



**Item No. 19**

**Meeting Date**

**Wednesday 10<sup>th</sup> September 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 1 2025/2026)**

**Purpose of Report:**

To provide the IJB Finance, Audit and Scrutiny Committee with a quarterly clinical and professional assurance statement for the period 1<sup>st</sup> April 2025 – 30<sup>th</sup> June 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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<b>Relevance to Integration Joint Board Strategic Plan:</b>
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Evidence of the quality assurance and professional oversight applied to health and social care services delivery and development as outlined throughout the strategic plan.
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**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	
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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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<b>Personnel:</b>	
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The report refers to training and development activity undertaken with staff.
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<b>Carers:</b>	
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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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<b>Provider Organisations:</b>	
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None
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<b>Equalities:</b>	
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None
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<b>Fairer Scotland Compliance:</b>	
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None
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<b>Financial:</b>	
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None
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<b>Legal:</b>	
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None
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<b>Economic Impact:</b>	
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None
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<b>Sustainability:</b>	
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None
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<b>Sustainable Procurement and Article 19:</b>	
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None
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<b>Risk Implications:</b>	
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None
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<b>Implications for Glasgow City Council:</b>	
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None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	
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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 [11<sup>th</sup> June 2025](#).
- 2.3 This report provides the IJB Finance, Audit and Scrutiny Committee with information collated during Quarter 1 2025/2026 (1<sup>st</sup> April to 30<sup>th</sup> June 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 1 2025/2026

#### 4.1 Glasgow City Integrated Clinical and Professional Governance Group

- 4.1.1 The Glasgow City Integrated Clinical and Professional Governance Group meets quarterly. The Group is chaired by the 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 1, the following issues were noted:

- Work undertaken to mitigate national shortage of prescribed feeds;
- On-going response to measles cases within the City, including work to offer immunisations to incoming families;
- Escorting issues within Prison Healthcare both internally and to secondary care appointments;
- Continued staffing pressures within services and the mitigations in place;
- Noted progress in concluding Significant Adverse Event Reviews (SAERs) in line with NHSGGC targets, with 34 SAER concluded in the quarter and 103 on-going (10 of which were reported pre-2023).

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### 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 (MH) Services 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 care packages and mainstream housing. This is leading to delays in community admissions and delays in transfers from acute to MH beds.

The contingencies that are in place to maintain safe and effective delivery of care include; daily bed huddles, weekly huddles involving all MH 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 work to reduce ligatures in a number of inpatient sites is ongoing. Ligature reduction work for four of the ten identified highest priority wards is now complete. There are plans for implementation of remote monitoring technology in one MH ward. This is part of a multi-site evaluation across three selected Scottish NHS sites to assess the acceptability and feasibility of using inbuilt remote monitoring systems in an inpatient MH setting and develop the required consenting pathways.

#### 4.2.4 Continuous Intervention (CI)

Following the National Good Practice Guidance (January 2019) NHSGGC commissioned the Continuous Intervention Implementation and Monitoring Group (CIIMG). NHSGGC Policy and Practice Guidance has been circulated and CI was brought into operation on 31<sup>st</sup> March 2025 across all MHS sites.

This policy has a link to the Person-Centred Care Plans (PCCP) and the new Continuous Intervention PCCP template is being used across all MHS sites. A suite of educational materials for patients, carers and staff have been produced. All staff will complete the CI Learn Pro module at induction and on an annual basis for existing staff. The implementation is subject to continuous review and use of CI will be subject to audit which will form part of the Combined Care Assurance Audit Tool (CCAAT).

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

The Thistle Service has been operational since 13<sup>th</sup> January 2025. By the close of 31<sup>st</sup> May 2025, a total of 306 unique individuals (248 males, 58 female, most commonly between 36-45 years of age) have registered and used the facility a total of 3,468 times. There have been 2,461 injecting episodes inside the facility by 200 individual service users (169 male, 31 female, most commonly between 36-45 years of age). The most commonly injected drug is cocaine (64.3%), followed by heroin (22.4%), followed by cocaine and heroin together (13.3%). Crystal methamphetamine has also been used (0.04%). There have been 35 medical emergencies within the facility and all affected individuals have responded to emergency care on site, with the support of Scottish Ambulance Service on 7 occasions. There have also been 120 recorded referrals from The Thistle to other treatment and care services.

The formal evaluation, co-ordinated by NHSGGC Public Health and delivered independently by academic departments, officially began on 1<sup>st</sup> April 2025. Performance indicators are being developed for internal use, and discussions with Scottish Government are planned to agree reporting requirements in line with the financial allocation. A business case is currently being developed to explore the benefits of including an inhalation space in the service, the outcome of which will be presented to the IJB.

The Thistle team have won a number of awards including the HSCP innovation award, the NHSGGC excellence award, overall Glasgow HSCP winner and the Mental Health Nursing Forum Community Mental Health award.

### 4.2.6 Child and Adolescent Mental Health Service (CAMHS)

Following the broadcast of a BBC documentary on Skye House (GGC Adolescent Inpatient Unit), a number of 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.

A Quality of Care review undertaken by the Director of Clinical and Care Governance has been undertaken. The Scottish Government have requested Healthcare Improvement Scotland (HIS), and Mental Welfare Commission (MWC) complete an internal review as part of a review of care at all national inpatient sites. The Nursing Midwifery Council (NMC) will conduct a nursing review. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) undertook a visit on 7<sup>th</sup> June 2025. Previous and current patients and families have been supported through this process and PETR support for staff has been offered. An Executive Oversight Group is now in place.

### 4.2.7 Research

In June 2025, NHSGGC MH successfully bid for Glasgow to be approved as a site for the UK Dementia Trials Network. MH services are now linked to two national research missions.

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### 4.2.8 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 2<sup>nd</sup> June 2025:

- 112 open SAERs in MHS; 4 of these are pre-2023 incidents.
- 127 potential SAERs to be reviewed; none of these are pre-2023 incidents.
- 77 beyond 140 days since commissioned.

Additional measures have recently been implemented with a significant focus on all outstanding SAERs, with positive progress being made. A further update will be provided in the next quarterly report.

### 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.

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;
- Safeguarding Board.

- 4.3.2 At the Social Work Professional Governance Board (SWPGB) in Quarter 1:

- A survey was distributed to all Service Managers and Team Leaders within the HSCP, seeking feedback on existing governance frameworks and performance monitoring. The findings from this exercise informed a broader review of HSCP governance, with a subsequent report submitted to the Chief Officer and presented to the HSCP Senior Management Team. The review identified that Glasgow City has established substantial governance arrangements, oversight mechanisms, and support structures throughout the HSCP, facilitating effective reporting to the IJB, Glasgow City Council, and NHSGGL. An action plan is currently being developed by the Chief Social Work Officer and Chief Nurse to address the review's recommendations and to strengthen overall governance practice.
- The Care Inspectorate carried out a [Review of Social Work Governance and Assurance across Scotland](#) and a report has been published. The SWPGB will review the local data against the national data. Glasgow City's SWPGB is cited as a good example of a clearly defined governance structure.

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- New guidance and processes for Critical Incident reporting in adult and older people's services were discussed, to ensure that staff understand their roles and responsibilities. Children's services will consider a similar approach. The final procedures will be brought back to SWPGB for approval.
- Looked After and Accommodated procedures were approved and are more reflective of duties in line with the Promise. Training of staff is due to begin in September 2025.
- The SWPGB received a summary report on the Care Home Risk Matrix Pilot. The findings indicate that the risk matrix tool has been positively received by staff, who report that it supports effective decision-making regarding incidents within care homes. The updated guidance and risk matrix are designed to enhance consistency and promote good practice in recording Adult Support and Protection (ASP) referrals. Evidence from the pilot demonstrates that staff in the two participating care homes have successfully applied the tool as intended. A two-phase plan for the wider implementation of the risk matrix was proposed by the working group. Phase one will extend the tool to 14 additional care homes, including both private and directly provided facilities. Phase two will consist of a roll-out to the remaining commissioned care homes. The anticipated date for full implementation is December 2025 to January 2026.

### 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.
- 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 National Performance Indicators (NPIs) of MAPPA have continued to be reviewed monthly, and within the reporting period all NPIs were met.

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- 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 seven Category 1 Level 2 cases and three 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, seven initial notification reports were submitted to the SOG. Five initial notification reports were discussed and signed off at SOG in April 2025 and two initial notification reports will be discussed at the SOG scheduled in July.
- 4.4.8 There has been one MAPPA audit during the reporting period, the learning and good practice identified was 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). During the quarter, Glasgow engaged in testing for the MAPPS system.

### **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 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 has included ideological focused training which has been shared with multi-agency partners.
- 4.5.4 The Prevent Leads and PMAP Chairs Conference 2025 was held in Glasgow in June 2025 hosted by the Home Office. Within the next reporting period, the updated Prevent PMAP Guidance will be published by Home Office.
- 4.5.5 The Prevent Assurance feedback has been received, the focus of next quarter will be taking forward the feedback. Positive progress has been made relating to Prevent Awareness Training which will be hosted on GOLD. It is anticipated that this will be available within the next reporting period. The training will aid in developing awareness of the Prevent Duty, submission of referrals, and the PMAP process. In addition, information in relation to the Prevent duty and referral process has been made available on public facing web page.

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- 4.5.6 The Prevent Strategic Oversight Group has been established to facilitate strategic and operational discussion and planning. The next scheduled meeting will take place within next reporting period.

### 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.).

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)

The work of ASPC is supported by a Committee Team, and a centre-based ASP team provides oversight on all HSCP ASP activity with responsibility for implementing strategic priorities.

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)

#### 4.6.2 National Minimum Dataset (NMD)

The ASP team continue to support the implementation of the ASP NMD, and the annual report is awaited.

Initial analysis of the data shows a continued referral rate of approximately 1,000 per month across the city in this quarter.

#### 4.6.3 Inter-agency Referral Discussion (IRD) Pilot

The IRD pilot started in March 2025, initially for a 3-month time period. It was agreed by the Professional Social Work Governance Board that the pilot would be extended for a further 6 months and a fuller evaluation report taken throughout governance at the 6 months stage. This will be due circa end of September 2025. To date, there have been 46 IRD's since the start of the pilot. Initial indications from audit indicate that IRDs are being held appropriately and that they are ensuring effective and early information sharing to support and protect adults at risk of harm in Glasgow City. Weekly multi-agency (SW, health and Police) audit meetings are taking place with monthly oversight meetings also in situ. A fuller evaluation will be available in due course, following the pilots end date.

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### 4.6.4 Care Home Risk Matrix

The pilot involving two care homes – one directly provided and one privately commissioned – commenced on 18<sup>th</sup> November 2024 and has now concluded. Subsequent to initial reporting, the Risk Matrix has been successfully expanded to encompass 14 care homes across the city. Each participating care home has received training on the use of the matrix and is invited to regular oversight meetings to support ongoing implementation. Feedback from the Care Inspectorate has been positive, noting a marked improvement in the quality of reporting from care homes following adoption of the matrix. The primary objective remains to enhance the quality and appropriateness of referrals from the care home sector, ensuring statutory interventions are warranted. A continued phased rollout is recommended. Current efforts are focused on supporting the existing 14 care homes to ensure effective and appropriate use of the matrix.

### 4.6.5 Learning Reviews

Two learning review notifications were received, with recommendation to proceed to learning review.

### 4.6.6 Learning and Development Framework (L&D)

The Scottish Government are consulting on a new national L&D framework for ASP. The ASP team have coordinated feedback on this framework on behalf of Glasgow City. Final publication is awaited to inform Glasgow's local ASP training delivery and framework

### 4.6.7 Policy and Procedures

The ASP team continues to progress the revision of the ASP Standard Operating Procedures. The ASP Duty Protocol has received approval from the Social Work Professional Governance Board, and the ASP team will commence the dissemination of briefings regarding the protocol.

An increase in Forced Marriage (FM) referrals under ASP has highlighted a gap within existing ASP policy. As an interim measure, staff have been advised to contact the centre-based ASP team following any FM referral to facilitate the sharing of expertise and to ensure staff are supported in the management of these complex cases.

The revised Critical Incident Review Procedure has been approved by the Social Work Professional Governance Board. The ASP team is implementing briefings on this updated procedure and will maintain a tracker of completed Critical Incident Reviews, which will be overseen by the Safeguarding Board.

## 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, 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 young people at risk of harm. The CP team represents Social Work Services in

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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 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.

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.

### 4.7.2 Child Protection Audit

Following the CPC CP audit in October 2024, a number of cases had areas marked as weak or unsatisfactory during the casefile reading. A review of this was undertaken by the CP team and concluded this was predominantly due to recording issues and reports not being stored in EDRMS. No significant concerns were identified, nor need for further action. A report will be submitted to the CPC to reassure the committee that these areas have been reviewed, and it has been concluded there is no action required.

### 4.7.3 Inter-agency Referral Discussion (IRD).

The Child Protection (CP) team has recently led a multi-agency audit of Inter-agency Referral Discussions (IRD) as part of the development of a quality assurance framework for the IRD Steering Group. This audit utilised two quality assurance audit tools to inform the formulation of a formal quality assurance process, aligned with the overarching objectives of the Steering Group. The primary aim is to provide assurance to the Child Protection Committee (CPC) and relevant governance structures regarding the triage and IRD processes within the city, and to demonstrate that children and young people are discussed within IRD appropriately, thereby contributing to improved safety for children and young people as part of the wider protection processes and child protection framework.

Additionally, the CP team has coordinated a multi-agency review of the current Glasgow IRD guidance. This guidance is now in its final draft and will be presented to relevant governance structures within each agency and to the CPC for approval. The IRD multi-agency working group comprised representatives from Social Work Children's Services, Health, Education, Police, and the CPC.

### 4.7.4 Child Protection Registration over 12months

The Child Protection (CP) team is conducting an audit focused on children who have been on the Child Protection Register for over twelve months. This process is being implemented in a series of stages to optimise learning opportunities and inform practice development.

The audit employs the Care Inspectorate casefile reading tool, supplemented by additional questions tailored to each phase of review. The initial stage includes children who have remained on the Child Protection Register for periods exceeding two years, three years, and four years.

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Further, the audit includes supplementary questions for cases involving families with three or more children. This aims to evaluate care planning and decision-making processes for larger families, ensuring that the needs of each individual child are thoroughly assessed and addressed within the context of the Child Protection Plan.

### 4.7.5 Neglect Sub-Group Audit

As part of the quality assurance and audit work for the Neglect sub-group, multi-agency partners have agreed to undertake an audit of Notification of Concern referrals submitted to Health and Social Care Connect by health and education partners where the presenting concern was neglect.

A full year's data, from May 2024 to May 2025, will be reviewed and will include an audit tool agreed by the sub-group for the multi-agency casefile reading. A report will be made available at the end of the audit that will identify areas of good practice and areas for further learning and development.

### 4.7.6 Inspection

Glasgow City Community Planning Partnership was notified in February 2025, 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.

The report has been published and highlights a range of strengths for Glasgow City across leadership, collaborative working and governance. The evaluation outcome was based on one quality indicator as it applied to children and young people at risk of harm (QI 2.1: Children and young people feel valued, loved, fulfilled and secure, feel listened to, understood and respected, experience sincere human contact and enduring relationships, and get the best start in life).

The evaluation was rated as Good and highlighted areas where improvement is needed. The Child Protection team will contribute to developing an improvement plan that addresses the Care Inspectorate's recommendations.

## 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>).

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- 4.8.4 The HSCP quarterly report has been submitted to the NHSGGC Board as per legislative requirements. Progress is being made on processes and systems, incorporating staffing information into decision making and reporting e.g. putting in place 'real time staffing daily assessment and escalation' across all services. Staffing Level Tool Reports for District Nursing, Health Visiting and Mental Health Inpatients highlight staffing issues, and it can be challenging to balance all considerations while supporting high quality of care delivery. To keep abreast of the issues, Leads continue to engage with Professional Leads and Senior Managers across the HSCP and Hosted Services.
- 4.8.5 The Staffing Implementation Group (SSIG) is responsible for supporting Health and Care Staffing initiatives at the local level. In the forthcoming year, efforts will be directed towards further developing reporting mechanisms and systems within the Professional Governance infrastructure, ensuring the effective advancement and delivery of statutory obligations under the Act.

## **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 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 4 Adult Notifications and 2 Child Notifications under consideration.
- 5.3.2 Learning Reviews in progress included 4 Child, 4 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 In respect of the 5 completed reviews, Short Life Working Groups have been established via the Quality Assurance Subgroups to devise improvement plans.
- 5.5 Feedback from the Care Inspectorate has been received regarding 1 Child Learning Review, noting that the learning review met national guidance and constructively summarised the events, with effective multi-agency collaboration and efforts to include the family. The support offered to staff during the Learning Review was commended as trauma informed. Key recommendations included clearer terms of reference and more research-informed analysis, and supporting the review team's recommendation on delivering trauma informed staff debriefings. Feedback is awaited on 2 Thematic Reviews.

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### 6. Audit Activity

- 6.1 An audit programme is submitted annually to the Social Work Professional Governance Board (SWPGB) for approval. The Principal Officer (Practice 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 attends the SWPGB meetings to provide an update on the programme.
- 6.2 During Q1, the Audit of Abstinence Based Residential Services was completed and will be presented to the Social Work Professional Governance Board.
- 6.3 Three audits are underway:
- Safe & Together - File reading has been completed and data processed. Staff interviews have been conducted. There is ongoing discussion around the parameters of service user interviews.
  - An audit of 'Out of Hours' Social work Homeless Services Provision file reading has been concluded and written up. Efficacy of staff interviews are being considered.
- 6.4 A list of audit requests is agreed and prioritised by the Chief Social Work Officer and SWPGB.
- 6.5 Future work will be directed towards service prioritisation and cost effectiveness.

### 7. External Scrutiny (Visits and Inspections)

#### 7.1 Mental Welfare Commission

- 7.1.1 During Quarter 1, the Mental Welfare Commission (MWC) undertook 5 local visits to mental health services in NHSGG&C; 2 of the visits were unannounced and 3 were announced. Visits took place to inpatient wards at [Glenarn Ward, Dumbarton Joint Hospital](#); [Tate Ward, Gartnavel Royal Hospital](#); [Rowanbank Clinic, Stobhill Hospital](#); [Oak and Willow Wards, Inverclyde Royal Hospital](#); and East and North Wards, Dykebar Hospital. *(Hyperlinks are included for those reports which have been published.)*
- 7.1.2 Upon completion of the visit, services are issued a final report by the Mental Welfare Commission, which may include recommendations for improvement. Services are then required to submit a formal action plan addressing these recommendations, including specified timescales for implementation, within three months of receiving the final report.
- 7.1.3 This Committee receives an annual report on MWC local visits to Mental Health Services in February; the report provides an overview of the reports published, recommendations, themes and improvement work.
- 7.1.4 The 2023-2024 end of year meeting with the Mental Welfare Commission and NHSGGC took place on 21<sup>st</sup> May 2025. Representatives from all six HSCPs were in attendance, alongside Clinical and Professional leads. Discussions took place regarding ongoing areas of work and improvements, and operational pressures and challenges. The 2024/25 end of year meeting will take place later in the year.

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### 7.2 Care Inspectorate

- 7.2.1 During Quarter 1, there were 4 inspections undertaken by the Care Inspectorate (CI); all were unannounced. Inspections took place to Children's Services at [Hinshaw Street Residential Children's House](#); [Norse Road](#); and [Newlands Road](#); and to Older People's Service at [Riverside Care Home](#).
- 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 This Committee receives an annual report in February on Care Inspectorate activity; the report includes 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 plans will be reported to the Committee.
- 7.2.5 During Quarter 1 no inspections received a score of 2 or lower.

### 7.3 Healthcare Improvement Scotland

- 7.3.1 There were no inspections undertaken by Healthcare Improvement Scotland during quarter 1.

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

- 7.4.1 There were no inspections undertaken by HMIPS during quarter 1.
- 7.4.2 During Quarter 1 a delegation of the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment carried out an ad hoc visit to Scotland from 4<sup>th</sup> – 13<sup>th</sup> June 2025. Within Greater Glasgow & Clyde, visits took place to Govan Police Station; London Road Police Station; HMP Barlinnie; HMP Low Moss; HMP Bella Community Custody Unit; and Skye House, Stobhill Hospital, Adolescent Psychiatric Unit.

## 8. Recommendations

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