



**Item No. 16**

**Meeting Date Wednesday 10<sup>th</sup> June 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 4 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 1<sup>st</sup> January 2026 – 31<sup>st</sup> March 2026.

**Background/Engagement:**

The quarterly assurance statement is a summary of information that has been provided and subject to the scrutiny of the appropriate governance forum.

The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other
- Not Applicable

**Recommendations:**

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

- a) Consider and note the report.

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**Relevance to Integration Joint Board Strategic Plan:**

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

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	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.
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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
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<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 for the period 1<sup>st</sup> January 2026 – 31<sup>st</sup> March 2026.

### 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 [4<sup>th</sup> February 2026](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during Quarter 4 2025/2026 (1<sup>st</sup> January to 31<sup>st</sup> March 2026).

### 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 4 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 4, the following issues/updates were noted:
- Progress in closing Significant Adverse Event Reviews (SAERs) with 22 closed in the quarter and 45 outstanding.
  - A SAER Short Life Working Group continues to meeting fortnightly to monitor and support the completion of the overdue SAERs and develop

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guidance to support services in the commissioning and completion of reviews.

- Development of Advanced Nurse Practitioner roles to support the clinical work within Prison Healthcare and challenges with shorter access times to patients due to Scottish Prison Service reduced working week.
- Challenges with the interpreting service remained, meetings continue and the Datix Incident Management system has been updated to improve data collection around the failed appointments.

### 4.2 Mental Health Services Clinical Governance Group

4.2.1 The Mental Health Services Clinical Governance Group (MHSCGG) provides comprehensive oversight for Glasgow City and NHS Greater Glasgow & Clyde services, meeting monthly.

4.2.2 Mental Health Services face considerable pressure in inpatient and community settings, with adult and older adult bed occupancy rates at 98-103% (contingency beds 118%). Bed occupancy for other patient groups remains within expected levels. Contributing factors include high acuity, admission and discharge delays. The Mental Health Strategy is targeting improved bed management.

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

Most Mental Health wards rated Very High or High Risk have undergone works to reduce ligature points, prioritised by clinical risk.

A rolling ward decant programme is removing ligature points, using Nairn ward at Stobhill Hospital for decants. Works are based on clinical risk profiles.

Funding is secured for Phase B works through 2025/26 and into 2026/27, with efforts to accelerate completion.

All newly qualified Mental Health Nurses receive suicide and self-harm risk training, including ligature management, at induction.

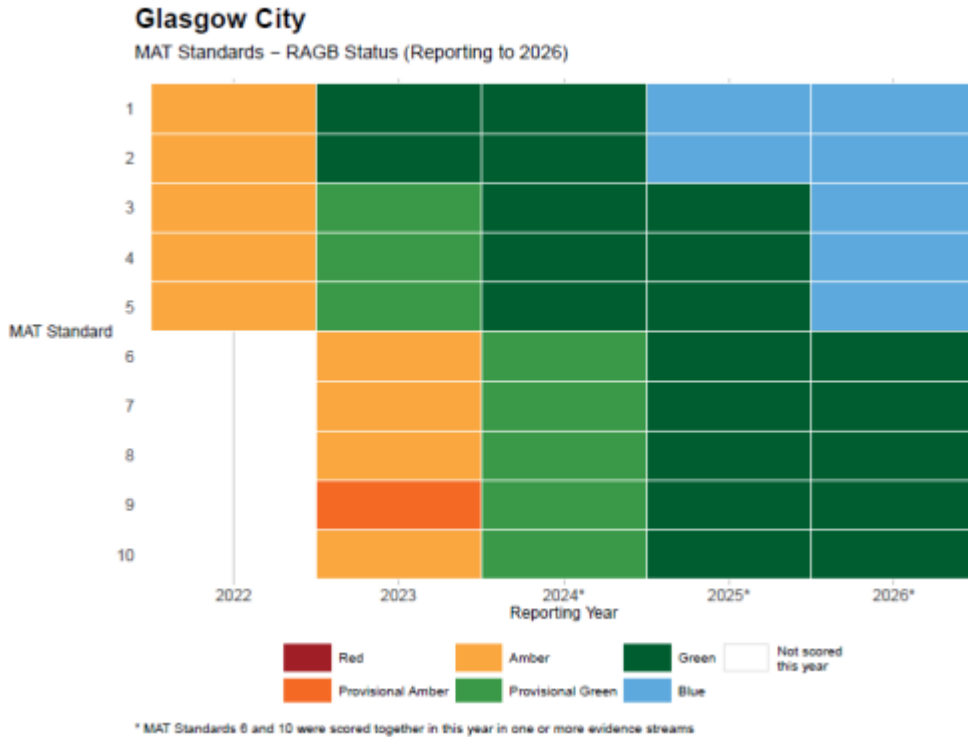
#### 4.2.4 Continuous Intervention (CI)

The Continuous Intervention Implementation and Monitoring Group meets regularly. A 12-week audit completed in November 2025 identified further support needs, focusing on training and practice development. The Wellbeing Service Task and Finish group finalised the Service Specification and Operational Framework to promote ward engagement and activity. A Clinical Reference Group and Short Life Working Group were established to develop the Measurement Framework, incorporating findings from recent audits.

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

The Thistle Service (Safer Drug Consumption Facility) celebrated its first anniversary in January 2026. Key statistics published: 575 individuals registered, 7,827 injecting episodes, 612 referrals, 13,368 interventions (wound, personal, injecting harms), and 93 medical emergencies, 78 of which were resolved by Thistle staff, improving outcomes and reducing acute service impact.

Public Health Scotland confirmed that delivery of the 10 Medicated Assisted Treatment standards across ADRS continues to improve year on year, as noted in the table below.



**4.2.6 Child Adolescent Mental Health Services (CAMHS)**

Skye House underwent heightened scrutiny in 2025 after a BBC documentary aired in February. This led to two internal inspections by SCS and NHSGGC Clinical and Care Governance Team, plus unannounced inspections by the European Committee for the Prevention of Torture (June), Mental Welfare Commission and Healthcare Improvement Scotland (August), and a review by the Royal College of Psychiatrists (October). Improvement planning is underway.

A tri-regional review of adolescent inpatient services has been commissioned to shape future strategy and CAMHS pathways, focusing on intensification models and keeping young people in community settings. Processes for escalating ward incidents - including Datix reviews, public protection concerns, adverse events, staff management, and complaints - were improved in 2025.

Ward Management

Skye House faces ongoing high demand for inpatient beds. In October 2025, bed capacity was reduced from 24 to 16 to ensure safe staffing. Admissions are reported as increasingly complex, often involving eating disorders and neurodevelopmental or trauma-related cases, requiring longer stays and multi-agency collaboration.

Impact of bed reduction on adult mental health admissions is being monitored, and efforts continue to improve age-appropriate support for young people in adult wards, following the Psychiatric Emergency Plan.

Policies, protocols, and care pathways are under review for evidence-based practice and national standardisation. Reducing restrictive practices is a priority, with improvement work ongoing to align local and national policy.

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### 4.2.7 Significant Adverse Event Reviews (SAERs)

The Mental Health Clinical Governance report from Autumn 2025 highlighted 537 SAERs closed, generating 2058 actions with 90% closed.

Three SAER support administrative staff provide enhanced dedicated support to Mental Health review teams and tracking to support investigations to remain on schedule with improved data and reporting to services and governance groups.

Significant improvement work is underway, including four weekly SAER Improvement Group meetings chaired by the Depute Chief Officer, care group Adverse Incident Oversight Groups led by Assistant Chief Officers to minimise delay in commissioning and maintain oversight on progress, and a new process to improve Quality Assurance timescales.

Actions from SAER recommendations have included:

- Guidance has been developed by the Mental Health Assessment Unit on handling repeated contacts by patients not known to the service, and has been included in the Standard Operating Procedures.
- Reminders issued to staff on importance of completion of risk assessment.
- Nefopam Prescribing Education/Induction. Advice will be sent to not prescribe Nefopam in Prisons in NHSGGC unless it is on specialist initiation and this should be included in induction and education sessions for all members of the Primary Care Multi Disciplinary Team.

### 4.2.8 Mental Health Strategy

The Mental Health Strategy Programme Board approved 15 key priorities for delivery over the next 12 to 18 months, launching new workstreams and project plans to ensure progress.

Since September 2025, strategic reset sessions have reviewed demand, identified issues, and agreed priorities for community investment, fostering a unified approach to change management across six HSCPs. Many priorities align with the NHSGGC Transforming Together Programme, for example, the new Virtual Hospital service enables remote Clozapine monitoring without admission.

An option appraisal for inpatient bed re-provision is underway with an independent facilitator.

Recruitment for a Flow Navigation Manager is complete, supporting whole-system bed management and unified referral processes.

## 4.3 Social Work Professional Governance Board

- 4.3.1 The Social Work Professional Governance Board (SWPGB) meets every 4 weeks with attendance from all care groups, public protection, practice audit, HR, Glasgow Caledonia University, Care Inspectorate, and Mental Welfare Commission.

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4.3.2 The Social Work Professional Governance Board has developed a sub-group and reporting structure which consists of:

- Locality Governance
- MHO Forum
- Safeguarding Forum
- Directly Provided Services Forum including Homelessness, Older Peoples Residential Services, Children's Residential Service, Fostering Services and Care at Home Services.

4.3.3 At the SWPGB in Quarter 4:

- A report was presented on the Inter Agency Referral Discussion (IRD) Pilot Evaluation. The purpose of the evaluation report was to showcase the work of the pilot to date and make recommendations regards future practice for IRDs within Adult Support and Protection (ASP) in Glasgow City. As of week ending 18<sup>th</sup> September 2025, there had been 49 IRDs held and 39 of those IRD minutes subject to audit. SWPGB agreed to extend the pilot, with a further audit in 6 months.
- The Non-Offence Related Management (NORM) Carefirst access restriction removal report was presented. The Board approved that Health and Social Care Connect Service Managers can approve the removal of access restrictions when required to progress work timeously at NORM.
- The Board agreed an implementation strategy for the new Supervision Policy, with the development of a small working group with Service Managers from each care group. Briefings and a re-launch of the Personal Development Plan (PDP) were agreed to take place.
- The Child Protection Annual Report, published in 2025, was presented. The report covers the first full Child Protection data set to strengthen data gathering and presentation and inform a future workplan for the Public Protection team and Children's Services.
- A National Review of Group-Based Child Sexual Abuse was announced, and an Inquiry has since been commissioned by Scottish Government. The review is being led by Police Scotland Inspection Agency and the Care Inspectorate supported by Healthcare Improvement Scotland and His Majesty's Inspectorate of Education. There are 3 phases planned - Assessment phase work, Assurance and Improvement. The Chief Officers Group are leading the responses for Glasgow City, reporting to the Inspection agencies.

4.3.4 All new Social Work policies and procedures are overseen by the Social Work Professional Governance Board. Over the last 3 months the undernoted were approved:

- The Newly Qualified Social Workers (NQS) Supported Year Handbook.
- The Families for Children Adoption pack, with a refresh of the documents, focussing on the support offered to adoptive parents.
- Guidance on the Transfer Process for Foster Carers becoming Supported Carers 2025.

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4.3.5 A presentation was provided on the National Social Work Agency Launch. The launch of the National Social Work Agency, on 17 March 2026, marks a significant milestone for social work in Scotland, embedding Social Work within Scottish Government.

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

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.

MAPPA arrangements in Glasgow are overseen by the Strategic Oversight Group (SOG), which meets quarterly, with operational oversight provided by the MAPPA Operational Group (MOG) every six weeks. National governance is supported through the Scottish Government and National SOG, while housing complexities are managed via the quarterly National Accommodation for Sex Offenders Group (NASSO).

As of 31 March 2026, Glasgow MAPPA was managing six Level 2 offenders in the community (three Category 1 and three Category 3). Three Initial Notification Reports were submitted during the reporting period and are pending SOG review. There are currently four risks on the Glasgow MAPPA risk register (one high, three medium), with regular review through MOG and SOG.

National Performance Indicators continue to be monitored monthly, with all measures met during the reporting period. Audit activity has also continued. Continuous improvement is supported through multi-agency training and development activities, including a joint workshop with Police Scotland and an annual MAPPA Development Day.

Development of the new Multi-Agency Public Protection System (MAPPS) to replace ViSOR remains scheduled for 2028. Glasgow staff have engaged in national briefings and system-testing to support implementation as Glasgow City is an early adopter.

### 4.5 **Prevent**

Prevent is part of the UK Government's CONTEST strategy, aimed at safeguarding individuals at risk of radicalisation. Glasgow City HSCP leads local delivery through the Prevent Multi-Agency Panel (PMAP), supported by quarterly Prevent Business Groups and Strategic Oversight Group governance, including oversight of the communications strategy.

PMAP continues to review active and closed cases, with referral levels remaining stable during the reporting period.

The Annual Threat Report (January 2026) has been reviewed by the CONTEST Board to inform local planning and ensure alignment with Prevent Duty requirements.

Progress against Home Office Prevent Assurance feedback is ongoing and monitored through the Strategic Oversight Group.

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Prevent awareness activity has been strengthened through the rollout of GOLD online training, with completion rates under monitoring, and wider communication materials are being progressed to support awareness.

**4.6 Adult Support and Protection (ASP)**

4.6.1 The ASP Committee (ASPC) oversees multi-agency ASP governance in Glasgow City and reports quarterly to the Chief Officers Group, led by an Independent Convener. Multi-agency sub-groups support ASPC, including Quality Assurance and a joint Learning Review Panel with the Child Protection Committee, both meeting quarterly. A Committee Team supports ASPC and CPC, while a center-based ASP team oversees all HSCP ASP activities and strategic priorities.

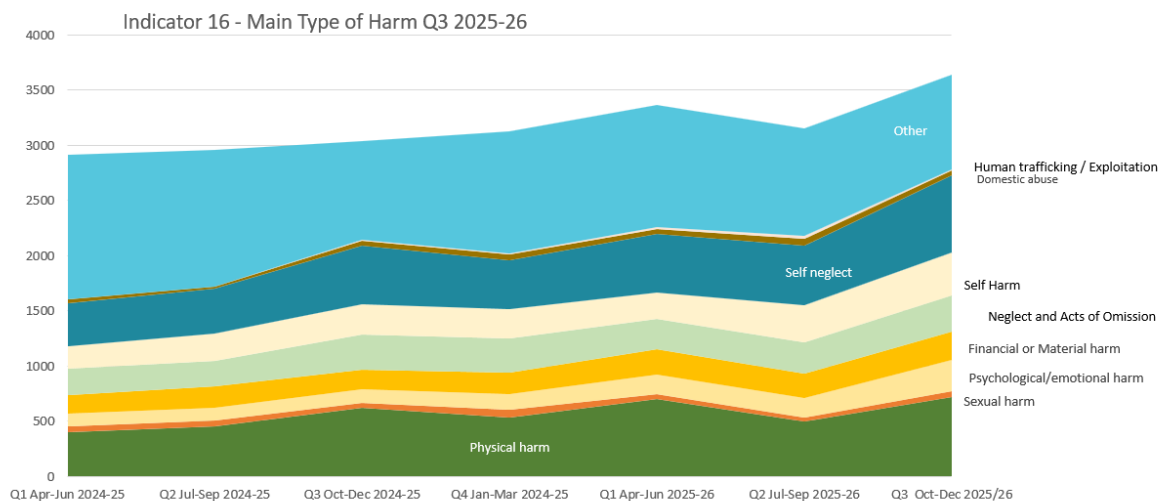
4.6.2 The ASP team also reports to several groups for oversight: Social Work Professional Governance Board (as needed), Public Protection Core Leadership (quarterly), ASP Citywide Meeting (quarterly), ASP Service Manager meeting, and the Safeguarding Board.

4.6.3 In Q3 (October–December 2025), Glasgow City received 3,638 ASP referrals—a continued high volume and an increase from Q2. Efforts to improve performance and reduce pending cases partly explain the rise, but overall demand is still increasing.

4.6.4 The ASP team tracks referral trends, noting a significant uptick from the Care Home sector this quarter, likely due to seasonal pressures and better reporting. Ongoing work with the Care Home Risk Matrix aims to improve consistency, with further analysis planned.

4.6.5 Collaboration with Scottish Ambulance staff under the ASP Tripartite Audit Improvement plan has improved reporting consistency, correlating with the referral increase.

4.6.6 The types of harm remain relatively consistent, as noted below



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### 4.6.7 Self-evaluation/Audit Work

- The IRD pilot evaluation was approved in January 2026 and extended for 12 months, with a 6-month review due in July. Agencies are preparing for this evaluation and supporting the pilot's ongoing work.
- The team continues to deliver the Tripartite Audit action plan and is preparing for the next audit starting November 2026.
- The Care Home Risk Matrix Tool pilot improved ASP referral consistency and reduced volumes, with positive stakeholder feedback. The evaluation report was approved for roll out across all Glasgow City care homes.

4.6.8 An evaluation of ASP Team Leader development sessions showed overwhelmingly positive feedback, with leaders valuing the chance to meet and discuss strategic priorities. Spotlight sessions are also being developed on Forced Marriage and Information Sharing in ASP regarding MAPPA cases. A new training program for Social Care Workers (SCWs) performing ASP duties will launch in May 2026 to address previously unmet need.

4.6.9 The ASP team have focused significant efforts over the past two quarters on supporting the development of an AWI Practice Framework, alongside an AWI Data and Performance indicator set. This is supporting work on delayed discharges and is addressing a previous gap in reporting, which presented potential reputational damage to the HSCP.

### 4.7 **Child Protection (CP)**

4.7.1 Child Protection (CP) governance sits within the HSCP Public Protection structure and the Child Protection Committee (CPC), supported by both Committee and CP Teams.

4.7.2 The CP team ensures effective governance with locality teams, undertakes case reviews for localities and the CPC, and implements national policy and legislation in Glasgow.

### 4.7.3 **Child Protection Committee Strategic Groups**

The Child Protection Committee has implemented three strategic sub-groups on i) Neglect, ii) Young Person's Support and Protection and iii) Interagency Referral Discussion.

- The Neglect Strategic group have reviewed the Assessment of Care toolkit, with a subsequent roll out of briefings in localities which was delivered jointly by health and social work within the HSCP.
- The Young Person Support and Protection (YPSP) Strategic group has developed an Exploitation and Trafficking short life working group. This group is planning on developing an assessment framework for identifying victims of Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE), as well as exploring supports for children who are victims of CSE and CCE. Training is also being developed alongside partners in relation to Trafficking and Exploitation.
- The Interagency Referral Discussion (IRD) Strategic group continue to support implementation of Pre-birth IRDs, in line with the National Guidance for Child Protection in Scotland. The implementation plan for

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education partners to be included within IRDs has been underway with phase 2 being fully implemented.

The final phase, Education to be invited to all IRDs, was implemented on 20<sup>th</sup> April 2026. A quality assurance (QA) form for IRDs has been created collaboratively by key partners. Regular QA sessions will begin on 22<sup>nd</sup> April 2026, with further sessions planned throughout the year.

### 4.7.4 Audit and quality assurance

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

- The CPC requested an audit focusing on children who have been on the Child Protection Register for over twelve months. The Child Protection (CP) team, in partnership with locality-based Children's services, has now completed this audit. The audit and its recommendations will be presented to the CPC and SWPGB.
- The revised online Notification of Concern/Request for Assistance referral process for education and third sector partners was implemented in February 2025. The CP team, in partnership with Health and Social Care Connect (HSCC) and education partners, are undertaking an audit of these referrals to evaluate the quality of information provided and implementation of the revised referral pathway.

### 4.7.5 Policy and Procedures/ Guidance

The Child Protection Team continues to ensure that existing overarching Child Protection and Public Protection policy and procedures/guidance are in accordance with national and local drivers for change, and changes in legislation and policy frameworks. The current policies/guidance being updated include:

- Young Person Support and Protection Procedures have been reviewed to align with the National Guidance for Child Protection in Scotland 2021 (Updated 2023) to ensure that it incorporates Care and Risk Management processes (CARM). CARM is a risk management framework to support the critical few children (aged 12-18) who pose a risk of serious harm to others. The final draft of the procedures has been completed and is awaiting final sign off by the relevant Heads of Service before proceeding to the Social Work Governance Board.
- Female Genital Mutilation Guidance is being completed jointly with the NHSGGC Public Protection Service.
- Forced Marriage Guidance is being reviewed in partnership with the Adult Support and Protection Team and locality-based Children's Services.
- Notification of the Death of a Child Procedures were updated in light of changes to the national guidance from the Care Inspectorate. The revised guidance is in final draft stage prior to final sign off by the relevant Heads of Service, before proceeding to the Social Work Governance Board.

4.7.6 The CP team continue to provide a suite of training, alongside Learning and Development, to ensure that child protection training is meeting the needs of staff, the organisation, and national developments in terms of policy and practice (e.g. National Framework for Child Protection Learning and Development in Scotland 2024).

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- 4.7.7 The Child Protection Training Pathway continues to be developed, with the training currently being developed including a two-day course for Child Protection for Team Leaders and a one-day course for second workers on a Child Protection Investigation.
- 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.nhs.gov.uk/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 and Professional Leads. This widened participation provides a more robust approach to quarterly reporting and the collation on the duties for reporting as per NHSGGC requirements.
- 4.8.5 The quarterly reporting process within the HSCP supports Heads of Service (HOS) and Lead Clinicians to monitor and track HCSSA implementation across a wide range of services within the scope of Glasgow City HSCP. For this quarter 4, submitted to the Board on 15<sup>th</sup> April 2026, the overall status is "Reasonable Assurance."
- 4.8.6 Work is underway to develop a more robust process for recording staffing concerns on Risk Registers, in line with 12IE: Duty to have arrangements to address severe and recurrent risks. Roster Masterclasses for Community Services are being rolled out to support staff to work within best practice rostering parameters. The use of Datix has been agreed for recording any staffing disagreements relating to 12IF: Duty to seek clinical advice on staffing, and the Reduced Working Week for NHS employees has been introduced.
- 4.8.7 It is recognised that delivering high-quality services requires maximising the potential of our workforce. Targeted action includes promoting the employment and use of Advanced Nurse Practitioners (ANPs) in areas with medical cover challenges, for example, in Prison Healthcare.
- 4.8.8 As part of the STEP Forward Programme, the HSCP requires resources to be used effectively to achieve the best outcomes for service users and best value overall. Review methodology places stakeholder engagement at its centre, ensuring that service users, providers, third sector organisations and HSCP staff are involved in shaping future service delivery. This supports the HCSSA

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Act obligations and incorporates the Guiding Principles to achieve the best possible outcomes for service users and patients.

### **5. Duty of Candour**

5.1 During quarter 4, 22 SAERs (significant adverse event reviews) were closed, 6 of these were Duty of Candour Incidents.

5.2 In five cases, an apology was given. Apologies were not given in the remaining case as the family could not be contacted. Four incidents took place in Mental Health Services and two incidents in Prison Healthcare. The incidents took place between March 2024 and August 2025.

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:

- IT / Systems / Access
- Documentation / Record Keeping
- Multidisciplinary Team Working
- Supervision / Governance / Audit
- Discharge, Follow-up & Continuity of Care
- Training / Education / Induction
- CRAFT / Clinical Risk Assessment
- Communication / Information Sharing
- Medication / Medicines Management
- Safeguarding / Adult Support Protection / Self-neglect

### **6. Learning Reviews**

6.1 Learning Reviews are commissioned by ASP and CP committees, overseen by the Learning Review Panel, which meets six times a year. Reports go to the COG and Care Inspectorate.

6.2 In Quarter 4, the Panel reviewed new notifications and ongoing commissioned reviews:

- Two Adult Notifications and one Child Notification were considered. No further review was recommended for the Adult cases; the Child case decision was deferred for more agency information.
- Reviews in progress: 6 Adult, 3 Child, and 1 Family.
- Thematic review underway: Child Criminal Exploitation.

6.3 Learning review training was delivered to 43 multi-agency staff, with another session scheduled for May 2026.

### **7. Audit Activity**

7.1 An audit programme is submitted annually to the SWPGB for approval. Following presentation of audit findings, actions agreed at the Board are taken to the next meeting of the Safeguarding Board, to monitor implementation progress.

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- 7.2 During Quarter 4:
- Contributing to STEP Forward and Cost Effectiveness Programme.
  - Safeguarding practices with service users residing in Bed & Breakfast accommodation within Glasgow.
  - Out of Hours Homeless Service Audit.

## 8. External Scrutiny (Visits and Inspections)

### 8.1 Mental Welfare Commission

During quarter 4, the Mental Welfare Commission (MWC) undertook 8 local visits to mental health services in NHSGG&C; 3 of the visits were announced and 5 were unannounced. Visits took place to [Larkfield Community Mental Health Team, Kirkintilloch, East Dunbartonshire](#); [Claythorn House, Gartnavel Royal Hospital](#); [Ward 39, Royal Alexandria Hospital](#); [Langhill Clinic, Inverclyde Royal Hospital](#); [Isla Ward, Stobhill Hospital](#); Fruin and Katrine Wards, Vale of Leven Hospital; Elgin Ward, Stobhill Hospital; and Intensive Psychiatric Care Unit, Leverndale 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. An example of an action plan is included for reference at Appendix 1.

### 8.2 Care Inspectorate

During quarter 4, there were 13 inspections undertaken by the Care Inspectorate; all were unannounced. Inspections took place to Children's Services at [Larkfield Children's House](#), [Balmore Children's Unit](#), [Crawford Street Young Person's Unit](#), [Wellhouse Residential Children's Unit](#), [Kempsthorn Children's House](#), [Plenshin Court Children's House](#); to Older People's Residential Care at [Hawthorn House Care Home](#) and [Meadowburn Care Home](#); and to Older People's Services at [North East, Community Support Service](#) and [South, HSCP Community Support Service](#); and to Home Care Services in the North East, North West and South. *(Hyperlinks are included for those reports which have been published.)*

During quarter 4, of the reports received, all inspections scored 4 or higher. No recommendations or requirements were received following inspections to Children's Services; Older People Residential Care Homes; and the South HSCP Community Support Service.

Areas for Improvement were received for Home Care Services and the services have developed an action plan, being taken forward by the respective Registered Manager, supported by the Quality Improvement Team. Updates on the action plans are reported into the 6 weekly Quality Assurance Group Meetings.

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**9. Recommendations**

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

- a) Consider and note the report.

Organisation/Name of Service: Leverdale Hospital, IPCU

Visit Date: 23 March 2026

Date final report sent to service: 6 May 2026

Action Plan Response to Local Visit Recommendations:

Recommendation	Self-Evaluation <i>(where we are at currently in relation to this recommendation)</i>	Activity <i>(what do we need to do to meet this recommendation)</i>	Audit <i>(how will we know we have met this recommendation)</i>	Timescale <i>(when will this identified activity be implemented/ completed)</i>	Who is responsible <i>(for driving this improvement activity)</i>
1. Managers to ensure that repairs and improvements are made to the ward toilets to protect individuals' safety, privacy and dignity.	We have now made the ladies toilet a private space whilst ensuring patients are safe	The min door is now lockable from the inside ensuring that when the facilities are being used the patient has privacy. They are also unlockable from the outside by staff for safety reason	Security and environmental checks will be done over the course of every shift to ensure these facilities remain private but also safe to use.	Completed in April 2026	SCN
2. Managers should address the lack of suitable technological equipment to provide consistent stimulation to individuals in the ward.	We currently have 1 Ipad for patients to use. We have a Nintendo that the patients can use with the TAN nurse. Awaiting the arrival of an order – at the moment	We have ordered a number of hand-held Nintendo Switches and a variety of games, we have also ordered a Play Station and a second TV. We had already ordered a couple of Ipads to replace ones that had been smashed.	Increased number of devices on the ward and we will ask patient's for feedback around the appropriateness of these devices and are they suitable for the purpose they were purchased for.	Awaiting delivery	SCN, IP Service Manager
3. Managers should work urgently to ensure that the IPCU environment is safe, welcoming, therapeutic and fit for purpose.	The ward in its current state is dated and in some respects not entirely appropriate for an IPCU ward.  At the time of the visit the ward didn't have many posters and pictures on the walls due to a patient pulling them off when he was unwell – this would have made the ward a little less welcoming.	This is currently with the appropriate management and teams who are in discussions regarding options for a new/upgraded IPCU ward environment.  We are currently replacing the pictures and posters. Hopefully, with some art back on the walls it'll be a small step to making the ward slightly more welcoming	Future visits, patient and family feedback	Ongoing	SCN, Estates  Hospital and NHS Management Teams

We would also ask that you provide further information in the box below regarding how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved e.g. community meetings, displayed on notice boards, discussed at carer group etc.

This report will be shared with the patients and their carers / families if they wish to see it. There will be a copy available where the ward visits take place and it will be clearly marked that they are available to read and a copy can be given to take away too.