

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Health and Social Care Services

Heading: Quality, Care and Professional Governance Annual Report 2020/21

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 HSCPs Quality, Care and Professional Governance Annual Report for the period of April 2020 to March 2021 to the Integration Joint Board (IJB).

2. Summary

- 2.1 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 At the beginning of the COVID-19 pandemic, some of our HSCP governance arrangements were suspended and alternative arrangements were put in place. These have now been fully reinstated using virtual methods. Work has also been taken forward to strengthen our local governance arrangements within Mental Health, Addictions and Learning Disabilities.
- 2.3 Throughout the pandemic Renfrewshire HSCP have sought to continue services wherever possible, adapting to reflect the most effective way of working with patients and service users.
- 2.4 New arrangements have been necessary to strengthen oversight of care homes and help care providers deal with pandemic pressures. On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny, support and oversight of care home and care at home services. The guidance required that from 18 May 2020, clinical and care professionals at

NHS Boards and Local Authorities have a leading role in the oversight for care homes in their area.

3. Recommendation

It is recommended that the IJB:

- Note the content of the report (attached at 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.
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Implications of the Report

1. **Financial** – Nil
 2. **HR & Organisational Development** – Nil
 3. **Community Planning** – Nil
 4. **Legal** – Nil
 5. **Property/Assets** – Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
 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 NHS website.
 8. **Health & Safety** – Nil
 9. **Procurement** – Nil
 10. **Risk** – Nil
 11. **Privacy Impact** – None.
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List of Background Papers – None

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Renfrewshire HSCP

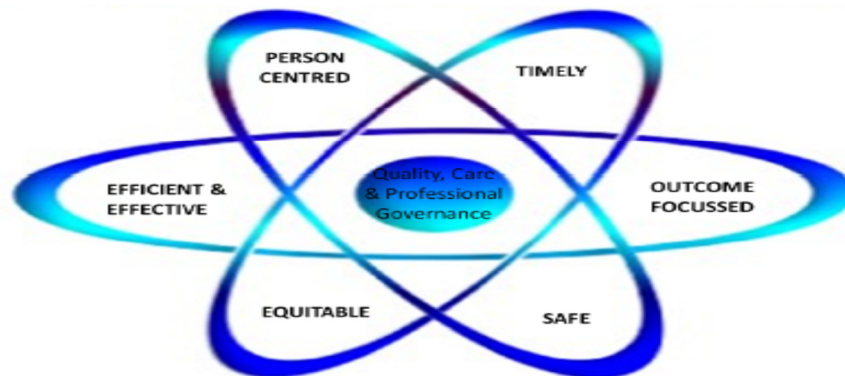
Quality, Care & Professional Governance Annual Report (April 2020 – March 2021)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2020 - March 2021.

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 & 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. 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.

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 23 community ophthalmic practices and 37 general dental practices. Within the 29 Renfrewshire GP practices there are a registered list population of Approximately 184,895 (as at March 2021).

2.3 The HSCP have a number of supporting governance arrangements in place. At the beginning of the COVID-19 pandemic, some of our HSCP governance arrangements were suspended and alternative arrangements were put in place. These have now been fully reinstated using virtual methods.

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. Note: Locally work has been taken forward to strengthen these arrangements.	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Bi-monthly) • Learning Disability Governance Group (Bi-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	<ul style="list-style-type: none"> • Quarterly <p>This group ensures the HSCP's responsibilities for Renfrewshire Council's statutory Social Work duties and functions are discharged to the appropriate standards.</p>
Medicines Management Group	HSCP Clinical Pharmacist Lead	<ul style="list-style-type: none"> • No less than 12 weeks <p>This group provides a focus for all medicines management and prescribing budgets.</p>

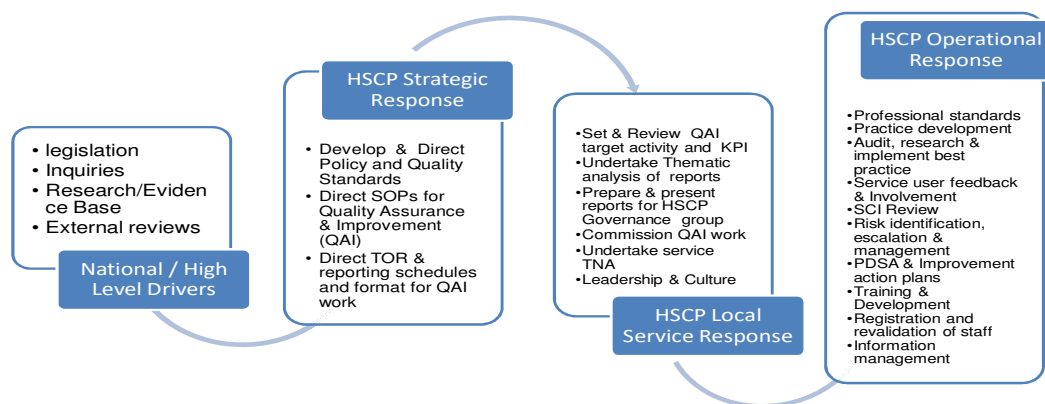
Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Health & Safety Committee	Co-chaired by the Head of Social Care (West Renfrewshire)	<ul style="list-style-type: none"> Quarterly <p>This group has responsibility for a co-ordinated framework for the management of health and safety issues.</p>
Renfrewshire Operational & 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 & 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 GG&C Primary Care and Community Clinical Governance Forum.

On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny, support and oversight of care home and care at home services. The HSCP has put arrangements in place to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight is delivered through the huddle and enhanced clinical and care governance arrangements are in place, with a weekly multi-disciplinary team to review the RAG status of the care home. Surveillance and mass testing of residents is undertaken to proactively identify and manage any potential outbreaks. Care home staff are also surveillance tested (weekly PCR and twice weekly lateral flow test).

2.5 Within Renfrewshire Quality, Care & Professional Governance arrangements 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

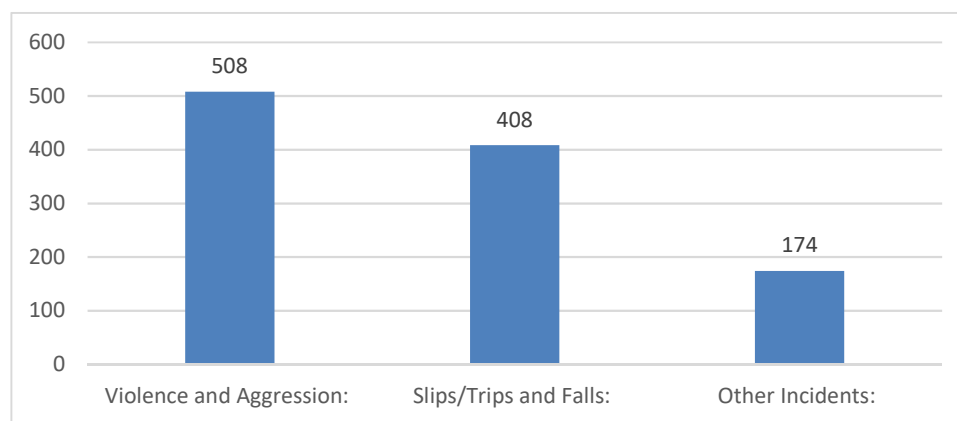
3. Safety (Incident Management, Reporting and Investigation)

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 within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2020 – March 2021 there were **1821** incidents reported on DATIX, compared to **1921 (-100)** in the previous report.

The highest reported categories relate to:

Highest Incident Categories



3.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically has changed.

The undernoted provides data on accidents/incidents now reported on Business World during the period 1 April 2020 – 31 March 2021. Please note there may be a slight variation with this data due to the accident reporting function within Business World. This has been escalated and Renfrewshire Council are currently reviewing the system.

A total of **371** accidents and incidents were reported. Breakdown includes:

Non-Employee Accidents/Incidents:

A total of 333 accidents/incidents were reported during 2020-2021, 324 involved service users.

The highest reported types of accidents were:

- 251 slips, trips and falls (246 occurred within older people residential services)
- 33 fall from height e.g. from a chair/WC (32 occurred within older people residential services)
- 7 medication incidents (6 occurred within residential premises).

In comparison with service user accidents/incidents reported during 2019-2020, 412 were slips, trips and falls. 359 occurred within residential premises (353 in older people and 6 in learning disabilities respite). 37 were reported within day services which have either been closed or operating at reduced capacity during the Covid-

19 pandemic. 58 falls from height were reported during 2019-2020. The majority 46 occurred within older people services. 42 in residential premises and 4 in day services.

Employee Accidents/Incidents

A total of 38 (-59) were reported, the highest types of accidents were 9 slips, trips or falls and 7 violence and aggression.

97 employee accidents/incidents were reported during 2019-2020. 58 occurred within various day services which have either been closed or operating at reduced capacity during the Covid-19 pandemic so this may partly account for the reduction. The highest reported types of accidents were 54 violence and aggression, 13 slips, trips and falls and 13 moving and handling.

3.4

Actions in place to address the highest reported incident categories:

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
- **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 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.

3.5

Serious Adverse Events (SAEs) 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 SAE investigation is to determine whether there are any learning points for the partnership and wider organisation. All SAEs must have a Briefing Note Template completed.

Renfrewshire HSCP Social Work services adopt the “Rapid Alert/Briefing Note” template used within health for serious incidents to ensure consistency in approach within the HSCP. All incidents reported are appropriately investigated to minimise the risk of recurrence through learning.

From April 2020 – March 2021 a total of 9 SCIs/SAEs have been commissioned within Renfrewshire HSCP. This compared to 5 SCIs (+4) in the previous report. Description of these incidents varied between attempted and actual suicides and pressure ulcer care. All staff involved in commissioning/conducting SCIs/SAEs investigations must adhere to a series of principles and key requirements. During this period there were also 2 incidents that will go through an Incident Case Review process through the Child Protection Committee. During COVID-19 a number of SCIs/SAEs investigations continued to be progressed however, others were suspended due to the restrictions imposed by the Scottish Government in limiting face to face contact and prioritising urgent duties.

3.6

Examples of incident management/investigation/reporting improvements:

- Learning from SCI/SAEs is shared at various meetings.
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.

3.7 Three Large-Scale Investigations (LSIs) were also initiated in 2020. These LSIs involved two independent sector care homes for older people and an independent sector home for adults with learning disabilities. Contributions to these LSIs during the reporting period came from colleagues across the health service, Police Scotland, the Care Inspectorate, Scottish Fire and Rescue Services, commissioning staff, social work services and the third sector, leading to holistic assessment of risks and strengths within these care settings. The coordinated response to shared concerns enhanced the efficiency and efficacy of safeguarding measures undertaken.

3.8 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 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.

There is now a requirement from NHS GG&C Health and Safety Department to complete a Falls Severity 4/5 template and Non-Staff Incident Summary Sheet for every fall incident to establish if the fracture sustained by the patient is RIDDOR reportable.

From April 2020 – March 2021 a total of 8 incidents were investigated as RIDDORs within health and social work services, this was a slight reduction (-3) from the number of 11 incidents in the previous reporting period:

3.9

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Violence and Aggression – Patient Physical Assault on Staff.	4
Localities	Covid related after using hand gel and Slips/Trips and Falls.	2
Social Work	Slip/Trips and Falls.	2

3.10

Example of the recommendations and actions from a Violence and Aggression (V&A) incident:	
Recommendation	Action(s)
<ul style="list-style-type: none"> Post incident de-briefs carried out for all significant incidents as soon as possible following the incident. 	Staff reminded to carry out post incident de-briefs and they are being carried out.
<ul style="list-style-type: none"> Violence Reduction refresher training to be arranged for the injured person as soon as possible following the incident 	Appropriate training to be arranged and undertaken prior to staff's training timescales lapsing within the ward.
<ul style="list-style-type: none"> Review of the Violence and Aggression Risk Assessment in light of this incident 	The Risk Assessment is reviewed following every significant incident but no changes are required.
<ul style="list-style-type: none"> Management referral or staff self-referral to Occupational Health (OT) to be considered following incidents. 	Referrals to OT are always considered as part of the process.

4. Contracts Management

4.1 The HSCPs Contracts Management Team adopts both a **proactive** and **reactive** approach to the contract management of commissioned services.

COVID-19 impacted significantly on the work of the team who stepped back from their normal processes and practice in line with National Guidance for Commissioned Services published by COSLA to support providers manage their COVID response and remobilisation.

This included and continues to include:

- Undertake daily analysis of care home TURAS reporting system
- Receive, analyse and respond to social care providers weekly COVID status reports
- Participate in NHSGG&C care and governance group and sub-groups
- Participate in NHSGG&C care home group
- Participate in care and support oversight huddle
- Support multi organisation working
- Facilitate care home managers 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 concerns
- Provide support to providers with issues relating to PPE and other equipment.

4.2 Over the last year the team have responded to:

- **1021** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report:
 - The number of reports has remained broadly consistent with the previous report. 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.
- **329** significant events were forwarded by Adult Services Referral Team (ASeRT) to the localities or specialised teams for action through Adult Support and Protection measures.

The number of commissioned service providers has increased from the previous report from 59 to 68 (+9).

4.3

Examples of improvements within the Contracts Monitoring Team:

- The team has transformed its processes and practice to support social care providers and the HSCP during COVID-19 pandemic.
- The team will review its structure during 2021-2022 to support commissioning of services.

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. During the COVID-19 pandemic, internal control and risk management remained in place and were supplemented. The HSCP supported and contributed to risk management and planning within both NHS GG&C and Renfrewshire Council structures.

5.2 **Example of risk management improvements:**

- The Senior Management Team met to discuss a COVID-19 risk issues and decision register informed by service updates during the pandemic.
- The HSCP are currently introducing a revised risk framework which is underpinned by an HSCP Network Service Risk Champions and delegates.

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.

6.2 **Adult Support & Protection (ASP)**

6.2.1 Between April 2020 and March 2021, 3,483 adult welfare concern and adult protection referrals were received by Renfrewshire. This is compared to 3,106, 2,719, 2,829, and 2,578 for the same time periods in 2019/20, 2018/19, 2017/18, and 2016/17 respectively. Of these, 1,325 were adult protection concerns and 2,158 were adult welfare concerns.

Following initial inquiries, 112 adult protection investigations were conducted, this is a slight rise from 97 in the previous year but reflects a similar proportion of ASP referrals that went on to investigation (8%). 51 of these investigations resulted in an initial Adult Protection Case Conference.

The total referral number for 2020/2021 reflects a 12% increase in the referral rate as compared to the 2019/20 financial year, which was a 14% rise on the previous year. The 2020/21 figure is higher than in any previous years.

6.2.2 Across the year Police Scotland were responsible for 61% of all referrals. There is a long-term trend of a decrease in the ratio of referrals received by Police, though this figure has been stagnant over the past two years. Police were responsible for 61% of all referrals in 2019/20; 66% in 2018/19; 70% in 2017/18; and 77% in 2016/17. This reflects an increase in referrals from other sources throughout the year, leading to the proportion from Police Scotland remaining stable. In fact, referral numbers from Scottish Fire and Rescue Services; care homes; Housing; HSCP Health and Social Work staff; and GPs were each at least 30% higher than last year.

6.2.3 **Renfrewshire ASP response to Covid-19:**

In our response to the potential impact of Covid-19 on adults at risk of harm in Renfrewshire, local ASP arrangements during the pandemic included:

- The development of local operational ASP guidance in light of COVID-19. This supplemented existent local Inter-agency ASP Guidance and Procedures and complimented national guidance from Scottish Government for Chief Officer Groups and Adult Protection Committees. There was an emphasis on continued commitment to meeting statutory responsibilities, while reflecting the need for flexibility in some circumstances, including where face-to-face interviews or meetings could not occur.
- We continued to meet ASP statutory requirements to respond to referrals for adults at risk of harm by undertaking Section 4 inquiries.
- Fortnightly then monthly Renfrewshire Adult Protection Committee (RAPC) subgroup meetings were commenced in April 2020 and continued until August 2020, to ensure sufficient strategic and operational oversight of ASP activity across Renfrewshire. These subgroup meetings were arranged with key members of RAPC or delegated representatives in attendance. This group had greater operational remit than is typical of RAPC; it included inter-agency discussion with key partners to identify areas of risk from their service's perspective, in addition to mitigating factors.
- The RAPC Lead Officer contributed to the HSCP's Covid Mobilisation Plan to ensure that statutory ASP protection duties continued.

6.2.4 **Joint Inspection of Adult Support and Protection**

In early 2020 Renfrewshire was subject to the National Joint Adult Support and Protection Inspection, which was undertaken by The Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS). The inspection is part of a national programme of scrutiny and assurance activity as requested by Scottish Ministers.

The focus of the joint inspection was to provide:

- Independent scrutiny and assurance of how partnerships ensure adults at risk of harm are kept safe, protected, and supported
- Assurance to Scottish Ministers about how effectively Partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
- An opportunity to identify good practice and support improvement more broadly across Scotland.

Due to Covid-19, not all inspection activities were completed within Renfrewshire. However, enough evidence was gathered to enable the Care Inspectorate to provide feedback on inspectors' findings. The feedback highlighted key strengths from which we are building. Areas identified for improvement formed the basis of an Improvement Plan, which was subsequently amalgamated into an enhanced, overarching Renfrewshire Adult Protection Committee (RAPC) Improvement Plan monitored and reviewed by the RAPC. The Improvement Plan reflects the collaborative approach being taken to improving outcomes for adults at risk of harm across the partnership.

6.2.5 **ASP Continuous Improvement**

Last year saw the establishment of the Continuous Improvement Subcommittee, which ensures fulfilment of RAPC's functions relating to quality assurance and self-evaluation activity. The Subcommittee prompts single and inter-agency evaluation of adult protection activity via monthly small-scale audits based on themes arising through quarterly ASP data; topics raised by frontline staff and managers; and any

concerns raised by senior managers across the partnership that warrant additional scrutiny. Audit themes have also arisen based on feedback provided by the Care Inspectorate following the ASP Joint Inspection 2020. This Subcommittee will also oversee a biennial programme of larger-scale, multi-agency self-evaluation activity. The next larger-scale multi-agency self-evaluation will be undertaken in late 2021.

6.3 **Child Protection**

6.3.1 During the initial phase of the lock down and subsequent move to the roadmap for recovery from the global pandemic, a smaller group of key managers met fortnightly and provided regular updates on service provision and sharing of key priority areas. The full Child Protection Committee recommenced in September 2020 and has continued to meet every three months. Work has also commenced to refresh the Renfrewshire Child Protection Committee action plan.

6.3.2 The Committee also carried out a training needs analysis between November and December 2020, the purpose of which was to get a measure of how the partnership workforce view the current provision of training, learning and development and future needs. 237 staff completed the survey. Responses indicate that a large percentage of frontline staff have completed core courses. In a number of services/partner agencies, continued work is required to reach more staff, particularly around the practice area of neglect.

Additional areas for potential learning support that require further consideration are:

- Understanding capacity,
- Consent and decision-making
- Thresholds
- Test for compulsory measures of care articulating and recording the stresses and strengths in written reports thresholds
- Articulating and recording the stresses and strengths of children in written reports.

6.3.3 New legislation, Children (Equal Protection from Assault) (Scotland) Act 2019, came into force on 7 November 2020. The Act removes the common law defence of 'reasonable chastisement' and gives all children in Scotland the same protection in law from assault as adults. This is very much in keeping with the United Nations Convention on the Rights of the Child (UNCRC) which has also been formally adopted by the Scottish Government. To assist colleagues in understanding the impact on their role the Child Protection Committee interagency subgroup developed a new e-learning module.

6.3.4 Optional training delivered through Microsoft teams for those staff who prefer face training was also delivered with staff from key partners Social Work, Police and health delivering the sessions. Interagency procedural guidance was also developed for staff as well as information for parents and carers.

6.4 **Examples of work undertaken to support Public Protection:**

- 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.

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. Due to Covid-19 a number of Core Audits were paused. Record keeping and medication audits will restart from April 2021.

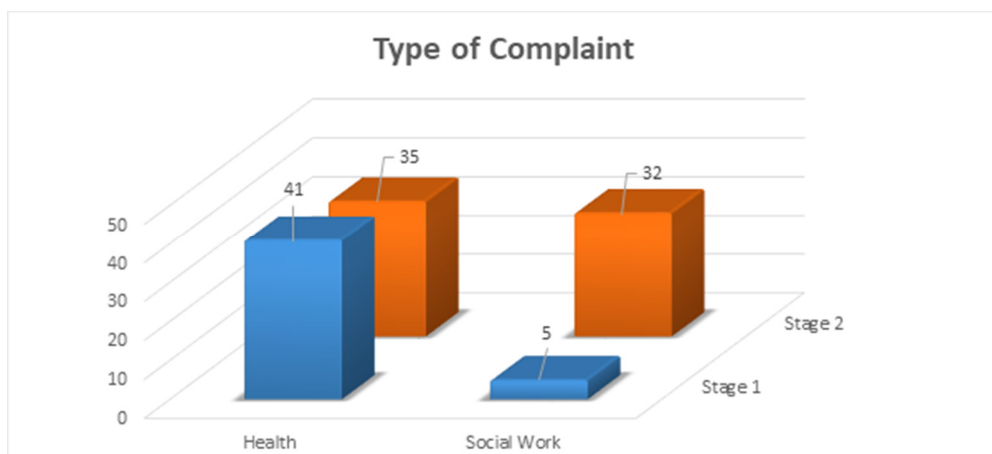
8. Professional Registration

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. The Policy for Registered Healthcare Professionals is under review, once this has been agreed we will check our local systems reflect what is needed.

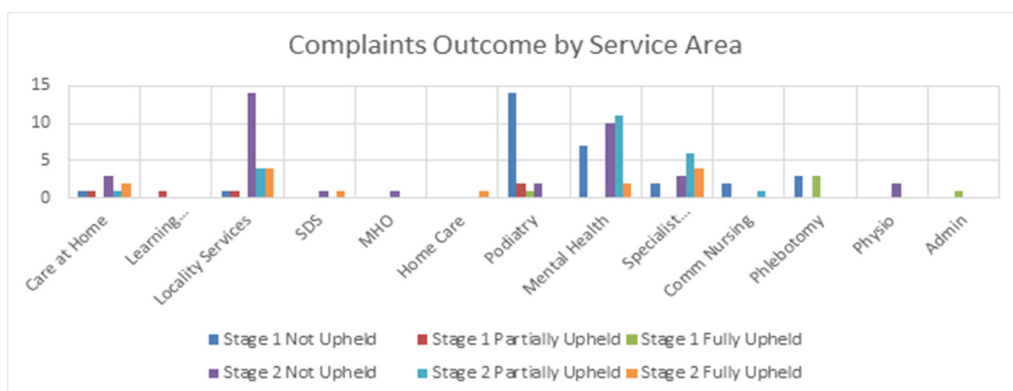
9. Patient Centred

9.1 Complaints

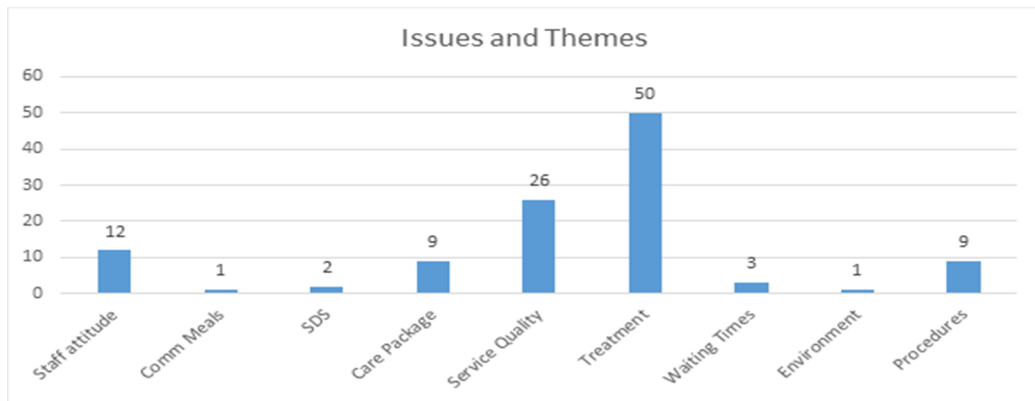
The following provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2020 to 31 March 2021.



9.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work from 1 April 2020 to 31 March 2021.



The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Service Quality are recurring issues raised by complainants.



Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). Of the total number of complaints for health and social care, two were submitted to the SPSO. One was not upheld and the other is still under investigation.

9.3

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/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.

10.2

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

- Renfrewshire Learning Disability Services (RLDS) were keen to hear about specific carer experiences when accessing services over the last twelve months, and throughout the COVID-19 Pandemic. A survey was used to inform how the service continuously improves and tailors services to better meet needs of both supported people and carers in 2021 and beyond. The survey focused on key areas including: Service rating, what has 'worked well' and 'didn't work as well' – over the last 12 months, COVID-19 challenges, communication and engagement and future expectations.

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 Mental Health (Care and Treatment) (Scotland) Act (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.

11.2 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 2019/2020 Renfrewshire received **131** requests for AWI MHO reports. In 2020/2021 we received **186** AWI referrals (**+55**). It is worth noting that **75%** of all new orders granted are for periods of less than 5 years which now brings additional work pressure in respect of renewal reports required from an MHO.

Often such requests arrive with less than 4 weeks until the expiry of the existing order. 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 figure of **125** at the time of the report in 2021. 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 in excess of approximately **425** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

11.3 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 **25%** in the past year. This figure is replicated nationally.

11.4 The MHO service along with many other service areas within the HSCP has during the pandemic felt the pressures of increased workload, staff pressures and the other demands COVID placed upon us (and still does). We now have a waiting list for the provision of AWI reports a situation that was not experienced prior to the pandemic and this reflects the levels of demand in this area. Further we have experienced a 25% increase in the number of mental health tribunals being held which further adds to the demands on a small number of MHO's.

11.5 Examples of key areas of work within the Mental Health Officers (MHOs)

- Assist and advice colleagues in terms of the application of legislation MHCTA/AWI/Adult Support and Protection (ASP) and attend case conferences (as necessary)
- Comply with the National Standards for MHO services and codes of practice for the MHCTA/AWI & ASP Acts and SSC Codes of Practice.
- Involved in MDT meetings CPA/MAPPA and other meetings as required.

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.

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services. During the COVID-19 pandemic Renfrewshire HSCP sought to continue services where possible, adapting to reflect the most and appropriate way of working with patients and service users. Digital technology was instrumental in enabling our response.

13.2 Renfrewshire HSCP has an established Change and Improvement Programme which is focused 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. Our Change and Improvement team was deployed to support the HSCPs Local Resource Management Team and services during the pandemic.

13.3 In the HSCPs last HSCP Annual Quality, Care & Professional Governance report, a number of specific commitments. Some examples on progress include:

Commitment	Update on progress made
Legislative:	
Ongoing implementation of the GMS Contract/Primary Care Improvement which involves placing of expanded teams of HSCP and NHS Board employed health professions in and around general practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist).	Locally, implementation continues to be made through our local Primary Care Improvement Plan. Priorities include Vaccination Services, Pharmacotherapy Services, Community Treatment and Care Services, Urgent Care Services and Additional Professional Roles (Physiotherapist and Mental Health) and Community Link Workers.
Governance:	
Work to review and update Medicine procedures in line with the updated Council Medication Policy.	The Care at Home Medication Guidance has been developed. The aim of this document is to give clear guidance to Care at Home staff when Service Users have an assessed need for supports with medication tasks, taking into account the Health and Social Care Standards for Care at Home Services.

13.4 In addition, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year.

Some examples of improvements which have been developed in specific Renfrewshire Services include:

- **Renfrewshire Learning Disabilities Service:** The service have created a sensory screening tool to gather information on the sensory needs of non-verbal clients.
- **Children Services:** The service have created a single point of access where families and partner agencies can speak with a health visitor/ support staff on the telephone via the children and family HUB. There is regular audit of the service including numbers and type of calls received and also included in staff satisfaction questionnaire
- **Care at Home Service:** The service are currently working towards implementation of an Electronic Scheduling and Monitoring system. Revised business processes outlines the work which has taken place to date and actions taken by the service to ensure that there is a proactive response to the provision of services within Care at Home in the event of a missed visit or medication error.

The introduction of the Electronic Scheduling and Monitoring system will further support the service in the prevention of missed care visits. Medication errors are looked at on an individual basis and worked through accordingly to prevent error happening.

- **NHSGGC Podiatry Service:** Three cohorts identified to complete Quality Improvement Training by June 2021.

13.5 We also enclose below a few examples to demonstrate how our services have worked together, to ensure they provide the best possible services and care to our patients/service users.

Renfrewshire Learning Disabilities Service (RLDS)	HSCP and General Practitioners (GPs)
<p>Renfrewshire Learning Disabilities Service (RLDS) has been working with Health Improvement Scotland ihub collaborative for some months and has participated in multiple learning/sharing and training events and workshops with 7 other HSCPs, in phase one of the New Models for Learning Disability Day Support Collaborative.</p> <p>The entire RLDS team has worked during the past year to help support people and family carers to stay healthy, connected and included. Via our 4 tier model of adapted service delivery, virtual and digital activities have proven an important and beneficial method of doing so and has created so many new learning opportunities and experience. A short film has been produced which aims to illustrate the creative, innovative and solution focused approaches used by the team to break down barriers to enable connections to remain and help support what really mattered to the people we support during these challenging times.</p>	<p>The Renfrewshire Community COVID Assessment Centre (CAC) opened in Linwood Health Centre Community Wing on 6 April 2020 as part of NHS Greater Glasgow and Clyde's response to the Scottish Governments recommendation for a Covid-19 respiratory pathway.</p> <p>The assessment centre aims to maximise the numbers of symptomatic people who can be cared for in the community, reserving our hospitals for those with the most serious illness. Renfrewshire took forward the initial pilot for the COVID-19 Assessment app. The app is built on the national NES TURAS cloud platform and helps record clinical presentation, findings and decision making at the Community Assessment Centres. The centre which is still opened and extended to other areas is staffed by GPs, nurses and administrative staff redeployed from other services working collaboratively. From April 2020 – March 2021 Approx. 3,285 patients attended the centre.</p>
HSCP, GPs and Third Sector	Nursing/Allied Healthcare Professionals/ Medical staff
<p>A new funded project in Renfrewshire has been established with ROAR (Reaching Older Adults in Renfrewshire), HSCP and GP practices to help the active elderly from falling and prevent fractures. It is called 80andUp and aims to use evidence-based advice and exercises to reduce falls.</p> <p>Between December 2020 and March 2021 81 patients who had reached their 80th birthday provided consent to take part in this initiative. Early feedback has been positive and suggests that with help from ROAR it has allowed them to walk more and walk with more confidence. Evidence suggests this simple intervention will reduce falls and fractures as well as improving their quality of life.</p>	<p>A support group has been established for individuals who have been newly diagnosed/or with an existing lung condition within Ferguslie Park and surrounding areas within Paisley in Renfrewshire. This project aims to focus on addressing inequalities, promoting wellbeing and preventing comorbidities. Unfortunately due to the Covid-19 pandemic this project was temporarily paused however, has since been adapted from an in person group to virtual online group. To date this group has become invaluable to patients and carers involved. Due to shielding some individuals have become socially isolated and these sessions have allowed them to feel more connected with others in a similar position.</p>

13.6 Other examples of improvements which have been developed in the Podiatry Service (hosted service) over the last year include:

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Provide patients with evidenced based self-management advice when being discharged from telephone triage service or on waiting lists while Covid-19 restrictions remain in place.	Significant improvements to NHSGG&C Podiatry website under patient accessible self-care resources, including MSK, nail care, Orthopaedics, wound care and skin conditions. Further awareness raise using social media.	Public Facing NHSGG&C site now live and includes a feedback loop for patient and carers to comments. The link for the site is regularly shared on social media channels and shared via GP networks.	NHSGG&C Web Activity: <ul style="list-style-type: none"> • 40,775 visits • 31,356 unique views • 1:30 average time on page Tweets: ↑ 116.7% increase Tweets impressions 23.4K ↑ 140.0% Profile visit 489
To maintain safe and effective practice for high risk foot protection patients shielding and unable to attend clinic during Covid-19.	To support person centred care at home with the development of a range of booklets and guidance were developed in partnership including: <ul style="list-style-type: none"> • Understanding your wound • Managing your wound • A wound care diary. 	The guidance has been shared across NHSGG&C, District Nursing and GP networks. This has also been shared nationally with the Scottish Podiatry Managers Group.	The guidance has supported patient to care for their own wounds while receiving support using Near me video consultations. This has reduced footfall in patient's homes during Covid-19. Positive patient feedback includes a feeling of being more involved in their own care and active wound healing. Reports of positive patient activism.
Improve the use and quality of wound photography in high risk foot protection patients shielding and unable to attend clinics.	Many of images sent in by patient are of poor quality to assess and grade wound damage. The aim was to produce a video for patients and carers to send improved quality pictures of their wounds to MIMs service. Clinicians can then assess and prescribed care based on the photos.	2 videos produced one for sharing across NHSGG&C services and one with the NHS Scotland logo to allow wider sharing across Scotland with a One Digital approach Hosted on the NHSGG&C Webpage: Woundcare Videos	Improved quality of images to allow more accurate assessment, diagnosis and effective management plans to be made. Effective utilisation of digital technology allowing patients to receive high quality care in their own homes.

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 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:

- **District Nursing:** The Senior Nurse, Renfrewshire HSCP is one of 20 nurses across Scotland to be awarded a 2020 Queen's Nurse Title. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Four nurses within Renfrewshire have now gained this title.
- **UNICEF Infant Feeding Award:** In March 2021 Renfrewshire HSCP achieved the UNICEF Gold Award and is now accredited as a Gold Baby Friendly organisation which recognises excellent and sustained practice in the support of infant feeding and parent-infant relationships. The conditions of the award are that the HSCP take forward an action plan to demonstrate that staff are supported to put forward ideas and that they feel listened to. This is in addition to the plan in place to improve services in relation to increasing breastfeeding rates in our most deprived communities.
- **Staff Wellbeing and Resilience:** In response to the Covid19 Pandemic there has been a focus to build significantly on the existing work done around wellbeing and resilience for the workforce nationally, Greater Glasgow & Clyde wide and locally.

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 2021/2022 include:

- **Care Homes:** Continuing enhanced oversight role for Care Homes.
- **Flu Clinics:** Work to support mass flu vaccination clinics as a new way of working.
- **Report by the Mental Welfare Commission for Scotland into decision making for people in hospital who lack capacity: Discharge to Care Home.** The Commission has made eleven recommendations, eight of which are relevant to HSCPs. Some of these recommendations although directed towards HSCPs will also fall on other partners, including NHS Greater Glasgow and Clyde where actions to address issues of staff training and awareness within Acute settings will fall to the Health Board to implement.
- **Look at recommendations from the Commission's report on the use of the Mental Health Act during the Covid-19 pandemic July 2019.**
- **Integration Scheme:** The HSCP will continue to work with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde to progress necessary updates to, and consultation on, Integration Schemes. This work was in progress during 2019 and early 2020 however was paused at the onset of the COVID-19 pandemic. This activity is being progressed jointly with HSCPs within the NHS GGC boundary, chaired by the Chief Officer of West Dunbartonshire HSCP.
- **Health and Care (Staffing) (Scotland) Act 2019 Update** Once the Act is implemented, Health Boards will be required to ensure that appropriate clinical advice is sought and taken into account when decisions are taken regarding staffing. In advance of this implementation, the Cabinet Secretary requested that

the key principles and intent of the Act be taken into account within current working practices.

- Review the Renfrewshire HSCP Clinical and Care Governance workplan.