



Item No. 18

Meeting Date

Wednesday 11th September 2024

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

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**Clinical and Professional Quarterly Assurance Statement
(Quarter 1 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 April 2024 – 30th June 2024.

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 [12th June 2024](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during quarter 1 2024/2025, 1st April 2024 to 30th June 2024.

3. Governance Structures and Processes

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

4. Quarterly Updates from Governance Groups Quarter 1 2024/2025

4.1 Glasgow City Integrated Clinical and Professional Governance Group

- 4.1.1 The Glasgow City Integrated Clinical and Professional Governance Group meets quarterly. The Group is chaired by the Chief Officer, Glasgow City Health and Social Care Partnership, with membership of Assistant Chief Officers and Professional Leads. The Group receives reports from the Social Work Professional Governance Board; the Governance Group for each Care Group (Children and Families, Older People and Primary Care, and Adult Services); and the Governance Groups for Hosted Services (Alcohol and Drug Recovery Services (ADRS), Mental Health Services, Police Custody Healthcare, Prison Healthcare and Sexual Health Services).
- 4.1.2 At the Integrated Clinical and Professional Governance Group meeting in Quarter 1:
- The Group received an update on Suspected Drugs in Scotland October – December 2023 which is collated by the Scottish Government based on Police Scotland management information, and noted the links with the reporting on confirmed drug deaths within the Health Board;

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- The Group noted work within Alcohol and Drug Recovery Services (ADRS) to revise the Shared Care arrangements with General Practitioners within Glasgow City HSCP and the on-going work to implement the new model;
- The Group received the Annual Report on Clinical Governance within Prison Healthcare noting in particular challenges around oral health care;
- The Group noted the continued pressures in the Sexual Health Service around Abortion Care and Gender Service and actions being taken to mitigate the risks;
- The Group noted the progress in concluding Significant Adverse Event Reviews (SAERs), with 12 concluded in the quarter 1, and 88 reviews on-going;
- The Group noted the recent visits to sites by the Mental Welfare Commission and the progress with resulting actions.

4.2 Mental Health Services Clinical Governance Group

4.2.1 The Mental Health Services Clinical Governance Group (MHSCGG) function includes whole-system oversight for Glasgow City and oversight for some Board-wide services. The agenda items include governance assurance on Clinical Risk, Feedback and Investigations, Quality Improvement, Policy Development and Implementation, Research and Development, Medicines Governance, Legislation, Infection Control, Continuous Professional Development and Learning; and Quarterly Reporting from Care Groups. The MHSCGG meets monthly with 12 meetings scheduled annually.

4.2.2 Medical/Nursing Staffing and Inpatient Bed Pressures

Mental Health Services continue to experience significant pressures across both inpatient and community settings due to staff vacancies, increased demand and acuity of presentations. The situation is compounded by prolonged lengths of inpatient stay in some areas and difficulties accessing community based care packages especially in Learning Disability services. While contingencies are in place to maintain safe and effective delivery of care, there is likely still to be some impact on access to care until pressures subside. There is also increased risk of inpatients having to board in alternative wards or hospitals (in terms of care group/acuity/function) as part of contingency measures.

Medical staffing pressures remain particularly prevalent in Older People Mental Health at present. In addition, Inverclyde Adult Mental Health medical staffing pressures have resulted in pausing admissions to Acute Assessment Unit of non-Inverclyde patients and capping admission numbers. Inverclyde has also activated the risk stratification pathway in the community team. A number of teams remain reliant on locums to ensure safe staffing levels.

4.2.3 Suicide Risk and Design Standards Group (SRDSG)

Following an inpatient death in September 2023 a report was completed on clinical incidents involving ligature points using data collected from 2014. The report was shared with Health and Safety. Incidents have increased year on year with 19 incidents and one death in 2023. The Health and Safety Executive (HSE) and the Mental Welfare Commission (MWC) have offered views on the balance between safety and risk management and the need to

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maintain patients' rights and autonomy. Mental Health Services Management have met with Health and Safety to formulate a management plan which incorporates a programme of ward modifications to minimise risks aiming to identify and modify any potential ligature points. In addition to the ward environment modifications, there is a programme for staff to ensure staff awareness and training to identify and moderate any new risk areas.

4.2.4 Outstanding Mental Health Significant Adverse Event Reports (SAERs)

Addressing the backlog of outstanding SAERs in Mental Health Services continues to be a priority with measures in place to increase the pool of investigators and support investigation teams with timeous completion.

At 1st June 2024:

- 89 open SAERs in MHS; 20 of these are pre-2023 incidents
- 253 potential SAERs to be reviewed; 66 of these are pre-2023 incidents

4.2.5 Community Mental Health Team (CMHT) Operational Policy

The CMHT Operational Policy, commissioned by the Effective and Efficient Community Services (EECS) workstream is an update and development of the original 2017 policy. The Policy represents is a minimum standard that covers all CMHTs across the 6 Health and Social Care Partnerships, including new guidance on digital advances such as tasking, the Electronic Management Information System (EMIS) documentation and takes new staff through the process of new referrals, care, treatment, assessment, discharge planning including a focus on prescribing in teams. The Policy has been launched in July 2024 with an implementation plan, main communication noting key changes and engagement with staff, service users and carers, evaluation and review.

4.2.6 Implementation of Continuous Intervention Policy

The draft policy was circulated for consultation from May 2024 to June 2024. Following the consultation period a review of comments will be taken forward over the month of August using a Multi-Disciplinary Team approach supported by Professional Nurse Leads and Senior Nurses.

4.2.7 National Health Service (NHS) Greater Glasgow and Clyde (GGC) Staff Awards

A number of staff, teams and services have recently won the following NHS GGC Staff Awards;

- Dr Lucy Carrick and Team; William Cullen Prize for Education
- Meandering for Mental Health – Leverndale Hospital; Excellence Award: Better Health
- Graham Crocket, Nurse Rowanbank Forensic Unit; Employee of the Year
- Hub Cafe, Gartnavel Royal Hospital; Excellence Award: Volunteer

4.3 **Social Work Professional Governance Board**

- 4.3.1 The Social Work Professional Governance Board (SWPGB) meets every 6 weeks and receives governance updates from localities; Public Protection and Complex Needs; Adult Services; Children Services; Care Services; Justice Services; Homelessness Services; Organisational Development; Practice Audit; Human Resources; Social Work School of Glasgow Caledonia University; Care Inspectorate; and Mental Welfare Commission.

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

- Locality Governance;
- Mental Health Officer (MHO) Forum; and
- Directly Provided Services Forum including Homelessness, Older Peoples Residential Services, Children's Residential Service and Fostering Services, and Care at Home Services.

4.3.2 At the Social Work Professional Governance Board meetings in Quarter 1:

- A Supervision Working Group has been established and meetings are ongoing. Guidance is being developed
- Induction pack is being updated. Scoping exercise took place. Induction will move to online and interactive which is much more accessible.
- Changes have been made to the Scottish Social Services Council (SSSC) portal. Changes to the register include:
 - Number of parts of register has reduced from 12 to 4 parts.
 - New requirement for annual declaration to be completed by registrants.
 - Changes to Continuous Professional Learning (CPL) requirements.

Registrants will automatically move to the new corresponding part of the register and SSSC will contact registrants individually to let them know which part of the register they will now come under. There is no requirement for employees to re-register. There are no changes to individual registration date or fees.

To maintain registration, registrants must complete an annual declaration around the time of their registration date. Registrants should do this via MySSSC account. As part of the annual declaration process, registrants will also be required to confirm that they have completed their CPL.

- The Adult Support and Protection (ASP) Interagency Referral Discussions (IRDs) Multi- Agency Guidance regarding a Proposed Pilot was discussed. The proposal is to have 10 IRDs a week as part of a 3 monthly pilot, it is open to Police, Health and Social Work. The pilot will be evaluated and briefings for Teams will take place across late summer. The working group will continue to meet to look at the implementation. It will be discussed at local ASP Steering Groups. It was agreed to take the pilot forward and bring back to SWPG in late August for a lengthier discussion.
- Piece of work for the GCHSCP Safer Staffing Oversight Group is being undertaken. A spreadsheet on all the registered Managers has been produced. There are 49 registrations. It will detail the registered managers, confirm last date of inspection, detail grades, Care Inspectorate (CI) numbers and contact details.
- The current process for Access Restrictions within the CareFirst system and who has the authority to approve staff getting access to Restricted Files is being reviewed. Agreed governance arrangements needs to be strengthened. The team is still working through restricted files and linking in

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with Heads of Service. New Guidance for Criminal Justice and Finance will be updated on connect.

- A presentation was delivered on the Child Protection Audit and Action Plan. The Audit examines how the Child Protection Register (CPR) currently functions in relation to children being put on the register and the explanations why, time spent on the register, and reasons for removal. The audit/review also considered any issues affecting the parents of the children, and the number of services involved with the family and how they interact.
- An update on the current pressures challenges, staffing and accommodation issues within Homelessness was provided.
- 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:
 - Complex Needs Service Review in comparison to Alcohol and Drug Recovery Service
 - External Research Update
 - Care Inspectorate Action Plans approved for:
 - Hawthorn House Residential Home
 - Wallacewell Day Care Unit
 - GCC SWS Homelessness Emergency/Assessment Centre – Rodney Street
 - South HSCP Community Support Service
 - Carlton Centre
 - Chaplet Childrens House
 - Balmore
 - Crawford Street
 - Hinshaw Street
 - Newlands Road
 - Plenshin Court
- All inspections will now go through the Governance Board and be reported through the Quality Assurance report that is presented to the IJB Finance, Audit and Scrutiny Committee

4.4 Multi-Agency Public Protection Arrangements (MAPPA)

- 4.4.1 Scottish Government and Chairs of the Strategic Oversight Group (SOG) meet quarterly as a National SOG to develop and evaluate strategic plans, discuss practice issues, and ensure the arrangements for MAPPA are as robust as they can be.
- 4.4.2 MAPPA is overseen by the Strategic Oversight Group (SOG) in Glasgow which meets quarterly. The SOG includes senior representatives from the responsible authorities and oversees performance and strategic planning of MAPPA. Within Glasgow the SOG ensures the following: that MAPPA is performing to the agreed standards; that Duty to Cooperate and Responsible Authorities are working together to effectively reduce the risk that individuals subject to MAPPA pose to the community; and that strategic planning is improving performance.

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- 4.4.3 The MAPPA Operational Group (MOG) meet every 6 weeks with representation at an appropriate level from the responsible authorities. The focus of the group is the operational running of MAPPA.
- 4.4.4 The NASSO (National Accommodation for Sex Offenders Group) meet quarterly to manage the complexities in relation to housing individuals subject to sex offender registration.
- 4.4.5 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 cases managed at level 2, and two category 3 cases managed at level 2. There were no active level 3 cases within the community.
- 4.4.6 During the reporting period, there were four instances of further offending which resulted in initial notification reports to the SOG. In all cases it was concluded that no further review was required
- 4.4.7 Three audits were completed during this quarter, two of which focused on the outstanding actions for cases that reduced from level 2/3 to 1 and/or exit from MAPPA. The third audit focused on the use of the Violent and Sex Offender Register (ViSOR). The findings of the audits were shared with staff involved in the case and the MOG to support learning.
- 4.4.8 The National Performance Indicators (NPIs) of MAPPA have continued to be reviewed monthly, within the reporting quarter all NPIs were met except for the month of May, where compliance with the release of level 2 and 3 minutes reduced. Overall, compliance with this NPI reduced to 87% from 90% for this NPI.
- 4.4.9 The Significant Case Review (SCR) Implementation Group met once within the reporting period, the group continue to make positive progress in taking forward the good practice, learning points, and recommendations from the SCR.

4.5 Prevent

- 4.5.1 Prevent forms part of the UK Government's wider counter-terrorism strategy known as 'CONTEST'. The purpose of Prevent is to safeguard and support individuals susceptible to becoming terrorists or supporting terrorism. Prevent is an enhanced multi- agency approach with all local authorities taking responsibility of delivery of the Prevent Multi-Agency Panel (PMAP) processes for their area. Glasgow City Health and Social Care Partnership (HSCP) is the lead for Glasgow. Prevent Business Groups are held quarterly and the group discuss all cases and Prevent related concerns.

4.5.2 Cases

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

Case numbers and referrals by affiliation remain consistent. The active cases currently open consist of Extreme Right Wing ideology. All open cases are male. Most referrals to Glasgow in the last 3 months have been for individuals between the ages of 15-25.

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4.5.3 Prevent Duty Guidance Publication

The Prevent Duty Guidance for Scotland was recently updated and is now published online. The guidance is due to become statutory on 19th August. A number of webinars are scheduled across September to provide partners with an overview on changes/updates made to the guidance.

4.5.4 Prevent Multi-Agency Panel Guidance

The Prevent Multi-Agency Panel (PMAP) Guidance is still in the process of being rewritten/updated. Glasgow's PMAP panel are amending any areas of the current guidance that are outdated or do not work in live practice.

4.5.5 Routes to Intervention

Glasgow's PMAP panel have been involved in the Routes to Intervention project being coordinated by the Home Office. This is looking at the management of cases under the age of 18 who have been charged with a low level offence under the Counter Terrorism Security Act and are being managed by both Prevent and Pursue. The Prevent Co-ordinator recently attended a workshop being run by COPFS at the Scottish Crime Campus to review the case studies and discuss how we map out this process for future cases.

4.5.6 Training

2023's Prevent Assurance process highlighted that there was a lack of awareness of Prevent across sectors. To combat this, a package of training has been commissioned by the Scottish Government for the year to raise awareness of Prevent amongst practitioners. Training includes:

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

The first 4 sessions on the Extreme Right Wing were held over the course of June and received positive feedback.

A Prevent awareness webinar was also delivered to Glasgow's Adult Support and Protection Social Work staff which attracted a high number of attendees.

4.5.7 Sharing Good Practice

Glasgow's Prevent Co-ordinator recently met with Manchester's Prevent Co-ordinator in order to gain and share good practice and learning.

The Prevent Co-ordinator also recently attended the Channel Chairs Conference in Liverpool to gain insight into new policy developments coming from the Home Office.

4.6 **Adult Support and Protection**

- 4.6.1 Adult Support and Protection (ASP) governance arrangements includes the oversight role of the Adult Support and Protection Committee (ASPC), which includes having an independent Convener who also chairs the Child Protection Committee (CPC). The Committee has multi-agency representation and related scrutiny, which also extends to the membership and terms of reference the Committee subgroups which include a Quality Assurance

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subgroup and Learning Review Panel. The ASPC meets six times per year and standing agenda items include updates on action plans linked to the various subgroups, ASP data, and related improvement plans. The work of ASPC is supported by a Committee Team which consists of a Lead Officer, Senior Development Officer and Learning and Development Officer with the focus on promoting effective partnership working to help support and protect adults at risk of harm. Social Work, as the lead agency for ASP, also benefits from having a centre-based ASP Team (involving a Service Manager and two Senior Officers) to help support a robust approach to quality assurance and practice development including: providing regular updates to Social Work Governance arrangements, input to the Public Protection Management Meeting, convening an ASP Citywide Meeting six times per year, link to multi-agency ASP Steering forums held on a quarterly basis within each locality and supporting twice yearly Local Management Reviews.

4.6.2 Local Management Reviews (LMRs)

LMRs were held in each of the three locality areas (various dates in June) involving a multi-agency review of local ASP arrangements to help drive practice improvements. This provided an opportunity to review current processes and identify good examples of collaborative working, alongside areas for strengthening. North East and North West localities had a particular focus on the respective governance arrangements utilised by partner agencies to review any learning from incidents which involve the death or significant harm of an adult in concerning circumstances. This involved input from Social Work Services (SWS), Health, Scottish Fire and Rescue Services, and Police Scotland, and fuller consideration of linked processes such as the Critical Incident Review Process (SW), Significant Adverse Event Reviews (Health) and the Learning Review Panel (ASP Committee). South locality had a similar focus on collaborative working for their LMR but placed greater focus on the use of legislation and trauma informed practice to support and protect adults at risk of harm (via a good practice case study). The learning from all three events is being evaluated using a smart survey approach and findings will be collated into a final Report that will help inform improvement planning – and the learning will also be fed into a Short Life Working Group set up to consider/propose updates to the Critical Incident Review Process (SW).

4.6.3 Training

An ASP Spotlight event was held on 18/06/24 for staff to raise awareness of the Prevent strategy. There is an obvious overlap with ASP processes and individuals are often referred under ASP arrangements linked to Prevent type concerns, such that it is important that staff feel confident and knowledgeable in their ASP role. This is part of a wider programme of Spotlight events to help promote continuous professional development for ASP staff. A fuller Overview Report of ASP Spotlight Events (held within the calendar year ending 31/03/24) has recently been compiled and due for discussion at the next ASP Committee.

A new Chronology course was piloted in April 2024 and subsequent feedback has been positive. The aim of the course is to help staff overcome system barriers when inputting and outputting a Life Event Chronology Report on SW recording systems, alongside promoting awareness of good practice within chronology recording. Following on from the pilot event, the new Chronology Course will launch in September 2024 and will be closely evaluated (including the use of Staff Focus Groups). The need to strengthen this area of practice was also identified within the recent Joint Audit (2023).

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Glasgow City's Council Officer (CO) Training Course has been updated to reflect the revised ASP Code of Practice (which provides guidance on how you discharge legal duties under the Act). The updated CO Course was launched in June 2023 and a fuller evaluation Report has been compiled based on smart survey responses from attendees (from the period June 2023 to March 2024). This evidences that staff benefitted from the training and felt better prepared to undertake a Duty to Inquire and apply the three point criteria. Staff also reported that the CO Course developed their investigatory skills and highlighted the importance of supporting meaningful participation by the adult at risk. The findings will also help to inform further improvements to our range of training courses, and support ongoing practice development.

4.6.4 Adult Participation

The revised ASP Code of Practice has reiterated the need to support the adult's participation within ASP processes and highlighted the importance of regular audit and robust scrutiny. The team have reflected this focus within the ASP Joint Audit and related improvement plans. Additionally, a summary Report on Adult Participation has been completed (for the year ending 31/03/24). This is a newly developed Report which specifically highlights a range of ASP data linked to the adult's involvement, including information from audit findings and feedback from service user questionnaires, and related actions to strengthen practice. This will be embedded into a suite of annual reports designed to support improved governance arrangements.

4.6.5 ASP Annual Report 2023/24

The submission of information to Scottish Government as part of the requirements for the new National Minimum Dataset has now been completed for year one (for the period ending 31st March 2024). The Senior Officer (Research and Performance) has used that information to compile an Annual ASP Report for Glasgow City, helping to identify yearly trends.

4.7 **Child Protection**

- 4.7.1 The Child Protection (CP) governance arrangements are held under the overarching governance arrangements within the HSCP Public Protection structure and the Child Protection Committee (CPC). The CPC meets quarterly and is chaired independently of the HSCP and has multi-agency representation, and self-evaluation and quality assurance processes. These include the CP Quality Assurance subgroup and Learning Review Panel. The CPC is supported by a Committee Team which consists of a Lead Officer, Senior Development Officer and Learning and Development Officer. The Child Protection teams consist of the Principal Officer (PO) for Child Protection, who has management oversight for the central Child Protection team as well as HALT, who support young people displaying sexually harmful behaviours, and the Family Support Service, who support children and adults who are survivors of child sexual abuse. The Child Protection team represent Social Work Services in several areas of work across the city, including Child Exploitation and Trafficking and are currently in year 4 of a Home Office pilot (Devolved Decision Making), focusing on 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.

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- 4.7.2 The CP team and CPC are currently undertaking audit activity identified in the Child Protection QA sub group action plan in relation to:
- Children and young people who are on the CP register for more than 12 months.
 - Children and Young People who have three or more periods of CP registration

There is currently work being undertaken to develop and establish a framework for an annual audit of Child Protection work, similar to that undertaken in Adult Support and Protection. The first audit should be completed for Quarter 3 report.

- 4.7.3 A key priority for the Child Protection team is the anticipated inspection of Children's Services which will focus on 'Children at risk of harm'. The planning and preparation for this is governed by the Strategic Oversight Group chaired by the Chief Social Work Officer, and the Operational Oversight Group chaired by the Assistant Chief Officer, Children's Services.
- 4.7.4 A further key priority for the CP Team continues to be the Implementation of the National Guidance for Child Protection in Scotland 2021 which was published on 3rd September 2021. Under the Public Protection Services structure, the Child Protection team have responsibility for the implementation of the guidance in Glasgow.
- 4.7.5 The final draft of Glasgow's Child Protection Procedures is complete and will be considered via the Social Work Professional Governance Board in August and will also be presented at the subsequent Child Protection Committee (CPC).
- 4.7.6 In addition to this, the CP team have led a multi-agency review of the current Glasgow Inter-agency Discussion (IRD) guidance, again with a working group including representatives from Social Work Children's Services, Health, Education, Police and the CPC. The working group have completed the final draft of this, and it will be considered via each agencies governance structures and the CPC.
- 4.7.7 The CP team are now currently reviewing Glasgow's Young Persons Support and Protection (YPSP) procedures, to align with the revised National Guidance in respect of Care and Risk Management processes (CARM), which are designed to support children, young people and their families manage the serious risk of harm to reduce harmful behaviours and build capacity within the child, young person and their family. The review of the YPSP procedures will follow a similar methodology to that of the review of the CP Procedures and will seek to ensure that the procedures are strength based, trauma informed and that the child/young person's social, developmental and psychological needs are considered within risk management framework. A working group for this has been stood up and it is anticipated a first draft will be available in November.
- 4.7.8 The CP team, in conjunction with the CPC and colleagues across SWS have been working to ensure we can meet the reporting requirements to the Scottish Government for the first reporting period of the National Minimum Dataset, due in October 2024. The CP team will incorporate this learning into the development of a local framework for performance reporting for CP, to

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help inform performance, and crucially, continuous improvement in terms of service delivery.

4.8 Glasgow City HSCP - Safer Staffing Oversight Group

- 4.8.1 Glasgow City HSCP has a wide range of Health and Social Care Services that are required to comply with the legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). The Oversight Group has been created to ensure that the Health and Social Care Partnership (HSCP) has appropriate leadership, organisational infrastructure and assurance processes in place to enable the implementation, monitoring and reporting of the HCSSA within the Health and Social Care Partnership.

The group oversees the strategic aspects of the work in relation to Health and Care Staffing Legislation and link with both the HSCP's Core Leadership and Governance structures for organisational accountability and transparency. To ensure there is appropriate focus for oversight, implementation and reporting, this group and the Health and Care Staffing Operational Subgroup will provide the forums for health and care staffing specific issues. The HSCP's Integrated Clinical and Professional Governance Group will have final sign off and will link to the National Health Service Greater Glasgow and Clyde (HSGGC) Programme Board for onward reporting.

The Group meets 8-weekly and membership consists of Senior Management Team members who have a strategic overview of staffing and standards of care within service delivery.

The services included in the Group are:

- Children Services
- Adult Services
- Older People Services
- Homelessness Services
- Homecare Services
- Commissioning – Health and Social Work
- Criminal Justice Services
- Primary Care Services

- 4.8.2 A spreadsheet on all registered Managers has been produced. There are 49 registrations. It will detail the registered managers, confirm last date of inspection, detail grades, Care Inspectorate (CI) numbers and contact details.
- 4.8.3 A self-evaluation tool is being developed for CI registered social care providers. Separate templates will be collated for each service group. It will be issued to Registered Managers to complete.
- 4.8.4 A presentation on the Quality and Transformation Team Scoping Exercise was provided.
- 4.8.5 An updated was provided on work activity in relation to the Health and Care Staffing Scotland Act (2019) (HCSSA) by the Senior Nurse for Quality Governance and Assurance and the Quality and Transformation Team (QTT).
- 4.8.6 Areas of progress:

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1. Enactment commenced fully in April 2024. Reporting will be expected by April 2025.
2. The role HIS has changed to become a regulator for the Act for Health Services.
3. Terms of Reference for the Oversight group have been updated and recirculated to reflect the discussion at the previous meeting.
4. NHSGGC HSCP HCSSA Short Life Working Group (SLWG) continues. A draft Terms of Reference (TOR) has been developed.
5. A range of HCSSA Quick Guides are now available, providing a more comprehensive account of the legislation duties.
6. A Scottish Government Letter sent to Local Authorities and Integration Authorities on 28.03.24 highlights the new legal responsibilities under the Act and offers further information and resources to support you with compliance.
7. Cluster Testing Groups are no longer operational however not all duties have been tested. Outputs from duties – Situation, Background, Assessment and Recommendations (SBAR) & Driver Diagrams have been shared.
8. Scoping of GCHSCP systems/meetings and processes underway. Finding so far will be shared with the group via Linda Brennan Senior Nurse for QTT.
9. Care Inspectorate have shared communication to their inspection approach for this year
10. Mental Health Inpatients continue to support the Health Improvement Scotland (HIS) Observational Studies to develop a more up to date Staffing Level Tool (formerly workload/workforce tool). Timbury Ward, Mother and Baby Unit (MBU) and Eriskay Ward have been involved. There were some challenges in terms of available staff to undertake the study and co-ordination.
11. A SLWG has been established for NHSGGC to agree on a Real time Staffing Assessment and Escalation system Boardwide. The Mental Health (MH) Inpatients Real Time Staffing Resource (RTSR) is paused until there is clarity on the agreed system. QTT and other staff had contributed to the RTSR developments by HIS, but this system is being reconsidered amongst other options.
12. A multi-disciplinary SLWG has been set up by the Board with a range of professionals to share learning, ideas and approach.
13. Discussions have commenced on using the Professional Judgement Tool to support/inform the Older People Rehab Team Review.
14. Dates have been set for 2024/25 Staffing Level Tool Runs.
15. Staffing Level Tool Run Reports 2023 for Older People and Children and Families are in draft to be sent to Chief Nurse GC for approval. Mental Health Inpatients will finalise their triangulation data this month so report can be compiled. The Clinical Nurse Specialist Staffing Level tool run will be completed once all the data has been submitted from the triangulation meetings.

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

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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 1, 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 1 Adult Notification and 1 Child Notification under consideration.
- 5.3.2 Learning Reviews commissioned included 4 Child; 2 Adult; and 2 Family.
- 5.3.3 Thematic Reviews commissioned included:
 - Care-experienced young people;
 - Young people involved in community violence;
 - Maternal deaths; and
 - Deaths in emergency accommodation
- 5.4 Two Child Learning Reviews which were concluded during quarter 4 are being progressed through governance processes.

6. Audit Activity

- 6.1 An audit programme is submitted annually to the Social Work Professional Governance Board (SWPGB) for approval. The Principal Officer (Audit) is responsible for implementation and management of the Audit Programme, maintaining an overview of Audit activity, progress of individual Audits and production of reports on Audit outcomes/findings. The Principal Officer (Audit) attends the SWPGB meetings to provide an update on the programme.
- 6.2 During the period 1st of April to 30th of June 2024 2 audits completed and signed off by the Social Work Professional Governance Board (SWPGB):
 - i) Complex Needs Service Review in comparison to Alcohol and Drug Recovery Service
 - ii) Child Protection Process Audit.
- 6.3 There are currently 3 audits ongoing.
 - 1) Audit/Review into Multi-Agency Risk Assessment Conferences (MARAC), still to be signed off at the SWPGB
 - 2) Mental Health Officer (MHO) Audit/Review: After initial draft completed, MHO senior management on reflection, have decided to request a sampling of staff workloads to be conducted and included in a future draft of the audit/review. This has added significantly to the completion time of this audit.
 - 3) Safe & Together audit continuing. Consultation interview process to be clarified.
- 6.4 A list of audit requests has been collated for presentation at the SWPGB.

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- 6.5 Following the sign off by SWPGB the findings of the Child Protection Process have been presented widely at several meetings to both internal partners and external agencies. The follow up work from this report will be ongoing into the next quarter.

7. External Scrutiny (Visits and Inspections)

7.1 Mental Welfare Commission

- 7.1.1 During quarter 1, the Mental Welfare Commission (MWC) undertook 12 local visits to mental health inpatient wards and prison healthcare in NHS GG&C. Of the visits undertaken, 8 were announced and 4 were unannounced. Visits took place to [Wards 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital](#); [Henderson Ward, Gartnavel Royal Hospital](#); [National Child Inpatient Unit, Ward 4, Royal Hospital for Children](#); [Fruin and Katrine Wards, Vale of Leven Hospital](#); [Mother and Baby Unit, Leverndale Hospital](#); [Blythswood House, Renfrew](#); [Struan Ward, Stobhill Hospital](#); [East and North Wards, Dykebar Hospital](#); [Elgin Ward, Stobhill Hospital](#); [Cuthbertson Ward, Gartnavel Royal Hospital](#); Rowanbank Clinic, Stobhill Hospital; and [The Lilies Centre, Community Custody Centre, Maryhill, Glasgow](#). *(Hyperlinks are included for those reports which have been published.)*

- 7.1.2 The services receive a final report from the visit and recommendations can be made by the MWC. The service has three months to provide an action plan in response to recommendations, including timescales for completion.

- 7.1.3 The IJB Finance, Audit and Scrutiny Committee receive an annual report on MWC local visits 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 During quarter 1, there were 8 inspections undertaken by the Care Inspectorate (CI); 6 were unannounced and 2 were announced. Inspections took place to Children's Services, at the [Adoption Service](#); the [Fostering Service](#); [Newlands Road](#); [Norse Road](#); Plenshin Court; and Milncroft Road; to Older People's Day Care, at [Victoria Gardens Care Home](#); and [Meadowburn Care Home](#); and to Older People's Day Services, at [South, HSCP Community Support Service](#). *(Hyperlinks are included for those reports which have been published.)*

- 7.2.2 The Care Inspectorate can issue areas of requirements and improvements to be made by the services. Services are required to develop action and development plans in response, including timescales for completion.

- 7.2.3 The IJB Finance, Audit and Scrutiny Committee receives annual reports in February each year on Care Inspectorate activity; the reports include detail on requirements and improvements.

- 7.2.4 The Committee will also be informed via the Clinical and Professional Quarterly Assurance Statement of reports which receive a score of 2 or lower and action and development plans will be reported to the Committee once these have been taken through relevant governance structures.

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- 7.2.5 During quarter 1, the inspection to Norse Road scored 2, weak; and Fostering Services scored 2, weak for How good is our leadership?. Action and development plans have been developed and these are scheduled to be reported to the IJB Finance, Audit and Scrutiny Committee.

7.3 Healthcare Improvement Scotland

- 7.3.1 There was one Healthcare Improvement Scotland Inspection undertaken during quarter 1 to the Clydebank Police Custody Unit.

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

- 7.4.1 During quarter 1 there were no inspections undertaken by HMIPS.

8. Recommendations

- 8.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) consider and note the report.