



Item No. 19

Meeting Date Wednesday 7th February 2024

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

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**Clinical and Professional Quarterly Assurance Statement
(Quarter 3 2023/2024)**

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1 st October 2023 – 31 st December 2023.
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Background/Engagement:	<p>The quarterly assurance statement is a summary of information that has been provided and subject to the scrutiny of the appropriate governance forum.</p> <p>The outcome of any learning from the issues highlighted will then be considered by relevant staff groups.</p>
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input checked="" type="checkbox"/></p>
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) consider and note the report.</p>
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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:

Contributes to:
Outcome 7 - People using health and social care services are safe from harm.
Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Personnel:

The report refers to training and development activity undertaken with staff.

Carers:

Offers assurance to carers that quality assurance and professional and clinical oversight is being applied to the people they care for when using health and social care services.

Provider Organisations:

None

Equalities:

None

Fairer Scotland Compliance:

None

Financial:

None

Legal:

None

Economic Impact:

None

Sustainability:

None

Sustainable Procurement and Article 19:

None

Risk Implications:

None

Implications for Glasgow City Council:

None

Implications for NHS Greater Glasgow & Clyde:

None

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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 [13 December 2023](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during quarter 3 2023/2024, 1st October 2023 to 31st December 2023.

3. Governance Structures and Processes

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

4. Quarterly Updates from Governance Groups Quarter 3 2023/2024

4.1 Glasgow City Integrated Clinical and Professional Governance Group

- 4.1.1 The Glasgow City Integrated Clinical and Professional Governance Group meets quarterly. The Group is chaired by the Chief Officer, Glasgow City Health and Social Care Partnership, with membership of Assistant Chief Officers and Professional Leads. The Group receives reports from the Social Work Professional Governance Board; the Governance Group for each Care Group (Children and Families, Older People and Primary Care, and Adult Services); and the Governance Groups for Hosted Services (Alcohol and Drug Recovery Services (ADRS), Mental Health Services, Police Custody Healthcare, Prison Healthcare and Sexual Health Services).
- 4.1.2 At the Integrated Clinical and Professional Governance Group meeting in Quarter 3:
- The Group received a presentation on the [National Records of Scotland Suicide figures](#) for 2016 – 2022, noting a modest decrease in 2022 compared to 2021; in contrast with the Scotland figures where a small increase was shown. A range of work across NHS Greater Glasgow & Clyde was highlighted including joint work with Police Scotland.

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- The Group received an update on the governance arrangements for the implementation, design and development of the [Safer Drug Consumption Facility](#).
- The Group noted the progress in concluding Significant Adverse Event Reviews (SAERs), with 87 concluded in the previous 12 months, and 94 reviews on-going. The NHS GG&C Significant Adverse Event Review Policy was updated in November 2023 and a communication was distributed to all HSCP staff highlighting the changes.
- 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 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, with reduced ability to staff inpatient and outpatient teams optimally in some areas. The situation is compounded by some prolonged lengths of inpatient stay and ongoing high levels of demand on community teams. While contingencies are in place to maintain safe and effective delivery of care, there is likely still to be some impact on general quality of care until pressures subside. There is also increased risk of patients having to board in alternative wards (in terms of care group/acuity/function) as part of contingency measures.

4.2.3 Neurodevelopmental Disorder (NDD) Referrals

There has been an unprecedented increase in referrals to Adult Community Mental Health Teams (CMHTs) for Attention Deficit Hyperactivity Disorder (ADHD) assessment over the past 2 years with an increase of >700% since 2019. There is currently no specialist service provision for ADHD within GG&C. Referrals are directed to CMHTs and placed on a separate waiting list for assessment. There are now almost 5000 patients awaiting such assessment, this number growing by about 100/month despite a waiting list initiative in Glasgow. Around 2,000 referrals are being received per year and this is not expected to stabilise in the near future. The current arrangements for the assessment and management of ADHD are therefore unsustainable.

The Mental Health Programme Board has agreed in principle to develop a single board-wide, Adult NDD pathway, incorporating the existing pathways for Autism Spectrum Disorder and Adult ADHD. Progress on this has been restricted by delay in identifying funding for components of the pathway that require additional investment.

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4.2.4 Suicide Risk and Design Standards Group (SRDSG)

Phase 2 of the ligature reduction workplan was due to commence in November 2023, but is now planned for February 2024 following secured funding via capital planning. This will remove known ligature risks from inpatient areas across GG&C. The SRDG is looking to identify a decant facility that could be used to expedite works. There has been a reduction in ligature incidents in most mental health areas with significant reductions in Adolescent Inpatients and Older People's Mental Health inpatient areas.

The Safety, Health and Wellbeing team have requested a meeting with the Mental Welfare Commission and Health and Safety Executive to discuss the challenges of removing known risks from patient areas. Removing risks from inpatient mental health areas, while at the same time maintaining a person-centred approach to care is difficult to achieve.

4.2.5 Continuous Engagement Policy

Work is underway to develop the policy for Mental Health Inpatient Services. Improving Observation Practice Audits were recently completed to inform the developments for continuous interventions. These noted good practice related to the current Safe and Supportive Observation Policy which was tailored and appropriate to patient needs.

4.2.6 Remote Monitoring in In-Patient (IP) Settings

Work is ongoing to look at the suitability and acceptability of remote monitoring of motion and vital signs within acute psychiatric care units and determine how technology could improve patient care and safety, in an ethical and affordable way without impacting on privacy or patient's rights. The Remote Monitoring in IP settings proposal will augment existing operational policies. This is currently used in NHS England. Mental Health Services are working alongside the West of Scotland Innovation Hub.

4.2.7 Shared Learning

Board wide recommendations from Significant Adverse Event Reports (SAERs) and other awareness/learning is implemented/shared via a number of mechanisms:

- Email alerts/notifications
- Staffnet
- Patient Safety Bulletin
- MyPsych App
- 7 Minute Briefings (7MB)

Two 7 MBs, on Data Breaches and Advanced Statements, were circulated between October 2023 and December 2023.

4.2.8 Psychiatry Training

The 2023 General Medical Council National Training Survey and Scottish Deanery National Training Survey has identified General Psychiatry, Gartnavel Royal Hospital in the top 2% across the country for this speciality.

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4.3 Social Work Professional Governance Board

4.3.1 The Social Work Professional Governance Board (SWGB) 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.

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 3:

- A presentation was delivered on the non-offence referral management (NORM) test of change. This review of the test of change aims to explore the impact of the changes to NORM's operational model, recognise areas of good practice, and make recommendations for future service development.
- A paper was presented on the development of discharge to assess pathway which sees service users accessing care home placements prior to full assessments being completed. The request of the SWGB was to remove the support needs assessment prior to discharge and for this to be developed once the service user is in placement. The SWGB supported this. A Communications strategy was issued and the pathway implemented on 1st October 2023.
- A Return Discussions Pilot paper was also presented. Residential carers will conduct a return discussion with every young person who is reported missing to police, this will take place within 72 hours. Details of the return discussions will be written up by residential carers, and emailed to Police Scotland's Missing Person's Team within 7 days of the missing episode. The pilot will last for three months and will involve Police Scotland and three Residential Houses operated by Glasgow City Council.
- The SWGB continues to monitor the challenges around the Mental Health Officer recruitment and retention and Social Work registration issues. An audit has been undertaken in relation to employees who still require to register. The latest audit results showed that there were 147 outstanding registrations; managers have been asked to review. Four weekly audits will continue.
- All new Social Work policies and procedures are overseen by the SWGB; and all research projects are monitored by the SWGB. Over the last 3 months the undernoted were approved:

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- The Kinship Permanence Procedures and Guidance;
 - Life Long Links Safeguarding Protocol;
 - The Family Connections Assessment and Plan; and
 - HNC Students Placements Programme.
- The Fostering and Adoption Inspection reports and Action Plans were tabled. There was some positive feedback, however there were a few requirements and areas for improvement.

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 ensure the following: that MAPPA is performing to the agreed standards; that Duty to Cooperate and Responsible Authorities are working together to effectively reduce the risk that individuals subject to MAPPA pose to the community; and that strategic planning is improving performance.
- 4.4.3 The MAPPA Operational Group (MOG) meet every 6 weeks with representation at an appropriate level from the responsible authorities. The focus of the group is the operational running of MAPPA.
- 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 number of MAPPA cases across the 3 [categories](#) and [levels](#) have remained consistent across the quarter. By the end of the quarter, there were 8 category 1 cases managed at level 2, and 4 category 3 cases managed at level 2. There were no active level 3 cases.
- 4.4.6 Within Glasgow during the reporting period, there were 6 instances of further offending which resulted in an initial notification report to the SOG. In all cases the decision was made not to review any further. This was because risk management procedures were in place.
- 4.4.7 There have been two audits completed during this quarter, one in relation to ViSOR and one in relation to the management of MAPPA cases. The findings of the audit were case specific and have been shared with the MAPPA Operational Group to support and disseminate learning.
- 4.4.8 The [National Performance Indicators](#) (NPIs) of MAPPA have continued to be reviewed monthly; between October to December 2023 all NPIs were met.

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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 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 remain consistent. Of the active cases, all are of an extreme right-wing ideology and are male. Most referrals to Glasgow in the last 3 months have been for children (under the Counter Terrorism Security Act under 18s classed as child).

Since the end of October, two cases were closed due to Prevent involvement naturally coming to an end with there being no evidence of extreme ideological beliefs being present. Several agencies are still involved in both cases. If any new concerns emerge, partners working with the individuals know to escalate these concerns to the PMAP chair and Prevent Co-ordinator.

4.5.3 Israel/Gaza Conflict

Unlike English local authorities, Glasgow have not seen many Prevent referrals relating to the Israel/Gaza conflict. Glasgow's Prevent Co-ordinator recently attended the Home Office Prevent Co-ordinators conference and received an input on this subject matter. A lot of learning was gained and areas for awareness regarding Prevent noted. Work is ongoing around actions taken from the conference.

4.5.4 Annual Prevent Referral Data

Prevent Referral Data for 2022/23 was [published](#) in December by Police Scotland. This document provides an overview of referrals received in Scotland by age, sector, ideology, gender, and region. As expected, the largest proportion of the 87 referrals came from the West of Scotland.

4.5.5 Training

The Prevent Co-ordinator has mapped out which areas of Glasgow HSCP require training and has looked at proposals to train these areas. Training to frontline Glasgow staff is planned for the new year.

Police Scotland's Prevent Delivery Unit West are delivering short 30-minute inputs on the link between consuming alt right media (controversial personalities) and developing far right extremist views (i.e. why is engaging with online content a concern?) These sessions aim to increase participants' awareness of the language and themes that exist in sections of the Alt-Right/Extreme Right Wing (ERW) online sphere and explain how a vulnerable individual can be drawn down a path to supporting ERW ideas. These

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sessions have been shared with staff within education, social work, and mental health that all have safeguarding responsibilities.

4.6 Adult Support and Protection

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

Strategic leadership of ASP practice includes an Annual Joint Evaluation of our ASP arrangements across Social Work, Health and Police agency involvement. The methodology mirrors the approach of the audit tool used in the external ASP Thematic Inspection which was held on behalf of Scottish Government (2022) alongside some additional focus driven by local issues. Glasgow City's Joint Evaluation (2023) has now been completed in terms of the file reading and the staff survey being undertaken in November/December 2023. The information will now be subject to fuller analysis and a Final Audit Report will be completed early 2024. The findings will be reported to ASPC and relevant governance forums and will inform an updated Improvement Plan and related work streams.

4.6.3 ASP Minimum Dataset

Scottish Government launched Phase One of the ASP Minimum Dataset in April 2023, to support more meaningful comparisons across Local Authorities (LAs) and to help inform effective improvement planning. This involves quarterly submissions by each LA across a comprehensive range of ASP data, and includes recently added categories such as domestic abuse and online harm (which will help to better track referral and risk patterns going forward). Glasgow City submitted our Quarter Two Report at the end of October 2023 and I.T. system updates are being progressed to help comply with the roll-out of Phase Two of the National Dataset (due to commence in April 2024). This will include fuller reporting on the adult's participation in the ASP processes. More generally, national and local trends continue to illustrate significant increases in ASP referrals which may be partly attributable to the increased awareness of the legislation and the ongoing impact of the Covid 19 pandemic and Cost of Living Crisis.

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4.6.4 Local Management Review (LMR)

A multi-agency event was held (05/12/2023) to help support improvements in ASP practice including improved legal knowledge and collaboration. The theme of the half-day Webinar was “Crossing of the Acts” in terms of considering the range of key legislation that can be used to support and protect adults at risk of harm. The LMR was attended by over 100 staff and included consideration of an Investigation Report recently published by the Mental Welfare Commission (linked to another Local Authority) and a good practice example from Glasgow City. A learning pack of materials was subsequently distributed to support ongoing learning.

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 independent 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 problematic 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 part of a Home Office pilot focusing on early identification of children and young people who are at risk of exploitation and trafficking in the city, within Glasgow’s Young Persons Support and Protection procedures (YPSP).

The CP team facilitate CP development sessions three times per year for Grade 8 staff across Children’s Services, support twice yearly locality CP Practice Development forums, provide regular updates to Social Work Governance arrangements, the PO chairs four weekly meetings with the CP Lead Service managers from each locality in Children’s Services, and 6 weekly meetings with the citywide Service managers. The PO also attends and provides inputs to meetings including, the Public Protection Management Meeting, Children’s Services Core Leadership Group, Children’s Services and Justice Services governance meeting, and Citywide Children’s Services Service Managers meetings.

4.7.2 A key priority for the Child Protection 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. As such, the Child Protection (CP) Team have developed an implementation plan that includes an update of the Glasgow Social Work Services Child Protection Procedures based on the information contained in the national guidance and the findings from staff consultations.

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A succession of consultations have taken place with children and families staff from the HSCP, representative of the citywide teams across Children's Services staff groups and grades. Heads of Service also attended the consultations. A working group was also established led by the Principal Officer, Child Protection to take this forward, the outcome will be a robust implementation of updated Child Protection Procedures. The working group has completed the final draft of Glasgow's Child Protection Procedures, in consultation with Children's Services, and partner agencies. This will be considered via the Chief Officers Group, Social Work Professional Governance Board, Child Protection Committee (CPC), and key partners in advance of final approval. This will be followed by the planning for the launch and associated training and briefings for the new procedures, across Social Work and partner agencies, and as to how we will evaluate the success of the implementation for the agreed new procedures. 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 representative 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.

- 4.7.3 A further key priority for the CP 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. Both groups have representation from partner agencies and the third sector. A Children's Services Inspection plan, highlighting key inspection areas, strengths, and areas for improvement, has been drafted by the Principal Officer, Child Protection; Lead Officer, Child Protection and the Head of Planning (Children's Services and North East). Key areas for improvements include Chronologies, Assessment of Care toolkit, Children and Young People's participation, and data quality, all of which have individual improvement plans to address the areas for development.
- 4.7.4 The Child Protection audit undertaken by, Principal Officer, Practice Audit team has concluded and the final report will be presented at the appropriate governance forums and the CPC. The Head of Children's Services, South, is leading a working group to consider the findings from the report and compile a subsequent action plan to implement the learning and key areas for development. The Principal Officer, Practice Audit and Principal Officer for Child Protection are part of this working group.
- 4.7.5 In respect of Child Protection registrations (CPR), there are currently 271 children on the Child Protection Register. The rate of registration continues to maintain a decrease in registration, comparable figures for CPR in December 2022 was 293; and December 2021 was 305.

However there continues to be an increase in the number of IRD's of approximately 20%, however this appears to follow a trend across GC&C, and nationally. The CP team and Children's Services along with partners from Police Scotland, Education and Health CP colleagues have undertaken a recent sample of the IRD process within Glasgow, as part of the self-evaluation and quality assurance for IRD. This also helped to inform the review of the multi-agency rewrite of the IRD guidance, in line with the revised

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National Guidance for Child Protection. This sample's initial findings evidenced that the IRD process in Glasgow was effective in terms of mitigating against potential delays in arranging IRD, and that the decision to proceed to IRD was proportionate to the potential level of risk and need. The report will be available once it has been considered at each agencies appropriate governance processes.

5. Learning Reviews

5.1 Learning Reviews are commissioned by the Adult Support and Protection and Child Protection Committees, which meet six times per year. The processes and oversight of reviews are delegated to the Learning Review Panel, which also 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 3, the Learning Review Panel considered:

- New notifications of cases which meet the criteria for a review; and
- Progress in commissioned reviews.

5.3.1 There were 3 Adult Notifications under consideration.

5.3.2 Learning Reviews commissioned included, 4 Child; 2 Adults; 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 No Learning Reviews were concluded during quarter 3.

6. Audit Activity

6.1 An audit programme is submitted annually to the Social Work Professional Governance Board 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 SWGB meetings to provide an update on the programme.

6.2 There are currently 7 Audits ongoing.

6.3 During September-December 2023, 3 Audits commenced:

- 1) A literature review of modular buildings for homelessness families/individuals;
- 2) Evaluation of complexity of cases currently held by Alcohol and Drug Recovery Services (ADRS) and Complex Needs Team; and

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3) Mental Health Officer Audit.

6.4 During the period, 4 Audits continued:

- 1) Child Protection Process Audit;
- 2) Martha's Mammies Evaluation;
- 3) 16+ Care Leavers Housing Protocol Audit; and
- 4) Safe and Together Evaluation.

6.5 During quarter 3, 1 Audit concluded; this was a literature review of modular buildings for homelessness families/individuals.

6.5.1 The Audit briefly reflects the pressures facing Glasgow in respect of housing and homelessness and highlights various forms of modular housing which are being explored nationally and internationally in response to these issues.

6.5.2 The Audit focuses in particular on two projects – Social Bite (Edinburgh) and Jimmy's Project (Cambridge) - which use modular housing to provide accommodation and support to individuals and families moving from a state of homelessness to independent living. The Audit examines the costs associated with such projects, and draws on the limited evaluation data available in respect of their effectiveness.

6.5.3 The Audit recommends that a site visit be undertaken to both Cambridge and London (where the manufacturer of the majority of Cambridge's modular homes is based) in order to physically see and assess the suitability for Glasgow of the range of homes available, and to conduct a sound cost-benefit analysis of such housing for the needs of the city.

6.6 There are 3 Audits due to conclude in the next period.

7. External Scrutiny (Visits and Inspections)

7.1 Mental Welfare Commission

7.1.1 During quarter 3, the Mental Welfare Commission (MWC) undertook 5 local visits to mental health inpatient sites in NHS GG&C. Of the visits undertaken, 4 were announced and 1 was unannounced. Visits took place to Portree Ward, Stobhill Hospital; [Broadford Ward and Armadale Ward, Stobhill Hospital](#); [Wards 4A and Ward 4B, Leverndale Hospital](#); [Wards 3A and Ward 3B, Leverndale Hospital](#); and Balmore Ward, Leverndale Hospital. (Hyperlinks are included for those reports which have been published.)

7.1.2 The services will 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 in February each year; the report provides an overview of the reports published, recommendations, themes and improvement work.

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7.2 Care Inspectorate

7.2.1 During quarter 3, there were 9 inspections undertaken by the Care Inspectorate; 8 were unannounced and 1 was announced. Inspections took place to Children's Services, including [Kempsthorpe Residential Children's Unit \(RCU\)](#); [Crawford Street Young Person's Unit](#); [Wallacewell RCU](#); [Milncroft Road RCU](#); [Newlands Road RCU](#); [Larkfield Children's House](#); and [Hinshaw Street RCU](#); to Older People Residential Care, at [Hawthorn House Care Home](#); and to Day Care Services, at [Carlton Centre Support Service](#). There were no inspections undertaken to Care at Home Services; Adoption Services or Fostering Services during quarter 3.

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 inspections activity, including detail on requirements and improvements.

7.3 Healthcare Improvement Scotland

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

8. **Recommendations**

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

- a) consider and note the report.