



Item No. 17

Meeting Date

Wednesday 11th June 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 4 2024/2025)**

Purpose of Report:

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

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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	
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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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Personnel:	
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The report refers to training and development activity undertaken with staff.

Carers:	
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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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Provider Organisations:	
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None

Equalities:	
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None

Fairer Scotland Compliance:	
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None

Financial:	
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None

Legal:	
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None

Economic Impact:	
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None

Sustainability:	
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None

Sustainable Procurement and Article 19:	
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None

Risk Implications:	
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None

Implications for Glasgow City Council:	
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None

Implications for NHS Greater Glasgow & Clyde:	
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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 [5th February 2025](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during quarter 4 2024/2025, 1st January 2025 to 31st March 2025.

3. Governance Structures and Processes

- 3.1 The HSCP has robust professional and clinical governance structures around each of the service areas. These governance arrangements are overseen by the Glasgow City Integrated Clinical and Professional Governance Group.
- 3.2 The Public Protection arrangements across the city are overseen by the Chief Officers Group chaired by the Chief Executive of Glasgow City Council, with representation from key partner agencies and the chair of both the Adult Support and Child Protection Committees.

4. Quarterly Updates from Governance Groups Quarter 4 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 In Quarter 4, the following issues were noted:
- Sustained progress in managing incidents on the Datix Incident Management System.
 - Recent reports from Mental Welfare Commission with associated actions.
 - Report on Inspection of Police Custody Healthcare Suites conducted jointly by His Majesty's Inspector of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS).
 - Report of Inspection of HMP Barlinnie by His Majesty's Inspector of Prisons Scotland (HMIPS).

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- Continued staffing pressures within services and the mitigations in place.
- Launch of The Thistle (Safer Drug Consumption Facility) in January 2025; and
- Noted progress in concluding Significant Adverse Event Reviews (SAERs) in line with NHS GGC targets, with 20 SAER concluded in the quarter and 97 on-going (11 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 for Glasgow City and Boardwide services. The agenda items include governance assurance on Clinical Risk, Feedback and Investigations, Quality Improvement, Policy Development and Implementation, Research and Development, Medicines Governance, Legislation, Infection Control, Continuous Professional Development and Learning; and Quarterly Reporting from Care Groups. The MHSCGG meets monthly with 12 meetings scheduled annually.

4.2.2 Medical/Nursing Staffing and Inpatient Bed Pressures

Mental Health Services (MHS) continue to experience significant pressures across both inpatient and community settings with bed occupancy for adult mental health services still sitting at 100% occupancy on average. The situation is compounded by prolonged lengths of inpatient stay in some areas and difficulties accessing community based care packages, especially in Learning Disability (LD) services; and access to mainstream housing. The issues have been further exacerbated by the urgent requirement to relocate the residents of a 15 bedded LD unit to another site for environmental reasons.

The contingencies that are in place to maintain safe and effective delivery of care include daily bed huddles, weekly huddles involving all MHS teams and a reconfiguration of the Bed Management work stream.

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. Referrals for Neurodevelopmental Disorders (NDD) remains very high with waiting times to assessment exceeding three years for Attention Deficit/Hyperactivity Disorder (ADHD) and up to 7 years for Autism Spectrum Disorder (ASD).

4.2.3 Suicide Risk and Design Group (SRDG)

The SRDSG is being renamed to the Suicide and Self Harm Risk Management Group to better reflect the issues being addressed. The work to reduce ligature risks in a number of inpatient sites is ongoing. There was a delay which has necessitated a longer decant for one ward to the Stobhill site impacting on patients, carers and staff.

The Health & Safety team arranged a meeting with other Health Boards in Scotland to discuss Health and Safety Executive areas of interest and to collate information. This focused on 4 main areas of training, risk assessment, learning from previous suicides or prosecutions and reviewing materials used for fixtures and fittings.

A board wide policy on the management of all cables including, but not restricted to, phone chargers is to be developed.

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4.2.4 Child Adolescent Mental Health Services (CAMHS)

Following the broadcast of a BBC documentary on Skye House, Greater Glasgow and Clyde (GGC) Adolescent Inpatient Unit; internal and external reviews of the unit have been commissioned. The Health Board have commissioned the Royal College of Psychiatrists Invited Review Team to complete an external review. The Quality of Care review undertaken by the Director of Clinical and Care Governance did not identify any additional areas of concern. The Scottish Government have requested that Healthcare Improvement Scotland (HIS), and the Mental Welfare Commission (MWC) complete an internal review, and a review of care at all national inpatient sites will be undertaken. The Nursing Midwifery Council (NMC) have also been informed and will conduct a nursing review. Previous and current patients and families have been supported through this. Post-Event Team Reflection (PETR) support for staff has been offered.

4.2.5 Alcohol and Drugs Recovery Services (ADRS)

The Thistle service became operational on 13th January 2025. By the 31st of March, 197 unique individuals (161 males and 36 females) have registered to use the service and visited 1884 times. There have been 1400 injecting episodes inside the facility. In the early weeks these were predominantly related to cocaine use but the service has seen a gradual increase in number of heroin and heroin and cocaine use. There have been 17 medical emergencies managed successfully in The Thistle, including a cluster of sudden and severe overdoses, reversed with an emergency response including naloxone use and support from the Scottish Ambulance Service. All service users experiencing medical emergencies have recovered and returned to the service in subsequent days.

Service users have been supported with wound care, Blood Borne Virus (BBV) services and access to housing and treatment, care and recovery supports.

The Thistle Performance and Governance group has been established to report into a Thistle Oversight Board and the Glasgow IJB.

4.2.6 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 3rd March 2025:

- 100 open SAERs in MHS; of these, 5 are pre-2023 incidents.
- 190 potential SAERs to be reviewed; none of these are pre-2023 incidents.

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 Caledonian University, and Care Inspectorate.

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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.
- Directly Provided Services Forum including Homelessness, Older Peoples Residential Services, Children's Residential Service and Fostering Services, and Care at Home Services.
- Recently developed Safeguarding Board.

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

- A review is being undertaken on hybrid working arrangements and a report will go to the Executive Group.
- A smart survey will be sent out to Heads of Services, Service Manager and Team Leaders across Social Work and Health to seek views on, and understanding of, governance structures across the HSCP. A summary report will be developed and reported in Q1 2025/26.
- The Higher Education Institution for West of Scotland, who have supported practice teaching training will cease business on 31st March 2025. The HSCP have received approval to deliver the Professional Development Award on Practice Learning (PDAPL) in house and will be accredited.
- The Scottish Social Services Council (SSSC) Registrations – The HR Team are working to minimise the number of employees who are not registered with the SSSC, targeting three categories of employee registration monitoring.
- The Mental Health Officer (MHO) Audit and draft Action Plan was presented and approved. The purpose of the audit was to gain a better understanding of the locus and nature of MHO work across Glasgow and the way that our MHO service operates, to help inform service planning and improvement. Key areas of focus from the Audit were identified as follows:
 - Governance Structures need to be strengthened
 - Data Quality and consistency was identified as a significant issue
 - Recording Standards should better reflect the MHO task
 - Quality Assurance
- A monthly MHO Project Steering Group has been established to implement the action plan.
- The Adult Support and Protection Interagency Referral Discussion (IRD) Process Multi-Agency Guidance regarding a proposed pilot was presented and approved. The aim of this guidance is to help define the potential role of IRDs within Glasgow City, scoping out a multi-agency process that can support effective decision making. Guidance has been updated with the deletion of details of an escalation process. The Team are working with the Research Team regarding evaluation and the guidance will be updated with further detail regarding this. SWPG agreed to progress with the trial. A formal launch took place in March and staff briefings have been

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arranged. The pilot will be reviewed at 3 months - post implementation to assess the benefits, challenges and outcomes.

- A fire door concern was escalated to the Governance Board through Occupational Therapy in respect of the increase in fire door closers in new build tenancies, which are proving difficult for frail tenants to open. A request to explore use of a Free Swing Door, rather than an automatic door opening device, to reduce the resistance of the fire closing mechanism to its normal weight and therefore allowing the tenant to open but also has the advantage of reverting back to a fire door when triggered by a fire alarm. Risk has been assessed and it was agreed that legal advice should be sought on the basis of the risk assessment.
- A Safeguarding Board has been established and will act as a conduit between Social Work Governance Board and Public Protection Committees. The safeguarding board will promote the safety and well-being of vulnerable individuals by ensuring comprehensive, effective, and coordinated safeguarding strategies, and monitor and evaluate the effectiveness of safeguarding measures and interventions, providing quality assurance in the area of safeguarding best practice.
- All new Social Work policies and procedures are overseen by the Social Work Professional Governance Board and all research projects are monitored by the Governance Board. Over the last 3 months the undernoted were approved:
 - The ASP Duty Protocol
 - Child Protection Procedures
 - Permanence Review guidance
 - Secure Accommodation Staff Guidance
 - Supporting and Caring for Young People – Substance Concern Policy
- A Number of Care Inspectorate reports and action plans were tabled and approved for Residential Children's Services (Norse Road and Mossbank) and for Older People Residential and Day Care Services (Hawthorn House and Orchard Grove).

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 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.

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- 4.4.3 The MAPPA Operational Group (MOG) meet every 6 weeks with representation at an appropriate level from the authorities responsible. The focus of the group is the operational running of MAPPA.
- 4.4.4 The NASSO (National Accommodation for Sex Offenders Group) meet quarterly to manage the complexities in relation to housing individuals subject to sex offender registration.
- 4.4.5 The National Performance Indicators (NPIs) of MAPPA have continued to be reviewed monthly, and within the reporting period all NPIs were met for February and March. There was a reduction in the NPI relating to MAPPA level 2 cases being reviewed no less than every 12 weeks in January 2025 due to operational pressures. However, impact was minimal, and no concerns were noted in relation to the risk management of cases.
- 4.4.6 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 five Category 1 Level 2 cases and two Category 3 Level 2 cases being managed within the community. There were no Level 3 cases across any of the categories being managed in the community within this quarter
- 4.4.7 During the reporting period, there were five instances of further offending which resulted in an initial notification report to the SOG, these will be discussed at the next SOG scheduled within the next quarter.
- 4.4.8 The MAPPA audit continues to be completed bi-monthly, there have been 2 audits during the reporting period. The learning identified along with good practice examples were disseminated to MAPPA partners.
- 4.4.9 Within the reporting period, Glasgow has continued to plan for the implementation of the Multi Agency Public Protection System (MAPPS) which is the replacement for Violent and Sex Offender Register (ViSOR). MAPPS was planned for implementation from 2025 into 2026 however this is currently delayed. ViSOR will continue to be utilised until the implementation of MAPPS.

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 for their area. The HSCP is the lead for Glasgow City. Prevent Business Groups are held quarterly, and the group discuss all cases and Prevent related concerns.
- 4.5.2 The Prevent Multi-Agency Panels (PMAP) continue 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 training which was hosted by the Home Office. The Home Office have also hosted a number of training events which have included

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ideological focused training which has been shared with multi-agency partners.

- 4.5.4 The Prevent Assurance Process was submitted to the Home Office on the 31st of March 2025. The Assurance Process has supported the development of an action plan in relation to the delivery of Prevent. This includes the development of a training plan utilising the Prevent Duty Trainer Portal, which focuses on increasing Prevent Awareness as well as increasing awareness on ideologies.
- 4.5.5 Within the reporting period, the Prevent Strategic Oversight Group has been established which will be hosted quarterly to enable strategic and operational discussion and planning in relation to Prevent.
- 4.5.6 It is anticipated that the Prevent Multi-Agency Panel Guidance will be published within the next quarter.

4.6 Adult Support and Protection (ASP)

- 4.6.1 The Adult Support and Protection 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. The ASPC meets quarterly to receive assurances from all partners on ASP activity (typical standing agenda items are ASP National Minimum Dataset (NMD), self-evaluation activity, Learning Reviews and any associated improvement plans, national updates etc.).
- 4.6.2 The ASPC is supported by various multi-agency sub-groups:
 - Quality Assurance (quarterly meeting)
 - Financial Harm (quarterly meeting)
 - Learning Review Panel (joint panel with Child Protection Committee (CPC) (quarterly meeting)
- 4.6.3 The work of ASPC is supported by a Committee Team, and a centre-based ASP team provide oversight on all HSCP ASP activity with responsibility for implementing strategic priorities.
- 4.6.4 In addition to ASPC governance, the ASP team reports directly to the following groups to ensure oversight of ASP activity:
 - Professional Social Work Governance Board as required
 - Public Protection Core Leadership meeting (quarterly)
 - ASP Citywide Meeting (quarterly meeting with managers across the city)
- 4.6.5 National Minimum Dataset (NMD)
The ASP team continue to support the implementation of the ASP NMD. This is further supported by an ASP Research Officer. The ASP NMD is a mandatory reporting framework to the Scottish Government, and have on Quarters 1-3 to date. Publication of local Q4 data is expected to be available by end of May 2025 and thereafter an annual report will be published, detailing any patterns and trends identified. A full report will be available for the IJB's next reporting period.

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- 4.6.6 Preliminary data show a continued referral rate of approximately 1,000 per month across the city. The ASPC is in the process of setting up a Data Subgroup to provide multi-agency scrutiny to drive self-improvement.

Glasgow City maintain a 100% conversion rate from referrals to inquiries.

- 4.6.7 Work is underway to explore the use of 'other' as a category of harm, as queried by the Chief Officers Group.

4.6.8 Inter-agency Referral Discussion (IRD) Pilot

The IRD pilot was endorsed in January 2025 by the Professional Social Work Governance Board. The pilot went live on 1st March 2025. As of week, ending 11th April 2025, there have been 9 referrals to the pilot, with 100% conversion to IRD. There are weekly meetings and four weekly oversight meetings monitoring the pilot. Initial data highlights that most IRDs are initiated by Police Scotland.

- 4.6.9 The evaluation of the pilot is also being supported through the Care Inspectorate's new 'workstream 4' which seeks to support local areas develop self-evaluation tools aligned with their recently published Quality Improvement Framework ([A quality improvement framework for ASP](#)).

4.6.10 Care Home Risk Matrix

The Pilot involving two care homes (one directly provided, and one privately commissioned) which began on the 18th of November 2024 has now ended. The ASP team, in conjunction with the Care Home Quality Assurance team and Commissioning colleagues, will deliver briefings and training to staff across a wider group of homes to support them to identify ASP concerns to improve the quality and appropriateness of referrals.

4.6.11 Learning Reviews

Two Thematic Learning Reviews were completed during the last quarter (Care Experienced Young People and Maternal Deaths) and are currently being processed through governance for publication in the next quarter. The reports will be published in due course, along with improvement plans.

4.6.12 Policy and Procedures

The ASP team continue to work on the revised ASP Standard Operating Procedures. The ASP Duty Protocol has been approved at Professional Social Work Governance Board; the ASP Team will now begin to roll out briefings on this protocol.

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).

- 4.7.2 The CPC meets quarterly, is chaired independently, and has multi-agency representation, with 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 and a Child Protection team. The centralised Child Protection Team is well established and has a clearly defined strategic, practice and policy development role in the protection of children and

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young people at risk of harm. The CP team represents Social Work Services in several areas of work across the city, including Child Exploitation and Trafficking and are currently in year 5 of a Home Office pilot (Devolved Decision Making), focusing on early identification of children and young people who are at risk of exploitation and trafficking in the city. Glasgow is the only Local Authority (LA) 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.

- 4.7.3 Key functions of the 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 Child Protection Committee (CPC); and translating national policy and legislation into practice in a Glasgow context.
- 4.7.4 Child Protection Procedures
Glasgow HSCP CP procedures were considered and approved at the Social Work Governance Board in February 2025 and have been uploaded onto Connect. Implementation and evaluation will be overseen by the CP team, along with training and briefings across Social Work and partner agencies.
- 4.7.5 Young Person's Support and Protection Procedures.
The CP team are currently leading a writing group to review the current Young Person's Support and Protection Procedures (YPSP). The writing group has representation from across Children's Services, Children's Rights Service and Promise Participation workers. It is proposed that the CARM framework (Children At Risk of Harm) will be incorporated into the reviewed YPSP procedures.
- 4.7.6 Inter-agency Referral Discussion
The CP team have led a multi-agency review of the current Glasgow Interagency Referral Discussion (IRD) guidance, which is currently in draft format awaiting final multi-agency comment and agreement. The IRD multi-agency working group included representatives from Children's services, Health, Education, Police and the CPC.
- 4.7.7 The National Guidance requires that education partners should be 'essential contributors' to the IRD process. Consequently 3 learning communities in Glasgow are part of a pilot for full implementation.
- 4.7.8 Notification of Concern (NoC)
The CP Team have supported the joint review, with Education and third sector representatives, of the current NoC referral paperwork, and the development of 'Request for Assistance' referral paperwork.
- 4.7.9 The NoC is the framework used where there are concerns that a child is believed to be at risk of harm, and a referral to Social Work Services is required to assess and respond, where appropriate, to risk and need. This has been reviewed as part of the implementation plan for the National Guidance for Child Protection. The development of the Request for Assistance referral aligns with the early intervention, preventative approach of working with families and the Family Support strategy.
- 4.7.10 The NoC and RFA process was implemented in February 2025 and will be evaluated within 6 months.

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4.7.11 CP/CPC Sub Groups

Review of two subgroups have taken place, with a revised membership and new Terms of Reference developed – the Neglect CPC sub group and the Young Person's Support and Protection CPC sub group.

4.7.12 In addition a request was made to CPC to stand up an IRD (Interagency Referral Discussion) sub group, from an existing well-established multi-agency meeting structure. The Terms of Reference for this was agreed at CPC March 2025, with membership to be reviewed and agreed.

4.7.13 Inspection

Glasgow City Community Planning Partnership was notified that the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland, and Healthcare Improvement Scotland would undertake a joint Inspection of services for 'Children and Young People at Risk of Harm' in Glasgow City.

4.7.14 Inspection is currently underway and due to conclude in June 2025. The inspection process includes leadership sessions with the Chief Officers Group, case file reading, staff survey and staff focus groups from across partner agencies.

4.7.15 A Children's Services Inspection plan, highlighting key inspection areas, strengths, and areas for improvement has been developed. Key areas for improvements that have been identified include Chronologies, Assessment of Care toolkit, Children and Young People's participation, and data quality, all of which have individual improvement plans.

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 Medical representatives. The programme has representatives from all professions covered by the Act as well as leaders from relevant areas of service.

4.8.3 A 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 Glasgow City HSCP have implemented a new infrastructure for the delivery and reporting of the Health and Care Staffing Scotland Act 2019. Oversight will be embedded within the HSCP's Senior Management Team Meeting Structure and a new Safer Staffing Implementation Group, with broad managerial and professional membership, will develop the plan and activity within operational services processes.

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- 4.8.5 The quarterly assurance report for Glasgow HSCP has been submitted and reports on progress on Health Services duties, as a requirement of the act, with self-evaluation based on levels of assurance.
- 4.8.6 The report highlights *Substantial Assurance* on the duty to deliver Common Staffing Method (Duties 12IJ, 12IK and 12IL) and *Reasonable Assurance* on Real Time Staffing and Escalation (Duties 12IC, 12ID), Clinical Advice (Duty12IF), Time to Lead (Duty 12IH) and Staff training (Duty II).
- 4.8.7 Duty 12IE - to have arrangements to address severe and recurrent risks has been highlighted as *Limited Assurance*. Work is underway to develop guidance on the use of risk registers specifically in relation to Safer Staffing, and an NHSGGC agreement on IT support systems is being explored to support whole system reporting.

5. Learning Reviews

- 5.1 Learning Reviews are commissioned by the Adult Support and Protection and Child Protection Committees, which meet four times per year. The processes and oversight of reviews are delegated to the Learning Review Panel, which meets six times per year. The panel appoints a lead reviewer and review team members from relevant agencies, who analyse agency records and information from staff and families to identify learning which may lead to improvement in public protection systems and practice.
- 5.2 The committee reports on reviews to the Chief Officers Group, and reports are also submitted to the Care Inspectorate.
- 5.3 During Quarter 4, the Learning Review Panel considered:
- New notifications of cases which meet the criteria for a review; and
 - Progress in commissioned reviews.
- 5.3.1 There were 3 Adult Notifications and 3 Child Notifications under consideration.
- 5.3.2 Learning Reviews in progress included 2 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 The 5 completed reviews have been remitted to the respective Quality Assurance Subgroups for improvement planning and implementation.
- 5.5 Thematic Reviews and 1 Child Learning Review have been submitted to the Care Inspectorate and feedback is awaited.

6. Audit Activity

- 6.1 An audit programme is submitted annually to the Social Work Professional Governance Board (SWPGB) for approval. The Principal Officer is responsible for implementation and management of the audit programme, maintaining an overview of Audit activity, progress of individual Audits and production of reports on Audit outcomes/findings. The Principal Officer attends the SWPGB meetings to provide an update on the programme.

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- 6.2 During Q4, the Audit and Review into Glasgow HSCP Mental Health Officer (MHO) Social Work provision was presented to Governance and an action plan was developed and agreed.
- 6.3 There are currently 3 audits underway, due to be reported in Q1 2025/26:
- Safe & Together
 - Out of Hours Social work Homeless Services Provision.
 - Abstinence Based Residential Service.
- 6.4 A list of audit requests is agreed and prioritised by the CSWO and SWPGB.
- 6.5 An emergency request was submitted to the Practice Audit Team in December 2024 by GCC Chief Executive to draft a response to the 'Scottish Child Abuse Enquiry'. This was in respect of the request sent by the Chair of the Inquiry as to 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 4, the Mental Welfare Commission (MWC) undertook 10 local visits to mental health inpatient wards and Community Mental Health Teams in NHSGG&C; 6 of the visits were unannounced and 4 were announced. Visits took place to [Rutherford Ward, Gartnavel Royal Hospital](#); [Older Adult Community Mental Health Team, East Dunbartonshire](#); [Banff and Balmore Wards, Leverndale Hospital](#); [Cuthbertson and Timbury Wards, Gartnavel Royal Hospital](#); [IPCU \(intensive psychiatric care unit\), Gartnavel Royal Hospital](#); [Wards 4A and 4B, Leverndale Hospital](#); Low Secure Unit, Forensic Services, Leverndale Hospital; [Mother and Baby Unit, Leverndale Hospital](#); Ward 3A, Leverndale Hospital; and Kelvin and Clyde Wards, Gartnavel Royal Hospital. *(Hyperlinks are included for those reports which have been published.)*
- 7.1.2 The services receive a final report from the visit and recommendations can be made by the MWC. The service has three months, from receipt of the final report, to provide an action plan in response to recommendations, including timescales for completion.
- 7.1.3 The IJB Finance, Audit and Scrutiny Committee receive an annual report on MWC local visits to Mental Health Services in February each year; the report provides an overview of the reports published, recommendations, themes and improvement work.

7.2 Care Inspectorate

- 7.2.1 There were no inspections undertaken by the Care Inspectorate during quarter 4.

7.3 Healthcare Improvement Scotland

- 7.3.1 There were no inspections undertaken by Healthcare Improvement Scotland during quarter 4.

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

7.4.1 There were no inspections undertaken by HMIPS during quarter 4.

8. Recommendations

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

- a) Consider and note the report.