced from 1st December 2025. A spreadsheet of completed cases will now be sent to all Heads of Service, Service Managers and Assistant Service Managers to allow timely escalation/action and enhance oversight. The RAG system is as follows:

Inquiries	
RAG Rating (red, amber, green)	**Descriptor, Implication and Action**
Green 0-5 working days	Assume all necessary information gathering, contact, and initial analysis are underway. No delays identified, and no additional managerial oversight is required.
Amber 6-20 working days	Inquiry is ongoing beyond the desired 5-day period but remains within a tolerable timescale, although progress requires monitoring or support to ensure accountability. Timescale may be justified due to case complexity, but rationale should be recorded. Managerial review recommended (Team Leader and Assistant Service Manager level).
Red 21 working days and beyond	Inquiry has exceeded acceptable timescales and requires immediate escalation, review, and corrective action. Delay may impact the adult's safety, wellbeing, or rights. Mandatory escalation required for plan of action to be identified for conclusion (Service Manager and Head of Service level).

Investigations	
RAG rating	**Descriptor, Implication and Action**
Green 15 working days	As above
Amber 16-40 working days	As above
Red 40 working days and beyond	As above

Moving forward, open cases using the RAG system will also be reported on within the NMD, with monitoring via the Safeguarding Board and SWPGB.

4.6.5 The ASP team has focused on staff development/engagement in the quarter with two development sessions hosted with frontline team leaders, supporting one of the priorities to align strategic direction and operational practice.

4.6.6 The Forced Marriage guidance has made initial early progress, in that a wider group has now met for the first time and some early indications of next steps and actions have been agreed. The next meeting of this group will be in February 2026.

4.7 **Child Protection (CP)**

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

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

4.7.3 <u>Audit and Quality Assurance</u>

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

- Child Protection Registration over 12months

  - Phases one and two of the audits are complete, in terms of the casefile reading for all children in scope allocated within South and North East localities. Phase Three is currently underway in relation to casefile reading in North West.

- Notification of Concern/ Request for Assistance (NoC/RFA)

  - As a result of the change to referral process, the CP team, in partnership with Health and Social Care Connect (HSCC) and Education colleagues, are undertaking an audit of the NoC/RFA referrals received in May 2025 to evaluate the quality of the referral and implementation of the revised referral pathway.

- Young Persons Support and Protection Procedures

  - The CP Team are currently undertaking an audit of the children and young people who have been held in protection processes and subsequently removed from these processes, over the period of 2024 to 2025. This will have a particular focus on exploitation.

4.7.4 Following the approval of the revised Child Protection Procedures in February 2025 the CP team are leading the review of:

- Young Person Support and Protection Procedures
- Female Genital Mutilation Guidance, in conjunction with GG&C Public Protection Services.
- Forced Marriage Guidance – in partnership with the Adult Support and Protection Team and locality Children's Services.
- Notification of the Death of a Child Procedures in light of changes to the national guidance from the Care Inspectorate.

4.8 Glasgow City HSCP Safer Staffing

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

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

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

4.8.4 The implementation of the Act within Glasgow City HSCP has been strengthened by support from the Senior Management Team and the Safer Staffing Implementation Group, with membership from Service and Operational Managers as well as most Professional Leads. This widened participation provides a more robust approach to quarterly reporting and the collation on the duties for reporting as per Board requirements.

4.8.5 Currently the status of implementation for Glasgow City HSCP and Hosted Services sit at: ***Yellow - Reasonable Assurance.*** The workforce workload tools have highlighted staffing deficits in Children and Families, District Nursing, Mental Health Inpatients and CAMHS. While it is acknowledged that funding the staffing gap highlighted by the tool is likely to be unavailable, the information gathered should be used to inform staffing decisions, service delivery, any service redesign and quality of care monitoring. As part of the legislation this consideration should be clearly documented providing a rationale on how the tool findings have been used.

4.8.6 The first Ministerial Report for the Health and Care (Staffing) (Scotland) Act 2019 (the Act) can be found in the link below. The Act places duties on Scottish Ministers to consider the information it receives and lay a Ministerial response before Parliament. This report satisfies those legislative duties: Health and Care (Staffing) (Scotland) Act 2019 2024/25 Ministerial Annual Report - gov.scot

5. Duty of Candour

5.1 During quarter 3, 28 SAERs (significant adverse event reviews) were closed, 12 of these were Duty of Candour Incidents.

In 9 cases an apology was given. Apologies were not given in 2 cases as the family could not be contacted and in 1 case due to other circumstances (providing a fuller description may identify the individual). These were notified to senior managers. All incidents took place in Mental Health Services between June 2023 and May 2025.

5.2 Table 1 - Duty of Candour Incidents

Type of Unexpected or Unintended Incident	Number of Times an incident has happened
Someone has died	7
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	1
A person needing health treatment in order to prevent other injuries as listed above	2
A person's treatment increased	1
The structure of a person's body changed	1

5.3 Action plans were developed from the incidents, with 54 actions identified. 10 actions have been closed and 44 are ongoing.

Learning identified from these included:

- **Training, audit & compliance** — 12 items (e.g., mandatory risk training, LearnPro modules, CPD (continuous professional development) refreshers, ongoing audits).
- **Documentation & EMIS (electronic health record) templates** — 10 items (e.g., EMIS-only admission documentation, MDT (multi-disciplinary team) templates, accurate contact information)
- **Referral handling, triage & thresholds** — 10 items (e.g., recording decisions/rationales, triage, defining CMHT (community mental health team) thresholds, escalation routes).
- **Risk assessment & CRAFT (Clinical Risk Assessment Framework for Teams) compliance** — 10 items (e.g., CRAFT completion/updates, risk policy refresh, highlighting unreliable risk information).
- **MDT & meeting processes** — 8 items (e.g., MDT note templates, real-time internal referrals, reinforcing purposes of MDT).
- **Physical health assessment & observations** — 8 items (e.g., physical examination on admission, NEWS2 (National Early Warning Score) recording/audit, IV (intravenous) fluids processes).

- **Discharge, transfer & handover** — 6 items (e.g., Immediate Discharge Letters, SBAR (situation, background, assessment and recommendations), 7-day discharge-to-follow-up, transfer-of-care frameworks).
- **Crisis service interface & escalation** — 5 items (e.g., clear interface with Mental Health Assessment Unit, urgent reviews during relapse, crisis referral consideration).
- **Caseload management & supervision** — 4 items (e.g., supervision oversight, timely allocation/reallocation by risk).
- **Diabetes care & monitoring** — 4 items (e.g., blood glucose monitoring, specialist advice, Anticipatory Care Planning consideration in complex cases).
- **Treatment pathways & relapse prevention** — 4 items (e.g., treatment algorithms for resistant depression, early warning signs).
- **Family engagement & visiting** — 3 items (e.g., inviting families to MDT, person-centred visiting decisions).
- **Bed management & inpatient interfaces** — 2 items (e.g., Psychiatric Emergency Plan knowledge for bed managers, transfer letters between acute/psychiatry).
- **Care coordination & named nurse** — 2 items (e.g., named nurse registration/communication, complex care coordination).
- **Digital systems & automated alerts** — 1 item (e.g., EMIS alert/flag for escalating suicide risk prompting MDT review).

6. Learning Reviews

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

6.2 Four completed reviews were presented to the public protection committees, to proceed to the Chief Officers Group, with learning detailed below:

Summary of learning in respect of Adult W:

- Where a child or young person is reported to have engaged in inappropriate sexual behaviours, the Sexually Harmful Behaviour Protocol should be implemented.
- The multi-agency workforce require learning and development opportunities in respect of personality disorders.
- Working with service users who self-harm and/or display suicidal behaviours can result in staff feeling anxious, helpless and demoralised.
- There is a gap in accommodation resources for young people with mental ill-health.
- For young people transferring from children to adult services, the transition can be challenging for them and the staff involved.
- Child protection processes were used very well to enable good multi-agency communication and collaborative practice.

- Staff involved with the adult demonstrated genuine positive regard and care, commitment, and investment in their wellbeing.

Summary of learning from the thematic review of 6 young people:

- Variability in domestic abuse assessment practice poses challenges for practitioners, as do gaps in information-sharing processes.
- Challenges remain in the effective engagement of fathers within domestic abuse interventions.
- The implementation of the Safe and Together model has marked an advancement in assessing the risk associated with domestic abuse.
- The Multi-agency Risk Assessment Conference (MARAC) has enhanced information-sharing but there remain limitations.
- The concept of contextual safeguarding is not embedded across agencies.
- The use of chronologies assists professionals to take a holistic view of young people's lives rather than an incident-led approach.
- Strengthening standard protocols for information-sharing between statutory agencies and third sector organisations would enhance the co-ordination of support services.
- The COVID-19 pandemic created significant barriers to service engagement.
- School nursing provision has been enhanced but requires ongoing maintenance of funding to ensure a school nursing intervention for all children and young people who have an identified health need, in line with the 11 national pathways for school nursing.
- Families involved in the review expressed that education establishments did not take proactive measures to address the specific needs of their children, and that social work and mental health services were reactive rather than preventative. They did note very positive supports following the incidents which led to the review.
- Police have a well-established process for screening referrals via the Concern Hub.

Summary of learning in respect of Child AD:

- Midwives are often reliant on information from GPs and self-reporting to inform their assessments and this can be limited, which impacts on their ability to identify potential risk.
- The COVID-19 pandemic meant that some obstetric appointments were conducted by telephone and restricted midwives' use of the Routine Sensitive Inquiry process.
- Vulnerable Pregnancy Liaison Groups enable multi-agency consideration of circumstances and the need for pre-birth assessments.
- There are no specific resources for young carers who become parents, but the Family Nurse Partnership and Family Support Services can provide supports.
- Health staff have compartmentalised access to the various health records systems, and this can be a barrier to effective assessment of need and risk.
- Young carers who become parents require assessment of the impact of their caring role on their parenting capacity.
- Pre-birth assessments should include fathers, even when the couple have separated.

- Cross-border moves were dealt with appropriately by health and social work staff.
- Child protection processes were initiated and implemented well.

Summary of learning in respect of Family B:

- There was robust implementation of the protocol to resolve dissent in child protection processes. There is an inherent power imbalance in the process, weighted towards social work services, which can be frustrating for other agencies.
- The role and authority of the HSCP team requires clarification with other agencies.
- Failure to inform appropriate personnel about additional specialist post mortem testing when a child has died results in a lack of pre-birth assessment and consideration of the need for protective measures for subsequent children born to the family. NHSGGC now has a procedure to address this.
- The COVID-19 pandemic, coupled with the limited specialist histopathology resources across the UK, resulted in an extended wait for the assessment. NHSGGC has taken steps to resolve the lack of resource.
- Initial disagreement between agencies impacted on professional relationships but robust steps were taken to improve them.
- There was appropriate contingency planning in case of withdrawal of parental co-operation.

6.3 The completed learning reviews will progress to the Quality Assurance Subgroups for improvement planning, and to the Safeguarding Board to oversee the HSCP improvement/action plan in response to learning/recommendations.

6.4 Learning review training is scheduled for February and March 2026, with 60 places available for the multi-agency workforce.

7. External Scrutiny (Visits and Inspections)

7.1 During quarter 3, the Mental Welfare Commission (MWC) undertook 4 local visits to mental health services in NHSGG&C; 1 of the visits was announced and 3 were unannounced. Visits took place to Blythswood House (now Munro ward) Stobhill Hospital; Portree Ward, Stobhill Hospital; Henderson Ward, Gartnavel Royal Hospital; and Armadale Ward, Stobhill Hospital. *(Hyperlinks are included for those reports which have been published).*

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

7.2 The 2024/25 end of year meeting with the Mental Welfare Commission and NHSGG&C took place on 5th December 2025. Attendance at the meeting included senior managers from the NHS and the six HSCPs, as well as clinical, professional and social work leads. At the meeting NHSGG&C were

able to share with the MWC some of the improvement work undertaken, future actions; and outline some of the challenges and pressures.

7.3 During quarter 3, there were 8 inspections undertaken by the Care Inspectorate; 3 were announced (short notice) and 5 were unannounced. Inspections took place to Children's Services at the Adoption Service; Fostering Service; Families for Children Adult Placement Service; Crossbank Crescent Residential Children's Unit; Wallacewell Residential Children's Unit; Netherton Children's House; and Main Street Children's House; and to Older People's Residential Care at Orchard Grove Care Home.

7.4 During quarter 3, inspections to the Fostering Service; and Families for Children Adult Placement Service received a score of 2 in the category *How well is care and support planned?* The action plans for these inspections were presented to the Social Work Professional Governance Board on 4th December 2025 and are subject to a separate report to the Committee.

8. Recommendations

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

a) Consider and note the report.