

NHS Greater Glasgow and Clyde	Paper No. 25/139
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 October 2025
Title:	Public Protection Strategy Annual Report
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Report Author:	Professor Angela Wallace, Executive Nurse Director Dr Deirdre McCormick, Chief Nurse – Head of Public Protection Service

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 2024/2025.

- Public Protection continues to be an organisation priority for NHS Greater Glasgow and Clyde for 2024/2025 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 robust procedures are in place to protect the most vulnerable in society; NHS GGC Public Protection Framework and benchmark 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 2024/2025
- Public Protection Significant Adverse Events and Learning Reviews
- Staff Communication
- Policies, Guidance and Framework Documents
- Public Protection Governance Arrangements
- Next Steps
- Conclusion

3. Recommendations

The Board is asked to note the following recommendation:

- To note the content of the Public Protection Annual Report 2024/2025 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:

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Neutral</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement and Communication

The Annual Report was presented to the Public Protection Forum on 29 August 2025, the Corporate Management Team on 1 September 2025, and the Board Clinical Care Governance Committee on the 4 September 2025.

7. Governance Route

Public Protection Forum – 29 August 2025

Corporate Management Team – 1 September 2025

Clinical and Care Governance Committee – 4 September 2025

8. Date Prepared & Issued

Prepared on: 14 October 2025

Issued on: 22 October 2025



NHSGGC Public Protection

Annual Report 2024/25



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EXECUTIVE SUMMARY

This report presents the second annual overview of the Public Protection Strategy for NHS Greater Glasgow and Clyde (NHSGGC). It highlights the key actions, achievements, and future priorities aimed at safeguarding vulnerable populations including babies, children, young people, and adults at risk of harm. The document emphasizes collaborative multi-agency approaches, workforce development, quality assurance, and the integration of digital solutions to enhance protective services.

Vision and Service Overview

The Public Protection Service aims to reduce harm to vulnerable individuals by working collaboratively across health services and partner agencies. The team includes leadership roles such as the Chief Nurse, Public Protection Medical Lead, Consultant Paediatrician, Lead Nurses for Child Protection and Adult Support and Protection (ASP), Public Protection Nurse Advisors (PPNA), and administrative staff. Core functions include providing evidence-based advice, medical examinations for child protection, fostering a culture of learning, delivering education, supporting inspections, evaluating processes, and ensuring governance and policy development aligned with national standards.

Strategic Outcomes and Frameworks

The Public Protection Strategy, "Safeguarding it Matters to Us," approved by the Board in October 2023, focuses on early prevention, harm reduction, consistent quality assurance, governance, risk management, collaborative working, learning from incidents, and staff competency. The strategy aligns with the National Public Protection Accountability and Assurance Framework (2022), which sets standards for leadership, governance, training, multi-agency collaboration, and medical response. NHS GGC's Quality Assurance Framework encompasses 54 sub-standards across eight key areas, with 156 measures tracked for compliance and progress.

Progress as of August 2025 shows 81 (52%) of measures fully met, 66 (42%) partially met, and 9 (6%) not met, with responsibilities divided between the Public Protection Service and Executive Leads / Directors / Chief Officers.

Workplan Progress

The delivery plan for 2023–2026 breaks down objectives and associated actions by year. Notable progress has been made. For example, 24 (30%) of child protection actions are complete, with 41 (51%) in progress; adult support and protection actions show 10 (16%) complete and 34 (56%) in progress; the Public Protection Service has completed 52 (56%) of its actions with 38 (41%) in progress.

Workforce Development

Workforce challenges include managing staff absences and maintaining specialist expertise. Due to the specialist nature of the service and required expertise, any staff absence can significantly affect service delivery. Modernisation efforts include updating

administrative roles and developing a proposal to test a model to deliver level 3 Child Protection and ASP education. Senior leaders actively participate in numerous national groups to influence policy and practice.

Inter-Agency Referral Discussions (IRDs)

An inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and joint decision-making following reported concerns about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and brothers or sisters or other children within the same context. The Public Protection Nurse Advisors (PPNAs) analyse health information and contribute expert advice. IRD activity has increased annually, with 3,992 IRDs recorded in 2024–2025. Data for the reporting period of the annual report October 2024 – July 2025 shows a slight decrease in IRD activity (attributed to reduced reporting period i.e. 10 months) and school holidays. Most IRDs involve school-aged children, primarily for emotional care or neglect concerns. Outcomes demonstrate that only 3% of IRDs resulted in no further action, with the majority leading to investigations or support interventions.

Adult Support and Protection IRDs are being developed similarly, with pilot testing underway since February 2025. Data indicates sexual abuse, emotional abuse, and self-neglect as main concerns, with single agency investigations being the most common outcome.

Digital Transformation and Data Management

A significant project is underway to implement an electronic solution using Microsoft PowerApps and PowerBI to streamline referral, analysis, IRD meetings, outcome documentation, auditing, and reporting processes. A pilot in West Dunbartonshire HSCP began proof of concept testing in November 2024, with phased development continuing despite resource challenges. This digital transformation aims to improve data integrity, security, user accessibility, system integration, scalability, and advanced analytics to support decision-making and education.

Education and Learning

The Public Protection Learning and Education Framework guides training delivery to ensure staff have the knowledge and skills required for their roles. Level 3 training is delivered regularly by PPNAs, with recent developments including an electronic evaluation tool. IRD activity and staffing constraints due to maternity leave, vacancies and sickness absence impacted training delivery in 2024. Bespoke training sessions for GPs and medical staff have been positively received. A new online database and reporting dashboard are being developed to monitor mandatory and professional training compliance. An initiative to establish a dedicated learning and development team for level 3 Child Protection and ASP training is proposed to enhance capacity, sustain training delivery, and integrate digital monitoring tools.

Advice Line Supervision

The Public Protection Service operates an Advice Line for Child and Adult Support and Protection concerns, with increasing calls related to emotional and physical neglect.

Child Protection Supervision

Supervision sessions, essential for complex case management and staff support, were partially delivered due to workload pressures. The Family Nurse Partnership service continues to receive supervision as per licensing agreements.

Significant Adverse Event Reviews (SAERs)

Eleven child protection SAERs were completed between October 2024 and August 2025, covering various HSCP areas and specialty services. Key learning include improving cross-boundary care, record keeping, professional curiosity, and communication involving fathers. Two adult support and protection SAERs were also completed, highlighting the need for awareness of psychological harm and referral processes.

Learning Reviews

Child and Adult Support and Protection Learning Reviews involve agencies and families to improve future safeguarding practices. Four child protection and three adult support and protection reviews were completed during the reporting period. Themes include clarifying thresholds for protection, addressing neglect, enhancing cross-border communication, promoting professional curiosity, and listening to the voice of adults at risk.

PREVENT

PREVENT, part of the UK Counter Terrorism Strategy, aims to stop radicalisation. NHS GGC has integrated PREVENT responsibilities within its Public Protection Service, including a dedicated mailbox and trained Lead Nurses. Referrals are assessed by specialist police and multi-agency panels to provide tailored support for individuals at risk.

Communication and Electronic Alerts

Efforts continue to improve electronic communication systems to provide real-time alerts for vulnerable children, including child protection registration and risk alerts within clinical records. A distinct Public Protection alert icon is being developed to enhance visibility for healthcare staff.

Policies and Guidance

The Public Protection Service maintains and updates policies, guidance, and frameworks in line with review schedules. Some documents are currently under consultation or pending approval.

Governance and Inspections

Robust governance structures oversee public protection, with regular meetings of forums and committees, including the Public Protection Forum, Child Protection Forum, Adult Support and Protection Forum, and Clinical and Care Governance groups. The service supports statutory public protection Committees, inspections, and HSCP development.

sessions. Two joint inspections occurred during 2024/25, with NHSGGC Public Protection Service senior management providing support.

National Leadership and Scrutiny

The National Public Protection Leadership Group (NPPLG), established in 2024, drives continuous improvement and coherence in public protection policy across Scotland. The Public Protection Scrutiny Working Group focuses on enhancing learning through independent scrutiny and inspection. Work is currently underway with Chief Officer Groups and stakeholders to inform future approaches.

This report highlights the ongoing commitment of NHSGGC to protect vulnerable populations.

Introduction

This is the second Public Protection Strategy Annual Report, detailing the actions taken to enhance services aimed at protecting vulnerable individuals in the community. It summarises the activities and accomplishments from the past year and outlines future plans. The report highlights NHSGGC's ongoing commitment to protecting vulnerable populations through strategic leadership, multi-agency collaboration, workforce development, digital innovation, and continuous learning from incidents and reviews.

Introducing Our Team

Our Vision

Our Vision is to reduce the risk of harm to babies, including the unborn, children, young people and adults in our communities. We do this by working together across all our health services and our multi agency partners.

We are committed to providing a high quality public protection service that provides leadership, support and works in collaboration to keep people safe and protected from harm.

Our Public Protection Team has a key role in the provision of leadership, professional expertise and support to a wide range of stakeholders. The team comprises a Chief Nurse-Head of Service; Public Protection Medical Lead; Consultant Paediatrician; Lead Nurse Child Protection; Team Leader; Lead Nurse Adult Support and Protection; Public Protection Nurse Advisors (PPNAs); Administration Manager and an administration 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 develops a culture of learning that is reflective and adaptive; which will include 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



Care and
Compassion



Dignity and
Respect



Openness, Honesty,
Responsibility



Quality and
Teamwork.

As the Public Protection Service continues to transition from a Child Protection Unit to include ASP within its business, we continue to ensure that staff are provided with the requisite education and learning opportunities relevant to their current and future roles.

Our Public Protection Lead Nurses continue with their respective master's programmes; one of the recently recruited PPNA's who joined the service at the end of August commenced the Post Graduate Certificate in Child Protection in September 2025; a PPNA is currently being supported to undertake a Master Programme in Leading Person Centred Integrated Care which commenced in September 2025. The PPS team have participated in civility saves lives learning and education session. The team continue to develop positive and strong relationships with our partner agencies enabling safe, effective and person-centred discussions.

Meeting schedules ensure all members of the Public Protection Service team have a firm grip of the issues specific to their roles. This involves six weekly 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 (PPNAs) and administration team meetings chaired by the respective line managers; and monthly PPS team meetings. Daily huddles take place every morning with our acute medical colleagues

to support effective communication regarding inpatient cases and to discuss specific cases to be presented at IRD meetings as / where appropriate.

Public Protection Service Workforce

During 2024 – 2025 attention has been given to the Public Protection Service workforce and meeting the specific challenges in fulfilling all requirements of the service whilst maintaining a focus on current and future developments. A project proposal to pilot a new delivery method for level 3 CP and ASP education has been developed and updated. The administration team's job descriptions for Bands 3, 4, and 5 were modernised in 2025 following a review. Skill mix changes have been introduced which include the addition of a Band 2 and the conversion of a Band 4 post to Band 3 to support digital service improvements and reduce manual work.

Due to the specialist nature of the service and required expertise, any staff absence can significantly affect service delivery. The team must remain flexible to manage service demands and cope with vacancies, maternity leave, and sickness.

The Senior Management Team are active participants in a range of national groups where we continue to make a material contribution to the business.

National Meetings attended by Senior Managers / Professional Leads within Public Protection Service 2024/25

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	
RCPH Scottish Child Protection Sub Committee	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	
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	

NHSGGC Public Protection Strategy

The annual report outlines the substantial progress achieved in implementing the deliverables outlined in our Public Protection Strategy Delivery Plan, which supports NHS Greater Glasgow and Clyde Board in effectively quality assuring its public protection responsibilities and processes. The NHS Public Protection Strategy – Safe Guarding it Matters to Us¹ was formally approved by the Board in November 2023.

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 multi agency 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 Framework

[NHS Public Protection Accountability and Assurance Framework 2022](#)² 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 asked 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. NHS GGC submitted their survey response after approval at the Public Protection Forum. A draft report has been shared with the national groups prior to its presentation to SEND.

The report gives 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.

Preliminary Analysis of Self-Assessment Data Submitted by NHS Boards Indicates the Following:

- High levels of compliance with Standards 1, 2&5 particularly in areas of leadership and accountability.
- Variable progress in Standards 4&5 where human rights-based approaches and governance integration areas still embedding in some Boards.
- Mixed implementation of Standards 7 & 8, with some Boards reporting challenging in multiagency coordination and access to specialist health assessments, particularly out of hours.
- Over 60% of responses across all standards were rated “in full”, with “in part” responses highlighted areas of ongoing development rather than noncompliance.

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	Total = 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 and Current RAG Status

Accountability for Measures	Number of Measures	Overall Status at August 2025		
Public Protection Service	93	52	38	3
Executive Leads/Directors /Chief Officers	61	29	27	5
*National Measures	2	-	1	1
Totals	156	81(52%)	66(42%)	9 (6%)

**Denotes measures which require discussion and agreement at National level*

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, we outlined our goals, associated outcome measures, objectives, and actions with defined timelines. Significant progress has been achieved in 2024/25.

Public Protection Strategy - Strategic Aims

Strategic Aim 1: We keep people safe - prevent and reduce harm (**16 Key Objectives**)

Strategic Aim 2: Our Staff are Confident and Competent (**7 Key Objectives**)

Strategic Aim 3: Our Leaders and Managers Will Ensure Competent Discharge of Services and Professional Duties (**5 Key Objectives**)

Strategic Aim 4: Our strengthened approaches between and across strategic and operational practice and processes enhance our visibility and influence (**9 Key Objectives**)

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 (**4 Key Objectives**)

Strategic Aim 6: Our quality assurance processes are SMART and developed actions consistently seek assurances of continued improvement (**7 Key Objectives**)

Public Protection Strategy Implementation Update

Whilst we await the development of the NHS GGC Public Protection Quality Assurance Dashboard and to support monitoring and oversight of progress against all measures workplans have been developed for the Child Protection and Adult Support and Protection Forums. Additional metrics are added to workplans as appropriate, based on learning review insights, SAER recommendations, and discussions in NHS GGC public protection groups and HSCPs statutory committees.

Table 3 provides a progress update utilising rag rating of all actions within Child Protection Workplan 2023 - August 2025

Table 3: Child Protection Work Plan Progress Update 2023 – August 2025

	Total Objectives	Complete	Work In Progress	Not on Track or not yet commenced
Year 1	28	18	5	5
Year 1-2	8	2	6	-
Year 1-3	2	-	1	1
Year 2	31	4	23	4
Year 2-3	11	-	6	5
Totals	80	24 (30%)	41 (51%)	15 (19%)

Table 4 provides progress update utilising rag rating status of all actions within the Adult Support and Protection Workplan 2023- August 2025

Table 4: Adult Support and Protection Work Plan Progress Update 2023 – August 2025

	Total Objectives	Complete	Work In Progress	Not on Track or not yet commenced
Year 1	17	8	7	2
Year 1-2	4	1	3	-
Year 1-3	2	-	2	-
Year 2	30	1	16	13
Year 2-3	8	-	6	2
Totals	61	10 (16%)	34 (56%)	17 (28%)

Risk Assessment and Management of Public Protection Arrangements within NHS GGC

NHS GGC must comply with legislation and statutory guidance for protecting children, young people and adults in Scotland namely the National Guidance for Child Protection in Scotland³ and Adult Support and Protection Scotland Act⁴. It is essential that NHS GGC has robust controls and processes in place to report and capture relevant events and learn lessons from them.

Risk Management Control objectives include the following:

- NHSGGC has policies and procedures in place for both child protection and adult support and protection, taking into account national guidance and legislation;
- 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 our eHealth improvement bundle 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 p24-25 of the report.

The Corporate Public Protection Risk score remains at a 9. The risk continues to be reviewed monthly including the controls in place and any action required, with updates recorded in the DATIX incident reporting system.



Public Protection Service Activity 2024/25

Interagency Referral Discussion

An inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and joint decision-making following reported concerns about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and brothers or sisters or other children within the same context. This includes an unborn baby that may be exposed to current or future risk. The decision to convene an IRD can be made by either police, health or social work and NHSGGC PPNAs are key decision makers within the IRD. Any agency can request an IRD.

IRDs are required to ensure a co-ordinated inter-agency child protection process up until the point a Child Protection Planning Meeting is held, or until a decision is made that a CPPM is not required and that alternative action is required.

The Public Protection Service PPNAs provide the health contribution to IRDs across NHS GGC. All cases presented for an IRD require the analysis of available health information in advance of the discussion which is undertaken by the PPNAs.

Since the development of the Child Protection dashboard data indicates that IRD activity has continued to increase year on year. The following detail is provided from **April – March** for the respective years.

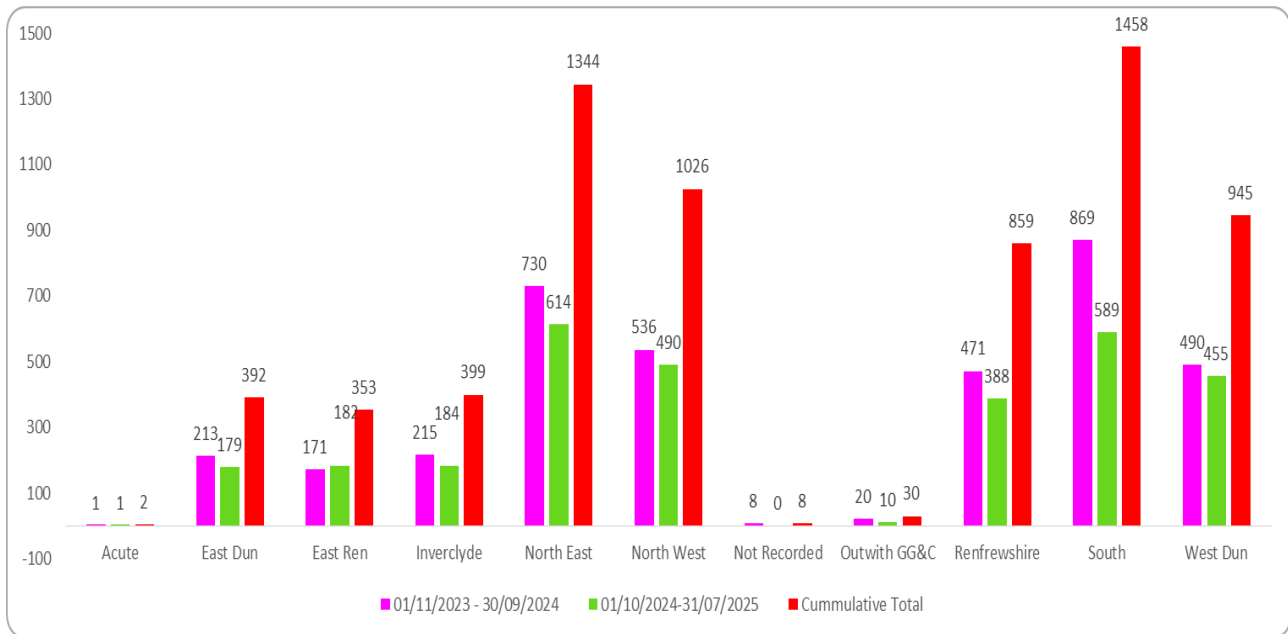
Table 5: IRD Activity April 2022 – March 2025

Reporting Period	No. of IRDs
01/04/2022 – 31/03/2023	2944
01/04/2023 – 31/03/2024	3524
01/04/2024 – 31/03/2025	3992

The data in this report covers **October 2024 – July 2025** (August 2025 is excluded as data will be available at month end). The first annual report covered November 2023 – September 2024.

Between October 2024 and July 2025 **3092** IRDs were held. Whilst this appears as a reduction in IRD activity compared to data in the previous annual report this is due to a reduced reporting period i.e. 10 months (August data not available) and school holidays.

Figure 1: Details the Number of IRDs by Area of Index Child during November 2023 – September 2024 and October 2024 – July 2025 including Cumulative Totals. 01/11/23 – 30/09/24 (n=3724); 01/10/24 – 31/07/25 (n= 3092)



Figures 2 and 3: Reason for IRD during November 2023 – September 2024 and October 2024 – July 2025 including Cumulative Totals 01/11/23 - 30/09/24 (n = 3724); 01/10/24 - 31/07/25 (n = 3092)

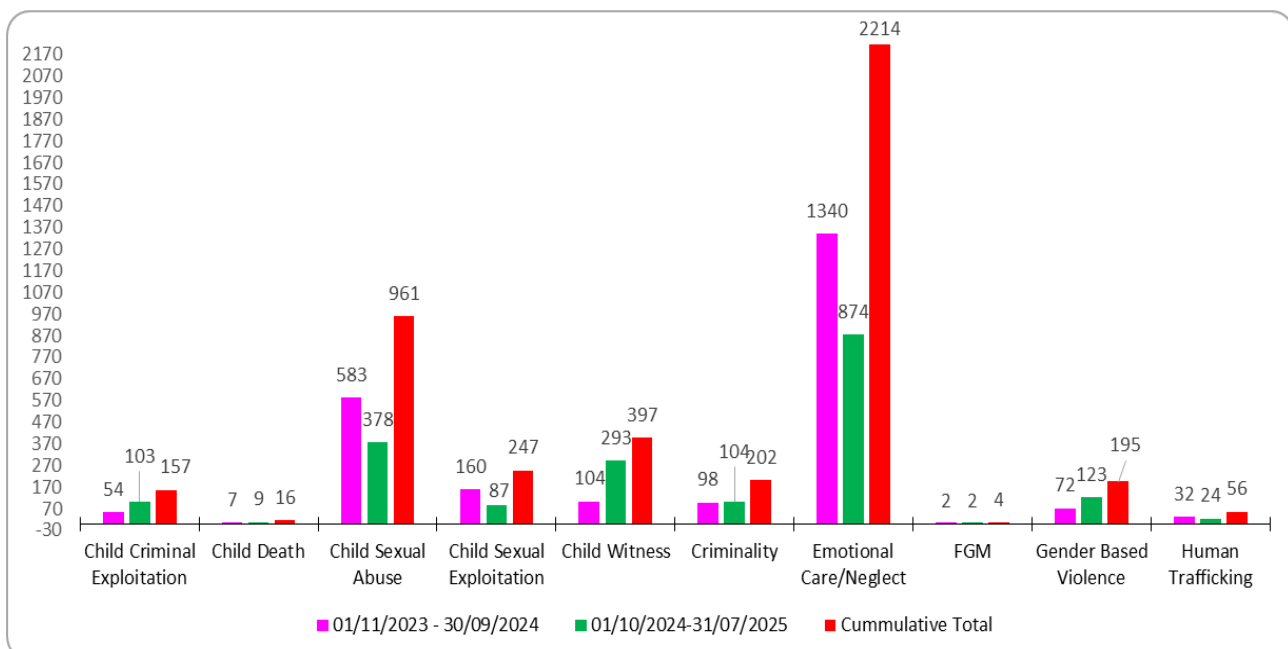
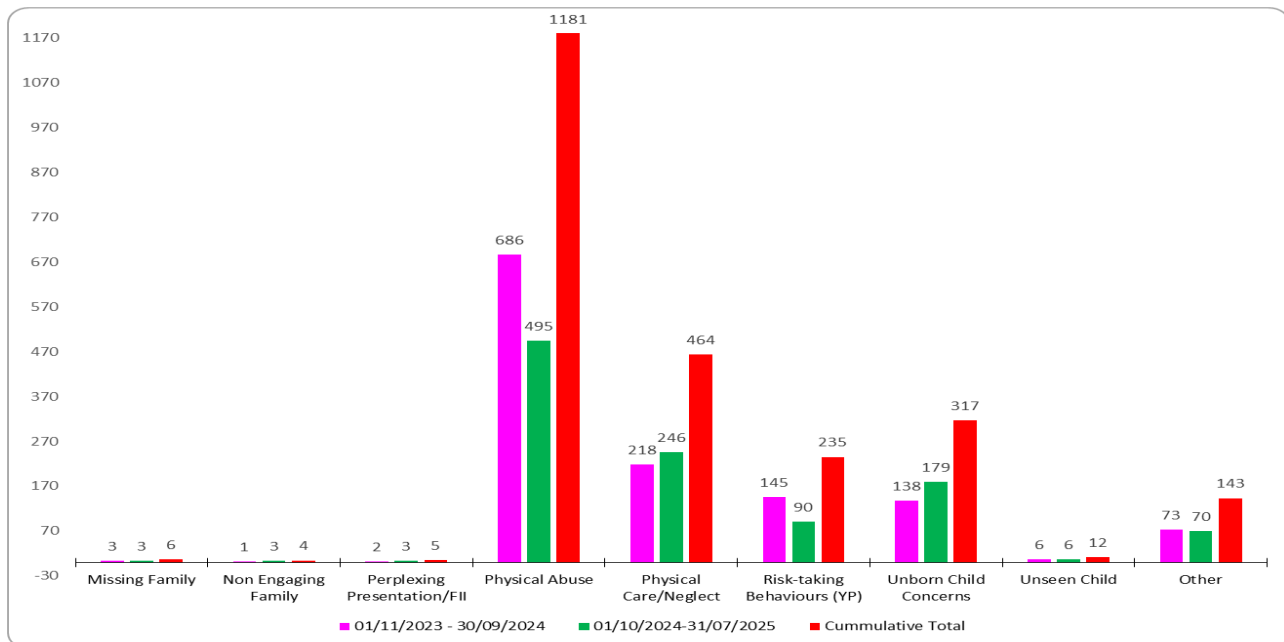


Figure 3

The majority of IRDs pertain to school-aged children, predominantly because of emotional care concerns or neglect. Neglect remains one of the most common reasons for children coming into the child protection system.

Scottish guidance defines neglect as the consistent failure to meet a child's fundamental needs, thereby placing their health or development at risk of significant harm; however, single instances may also cause considerable damage. Neglect can arise from systemic factors such as poverty and indicates requirements for both support and protection. The consequences of neglect may affect children from before birth through adolescence.

Particular emphasis has been placed on ensuring practitioners implement the Assessment of Care Toolkit. This toolkit has been developed to aid professionals in identifying and addressing the needs of children vulnerable to neglect, prioritising early intervention and collaborative practices. The Public Protection Service is currently conducting an audit of notifications of concern attributable to neglect, with the objective of determining whether the Assessment of Care Tool has been utilised to enhance the assessment process. Additionally, measures have been taken to facilitate the electronic documentation of neglect within the EMIS community child record.

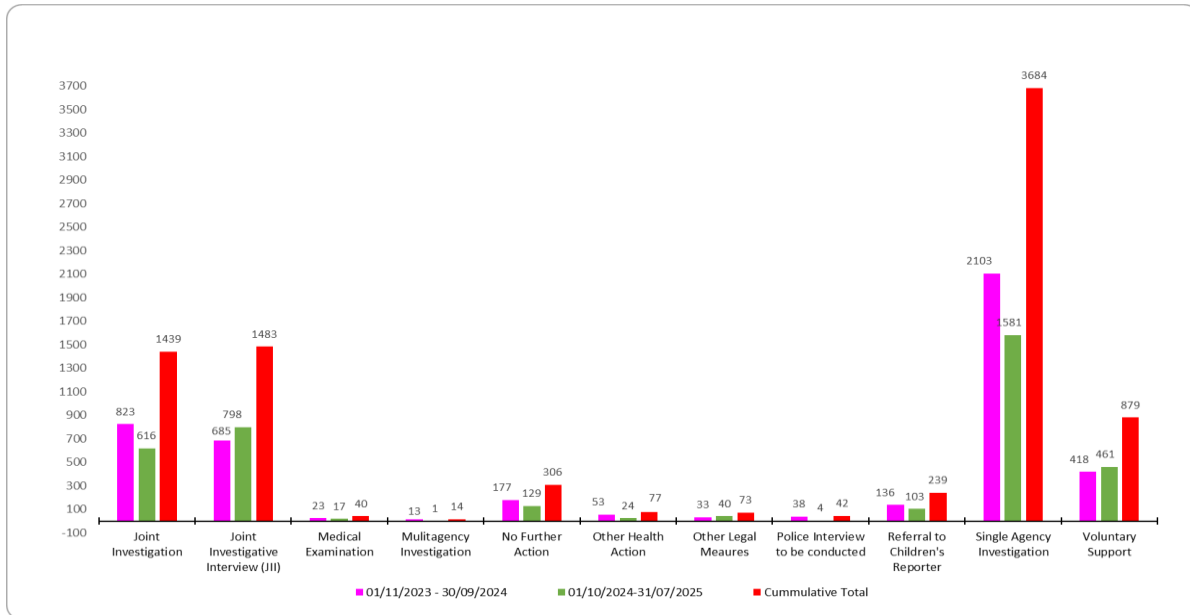
Improvements to the Notification of Concern form will permit more specific categorisation, such as distinguishing exposure to domestic violence from general emotional care or neglect. All Partnerships have reported an increase in incidents of domestic violence, highlighting the necessity for targeted improvements and strengthened oversight by statutory Committees.

It is worth noting that the number of IRDs for child criminal exploitation and child witness has risen from 54 to 103 (91% increase) and 104 to 293 (182% increase) respectively.

NHSGGC, as part of the Scottish ICON Implementation Group, has established a local group to support the rollout of the ICON programme, aimed at preventing Abusive Head Trauma (AHT). Following a successful pilot in Tayside, the programme was launched across Scotland

during National ICON Week in September 2025 in NHS GGC. Key staff have already undergone training in preparation for this launch.

Figure 4: Outcome of IRD; November 2023 – September 2024; October 2024 – July 2025 including Cumulative Totals 6816



Of the 3,092 IRDs requested in the last 10 months, 3,903 outcomes were recorded. Only 129 (3%) led to no further action, while 1,581 (41%) led to single agency investigations, 798 (20%) to joint investigative interviews, and 616 (16%) to joint investigations. These results indicate that IRD discussions benefit children and families and may help reduce harm.

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

The Public Protection Service in collaboration with the eHealth Development and Informatics team, have developed an improvement bundle to support the implementation of key deliverables outlined in our Public Protection Strategy Delivery plan. Currently, data is shared with respective Child Protection Committees to facilitate local oversight and scrutiny. However, it is acknowledged that the data sets within the Public Protection Service are not fully aligned. To address this 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 data requirements currently required for both Child and Adult referrals. Streamline the process of referrals being generated by NHSGG&C, HSCPs, and Police Scotland staff.
- **Analysis /Validation:** Upon receiving a referral, the solution will enable Public Protection coordinators to audit and take appropriate actions as needed.
- **IRD Meeting:** A designated, centralised location will facilitate transparent discussions regarding information received in connection with the referral
- **Outcome/Interfacing:** Outcomes are documented in a controlled and streamlined manner, enabling approved referrals to seamlessly integrate with existing cornerstone applications.
- **Auditing and Reporting:** The PPS will be equipped with a Microsoft PowerBI reporting tool that enables comprehensive auditing of referral-related activities.

This is an ambitious project which has the potential to provide the following benefits.

The new system should:

- **Improve Data Integrity and Security:** Ensure high standards of data accuracy, protection, and compliance with healthcare regulations.
- **Enhance User Accessibility:** Provide a user-friendly interface accessible from various devices, including mobile, ensuring ease of use for all staff members.
- **Integrate with Existing Systems:** Seamlessly integrate with other NHSGG&C IT systems, including electronic health records (EHR), patient management systems, and inventory systems.
- **Increase Scalability:** Support the growing data and user base without compromising performance.
- **Facilitate Reporting and Analytics:** Offer advanced reporting and data analytics capabilities to support decision-making, improve patient care, monitor trends and support development of staff education and training in relation to Public Protection

West Dunbartonshire HSCP is piloting an electronic solution to test its feasibility. If successful, the pilot will lead to wider implementation. Proof of concept testing began in early November 2024.

User Acceptance Testing (UAT) feedback was successfully captured in January 2025, providing a foundation for continued development and design efforts by the eHealth team from February through to late April 2025.

In April, the departure of the developer assigned to the project introduced a significant resource strain within eHealth. Through collaborative discussions and internal resource

reallocation, a temporary solution was implemented whereby a member of the development team assumed responsibility for the project alongside their existing workload.

Despite these challenges, a key milestone was achieved with the successful proof of concept for Police Scotland application accessibility. Focus then shifted to the design and development of a digital diary tailored to meet the requirements of the Public Protection Service. This phase involved extensive engagement through workshops and focus groups, culminating in a confirmed design and layout. Development commenced in late May and concluded in August 2025.

With the renewed Microsoft contract, NHS boards now have unlimited Power Platform licenses. For one year, Microsoft are offering development support for nationally significant projects. NHS GG&C eHealth Team submitted a bid to develop the IRD Adult and Child Protection Power App, which has drawn interest from multiple boards. After a positive demonstration to the MS Support partner, Robiquity, we await confirmation on moving forward as a potential national solution.

Development is now scheduled for completion by mid-September 2025, with plans to initiate a live pilot involving West Dunbartonshire colleagues towards the end of September 2025.

May - July 2024: Analysis & Project Requirements Gather

July-Oct 2024: Initial Development - Child and Adult referral form, Application Layout

Nov-Jan 2025: Proof of Concept Testing

Feb - Aug 2025: Continued development, feedback amendments and electronic diary exploration and development

Sept 2025: Go Live of Pilot - West Dunbartonshire colleagues

IRDs Adult Support and Protection

ASP processes, like those used in child protection are being established. For instance, child protection IRD forms and advice forms stored and reported via Micro Strategy in clinical portal. An additional Micro Strategy is currently being developed. Although its introduction has been delayed, we expect it to be available soon. The Micro Strategy which will be vital for providing robust data to scrutinise ASP activity across NHSGGC.

A pilot for adult IRDs began in March 2025 with Glasgow City HSCP, initially aiming for 10 IRDs per week, however actual numbers have been lower. The pilot was extended by three months to gather more data for evaluation, which includes practitioner surveys and case file reviews. Preliminary results are positive: agencies value early information sharing and collaborative decision-making, and all cases have had effective follow-up plans. Most referrals originate from Police Scotland.

Figure 5: Details the Number of IRDs by Area of Index Adult October 2024 – July 2025 (n=57)

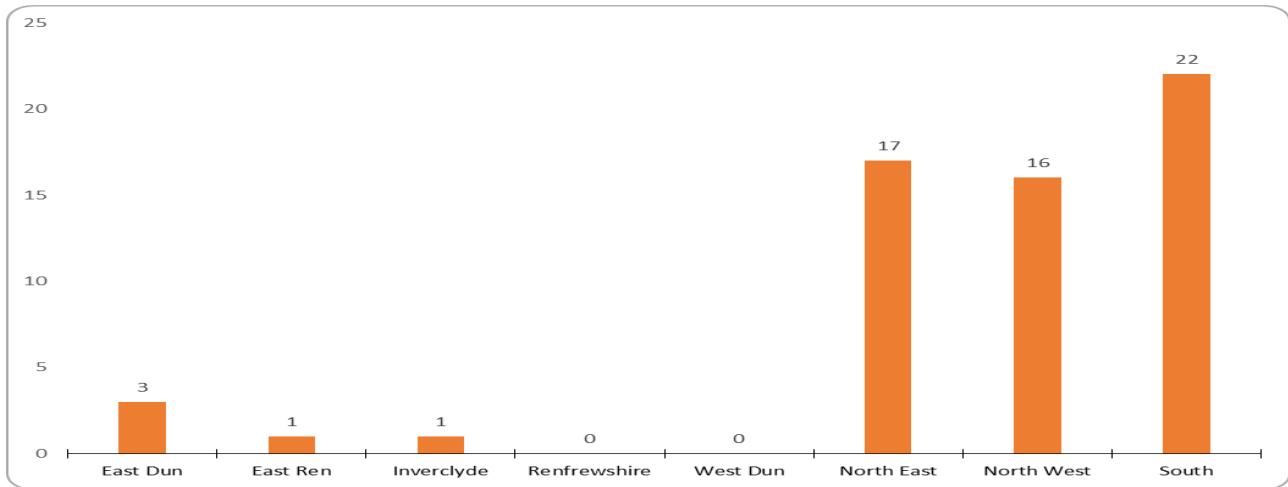
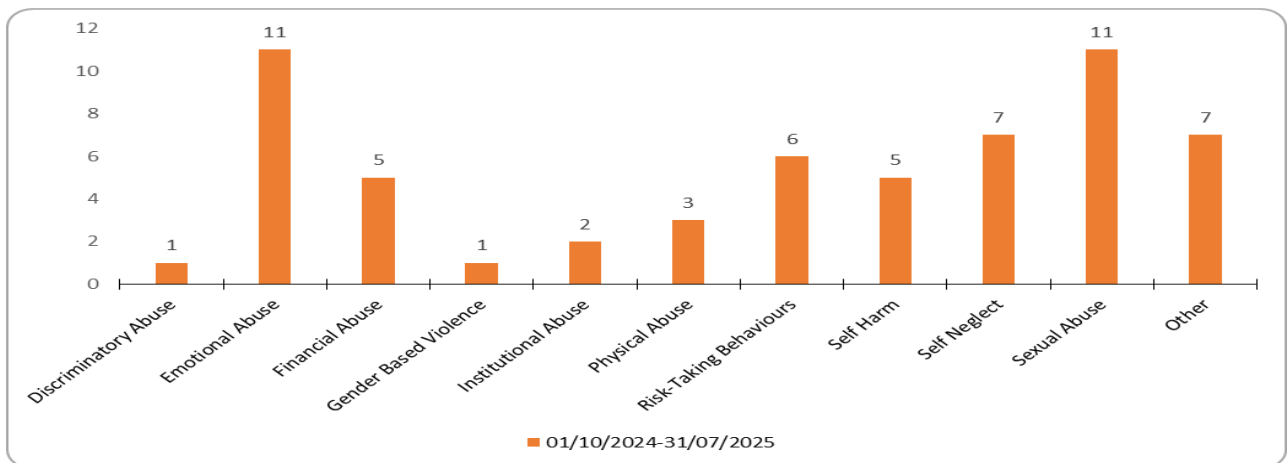
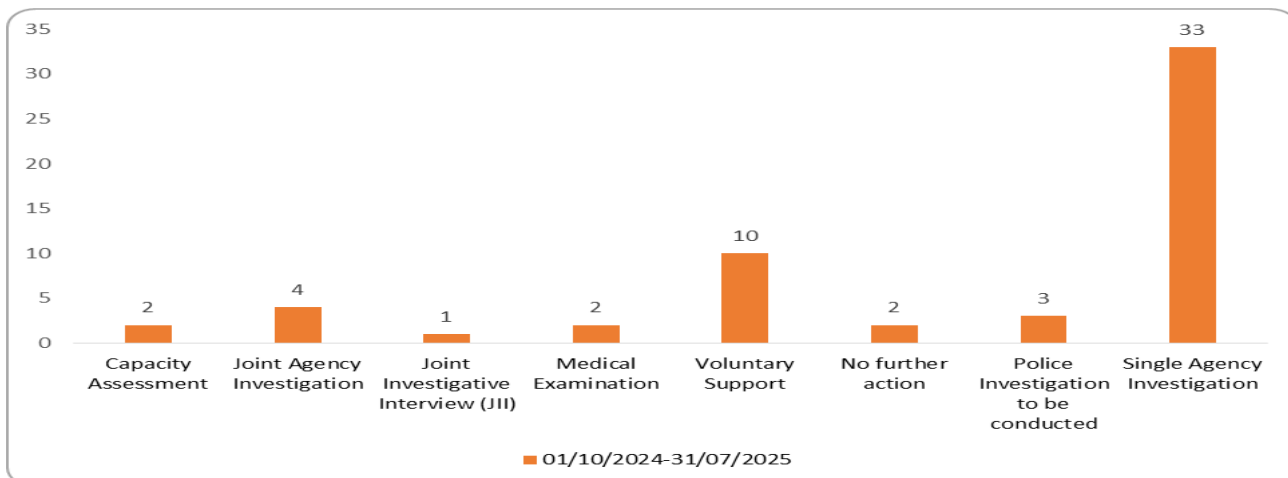


Figure 6: Reason for IRDs held during October 2024 – July 2025



The three main reasons for IRD requested were sexual abuse 11 (19%) emotional abuse 11 (19%) and self neglect 7 (12%) (n=57)

Figure 7: Outcomes for IRDs held during October 2024 - July 2025



Of the 57 IRDs conducted over the past 10 months, 2 (4%) resulted in no further action. The most frequent outcome was single agency investigation with 33 cases (58%), followed by voluntary support with 10 cases (18%) and joint agency investigation with 4 cases (7%).

AP1 Activity

Between October 2024 and July 2025, 107 AP1 forms were submitted: 84 (79%) from acute services and 23 (21%) from HSCPs. Figures 8 & 9 provide a breakdown of referrer locations. Multiple reasons for referral may be selected on the AP1 form.

Figures 8 & 9: Details the number of AP1 forms by location of referrer between October 2024 – July 2025

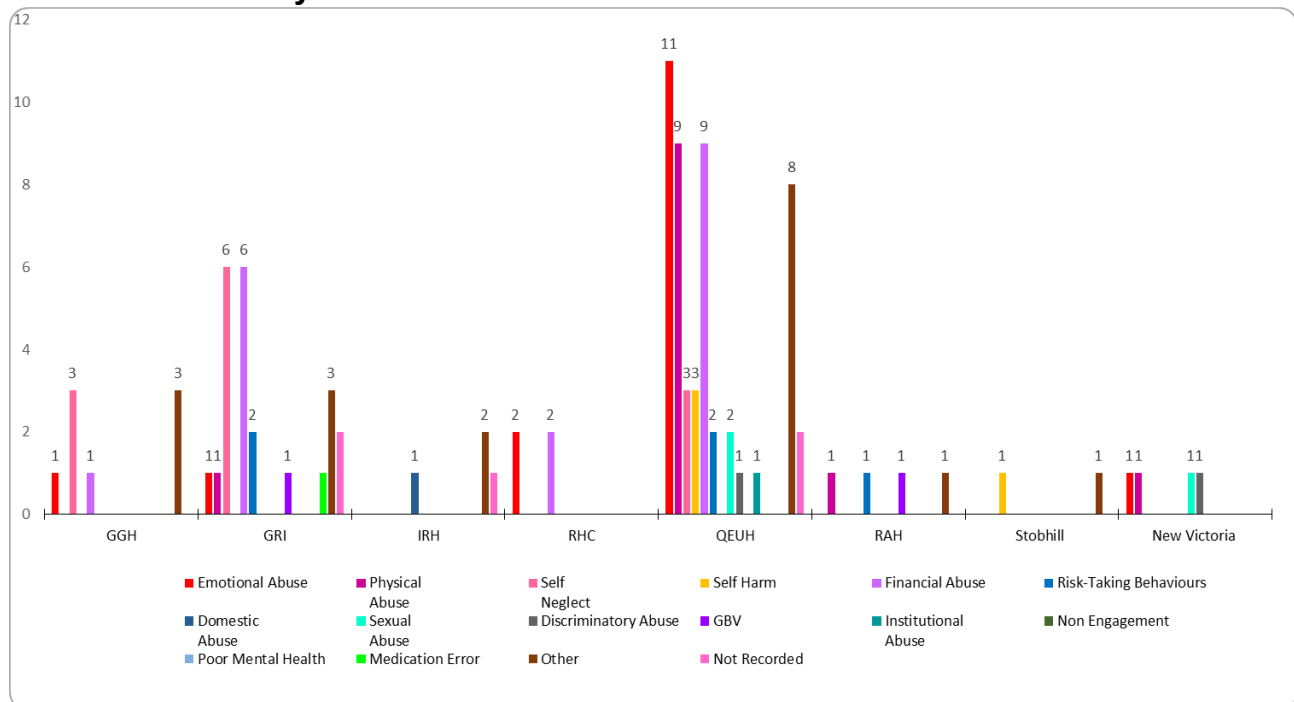
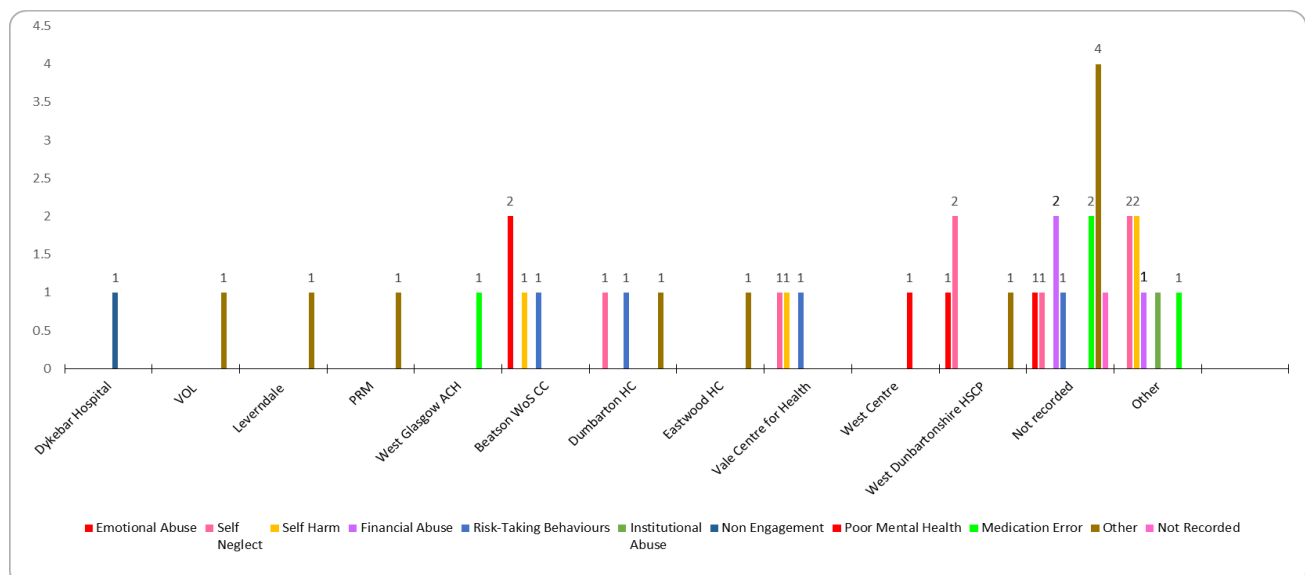


Figure 9



PREVENT

The Executive Nurse Director assumed responsibility for PREVENT in NHS GGC after the Director of Human Resources and Organisational Development retired. This change provided an opportunity to review PREVENT arrangements, particularly the Single Point of Contact. All PREVENT emails are now redirected to the Public Protection Service via the 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 Multi-Agency Panel (PMAP), where a detailed assessment is conducted by the PMAP case officer, informed by multi-agency information sharing. If the PMAP agrees, the individual receives tailored support to reduce their susceptibility to radicalisation.

Lead Nurses in the Public Protection Service have undergone additional training related to PMAPs. Referrals that need background health information are sent to the Public Protection Service's PREVENT mailbox. Further work is ongoing regarding systems designed to address terrorism threats and increase workforce awareness.

Public Protection Learning and Education 2024/25

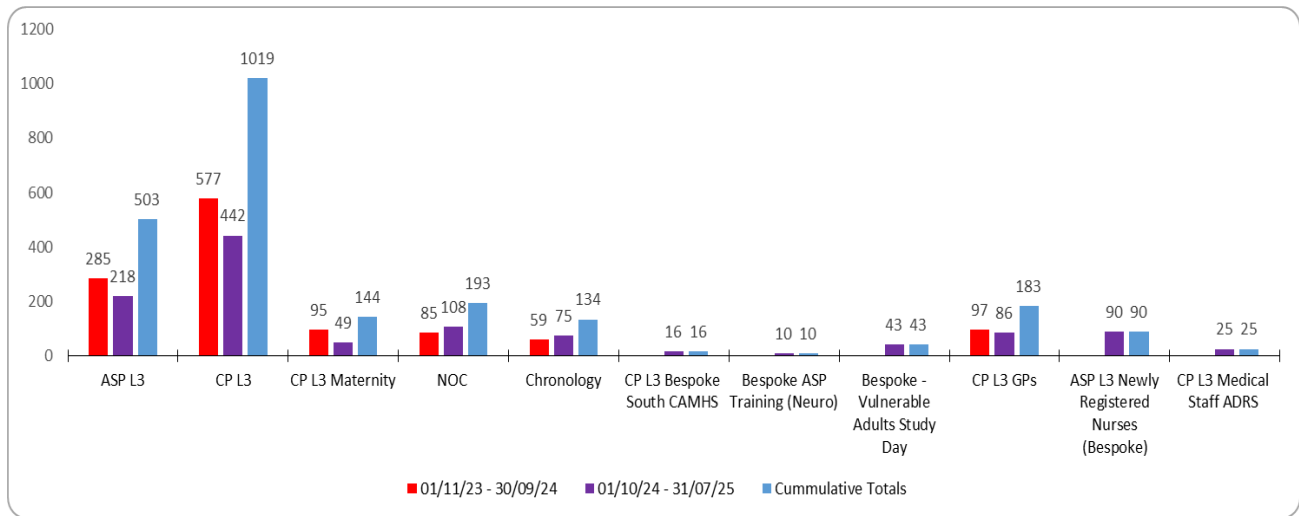
Staff should have the necessary skills and ability to identify individuals who may require protection and work with partner agencies to reduce risks and support positive outcomes for vulnerable people. The training required depends on each role, therefore staff and managers need to understand their responsibilities and keep their knowledge and skills up to date.

NHS GGC Public Protection Learning and Education Framework sets out our aims to deliver high quality learning opportunities that support staff to become confident and capable to achieve the competencies, knowledge and skills required to meet their responsibilities. All training provided respects diversity, including culture, race, religion and disability, and encourages the participation of patients, carers, children, families and adults in safeguarding and protection processes.

An important aspect of the Public Protection Service is facilitating the implementation of the NHS GGC Public Protection Learning and Education Framework. The Framework provides a consistent approach throughout services and gives all staff access to suitable learning and

development resources. It is complemented by a programme for Public Protection learning and education, as well as supervision and reflective practice opportunities.

Figure 10: Education and Learning Delivered Between October 2024 – July 2025



Data is pulled from the eESS system. Not everyone who attends the training will be included in the data reported. This is primarily due to staff attending training but not registering on eESS.

Our 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. An interim Public Protection role in maternity services supports Child Protection training. A real-time electronic evaluation tool has been developed for use before and after each session. This data will be included in future governance reports.

The delivery of learning and development activity was significantly impacted during 2025 due to service pressures and reduced staffing. As a result, service priorities were agreed to include meeting IRD demands; the provision of advice via the Public Protection Service advice line and child protection supervision.

Work has been undertaken in relation to the staffing model required to support the delivery of all elements of the service. As the service continues to transition from a Child Protection Unit to a Public Protection Service it is essential that ASP education and learning are mapped to meet current demand and that the current offer required to meet Child Protection education and learning is also explored.

Whilst acknowledging the challenges of delivering learning and development activity across the Board the Public Protection Medical Lead has continued to provide bespoke Level 3 training to GPs/Primary Care Teams and GPs in training plus medical staff within our Alcohol Drug and Recovery Service teams. 65 GPs, 98 GPs in training and 18 ADRS staff attended the sessions which covered key topics such as recognising and responding to abuse and neglect, role of primary care teams in protecting vulnerable children and adults, the critical role adult services have in identifying child protection concerns. The session feedback was positive. Additionally, two dedicated sessions for medical staff at the Royal Hospital for Children have been completed and evaluated.

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

Due to current challenges this project proposes introducing a dedicated learning and development team within NHS GGC PPS to deliver level 3 CP and ASP training. The goals are to enhance staff knowledge, reduce risk, improve outcomes for children, young people, and adults, and inform a sustainable, budget-aligned training model. By building organisational capacity, developing local champions, and using a train-the-trainer approach with Public Protection Service support, ongoing level 3 training can be maintained. Evaluation findings will guide future roles for PPNAs and the integration of digital tools for monitoring and compliance. Funding options continue to be explored.

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

Given the findings and improvement recommendations following the internal audit of public protection arrangements within NHS GGC in 2023 the development of an online database to capture, monitor, and report on mandatory and professional training requirements in alignment with NHS GGC's Quality Assurance Framework (QAF) has been prioritised. 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.

Currently, no formal system exists for capturing, monitoring, and reporting on level three training metrics. To address this, eHealth has developed a standalone Microsoft Power Application to capture these essential requirements. Leveraging Microsoft PowerBI technology, a dashboard reporting function has been created to extract relevant data from LearnPro, aligning with the specified metrics.

Management personnel can update the Microsoft Power Application with individual user completion details, enabling a comprehensive view of completion rates against the total number of users required to complete each training measure.

Initial benefits envisioned for the project encompass the following:

- **Streamlined Data Input and Capture:** The electronic solution aims to streamline the process of data input and capture, ensuring a more efficient and user-friendly experience for all stakeholders involved.
- **Real-Time Data Input Capabilities:** The project seeks to provide real-time data input capabilities.
- **Secure Data Supported by NHSGG&C eHealth:** Security is a paramount consideration, and the solution is designed to uphold the highest standards of data security, supported by NHSGG&C eHealth protocols and practices.
- **Enhanced Reporting Capabilities:** The electronic solution is poised to improve reporting capabilities, providing stakeholders with more comprehensive and insightful data to support informed decision-making.

Four test sites Ward 1E Royal Children`s Hospital, A&E RAH, Specialist Learning Disability Service Blythswood East Renfrewshire HSCP East and Regional Services have undertaken acceptance testing as well as providing initial feedback comments.

The Public Protection team is currently recording key departments, cost centres, measures, and responsible individuals for a proof-of-concept pilot, along with planning a phased board-wide rollout. Database development has been paused due to the IRD Application Pilot and limited eHealth resources and is expected to resume in October 2025.

During September and October 2025 further development and user training will be provided to all key stakeholders with pilot go-live scheduled in November 2025.

Public Protection Service Advice Line Activity 2024/25

Our Public Protection Service provides advice for Child and Adult Support and Protection concerns. The initial Advice Line established in 2005, focused on Child Protection advice only. However, in line with our transition from a Child Protection Unit to a Public Protection Service the advice line for Adult Support and Protection was launched in February 2024.

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 13. Of note of 1146 calls received staff were advised by the PPNAs to submit a notification of concern in 402 (35%) of calls.

Child Protection Advice Line Calls

Figure 11: Number of Advice Line Calls by Area of Caller During November 2023 – September 2024 ; October 2024- July 2025 - including Cumulative Total 01/11/23 - 30/09/24 (n = 1292); 01/10/24 - 31/07/25 (n = 1146)

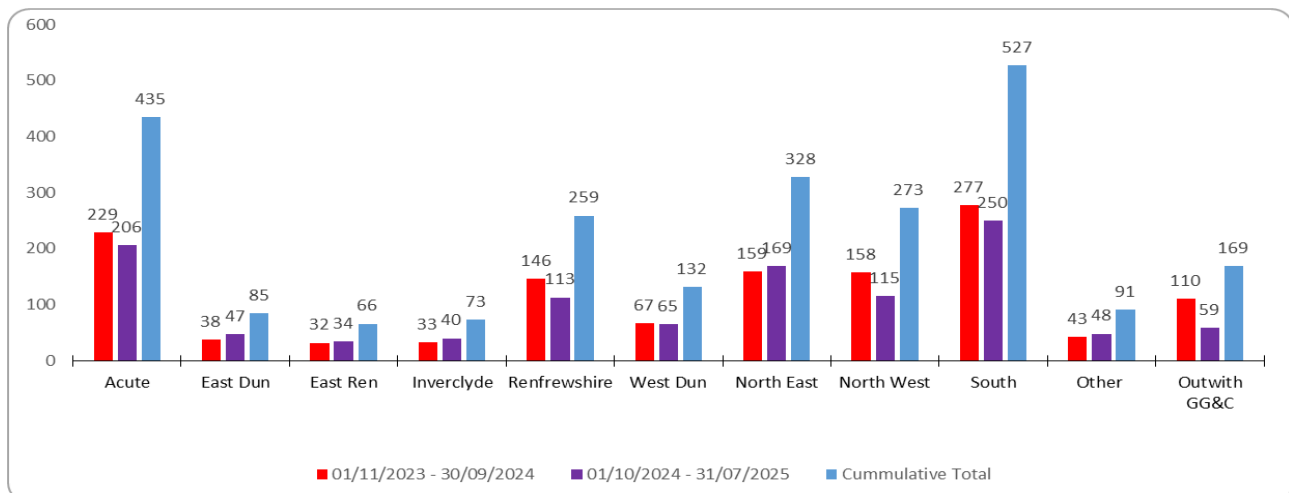
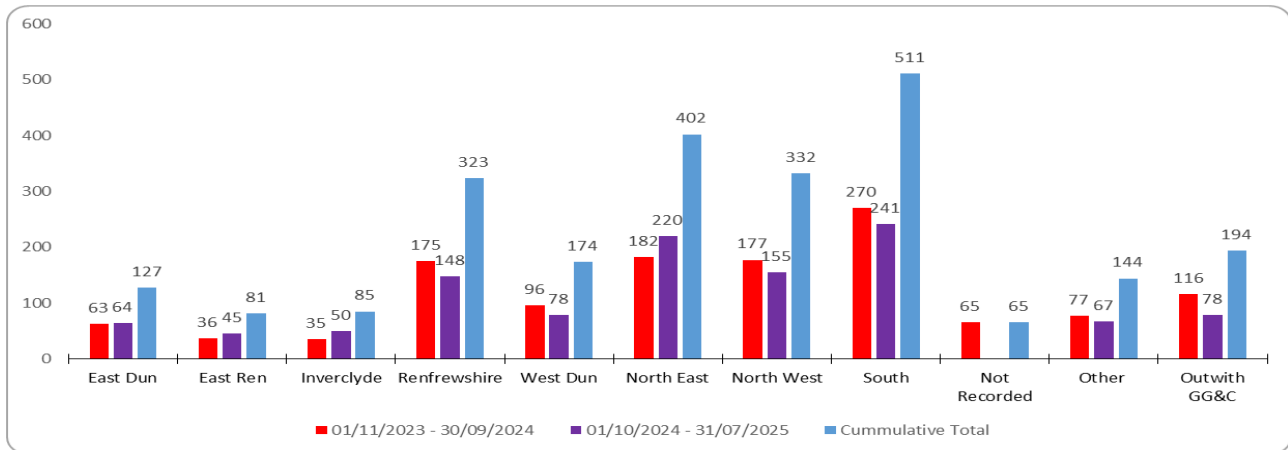


Figure 12: Number of Advice Line Calls by Area of Child During November 2023 – September 2024; October 2024 – July 2025 including Cumulative Total (n=2438)



Figures 13 & 14: Primary Reason for Call During November 2023 – September 2024; October 2024 – July 2025 including Cumulative Total (n=2438)

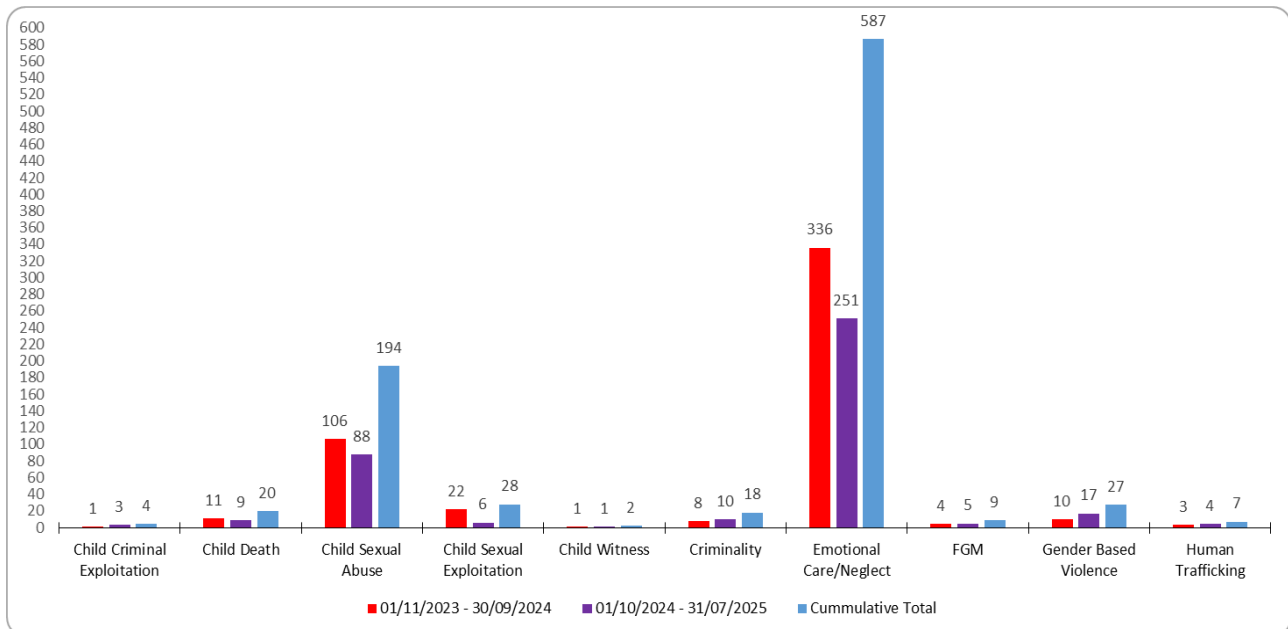


Figure 14

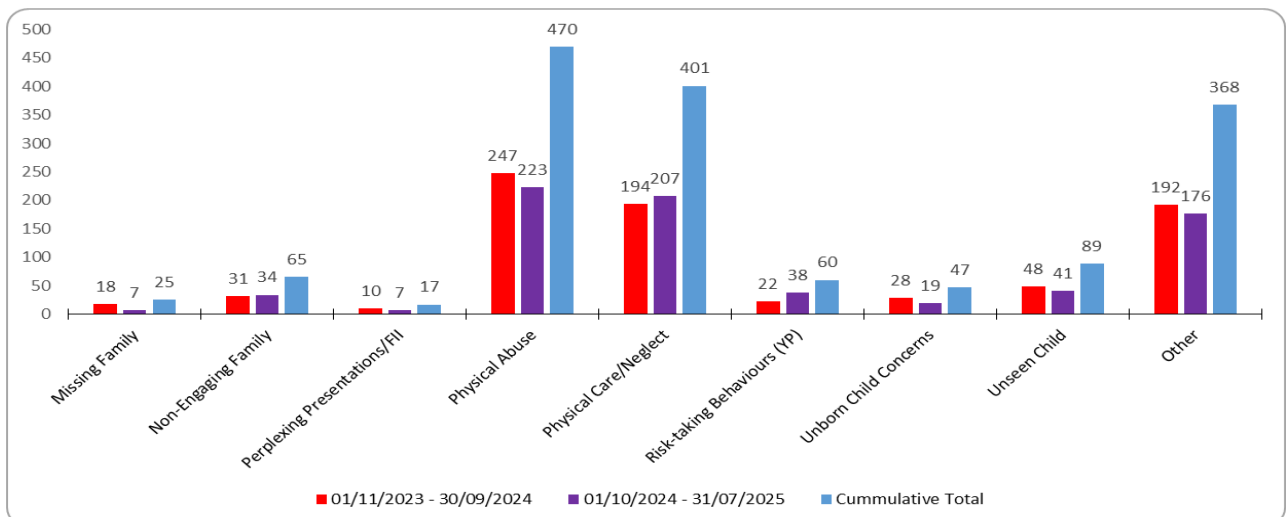
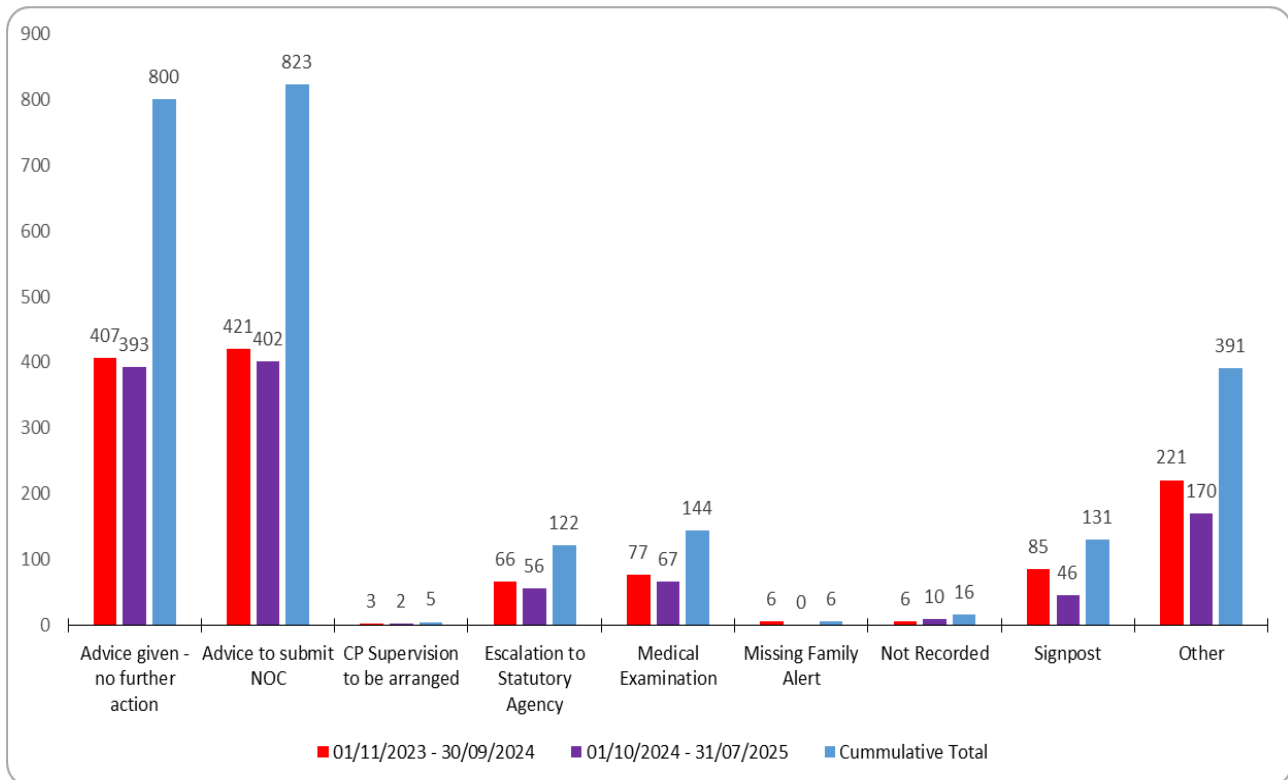


Figure 15: Outcome of Call During November 2023 – September 2024; October 2024 – July 2025, Cumulative Total (n = 2438)



Adult Support and Protection Advice Line Calls

Since the Public Protection Service advice line began accepting calls related to adult support and protection in February 2024, the service has received 89 calls. These calls have addressed various concerns regarding vulnerable adults, such as sexual abuse, emotional abuse, and self-neglect. The advice line continues to be promoted among staff members.

Figure 16: Number of Advice Line Calls by Area of Caller During October 2024 – July 2025 (n=64)

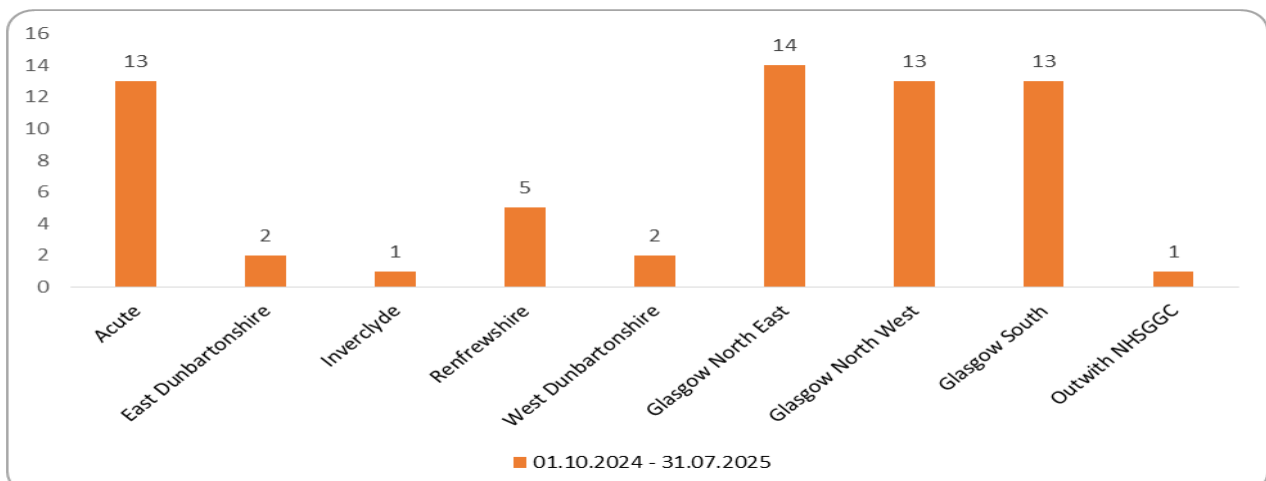


Figure 17: Number of Advice Line Calls by Area of Adult During October 2024 – July 2025 (n=64)

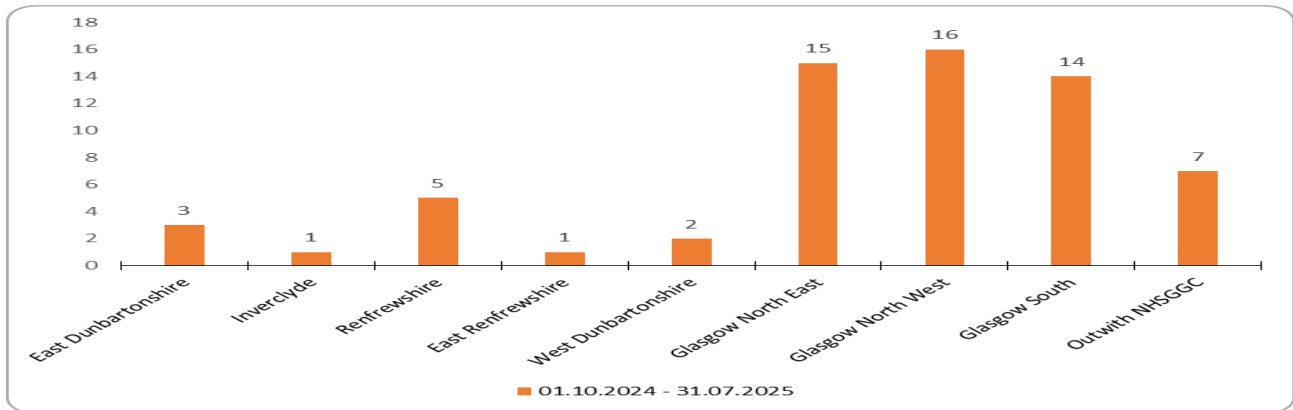


Figure 18: Primary Reason for Advice Line Calls During October 2024 – July 2025

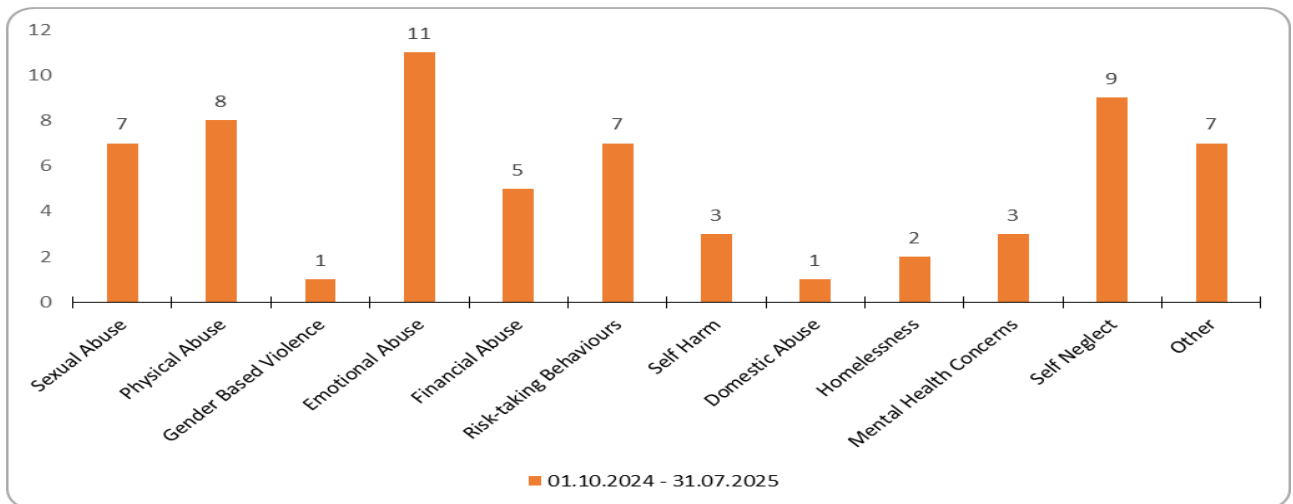
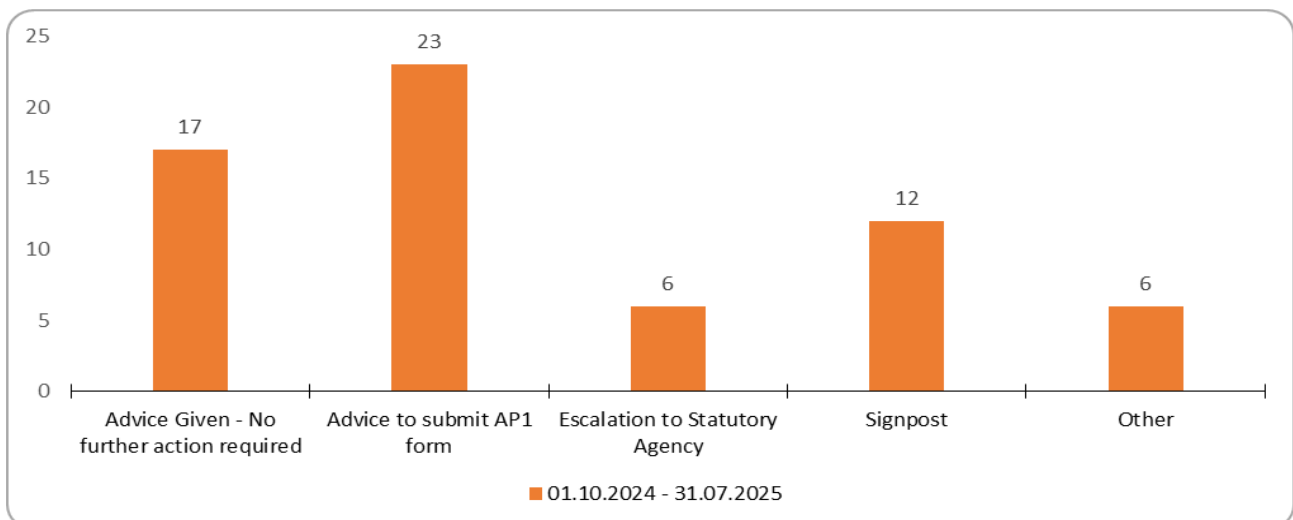
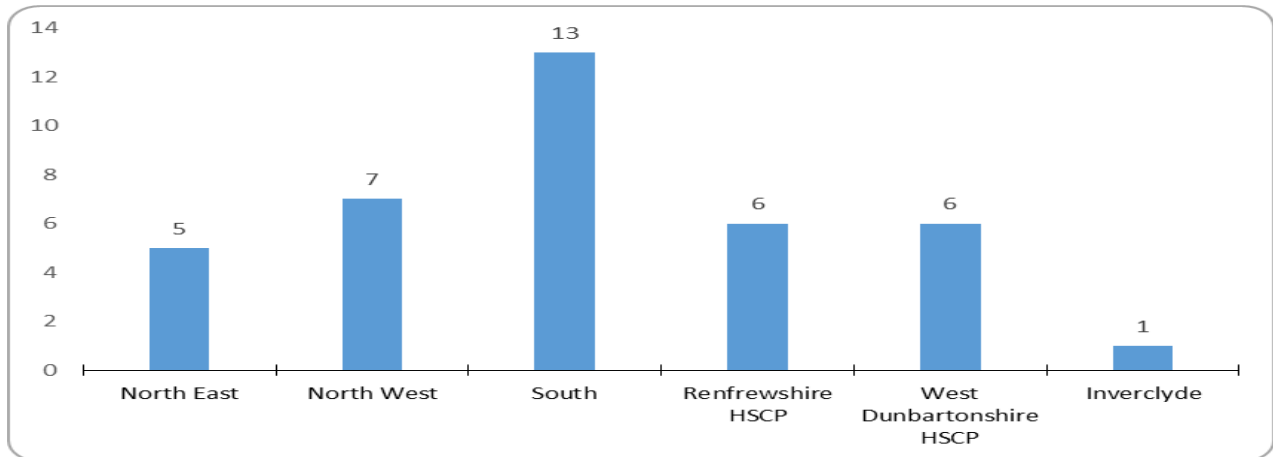


Figure 19: Outcome of Advice Line Calls During October 2024 – July 2025



Child Protection Supervision Activity 2024/25

Figure 20: Details the Number of Supervision Sessions Delivered to Family Nurse Service October 2024 – July 2025



Between October 2024 and July 2025, due to IRD activity and reduced staffing, the PPNA team were unable to deliver three annual triadic supervision sessions per team as per NHS GGC Public Protection Supervision Guidance. Out of 148 offered sessions, only 71 took place: 10 were rescheduled, 61 declined, and 6 cancelled by the Public Protection Service.

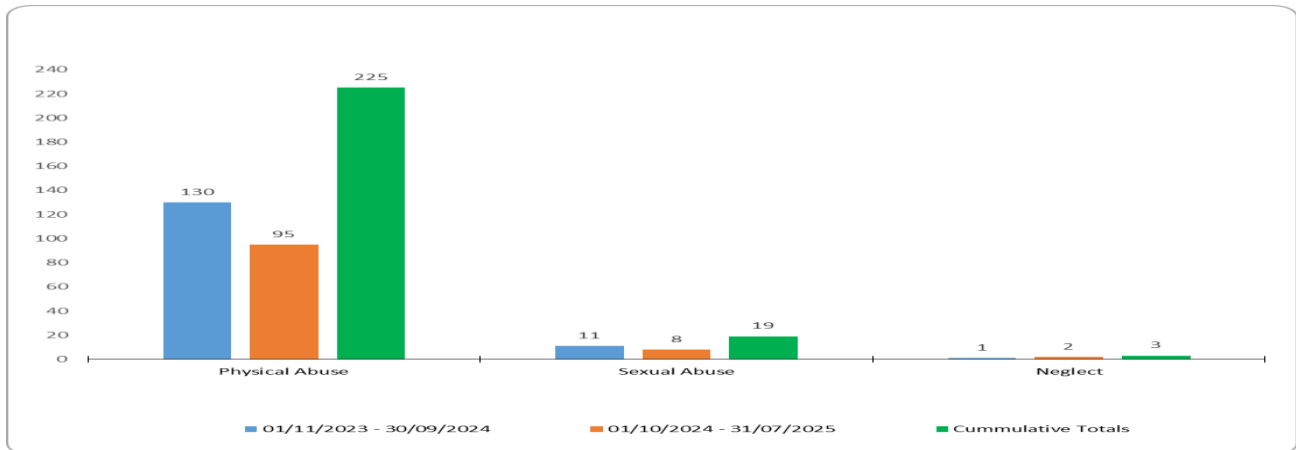
Supervision for complex cases continued to be factored into the daily rota. Uptake of triadic supervision has been variable across the HSCPs and has been the focus for improvement alongside reporting and monitoring arrangements.

The provision of supervision to the Family Nurse Partnership (FNP) service continued in line with the FNP licensing agreement and throughout the reporting period.

Medical Examinations 2024/25

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 21: Medical Examinations November 2023 – September 2024; October 2025 – July 2025 including Cumulative Total 01/11/23 - 30/09/24 (n =142); 01/10/24 - 31/07/25 (n=105)



Public Protection Significant Adverse Event Reviews and Learning Reviews

Significant Adverse Event Reviews (SAERs)

The SAER process for child protection has been established, with ongoing oversight provided by the Cross Partnership Child Protection Quality Improvement Group. The process for disseminating learning from SAERs within children's services through the cross HSCP Group is in place. A comparable process and oversight for ASP Cases will be developed in line with the Adult Support and Protection Forum Work Plan. Members of the Public Protection Service have either led or participated in Child Protection SAERs, with senior team members serving as Lead Reviewers.

Efforts are ongoing 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 2024/25

Between October 2024 and August 2025, 11 child protection SAERs were completed and closed. Details are provided in Table 6 for the relevant HSCP areas.

Table 6: Number of Completed SAERs by HSCP, Specialty Area at Time of Commissioning and Reasons for SAER

Area	Number of SAERs
Glasgow City - South Sector	3
Glasgow City - North East Sector	1
Glasgow City - North West Sector	4
East Renfrewshire	1
Renfrewshire	1
Royal Hospital for Children	1
SAER Specialty Area at Time of Commissioning	
Health Visiting	6
FNP	2
School Nursing	1
General Paediatrics	1
ADRS	1
Reason for SAER	
Following Maternal Suicide	1
Unseen child resulting in harm	1
Children under 1 experiencing physical abuse and abusive head trauma	4
Death of young person from stab injury	1
Children Experiencing Neglect	1
Child safety including young child falling from window	2
Poor communication/lack of awareness of older children being accommodated	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 2025.

Key Learning from the SAERs Include the following:

- Review existing processes for managing cross-boundary care of children and young people.
- Ensure quality and consistency in record keeping.
- Practitioners must use chronologies effectively to document significant events in a child or young person's life.
- Professionals should take fathers into consideration, be part of their assessment and communication.
- Ensure professionals are aware of the escalation process when having child protection concerns
- Children and Families and Specialist Children's Services staff who access family homes should be supported to be professionally curious and request to see other pertinent areas of the home when there are evident concerns about living standards or safety issues.
- Consideration of a joint working protocol amongst Alcohol Drug Recovery Service and Social Work teams to ensure actions and recommendations from Case Conferences and Multi Disciplinary Team meetings are completed.
- A Guideline is to be developed which describes when investigations should be instigated in an infant with increasing Occipital Frontal Circumference.

Adult Protection SAERs

From October 2024 to August 2025, two Adult Support and Protection SAERs were completed and closed. Table 7 summarises these cases by HSCP area.

Table 7: ASP SAERS - Commissioning Area, Service Area and Main Reason for SAER

Commissioning Area	Service Area	Main Reason for SAER
Glasgow HSCP	Older Adults Community Mental Health	Significant injury to spouse
West Dunbartonshire HSCP	District Nursing	Unexpected anaphylaxis in care home

Key Learning from the SAERs include the following:

- Consideration should be given to application of the Adult Support and Protection legislation in cases of an older adult reporting psychological harm including coercive control, emotional abuse or verbal abuse.
- All Health Professionals should be reminded of how to make an Adult Support and Protection (ASP) referral and be familiar with the Adult Support and Protection "3 point test". All professional staff to ensure they have completed the statutory and mandatory training as per their discipline.

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 four reviews have been completed and published between October 2024 – July 2025

- Child AE Glasgow Child Protection Committee
- Child B Inverclyde Child Protection Committee
- Siblings CA West Dunbartonshire Child Protection Committee
- Family M West Dunbartonshire Child Protection Committee

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

Key Themes Included:

- There is confusion among professional groups about which children need protection versus those needing additional support, affecting GIRFEC Implementation and Special Needs in Pregnancy processes.
- Despite guidance ambiguity still prevails for some professionals resulting in a reticence to share or seek information at the threshold below that of child protection, relating to wellbeing concerns which in turn influences the level and type of response and action taken.
- Recognising and responding to neglect.
- Gender bias- the role of fathers and male carers in assessments and plans.
- Improvements in cross border communications where families move.
- Training in the Assessment of Care Toolkit alongside coaching to support practitioners to manage difficult conversations with families.
- There is a need for professional curiosity to look beyond the surface of presented information, question assumptions, and seek a deeper understanding of family dynamics, lived experiences, and potential risks to ensure informed and holistic assessments.

Adult Support and Protection Learning Reviews

There have been a total of 3 Adult Support and Protection learning reviews undertaken between October 2024 and July 2025.

- Adult B Inverclyde Adult Support and Protection Committee
- Adult 4 West Dunbartonshire Adult Support and Protection Committee
- Adult 6 West Dunbartonshire Adult Support and Protection Committee

Key Themes Identified for Health Include the following:

- Consideration should be given to the development of guidance on approaches to hoarding behaviour, and any existing information on this should be made available to staff
- Voice and visibility of the adult should be at the centre of assessment and planning to meet the needs of adults at risk of harm.
- The AP referral and investigation process should be clearly understood by all agencies
- Chronologies are an essential feature of risk assessment in ASP activity and clearly defined within the code of practice

The Public Protection Service is currently supporting colleagues within the Clinical and Care Governance Directorate to explore the development of a systems learning approach utilising the themes from learning reviews and SAERs.

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.

Trakcare changes include the following:

- Child Protection - Non disclosure of address.
- Child Protection - On Child Protection Register.
- Child Protection - Missing Family Alert.
- Child Protection – Maternity Risk of Absconding Alert.
- Child Protection – Other.

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 requested from Glasgow City HSCP Child Protection Committee to start 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 help provide real-time early warnings to support patient and population safety. All six HSCTs have fully implemented the use of SCI Gateway enabling GPs to submit Notification of Concern and Adult Support and Protection Referrals when they have Child Protection and/or Adult Support and Protection concerns. This has significantly improved the governance of referrals and sharing of information.

Policies, Guidance and 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 2024-2025.

Table 8: 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		x	
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			Out for Consultation
Recognition and management of maltreatment of infants under the age of 1 year			Out for Consultation
Guidance for Child Protection Case Supervision		x	
Children's Complex Care Protocol		x	
Guidance for Notification of all Child Deaths		x	
Public Protection Education and Learning Framework		x	

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. The establishment of our Adult Support and Protection Forum has further strengthened governance arrangements.

Table 9: Public Protection Governance Meetings Held Between October 2024 – to July 2025

Name	Date	Papers
Public Protection Forum Quarterly Meeting	27 th November 2024	Public Protection Paper
	12 th February 2025	Public Protection Paper
	22 nd May 2025	Public Protection Paper
	19 th June 2025	Public Protection Paper
Child Protection Forum Quarterly Meeting	19 th December 2024	Public Protection Paper
	3 rd April 2025	Public Protection Paper
	26 th June 2025	Public Protection Paper
Adult Support & Protection Forum Six weekly Meeting/ moved to quarterly meeting on 3 rd October 2025	21 st October 2024	Public Protection Paper
	11 th December 2024	Public Protection Paper
	19 th February 2025	Public Protection Paper
	22 nd April 2025	Public Protection Paper
	12 th June 2025	Public Protection Paper
Board Clinical & Care Governance Forum - Public Protection Update 6/12 monthly		
	18 th November 2024	Public Protection Paper
	10 th February 2025	No Paper Required
	28 th April 2025	Public Protection Paper
	16 th June 2025	No Paper Required
Clinical and Care Governance Committee Public Protection Update 6/12 Monthly	3 rd December 2024	Public Protection Paper
	4 th March 2025	No Paper Required
	3 rd 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 have been two joint inspections during 2024/25: Renfrewshire HSCP Joint Inspection Adult Support and Protection published March 2025 and the Glasgow City HSCP Report of a Joint Inspection of Services for Children and Young People at Risk of Harm in Renfrewshire Community Planning Partnership published in August 2025. The Public Protection Service Senior Management Team provided support to both inspection processes.

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 NPPLG has developed a Work Plan to support the progression of its agenda. The NPPLG will:

- act as a multi-agency 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 is 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
- MAPA
- Violence against woman and girls
- Alcohol and Drugs
- Suicide Preventing

Public Protection Chief Officers Groups have been asked to complete a brief online survey and take part in follow-up discussions with inspectors. Senior Management Team members have contributed to local conversations. During October 2025, online stakeholder events will offer feedback to COG representatives and other stakeholders, supporting the development of future public protection scrutiny approaches before phase 2 begins. These events, aimed at Chief Officers and senior leaders, will focus on setting priorities and outlining key elements for public protection scrutiny.



Next Steps

Significant progress was made during 2024-2025 in achieving the year 2-3 deliverables outlined in the Public Protection Strategy Delivery Plan. As we move into 2025-2026, our focus will be on completing all remaining deliverables and establishing robust monitoring and reporting arrangements, supported by the PPQAF dashboard.

Key Priorities include the following:

E Health Improvement Bundle IRD Developments

- Implementation of the IRD referral 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
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Supervision Arrangements

- Review existing supervision arrangements within the Public Protection Service and across the system.

Learning and Education

- Scope out learning and education requirements and explore funding options 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.
- Strengthen awareness and assurance in relation to learning and education requirements for medical staff.

Conclusion

This annual report highlights the significant progress made in implementing the NHS GGC Public Protection Strategy – Safeguarding it Matters to Us. Key achievements this year include: substantial advancements in the eHealth Improvement Bundle work streams; the Adult Support and Protection IRD pilot, which is providing helpful insight into a potential model to support service developments; the introduction of track care alerts and SCI gateway which are supporting staff in the delivery of safe, effective and person centred care and the imminent introduction of the neglect category into the community child health EMIS record.

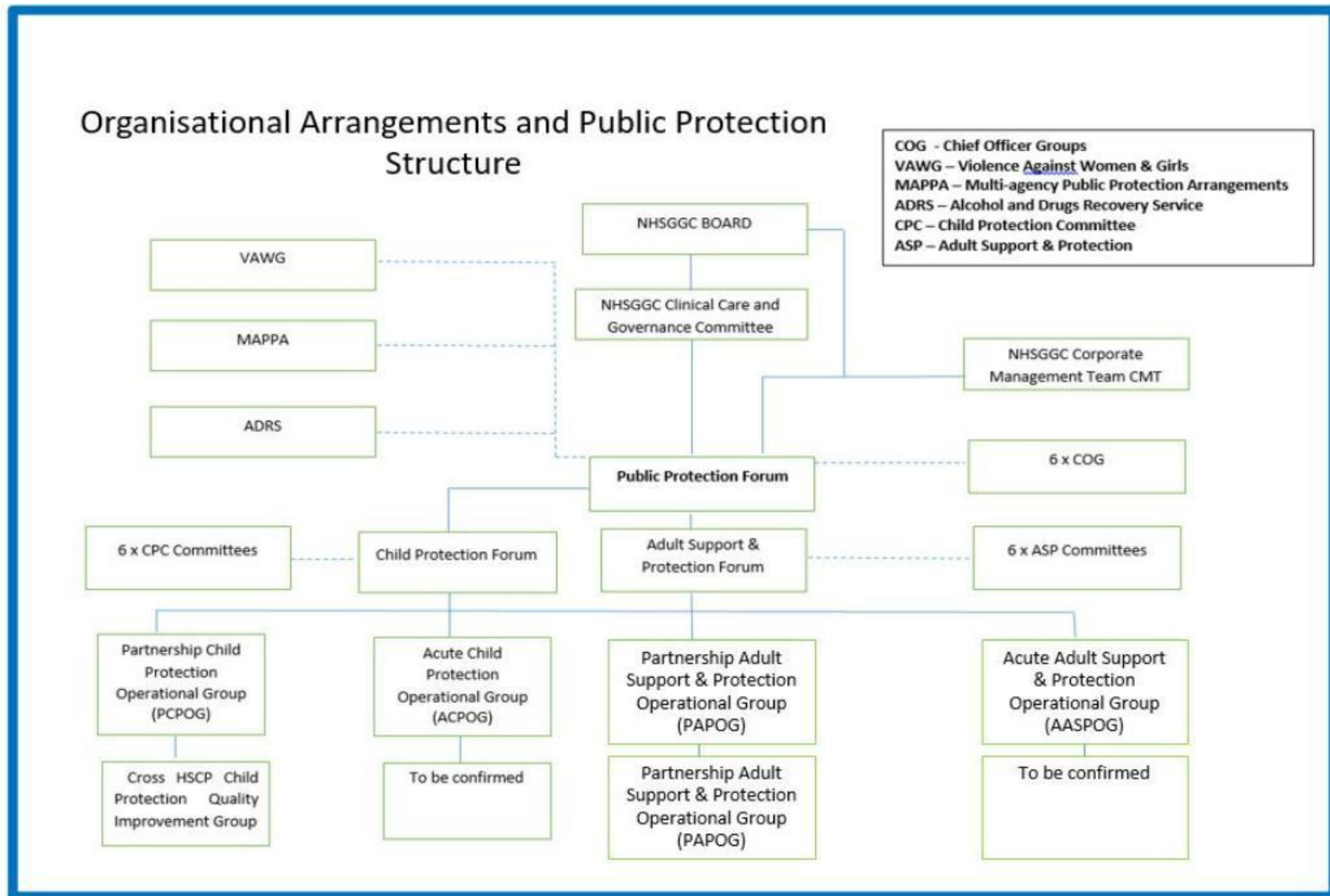
Looking forward we have exciting opportunities to improve data integrity and security, enhance user accessibility, and integrate with existing systems. We anticipate that these developments will facilitate reporting and analytics, aid decision-making, improve patient care, monitor trends, and support the development of education and learning related to Public Protection.

The range of SAERs and learning reviews conducted this year has highlighted the impact of failing to safeguard lives, which can be devastating for families, communities, and our staff. Therefore, it is imperative that our staff possess the knowledge and skills to recognise, respond, report and record, safeguarding concerns with a continued focus on Public Protection.



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>

Appendix 1

BOARD OFFICIAL