

NHS Greater Glasgow and Clyde	Paper No. 26/142
Meeting Date:	29 October 2026
Meeting:	NHSGGC Board Meeting
Title:	Public Protection Strategy “Safeguarding – It Matters to Us” (2023 – 2026) - Annual Report
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1. Purpose

The purpose of this paper is to present to the Board the Public Protection Strategy “Safeguarding - It Matters to Us” (2023-2026) Annual Report 2025/2026.

- Public Protection continues to be an organisation priority for NHS Greater Glasgow and Clyde for 2025/2026 following the approval of the Public Protection Strategy at the October 2023 Board meeting.
- NHS Scotland Public Protection Accountability and Assurance Framework sets out exemplar evidence of high quality, safe and effective services that promote the protection of children and adults. The evidence within the framework reflects key and recent policy, practice developments, findings from Scotland’s Independent Care Review and subsequent publication of The Promise, and a range of sources including inspection findings and reviews of cases where children and adults have died or been significantly harmed.
- The national framework supports Health Boards to evaluate and improve their public protection practices at both strategic and operational levels. It guides governance and assurance for all staff, including independent contractors, aiming to provide consistent support and protection for children, adults at risk, and families across Scotland’s health services.
- The framework is a key driver, enabler and outcome measure of Greater Glasgow and Clyde’s Public Protection Strategy.

Public Protection

Ensure that robust governance and assurance arrangements are maintained to protect the most vulnerable members of society, with the NHSGGC Public Protection Framework benchmarked against NHS National Accountability and Assurance Framework.

2. Executive Summary

The content of the annual report can be summarised as follows:

- Executive Summary
- NHS GGC Public Protection Strategy
- NHS GGC Public Protection Accountability and Assurance Framework
- Public Protection Service Activity 2025/2026
- Public Protection Significant Adverse Events and Learning Reviews
- Bairns Hoose – North Strathclyde Partnership Pathfinder
- Staff Communication
- Policies, Guidance and Framework Documents
- Public Protection Governance Arrangements
- Next Steps
- Conclusion

3. Recommendations

The Board is asked to consider the following recommendation:

- To note the content of the Public Protection Annual Report 2025/2026 including next steps.

4. Response Required

This Paper is presented for Assurance.

5. Impact Assessment

The impact of this paper on NHS GGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------------------|------------------------|
| • Improve Outcomes for People | <u>Positive</u> impact |
| • Health Quality Care & Experience | <u>Positive</u> impact |
| • Digital First Approach | <u>Positive</u> impact |
| • Sustainability and Value | <u>Positive</u> impact |
| • Supported Workforce | <u>Positive</u> impact |

6. Engagement and Communication

The issues addressed in this paper were subject to the following engagement and communications activity:

- The Annual Report was presented to the Public Protection Forum on 30 July 2026
- The Corporate Management Team on 10 August 2026
- The Area Clinical Forum on 13 August 2026
- The Board Clinical and Care Governance Committee on 10 September 2026

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The Public Protection Forum through to the Corporate Management Team to the Board via the Clinical and Care Governance Committee.

8. Date Prepared & Issued

Paper prepared on: 29 September 2026

Paper issued on: 21 October 2026

NHSGGC Public Protection

Annual Report 2025/26



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Executive Summary

This third Public Protection Annual Report provides Board level assurance on delivery of the NHS Greater Glasgow and Clyde Public Protection Strategy, *Safeguarding: It Matters to Us 2023–2026*. It demonstrates sustained commitment to protecting unborn babies, children, young people and adults at risk of harm through leadership, governance, multi-agency working, workforce development, digital improvement and learning from review activity.

Significant progress has been made against the Public Protection Strategy Delivery Plan and the NHS GGC Public Protection Quality Assurance Framework, which includes 156 measures aligned to strategic aims. Current reporting shows progress across child protection and adult support and protection workplans, although some measures require further improvement where progress depends on workforce capacity, digital developments or national factors.

The Public Protection Service continues to provide specialist leadership, advice, supervision, education and clinical input across NHSGGC. Activity remains significant, including 3,067 child protection Interagency Referral Discussions (IRDs), adult support and protection IRD pilot activity, 1,266 advice line contacts, and participation in Significant Adverse Event Reviews and Learning Reviews. Key achievements include the use of nurse bank staff to support analysis of cornerstone applications before IRDs, ongoing digital improvement, introduction of the Senior Nurse Bairns Hoose role within the North Strathclyde partnership pathfinder, and active contribution to statutory committees and national groups.

Workforce capacity has remained challenging during 2025–2026, with vacancies and absence affecting the delivery of Level 3 child and adult support and protection training, child protection supervision and wider service development. A dynamic risk assessment is being monitored, recruitment to PPNA posts continues, and funding has been secured for two fixed term learning and education posts to support a sustainable Level 3 training model.

Digital improvement is central to strengthening assurance and service delivery. Work is progressing on the eIRD referral and management application, diary development, Power BI reporting and the Public Protection Quality Assurance dashboard to improve data quality, referral management, audit capacity, reporting and visibility of training and assurance activity.

Priorities for the next reporting period include completing recruitment, strengthening workforce resilience, progressing eIRD and dashboard developments, improving recording and reporting of neglect, violence against women and girls and adult support and protection activity, embedding learning from reviews and audit, strengthening training and supervision, and maintaining robust governance, scrutiny and assurance to the NHS GGC Board and multiagency partners.

Introduction

This third Public Protection Annual Report outlines progress in delivering the NHS GGC Public Protection Strategy, *Safeguarding: It Matters to Us* 2023–2026. It summarises the work undertaken to strengthen services that protect children, including unborn babies, young people and adults, particularly those who are most vulnerable within our communities.

The report provides an overview of key activity, achievements and areas for further development over the past year, while also setting out future priorities. It highlights NHS GGC's continued commitment to protecting people at risk of harm through strategic leadership, effective governance, multiagency collaboration, workforce development, digital improvement and learning from Significant Adverse Event Reviews, Learning Reviews and audit activity.

Key areas of focus include strengthening quality assurance and reporting, improving the use of data to inform practice, supporting staff to meet their public protection responsibilities, embedding learning across services and progressing digital solutions to improve referral, recording and reporting processes.

Overall, the report provides evidence of progress, identifies ongoing risks and improvement priorities, and supports Board level assurance that public protection remains visible, monitored and actively developed across NHSGGC.

Introducing Our Team

Our Vision

Our vision is to reduce the risk of harm to babies, including unborn babies, children, young people and adults across our communities. We achieve this by working collaboratively across health services and with our multiagency partners.

We are committed to delivering a high quality Public Protection Service that provides leadership, support and collaboration to help keep people safe and protected from harm.

The Public Protection Team provides leadership, professional expertise and support to a wide range of stakeholders. The team comprises the Chief Nurse–Head of Service, Public Protection Medical Lead, Lead Nurse for Child Protection, Lead Nurse for Adult Support and Protection, Team Leader, Public Protection Nurse Advisors (PPNAs), Administration Manager and administrative staff. A consultant paediatrician with lead responsibility for Child Protection provides three programmed activities to the Public Protection Service each week and is a member of the Public Protection Service Senior Management Team.

The Key Functions of Our Service Are:

Provision of professional clinical and expert leadership to NHSGGC

- Provides appropriate evidenced based advice, support and supervision to staff to help facilitate reflective and improved practice and rigorous decision making
- Provides a timely and expert medical clinical service providing Child Protection (CP) medical examinations as part of a multiagency process.

Provision of Learning and Education

- Leads and promotes a reflective, adaptive learning culture, incorporating learning from local and national Learning Reviews (LRs) and Significant Adverse Event Reviews (SAERs).
- Develops and delivers high quality public protection learning and education opportunities to NHSGGC staff, which reflects professional and national standards to support staff to execute their roles and responsibilities to protect unborn babies, children, young people and adults at risk of harm.

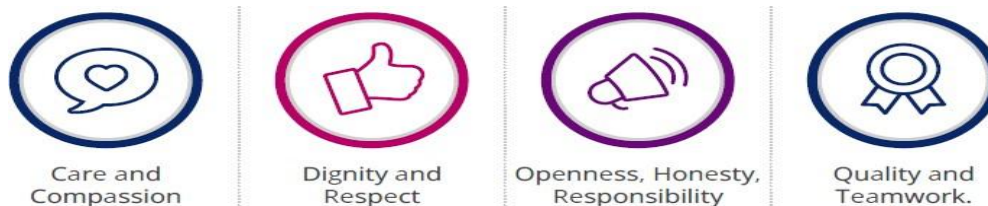
Quality Assurance

- Supports inspection processes for both child protection and adult support and protection.
- Develops and undertakes evaluation of child protection and adult support and protection processes across NHSGGC.
- Provides assurance for reporting arrangements in relation to core duties within NHSGGC.
- Collects, distils and interprets data on child protection and adult support and protection.

Policy

- Responsible for public protection policy and guidance from child protection and adult support and protection.
- Provides guidelines and policies for staff to enable them to execute their public protection responsibilities.
- Provides NHSGGC contribution to national policy, guidance and direction.

We are Committed to our Core NHSGGC Values



As the Public Protection Service continues to evolve from a Child Protection Unit to a broader service incorporating Adult Support and Protection (ASP), we remain committed to ensuring that staff are provided with the education and learning opportunities required to support both their current responsibilities and future service developments.

In July 2026, the Lead Nurse for Child Protection graduated with distinction from the masters programme in Leading Person Centred Integrated Care. A PPNA has completed the first year of the same programme, which commenced in September 2025 and another PPNA who has recently joined the team has successfully completed the Child Protection Post Graduate Certificate; three PPNAs have undertaken leadership development aligned with the NHS GGC Nursing and Midwifery Strategy implementation priorities. The team continues to strengthen positive relationships with partner agencies, supporting safe, effective and person centred discussions. The Public Protection Medical Lead has supported undergraduate learning at Glasgow University to strengthen the importance of early learning and involvement in the protection of children and young people.

The Public Protection Service has established meeting arrangements to ensure team members remain informed about matters relevant to their roles. These include regular meetings with the Executive Nurse Director, Chief Nurse – Head of Service and the Public Protection Medical Lead; weekly Senior Management Team meetings; Public Protection Nurse Advisor and administration team meetings chaired by respective line managers; and monthly Public Protection Service team meetings. Daily morning huddles with acute medical colleagues support communication about inpatient cases and cases being considered for Interagency Referral Discussions, where appropriate.

Public Protection Service Workforce

During 2025–2026, the Public Protection Service has focused on workforce capacity and the challenges of meeting current service requirements while continuing to support improvement and future development. A project proposal to pilot a revised delivery model for Level 3 Child Protection and Adult Support and Protection education has been reviewed

and updated. Funding has also been secured for two fixed term learning and education posts to support implementation and evaluation of the proposal.

The service continued to experience vacancies within the PPNA team during 2025–2026, reaching up to 4 whole time equivalent posts at points during the year and currently standing at 2 whole time equivalent posts.

Given the specialist nature of the service, vacancies and staff absence can have a significant effect on delivery. Recruitment remains ongoing, and the team continues to work flexibly to manage demand alongside vacancies and absences.

A dynamic risk assessment is in place, with controls closely monitored. A key achievement in 2025–2026 has been the establishment of a cohort of NHS GGC bank staff who support the analysis of information within the relevant cornerstone applications in preparation for Interagency Referral Discussions.

Senior Management Team members continue to participate in national groups, contributing to wider public protection policy, practice and service development.

National Meetings attended by Senior Managers / Professional Leads within Public Protection Service 2025/26		
Meetings	Ongoing	Concluded
Scottish Child Protection Nurse Leadership Group	x	
Scottish Health Leadership Adult Protection Group	x	
ICON National Implementation Group	x	
National Bairns` Hoose Implementation Group	x	
Public Protection Short Life Working Group - Adverse Events	x	x
Scottish Child Protection Managed Clinical Network Steering Group	x	
National Clinical Guidelines Group	x	
Expert Advisory Group on Sexual Crime	x	
National Sexual Abuse & Exploitation Strategic Group	x	
National Interagency Referral Group	x	
Once for Scotland Guidance on the Management of Allegations / concerns against NHS Staff Group	x	x
National reflective supervision practice meeting CELCIS	x	
Iriss Reference Group - Update Child Protection National Risk Framework	x	
Child Death and Non Accidental Injury Implementation Board- Standardisation of Approach	x	
National Adult Support & Protection Learning and Education Framework	x	x
Bairns` Hoose National Health Group	x	

National CP Learning and Practice Development Group	x	
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NHSGGC Public Protection Strategy

The NHS Public Protection Strategy – Safe Guarding it Matters to Us¹ was formally approved by the Board in November 2023. The annual report highlights the substantial progress made in delivering the Public Protection Strategy Delivery Plan, supporting NHS Greater Glasgow and Clyde Board to provide effective quality assurance of its public protection responsibilities and processes.

Public Protection Strategy Key Outcomes

1. Children (including unborn babies) young people and adult, specifically the most vulnerable, are kept safe through early prevention and reducing harm.
2. A consistent and standardised approach to measurement through NHSGGC Public Protection Quality Assurance Framework provides assurance from 'point of care' to 'Board'.
3. Public Protection governance and assurance arrangements enable effective oversight and monitoring.
4. Systems are in place to manage risk through early identification, controls, escalation, monitoring and communication.
5. Working together across all our health services and our multiagency partners the risk of harm to children (including unborn babies), young people and adults in our communities is reduced.
6. Lessons are learned from experiences where harm has occurred with evidence in practice.
7. Engagement with our population has informed practice.
8. Effective interventions supported by adherence to public protection policies, procedures and guidance result in the prevention and harm reduction.
9. Every member of staff whether in an overseeing, delivering, practising or a supportive role and those commissioned to provide services have a clear understanding of their role, responsibilities and lines of accountability.
10. Staff have requisite knowledge and skills.
11. Staff use their voice to raise and escalate concerns as required.
12. Leadership, support and collaboration provided from NHS GGC Public Protection Team has enabled staff to keep people safe and protected from harm.

NHSGGC Public Protection Accountability and Assurance Framework

The national Public Protection Accountability and Assurance Framework² was introduced to strengthen governance, leadership and assurance mechanisms across NHS Scotland in relation to public protection. The framework provided an excellent platform upon which to develop NHS GGC Public Protection Strategy.¹

The national framework provides guidance to Health Boards on evaluating the adequacy and effectiveness of their public protection arrangements at both strategic and operational levels. It also informs the governance and assurance processes for Health Boards and multiagency arrangements across all staff levels, including independent contractors. The framework includes eight overarching standards and 54 sub-standards and is used as a reference for assessment within the NHS GGC Public Protection Strategy. This approach supports standardised measurement and reporting from the point of care to the Board.

National Public Protection Accountability and Assurance Framework Progress Update

In 2025, the Scottish Executive Nurse Directors (SEND) Group commissioned the Scottish Health Leaders Adult Protection Group (SHLAP) and the Scottish Nursing Leadership Child Protection Group (SNLCP) to provide a progress report on framework implementation and remaining risks.

The report provided a national overview of NHS Boards' progress and compliance with the Public Protection Assurance Framework. All Boards have participated at different levels and set their own implementation schedules. Variation in framework adoption is linked to different maturity stages, resource levels, and operational contexts. Further discussion is needed to agree future arrangements for national implementation updates.

NHS GGC Public Protection Quality Assurance Framework Progress Update

Table 1 provides detail on the number of standards, sub standards and measures within the NHS GGC Public Protection Quality Assurance Framework.

Table 1: Public Protection Quality Assurance Framework Standards, Sub-standards and Measures

Standard	Number of Sub-standards	Number of Measures
1. An executive Health Board lead has overall responsibility for child protection, adult protection, and MAPPA and champions public protection across the Health Board and contracted services.	2	11
2. Lead clinicians are resourced and supported to provide advice, expertise, and professional leadership across the Health Board and contracted services.	12	20
3. All NHS employees, GP practices, and independent contracted practitioners are supported and directed to the actions they need to take when a child or adult is at risk of harm.	8	38
4. The Health Board promotes a child and adult's rights-based approach and a culture of listening to children, young people and adults and taking account of their wishes and feelings, both in individual decisions and in the development of services.	9	15
5. Governance, accountability, quality assurance, and reporting arrangements for protecting people are in place across the organisation.	5	15
6. Education, learning, and development arrangements support all NHS employees, GP practices, and independent contracted practitioners in their public protection roles and responsibilities.	4	19
7. Strategic and operational arrangements between the Health Board and its multi-agency partners support effective joint working and communication.	7	22
8. The Health Board provides an effective medical response for children and adults in need of assessment and care.	7	16
Total	54	156

Table 2 provides detail on the current rag status of all measures within the NHS GGC Public Protection Quality Assurance Framework.

Table 2: Breakdown of Accountability, Number of Measures and Current RAG Status

Accountability for Measures	Number of Measures	Overall Status at June 2026		
Public Protection Service	94	60	28	6
Executive Leads/Directors /Chief Officers	62	32	28	2
*National Measures	2	1		1
Totals	156			

**Denotes measures which require discussion and agreement at National level (not included in total count)*

All measures in the NHS GGC Public Protection Quality Assurance Framework have been aligned to the most relevant Strategic Aims within the NHS GGC Public Protection Strategy and incorporated into the Public Protection Strategy Delivery Plan 2023 – 2026.

For each of the six strategic aims, the delivery plan sets out the associated goals, outcome measures, objectives and time bound actions. Substantial progress was made during 2025/2026.

Public Protection Strategy - Strategic Aims

Strategic Aim 1: We keep people safe - prevent and reduce harm

Strategic Aim 2: Our Staff are Confident and Competent

Strategic Aim 3: Our Leaders and Managers Will Ensure Competent Discharge of Services and Professional Duties

Strategic Aim 4: Our strengthened approaches between and across strategic and operational practice and processes enhance our visibility and influence

Strategic Aim 5: Our Leaders Value the Importance of Partnership Working and Seek Opportunities to Improve Its Effectiveness in Achieving a Broad Range of Public Protection Outcomes For People

Strategic Aim 6: Our quality assurance processes are SMART and developed actions consistently seek assurances of continued improvement

Public Protection Strategy Implementation Update

Pending completion and implementation of the NHS GGC Public Protection Quality Assurance Dashboard, workplans have been established for the Child Protection and Adult Support and Protection Forums to monitor progress against all measures. Where appropriate, these workplans include additional metrics informed by learning review findings, SAER recommendations, NHS GGC public protection groups and HSCP statutory committee discussions.

Table 3 provides a progress update utilising rag rating of all actions within Child Protection Workplan 2023 – June 2026.

Table 3: Child Protection Work Plan Progress Update 2023 – June 2026

	Total Objectives	Complete	Work In Progress	Not on Track or not yet commenced
Year 1	28	20	6	2
Year 1-2	9	3	6	-
Year 1-3	1	-	1	-
Year 2	31	4	24	3
Year 2-3	11	-	9	2
Totals	80	27 (34%)	46 (57.5%)	7 (9%)

Table 4 provides progress update utilising rag rating status of all actions within the Adult Support and Protection Workplan 2023 – June 2026

Table 4: Adult Support and Protection Work Plan Progress Update 2023 – June 2026

	Total Objectives	Complete	Work In Progress	Not on Track or not yet commenced
Year 1	17	8	9	0
Year 1-2	4	1	3	-
Year 1-3	2	-	2	-
Year 2	30	4	20	6
Year 2-3	8	-	6	2
Totals	61	13 (21%)	40 (66%)	8 (13%)

Risk Assessment and Management of Public Protection Arrangements within NHS GGC

NHS GGC must meet legislative and statutory guidance requirements for protecting children, young people and adults in Scotland, including the National Guidance for Child Protection in Scotland³ and the Adult Support and Protection (Scotland) Act⁴. Robust controls and processes are required to record, report and review relevant events, ensuring learning is identified and used to strengthen practice.

Risk Management Control Objectives Include the Following:

NHS GGC has policies and procedures for child protection and adult support and protection that reflect national guidance and legislative requirements;

- Both roles and responsibilities and lines of accountability are clearly defined and reflective of the governance structure;
- Arrangements are in place to ensure that appropriate action is taken in relation to any potential risks or concerns for patients;
- There is regular reporting to management to provide assurance that the framework is working effectively, and that appropriate action is being taken to address identified issues; and
- Learning from protection reviews and near misses are identified, disseminated and acted upon throughout the organisation;
- Planned improvements in relation to education and learning measures as part of the eHealth improvement bundle. This work will enable data capture at a care group/ ward/ directorate level supporting a higher level of scrutiny and assurance across the Board. Further detail is provided on page 19 of the report.

The Corporate Public Protection Risk score is 6. This change reflects the output of the risk scoring meeting with the Chief Risk Officer using new risk score matrix.



Public Protection Service Activity 2025/26

Interagency Referral Discussion

An inter-agency referral discussion (IRD) begins the formal process of sharing information, assessing risk, analysing concerns and making joint decisions where there are reported concerns about abuse or neglect of a child or young person up to the age of 18. This includes familial and non familial concerns, concerns relating to siblings or other children in the same context, and unborn babies who may be exposed to current or future risk. An IRD can be requested by any agency and convened by police, health or social work. NHSGGC PPNAs are key decision makers within this process.

IRDs support a coordinated interagency child protection process until a Child Protection Planning Meeting (CPPM) is held, or until it is agreed that a CPPM is not required and alternative action should be taken.

PPNAs provide health contributions to IRDs across NHSGGC. Before each discussion, they analyse the available health information for all cases presented.

During 2025–2026, the number of IRDs decreased for the first time since the Child Protection dashboard was introduced in 2021. The reasons for this reduction are not yet clear and are being explored, including consideration of current thresholds. Between March and June 2026, 1,093 IRDs were recorded. If this level of activity continues, overall activity may return to previous levels.

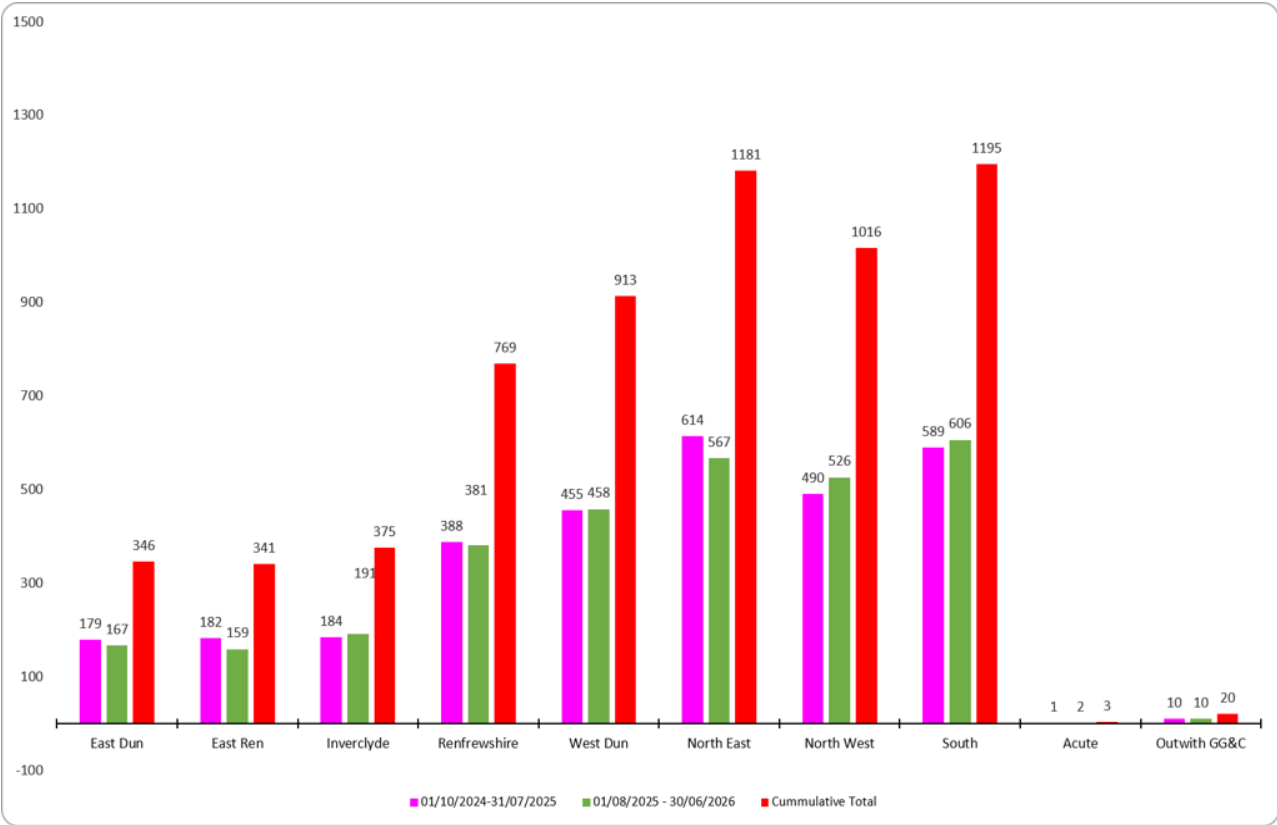
The following detail is provided from **April – March** for the respective years.

Table 5: IRD Activity April 2023 – March 2026

Reporting Period	No. of IRDs
01/04/2023 – 31/03/2024	3524
01/04/2024 – 31/03/2025	3992
01/04/2025 – 31/03/2026	3452

This annual report covers August 2025 to June 2026 (previous report covered October 2024 – July 2025 due to reporting and public protection governance meeting schedule). During this reporting period, 3,067 IRDs were held.

Figure 1: Details the Number of IRDs by Area of Index Child requested (booked) during October 2024 – July 2025 (n=3092) and August 2025 – June 2026 (n=3067) for HSCPs, Acute Services and Outwith NHSGGC



Figures 2 and 3: Reason for IRDs requested (booked) during October 2024 – July 2025 (n=3092) and August 2025 – June 2026 (n=3067) for HSCPs, Acute Services and Outwith NHSGGC

Figure 2

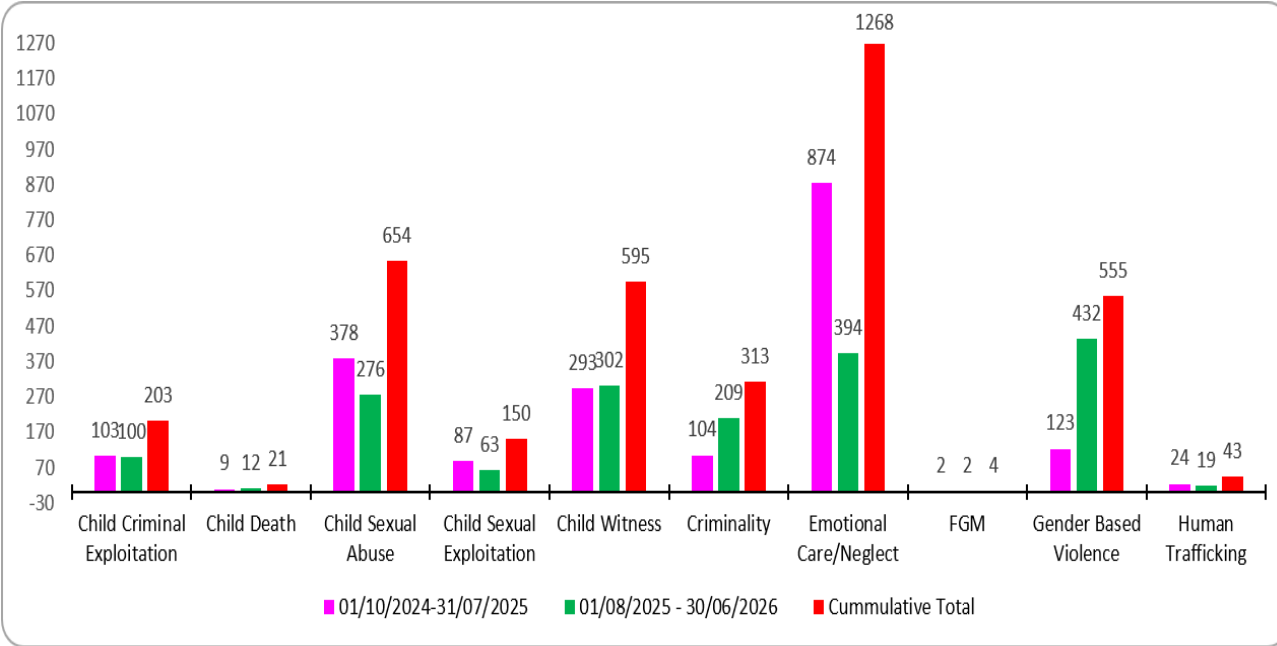
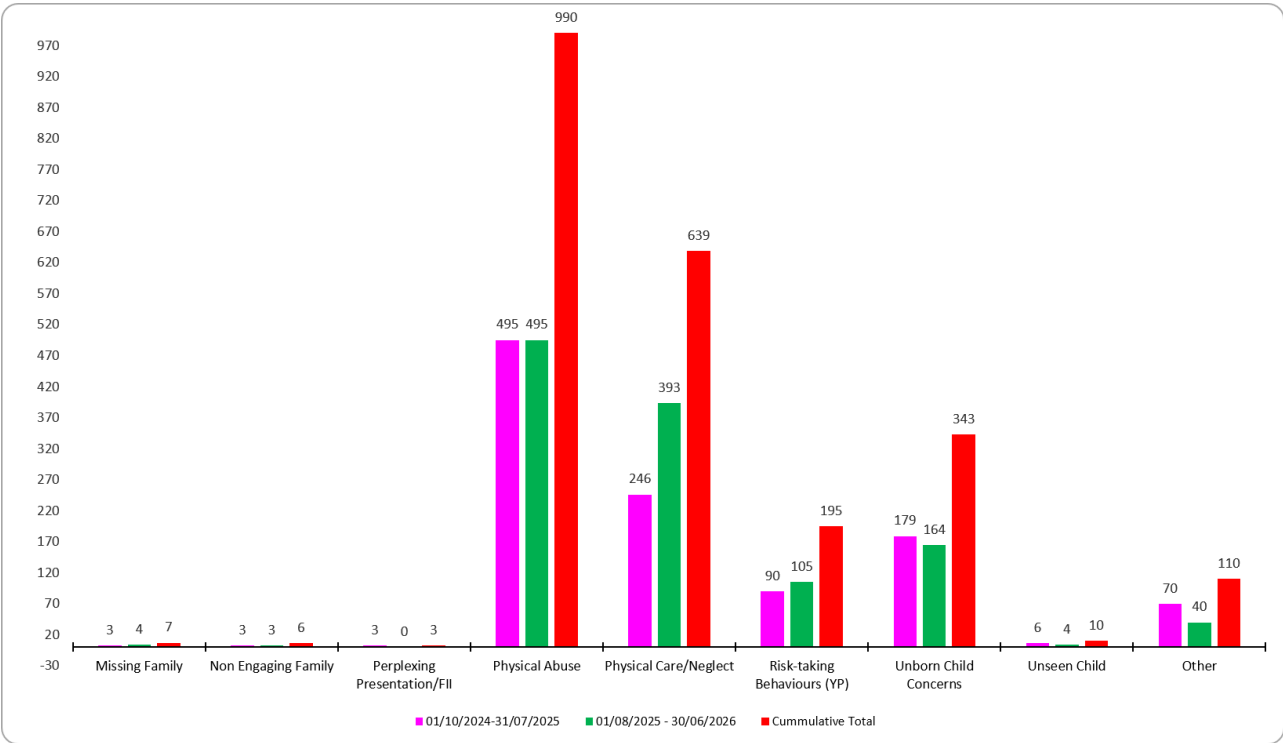


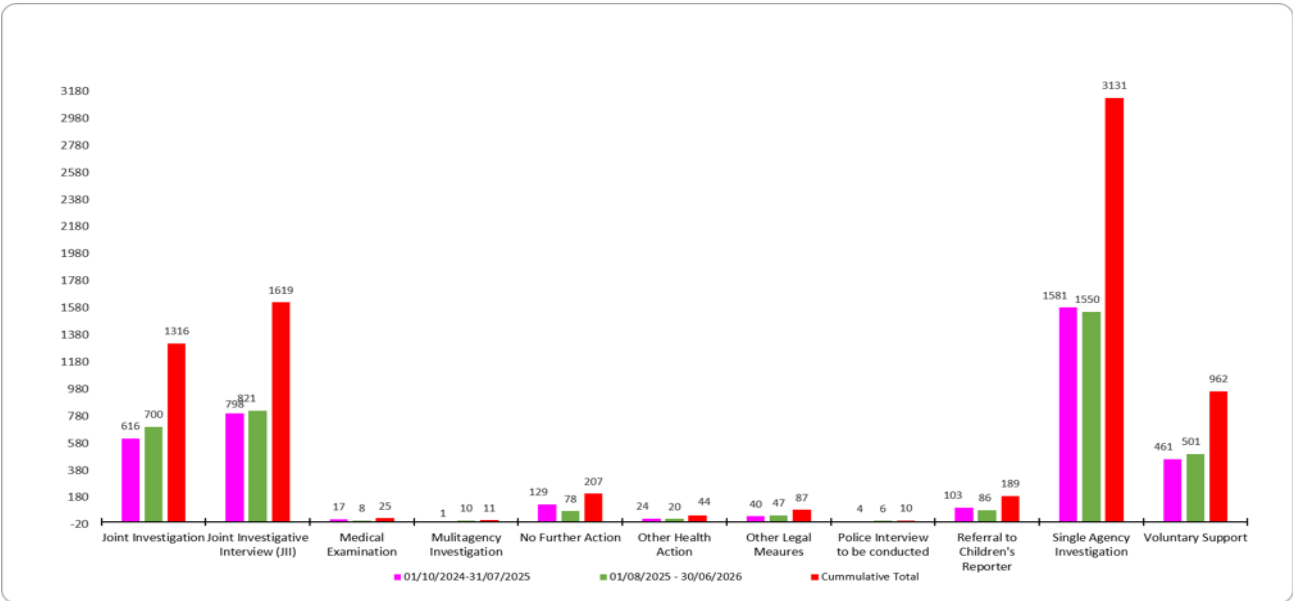
Figure 3



** To note 50 reasons for IRD have not been recorded due to delay with retrieving data from electronic IRD Application currently being tested in West Dunbartonshire HSCP.

Most IRDs 2,010 (65%) relate to school aged children (including young people aged 17+), with physical abuse and child witness the most common presenting issues. Neglect remains one of the main reasons children enter the child protection system.

Figure 4: Outcome of IRDs requested (booked) during October 2024 – July 2025 (n=3092) and August 2025 – June 2026 (n=3067) for HSCPs, Acute Services and Outwith NHSGGC



Over the last 11 months, 3,067 IRDs were requested and 3,902 outcomes recorded as more than one outcome can be selected. Of these recorded outcomes 78 resulted in no further action (2%); 1,550 (51%) progressed to single agency investigations; 821 (27%) to joint investigative interviews, and 700 (23%) to joint investigations. The remaining outcomes related to other recorded actions. This indicates that IRD discussions support proportionate decision making and help identify the appropriate response to reduce the risk of harm to children and families.

Neglect

In the 2014 National Child Protection Guidance in Scotland, neglect was defined as, “the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development”⁵ (p12). With the publication of the 2021 National Child Protection Guidance (updated in 2023), this definition has been refreshed to recognise that, “neglect can arise in the context of systematic stresses such as poverty and is an indicator of both support and protection need”³ (p13). Early signs of neglect highlight the need for support to prevent harm. This aligns with the current policy focus on children’s rights and early intervention, providing a basis for a more collaborative and partnership based approach to professional intervention.

Neglect can affect children of all ages, from pre-birth through infancy, early childhood and adolescence. Its impact is often cumulative, although a single incident can also cause significant harm. Wider structural factors, including poverty, may contribute to neglect and indicate a need for both support and protection.

Neglect is complex and cannot be assessed using a single indicator. A child may be neglected through unmet medical, nutritional, emotional, educational or physical needs, or through inadequate supervision and guidance. There is also increasing recognition in academic and policy literature of neglect at a societal or state level, for example where child and family poverty or reduced public services increase or exacerbate risk factors. These understandings of neglect provided the structure to a Review of Scotland’s National Indicators of Child Neglect⁶. The indicators provide a useful framework for identifying and evidencing patterns of neglect, supporting practitioners to consider the child’s lived experience, family circumstances and wider contextual factors when assessing risk and need.

During 2025-2026 attention has been given to supporting practitioners to use the Assessment of Care (AoC) Toolkit. Noticing and responding to early signs of potential neglect, such as developmental concerns of infants, child diet and obesity, non attendance at school, parental mental health, and parents not engaging with services remain a priority. The AoC Toolkit supports a consistent approach to identifying and assessing neglect across NHS GGC. It helps professionals evaluate the care provided to children and young people, engage families in addressing concerns, and monitor progress over time. The toolkit also supports effective multi agency assessment, planning and intervention where neglect is identified.

The Public Protection Service audited neglect related notifications of concern to assess whether the AoC Toolkit was being used consistently and effectively to support robust assessment practice. The audit found variation in the completion and documentation of AoC Toolkits where their use was indicated. Some cases were appropriately excluded or assessed as not requiring an AoC because of the category or timing of the concerns.

However, the findings identify opportunities to strengthen the identification, recording and oversight of neglect concerns, particularly where AoC completion is indicated but has not been completed or evidenced within the health record.

The NHSGGC Health Visitor/Family Nurse and School Nursing Group has developed a revised F12 template to improve the recording of neglect concerns within EMIS. The template provides a structured approach for documenting neglect indicators, AoC activity and related interventions. Its implementation, alongside supporting guidance, will strengthen the recording and monitoring of neglect concerns, improve assurance around completion of AoC activity, and support future audit, quality improvement and reporting.

Future work will focus on implementing the revised F12 Neglect template and associated EMIS practice guidance to improve the identification, recording and monitoring of neglect concerns. This will strengthen visibility of AoC activity and provide assurance that agreed assessment processes are being followed. A multiagency review will also consider how neglect concerns are categorised within IRDs, with findings used to improve the eIRD referral and management process, enhance the accuracy and consistency of neglect data, and support reporting. A follow up audit will assess impact and inform further improvement.

Early information from Pathology and Police Scotland has highlighted neglect as a potential contributing factor in some child deaths. In several cases, patterns were identified where children were not brought to essential health appointments, highlighting the need for further exploration to strengthen practice. Discussions have taken place at a national level, to which members of the Public Protection Service have contributed, and further actions are planned. As a short term measure, Health Boards will be required to ensure that staff are aware of local “Was Not Brought” guidance documents. In addition, plans are underway to establish a national short life working group to consider further actions.

Domestic Violence

All Partnerships have reported an increase in incidents of domestic violence, highlighting the necessity for targeted improvements and strengthened oversight by statutory Committees. Recent Scottish Government policy supports including domestic abuse and gender based violence within wider public protection assurance. The Equally Safe Delivery Plan 2024–2026⁷ and the Public Protection National Leadership Group both strengthen the case for the Public Protection Chief Officers Group to scope how routine sensitive enquiry should be included in local public protection accountability and assurance arrangements.

A review of NHSGGC’s arrangements for recording and reporting gender based violence routine sensitive enquiry across key Acute and HSCP services found significant variation in practice, governance, data quality and assurance. Routine enquiry is embedded in several pathways, including midwifery, health visiting, family nurse partnership, learning disability and sexual health services. Current data systems do not facilitate consistent monitoring of progress in implementing CEL 41(2008)⁹. Recording and reporting remain inconsistent, and many services cannot provide the core data without manual review. Whilst some services have stronger governance and reporting arrangements gaps remain in Emergency Department, board wide Mental Health and Alcohol and Drug Recovery Services.

Plans for next reporting period include: strengthening corporate governance through the Public Protection Forum; embedding the CEL 41 dataset within wider public protection reporting; exploring the potential to capture data electronically and supporting services to provide regular assurance that staff are undertaking enquiry, responding appropriately to

disclosures and sharing relevant information with partners. The anticipated introduction of the IRD referral and management application could improve data capture by recording known risk factors to inform VAWG prevention activity.

It is worth noting that the number of IRDs for gender based violence and criminality has risen from 123 to 432 (71% increase) and 104 to 209 (50% increase) respectively.

Scottish ICON Implementation

NHSGGC is supporting the Scottish ICON Implementation through a local implementation group to roll out the ICON programme, which aims to prevent Abusive Head Trauma.

eHealth Improvement Bundle: Interagency Referral Discussion Pathway - West Dunbartonshire HSCP Test Site

The Public Protection Service in collaboration with Digital Services team have developed an improvement bundle to support the implementation of key deliverables outlined in our Public Protection Strategy Delivery plan. An electronic solution is currently being developed to enhance critical end to end components, including Referrals Booking and Call Management, while also delivering a reporting tool designed to improve the capture and management of IRD related activities.

Utilising Microsoft PowerApps as the key technology will support the transformation, of data capture and management of IRD Pathway requirements across the NHSGG&C Health Board. Leveraging the capabilities of PowerApps will enable the eHealth Development team to design a custom application tailored specifically to the needs of the Public Protection Service.

This strategic decision highlights the Board's commitment to adopting advanced technology to improve efficiency, accuracy, and patient care. Recognised for its versatility and user-friendly interface, Microsoft PowerApps is set to play a transformative role in streamlining data capture and management, marking a new era of innovation in the NHSGG&C Health Board's approach to patient care.

The project work stream has been broken down into five key areas:

- **Referral:** Provide an electronic version of the data requirements for child and adult referrals, streamlining how referrals are generated by NHSGGC, HSCP and Police Scotland staff.
- **Analysis/Validation:** Enable public protection coordinators to review referrals, validate information and take appropriate action where required.
- **IRD Meeting:** Provide a designated central location to support transparent discussion of information received in relation to each referral.
- **Outcome/Interfacing:** Record outcomes in a controlled and streamlined way, enabling approved referrals to interface with existing cornerstone applications.
- **Auditing and Reporting:** Provide the Public Protection Service with a Microsoft Power BI reporting tool to support comprehensive auditing of referral related activity.

The new system should:

- **Improve Data Integrity and Security:** Maintain accurate, secure data and support compliance with healthcare information governance requirements.
- **Enhance User Accessibility and System Integration:** Provide a user friendly interface that can be accessed across devices and integrate with existing NHSGGC systems, including electronic health records and patient management systems.
- **Increase Scalability:** Support growth in data volume and user numbers without compromising system performance.
- **Facilitate Reporting and Analytics:** Provide enhanced reporting and analytics to inform decision-making, monitor trends, improve patient care and support public protection education and training.

West Dunbartonshire HSCP continues to pilot an electronic solution to test feasibility and inform wider implementation. Proof of concept testing began in November 2024, followed by User Acceptance Testing in January 2025, with feedback informing eHealth development work through April 2025. In April, the project developer's departure created resource pressure within eHealth. A temporary arrangement was agreed, with another team member taking on the project alongside existing duties.

The project then moved to development of a digital diary for the Public Protection Service. Workshops and focus groups informed the design, with development completed between late May and August 2025.

Following renewal of the Microsoft contract, NHS Boards now have unlimited Power Platform licences. NHS GGC eHealth secured Microsoft support for the Adult and Child Protection IRD Power Application. Robiquity (Microsoft partner) supported development from November 2025 to 18 March 2026, before the programme transferred back to GGC Digital Services.

PPS continued testing in May, with social work access to the live system in June. As Police Scotland could not access the application due to licensing issues the pilot was later paused due to information sharing risks and further development needs, including appointment allocation and time slots to align with Police Scotland arrangements.

Non NHS staff can access applications through Guest Licensing, which is currently used by Police Scotland. As a precaution, unused guest licences are deleted after 60 days, removing access. Managing this relies on NHS being notified of leavers, new starters and role changes, creating additional administrative burden and potential access issues when updates are missed.

Guest Licensing is less effective than a more secure Business to Business (B2B) trust between organisations, such as Police Scotland and NHS Scotland, which can be managed at source. Governance agreements to establish this are currently being negotiated.

IRDs Adult Support and Protection

Adult Support and Protection processes are being developed in line with established child protection arrangements. This includes the use of IRD and advice forms, with activity recorded and reported through MicroStrategy within Clinical Portal. Introduced in February

2026, MicroStrategy provides an important mechanism for generating robust data to support scrutiny of ASP activity across NHSGGC.

The adult IRD pilot began in March 2025 in partnership with Glasgow City HSCP, with an initial target of 10 IRDs per week. Activity has been significantly lower than anticipated with 68 IRDs completed during the reporting period against a potential capacity of up to 480 findings, however, are positive. Partner agencies have identified the benefits of earlier information sharing, joint decision making and coordinated follow up planning. Most referrals have been received from Police Scotland.

The Social Work Governance Group reviewed the pilot evaluation report in January 2026 and agreed that the pilot should continue for a further year, with an interim evaluation after six months before considering whether it should become standard operational practice. The implementation group has agreed the next audit approach and actions to increase IRDs generated by Social Work colleagues, including recirculating guidance, issuing an operational reminder through Service Manager meetings, and sharing updates through the Social Work Bulletin and staff briefings.

Figure 5: Details the Number of IRDs by Area of Index Adult requested (booked) during October 2024 – July 2025 (n=57) and August 2025 - June 2026 (n=68) for HSCPs and Outwith NHSGGC

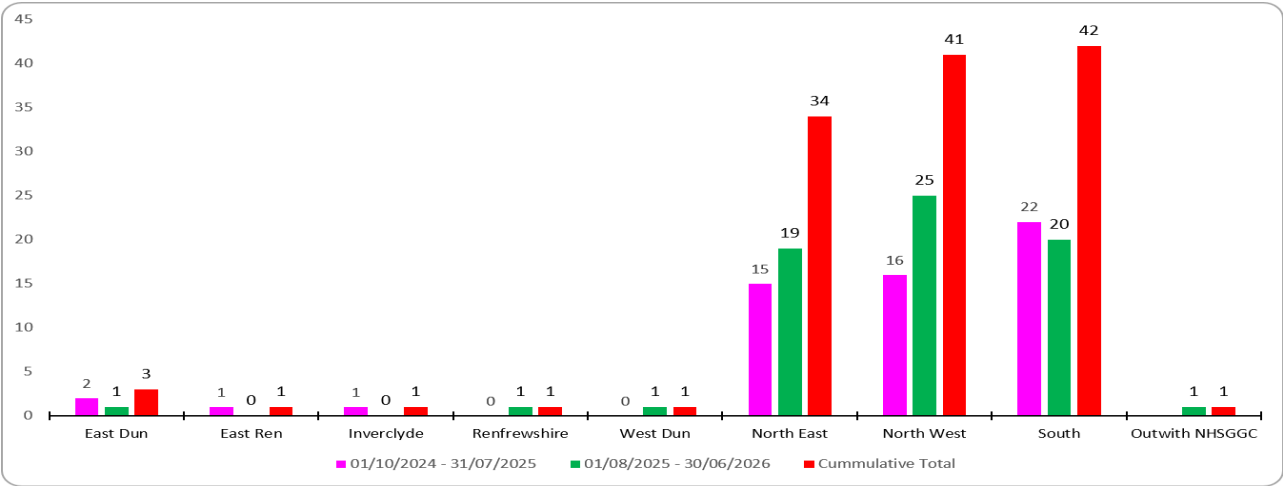
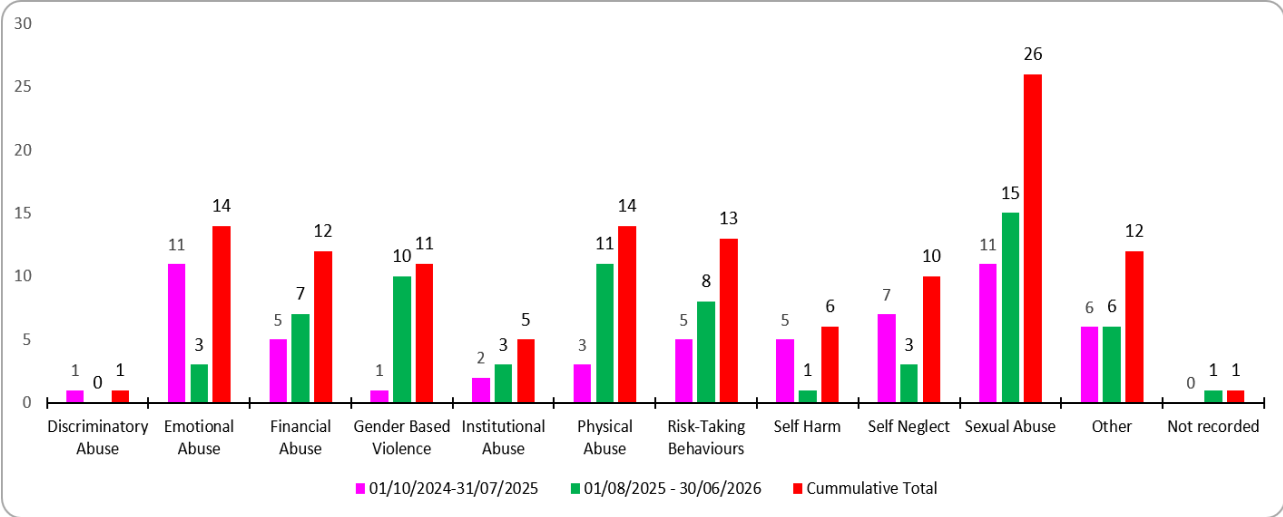


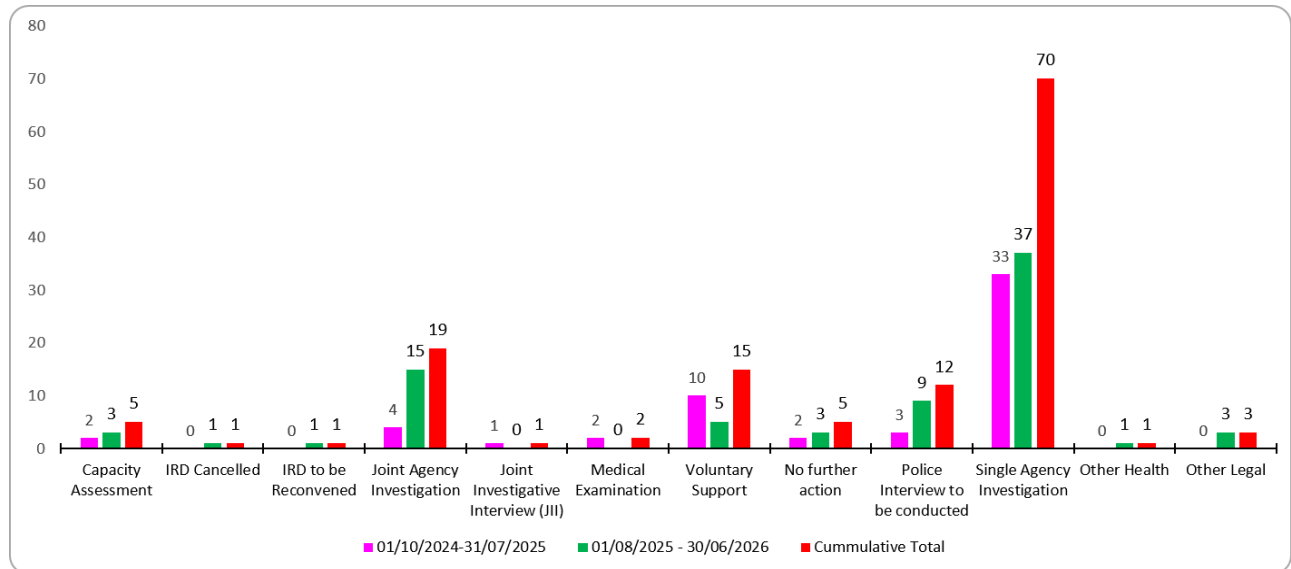
Figure 6: Reason for IRDs requested (booked) during October 2024 – July 2025 (n=57) and August 2025 – June 2026 (n=68)



The three main reasons for IRD requested were sexual abuse 15 (22%); physical abuse 11 (16%) and gender based violence 10 (16%).

** Reasons for IRDs recorded as “other” were mental health concerns (4); risk taking behaviours (1) and support with care (1).

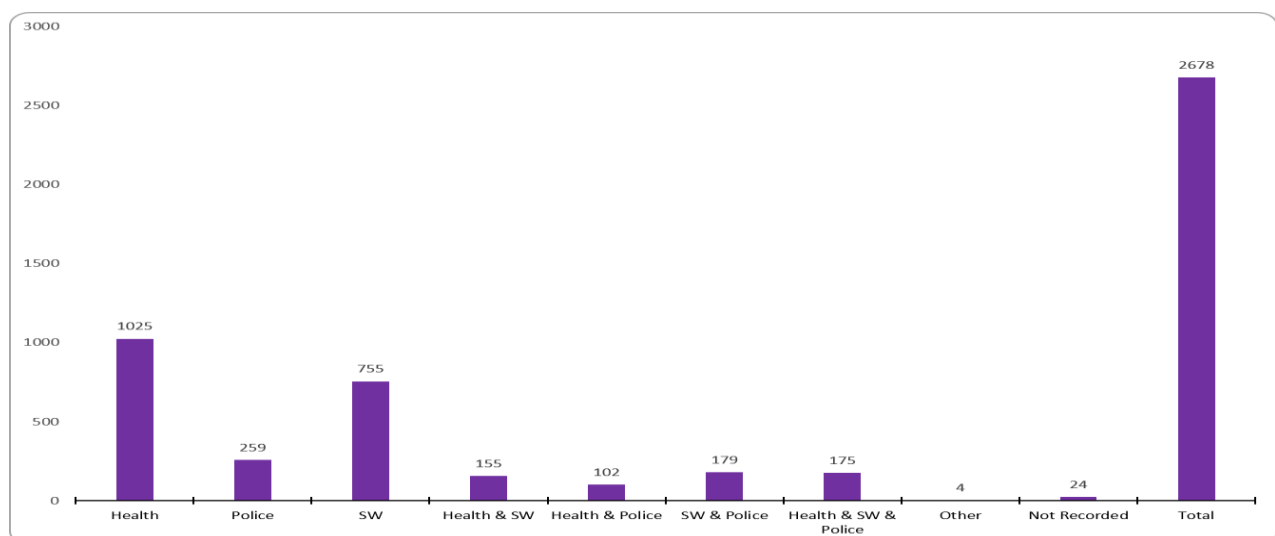
Figure 7: Outcome of IRDs requested (booked) during October 2024 – July 2025 (n=57) and August 2025 – June 2026 (n=68)



Of the 68 IRDs completed over the past 11 months, 3 (4%) resulted in no further action. The most common outcome was single agency investigation, recorded in 37 cases (54%), followed by joint agency investigation in 15 cases (22%) and police interview in 9 cases (12%).

IRD Delay Activity

Figure 8: Number of IRD Delays for IRDs held during August 2025 – June 2026



1025 (38%) of delays were solely attributable to health. The longest delay was 29 days and affected two children. A deep dive has been undertaken to understand the reason for delays, with discussions planned at the respective Child Protection Committees. A daily SITREP providing updates on delays is distributed to all members of the Public Protection Service and the SMT. Cases reaching 10 days are reviewed by the Lead Nurses within the PPS to ensure safety plans are in place.

AP1 Activity

Between August 2025 and June 2026, 577 AP1 forms were submitted: 259 (45%) from acute services and 318 (255%) from HSCPs. Figures 9 & 10 provide a breakdown of referrer locations. Multiple reasons for referral may be selected on the AP1 form.

Figures 9 & 10: Details the number of AP1 forms by location of referrer between October 2024 – July 2025 (n=368) and August 2025 – June 2026 (n=577)

Figure 9

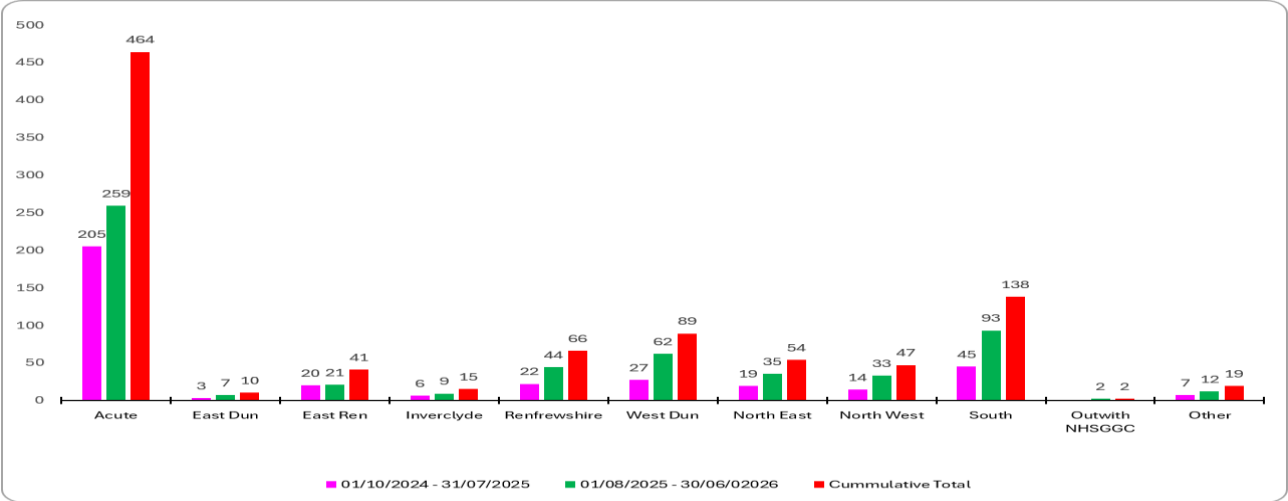
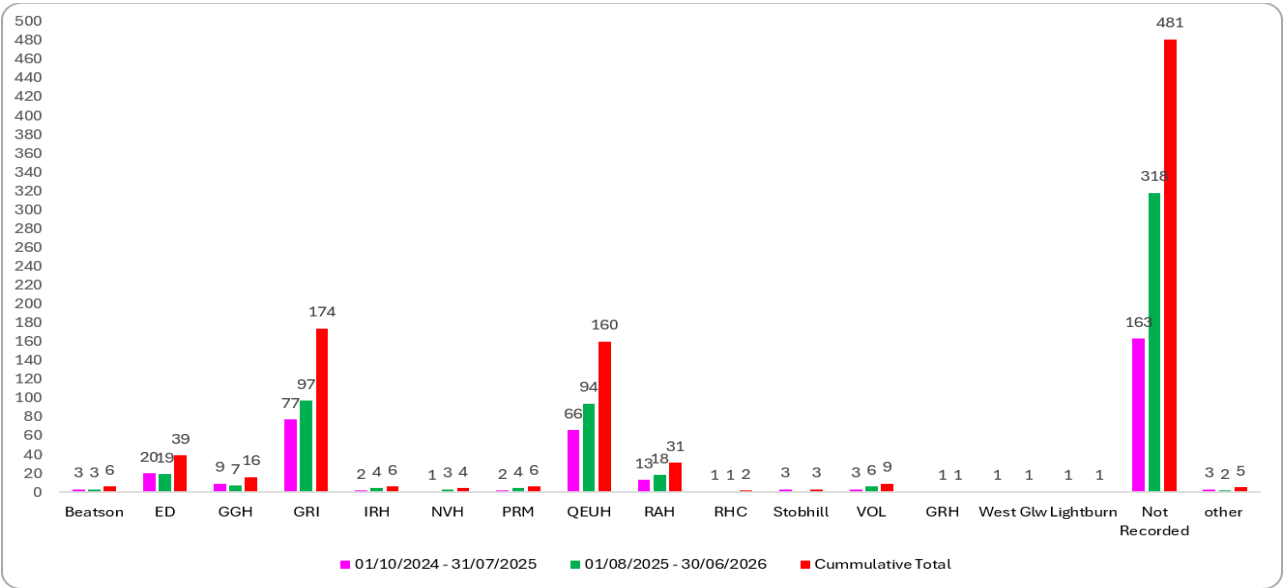
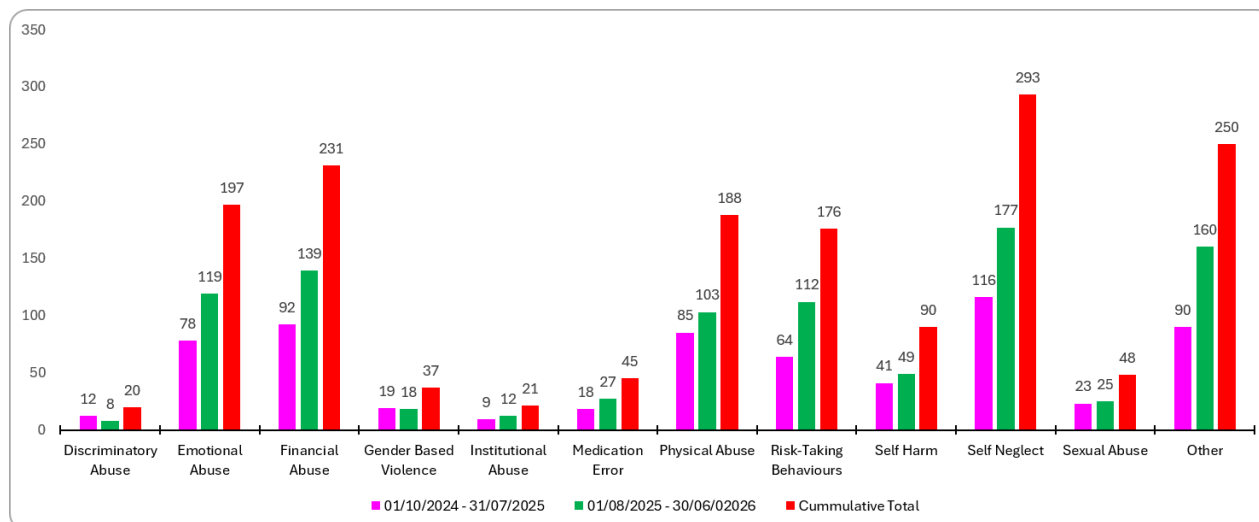


Figure 10



AP1 activity reported as “not recorded” is due to the secondary area of work not being selected by referrer. This has been identified as an area of improvement with discussion at the Acute ASP Operational Group to ensure staff awareness.

Figure 11: Category of Concern for AP1 forms received between October 2024 – July 2025 (n=368) and August 2025 – June 2026 (n=577)



The most common category for concern was “self neglect” 177 (31%). The AP1 forms that are recorded as “other” are due to categories of abuse not being appropriately identified/selected.

The Public Protection Service is undertaking targeted improvement activity, including Core Brief communications to increase staff awareness and dedicated one hour training sessions focused on types of abuse and the importance of selecting all relevant fields, including referrer area.

PREVENT

In 2025, responsibility for PREVENT within NHSGGC was delegated to the Executive Nurse Director. This provided an opportunity to review existing PREVENT arrangements, including the Single Point of Contact. All PREVENT related emails are directed to the Public Protection Service through the dedicated PREVENT mailbox.

PREVENT is an integral part of the UK government's Counter Terrorism Strategy, known as CONTEST, which includes four main areas: Pursue, Prevent, Protect, and Prepare. The aim of PREVENT is to stop individuals from becoming terrorists or supporting violent extremism. The strategy has been effectively implemented in various sectors, including schools and local authorities, and NHS Boards are required to develop systems to address the threat of terrorism and raise awareness within the workforce. Health care professionals play a crucial role in this initiative, focusing on vulnerable individuals at risk of radicalisation.

When a referral is made to Prevent, it is assessed by specialist police officers in Police Scotland. They use robust decision making frameworks to determine if the referral meets the Prevent threshold and ensure consistency in applying this threshold, regardless of ideology. Appropriate referrals are discussed at the Prevent MultiAgency Panel (PMAP), where a detailed assessment is conducted by the PMAP case officer, informed by multi-

agency information sharing. Lead Nurses in the Public Protection Service have undergone additional training related to PMAPs. If the PMAP agrees, the individual receives tailored support to reduce their susceptibility to radicalisation.

Referrals requiring background health information are directed to the Public Protection Service through the dedicated PREVENT mailbox. Current activity is focused on improving staff awareness of PREVENT and ensuring staff understand how to make a referral.

Public Protection Learning and Education 2025/26

The NHS GGC Public Protection Learning and Education Framework⁹ supports staff to develop the knowledge, skills, confidence and competence required for their safeguarding and protection roles. It promotes a consistent, role specific approach to learning across services, supported by education, supervision and reflective practice. Training also respects diversity and promotes the involvement of patients, carers, children, families and adults in safeguarding and protection processes.

Figures 12 & 13: Education and Learning Delivered Between October 2024 – July 2025 and August 2025 – June 2026

Figure 12

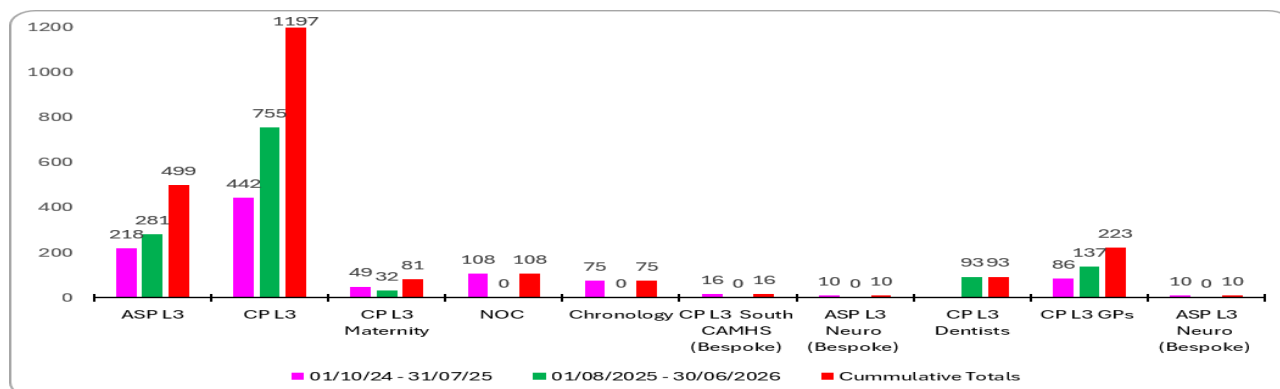
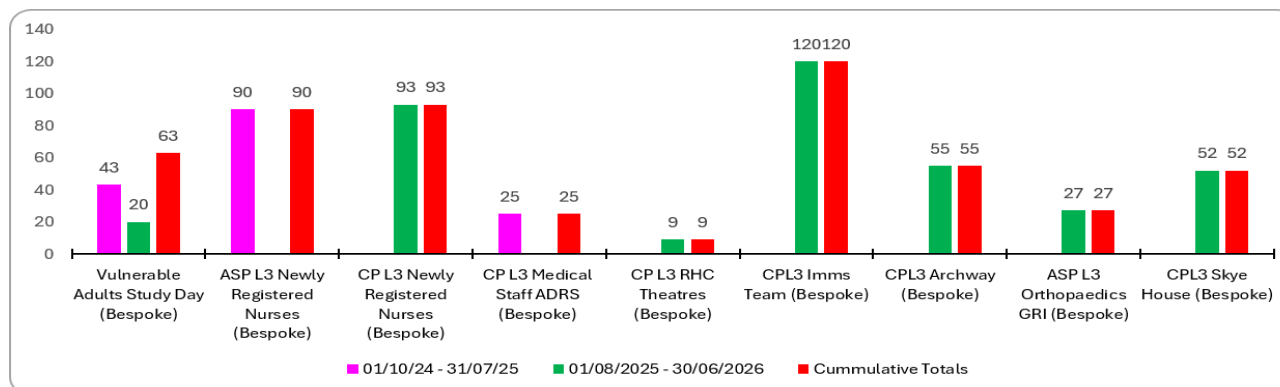


Figure 13



Training data is extracted from eESS, however, attendance figures may not include all participants, as some staff attend sessions without registering on the system.

PPNAs deliver Level 3 Child Protection and Adult Support and Protection training both in person and via Microsoft Teams, with two sessions monthly for around 70 participants. The interim Public Protection Link Midwife- maternity services supports Child Protection training and delivered bespoke training to 89 staff between October 2025 – June 2026. A real time electronic evaluation tool has been developed for use before and after all learning and education session.

During 2025–2026, reduced staffing significantly affected learning and development activity. As a result, learning and education sessions were paused from September 2025 to February 2026 so the service could prioritise IRDs and the associated pre meeting analysis.

Work is underway to review the staffing model needed to support all elements of the Public Protection Service. As the service continues to develop from a Child Protection Unit into a broader Public Protection Service, education and learning requirements for both Child Protection and Adult Support and Protection are being reviewed to ensure they meet current and future demand.

Exploring a Future Model for the Delivery of Level 3 Child and Adult Support and Protection Learning and Education.

The recruitment process is underway to appoint two fixed term posts within the PPS to support delivery of Level 3 Child and Adult Support and protection training, scope learning needs across care groups and help develop a sustainable budget aligned training model. Evaluation will consider the impact on staff knowledge, risk reduction, outcomes for children, young people and adults, future PPNA roles, and the use of digital tools to monitor compliance.

eHealth Improvement Bundle: Education and Learning Measures Test sites RHSC; East Renfrewshire HSCP Specialist Learning Disability Service; RAH A&E and Regional Services

The primary objective is to equip service leads and business managers with tools to document and report on essential level 1, 2, and 3 CP and ASP training requirements across the NHSGG&C board. Data generated for level 1 CP and ASP training will complement existing reports issued to managers and staff regarding mandatory and refresher training.

A standalone Microsoft Power App and Power BI dashboard has been developed to capture training requirements, extract relevant LearnPro data and provide oversight of completion rates. Managers will be able update individual completion details, supporting more accurate reporting, real-time data capture, secure data management and improved decision making. Acceptance testing has been completed across four test sites.

Development of the public protection quality assurance framework dashboard was temporarily paused earlier in the year to prioritise the eIRD referral and management application workstream with work resuming in July 2026.

Public Protection Service Advice Line Activity 2025/26

Our Public Protection Service provides advice for Child and Adult Support and Protection concerns.

PPNAs continue to provide expert advice and support via the Advice Line which is used by all staff across NHSGGC including our independent contractors. Reflecting other data already noted in relation to reason for IRDs, emotional and physical neglect clearly remains an area staff concern as outlined in Figure 14. Of 1266 calls received staff were advised by the PPNAs to submit a notification of concern in 421 (33%) of calls.

Child Protection Advice Line Calls

Figure 14: Number of Advice Line Calls by Area of Caller During October 2024 - July 2025 (n =1146) and August 2025 – June 2026 (n=1266)

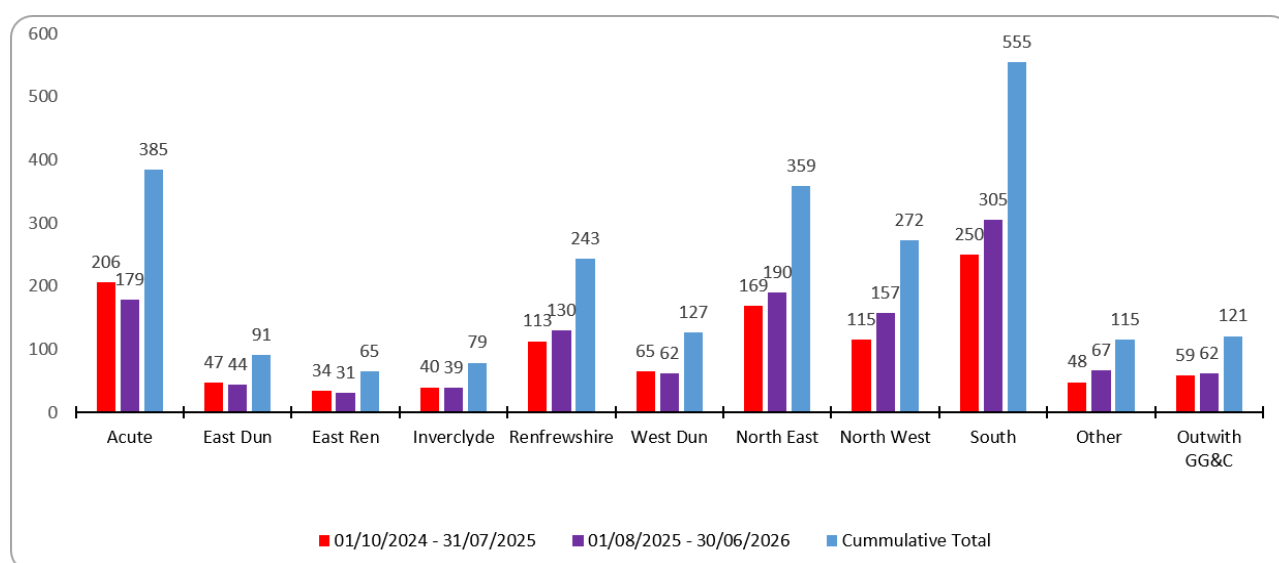
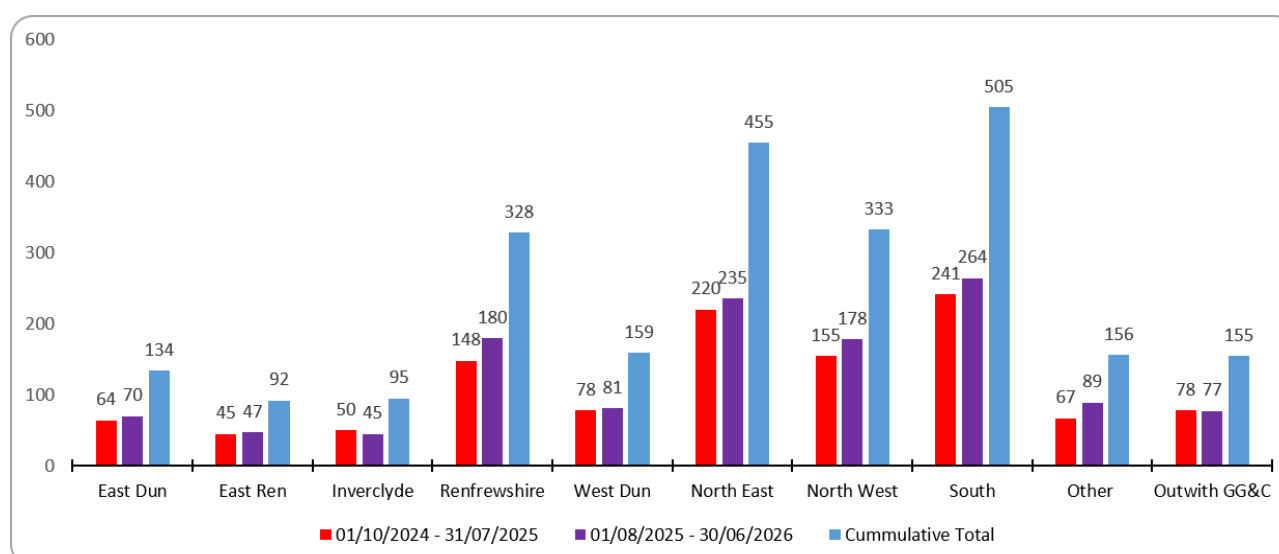


Figure 15: Number of Advice Line Calls by Area of Child During October 2024 - July 2025 (n =1146) and August 2025 – June 2026 (n=1266)



Figures 16 & 17: Primary Reason for Call During October 2024 – July 2025 (n =1146) and August 2025 – June 2026 (n=1266)

Figure 16

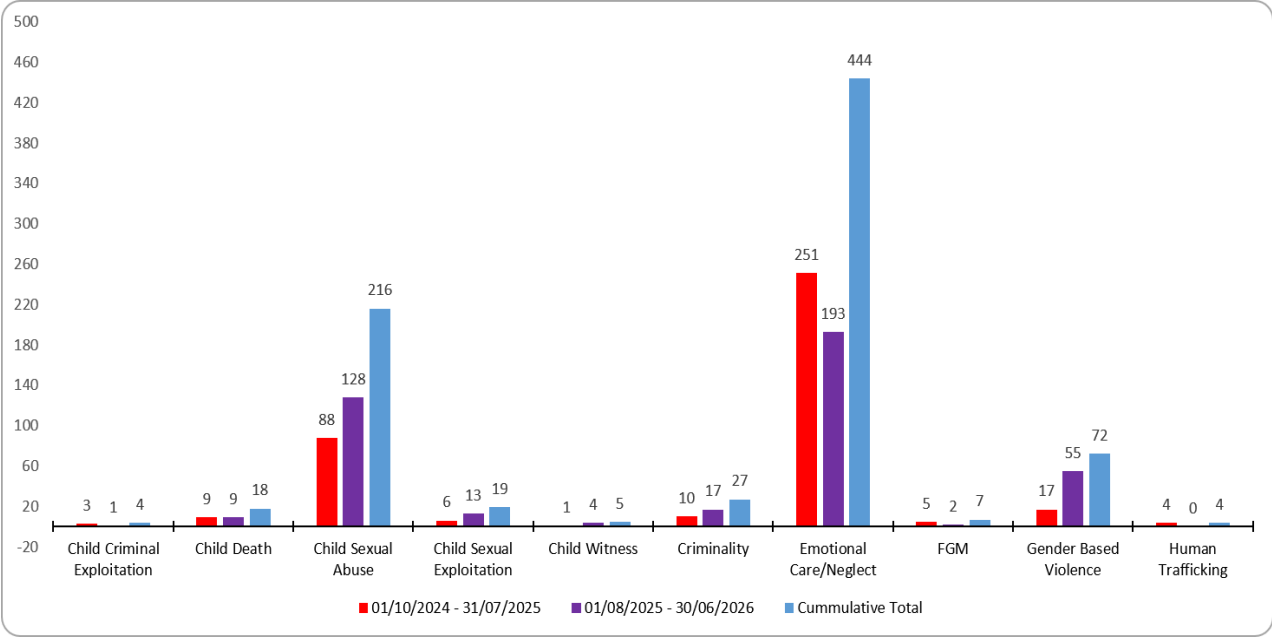


Figure 17

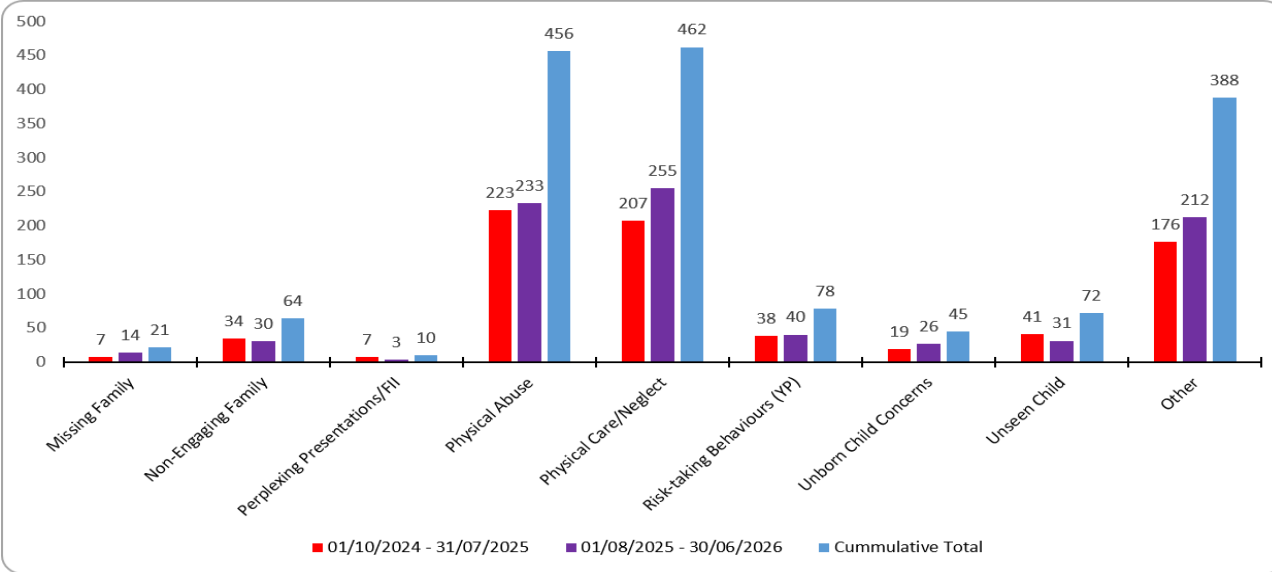
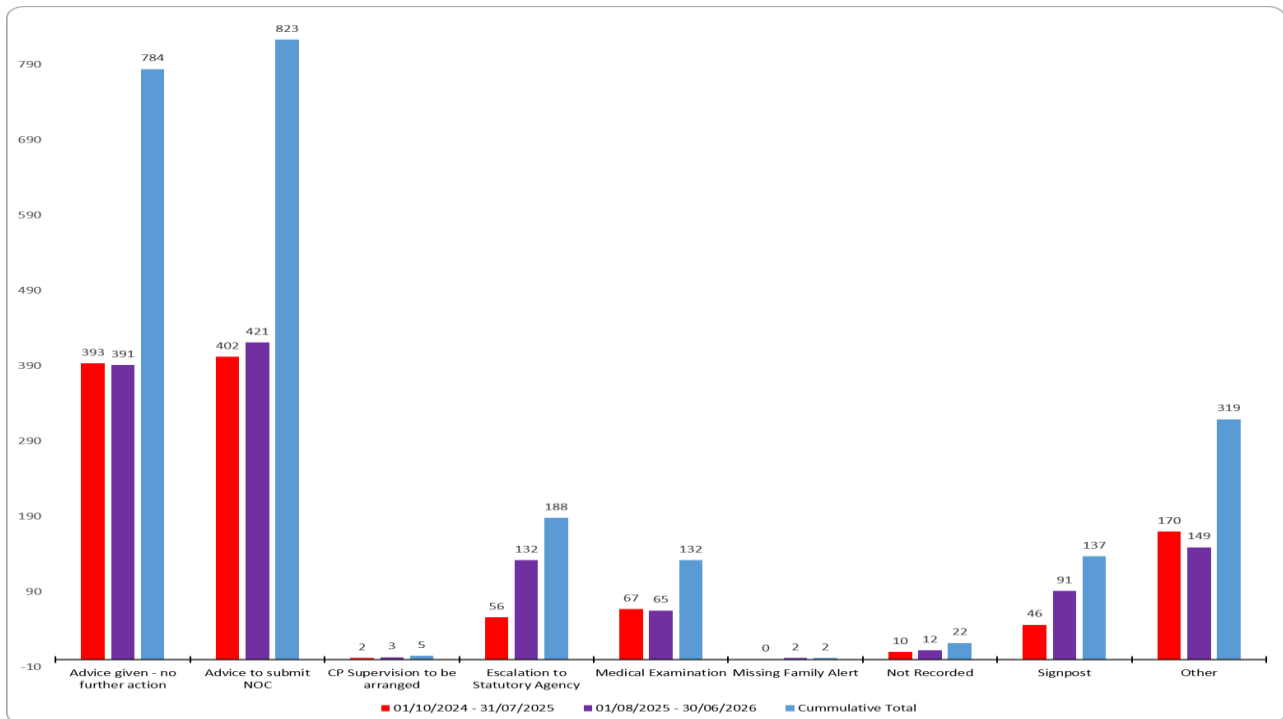


Figure 18: Outcome of Call During October 2024 – July 2025 (n =1146) and August 2025 – June 2026 (n=1266).



Adult Support and Protection Advice Line Calls

Since the Public Protection Service advice line began accepting Adult Support and Protection calls in February 2024, 163 calls have been received, indicating relatively low uptake. Calls have related to a range of concerns involving adults at risk, including sexual abuse, emotional abuse and self neglect. The advice line continues to be promoted to staff to support awareness and use.

Figure 19: Number of Advice Line Calls by Area of Caller During October 2024 – July 2025 (n=77) and August 2025 – June 2026 (n=89)

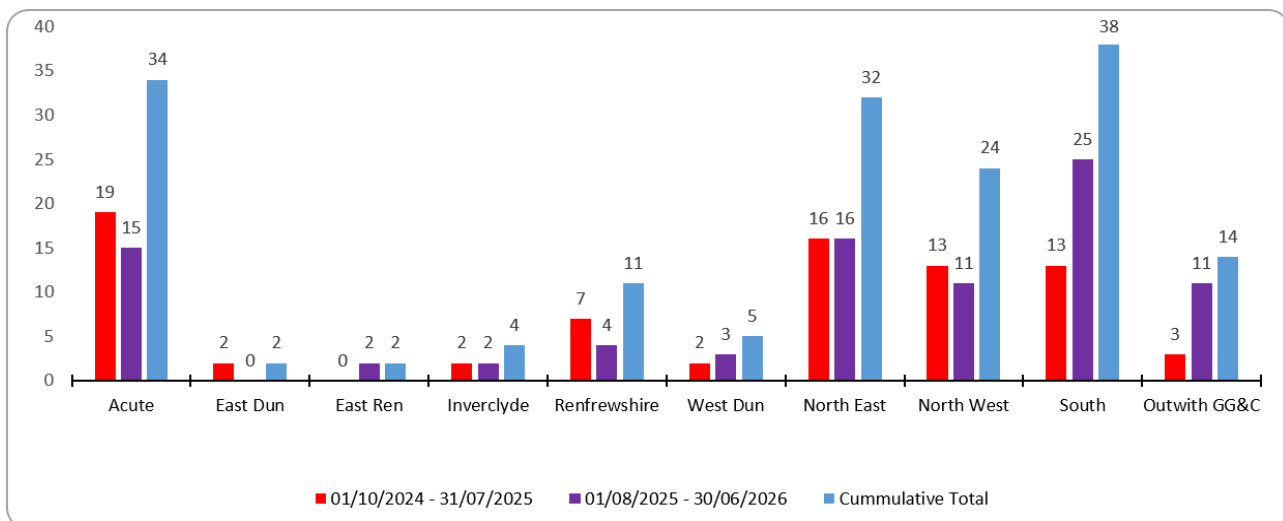


Figure 20: Number of Advice Line Calls by Area of Adult During October 2024 – July 2025 (n=77) and August 2025 – June 2026 (n=89)

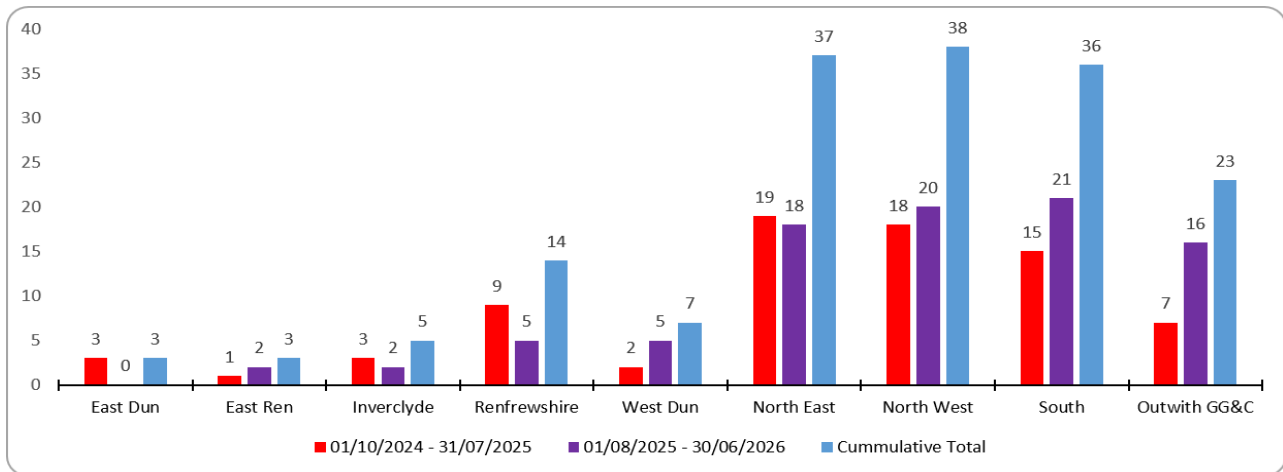


Figure 21: Primary Reason for Advice Line Calls During October 2024 – July 2025 (n=77) and August 2025 – June 2026 (n=89)

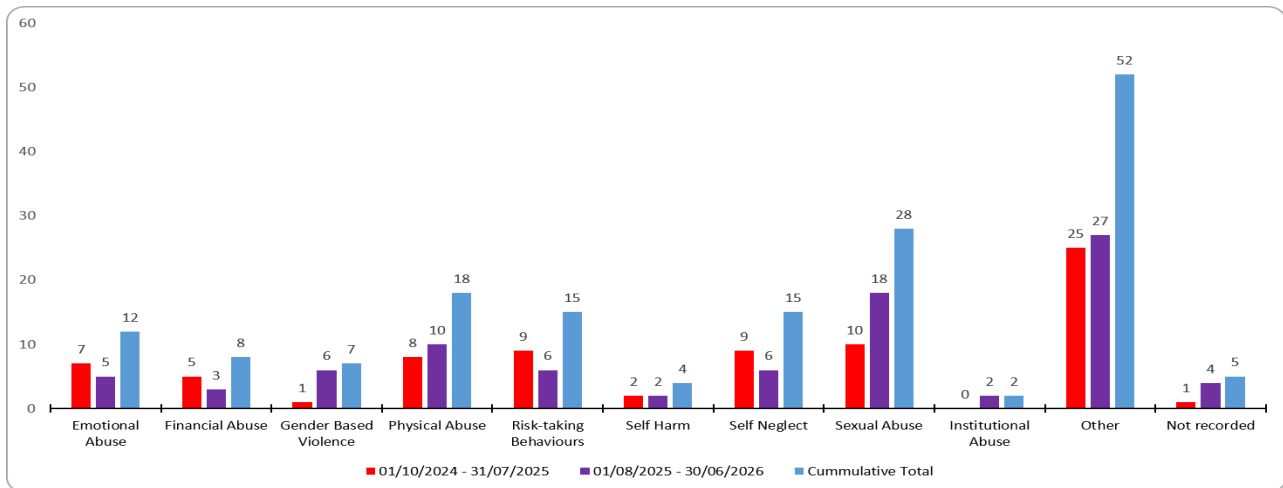
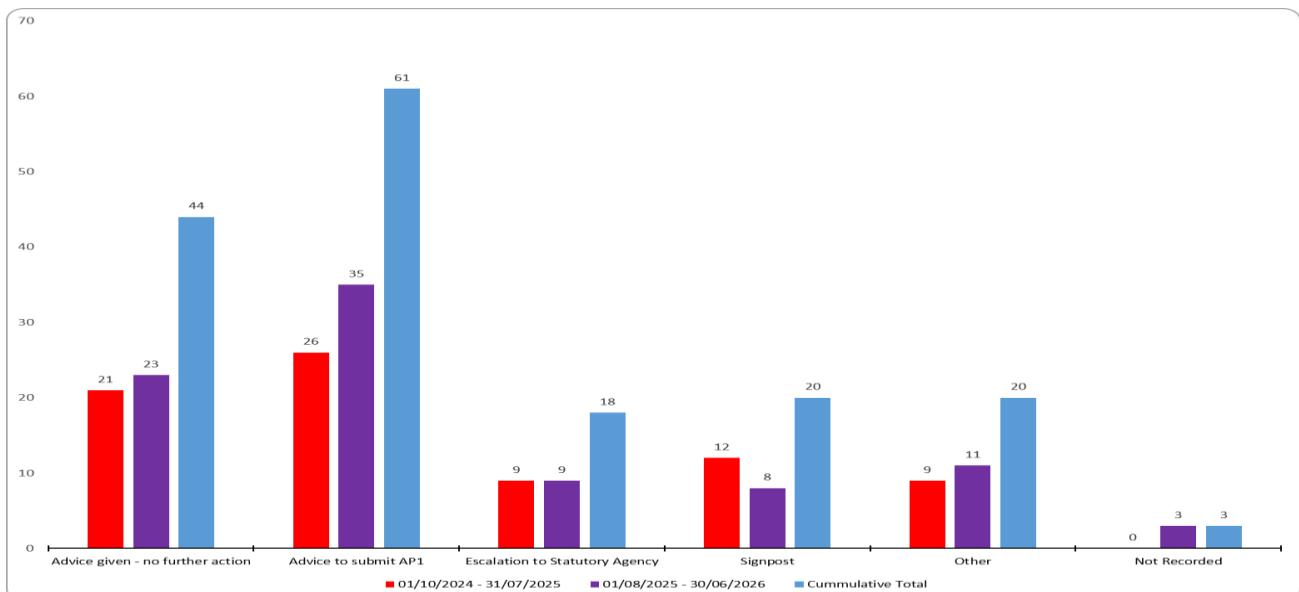
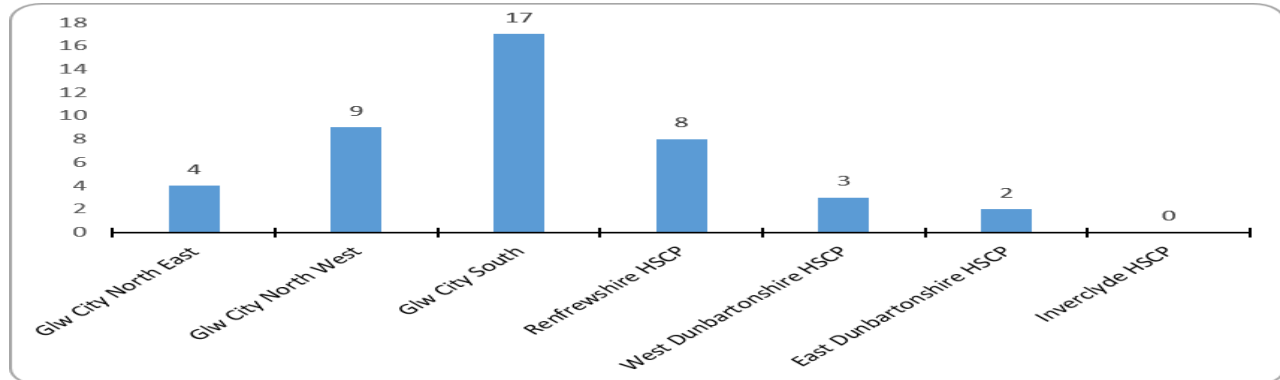


Figure 22: Outcome of Advice Line Calls During October 2024 – July 2025 (n=77) and August 2025 – June 2026 (n=89)



Child Protection Supervision Activity 2025/26

Figure 23: Details of the Number of Child Supervision Sessions Delivered to Family Nurse Service by Health and Social Care Partnership August 2025 – June 2026



Each Children and Family Services team should receive three triadic child protection supervision sessions each year, in line with NHS GGC Supervision guidance. Between August 2025 and June 2026, 8 sessions were delivered from a possible 153.

This reduction reflects the pause in Child Protection Supervision for health visiting and school nursing due to reduced staffing and the need to prioritise other service requirements. Family Nurse Partnership supervision has continued in line with licensing requirements. Supervision for complex cases has also remained built into the daily rota, supporting timely advice, reflective discussion and safe decision making.

A revised supervision approach for the Family Nurse Partnership was introduced as part of the risk assessment control measures during the period of reduced capacity. This has strengthened access to timely support and will continue as part of future supervision arrangements. Plans to recommence child protection supervision are reviewed regularly through the dynamic service risk assessment and remain dependent on successful recruitment to vacant PPNA posts.

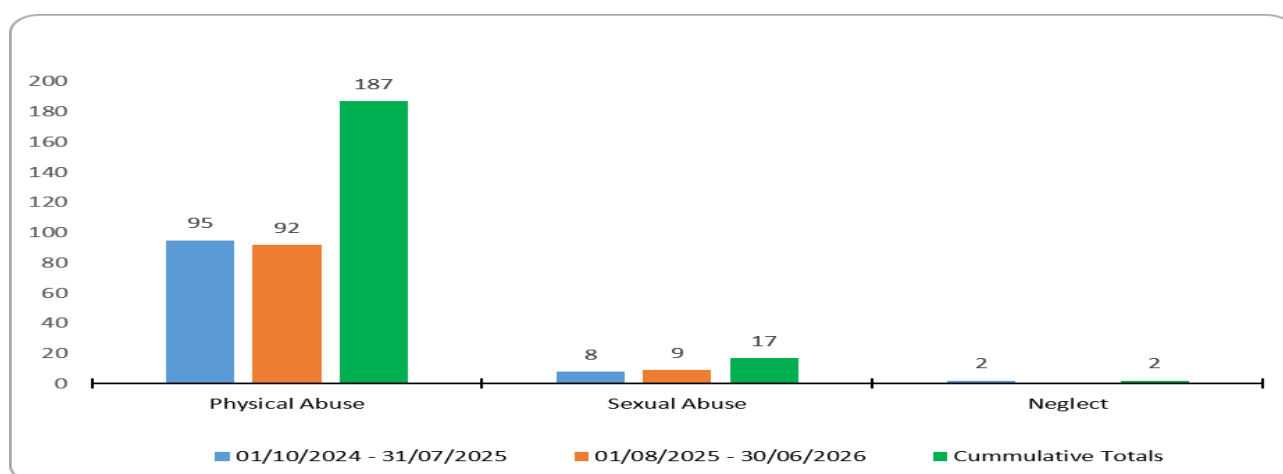
Appreciative Inquiry into Child Protection Supervision across NHS GGC

During 2025–2026, an Appreciative Inquiry approach was used to explore Child Protection Supervision arrangements across NHS Greater Glasgow and Clyde. This strengths based method supported constructive engagement with practitioners, enabling the service to identify what is working well, understand the conditions that support effective supervision and build on existing good practice. Feedback showed strong commitment to child protection supervision and broad agreement on its value in supporting reflective practice, professional confidence and decision making. Although views differed on preferred supervision models, this largely reflected practitioner experience, local context and individual preference rather than agreement on a single approach. The findings provide assurance on current strengths and identify opportunities to improve consistency, quality assurance and continuous improvement.

Medical Examinations 2025/26

Our specialist child protection consultant paediatricians undertake medical examinations and provide expert opinions about children who have been abused or neglected as part of multiagency arrangements to protect children. Data is shared with the respective local statutory Child Protection Committees as part of their Minimum Data Set supporting robust analysis of child protection processes.

Figure 24: Medical Examinations held between October 2025 – July 2025 (n=105) and 01/08/25 – 30/06/26 (n=101); sexual abuse data relates to children aged 12 years and under)



Archway Glasgow is a Scotland Sexual Assault Response Coordination Service, a dedicated NHS service specialising in caring for adolescents aged 13 -16 years, as well as to individuals aged 16-18 years who are in care, have a guardianship order, or are otherwise vulnerable and managed as young people rather than adult service users.

35 medical examinations were held between October 2025 – June 2026 as outlined in Table 6

Table 6: Archway Medical Examinations held between October 2025 – June 2026 (n=35) for adolescents aged 13 – 18 years

	13 – 15 years	16 – 18 years
August 2025	4	
September 2025	3	1
October 2025	1	
November 2025	2	
December 2025	2	
January 2026	5	
February 2026	1	1

March 2026	3	
April 2026	4	
May 2026	3	
June 2026	5	

Public Protection Significant Adverse Event Reviews and Learning Reviews

Significant Adverse Event Reviews (SAERs)

The Child Protection SAER process is established, with oversight provided by the Cross Partnership Child Protection Quality Improvement Group and learning shared through the cross HSCP group. A similar process for Adult Support and Protection cases will be developed through the Adult Support and Protection Forum Work Plan. Public Protection Service staff have led or contributed to Child Protection SAERs, with senior team members acting as Lead Reviewers. During 2025–2026, work continued to complete all outstanding SAERs as directed by the Board.

The Public Protection Service supports SAER activity and provides progress updates through the NHS GGC public protection governance structure.

Child Protection Significant Adverse Event Reviews 2025/26

From August 2025 to June 2026, 20 child protection SAERs were completed and closed. Table 7 summarises these cases by HSCP area.

Table 7: Number of Completed SAERs by HSCP, Speciality Area at Time of Commissioning and Reasons for SAER

Area	Number of SAERs
Glasgow City – South Sector	6
Glasgow City – North East Sector	3
Glasgow City – North West Sector	5
East Renfrewshire	1
East Dunbartonshire	2
West Dunbartonshire	2
Royal Hospital for Children	1
SAER Specialty Area at Time of Commissioning	

Heath Visiting	11
School Nursing	2
Family Nurse Partnership	4
General Practitioners	1
CAMHS	2
Reason for SAER	
Child death	4 (3 cases under age 1 year)
Neglect	1
Young person completed suicide	1
Non accidental Injury	9 (8 cases under age 1 year)
Poor information sharing	1
Child ingested illicit substances	1
Death of adult – drug related child present	1
Mental health concerns	1
Sexual Assault	1

The NHSGGC Cross HSCP Quality Improvement Group monitors ongoing and closed Child Protection SAERs to ensure Board wide learning. The second annual SAERs/Learning Review thematic report will be presented to the Child Protection Forum in September 2026.

Key Learning from the SAERs Include:

- Information sharing- assumptions made about information being known
- Gaps in information sharing at points of transitions between workers
- Professionals not escalating concerns
- Lack of quality of assessments and recording within records
- Limited use of child protection supervision
- Training on Child Complex Care Protocol
- Application of the Was Not Brought Guidance
- Understanding and application of Getting it Right For Every Child
- Use of Vulnerable Family Multi Disciplinary Team Meetings in General Practice
- Professional curiosity

Adult Protection SAERs

From August 2025 to June 2026, 5 Adult Support and Protection SAERs were completed and closed. Table 8 summarises these cases by HSCP area.

Table 8: Adult Support and Protection SAERS by Commissioning Area, Service Area and Main Reason for SAER

Commissioning Area	Service Area	Main Reason for SAER
North East HSCP	ADRS	Death
Renfrewshire HSCP	CMHT	Attempted Suicide
Renfrewshire HSCP	CMHT	Suicide
Glasgow City - South	CMHT	Failure to escalate self-neglect
Glasgow City - North East	CLDT	Unexpected death

Key Learning from the SAERs include the following

- EMIS should be update following an adult death
- Mental Health Services should be invited to Social Work planning meetings
- All agencies should be involved in discharge planning
- All staff involved with patients should be notified on ASP
- Audit of outpatient letters regarding medication changes
- Develop protocol to cover unexpected leave
- Standing Operating Procedure to be introduced ensuring key workers notify all staff of patient death
- Ensure clinicians are familiar with ASP legislation and responsibilities
- Explore options to ensure that self neglect is appropriately addressed without requiring inpatient admssion
- Ensure high risk patients are on risk register
- Increase staff awareness of low weight guidance
- Risk assessment training

Learning Reviews and Key Themes Identified for Children and Adults

Child and Adult Support and Protection Learning Reviews involve agencies, individuals, and families to identify lessons and improve future systems and practices for greater protection. For children, the review process is based on the United Nations Convention on the Rights of the Child. HSCP Committees commission these reviews.

Child Protection Learning Reviews

A total of 7 reviews have been completed and published between August 2025 – July 2026.

- Family C Glasgow Child Protection Committee
- Family B Glasgow Child Protection Committee
- Thematic Review – Young People Exposed to GBV Glasgow Child Protection Committee
- Child AH Glasgow Child Protection Committee
- Child 5 Renfrewshire Child Protection Committee
- Child 4 Renfrewshire Child Protection Committee
- Child M1 and M2, commissioned jointly by West Dunbartonshire CPC and Dundee Children at Risk Committee (DCARC)

There were multiple recommendations for health within each of the respective reviews. The following themes provide insight into priority areas.

Key Themes Included:

Agency awareness of the role of the Reporter

- Patterns of non engagement could be addressed at an earlier stage by strengthening or developing current systems.
- The use of dissent, including processes for review, at Inter-agency Referral Discussions and Child Protection Case Discussions/Conferences.
- Safeguarding of surviving children where there is an investigation into the death of a child from the same family/household.
- Engagement of fathers in assessment and intervention.
- Contextual safeguarding approach and understanding.
- Response to notifications of concern including dissent and escalation.
- Where a child or young person dies there should be consideration at a national level as to how parents receive postmortem reports.
- Where concerns for a child's welfare are related to unhygienic or dangerous home conditions it is important that there is consistency in the ongoing assessment-neglect toolkit should be used to assess.

Family C Learning Review

A Learning Review was commissioned by Glasgow Child Protection Committee to consider the four children within this family who had all previously been on the Child Protection Register for physical neglect, parental drug use, emotional abuse and non engaging family. The review was led by an independent reviewer, Judith Tait, with Professor Alexis Jay providing expert advice.

The two older children, Child A and Child B fully engaged with the review and provided important insight.

“Staff should be talking to the kids more, taking them out to talk to them without the adults, watching how they are acting, watching the adults. Paying attention to the little things and coming out more to see what’s going on”

“It’s not safe enough to tell anyone about what’s going on when living with them [...]”
“People in the community knew”

Key learning include:

- The individual child’s voice and experiences take prominence within recording, assessments, decision making and planning, single and multiagency.
- Professional opinion given as part of assessment and decision making is always supported by factual evidence of a child’s health, wellbeing and safety.
- Professional supervisors and managers demonstrate oversight and accountability for the work and provide critical reflection for the work of staff.
- Staff are confident in recognising and responding to neglect as harm. This includes children’s dental services.

The final report, along with the delivery of its findings and recommendations, will be overseen by the Public Protection COG and the CPC. The report and findings have been discussed at the Public Protection Forum and respective governance groups.

Adult Support and Protection Learning Reviews

Whilst there are 9 learning reviews underway across the HSCPs there have been no completed Adult Support and Protection learning reviews undertaken between August 2025 and June 2026.

One Adult Support and Protection learning review has been completed between August 2025 – June 2026.

- Adult W Glasgow Adult Support and Protection Committee

Key Themes Included:

- The interface between children’s and adults’ services, including transitions processes.
- Multiagency responses to escalating suicidal behaviours.
- Availability of resources and interventions for older children and young people.

Bairns Hoose – North Strathclyde Partnership Pathfinder

The Bairns’ Hoose model reflects Scotland’s commitment to a child centred, rights based response for children who have experienced trauma, aligned with Barnahus principles. It brings health, justice, protection and recovery together within a coordinated pathway to reduce re-traumatisation and improve outcomes for children and families.

Established in 2020, the North Strathclyde Bairns Hoose Partnership is a Scottish Government Pathfinder and remains the most advanced partnership developing the model in Scotland. It comprises East Renfrewshire, East Dunbartonshire, Inverclyde and

Renfrewshire Councils, working with Police Scotland, NHS Greater Glasgow and Clyde, COPFS, SCTS, SCRA and Children First.

The partnership continues to progress implementation of the “4 Rooms” model across Protection, Justice, Health and Recovery. The established Protection Room is supported by a joint Police and Social Work forensic interviewing team, which undertakes Joint Investigative Interviews for children referred following a child protection Interagency Referral Discussion. Children First provides trauma recovery, support and advocacy for children and families from interview through court and beyond. A fully operational court suite is in place, where 33 children have given evidence to Paisley Sheriff Court over the past year, supported by the dedicated Bairns Hoose Procurator Fiscal.

During 2024/25 and 2025/26, the Scottish Government funded a Senior Nurse post as a Pathfinder test of change. Recruitment was affected by job evaluation delays and short term annual funding. To support early scoping of the role, the Lead Nurse for Child Protection was released for 11 days between January and March 2026. Recruitment to the Senior Nurse post in June 2026 completed the Four Room Model, with the role focused on Bairns Hoose Standards 8 and 9, including comprehensive health assessment and stronger pathways into children’s health services.

Agreement has been reached for the four HSCPs to jointly fund the Senior Nurse role on a permanent basis. The post will be clinically line managed by the Health for All team within Specialist Children’s Services, with learning reported through the North Strathclyde Strategic Oversight Group and the Public Protection Forum.

Continuation beyond the Pathfinder phase will depend on evaluation findings and evidence of ongoing need. The 2026/27 funding request is £95,916, with £71,937 identified for nine months. With national roll out of the Bairns Hoose model expected to begin in 2027, continued development of the health contribution in North Strathclyde will support early testing, learning and service development, helping to inform wider implementation across NHS Greater Glasgow and Clyde.

A strategic health planning meeting in September will engage key stakeholders on current activity and future plans across NHS GGC. This work will help build the knowledge, infrastructure and practice needed to prevent fragmented healthcare input, reduce variation in standards and enable more timely health assessments for vulnerable children and young people.

Children and families report positive experiences of giving evidence through Bairns Hoose, alongside positive feedback on the interview process and recovery support. The impact of the model is evidenced through both measurable outcomes and lived experience:

“In all the low and rubbish times of the last 18 months, you have been a calm base for me to return to... the connection with Bairns’ Hoose might have saved my life. I feel proud of myself—I’ve taken so many huge steps forward.” (Child)

Staff Communication

Public Protection SharePoint Site

The Public Protection SharePoint site [GGC-Public Protection Service - Home](#) provides direct links to resources, including contact details, policies, guidance documents, and booking for Child and Adult Protection level 3 education sessions. Ongoing development is guided by staff feedback. Core Briefs have been distributed during the reporting period to keep staff informed.



Trakcare: Additional Alerts added to the Alert List on Trakcare

We continue to improve our electronic communication across our IT systems so that staff have access in real time to information to identify those children who are most vulnerable.

The Public Protection Service adds Child Protection Registration and Deregistration alerts to clinical records for children and young people in Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire, and East Renfrewshire. Approval has been granted from Glasgow City HSCP Child Protection Committee to commence implementing this process.

A customised, easily recognisable Public Protection Service alert icon is being developed in collaboration with acute and Trakcare colleagues following feedback from colleagues within acute. These alerts are intended to support communication patients safety and information sharing in real time.

Policies, Guidance & Framework Documents

The Public Protection Service ensure all public protection policies, guidance and framework documents are updated in line with respective review dates. Several new policies have been developed during 2025-2026.

Table 9: New and Extant Public Protection Policy, Guidance and Framework Documents

Public Protection Policy / Guidance / Framework Documents	New	Extant	Currently being updated
Public Protection Policy		x	
Neglect Policy		x	
Adult Support and Protection Guidance Document		x	
Revised AP1 Referral Process		x	
Adult Support and Protection Referral Process Wall Chart		x	
Notification of Concern Guidance		x	
Chronology Guidance for all Health Staff - Child Protection			Out for Consultation
Was Not Brought guidance for Children and Young People		x	
Emergency Department Guideline for Intoxicated Adolescents		x	
Child Protection Pathways for Children presenting to GPs		x	
Child Protection Report on Case Conferences		x	
Child Protection & Multi-Disciplinary Team Meetings in General Practice		x	
NHSGGC Child Protection Service SOP		x	
Oral Health Policy (guidance for dental staff who suspect child abuse or neglect)		x	
Procedure for the tracking of missing families children		x	
Pathways for Children Presenting to the Emergency Department		x	
Recognition and management of maltreatment of infants under the age of 1 year		x	
Guidance for Child Protection Case Supervision			Out for Consultation
Children's Complex Care Protocol		x	
Guidance for Notification of all Child Deaths		x	
Public Protection Education and Learning Framework		x	

Child Protection ED Bundle Guidance			Consultation
Pathways for children attending Neonatal Services	x		
Guidance for ASP for Emergency Departments	x		Out for Consultation
Pathways for patients admitted to PICU	x		
Guidance for Gender Based Violence for ED and MIU		x	Out for Consultation

Public Protection Governance Arrangements

NHS GGC maintains robust governance for Public Protection (see Appendix 1). All staff working within NHS GGC will be able to discharge their responsibilities and their professional boundaries through developing a workforce who are competent, confident, and empowered to speak up and act when they have concerns about the welfare of a patient.

The Protection Forum provides assurance, executive and professional oversight of Child Protection and Adult Support and Protection arrangements considering the other public protection agendas identified in the national policy: Multiagency Public Protection Arrangements, Gender Based Violence and Alcohol and Drug Services.

During 2025-2026 public protection groups have been established within the oral health Directorate and for Learning Disability Services.

Table 10: Public Protection Governance Meetings Held Between August 2025 to June 2026

Name	Date	Papers
Public Protection Forum Quarterly Meeting	29 th August 2025	Public Protection Paper
	20 th November 2025	Public Protection Paper
	5 th February 2026	Public Protection Paper
	20 th May 2026	Public Protection Paper
Child Protection Forum Quarterly Meeting	25 th September 2025	Public Protection Paper
	18 th December 2025	Public Protection Paper
	26 th March 2026	Public Protection Paper
Adult Support & Protection Forum	12 th June 2026	Public Protection Paper
Six weekly Meeting/ moved to quarterly meeting on 3 rd October 2025	3 rd October 2026	Public Protection Paper
	22 nd January 2026	Public Protection Paper

	22 nd April 2026	Public Protection Paper
Board Clinical Governance Forum - Public Protection Update 6/12 monthly	18 th August 2025	No Paper Required
	20 th October 2025	Public Protection Paper
	8 th December 2025	No Paper Required
	23 rd February 2026	No Paper Required
	20 th April 2026	Public Protection Paper
	22 nd June 2026	No Paper Required
Clinical and Care Governance Committee Public Protection Update 6/12 Monthly	2 nd September 2025	No Paper Required
	2 nd December 2025	Public Protection Paper
	4 th June 2025	Public Protection Paper

Public Protection Chief Officers Groups/Child Protection Committees/ Adult Support and Protection Committees & Respective Sub Groups.

Public Protection Service Senior Management Team members support the public protection statutory groups i.e. Public Protection Chief Officers Groups and the respective HSCP Child and Adult Support Public Protection Committees through presentation of papers, data sharing, audit activity, supporting inspections (pre, during, post) and attendance at development sessions. Highlight reports ensure key messages from meetings are shared at the relevant public protection forums to increase awareness and support effective communication. Additionally, updates and exception reports are provided to the clinical and care governance forum, primary and community care and acute clinical and care governance groups and their aligned clinical and care governance groups.

Care Inspectorate Inspections

There has been one joint inspection during 2025/26: Glasgow City HSCP Report of a Joint Inspection of Services for Children and Young People at Risk of Harm. The Public Protection Service Senior Management Team provided support to the inspection process.

National Public Protection Leadership Group Update

The National Public Protection Leadership Group (NPPLG) established in 2024 provides multi-agency leadership of public protection across Scotland. The NP PLG has developed a Work Plan to support the progression of its agenda. The NPPLG will:

- act as a multiagency forum to drive continuous improvement of public protection arrangements across Scotland through creating a supportive environment for the sharing of best practice and the development of national initiatives, with due regard to capacity;

- provide a space for local and national public protection leaders to help bring more coherence and simplification to public protection policy;
- ensure interconnectivity with related activity on prevention and early intervention, as part of Scotland's whole systems approach to improving outcomes.

The Public Protection Scrutiny Working Group – National Public Protection Leadership Group's Priority 2 – Enhancing our Culture of Learning Through Independent Scrutiny and Inspection

The Care Inspectorate, on behalf of the Public Protection Scrutiny Working Group, issued a survey to collect baseline information and reflections for discussion with Chief Officer Groups or equivalents. The goal was to inform the Care Inspectorate's approach to public protection scrutiny. The scope for public protection set out in the existing Chief Officers Resource has been adopted. This includes:

- Child Protection
- Adult Support and Protection
- MAPPA
- Violence against woman and girls
- Alcohol and Drugs
- Suicide Preventing

Public Protection Chief Officers Groups completed a brief online survey and took part in follow up discussions with inspectors. Public Protection Service SMT members have contributed to local conversations.

During October 2025, online stakeholder events offered feedback to COG representatives and other stakeholders, supporting the development of future public protection scrutiny approaches. These events were aimed at Chief Officers and senior leaders, with a focus on setting priorities and outlining key elements for public protection scrutiny.

Due to specific direction from Scottish Ministers to undertake a national review into group-based child sexual abuse and exploitation this has superseded the initial priorities identified following the public protection engagement with PPCOGs. This means that the previously agreed priority area relating to violence against women and girls and domestic abuse has been paused.

National Child Sexual Abuse and Exploitation Strategic Group

The group aims to increase cross-sectoral coordination and capability to address the risks and harms of CSAE by scrutinising existing and emerging evidence and practice to inform, prioritize and agree actions. In December 2025, Scottish Ministers formally requested a national review into group-based child sexual abuse and exploitation. The review is being led by the Care Inspectorate and HM Inspectorate of Constabulary in Scotland (HMICS), working with Health Improvement Scotland and HM Inspectorate of Education and any other scrutiny bodies as appropriate. The Review will be conducted under S.115 of the Public Services Reform (Scotland) Act 2010 and the Public Services Reform (Joint Inspections) (Scotland) Regulations 2011. Subsequent information sharing events were held in relation

to the newly established national review of group based CSAE. The review will take place over an 18-month period running from February 2026 and is split into three phases: assessment, assurance and improvement.

The first stage report scheduled for publication in summer 2026 and a final report scheduled for Autumn 2027 on completion of phase 2.

The focus for the review will be to evaluate:

- How well public protection partners are working together to prevent, identify and act appropriately on instances of group based child sexual abuse and exploitation.
- Chief Officers' Groups' level of understanding of the current scale and nature of group-based child sexual abuse and exploitation and group based child criminal exploitation in Scotland.

The review will specifically address the following 8 key themes:

- Strategic leadership, governance and challenge
- Threat assessment, data, intelligence and information sharing
- Early identification, referral and access to protection
- Survivor safeguarding, advocacy and support
- Investigation quality, disruption and prosecution
- Care experienced children and young people and other high-risk cohorts
- Workforce capability, culture and challenges
- Public protection interfaces

To support a comprehensive corporate NHSGGC health response, two health groups were established. The executive health group provided a corporate position on relevant health information for the templates and supported discussion regarding health confidence ratings. The health operational group, comprising CSMs from each Partnership area, PPS staff, sexual health and Specialist Children's Services, supported the collation of key documents and data, promoting consistency in submissions across the HSCPs and avoiding duplication. A SharePoint site was established to help colleagues access the information required for their Partnership.



Next Steps

Significant progress was made during 2025-2026 in achieving the year 2-3 deliverables outlined in the Public Protection Strategy Delivery Plan. As we move into 2026-2027, our focus will be on completing all remaining deliverables and establishing robust monitoring and reporting arrangements, supported by the Public Protection Quality Assurance Framework (PPQAF).

Development of the PPQAF dashboard was paused earlier in the year to prioritise the eIRD referral and management application workstream, with work resuming in July 2026.

Key Priorities include the following:

E Health Improvement Bundle IRD Developments

- Implementation of the IRD referral and management pathway
- Implementation of GGC Public Protection Quality Assurance Dashboard

Adult Support and Protection

- Developing IRDs for Adult Support and Protection

Transition Points

- Development of protocols for key transition points and clinical pathways for the most vulnerable

A Focus on Neglect

- Improving response to early signs of potential neglect, such as developmental concerns of infants, child diet and obesity, non attendance at school, parental mental health, and parents not engaging with services remain a priority.
- Focused learning and education to staff groups on neglect

Violence Against Woman and Girls:

- Strengthening corporate governance through the Public Protection Forum
- Embed CEL 41 within wider public protection reporting and exploring electronic data capture

Supervision

- Explore models of supervision for use within the public protection team

Learning and Education

- Scope out learning and education requirements to introduce a new model to deliver Level 3 child protection and adult support and protection learning and education.
- Generate learning to inform a future sustainable model to be delivered within PPS allocated budget.

Conclusion

This report demonstrates significant progress in implementing the NHS GGC Public Protection Strategy, *Safeguarding: It Matters to Us 2023–2026*. It provides assurance that governance, quality assurance, workforce development, learning, digital improvement and multi-agency collaboration continue to strengthen public protection arrangements across NHS Greater Glasgow and Clyde.

A consistent theme throughout the report is the importance of learning from Significant Adverse Event Reviews, Learning Reviews, audit activity and quality assurance processes. These mechanisms help identify recurring themes, strengthen systems and improve practice. They also ensure that learning recognises the profound impact of harm on individuals, including those whose lives have been lost, and on their families, friends, communities and the staff involved. This reinforces the responsibility to ensure that learning leads to meaningful and sustained improvement.

Over the next reporting period the Public Protection Service will continue to embed learning into practice, strengthen assurance arrangements, improve the use of data, support workforce capability and progress digital solutions. This will ensure that public protection remains visible, actively monitored and continuously developed, with a continued focus on reducing harm and improving outcomes for those most at risk.



References

1. Protection Strategy – Safeguarding it Matter to Us (2023) NHS Greater Glasgow and Clyde [Public Protection Strategy 2023-2026 - NHSGGC](#)
2. National Public Protection Accountability and Assurance Framework (2022) Scottish Government [NHS public protection accountability and assurance framework - gov.scot \(www.gov.scot\)](#)
3. National Guidance for Child Protection in Scotland 2021 - updated 2023 – [Link to report](#)
4. Adult Support and Protection Scotland Act (2007) <http://www.opsi.gov.uk>
5. National Child Protection Guidance in Scotland 2014 [Link to report](#)
6. CELCIS (2022) A Review of Scotland's National Indicators Relating to Child Neglect. Glasgow: Centre for Excellence for Children's Care and Protection (n)
7. Scottish Government (2023) Equally Safe 2023 – preventing and eradicating violence against women and girls: strategy. [Equally Safe 2023 - preventing and eradicating violence against women and girls: strategy - gov.scot](#)
8. Scottish Government (2008) CEL 41 Gender based violence action plan [cel2008-41.pdf](#)
9. Public Protection Learning and Education Framework January 2026 – August 2027 [792692857Public-Protection-Learning-Education-Framework-2026-27](#)

Appendix 1

Organisational Arrangements and Public Protection Structure

