

To: Renfrewshire Integration Joint Board

On: 29 June 2018

Report by: Chief Officer

Heading: Quality, Care and Professional Governance Annual Report 2017/18

1. Purpose

- 1.1 This paper is to present the Quality, Care and Professional Governance Annual Report for the period April 2017 – March 2018 to the Integration Joint Board (Appendix 1). The paper also sets out the proposed new HSCP Quality, Care & Professional Governance structure, detailed in Section 2.3 and illustrated in Appendix 2.

2. Summary

- 2.1 Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.
- 2.2 The Renfrewshire Quality Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government.
- 2.3 A review of the HSCP governance arrangements was undertaken in early 2018, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap.

Following this review it is proposed that:

- A new Renfrewshire HSCP Quality, Care & Professional Governance – Operational Procedures & Guidelines Group be introduced to provide a governance forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.
- The work of the Professional Executive Group be incorporated into the Renfrewshire HSCP Localities Clinical & Care & Mental Health, Addictions & Learning Disability Services Governance Groups of which professional representatives are already a member. However, there is recognition/commitment that bespoke meetings may have to be arranged as required.

3. Recommendation

It is recommended that the IJB:

- Note the content of the report, attached in Appendix 1;

- Approve the proposed new HSCP Quality, Care & Professional Governance structure, attached in Appendix 2; and
- Note that future annual reports will be produced in line with NHS Greater Glasgow & Clyde's reporting cycle (April – March).

Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology** – Managing information and making information available may require ICT input.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety – Nil**
9. **Procurement – Nil**
10. **Risk – Nil**
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers:

- Renfrewshire HSCP Quality, Care & Professional Governance Framework (approved by the IJB on 18 September 2015).

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Renfrewshire HSCP

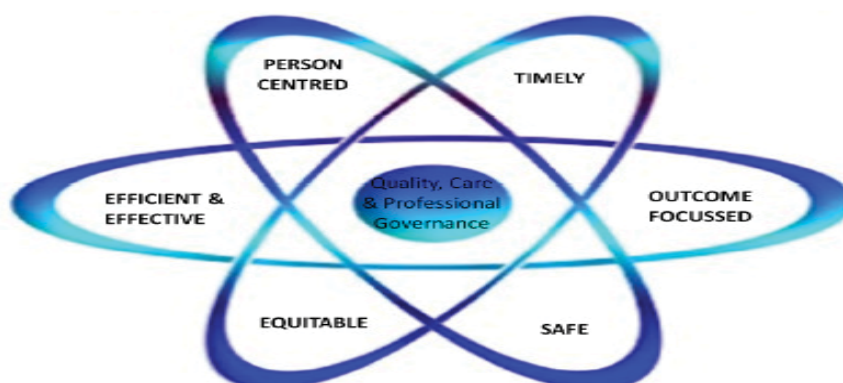
Quality, Care & Professional Governance Annual Report (April 2017 – March 2018)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2017 to March 2018. The report provides a variety of evidence to continue to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link: <http://www.gov.scot/Resource/0049/00491266.pdf>.

Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient & Effective.

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



2. Introduction

- 2.1 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. Addictions, 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 & Clyde Board wide services:

Podiatry and Primary Care Support.

- 2.2 Renfrewshire is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City.
- 2.3 Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 30 general dental practitioners, with a practice population of 189,956 (as of January 2018).
- 2.4 GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. The 29 GP practices within Renfrewshire have been formed into a six cluster approach, under two localities – Paisley and West Renfrewshire. Two within Paisley and four within West Renfrewshire. These are professional groupings of general practices that meet regularly to drive quality improvements within Primary Care, represented by their Practice Quality Lead (PQL). Each GP cluster have a GP designated as the Cluster Quality Lead (CQL), who has a coordinating role within the cluster.
- 2.5 In the HSCPs first HSCP Annual Quality, Care & Professional Governance report, March 2017 Link: <https://goo.gl/1ujF0F> a number of specific commitments were made that have/are being implemented including:

Commitment	Update on progress made
Training	
Staff to be invited to participate in Significant Clinical Incident (SCI) Masterclass /shadowing opportunities to be arranged.	A number of staff have had the opportunity to shadow SCI reviews. Sessions are also available for staff to participate in SCI Master classes via the Clinical Risk Department.
Arrange Council Officers Training for Health Senior Managers and new Social Workers.	A few health staff have now undertaken the last 2 days of the full 5 day council officer training. Relevant Social Worker staff have also undertaken the 5 day Council Officer Training as part of their statutory duties.
Roll out further programme of Root Cause Analysis Training.	A schedule of Root Cause Analysis Training dates have been confirmed for the year.
Staff to be invited to participate in Risk Management/Register Development Session.	A Risk Development Session took place on 7 th March 2017 which over 20+ staff attended.
Guidance	
Develop guidance to support the process of completing and quality assuring a Rapid Alert for Social Work Significant Incidents.	Staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.
Develop guidance around Large Scale Investigations.	Work is ongoing at a local and national level in developing consistent Large Scale Investigation guidance.
Review process in line with Duty of Candour. Link: www.gov.scot/Topics/Health/Policy/Duty-of-Candour .	The new duty of candour regulations will commence from 1 st April 2018. The duty creates a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The Scottish Government published supporting regulations

	<p>on 13th February 2018.</p> <p>An NHS GG&C Short Life Working Group developed a Policy and Procedure (Duty of Candour Compliance) which locally there has a series of presentations/consultations with the Senior Management Team, Adult Protection Committee and Service Managers regarding the draft policy and expectations. Once finalised it is proposed that this policy will be shared and amended locally for other non-Health services such as social care. An e-learning resource is also being developed by NHS Education for Scotland.</p>
Commitment	Update on progress made
Communication	
Include regular 3 key messages communications around governance within Renfrewshire HSCP team brief.	Regular key governance messages are included within Renfrewshire HSCP Team Brief. Examples include: updates on Duty of Candour, Carers Act, Dementia Strategy, Renfrewshire Health & Safety Roadshows, Flu vaccinations and Inspection of Adult Services.
Patient/Service User/Client and Carer Feedback	
Create a group of volunteers.	Recruitment process is underway to expand the number of volunteers within Renfrewshire HSCP. The role of the volunteer is to provide support and assist services to gain feedback/information from Adults using health and social care services via their service user/carers experience. This will aim to improve access to quality health and social care services, learn from feedback and implement action plans on areas identified for improvement. Our Associate Clinical Director is leading this work.
Roll out further programme of Patient Experience initiatives.	<p>The HSCP has extended this work by linking with a local volunteer to gain valuable insight into patient/service user and carers experience. Since the last report the Care at Home Service has invited the volunteer into their service to have conversations with people they care for about their experience, treatment, involvement and care. The recommendations from this have been incorporated into the overall Care at Home review/workplan.</p> <p>The volunteer has also worked with the Family Nurse Partnership to ascertain the views of clients in the first Family Nurse Partnership (FNP) cohort in Renfrewshire, East Renfrewshire, and Inverclyde about their FNP Journey and the impact of the programme on themselves and their child. This work builds upon programme of work previously undertaken within areas of District Nursing, Rehabilitation & Enablement, Podiatry Services and GP Practices.</p>

3. Clinical & Care Governance Arrangements

3.1 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".

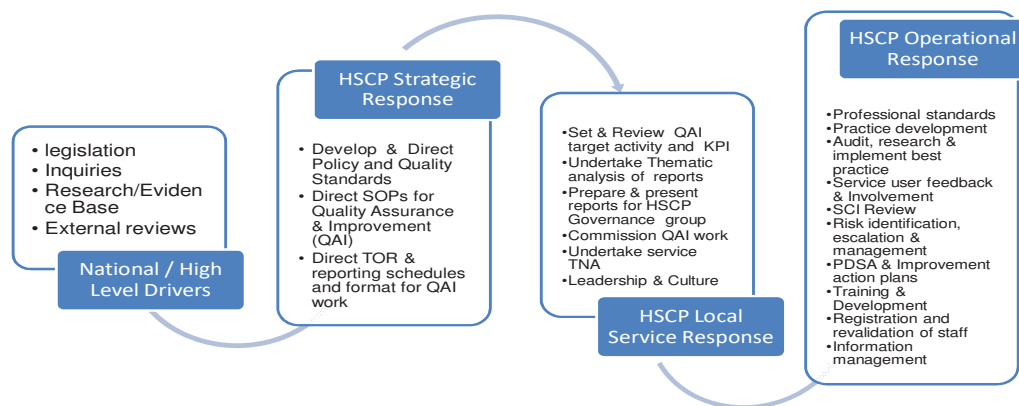
3.2 Renfrewshire HSCP have a number of supporting governance arrangements in place to ensure that the health & social care systems are working to a shared understanding and definition for Quality, Care & Professional Governance.

These include:

- Renfrewshire HSCP Executive Governance Group (REGG)
- Renfrewshire HSCP Professional Executive Group (PEG)
- Renfrewshire HSCP Service Pod - Locality Services
- Renfrewshire HSCP Service Pod - Mental Health, Addictions and Learning Disability Services
- Renfrewshire Chief Social Work Officers Professional Group (CSWO)
- Renfrewshire HSCP Medicines Management Group
- Renfrewshire Health & Safety Committee.

3.3 The HSCP Quality, Care & Professional Governance groups focus on issues arising from complaints and incidents and patient experience/feedback as these provide a vital source of learning and basis for improvement actions.

3.4 Quality, Care & Professional Governance arrangements within Renfrewshire are 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.

3.5 A review of the HSCP governance arrangements was undertaken in early 2018, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap. **See Appendix A for revised structure.**

This structure will enable:

- The introduction of a new Renfrewshire HSCP Quality, Care & Professional Governance – Operational Procedures & Guidelines Group to provide a

governance forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.

- Incorporate the work of the Professional Executive Group into the Renfrewshire HSCP Localities Clinical & Care & Mental Health, Addictions & Learning Disability Services Governance Groups of which professional representatives are already a member. However, there is recognition/commitment that bespoke meetings may have to be arranged as required.

3.6 The HSCP also has an established structure for professional governance, including system wide arrangements, providing leadership, guidance, support and advice for relevant staff. **See Appendix B.**

These include:

- Arrangements for professional leadership of Social Work staff with defined links to the Chief Social Work Officer
- A GP Clinical Director
- A Chief Nurse
- A Clinical Lead for Mental Health
- Professional Leads for each Allied Health Service.

The HSCP Chief Nurse also 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 chair of the NHS GG&C Primary Care and Community Clinical Governance Forum.

4. **Safety (Incident Management, Reporting and Investigation)**

4.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. There are various systems currently used within Renfrewshire HSCP to capture this including:

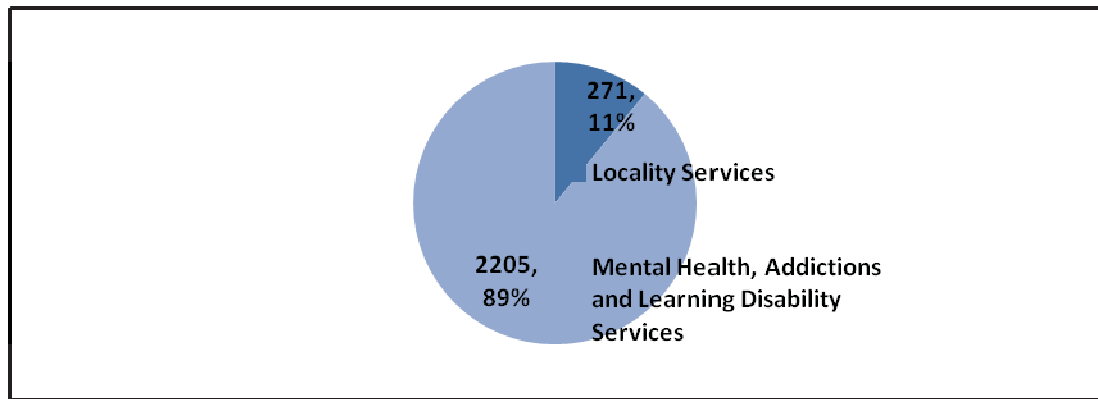
- DATIX (Datix Incident Reporting System) – Health
- AIRD (Accident Incident Reporting Database) – Social Work
- SCIs (Significant Clinical Incidents)
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)
- Contracts Monitoring.

4.1.1 **DATIX**

4.1.1.1 DATIX is used to provide a clear reporting structure to record clinical incidents, near misses and complaints. DATIX is used to help improve safety for staff, visitors and contractors. Any incidents, near misses, complaints or concerns can be easily reported on the web based form. Managers can use this information to make informed decision on how to manage patient safety and identify those areas where risk is most in need of reduction.

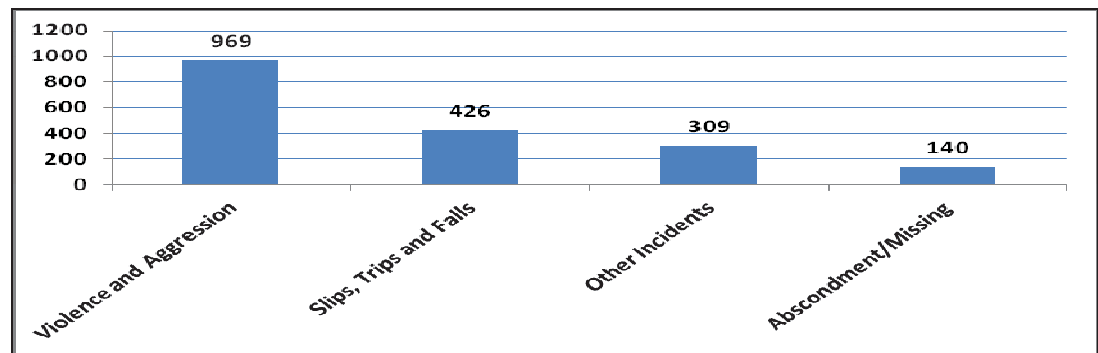
There were **2476** incidents reported between April 2017 – March 2018, compared to **2437 (+39)** in the previous year report.

Incidents Reported on DATIX



4.1.1.2 From April 2017 – March 2018 the highest reported categories relate to:

Highest Incident Categories Reported on DATIX



4.1.1.3

Actions in place to address the highest reported categories:

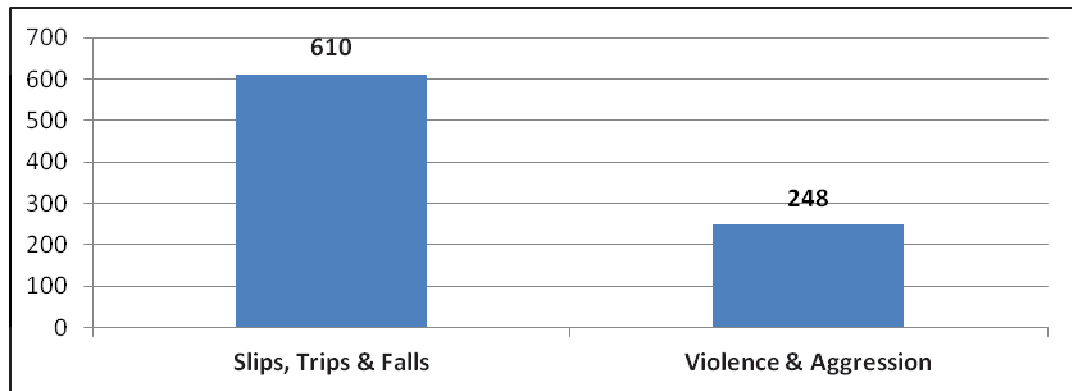
- Violence and Aggression:** Training and refresher training are in place for staff in all wards and community departments and e-learning module is available. Violence Reduction service is available for staff within mental health to provide advice and support to staff around violence reduction and de-escalation strategies.
- Slip/Trips and Falls:** In 2017 over 200 staff across the partnership attended Positive Steps Training. As a follow up the Rehabilitation Enablement Service and Health Improvement are providing additional dates for training in 2018. The HSCP Clinical Governance Facilitator is also leading on a project to reduce the number of reported falls by 25% in 12 months in the Older People's Mental Health Wards (North and East). This project will conclude during 2018 and a review will be undertaken to determine which strategies/interventions were successful. This will form part of an overall methodology that will include an agreed multi-factorial risk assessment and management plan. An NHS GG&C Board-wide short life working group is currently being established to produce this assessment and management plan which will be cross-referenced with NICE guidance 2013. (5).
- Other incidents:** Work is ongoing board wide to further refine categories and descriptors and with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents

4.2 Accident Incident Reporting Database (AIRD)

4.2.1 The Accident Incident Reporting Database (AIRD) is a Lotus Notes based database which allows users within social work services to record accidents electronically.

During the period April 2017 – March 2018 there were a total of **858** accidents reported, compared to **903 (-45)** in the previous year report.

Incidents Reported on AIRD



The majority of reporting on AIRD occurs through notifications by the Partnership's Registered Care Services.

4.2.2

Actions in place to address incident management:

Slip/Trips and Falls: Through the Renfrewshire Falls Prevention & Management Group work streams it is recommended that:

- All reported/observed falls within care homes or day centres – complete a post-falls incident report.
- All residents to have Multifactorial Falls Risk Screening tool (MFRS) completed, or equivalent documentation.
- All falls in non-residential setting to be referred to the Rehabilitation & Enablement Service for Level 2 multifactorial assessment – in line with local falls pathway.

4.2.3

Medication Errors

224 Medication Errors were also reported on AIRD in the last year. Work is being undertaken to refine the reporting categories within medication errors. Current reported incidents include near misses as well as reportable incidents as defined by the Care Inspectorate.

In Older People Services there are well established, robust reporting mechanisms in place. Work is being undertaken to ensure Best Practice is being adopted within these services including:

- Robust application of Council's Medication Policy.
- All staff having access to Pharmacy led staff training.
- Protected time to allow medication administration within the Partnership's Residential Care Homes.
- Detailed incident reviews to promote understanding and learning from any

- reported error.
- Application of Council Human Resources policies where necessary.

4.2.3.1 Prescribing Support Technicians also lead a medicine compliance service within the HSCP linking in with the Rehabilitation & Enablement Service and Care at Home. This focuses on determining the best outcome for patients to comply with their medication in their own home.

4.3 Incident reports from Datix and AIRD are produced and discussed on a regular basis at the Renfrewshire HSCP Locality Services, Mental Health, Addictions and Learning Disability Services and Health & Safety Committee Meetings. These reports detail the nature and range of incidents that have been reported through DATIX and AIRD systems and highlight the highest reported categories.

4.4 Significant Clinical Incident (SCI)

4.4.1 Significant Clinical Incidents 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 SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event. All Significant Clinical Incidents must have a Rapid Alert Template or a Severity 4/5 Template completed.

Renfrewshire HSCP Social Work services have adopted the “Rapid Alert” template used within health for serious incidents to ensure consistency in approach within the HSCP.

All incidents are appropriately investigated to minimise the risk of recurrence through learning.

4.4.2 From April 2017 – March 2018 a total of **12** SCIs have been commissioned, compared to **10 (+2)** in the previous year. All staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.

Details on SCIs are as follows:

Service	Month	Description
Mental Health	April, May, July, August, September, October, December	Suicides, Challenging Behaviour
District Nursing	May	Laboratory/Specimen
Addictions	May, June, July	Suicide and unexpected deaths
District Nursing	August	Patient Observations

4.4.3 Two Large Scale Investigations (LSI) under adult protection took place during 2017/18, both involving independent sector care homes for older people. The second LSI was particularly challenging in terms of the intensity of the investigation, the demands on staff resources, and the resulting impact on other areas of work such as assessment and care management. However, there was good evidence of strong partnership work between health and social care staff, and with the Care Inspectorate. There were successful outcomes in both cases.

Examples of shared learning/action following SCI investigation(s):

Addictions Service:

Issue 1:

- Although Risk assessment and management plan had been carried out and were contained in health and social work files, no evidence of any updates were found in either electronic or paper files.

Recommendation:

- All staff should ensure risks are updated and documented on the original Risk Screening and Assessment Management Tool in accordance with NHS GG&C policy.

Action 1: All key workers must ensure that risk assessments and management plans are reviewed at regular intervals and after every change to the assessed risks. The key worker's line manager must ensure that the monitoring of risk assessment and management plan reviews is a standard part of line management supervision.

Action 2: Renfrewshire Mental Health Service has implemented EMIS. All Drug Treatment and Testing Order (DTTO) staff will have read only access to EMIS by June 2018 and all Nursing staff within DTTO will have the ability to add to care record from June 2018.

Mental Health Services:

Issue 1:

- The lack of next of kin details. The initial assessment form did not prompt next of kin details. There was no clear evidence the service user was asked if family or friends could be involved in their care.

Recommendations:

- Next of kin details should be routinely recorded at the time of assessment. In addition, consent to involve next of kin should be asked and documented.

Action: The Assessment Documentation has been reviewed and now incorporates Next of Kin details and consent to involve the Next of Kin is also now asked and recorded.

Issue 2:

- During assessment it was believed that the service user's GP had prescribed a certain medication. Service user declined taking this medication. However, the information should have been clarified with the service user's GP.

Recommendations:

- Any ambiguity regarding medications prescribed should be actively clarified with the GP.

Action: All staff as a minimal should at the point of assessment record all medications being taken and if required; clarify this with the GP.

Issue 3:

- Service users' non attendance to appointments should be followed up more robustly.

Recommendations:

- A new Community Mental Health Team (CMHT) Operational Policy has been implemented recently and, as part of this, there is a clear guideline on approach to non attendance. Staff should follow the new policy.

Action: All non attendance of appointments will now be managed as detailed in the CMHT Operational Framework which has been implemented.

4.4.5

Example of incident management/investigation/reporting improvements:

- Thematic analysis sessions are carried out annually to identify recurring themes and to ensure the actions that were put in place following SCIs, have been implemented.
- There are 9 SAFETALK and 7 ASIST courses planned for 2018 to deliver suicide awareness training to Mental Health front line staff and implement suicide prevention policy for schools, with Children's Services.
- A process is in place to share learning across all HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum via status report template.

4.4.6

A number of bespoke events have been held to support system wide learning from SCIs and improve patient outcomes including:

- A local Pressure Ulcer Learning Event was held on 14th February 2018 to share learning from a Significant Clinical incident.
- A Significant Clinical Incident Review Executive Group (SCIREG) Event was held on 8th February 2018. The event aimed at sharing learning from incidents within Mental Health Specialist Services across NHS GG&C and introducing the new Duty of Candour Policy.
- Learning from SCIs is presented at GP Forum (as appropriate).

4.5

RIDDOR

4.5.1

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. These regulations require organisations to report certain incidents to the Health & 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.

4.5.2

From April 2017 – March 2018 a total of **11** incidents were investigated as RIDDORs within health and social work services, compared to **19 (-8)** in the previous reporting period:

Area	Categories	Number of incidents investigated as RIDDOR
Health Visiting	Slips, Trips & Falls	1
Mental Health, Addictions & Learning Disabilities	Violence & Aggression	7
	Moving and Handling	1
	Medical Devices/Equipment	1
	Slips, Trips & Falls	1

4.5.3

For each of the incidents action plans were put in place and these are discussed at the Renfrewshire HSCP Health and Safety Committee and local governance groups to ensure shared learning.

4.5.4

Examples of the recommendations and actions from Violence and Aggression incidents:

Recommendation	Action(s)
<ul style="list-style-type: none"> Ward Managers must ensure that a post incident debrief is undertaken with injured person on their return to work. 	<ul style="list-style-type: none"> Post Incident Care Review Pro-Forma has been established and will be completed upon staff return to work following incidents.
<ul style="list-style-type: none"> Violence and aggression risk assessments for the patient and the ward are reviewed. The patient's care plan should be reviewed by the MDT with the support of the Violence Reduction Service where required. Once reviewed all up-dated documentation should be brought to the attention of all relevant staff working within the ward. 	<ul style="list-style-type: none"> All risks are discussed regularly at nursing handover and regular MDT meetings. Staff are made aware of any changes and have access to patient notes and risk screening tools.

4.6

Contracts Management

4.6.1

The Contracts Management Team adopts both a proactive and reactive approach to the contract management of commissioned services as follows:

Proactive

Following an assessment of risk which priorities/identifies the services that require input, the team during the reporting period have undertaken:

- 18** full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- 28** follow up visits to evidence that actions required of the provider to improve services had been completed to the HSCP's satisfaction.
- A new system of sampling the practice of undertaking reviews of placements by care homes has been devised, to date 5 care homes have been visited.

Reactive

The team have responded to:

- 1258** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is now handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report.
 - The number of reports has increased **40%** from last year's figure of **765**. The bulk of reports relate to notification of unplanned hospital admissions, reports of potential harm relating to Adult Protection and significant medication errors.
 - The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- 275** significant events were forwarded by ASeRT to the localities or specialised teams for action through Adult Support and Protection measures,
 - This has increased significantly from last year's figure of **68**.

The number of contracted service providers continues to grow each year now standing at **61** from last year's figure of **57 (+4)**.

4.6.2 Self Directed Support remains a challenge as people are able to opt to choose providers with little experience of delivering care and operating safe businesses. This level of non contracted services has increased and now stands at **10**.

4.6.3

Examples of improvements within the Contracts Monitoring Team:

- The team has increased the resources available for contracts monitoring by **50%** and has devised a smart approach to sampling reviews of older people care home placements.
- Supporting the development of fresh commissioning strategies and procurement exercises.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly. A high level risk register is in place and reviewed on a regular basis. This Risk Register is shared with the Audit Committee and is reviewed by service managers and the senior management team.

5.2 Staffing issues are a standing item at regular Locality Managers and Team Leader meetings and issues are discussed and action taken accordingly. A number of services have developed risk registers which feed into HSCP Risk Register (as appropriate) for very high level risks. Systems wide staffing challenges are also escalated and succession planning in place.

5.3

Examples of risk management improvements:

- Independent Review of the Clozapine Clinic will be carried out this Spring by the Mental Health Network, this will focus on a test of change which is currently in place at present. The test of change is that all Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with the NHS GG&C Physical Health Care Policy. We wish to test out the benefits of this to clients and their carers.
- A Renfrewshire Health and Safety Roadshow was held on 29th January 2018. This included a range of information stands for staff to look through, with Health and Safety practitioners in attendance to provide advice and guidance. In addition, there was a drop in opportunity running alongside for managers to attend which allowed more time for topic specialists to answer any specific questions around Safe use of sharps, Falls, Skin surveillance associated with 'Wet Work' and glove use, Moving and Handling and Security.
- Safer sharps training for staff will commence in April 2018.

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 significant case reviews.

6.1.1 Adult Protection

6.1.1.1 The combined total for adult protection and welfare concerns referred in **2017/18** was **2,829**. This compares with **2,578** referrals in 2016/17 and 2,523 in 2015/16 and represents a significant increase in the current year. Should this trend continue, this will have direct resource implications for social work staff, particularly demands on

qualified social workers serving as Council Officers. Police Scotland remains the source of the majority of all ASP contacts. Within 2017/18 they were responsible for **71%** of all referrals.

6.1.1.2 A Case File audit was undertaken in early 2018. The audit focused on adult protection referrals between 24 February 2016 and 31 December 2017 for which a decision was taken for “no further action” under ASP within the inquiry stage. Auditors selected from health, social care, police, Fire and Rescue, Housing, and the Care Inspectorate reviewed **50** multi-agency case files. Social work managers serving as auditors also reviewed a further **50** social work case files making a total of **100** audited case files. Key messages will feature in the self-evaluation report due later this year, although auditors generally found that participating as an auditor has benefited their own practice and understanding of Adult Support and Protection.

6.1.1.3 The multi-agency Financial Harm Subgroup of the Adult Protection Committee has developed a comprehensive and ambitious work plan covering goals to address prevention, identification, and intervention in relation to financial harm over the next two years. Inter-agency joint work is required to ensure the success of the plan, including the involvement of communication departments across all agencies. A work plan was approved by the Renfrewshire Adult Protection Committee (RAPC) which will be kept under regular review by the subgroup and progress will be considered by RAPC at every third meeting. A workshop on financial harm took place in February 2018, this focused on the variety of ways in which vulnerable people can be exploited and was very well attended by a variety of agencies including police, the banking industry and the Third sector.

6.1.1.4 An Initial Case Review was also undertaken following the tragic death of client in a house fire. This has resulted in an action plan where staff will give greater consideration to fire risks as part of their assessment and care input, and link with Fire and Rescue colleagues for advice and input where this is considered necessary.

6.2 **Child Protection**

6.2.1 Renfrewshire Child Protection Committee Conference is now held every two years, in parallel to the Adult Protection Committee Conference. The Conference themed Children’s Emotional Health and Wellbeing was held on 14th March 2018 in Paisley Town Hall. Over 200 delegates from a wide range of services were in attendance, with post conference feedback being particularly positive.

Renfrewshire Child Protection Committee has also held a number of network lunches in locality areas. These have been popular with staff and have increased the reach of the Committee. A programme is being developed for 2018/19.

6.2.2 Performance reports continue to be submitted to the Child Protection Committee on the activities of partners in relation to the children and families who are involved in multi agency protection arrangements. In considering this data the committee has sought more detailed analysis of the trends that are evident from the data. An analysis of the Child Protection Register figures from 1 August 2015 to 31 July 2017 was undertaken. The analysis considered areas such as registrations, de-registrations, family size and age groups. The report highlighted the ongoing work that has taken place across services to increase understanding of the risks associated with unborn children, noting a wide range of professionals are now aware of the risks and as such a range of referrals relating to unborn children are now received. This highlights the importance of inter agency training and working, which will continue to be promoted.

6.2.3 Renfrewshire Child Protection Committee has also engaged with the work of the national Child Protection Improvement Programme (CPIP). In March 2018, a consultation was launched on a proposed new dataset for Child Protection Committees and Inspection purposes. A multi-agency group came together to provide a response to the consultation. Notification has also been received on the new Inspection programme for partnerships who have collective responsibility for improving services for vulnerable children, young people and their families. While there will continue to be a focus on child protection there will also be more detailed consideration given to the route into child protection, outcomes for children known to services and corporate parenting.

Learning Disability service has representation on the Renfrewshire Child Protection Committee.

6.2.4 The Children Affected by Parental Alcohol and Drug Use Group also provides a central point for focus within services. Training issues are discussed and monitored, good practice is shared, wider national developments and impact are taken forward by Addiction Service Manager along with other managers in services.

6.2.5

Examples of work undertaken to support Public Protection:

- The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new Renfrewshire HSCP structure, roles and responsibilities.
- Community Mental Health Services completed a review of the Adult Support and Protection Duty Team within Specialty Services. The review has been positive and follow up actions have been agreed.
- Gender Based Violence and Childhood Sexual Abuse training is being organised for all mental health staff, which is being coordinated by the Community Mental Health Service.
- A full range of public protection training is offered to all staff across the partnership. This training is targeted at the duties carried out by each professional.
- An Information Sharing Protocol was developed with Police Scotland (The first of its kind in Scotland securing an immediate emergency response for the most vulnerable in Renfrewshire).
- Health and Social care staff have recently accessed both the health E resource, "Improving Wellbeing", and the RCPC GIRFEC briefing. Managers are proactive in ensuring that training is a priority for new staff or those who require a refresher.
- Staff are reminded of the importance of considering the vulnerability and welfare of children, particularly when undertaking home visits to adult.
- Safe and Together is a perpetrator pattern based, child centred, survivor strengths approach to working with domestic violence. Renfrewshire continues to embed the Safe and Together model of practice and social work, health and third sector managers attended training specifically designed for child protection supervisors in May 2018. Plans have been put in place this year to undertake joint training for health visiting and social work staff on the use of the neglect toolkit. The training will take place in May 2018. The aim is to further embed a shared understanding of thresholds in relation to neglect and consolidate the use of a shared approach and language for professionals.

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 include:

- Within nursing services there are a number of quality assurance tools in place including Core Audit, Professional Assurance Framework and clinical dashboard tools, the outcomes of which are utilised to populate any necessary action plans. This also includes compliance with Pressure Ulcer Prevention policy and SCI processes.
- All Mental Health wards are inspected annually and measured against the HEI readiness aide memoire. In June 2017, this tool was reviewed and adapted to meet the Healthcare Improvement Scotland HAI standards, (2015), was signed off by the Mental Health HAI Steering Group in July 2017 and is now in use.
- Staff compliance with Standard Infection Control Procedures (SICPs) was audited by Senior Charge Nurses (SCNs) in April and October 2017. SICPs are the basic infection control measures necessary to reduce risk of transmission of microorganisms from both recognised and unrecognised sources of infection. Results were sent to the Mental Health HAI Lead to action.
- Every ward is required to complete a monthly audit of staff adherence to standards of hand washing. This is sent to the local Professional Nurse Advisor (PNA) who reports to the Mental Health HAI group.
- Infection Outbreaks are a standing agenda item at the Partnership Infection Control Support Group (PICSG) meetings and any learning following outbreaks is shared at the Mental Health HAI meeting and with local HAI meetings thereafter.
- The Senior Charge Nurses (SCNs), Senior Managers, Infection Control Nurses and any other nominated persons have access to the Share site that includes all Infection Control related information.
- The implementation of an electronic dashboard is currently in progress. This will reduce any duplication for SCNs and perhaps reduce delays in returns of any audits or action plans to the Professional Nurse Advisor.

8. Scottish Patient Safety Programme (SPSP)

8.1 The Scottish Patient Safety Programme in Primary Care aim is to reduce the number of events which could cause avoidable harm from healthcare delivered in any primary care setting. The work is supported by clinicians and staff from NHS Greater Glasgow & Clyde, Clinical Governance Support Unit.

8.2 Examples of risk management improvements:

Renfrewshire Mental Health Service:

- Have had 3 rounds of patient and staff climate surveys completed. Reports are shared with teams to reflect on and discuss the findings during a dedicated meeting.
- Data continues to be collected and entered on to the ward site, the data from this is discussed every 6 weeks and actions agreed.
- Staff continue to utilise the safety brief which is completed throughout the shift by trained and untrained staff, this information forms the base of the shift handover meetings.
- The annual patient and staff surveys continue with the Patient climate survey with action plan drawn from the information supplied. Following a recent audit of the clinical risk screening tool a drop in the wards score was recorded. A meeting was therefore arranged to discuss this involving both consultants and the nursing team. From the meeting an action plan was drawn up to address the deficits which were highlighted. It has been agreed that in future prior to the Multi-disciplinary Team (MDT) taking place, the nurse attending the MDT will remove all the risk screening tools of patients being discussed at the MDT and the risk screening tool will then be

discussed and updated as each patient is reviewed along with the patients drug kardex.

9. Professional Registration

9.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. Current arrangements within Renfrewshire HSCP include:

9.1.1 Registration

Health: Across nursing services there is a database recording all registration and revalidation dates for clinical and non-clinical nursing staff. The database for registered nursing staff provides assurance to Renfrewshire HSCP, via the Chief Nurse/Professional Nurse Advisor that systems and processes are in place to check the registration and revalidation dates of all nursing staff. Registration and revalidation responsibilities are those of the nurse, however systems and processes that are in place ensure that lapse of registration is minimised. There is a Board policy and process in place to address lapses in registration.

Social Work: HR/ Business support have access to information held by Scottish Social Services Council (SSSC) which allows them to provide reports on those registered, including relevant renewal dates. However, this is for each different parts of the register. (There are a number of different parts, currently about 16 parts which are relevant to council staff, with more due to open).

9.1.1.1 On 2nd October 2017, the register opened for home care workers. New employees who take up post after this date are now required to register within 6 months of taking up employment. Existing employees have until 2020 to complete their registration. All home care workers are responsible for keeping their registration up to date and informing their line manager of their registration number and status.

To assist our workers the HSCP has invested in a programme of activity to support the registration of the Care at Home workforce. Work has commenced to ensure that the Care At Home Service has a robust system and structured process in place which allows the service to ensure new employees are assisted through the process of application as close to their start date as possible. This system allows the service to monitor and track registration status on a continual basis and action accordingly. The Care at Home, Service Development Team hold responsibility for this function and have approved access to the SSSC online account in order to input relevant data and flag up endorsement requirements to the Lead Counter signatories timeously. The team liaise closely with the employee, SSSC, Human Resources and other relevant staff to ensure information sharing good practice. Existing employee details are also logged onto the SSSC tracking system in the same manner with any impending deadline dates for registration being flagged up to the employee and their line manager. Existing employees are offered the same level of support as new employees. Employees are reminded of the SSSC registration requirements on a regular basis through news magazines, emails and as a standard agenda item at weekly team meetings.

9.1.2 Revalidation

9.1.2.1 **Health:** Revalidation is the process that all nurses need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). Revalidation has been in effect since April 2016 and happens every 3 years. Staff are required to collate evidence and undertake a professional reflective meeting and confirmation to demonstrate that they practise safely and effectively. Renfrewshire HSCP have a

process in place to support revalidation, and to ensure managers and team leaders are informed in advance of staff due to revalidate. The Chief Nurse reports quarterly to the Board Nurse Director in relation to registration/revalidation lapses.

Social Work: Practice in social work is that team managers meet with their direct report every 4/6 weeks. Issues relating to specific cases are recorded on AIS. Wider issues relating to are noted on a pro forma and actions agreed, signed off by both parties, and retained as an ongoing record.

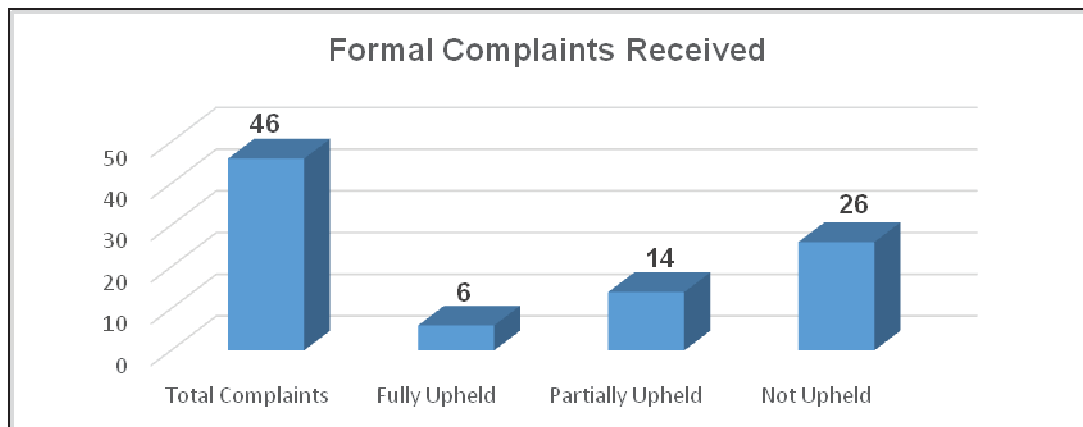
10. Patient Centred

10.1 Complaints

10.1.1 There are two distinct processes and recording mechanisms for health and social work complaints within the HSCP. Health complaints are logged on the Datix system and Social Work complaints are logged on Mail Track.

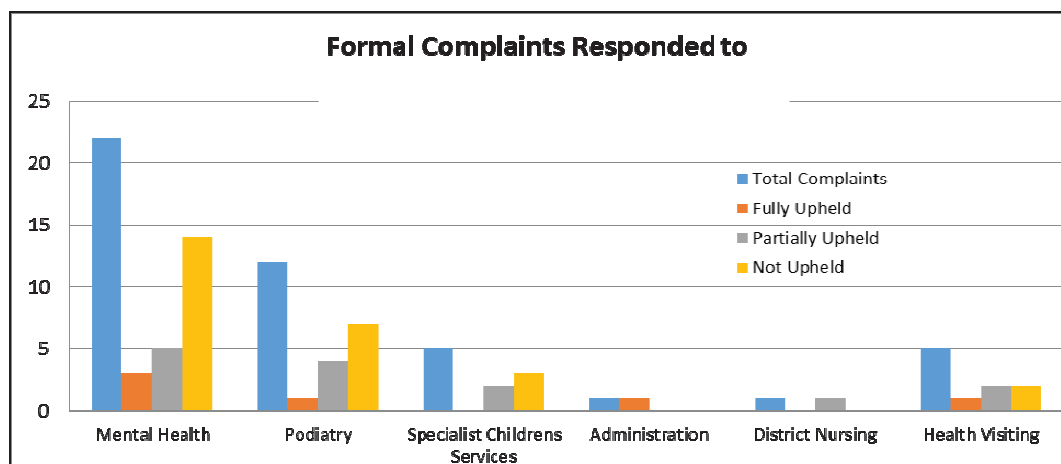
The HSCP are currently working towards a joint process to bring together health and social care complaints.

10.1.2 A total of **46** formal health complaints were received during April 2017 – March 2018 as shown on the chart below:



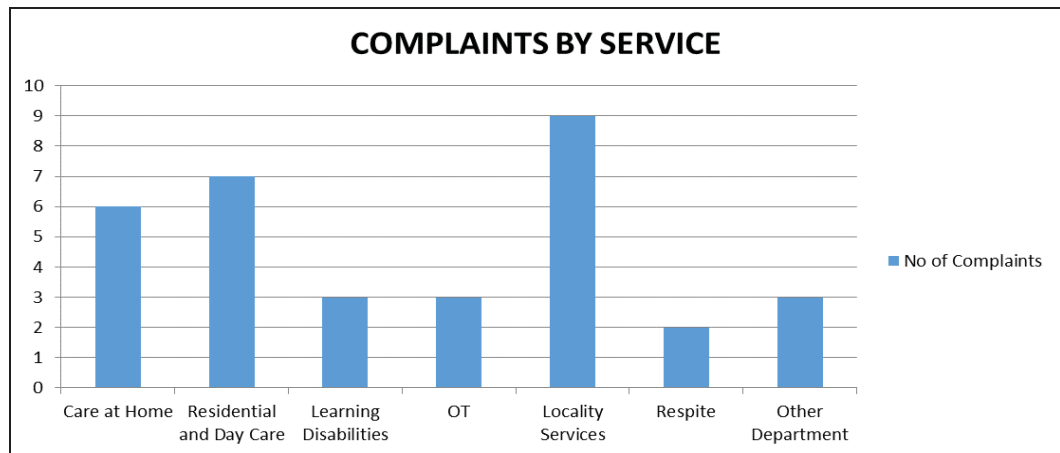
A total of **41** formal health complaints were received in the previous year (+5).

10.1.3 The graph below breaks these formal complaints into service area:



10.1.4

A total of **33** social work complaints were received during April 2017 – March 2018 in difference services shown in the chart below:



A total of **21** social work complaints were received in the previous year (+12).

10.1.5

Issues & Themes

The issues and themes identified from health and social work complaints included:

- Disagreement with clinical treatment/care plan
- Staff attitude and behaviour
- Delay in appointments and waiting times
- Failure to follow agreed procedures
- Communication
- Change in service
- Service Quality.

10.1.6

Some of the actions taken in response of Complaints issues were as follows:

- A mental health complaint regarding where visitors could meet with patients and lack of confidentiality when staff were discussing patients in the area has resulted in the following:
 - New signage will be developed relating to the revised visiting arrangements. A copy of this will be added to the ward carer's pack.
 - All staff reminded of the inappropriateness of discussing patient information in a public area. The Confidentiality and Data Protection Policy will be re-issued to all staff.
- A patient advised that there had been no payment of personal care allowance made. Review of the case and interviews with staff identified that there was no referral made or application for funding submitted following a request for this. This was carried out as a matter of urgency. A full apology was given for the fact that this was outstanding for a prolonged period of time which may have caused unnecessary stress. The patient also highlighted that they had requested a referral to be made for a social worker to carry out a financial assessment and support. This referral was not made until 2nd August 2017 when the patient's case was re-opened to the team. An apology was also made for this error and the referral processed.

- A complaint received regarding alleged provocative and derogatory remarks made by a member of staff to a patient was fully investigated. Despite the investigation finding no evidence to corroborate these allegations, the Chief Officer has requested that all staff within the ward attend Professional Boundaries training which reinforces the type of language and behaviours expected from staff.
- A complaint was received from a family member due to her mother receiving care from a particular care provider that she had specified she did not want. Unfortunately there were challenges in securing an alternative provider at that particular time. A keysafe and the Community Meals service were also not put in place. The lady's need for appropriate equipment to mobilise had changed from her initial assessment in hospital to when she arrived home. Processes for putting services in place have been reviewed.

10.2

Scottish Public Services Ombudsman (SPSO)

Once a complaint has been investigated and a response issued to the complainant, they have the right to approach the Scottish Public Services Ombudsman (SPSO) if they remain dissatisfied. Of the total number of complaints for health and social care, **5** were submitted to SPSO, **3** for Mental Health, **1** for Residential & Day Care and **1** for Health Visiting.

1. A complaint submitted to the HSCP in June 2016 regarding care and treatment provided by Esteem to a patient. In November 2017 the Ombudsman notified the Board and the HSCP of their decision to uphold the complaint that:
 - The HSCP failed to provide adequate care and treatment to the patient;
 - The HSCP failed to communicate appropriately with the complainant when they raised concerns about the patient's condition; and
 - There was a failure to adequately monitor the patient during his admission to hospital.

Esteem is now under management of Glasgow HSCP and the recommendations made by the SPSO have been passed to them to comply with.

2. The SPSO advised us in January 2018 that a complaint submitted by a patient in November 2017 regarding his care and treatment while an inpatient in Dykebar Hospital did not require a formal investigation.
3. A complaint regarding Liaison Psychiatry/Community Mental Health mental health was referred for review to the Ombudsman in July 2017. In February 2018 the Ombudsman advised they have upheld the complaint that the Board failed to provide a reasonable standard of psychiatric care and treatment to the patient. A copy of the findings and recommendations made by the Ombudsman has been sent to the HSCP Head of Mental Health to ensure compliance by 13 March 2018.
4. We await the outcome of a health visiting complaint submitted to the SPSO for review.

10.3

All actions that require to be reviewed must be reviewed by the Service Managers to ensure there are in place and that learning is shared with appropriate teams. Key members of staff have been trained to use the electronic actions module within Datix in order to track progress on actions.

10.4 Patient/Service User/Client and Carer Feedback

10.4.1 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/carers. Various mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn both from what works for people and their priorities.

10.4.2

Examples include:

- Patient conversations continue within in-patient areas in mental health twice yearly in each ward. Dates are planned for the year in advance and patients and their carers are invited to an informal discussion about their experiences in the ward. After each meeting, feedback is provided on a poster which describes the positive comments and any concerns raised by patients and their carers and what was done in response. These visits are carried out by the Service Manager, Professional Nurse Advisor and a representative from the service user organisation - Mental Health Network.
- Renfrewshire HSCP Children Services, including the Family Nurse Partnership took part in the 'What matters to you?' day on 6th June 2017. This Scotland-wide campaign aims to encourage and support meaningful conversations between people who provide health and social care and the people, families and carers who receive such care.
- The Podiatry Service embraces the 'Tell me what matters to you' approach in their every daily practice.
- Suggestion boxes in Podiatry clinics to give services users the opportunity to feedback
- 'Just to Say' cards in outpatient areas
- Feedback from Renfrew Community Immunisation clinic in June 2017
- Annual feedback surveys in the Community Mental Health Team.

10.4.3 The HSCP also continue to work with a local volunteer to gain valuable insight into patient service user and carers experience. A number of services have invited the volunteer into their services to have conversations with people we care for and their carers about their experience, treatment, involvement and care. Conversations are based on the five 'Must Do With Me' areas being promoted and supported through the Person-Centred Health & Care Collaborative. Each service area received direct feedback following this initiative and supporting action plans are in place based on areas identified for improvement.

10.4.4

Example of Patient Experience Initiative which has led to improvements in services based on feedback from patients/carers:

Family Nurse Partnership (FNP) Initiative:

- **Recommendation 1:** More opportunities to meet with groups of other young mums. **Action:** Messy Play for FNP clients took place in November 2017, with further plans underway to run this again.
- **Recommendation 2:** Improve on the initial contact as involvement by other agencies can cause concern and result in initial refusal to enrol in the programme. **Action:** The FNP are working collaboratively with Barnardos, Health improvement and other agencies across Renfrewshire and the other Local Authority Areas to ensure that young women are linked into community resources. FNP have also met with senior midwives to ensure that the pathway and notification process is followed.

10.4.5 Views and options of staff are also being sought via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement. iMatters tool from the Scottish Government aims at helping individuals, teams and public sector organisations understand and improve staff experience. Staff experience involves individuals feeling motivated, supported and cared for at work and can be observed in levels of engagement, motivation and productivity.

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for consent to detentions under the MHCTA and ensures that individuals who are subject to detention receive information regarding their rights to appeal detention, access to independent advocacy and independent legal advice or representation. The service also ensures identification of Named Person in terms of the MHCTA.

11.1.1 Demand for Adult with Incapacity (AWI) reports, which require to be completed by a qualified Mental Health Officer (MHO), has risen steadily over recent years (this mirrors increases across Scotland). In 2017-2018 Renfrewshire received **208** requests for AWI MHO reports. In the previous year there were **202** such requests and **137** in the 2015/2016 year.

11.1.2 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 by 16% in the past year.

11.1.3 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the current figure of **171**. 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 case. In addition, there are currently approximately **425** private welfare guardianship orders running throughout Renfrewshire.

11.1.4 There has been an increase in referrals (all types) to the MHO Service of **44%**.

11.1.5 Examples of key areas of work within the Mental Health Officers (MHOs) Service:

- MHOs have robust processes to ensure new legislation requirements, changes and updates are disseminated to the Mental Health Officers group quickly and any relevant briefings or update training is provided
- Ensure completion of statutory reports and associated applications under the Mental Health (Care & Treatment) Act (MHCTA) and Adults with Incapacity (AWI) Acts
- Have involvement in Multi-Disciplinary Team meetings, Care Programme Approach/Multi-Agency Public Protection Arrangements and other meetings (as required)
- Assist and advice colleagues in terms of the application of legislation MHCTA/AWI/Adult Support and Protection (ASP) and attend case conferences (as necessary)
- Annual MHO Continuing Professional Development day is held
- Annual Registered Medical Practitioner/Mental Health Officer Clinical Development session is held to ensure and promote exchange of learning and understanding between professions
- Comply with the National Standards for MHO services and codes of practice for the MHCTA/AWI & ASP Acts and SSC Codes of Practice.

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.

12.1.1 The performance of Renfrewshire's adult services in terms of grading is detailed below:

Grading Scale: Grade 6 – Excellent, Grade 5 – Very good, Grade 4 – Good, Grade 3 – Adequate, Grade 2 – Weak, Grade 1 – Unsatisfactory
NA – Not Assessed

	Quality of Care & Support			Quality of Environment			Quality of Staffing			Quality of Management & Leadership		
<u>Service</u>	Previous	Current		Previous	Current		Previous	Current		Previous	Current	
Care at Home	5	4	↓		NA		5	5	↔	5	3	↓
Disability Resource Centre	6	6	↔	NA	5		6	6	↔	NA	6	
Residential												
Montrose	6	5	↓	6	6	↔	5	5	↔	6	4	↓
Hunterhill	6	4	↓	NA	4		NA	4		6	4	↓
Renfrew	4	5	↑	NA	5		NA	5		4	4	↔
Weavers Linn	5	5	↔	NA	5		6	6	↔	NA	5	
Day Services												
Ralston	5	6	↑	5	5	↔	5	5	↔	5	5	↔
Montrose	6	6	↔	NA	5		NA	5		5	5	↔
Renfrew	5	5	↔	4	4	↔	4	4	↔	4	5	↑
Johnstone	6	6	↔	6	6	↔	5	5	↔	5	5	↔
Falcon	5	6	↑	5	5	↔	5	5	↔	5	5	↔
Learning Disability Services												
Milldale	4	4	↔	NA	4		4	4	↔	NA	4	
Mirin	4	4	↔	4	4	↔	4	4	↔	4	4	↔
Spinners Gate	5	5	↔	NA			5	5	↔	5	NA	
Anchor Centre	4	4	↔	3	5	↑	4	4	↔	3	4	↑

*Grading is accurate at time of reporting.

12.1.2 The performance of partnership services was varied with one service recently receiving adequate grade. Over 2017/18, this service has been subject to an objective and focused review to identify service pressures and to determine root causes of the changes and concerns which impact on delivery of Care at Home Services.

The emerging themes from the review were:

- Improving ways of working, workforce productivity and overall service governance;
- Improving data collection and reporting;
- Improving referral process & service user pathways; and
- Assessment and review.

A whole service improvement plan has been developed to capture and monitor actions from this review. (*Update on this review has been subject to a separate IJB paper*).

It is the HSCPs ambition to have good or above grading for all services.

12.1.3 Renfrewshire Learning Disability Services provide both day and respite services which are registered with the Care inspectorate. The services continue to work to improve their grading on inspection against the standards. All services have good to very good across the 4 National Standards.

12.2 The Mental Welfare Commission also carries out unannounced visits to our hospital wards to ensure that staff are complying with the ward and service policies. Reports are produced after each visit so that services can learn from them and improve the area and treatment that they provide.

12.3 Scottish Ministers have also asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of the strategic plans prepared by integration authorities, from April 2017, in which Renfrewshire HSCP was subject to a Joint Inspection (Adults)*¹ between October and December 2017. The aim of this inspection is to ensure that the integration authorities have building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- A shared vision
- Leadership of strategy and direction
- A culture of collaboration and partnership
- Effective governance structures
- A needs analysis on which to plan and jointly commission services
- Robust mechanisms to engage with communities
- A plan for effective use of financial resources, and
- A coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

***¹ At the time of writing this report feedback from the recent HSCP Adult Services Inspection is awaited.**

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to

improvement in services. Examples of improvements which have been developed in specific Renfrewshire Services over the last year are detailed within **Appendix 1.1**.

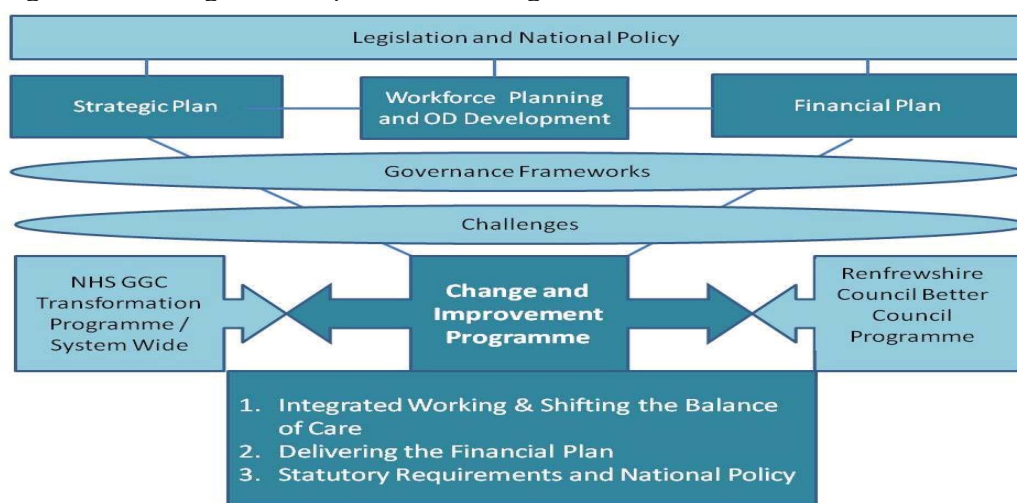
13.2

Over the last year the Senior Management Team and the Change and Improvement Team have worked with staff on a number of projects/initiatives on areas where it is felt changes could be made to achieve further efficiencies and value for our patients/service users and to address the resource challenges we face.

The HSCP Change and Improvement Team support Heads of Service and Service Managers to successfully scope, plan, manage and implement service improvement and redesign reviews/projects and to ensure these deliver clear demonstrable benefits. This team adopt a structured methodology and technique to manage change across the partnership.

In addition, The HSCP Change and Improvement Programme is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach.

Diagram 1: Change and Improvement Programme



13.3

The HSCP have also introduced a GP alerts system which aims to provide a consistent approach to capture issues and themes on service provision within Renfrewshire. All alerts are reviewed and actioned on accordingly.

14. Implementation of Guidance/Policies

14.1

Renfrewshire HSCP aim 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 at the Renfrewshire HSCP Locality Services and Mental Health, Addictions and Learning Disability Services meetings and actioned accordingly. In addition a number of bespoke sessions have also been facilitated.

14.2

Over the last year Renfrewshire HSCP have responded to a number of consultation exercises including:

Consultation	Date
Professional Standards for Record Keeping Policy	May 2017

Clinical Policy Consultation - MHS 41 Suicide Prevention	June 2017
Safe and Effective Staffing	June 2017
Duty of Candour Regulations	June 2017
Duty of Candour Policy: Draft for Consultation	February 2018

In addition:

- Group meetings are held to review, discuss and comment on revised policies and guidance that are out for consultation e.g. Advanced Statements Guidance, Suicide Reduction Guidance, and Substance Misuse Policy.
- A short working group had been set up to benchmark and produce an implementation plan for the revised Community Mental Health Team Operational Framework. The revised framework is now in place and being applied in services.
- A whole system review for Addictions Services is being led by an independent reviewer to assess all aspects of service and care delivery to ensure they are person-centred and recovery focused with clear pathways identified within Renfrewshire Addiction Services. This process will incorporate a review of the overall demand and capacity of each of the core services, current staffing profile to ensure the appropriate skill mix and the current clinical and care models within each service. Recommendations will be made to management once the review is concluded and change will be implemented.

15. Good News

15.1 Recognising and celebrating success

Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff within the HSCP have received a number of awards for service improvements/initiatives through Renfrewshire HSCP Staff Awards, Chairman's Awards, Mental Health Nursing Forum Scotland - Practice Excellence.

Renfrewshire HSCP Family Nurse Supervisor was nominated, recruited and successfully completed the Queen Nurse Development Programme. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Twenty candidates were selected in 2017 for the first cohort work in communities across Scotland, representing a diverse range of clinical specialities. Our Family Nurse Supervisor received the Queen's Nurse title at an awards dinner on December 1st 2017, having completed the nine month development programme.

In 2018 another 21 candidates have been selected of which two Renfrewshire HSCP Community Nurses have been successful following the recruitment process.

15.2 Direct access to Brain Natriuretic Peptide (BNP) blood tests

After a successful pilot in Renfrewshire, in which GPs were given direct access to BNP (Brain Natriuretic Peptide) blood tests for patients with suspected Heart Failure. This was rolled out across all GP practices in Greater Glasgow & Clyde NHS Board.

The Renfrewshire pilot concluded that providing access to BNP in primary care cost efficiently improves the patient journey, immediately reduces delaying in excluding Heart Failure as a diagnosis, reduces referrals to the Heart Failure Diagnosis Pathway, reduces the number of secondary care attendees for these patients,

reduces waiting times for echo, cardiology review and thus diagnosis, improves the diagnosis of heart failure and other cardiac pathology for these patients and reduces the risk of emergency admission or death prior to commencing treatment.

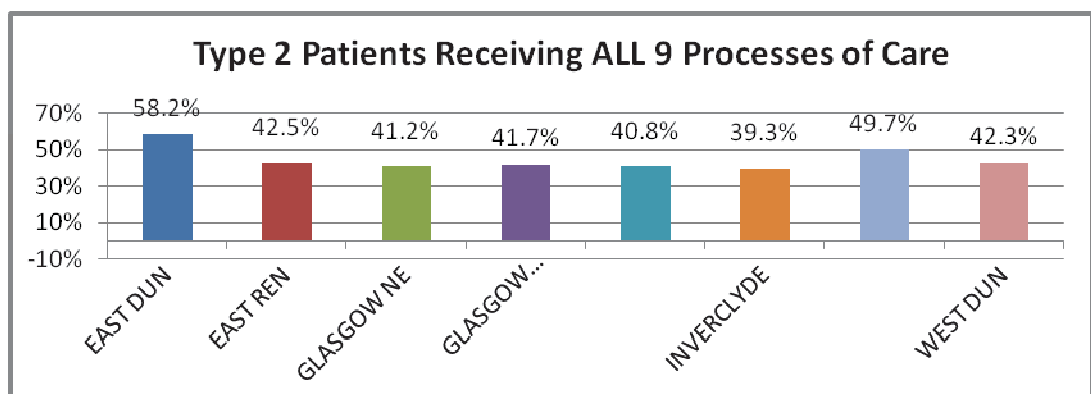
15.3 Renfrewshire Alcohol and Drug Partnership

Renfrewshire Alcohol and Drug Partnership (ADP) provided funding to offer individuals the opportunity to sustain their recovery from alcohol and drugs. The Peer Support Project, which was developed by the NetWork (vocational rehabilitation service), offered a pathway for people who were in recovery from addictions to train to become peer support workers. This involved training a group of individuals in a number of areas prior to attending university to gain a professional development award in Peer2Peer working. Paid work placements were sourced and individuals gained experience in working in the NHS, third sector agencies and for the Department of Work and Pensions. The experience they gained was invaluable which aimed to increase their life chances and progress towards further employment opportunities. In total 16 individuals completed the project and as a result four have gained permanent employment.

15.4 Renfrewshire Diabetes Interface Group

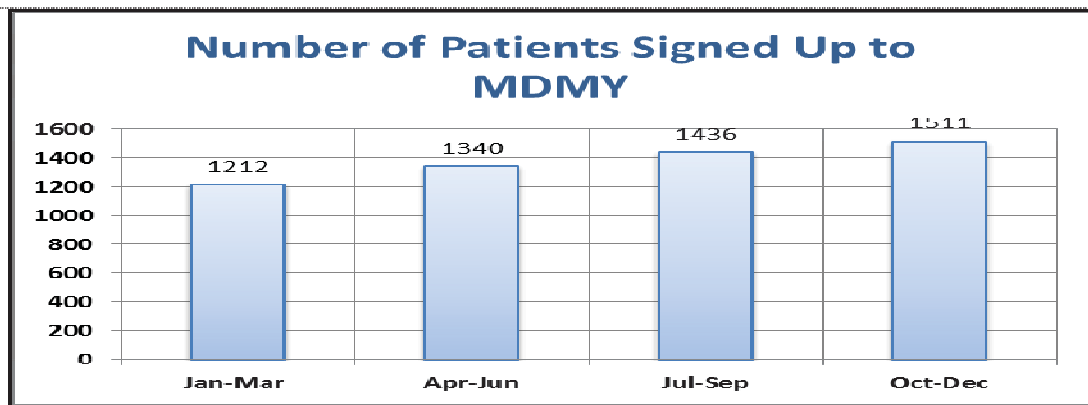
Renfrewshire Diabetes Interface Group meets on a bimonthly basis to further develop joint working to improve the experience and outcomes for people with diabetes living in Renfrewshire. Renfrewshire HSCP issue quarterly diabetic data from the NHS GGC Diabetes Managed Care Network to GP Practices/Clusters. This data shows how many patients with diabetes have received all 9 Processes of Care.

The HSCP Performance at end March 2018 is outlined below:



The 9 Process of Care in the diabetic bundle are: 1. HbA1c, 2. Weight, 3. Blood Pressure, 4. Smoking Status, 5. Diabetic Retinopathy Screening, 6. Urinary Albumin, 7. Creatinine, 8. Cholesterol, 9. Foot Risk.

15.4.1 A key aim of the Diabetes Interface Group is also to promote the use of My Diabetes My Way (MDMW). There is clear evidence that MDMW is a useful website for patients and improves their understanding of their own disease, by allowing patients to follow their diabetes, see their blood results and follow their blood pressure readings. Link: www.mydiabetesmyway.scot.nhs.uk. Over the last few years there has been a steady rise in people signing up to MDMW in Renfrewshire from 1212 individuals signed up (as at MDMW Quarterly Report: January - March 2017) to 1511 (+299) (as at October – December 2017).



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. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible.

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.

16.2

Next steps for 2018/2019:

Future governance:

- Implement the proposed new HSCP Quality, Care and Professional Governance structure/arrangements.
- Update Renfrewshire HSCP Quality, Care & Professional Governance Framework in line with the proposed new structure.
- Continue to facilitate bespoke sessions to support Quality, Care & Professional Governance arrangements and to learn from incidents and complaints.

Legislative Requirements:

- Through Renfrewshire's governance arrangements/structure oversee legislative requirements, external changes and national policies which the HSCP must address over 2018/19 to ensure statutory compliance, good governance and to protect our service users and workforce.
- Ensure compliance with the new General Data Protection Regulation (GDPR).
- Acting upon any actions and recommendations coming out of the recent HSCP Adult Services Inspection.

Policies & Procedures:

- Update Renfrewshire Falls Strategy.
- Develop combined Locality Services Service Specification and Operational Policies.

17. Recommendations

The Renfrewshire HSCP Quality, Care and Professional Governance Executive Group, Integrated Joint Board and NHS GG&C Board are asked to:

- **Note** the content of this report; and
- **Approve** the proposed new HSCP Quality, Care & Professional Governance
- **Note** that future annual reports will be produced in line with NHS Greater Glasgow & Clyde reporting cycle of April – March.

Appendix 1a

Renfrewshire HSCP

Examples of improvements which have been developed in specific Renfrewshire Services over the last year (April 2017 – March 2018)

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Addiction Services			
Improve access to Harm Reduction services including Needle Replacement, wound care, Blood Bourne Virus (BBV) Testing and Hepatitis Immunisations.	Offer Harm Reduction Clinic one evening per week.	Clients have wider access to clean injecting equipment and the choice to access BBV testing when out with core opening hours.	Numbers attending service.
Increase access to Naloxone to clients who are not currently in treatment with Renfrewshire Drug Service (RDS).	Develop peer support Naloxone training in conjunction with Scottish Drugs Forum.	Individuals not in contact with mainstream treatment services will be outreached to and offered Naloxone.	Numbers of Naloxone kits distributed.
Children & Families			
To develop and fully embed Children's Immunisation Community Clinics within Renfrewshire.	<p>Children's Immunisation Community Clinics are almost fully in place with the exception of 3 GP Practices.</p> <p>Current test of change taking place in Ferguslie texting parents the day before to remind of their child's Immunisation appointment. Early results are proving positive with a noted reduction in DNAs. Further development of this process across Renfrewshire will be considered following final outcome.</p>	<p>Review of 3 GP Practices is required to align them with immunisation community clinics.</p> <p>Parents have welcomed the immunisation clinics as seen from Survey 6th June 2017 'What matters to me' Survey to be repeated June 2018</p>	<p>Immunisation clinic returns are completed weekly.</p> <p>Average attendance is 65%- 76% with approx. with 20 % DNAs.</p> <p>Immunisation rates have remained high and Renfrewshire uptake is noted to be above the Scottish average.</p>
District Nursing			
Housebound flu vaccination programme. Pilot tested 2017 with 14 GP practices.	To vaccinate all housebound patients with flu vaccine as early as possible	Improved patient care and reduced GP workload. (This model can now be considered for roll out across the HSCP area, it demonstrates what can be achieved with shared goals, team-working and a vision for the future of what	Results show participating practice patients were quickly and completely immunised by dedicated DN team funded jointly by HSCP and GPs within a four week period, amounting to a total of 1176 vaccinations

		primary care services may look like).	delivered.
Mental Health Officer (MHO) Service			
Business Information	Reviewed Business Process introduced over past 18 months	Better data reporting of service activity and demand enabling more robust workforce planning	SWIFT/AIS Management Reports
Mental Health - Community Adults			
All Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with GG&C Physical Health Care Policy.	Better physical health outcomes for clients.	Audit will be in Spring 2018.	
Mental Health - Community Older Adults			
Introduction of EMIS, moving towards a paperless system.	EMIS introduced in February 2017, training rolled out across Renfrewshire HSCP for community mental health services.	All staff now recording notes electronically.	<ul style="list-style-type: none"> • Core audits • Multi-Disciplinary Teams • Case load management.
To ensure all patients referred to older people's community mental health team receive initial appointment within four weeks of referral.	To create one community nursing team able to assess patients across Renfrewshire HSCP for mental health initial assessment. Occupational Therapy staff now included within initial assessment rota.	By removing area boundaries for nursing team, 4 week target now being met	Able to manage through EMIS.
To ensure standards of practice across Older People (OPCMHT) Community Mental Health nursing teams.	Nursing staff brought together in one room to share learning, experience and knowledge, making it easier to implement appropriate assessment tools.	All Nursing staff now utilising the same assessment and recording tools to provide safe standards of practice across Renfrewshire HSCP for OPCMHT.	Reviewed at: <ul style="list-style-type: none"> • Multidisciplinary Team (MDT) and • Case load management • Core audits.
To ensure that patients are receiving the appropriate care within community.	To create a process for all staff involved with Self Directed support (SDS), that would enable integrated work, employing staff with the correct skills to ensure an enhanced level of care of patients and reduce staff tensions.	Process discussed and agreed with agencies involved with SDS within OPCMHT, leading to an agreed pathway and process that utilises skills of staff. Staff aware of their role and responsibilities within this process.	Process reviewed by senior members of staff 6 monthly.
To increase engagement with nurse led memory clinic.	Staff to carry out memory assessment at patient's home.	Enhancing information gathered at assessment Reducing DNA rates.	

To provide enhanced level of care for those older adults admitted to acute wards experiencing mental health complex difficulties.	Development of role of liaison team with acute hospital.	Older adults admitted to acute wards with complex mental health issues, now receiving enhanced support. Reduction in length of stay for older adults with complex mental health issues within acute wards due to effective management of mental health issues.	
To enhance level of care provided to those older adults residing in care homes.	Development of care home liaison team.	Reduction of admissions to hospital	
Mental Health – Inpatients			
Support on-going training for Promoting Excellence Dementia Skilled.	The Senior Charge Nurse is acting as a facilitator for 1 day training for Promoting Excellence- Dementia Skilled Calendar of dates continued throughout 2018	Improved skill level for staff working with patients with dementia Partnership working with sessions being delivered by and to both health and social care staff groups	Senior charge nurses sign of those staff completing Promoting excellence- Dementia Skilled Register of staff who have undergone the training. Those who completed training are now able to advance to Stress and Distress training.
Dementia Specialist Improvement lead course	Senior charge nurse undertaking the Dementia Specialist Improvement Lead (DSIL) course. Develop a programme of training and continuous improvement across South Clyde. Clinical Psychologist now in post for Inpatient Complex care ward. Both Clinical Psychologist and Senior Charge Nurse have completed NES 2 day Stress and Distress training with additional coaching sessions.	Improved skill level for staff working with patients with dementia. Improve staff resilience Development of a Project Implementation plan and proposed training calendar due to commence April/May 2018 with 2 day training for registered nurses/ AHP staff and Modular sessions for Health Care Support Workers.	In development stage. Register of staff completing the training. Once staff complete training, Stress and Distress management process will be implanted in the ward. This is expected to improve the experience of those with distressed behaviours and support staff to meet patients needs
Occupational Therapy (OT) Service (Mental Health)			
Support and engage with new patients at point of admission to Adult acute ward.	New welcome leaflet and welcome group established in Leverndale Hospital, Ward 3B.	Increase patient knowledge of the groups and therapies they can access during inpatient stay.	Good attendance at welcome group. Positive feedback from patients.
Provide the adult inpatient service with peer support to enable their recovery journey	New Peer support post established in Leverndale Hospital, Ward 3B.	Support and enhance adult inpatient recovery journey.	Nursing staff, Consultants and Psychology staff positively commented about the additional support and unique contribution of the peer support worker.

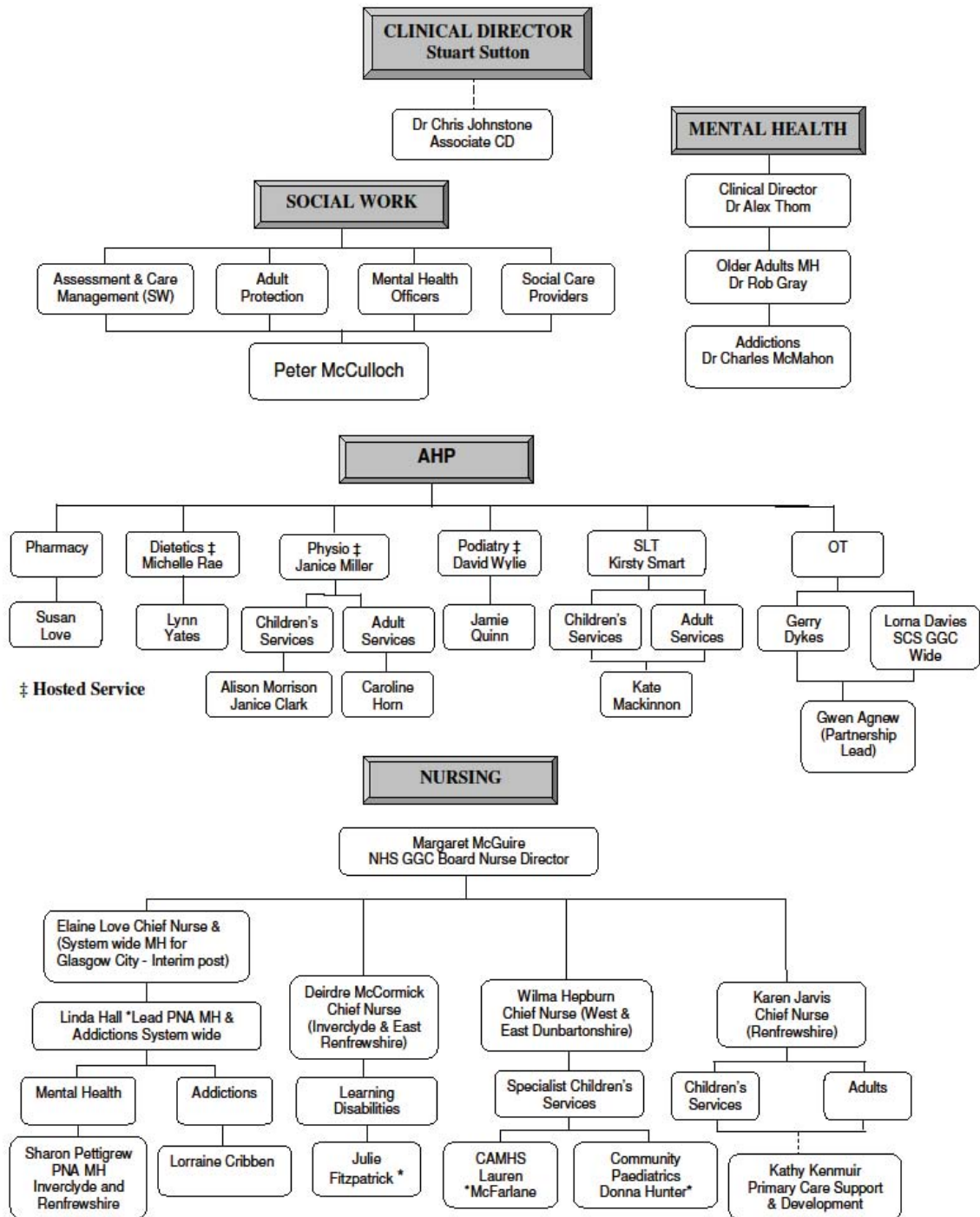
			Patients actively seeking out the peer support worker.
Increase the use of standardised assessments in the Older Adult wards	Assessment of Motor and Processing skills (AMPS) trained staff rotated to older adult wards.	Improvement in assessment of function of our patients and a reliable outcome measure of OT intervention.	Old Age Psychiatry Consultants are requesting AMPS assessment to support discharge planning. Quicker assessment of needs due to accuracy of baseline functional assessment.
Renfrewshire's contribution to Allied Health Professionals (AHP) Connecting people Connection support strand of the Dementia strategy 2017/2020.	Support Alzheimer's Scotland national group with a new social media twitter account for people with Dementia and their carers.	Share OT related and hints and tips that support people with dementia and their carers.	Twitter analytics currently collating data.
Scope seating requirement needs and manage current specialist seating stock in all older adult wards.	Seating inventory established. All seating detailed in type and service/repair requirements.	Accurate data base of seating which can be utilised for patient need.	Patient seating needs identified quicker. Reliable stock details and seating service needs met in a timely basis.
Prescribing Support Pharmacist & Prescribing Support Technicians			
Improve compliance with medication within the homecare setting for patients	PSTs & PSPs visit patients at home following referral from RES, GP practices or Care at Home	Patient able to take their medication at home, medication effective, polypharmacy review where appropriate	Evaluation report completed annually.
Serial prescribing rolled out across Renfrewshire HSCP linking GP practices and community pharmacies	Patients suitable for CMS are identified by the PSPs or GP practice and patient attends pharmacy for prescription	Patient has less steps involved for regular repeat medication where suitable	% of patients signed up for in GP practices to achieve reduced workload of repeat prescriptions should be around 10%.
PSPs team now working in Clusters within Renfrewshire HSCP	PSPs were reallocated GP practices within clusters	PSPs are able to support GP practices within their cluster if PSP absent	Greater PSP support to GP practices.
Rehabilitation & Enablement			
Increase referrals from DN to RES team	Weekly meeting with DN teams	Awaiting to evaluate.	

The organizational chart for the Renfrewshire and South Clyde Localities Integration Joint Board (IJB) is structured as follows:

- Integration Joint Board (IJB)**
 - Renfrewshire Council** (connected via a dashed line)
 - NHS Greater Glasgow & Clyde** (connected via a dashed line)
 - RHSCP Executive Governance Group**
 - Member Officer Group (MOG)**
 - Chief Officers Group (COG)**
 - RHSCP Senior Management Team**
 - RHSCP Strategic Planning Group (SPG)**
 - RHSCP Professional Advisory Group**
 - Community Planning Groups**
 - Children's Services Partnership**
 - Public Protection**
 - Alcohol & Drug Partnership
 - Child Protection Committee
 - Adult Protection Committee
 - Public Protection, Steering Group
- Chief Social Work Officer Professional Group**
 - Mental Health Family Board-wide Governance Committee**
- RHSCP Mental Health, Addictions & Learning Disability Services Governance Group**
 - South Clyde**
 - Mental Health Clinical Services Group
 - Addictions Clinical Services Group
 - Safer Use of Medicines
- RHSCP Localities Clinical & Care Governance Group**
- RHSCP Health & Safety Committee**
- RHSCP Medicines Management Group**
- RHSCP Procedures & Guidelines Group**
- NHSGG&C Primary & Community Governance Group** (connected via a dashed line)

Timeline: March 2018

Renfrewshire Professional Structure



* Board wide responsibility

March 2018