

To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Head of Health and Social Care

Heading: Quality, Care and Professional Governance Annual Report 2022/2023

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Purpose

1.1 This paper is to present the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2022 - March 2023 to the Integration Joint Board (IJB).

2. Recommendation

It is recommended that the IJB:

- Note the content of the report (as attached in Appendix 1) provided on HSCP governance to provide the necessary assurance to the IJB that services continue to operate safely and effectively; and
- Note a number of examples are included within the report but not limited to.

3. Summary

3.1 The Renfrewshire Quality, Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire 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.

- 2.2 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care homes which aim to provide scrutiny, support including ongoing assurance visits and oversight of care homes across Renfrewshire.

Implications of the Report

1. **Financial** – None.
 2. **HR & Organisational Development** – None
 3. **Strategic Plan and Community Planning** – None
 4. **Wider Strategic Alignment** – None
 5. **Legal** – None
 6. **Property/Assets** – None
 7. **Information Technology** – None
 8. **Equality & Human Rights** – None
 9. **Fairer Scotland Duty** – None
 10. **Health & Safety** – None
 11. **Procurement** – None
 12. **Risk** – None
 13. **Privacy Impact** – None.
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List of Background Papers – None

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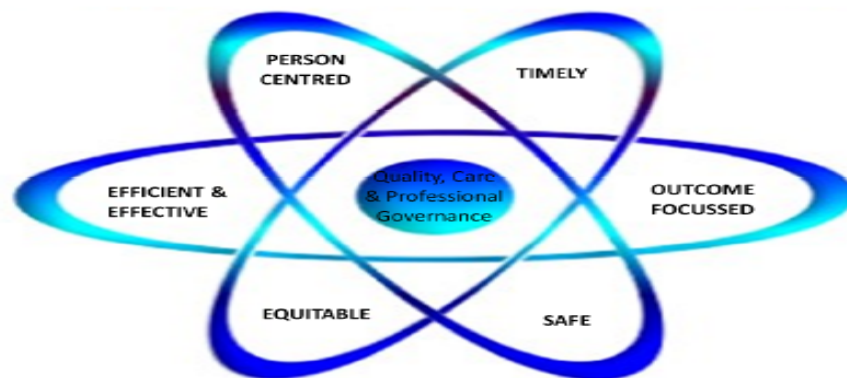
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1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care and Professional Governance activities during the period April 2022 - March 2023.

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.

Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance



2. Clinical and Care Governance Arrangements

- 2.1 **Scottish Government's Policy Statement on Integration states that:**

"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care".

- 2.2 Renfrewshire Health and Social Care Partnership 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:

- Renfrewshire Council's 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.
- Elements of Housing Services relating to adaptations and gardening assistance.
- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire HSCP hosts two NHS Greater Glasgow and Clyde Board-wide services: Podiatry and Primary Care Support.

Renfrewshire has a range of services that respond each day to the needs of local people. There are 28 GP practices, 43 community pharmacies, 21 community ophthalmic practices and 37 general dental practices. Within the 28 Renfrewshire GP practices there is a registered list population of approximately 186,239 (as at June 2023).

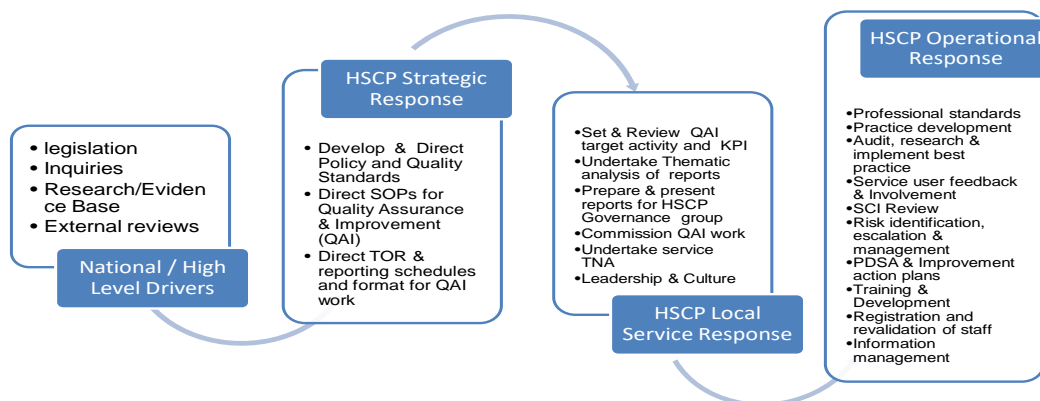
2.3 The HSCP have a number of supporting governance arrangements in place.

HSCP governance arrangements include:

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	<ul style="list-style-type: none"> • Twice Yearly <p>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.</p>
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all quality, clinical and care governance activity.</p>
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Monthly) • Learning Disability Governance Group (Monthly) • ADRS Clinical Services Group (Monthly) • Mental Health Clinical Services Group (Monthly) <p>These groups provide a focus for all quality, clinical and care governance activity.</p>
Chief Social Work Officers Professional Group	Chief Social Work Officer	This group is currently under review with a development session being planned.
Medicines Management Group	HSCP Lead Clinical Pharmacist	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all medicines management and prescribing budgets.</p>
Renfrewshire Health and Safety Committee	Chaired by the Head of Health and Social Care (West Renfrewshire)	<ul style="list-style-type: none"> • Quarterly <p>This group has responsibility for a co-ordinated framework for the management of health and safety issues.</p>
Renfrewshire Operational and Procedures Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Bi-monthly/or Quarterly (subject to requirement) <p>This group provides a forum to discuss, develop, review and ratify local operational procedures and guidelines associated with Adult Services.</p>

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

- 2.4 In addition, the HSCP have an established structure for professional governance, including system-wide arrangements, providing leadership, guidance, support and advice for relevant staff. The HSCP Chief Nurse attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is a member and chair of the NHS GGC Primary Care and Community Clinical Governance Forum.
- 2.5 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care homes which aim to provide scrutiny, support including ongoing assurance visits and oversight of care homes across Renfrewshire.
- 2.6 Within Renfrewshire Quality, Care and Professional Governance arrangements continue to be a dynamic process as illustrated below:



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

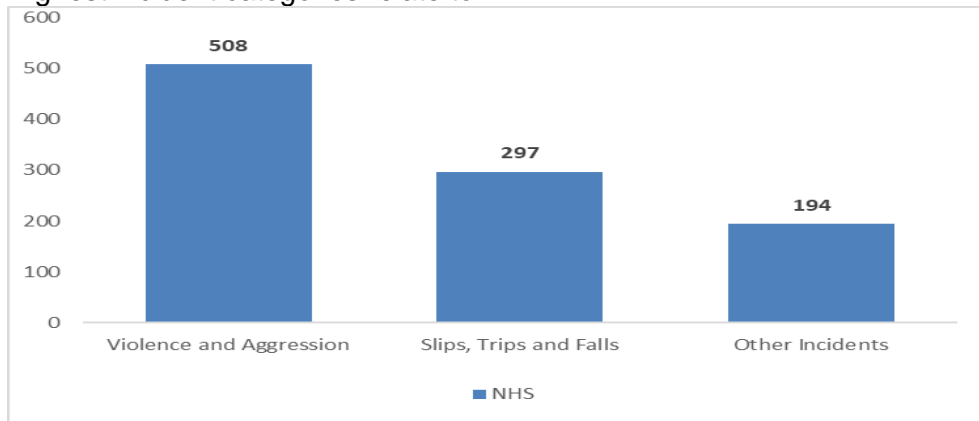
3. Safety (Incident Management, Reporting and Investigation)

- 3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.
- 3.2 The DATIX Incident Reporting System is used by NHS services to provide a clear reporting structure to record clinical incidents, near misses and complaints.

From April 2022 – March 2023 there were 1910 incidents reported on DATIX, compared to 1933 (-23) in the previous year.

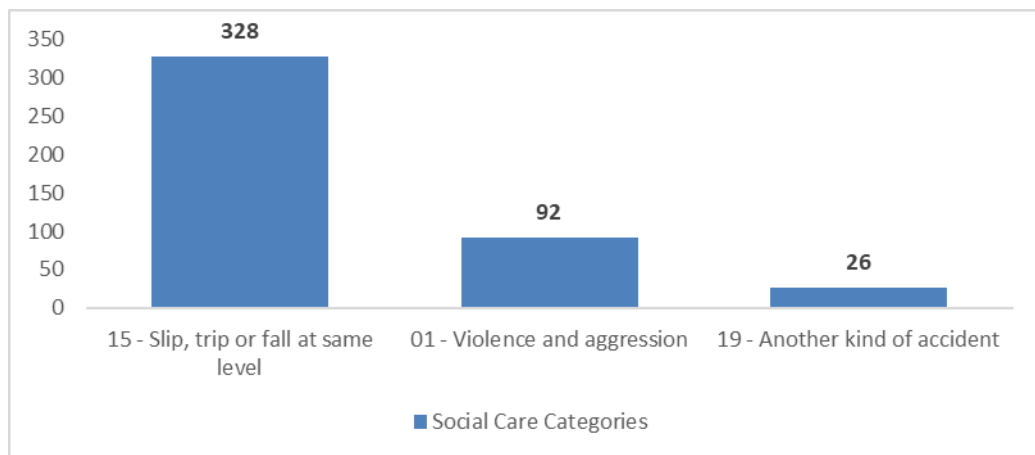
The highest reported categories relate to:

Highest incident categories relate to:



3.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically is called Business World. The Business World system underwent a rebuild this year with a new version going live on 5 January 2023. There is a delay in reporting functions within this system due to initial teething issues. A total of 531 accidents and incidents were reported on this system. This compared to 428 (+103) in the previous report. Note this increase may be attributable to better recording.

The highest reported categories relate to:



3.4

Actions in place to address the highest reported incident categories:

Violence and Aggression: Service areas have co-ordinated training being delivered to all staff groups regarding handling difficult telephone conversations to ensure there is consistent messaging to reduce the risk of miscommunication.

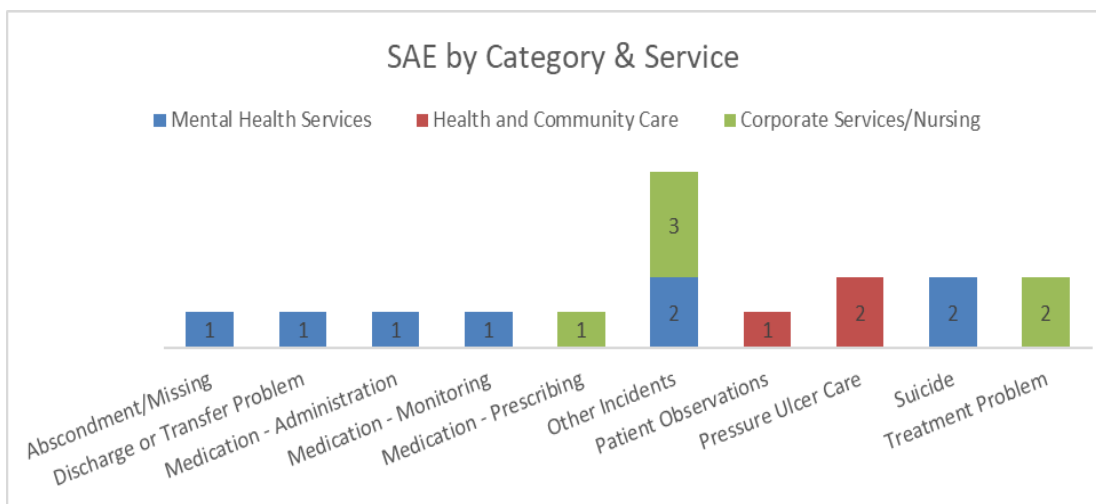
Inpatient mental health services have increased the availability of personal alarms for all staff groups who are working in the ward areas and two audits have been undertaken to monitor compliance.

Slips, Trips and Falls: All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.

Other incidents: Work continues with service managers to reduce the use of “other” categories by ensuring appropriate categories are used for incidents. This will enable better analysis and action planning of known incidents.

3.5 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.

From April 2022 – March 2023 a total of 16 SAERs have been commissioned within Renfrewshire HSCP. This compared to 10 SAERs in the previous year. The incident type of these incidents varied: 8 incidents occurred within Mental Health Services, 3 within Health and Community Care and 6 within Nursing. All staff involved in commissioning/conducting SAERs must adhere to a series of principles and key requirements.



- 3.6 **Examples of incident management/investigation/reporting improvements:**
- Learning from SAEs is shared at various meetings within services.
 - A process is in place to share learning across HSCP Governance groups and NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum.
 - Mental Health services have an incident review group in place.
 - Any learning from SAER reviews shared as appropriate via Chief Nurse structure.

3.7 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires organisations to report certain incidents to the Health and Safety Executive (HSE) that occur as a result of, or in connection with, the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

3.8 From April 2022 – March 2023 a total of 20 incidents were investigated as RIDDORs within health and social care services, this was a decrease of (-2) from the number incidents in the previous reporting period.

3.9 Breakdown includes:

Category	NHS			Social Care	
	Mental Health Services	Health and Community Care	Corporate Services/Nursing	Learning Disability	Care at Home
Slips, Trips and Falls	1	1		1	4
Violence and Aggression	5		1	1	
Contact with an Object		1			
19 - Another kind of accident					1
10 - Lifting or handling injury					3
Trapped by something collapsing					1

3.10

Some examples of recommendations as a result of RIDDOR:

- Violence and aggression training refresh for staff.
- Review of risk assessments.
- Sharing of information with the Health and Safety Committee for shared learning and governance.

4. Contracts Management - Contracts and Commissioning Team

4.1 In 2021/2022 the HSCP invested in a new Contracts and Commissioning team. This team brings together the pre-existing Contracts Management team with a newly formed Commissioning team.

4.2 Over the last year in-person contract management visits resumed in most service settings. This has allowed for more thorough monitoring and oversight of purchased service contracts and clearer analysis of risks, issues, sustainability, and outcomes. 24 visits took place in 2022, with 16 so far having taken place in 2023.

4.3 To support the effective management of HSCP social care contracts, the Contracts part of the team have 4 key work streams:

1. 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.

4.4 The Contracts Management side of the team have been focussed on supporting providers through the recovery from the impact of the COVID pandemic.

This includes:

- Monitor compliance with the NES online TURAS reporting tool and follow up concerns/issues with providers.
- Participate in MDT COVID oversight management huddle.
- Facilitate care home manager's peer support meeting.
- Distribute COVID related guidance to all social care providers.
- Support the programme of distributing payments to all social care providers to promote sustainability.
- To work with providers with their COVID related mobilisation and sustainability planning.
- Provider support to the social care provider forums.
- Provide the first point of contact to all social care providers on COVID related or any other concerns.

4.5 Over the last year the team has responded to 971 reported significant events submitted by providers.

5. Risk Management

5.1 Renfrewshire HSCP continues to embed the revised risk management framework across services to ensure that risks and issues are managed and escalated accordingly and consistently to the appropriate management levels/forums.

5.2 In April 2021 the IJB approved the implementation of a revised risk framework and this was soft launched to all of our HSCP services in July 2021. As part of the implementation a risk network was established with representation from all services to give the process a revised focus and to assure the consistent capture, escalation and reporting of risks and issues across services. The HSCP participates in a cross-HSCP group with contributions from NHSGGC and all partnerships within the Board area to share insight on emerging risks, develop consistency and share good practice. In addition, the HSCP is represented on, and participates in the ALARM UK National Health and Social Care Risk Committee and Forum, providing further opportunity to identify and share good practice.

5.3 A consolidated risk and issue register, supported by service level risk logs, continues to be maintained with regular updates and reporting to the HSCP Senior Management Team monthly and a report to the IJB Audit, Risk and Scrutiny Committee at each scheduled Committee meeting. The Audit, Risk and Scrutiny Committee provide the updates to the IJB as required.

5.4 An internal audit review of risk management arrangements, led by Azets, commenced at the end of March 2023. The findings of this review will be used to make further improvements to risks management arrangements where possible, and will contribute to the scheduled review of the IJB's risk management policy and framework in 2023/24.

5.5 **Example of risk management improvements:**

- The HSCP Risk Network continues to support risk identification and supporting discussions with identified 'Champions' and 'Delegates' from each service area within the HSCP.
- A Risk Framework Guide and Training Module has been developed and signed off and these were launched in Summer 2022. Implementation continues to be monitored with supporting communications to services on an ongoing basis.

6. Public Protection

6.1 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.

6.2 Adult Support and Protection (ASP)

ASP data is currently reported to Scottish Government by all local authorities via an annual data return. The data reported here relates to contact points the general public have had with Renfrewshire ASP services between April 2022 and 31 March 2023.

6.2.1 The total number of ASP referrals for 2022/23 was 1314; in comparison to 1298 for 2021/22. While there has been an increase in referrals, this does not necessarily mean there has been an increase in the number of people harmed for the following reasons:

- 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.
- ASP referrals only capture those in contact with ASP services and may not include all adults 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.

6.2.2 Police Scotland remains the biggest source of ASP referrals, by submitting 106 referrals.

6.2.3 There were 98 ASP investigations completed during the period 2022/23, which is on a par with the previous end of year reporting 2021/22 of 91. The largest number of investigations related to service users with Dementia and Mental Health, followed by Learning Disability. The main types of harm which resulted in an investigation were financial and physical abused, followed by psychological, neglect, self-harm, followed by sexual harm. The location of the principal harm, which resulted in an investigation taking place remains the adult's own home.

6.2.4 There has been an increase in welfare concern referrals from Scottish Fire and Rescue (SFR) with 54 being received, in comparison to 22 for 2021/22. This may be due to SFRS having changed their referral forms and removed welfare concerns from the form. Work is underway to resolve this issue.

6.2.5 Improvement Work:

- Renfrewshire has been identified as one of the Adult Protection Committees to be involved in the co-design and test of a new ASP Minimum Data Set, which has been commissioned by the Scottish Government.

6.3 Child Protection

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 March 2023 had 80 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.

- 6.3.1 We continue to liaise and work together across services to learn and improve our practice from multi-agency learning reviews. One learning review report was submitted to the Renfrewshire Child Protection Committee in June 2022 and all agencies are committed to addressing the actions identified to embed the learning into practice, including a refresh of the Children's Service Planning Group, Getting it Right for Every Child (GIRFEC) guidance.
- 6.3.2 Child Protection supervision between Health Visitors and their Team Leader has also been maintained throughout the past year, allowing for staff reflection, containment and learning. Where required, advice and support has been sought from our Child Protection Service.

7. Healthcare Associated Infections (HAI)/Healthcare Environment Inspectorate (HEI)/Core Audits

- 7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples to support improvements include

- The Combined Care Assurance Audit Tool (CCAT) is now embedded within the audit cycle of Mental Health Inpatient Services. A comprehensive audit will be completed by each ward every two months, with a peer audit twice a year.
- Continued COVID testing of symptomatic older adults in care homes within the HSCP and oversight of the results.

8. Professional Registration

- 8.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. There are systems and processes in place to monitor clinical and non-clinical staff registration and revalidation to ensure that any lapses are minimised and any issues are escalated and actioned accordingly.

NHS services have tested the recording and monitoring of professional registrations on eESS and early indications being this method is valued as being available to all levels of leadership and ability to pull off team, service and HSCP level reports.

9. Patient Centred

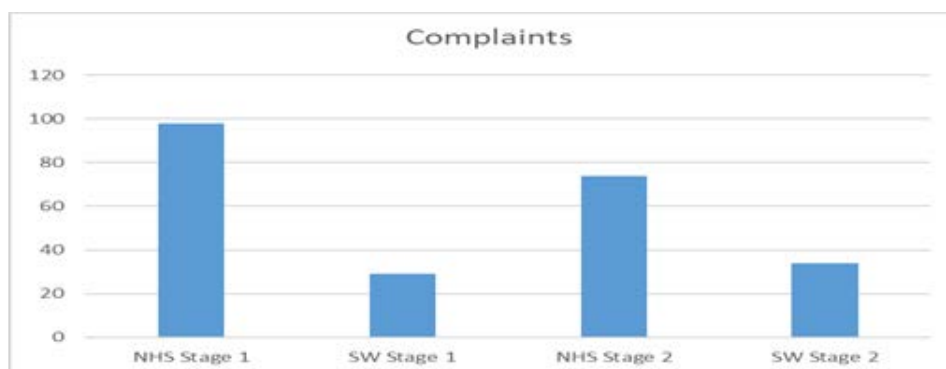
9.1 Complaints

The following provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2022 to 31 March 2023.

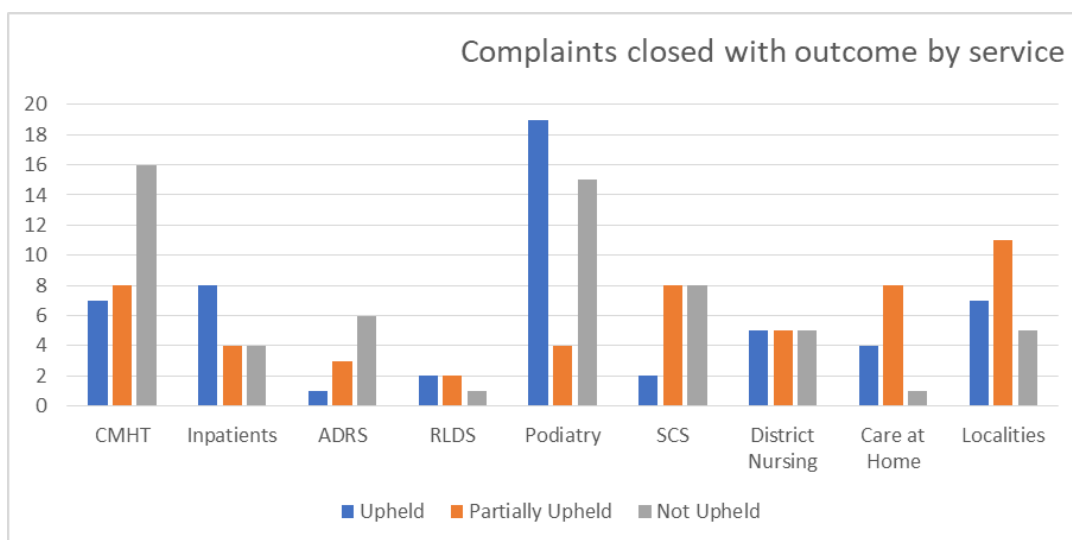
9.2 Total complaints received from April 2022 - March 2023; 2021 - 2022 & 2020 – 2021

2022-2023	2021-2022	2020-2021
235	173	113

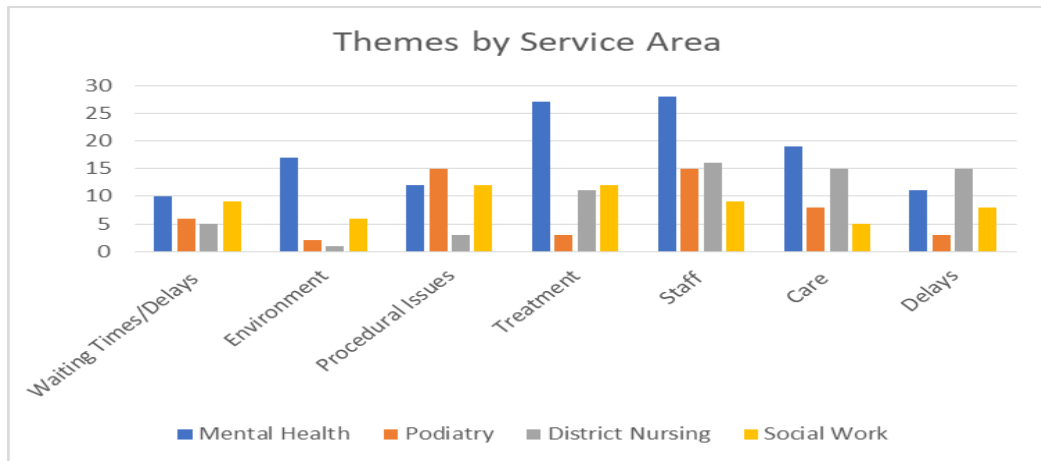
9.3 During 2022 - 2023 there has been a 36% increase in the number of complaints received. This was not an unexpected increase as services re-mobilised following the COVID-19 pandemic.



9.4 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.



9.5 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.



9.6 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 2022 – 31 March 2023, Renfrewshire HSCP received requests for information from the SPSO relating to 2 complaints. Both complaints were investigated further by the SPSO. All recommendations have been introduced.

9.7 A Council Complaints and Enquiries audit was undertaken in September 2022. The objectives of the review were to ensure that:

- Relevant staff are aware of the Complaints procedures.
- There is sufficient evidence held by HSCP officers to demonstrate compliance with the Complaints procedures.
- Relevant staff are aware of procedures for dealing with councillor requests for information.
- There is sufficient evidence held by HSCP officers to demonstrate compliance with procedures for administering councillor requests for information.

10 complaints and 10 enquiries were reviewed following which the following recommendations were introduced:

- Document version control was reviewed and updated. Version control tables will be maintained going forward.
- Complaints recording spreadsheets have been updated to include additional date capture fields to ensure that actions taken are fully recorded and auditable.

Other changes undertaken during 2022-2023

- Unacceptable Actions Policy and Engagement Policy established.
- All correspondence templates updated for improved compliance and structure.
- Complaints training materials have been reviewed and updated.

9.8

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.

10. Patient/Service User/Client and Carer Feedback

10.1 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.

10.2 A snapshot of some of the feedback received:

"Without exception all care staff are extremely friendly, chatty, helpful and empathetic and all displayed a high degree of professionalism in their work" – Family member about Care at Home

"District Nurses were able to provide support and guidance which helped build my Mother's overall confidence in adapting to her condition. Thank you to all District Nurses for their care, empathy and support" – Family member about DN service

"I recently received inpatient treatment at Dykebar Hospital for my mental health. I would just like to say a big thank you to all the nurses, healthcare assistants and the Occupational Therapy team, for the part they played in giving me my life back. Although I'm not 100% better, I am certainly on the right track" – Mental Health Inpatient Service

"My father has been attending the Podiatry department over the past month. I have been attending with him and I have to say how outstanding the care has been from being seen extremely quickly after his referral to the highest standard of care during his weekly visits. In addition, I took extremely unwell in reception and the staff took full control and got me over to A&E. Forever grateful to everyone we came in contact with. You are all stars!" - Feedback: Podiatry Team at the Queen Elizabeth Hospital

"Our thanks as family for all the help and support we have received recently from the CAMH Service at the Aranthrue Centre. Our daughter has had a challenging time over the last few years and was eventually diagnosed with an eating disorder. She was supported by everyone who saw her within the Team. We couldn't have met a nicer Team of people. Everyone was so kind and supportive to our daughter. We saw Fiona on Reception every week too and she was always lovely and welcoming" - Parent of a young person attending CAMHS

10.3 The HSCP offer a number of clinical and practical placements to a range of students undertaking health and social care courses. It is critical to succession planning to provide high quality placements to support learning and development for our future workforce.

10.4 A snapshot received from the students on placements and patient feedback received:

"Experienced a range of different job roles and training; the most amazing mentors who couldn't have been more welcoming and nurturing to me" and "welcoming and supportive team. Lots of learning opportunities. Opportunities to work in complex needs schools and clinics in hospital to advance skills learned in the community. very satisfied with this placement" - Student on placement with the Community Children's Nursing Team

"I'd like to express my thanks to Ellie (Student Podiatrist) at QEUH Glasgow for her professional attitude and personable character, as well as taking the time to carry out a thorough assessment and treatment plan. I was really impressed with her personable attitude and professional outlook towards patient care. Thanks also to other members of the Podiatry team who work well to support each other" - Patient attending Podiatry Service

10.5

Service Improvements to support newly qualified staff

Newly qualified Podiatrist (NQP) matched with a mentor, allowed protected time to learn and develop and all of participants have completed the Flying Start programme. Results are shown to improve confidence levels and support the NQP to become a safe, effective and patient centred clinicians and as a result a total of 14 out of 19 staff remained in employment in GGC Podiatry within 18 months of completing the programme.

11. Mental Health Officer (MHO) Service

11.1 Mental Health Officer (MHO) Service provides a responsive service to requests for consent to detentions under the Mental Health (Care and Treatment) (Scotland) Act (MHCTA) and completes reports under the Adults with Incapacity (Scotland) Act (AWI). The MHO service completes referrals and reports for individuals subject to detention and provides information regarding the right to appeal detention, access to independent advocacy and independent legal advice or representation. Under this Act, the MHO service also ensures identification of Named Person in terms of the MHCTA and are involved in decisions regarding the detention. The other area of work for the MHO service is completing applications for both local authority and private guardianship applications. MHO staff have a statutory role with the supervision of mentally disordered offenders under the Criminal Procedures (Scotland) Act 1995.

11.2 Demand for Adult with Incapacity (AWI) reports, which can only be completed by a qualified MHO, has risen steadily over recent years which mirrors increases across Scotland. In 2022/23 we received 251 AWI referrals which is an increase on the previous year. Nearly all new orders granted are for periods of less than 5 years which brings additional work pressure in respect of renewal reports required from an MHO.

11.3 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen in recent years, from 79 in March 2015 to the figure of 120 at the time of this report. Following the completion of the report, each order requires a qualified social worker to act as the "nominated officer" on behalf of the CSWO for day-to-day management of the AWI powers. In addition, there are currently in excess of approximately 600 private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a

guardianship supervisor after being granted by the Sheriff and this is monitored by the Mental Welfare Commission.

- 11.4 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen again over the past year. This figure is replicated nationally with detentions being kept for longer and more short-term detentions continuing to treatment orders. The service has also experienced an increase in the number of mental health tribunals being held which adds to the demands on MHOs.
- 11.5 The MHO service along with many other service areas within the HSCP has felt the pressures of increased workload, staff pressures and the other demands since the COVID pandemic. As a result of the pandemic, a time extension was put on the guardianships within this timescale. There was an additional 167 days before renewal is required which is now coming to an end and which has increased the workload for the MHO service. As a team, we have also worked hard to reduce the waiting list for private AWI referrals to ensure powers are in place in a timely manner to respond to hospital discharges and ensure adults are safeguarded, all of which has put high levels of demand on the MHO staff in this area.

12. Care Inspectorate

- 12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.
- 12.2 The Care Inspectorate are key members of the fortnightly multi-disciplinary team discussions that occur within the HSCP in relation to care homes.

13. Quality Improvement / Clinical Effectiveness

- 13.1 Renfrewshire HSCP aims to ensure that priorities are identified that lead to improvement in services.
- 13.2 A number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year. The following highlight examples of learning, improvement or good practice in relation to specific areas; safe care, effective care and person centred care.
- 13.2.1 **Safe Care:**
Improvement on compliance of reviewing recorded incidents since the introduction of regular monitoring in 2022/2023 of overdue Datix - the HSCP has seen a reduction from 145 to 15. With the help of regular scrutiny the HSCP have managed to sit within NHSGGC top 3 achievers of low overdue Datix. These levels have been achieved thanks to all services' commitment ensuring Datix are actioned timeously, using monthly reports provided as a prompt to maintain this level of completion.

Suicide Risk and Design group within Mental Health services are carrying out several pieces of work in relation to ligature reduction around the new training module and review of the reduce ligature policy and self-harm control checklists. Work has commenced on all en-suite doors within Dykebar Hospital's two Adult Admission wards.

Reducing the number of incomplete/unactioned SAERs - A focussed piece of work was implemented including a monthly monitoring report provided to service managers each month. When these reports were introduced there were 19 possible SAEs awaiting process in the system, as at the end of March 2023, this was reduced to 6 across all services areas.

Drug Related Deaths report from July 2022 noted 50 drug-related deaths in Renfrewshire in 2021, a decrease of 25% compared with the previous year. The Drug Death Prevention group has been fundamental in implementing a multiagency Naloxone Delivery group and work plan and the development of an enhanced drug death review process for Renfrewshire.

District Nursing service has access to a Pressure Ulcer dashboard and monitors the prevalence of pressure ulcers.

Learning Reviews commissioned by Renfrewshire Child Protection Committee, which support reflection, learning and improvements in systems and practice by reviewing events when children or young people have been harmed, placed at risk of harm, or where effective practice has prevented harm or risk of harm. One review reported in 2022/23 and all agencies are committed to addressing the actions identified to embed the learning into practice.

Renfrewshire Learning Disability Service have made significant training progress has been made with staff training compliance markedly higher following recommendation from Care Inspectorate for registered service areas.

Housebound vaccination team leave a copy of the vaccination leaflet, detailing the date the vaccination was administered in the house, so it visible to family and carers.

Analogy to digital project is leading the way with the role out of digital alarms ensuring that service users remain protected when analogue lines are switched off. Four out of every five service years have already transitioned over.

13.2.2 **Effective care**

Alcohol Drug Rehabilitation Service have implemented standard operating procedures for alcohol provision, physical health assessment and Naloxone provision have recently been implemented. MAT Standards Implementation Plan and Residential Rehabilitation Pathway are also now in place.

Development of induction and competency framework for Health Care Support Workers within new Home First Response Service and using patient feedback to inform the service modelling.

Renfrewshire Learning Disability Service Day/Respite and Community Teams hold participation network events on a quarterly basis. Aim is to engage with individuals focussing on topics raised from the LD Action Plan to input to wider policy development as part of the National Involvement Network.

District Nursing Service has increased leadership capacity provide increased clinical leadership within the teams, improve support and clinical supervision.

Podiatry service have made a commitment to improve record keeping in foot protection patients. They have completed audits, developed tools and prompts and electronic resources to improve compliance, which have been shared across

the service. Compliance is improving demonstrated by re-auditing and work is ongoing to drive continuous improvement

13.2.3 **Person Centred Care**

Mental Health and Wellbeing MHS introduced occupational therapists in May 2022 with focus into three of West Renfrewshire GP practices.

Community Safety service are receiving referrals from locality social work teams promoting inter-agency working. They continue to work alongside HSCP colleagues, Police and housing services as a front line point of contact.

Hospital Social Work and locality Social work team's performance is consistently in the top 3 local authority areas of the lowest number of patients who require an extended stay in hospital. There is constant focus, commitment and hard work within the Renfrewshire ensuring there is close team work to achieve the best outcomes for our residents allowing discharge from hospital when the patient is fit for discharge, avoiding a protracted stay in hospital.

Alcohol and Drug Rehabilitation Service Transition team have made significant progress in the implementation of the Alcohol Recovery Pathway. The National Recovery Walk on 24 September 2022 was a great success and very well attended.

Part of the Caring and Connecting agenda, a Change Maker's Conversation Café took place on 3 March 2023. This was a well-attended and vibrant event with keynote speakers with lived experience reinforcing the importance of active inclusion of those with lived experience in support change in services and recovery focus supports.

The MAT Implementation Plan will concentrate on specific actions and work towards full implementation of all 10 Standards by April 2023.

Podiatry service following telephone triage clinics asked for feedback from patients regarding their experience. The feedback was overall positive, with most patients being satisfied with the quality of their interaction with the clinical and ease and accessibility to the service via telephone call.

RLDS have had an improvement initiative established, supporting professionals to make reasonable adjustments when providing services for people with learning difficulties.

Successful continuation of the Creative Wellbeing Fund utilised to develop creative activities to build confidence and self-esteem through workshops.

Care Home Nursing Support Team is new service that provides support and skill development training to care home staff, supporting residents to remain in the care home and avoid unnecessary hospital admission.

Support to displaced people and asylum seekers by creating key documents regarding how to access NHS services in relevant languages.

Locality Social Work teams whilst managing increased demand for community services ensure service users and their families are supported effectively to maintain independence, choice and control with the use of self-directed support of the services they receive.

14. Implementation of Guidance/Policies

- 14.1 Renfrewshire HSCP aims to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly.

15. Good News - Recognising and celebrating success

- 15.1 Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff and services within the HSCP have received a number of awards.

Some examples of areas of success to celebrate:

- **Nurse of the Year:** Brenda Kirk, Nurse Team Leader within the Children's Disability Team was the winner of the Scottish Health Awards 2022 of the Nurse of the Year Award.
- **Recognising efforts:** Each year, the HSCP staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership. The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year and the winners came from across all the service areas. The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our staff.

16. Conclusion

- 16.1 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 has a focus on management of risk, of improving care and delivering better outcomes.

Key priorities for 2023/2024 include:

- To maintain quality of care and professionalism within services where the demand pressures are high.
- To maintain and improve performance in relation to reviewing incidents and SAERs.
- To deliver high quality education placements for students on clinical and practical placements.