
To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 15 March 2024

Report by: Interim Head of Health and Social Care

Heading: Quality, Care and Professional Governance: Mid-Year Report (April 2023 to December 2023)

1. Summary

- 1.1 The Renfrewshire Quality, Care and Professional Governance Mid-Year Report provides a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire Health and Social Care Partnership (HSCP) and the Clinical and Care governance principles specified by the Scottish Government. The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.
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2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the content of this report.
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3. Background

- 3.1 Renfrewshire HSCP is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire. Services included are:
- Adult and older people community care services e.g. Alcohol and Drug Recovery Services (ADRS), Learning Disability, Residential Care Homes and Care at Home.
 - Renfrewshire Community Health Services e.g. District Nursing, Health Visiting, Mental Health and Learning Disability Services.
- 3.2 Renfrewshire HSCP hosts two NHS Greater Glasgow and Clyde board-wide services: Podiatry and Primary Care Support. In addition, Renfrewshire also has lead responsibility for GP Out of Hours (OOHs) on behalf of NHSGGC, but is not currently formally delegated. For the purposes of this report, activity in relation to OOHs is not included.

3.3

Renfrewshire has a range of services that respond each day to the needs of local people. There are 27 GP practices, 43 community pharmacies, 21 community ophthalmic practices and 37 general dental practices. Within the 27 Renfrewshire GP practices there is a registered list population of approximately 186,239 (as at June 2023).

HSCP Governance Arrangements:

Governance Groups	Chair	Meeting Frequency and Remit
Renfrewshire Executive Group	Chief Officer	Twice Yearly This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	Quarterly This group provides a focus for all quality, clinical and care governance activity
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups	Head of Mental Health, ADRS and Learning Disability Services	All Groups meet monthly. These groups provide a focus for all quality, clinical and care governance activity
Chief Social Work Officer Professional Governance Group	Chief Social Work Officer	This group remains under review
Medicines Management Group	HSCP Lead Pharmacist	Quarterly. This group provides a focus for all medicine management and prescribing budgets
Renfrewshire Health and Safety Committee	Head of Health and Social Care (West Ren)	Quarterly This group has responsibility for a co-

		ordinated framework for the management of health and safety issues
Renfrewshire Operational and Procedures Group	Heads of Health and Social Care Services	Bi-monthly or quarterly (subject to requirement) This group provides a forum to discuss, develop, review and ratify local operational procedures and guidelines.

Attendance levels at each of these groups is monitored and there is a requirement for deputies to be identified where members are not able to attend.

4. Safety (Incident Management, Reporting and Investigation)

- 4.1 Within the reporting period 1 April to 31 December 2023 there were 2,641 incidents raised across both Datix and Business World platforms. This is an increase of 877 incidents within the same time period in 2022. This is a steady increase between 5% and 10% each quarter until June of this year where there was a steep increase of 20%. Some of this could be attributable to increased reporting across both organisations as both have raised awareness of the importance of incident recording and management.
- 4.2 The Health and Safety update report, which is a separate agenda item at today's meeting, provides further details over the same time period.
- 4.3 Serious Adverse Events Reviews (SAERs) are those events that have, or could have, significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SAER is to determine whether there are any learning points for the partnership and wider organisation.
- 4.4 From 1st April – 31st December there have been **9(-2)** SAERs commissioned within Datix and **1** Incident Investigation within Business World.

Specialty	Category	No.
Community Mental Health Team	Suicide	2
	Other Incidents	1
Community Nursing	Pressure Ulcer Care	1
Podiatry	Pressure Ulcer Care	1
Addiction Services	Suicide	1
	Other Incidents	1
Older People's Mental Health	Other Incident	1
District Nursing	Pressure Ulcer Care	1
Care Homes	Fire	1

Examples of incident management, investigation and reporting improvements:

- Processes is in place to share learning across board area and through HSCP governance groups and NHS GGC Primary Care and Community Clinical Governance Forum.
- Learning from SAER shared through various service meetings
- Mental health Services have incident review group in place
- Any learning from SAER shared via Professional structures (Chief Nurse, CSWO, Lead AHP)

5. RIDDOR

- 5.1 There have been **10** (-5) Riddor incidents recorded in this period across all HSCP services, **6** (-1) within Datix and **4**(-4) within Business World.

Specialty	Category	No.
Older People's Mental Health	Violence and Aggression	2
	Slips, Trips and Falls	1
Podiatry	Slips, Trips and Falls	1
District Nursing	Slips, Trips and Falls	1
Acute Mental Health	Violence and Aggression	1
Care Homes	Exposed to fire/other	1
Community Meals	Slip, trip or fall at work	1
Care at Home	Slip, trip or fall at work	2

6. Contract Management

- 6.1 To support the effective management of HSCP social care contracts, the Contracts part of the team have 4 key work streams:
- To review, monitor and audit the services we design and purchase to ensure that contracts are delivered effectively and safely. This involves ensuring these services are delivered in a professional, timely and

proportionate manner and in accordance with the levels of risk associated with the contract.

2. To take the lead role in responding to urgent matters or concerns relating to purchased services including service failures, complaints and concerns, significant incidents, adult protection matters or where contractual conditions are not met. This may include acting under the authority of the Chief Social Work Officer and Chief Officer of the Renfrewshire HSCP and in collaboration with key partners, to progress to enforcement action if required.
3. To provide direction, advice and guidance on service delivery options as part of the commissioning and contracting process and to work with service managers and procurement specialists to undertake strategic reviews, develop service specifications and support procurement activity.
4. To work closely with the Care Inspectorate and colleagues within the Renfrewshire HSCP and other partnerships to collate and share information on our care providers and to work jointly with partners and providers to ensure compliance with national care standards, regulations and to promote the continuous improvement of services.

6.2 There are 56 commissioned services across the range full range of care team areas. These include Care Home services, Care at Home services, Adult Supported Living services as well as community and preventative services for individuals with lower-level support needs.

A contract monitoring visit will typically involve 2 members of staff over a 2-day period.

Visits cover a range of topics to ensure contractual compliance, such as:

- Organisational / Management issues
- Services provided
- Record keeping
- Service user finances
- Review procedures
- Service access/termination Issues
- Complaints procedures
- Medication Procedures
- Review of Policies and Procedures
- Inspection reports
- Staffing issues
- Outcomes.

6.3 There are 3 potential outcomes to our monitoring process:

- 1) The team may find evidence that significant weakness/es exist in systems, process and practice which may place the people who use

the service at risk of harm and/or could lead to a position of material breach of contract.

- 2) There may be no evidence that significant weakness/es exist however, within a context of continuous review and improvement as noted above, there may be areas for development which the provider must adopt as part of a service development plan.
- 3) The team may conclude that there are no significant weakness or area for development.

6.4 During the period April-December 2023, the team carried out:

- 12 contract monitoring visits. (9 of which were outcome 3, and 3 were outcome 2).
- 4 follow up visits from previous monitoring sessions
- 6 service reviews
- 3 support visits to non-contracted providers.

6.5 During the period the team received 944 provider notification returns of which 34 went to investigation.

7. Risk Management

7.1 The IJB's risk management framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This framework forms a key strand of the IJB's overall governance mechanisms and is encapsulated within the IJB's Risk Management Policy and Strategy. It sets out how risks and issues should be identified, managed and reported and it informs the development of this report and supporting appendix. The policy and strategy is underpinned by supporting Risk Framework guidance for HSCP staff.

7.2 Work remains ongoing to ensure risks are robustly and consistently managed across all services and to continuously improve risk management activity. The key activities completed in this period include:

- Continued focused reviews to assist the Risk Network and services to follow risk management processes, supporting risk and issue reviews with service management teams.
- Continued operational risk and issue reporting to SMT by exception.
- Ongoing promotion and monitoring of staff completion of the online staff training module launched in August 2022.
- Ongoing meetings of the cross HSCP and NHSGGC 'risk working group' continue to be held every two months where consistency of risks is discussed, and best practice shared. Particular focus

continued this period on budgetary constraints and the potential impacts of savings proposals for HSCPs across the NHSGGC Board area.

- Work continues on resilience planning, and a large amount of activity was completed across the year to prepare our services for the winter period, to prepare for potential seasonal risks and scenarios related to planned or unplanned power outages.
- Continued representation on, and participation in, the committee for the ALARM UK National Health and Social Care risk group, providing additional opportunity to identify and consider further examples of 'best practice.'

7.3 An internal audit of the IJB's Risk Framework, undertaken by Azets, concluded in late Spring with the final report being received in June. The IJB considered a report outlining the outputs of this audit at its meeting in September 2023. The audit report was favourable with an overall assurance rating of 'Reasonable Assurance' and Green. There were 7 best practice recommendations identified, 2 of which were 'important' and 5 'good practice'.

7.4 Several actions have been taken by HSCP in response to the audit findings and include:

- Completion of a survey with IJB members to capture the IJB's appetite for risk
- The Risk Management Policy and Strategy has been reviewed and reflects developments which have been made in risk management procedures. This is to be considered by the Audit, Risk and Scrutiny Committee at its meeting on 15 March 2024.
- HSCP will review the link between IJB sources of governance assurance and the risk register
- Operational risk registers continue to remain under regular review
- Escalation processes have been clarified within the updated Risk Management Policy and Strategy

7.5 Key updates to the risk register include:

- Risk scores for changing financial and demographic pressures and financial challenges causing financial instability for the IJB remain at the highest rating available.
- The risk of failure to achieve targets and key performance indicators has been increased to reflect difficult financial operating context.

8. Public Protection

- 8.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them. Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as learning reviews.

Adult Support and Protection (ASP)

- 8.2 ASP data is currently reported to Scottish Government by all local authorities via an annual data return.
- 8.3 The total number of ASP referrals for time period of report was 1114; in comparison to 1298 for 2021/22. Where this indicates a probable rise in volume of referrals by year end, it is important to note that Renfrewshire have implemented the minimum data set as directed by Scottish Government which differs from previous years. The increase volume can also be caused by a number of other issues which are being explored by the ASP committee including:
- One person can be referred multiple times by different agencies and an increase in referrals could be more agencies recognising the same person at risk of harm.
 - There may have been an increased awareness of ASP, arising from the release of the revised ASP Codes of Practice in 2022, which could have made organisations aware that Adult Support and Protection can have direct relevance to a broader range of people than originally anticipated, e.g. Scottish Prison Service or to young people.
 - National campaigns, such as ASP Awareness Day, may also have increased awareness.
 - Police Scotland remains the biggest source of ASP referrals, by submitting 217 referrals in the last 3 quarters. This is already an increase in referrals from the entire previous year by 111 referrals.
- 8.4 There were 86 ASP investigations conducted within the last 3 quarters. This number will likely surpass last year report as currently only 12 investigations less. This is likely again to be caused by changes to reporting using minimum data set so presenting larger numbers. ASP investigations are now counted related to investigations completed with powers and also without powers. Investigations previously completed without use of powers were never previously counted as investigations.
- 8.5 The largest number of investigations related to service users with Dementia and Mental health conditions followed by service users who were older and living with frailty, this was followed by people with physical disabilities and

then those with learning disabilities. This is different from last year's report in that those with learning disabilities were third highest. The main types of harm which resulted in an investigation is again different with the most harm being that of physical, followed by financial abuse. Self-harm and self-neglect was also a leading cause of harm found. The location of principle harm which resulted in an investigation taking place remains the adult's own home.

8.6 There was a learning review completed within the previous 3 quarters commissioned by the ASP committee. The learning review recommended the following:

- Sharing on the report for learning across services
- Update of the ASP procedures with schedule of briefings to give clarity on roles and responsibilities related to ASP practice.
- Update briefings and workshops for social workers and managers at all levels in the potential use of Guardianship orders in the support and management of ASP risk

8.7 Work is scheduled to commence to prepare for an Adult Support and Protection Inspection which is expected Autumn 24.

Child Protection

8.8 During the past year all staff across Children and Adult services have continued to ensure the protection and safety of all Renfrewshire children. The child protection register as of the last day of December 2023 had 68 children on the register, who all have individual protection plans to meet their individual needs. Staff have continued to attend core groups, planning meetings in line with the Child Protection procedures, submitting their reports and contributing to the child's Child Protection Plan. All staff have continued to work with families, services and colleagues to ensure the safety and protection of children across Renfrewshire to make certain we are getting it right for every child.

8.9 We continue to liaise and work together across services to learn and improve our practice from multi-agency learning reviews. Two learning reviews are in progress with reports expected by the end of the year. All agencies are committed to inputting into the review to understand the learning and subsequent embed into practice.

8.10 A multi-agency case file audit was completed by Renfrewshire Child Protection Committee feedback has been returned to each agency involved with the child and an analysis of findings is awaited.

8.11 HSCP senior staff are members and contribute to the Renfrewshire Child Protection Committee to ensure that all services are working around the child. Key work stream reported include:

- The development of the complex case group, a multi-agency group to reviewing children who have been on the child protection register for more than a year
- The completion of the updated Renfrewshire Child Protection Guidelines and roll out of these across services, using drop in sessions which have been very well attended by all staff groups.

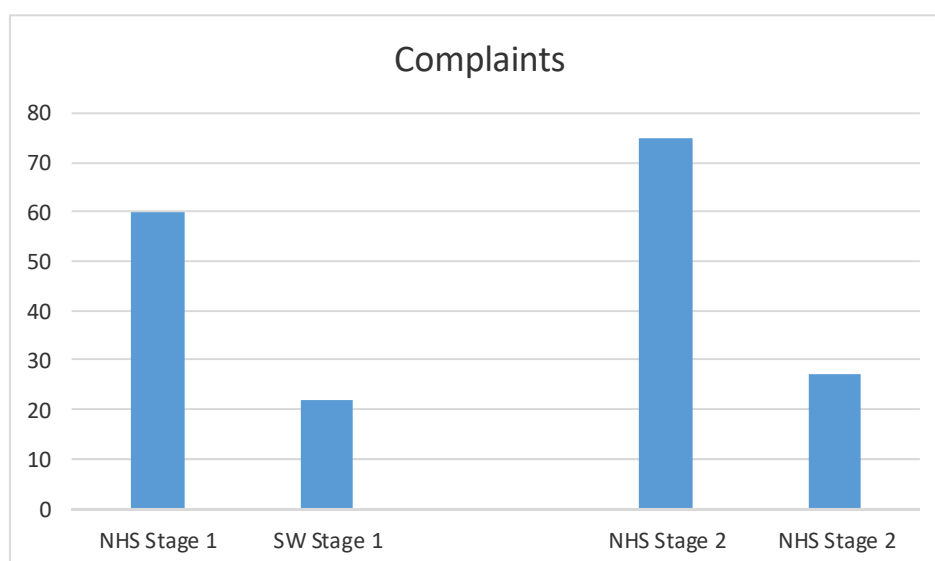
9. Patient Centred

Complaints

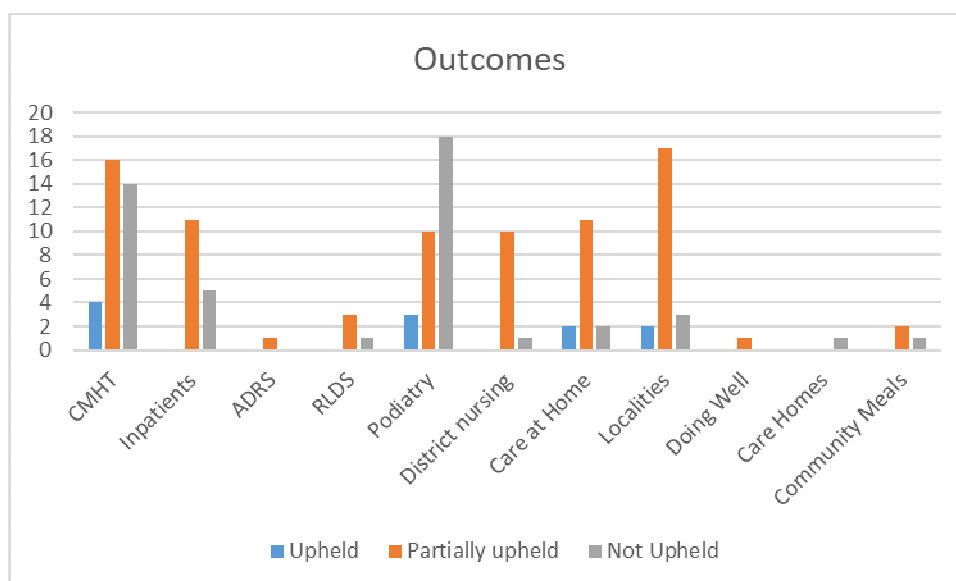
9.1 The following provides a commentary and statistics on complaints in the HSCP for the period from April 2023 till December 2023.

2023-2024 (till Dec 23)	2022-2023	2021-2022
184	235	173

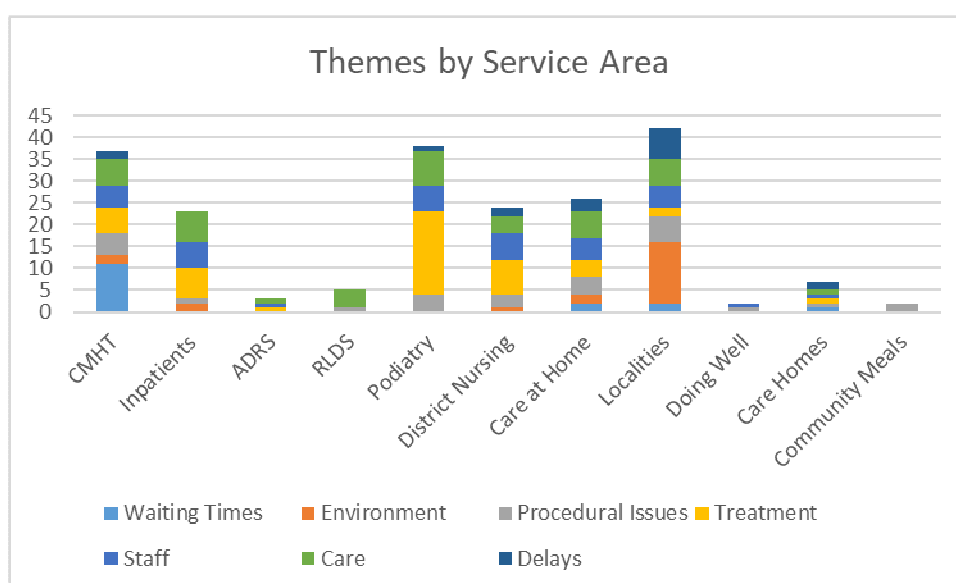
9.2 During 2023 there has been a 22% decrease in the number of complaints received.



9.3 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work Services from 1 April 2022 to 31 March 2023.



- 9.4 The issues and themes identified from Health and Social Work complaints are shown in the table below. Treatment and Staffing Issues are recurring complaint themes raised by complainants.



- 9.5 Where a complainant remains dissatisfied with the final response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). During the period 1 April 2023 – 31 December 2023 Renfrewshire HSCP received requests for information from the SPSO relating to 6 complaints. 4 complaints were investigated further by the SPSO. Recommendations received in relation to 1 complaint have been noted and measures adopted to address. 3 complaints were further investigated with no recommendations.

Service improvements in response to complaints:

One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment, Service Quality and Staff Attitude are key issues for complaints and steps are being taken by services to improve these.

Patient/Service User/ Client and Carer Feedback

- 9.6 Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working. The HSCP continues to ensure mechanisms are in place to obtain feedback from patients, service users and carers. Various mechanisms have been used to capture experience of people who have been using/receiving our services so that we can learn both from what works for people and their priorities.

Quotes:

Received from a wife following the death of her husband: *I just wanted to thank all the team at Diabetes and Podiatry for your care of my husband over the last 12 years. The staff are all wonderful, every boy and girl. We got to know them so well they were all so respectful and thoughtful to us both, we got to learn a bit about their lives too, so close we all became over the years.*

Received from a carer: *thanks to all social work team and carers for all the help and kindness for an extended period of reablement to support a house move and help familiarising the service user with new appliances.*

Received by a mum through patient experience survey: *I never feel judged. All advice is relevant to my child in particular because my HV takes time to observe and ask about my child and then offer support, rather than launching in to a pre-determined spiel of what we should and shouldn't be doing. It makes it very easy to have a conversation with her and ask things I wouldn't necessarily ask others because I feel we have a good relationship.*

10. Mental Health Officer Service

- 10.1 Demand for guardianship (AWI) reports, which can only be completed by a qualified MHO, has risen steadily over recent years and mirrors increases across Scotland. In the period April to December 2023 we received 85 private referrals. Figures from the Mental Welfare Commission indicate that the number of guardianships completed in Renfrewshire is higher in terms of population than the other local authorities within the Glasgow and Clyde area. Additionally, most orders are now granted for shorter periods which brings additional work in respect of renewal reports.
- 10.2 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen in recent years and there are 111 at the time of this

report. Following the completion of the report, each order requires an MHO or qualified social worker to act as the “nominated officer” on behalf of the CSWO for day-to-day management of the AWI powers.

- 10.3 The other main area of work for the MHO Service comes under the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen again over the past year. The service has experienced an increase in the number of mental health tribunals being held and also a reported increase in interim tribunals with hearings revisited which adds additional demands on MHOs time and availability.
- 10.4 The service have worked hard to cut the waiting time for allocation for private AWI referrals and implemented processes that can evidence referrals and work completed. The waiting list for the allocation of private guardianships was sitting at a 6-9 month waiting time in the first half of 2023 but has been reduced significantly and reports are now meeting their statutory timescales and have less than a two week turnaround. This ensures that decision making powers are put in place in a timely manner which is of benefit to the individual, their family and carers and ensures that the adult is safeguarded

11. Quality Improvement

- 11.1 Renfrewshire HSCP aims to ensure that priorities are identified that lead to improvement in services. Some examples of this work include:

- Continual improvement on compliance of reviewing recorded incidents of overdue Datix. The substantive employment of a compliance officer has significant supported teams to keep achieving high performance in this area.
- Improvement work to continual support compliance with stat/man and priority training for staff
- Continual improvement on the completion of SAER investigations within time scales.
- Focused work on pressure ulcer reduction across Podiatry and DN services. Notable improvement seen within the board wide an local dashboards at end of 2023 with no avoidable pressure ulcer recorded for the last three months of the year.
- Housebound vaccination team continues to deliver vaccination programme at home offering seasonal flu and COVID as well as commencement of Shingles and Pneumococcal programme.
- A recent test of change has been completed looking at the quality of referral from Podiatry to the Vascular service. The quality of the referral is vital in the appropriate patient triage. This test of change aimed to examine a change of referral processes to evaluate impact on optimising provision and timely review of patients. Changes have been made to the process following feedback and SOP development in agreement with Vascular colleagues.
- CCAAT audits embedded within Mental health acute wards, DN, HV and School nursing teams.

12. Conclusion

- 12.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. Through our governance arrangements we will ensure safe and effective quality care that has a focus on management of risk to improve care and deliver better outcomes.

Key Priorities for 24/25

1. To maintain quality of care and professionalism within service when demand pressures remain high
2. To maintain and continue to improve performance related to incident management inclusive of SAERS and undertake to share learning
3. To continue to work in partnership to support all staff to be well trained and compliant with mandatory training and priority training key to their role.