

To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Head of Health and Social Care

Heading: Quality, Care and Professional Governance Annual Report 2021/2022

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

1. Purpose

- 1.1 This paper is to present the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2021 - March 2022 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 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services.

3. Recommendation

It is recommended that the IJB:

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

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

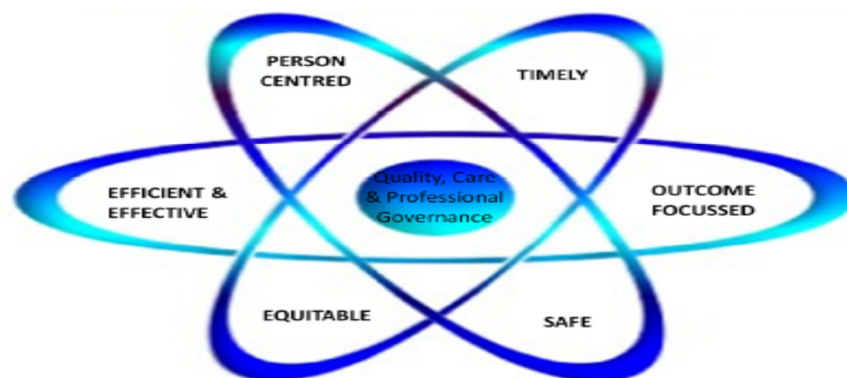
Quality, Care & Professional Governance Annual Report (April 2021– March 2022)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2021 - March 2022.

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 186,239 (as at January 2022). Note: One Renfrewshire GP practice closed on 31 March 2022 with supported allocation of patients to existing GP practices. As at 1 April 2022 there will be 28 GP practices in Renfrewshire.

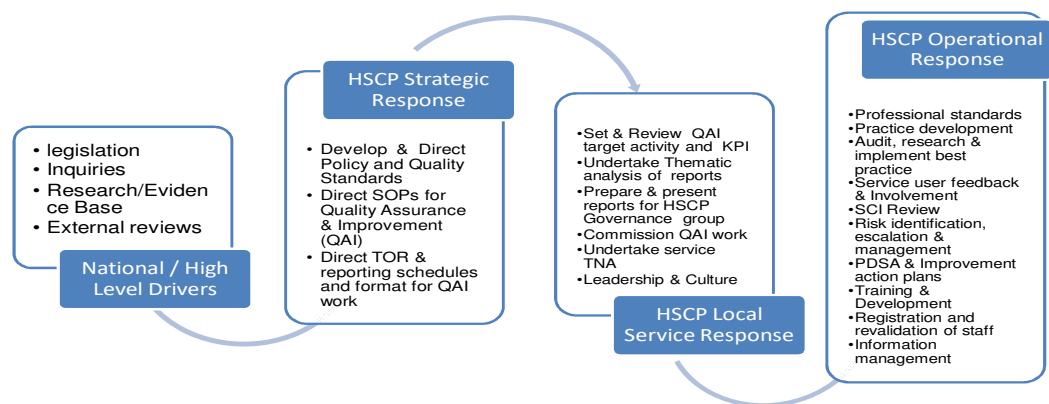
2.3 The HSCP have a number of supporting governance arrangements in place.

HSCP governance arrangements include:

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	<ul style="list-style-type: none"> • Twice Yearly <p>This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.</p>
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all quality, clinical and care governance activity.</p>
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups.	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Monthly) • Learning Disability Governance Group (Monthly) • ADRS Clinical Services Group (Monthly) • Mental Health Clinical Services Group (Monthly) <p>These groups provide a focus for all quality, clinical and care governance activity.</p>
Chief Social Work Officers Professional Group	Chief Social Work Officer	<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 Lead Clinical Pharmacist	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all medicines management and prescribing budgets.</p>
Renfrewshire Health & 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.
- 2.5 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services. This includes ongoing assurance visits across Care Homes expected until at least March 2023.
- 2.6 Within Renfrewshire Quality, Care & Professional Governance arrangement continue to be a dynamic process as illustrated below:



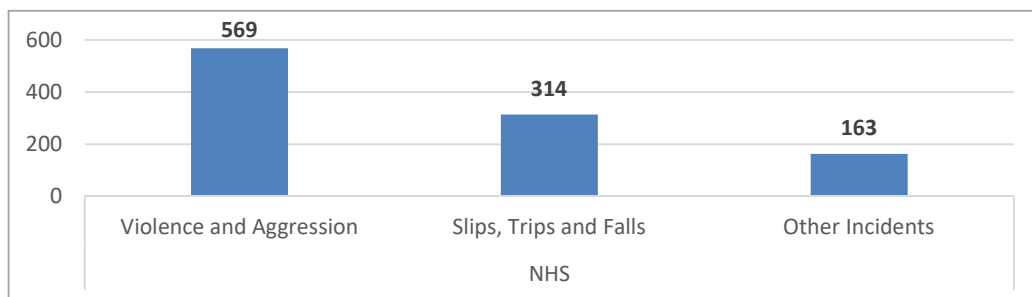
The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach

3. Safety (Incident Management, Reporting and Investigation)

- 3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.
- 3.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2021 – March 2022 there were **1934** incidents reported on DATIX, compared to **1821 (+113)** in the previous report. Note: this increase may be attributable to more accurate recording/alignment to relevant service on Datix.

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 is called Business World. Note this system is being rebuilt with aim to provide better recording and reporting function. A total of **443** accidents and incidents were reported on this system. This compared to **371 (+72)** in the previous report.

Breakdown includes:

Non-Employee Accidents/Incidents:	<p>A total of 385 accidents/incidents were reported during 2021-2022.</p> <p>This compared to 333 (+52) in the previous report.</p> <p>The highest reported types of accidents were:</p> <ul style="list-style-type: none"> • Slips, Trips and Falls (256) • Fall from Height e.g. from a chair/WC (30) • Violence and Aggression (25).
Employee Accidents/Incidents:	<p>A total of 48 accidents/incidents were reported during 2021-2022.</p> <p>This compared to 38 (+10) in the previous report.</p> <p>The highest reported types of accidents were:</p> <ul style="list-style-type: none"> • Other kind of accidents (15) • Violence and Aggression (11) • Slips, Trips and Falls (11).

3.4

Actions that continue to be 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. Identified staff also carry a pin point alarm.
- **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.

From April 2021 – March 2022 a total of **9** SAEs have been commissioned within Renfrewshire HSCP. This compared to **9** SAEs in the previous report. Description of these incidents varied between suicides, unexpected deaths and pressure ulcer care. All staff involved in commissioning/conducting SAEs investigations must adhere to a series of principles and key requirements.

3.6 **Examples of incident management/investigation/reporting improvements:**

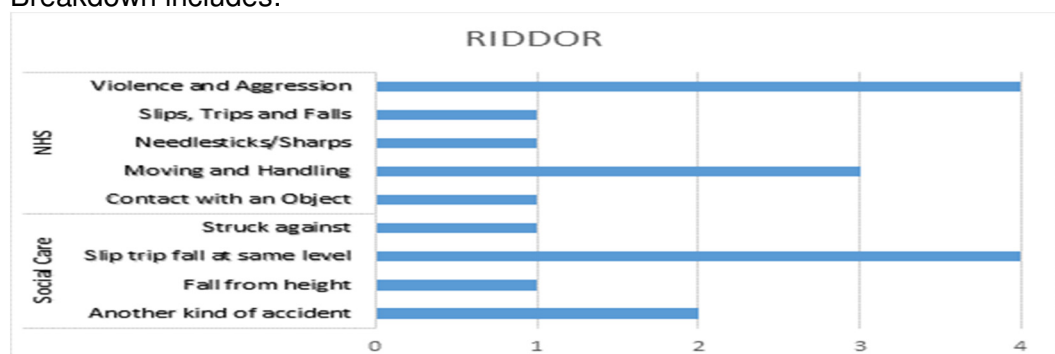
- Learning from SAEs is shared at various meetings.
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.
- A Mental Health Incident review group in place.
- Any learning from SAE Reviews shared as appropriate via Chief Nurse Structure.

- 3.7 One Large Scale Investigation was also initiated. This compares to three large scale investigations undertaken between April 2020 - March 2021. The previous number of large scale investigations during April 2020 and March 2021 may indicate the impact that the COVID-19 pandemic had on residential care homes.

- 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.

- 3.9 From April 2021 – March 2022 a total of 18 incidents were investigated as RIDDORs within health and social work/care services, this was increase of **(+10)** from the number of 8 incidents in the previous reporting period. Note this increase may be attributable to better recording.

Breakdown includes:



3.10 **Some examples of recommendations as a result of RIDDOR**

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

4. Contracts Management - Contracts and Commissioning Team

- 4.1 In 2021/2022 the HSCP invested in a new Contracts and Commissioning team. This team brings together the pre-existing Contracts management team with a newly formed Commissioning team.
- 4.2 Over the last year in-person contract management visits resumed in some service settings. This has allowed for more thorough monitoring and oversight of purchased service contracts and clearer analysis of risks, issues, sustainability and outcomes.
- 4.3 In the effective management of HSCP social care contracts, the team have 4 key workstreams:
1. To review, monitor and audit the services we design and purchase to ensure that contracts are delivered effectively and safely. This involves ensuring these services are delivered in a professional, timely and proportionate manner and in accordance with the levels of risk associated with the contract.
 2. To take the lead role in responding to urgent matters or concerns relating to purchased services including service failures, complaints and concerns, significant incidents, adult protection matters or where contractual conditions are not met. This may include acting under the authority of the Chief Social Work Officer and Chief Officer of the Renfrewshire HSCP and in collaboration with key partners, to progress to enforcement action if required.
 3. To provide direction, advice and guidance on service delivery options as part of the commissioning and contracting process and to work with service managers and procurement specialists to undertake strategic reviews, develop service specifications and support procurement activity.
 4. To work closely with the Care Inspectorate and colleagues within the Renfrewshire HSCP and other partnerships to collate and share information on our care providers and to work jointly with partners and providers to ensure compliance with national care standards, regulations and to promote the continuous improvement of services.
- 4.4 As with the prior year, much of the team resources have been focussed on the ongoing COVID response.

This includes:

- Monitor compliance with the NES online TURAS reporting tool and follow up concerns/issues with providers
- Participate in NHSGGC care and governance group, its sub-groups and the NHSGGC Tactical Group
- Participate in MDT COVID oversight management huddle
- 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.

- 4.5 Over the last year the team has responded to 503 reported significant events submitted by providers – this figure is lower than in previous years but this reflects periods during the year where providers were required to submit weekly management status reports rather than through the normal significant event reporting process due to the prevalence rates of COVID.

5. Risk Management

- 5.1 Renfrewshire HSCP continues to embed the revised risk management framework across services to ensure that risks and issues are managed and escalated accordingly and consistently to the appropriate management levels/forums.
- 5.2 In April 2021 the IJB approved the implementation of a revised risk framework and this was soft launched to all of our HSCP services in July 2021. As part of the implementation a risk network was established with representation from all services to give the process a revised focus and to assure the consistent capture, escalation and reporting of risks and issues across services.
- 5.3 A consolidated risk and issue register continues to be maintained with regular updates and reporting to the HSCP Senior Management Team monthly and a report to the IJB Audit, Risk and Scrutiny Committee quarterly. The Audit, Risk and Scrutiny Committee provide the updates to the IJB as required

5.4 **Example of risk management improvements:**

- The cross risk network encompassing all 6 HSCPs and NHS has been established and this continues to meet monthly, with the HSCP also being represented at the Council's Corporate Risk Management Group.
- The HSCP Risk Network continues to be in place with identified 'Champions' and 'Delegates' from each service area within the HSCP.
- As part of the NHS Datix system replacement the Cross Risk group has been looking at the recording and reporting of risk and in particular the Data hierarchies used across the various HSCPs in a bid to standardise them.
- A Risk Framework Guide and Training Module has been developed and signed off and these will be launched in July and August respectively.

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 The total number of Adult Support and Protection and Adult Welfare concerns between April 2020 and March 2021 was 3483. In comparison between April 2021 and March 2022 the total number is 4526. This is a **29.9%** increase.
- 6.2.2 Following initial inquiries 86 investigations were completed. Of these investigations 39 initial case conferences were conducted. This represents 45.34% of investigations progressing to an initial case conference
- 6.2.3 Police Scotland continue to be the primary referral source, we have received 2896 referrals from our Police Scotland colleagues between April 2021 and March 2022

6.2.4 The undernoted provides examples of key areas of work taken forward in the last year to support ASP:

- **ASP National Minimum Dataset – Learning Partner with IRISS (Institute for research and innovation in Social services):** IRISS have been commissioned by the Scottish Government to work with all Adult Protection Committees and other members of the sector to develop a new National Minimum Data Set for Adult Support and Protection. Renfrewshire have been selected as a learning partner to co-design, test and refine a National Minimum Data set for quarterly indicators and support package. There have been a number of workshops held from September 2021 which Renfrewshire have attended and contributed towards. The dataset prototype has now been agreed in draft form and the initial test run is due to be completed in September 2022. There will be 2 test runs completed before the dataset is rolled out across the sector.
- **Renfrewshire Partnership Missing Persons Protocol:** Renfrewshire have worked with Missing People on the National Implementation Project to develop a best practice protocol for missing people. This work was completed in August 2021 and the Renfrewshire missing person's protocol was launched. The protocol introduces a pathway for return discussions to occur with adults who have returned from a missing episode. The protocol also includes templates for use in risk assessments for children, young people and adults at risk of going missing.

6.3 Child Protection

During the past year all staff within Children Services and Specialist Children Services have continued to ensure the protection and safety of all Renfrewshire children. Staff have continued to attend core groups, case conference meetings in line with our Child Protection procedures, submitting their reports and contributing to the child's Child Protection Plan. All staff have continued to work with families, services and colleagues to ensure the safety and protection of children across Renfrewshire to make certain we are getting it right for every child. We continue to liaise and work together across services to learn and improve our practice from significant adverse events.

Child Protection supervision between health visitors and their Team Leader has also been maintained throughout the past year, allowing for staff reflection, containment and learning. Where required advice and support has been sought from our Child Protection Service.

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.

Some examples to support core audits include:

- New SharePoint has been developed for board wide DN core audit system, which will aim to provide accurate local reports.
- Work has commenced in relation to Excellence in Care, progressing to testing of the Combined Care Assurance Audit Tool (CCAAT) to provide assurance/generate reports in terms of clinical quality indicators, this will phase out the current Core Audit Schedule.

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.

9. **Patient Centred**

9.1 **Complaints**

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

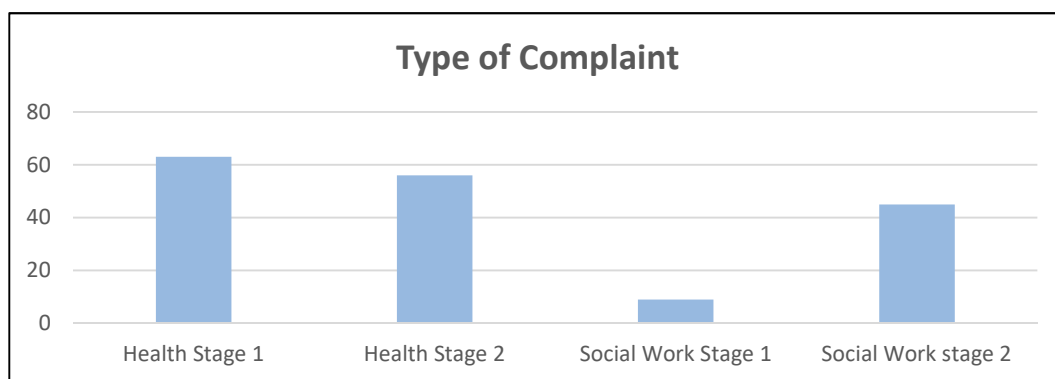
- 9.2 A complaints process review was carried out in September and October 2021 and the following changes were introduced:

- Complaints website reviewed and updated
- All correspondence templates updated for improved compliance and structure
- Complaints recording paperwork updated
- Client Facing Complaints Handling Procedure reviewed and updated
- Unacceptable Actions Policy established
- Full Time Complaints Support Officer post approved and recruited to in January 2022.

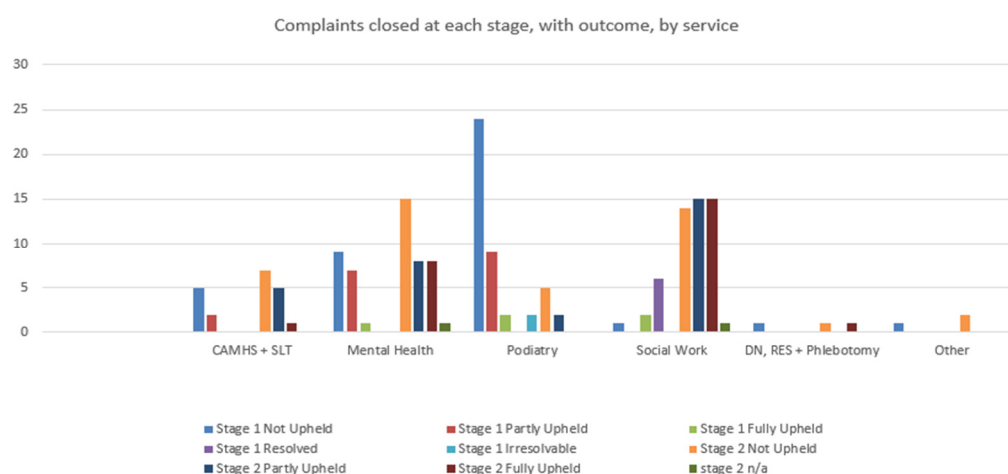
- 9.3 **Total complaints received from April to March 2021 – 2022; 2020 - 2021 and; 2019 – 2020:**

2021-2022	2020-2021	2019-2020
173	113	148

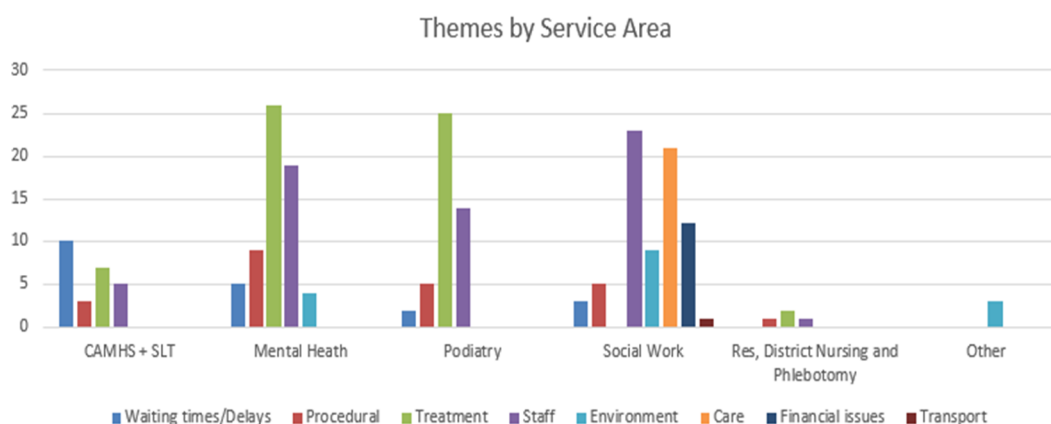
- 9.4 There was a drop in complaint numbers during 2020-2021 (likely due to COVID) however numbers for 2021-2022 highlight a 16.9% increase in complaints received compared to pre-pandemic numbers in 2019-2020.



9.5 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work Services from 1 April 2021 to 31 March 2022.



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



9.7 Where a complainant remains dissatisfied with the final response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). During the period 1 April 2021 – 31 March 2022 Renfrewshire HSCP received requests for information from the SPSO relating to 3 complaints. All 3 complaints were not investigated further by the SPSO.

Service improvements in response to complaints:

9.8

- 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:

- Alcohol and Drug Recovery Service (ADRS):** CIRCLE Recovery Hub now operational has been informed by local focus groups involving service users and people with lived experience and a Recovery Taskforce involving various local partner providers (see section 13.5 for fuller detail about the Recovery Hub)..

10.3

The Podiatry Service have also worked collaboratively with patients to gain feedback on new ways of working.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
70% of all patients will have a positive experience of the podiatry service with the opportunity to feedback on their Virtual Patient Management experience	Patient Experience Survey: The service worked collaboratively with patients to gain feedback on our new ways of working in telephone, virtual and face to face clinics.	Themes gathered from the feedback were used to influence the development of the new templates which have improved patient flow. Patients were offered a further opportunity to join any future work carried out by the service and 21 patients have now volunteered.	1. How happy were you with the outcome of your call or visit? 86% reported a positive experience. 2. Would you recommend our service to friends and family? 87% participants responded that they would recommend,

11. Mental Health Officer (MHO) Service

- 11.1 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 2021/2022 Renfrewshire received requests for AWI MHO reports. In 2020/2021 we received **238** AWI referrals **(+52)** on previous year. 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.
- 11.3 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 this report. Each order requires a qualified social worker to act as the “nominated officer” on behalf of the CSWO for day to day management of the case. In addition, there are currently in excess of approximately **550** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted
- 11.4 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen by **25%** in the past year. This figure is replicated nationally.
- 11.5 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. 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. Approximate waiting time for allocation is lengthy. The service have also experienced a 25% increase in the number of mental health tribunals being held which adds to the demands on MHO's.

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.
- 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.

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

Commitment	Update on progress made
Governance:	
Care Homes: Continuing enhanced oversight role for Care Homes.	Arrangements remain in place to support enhanced multidisciplinary arrangements to support care home and care at home settings. This aims to provide granular scrutiny, support and oversight of care home and care at home services.
Flu Clinics: Work to support mass flu vaccination clinics as a new way of working.	The flu clinic approach was tested and has worked well through Community Vaccination Clinic approach. The flu programme is now organised by NHS Greater Glasgow and Clyde, whilst Renfrewshire HSCP deliver the flu vaccine to people who are registered as housebound and Care Home Residents.
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.	Work is ongoing to support. Looking to take through governance arrangements in the next year. This commitment will therefore be carried forward as a key priority for 2022/2023.
Look at recommendations from the Commission's report on the use of the Mental Health Act during the Covid-19 pandemic July 2019.	This is in relation to Emergency powers under COVID Act (Bill) that Local Authorities could utilise if needed. We did not need to activate any. Only powers utilised were the general provisions of the COVID legislation that applied to the Mental Health Act.
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.	An action plan to support has been completed and submitted on request to the Mental Welfare Commission. All actions are completed or are rolling actions for areas that involve continual training. This aims to provide assurance that the necessary legal requirements and accountability measures are in place in Renfrewshire and in accordance with Adults with Incapacity (Scotland) Act 2000 and Section 13ZA of the Social Work (Scotland) Act 1968.

<p>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.</p>	<p>Scottish ministers have announced a 21-month programme of work which will see the Health and Care (Staffing) (Scotland) Act in force by April 2024. As a result a local programme of work will be established to understand the model and the implications for our services.</p>
<p>Review the Renfrewshire HSCP Clinical and Care Governance workplan.</p>	<p>The HSCP Clinical and Care Governance workplan has been refreshed to support work over the next few years. As a working document it will be amended as needed to incorporate any new areas of focus or in need of attention.</p> <p>A Professional Assurance Framework for Nursing has also been developed by the HSCP Chief Nurse from Scottish Government framework across the board.</p>

- 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:

Children and Adolescent Mental Health Service (CAMHS)

- **Business Process Review:** The Change and Improvement Team have supported CAMHS to undertake a business process review of the service. This has involved regular development workshops with practitioners and administrative staff aimed at documenting the service delivery pathway from 'referral to discharge'. During this time, staff have been supported to identify blockages, inconsistencies, and efficiencies in the current pathway and develop a local action plan to implement improvements in the service.
- **Development CAMHS National Service Specification Delivery Plan:** The Change and Improvement Team have supported CAMHS in the development of a local delivery plan to ensure the National CAMHS Service Specification requirements are firmly embedded in the local CAMHS Service priorities over the next three years.

- 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.

HSCP, GPs and Third Sector	Mental Health and Child and Adolescent Mental Health Services
<p>A funded project continued in 2021/2022 in Renfrewshire 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 Dec 2020 and March 2022 224 patients who had reached their 80th birthday provided consent to take part in this initiative. 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>Joint working between Mental Health and CAMHS: There was a review of the GG&C board wide Mental Health Service CAMHS Transition guidance in 2020, Renfrewshire have updated this to develop local guidance amending some of the time frames. This guidance outlines the processes that would ensure a smooth transition for young people moving between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) within Renfrewshire. This work included monthly transition meetings where CAMHS present the young adult at 17 years and 6 months (the board document is 17 years and 9 months). This process also helps referrals being directed for the appropriate pathway early on rather than being rejected. A discussion at the meeting looks at what is the best option for the young adult. Once identified as suitable transfer they begin engagement and carry out joint working until the young adult can fully transfer to adult services at 18 years of age.</p>
Community Mental Health Team (CMHT), Alcohol and Drug Recovery Service (ADRS) and CIRCLE	HSCP, Primary Care Support, Human Resources, eHealth and GP Practices
<p>ADRS – CIRCLE Recovery Hub: One of the key recommendations of the Whole System Review was to implement a new service model which includes more community-based recovery orientated systems of care and assertive outreach. The Mental Health and Addiction Recovery Hub – CIRCLE - will play a significant part in helping deliver on that recommendation. Now operational and receiving referrals CIRCLE has an established Steering Group and has been established involving management from CMHT, ADRS and CIRCLE. It will be responsible for monitoring and reviewing service provision and ensuring that areas of improvement and good practice are realised.</p> <p>As part of the Mental Health Strategy Action 15 an Occupational Therapist (OT) within CIRCLE will also utilise a strength-based recovery focused approach to care that proactively involves the person and optimises self-management. A further Family Support Worker post is also being progressed to support a whole family approach via CIRCLE.</p>	<p>A dedicated HSCP team supported the planning/exit process for the closure of St James Medical Centre, in Paisley at the end of March 2022. The GP Practice had been operated as a 2c board managed practice since January 2022 following the resignation of the GP contract holder.</p> <p>This worked supported arrangements around:</p> <ul style="list-style-type: none"> • Practice allocation process and communication with patients, public, staff and elected members. • Identification of vulnerable patients and communication with new practice, HV team, Social Work colleagues and wider multidisciplinary team. • Engagement with community pharmacy to ensure smooth transfer of medication. • Redeployment process for staff subject to TUPE. • Practice catchment areas – ensuring partnerships where aware what is in their contract. • Administrative support within the HSCP for written, email and telephone communication/correspondence with patients.

Other examples of improvements which have been developed in the HSCP services over the last year include:

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Podiatry: Hosted Service			
Health Improvement Scotland Access Quality Improvement Project: To achieve a 70% improvement in longest waiting time for a Tier 1 new patient appointment by February 2022, in line with national target of 4 weeks.	Change idea: Develop new virtual patient management clinic build (Intersystems, Trakcare) to offer patients telephone, video and face to face appointments.	The breadth of stakeholders from management, clinical, staff and patient background greatly enhanced the project quality and expedited the implementation. Key learning was taken from the staff groups around managing risk. The staff were happy to embrace new technology however were less comfortable with clinically assessing the patient during a virtual consultation. Providing support through decision making algorithms and telephone scripts greatly improved confidence levels and enhanced the care experience of patients.	By October 2021 the service has achieved a reduction in the maximum waiting time for offer of a first appointment for Tier 1 patients by 76% . This reduction has been maintained at 70% or over in each subsequent month up to and including January 2022.
100% of all active clinical sites will have an Infection Control Audit completed along with associated action plan.	Quarterly Audits were completed in each locality and action raised through Health & safety Groups for governance	All active sites at 1 April 2022 had completed infection control audit with associated actions within an assigned	100% completion
90% of all staff at work will have had opportunity to participate in Clinical Supervision, in line with the GGC AHP Clinical Supervision Policy.	Clinical Supervisors (CS) offered a range of 1-1, triadic and group supervision in accordance with the AHP CS Policy. Invitations to join session CS sessions were sent to all staff and a total of 9 sessions were cancelled. The policy requires 6 sessions to be offered per year and each locality	A session with the supervisors provide insight into common themes of nonattendance, lack of engagement with agenda setting and mixed feedback on preferences for 1-1 v group sessions. These will be taken forward by the Clinical Supervision Network group for	Achieved 95.8% (April 2021 – March 2022)

	was offered an average of 8 sessions. Taking into account the cancelled sessions, this gives an overall figure of 95.8% for the service.	discussion and future planning. ACTION: Suggestions for next year would include measurement of attendance and qualitative outcomes.	
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14. Implementation of Guidance/Policies

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

15. Good News - Recognising and celebrating success

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

Some examples of areas of success to celebrate:

- **District Nursing:** The previous interim Service Manager for DN/RES was one of the nurses across Scotland to be awarded a 2021 Queen's Nurse Title. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Five nurses within Renfrewshire have now gained this title.
- **Recognising efforts:** Each year, our staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership. The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year. The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our staff.

16. Conclusion

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

Key priorities for 2022/2023 include:

- **National Care Service:** Further detail and ongoing engagement is required to fully understand the implications of the National Care Service (Scotland) Bill.
- **Equality Impact Assessment (EQIA):** Train additional HSCP staff members to support the Lead EQIA Reviewer role.
- **HSCP Workforce Plan:** Oversee implementation of the HSCP Workforce Plan for 2022 - 2025. Draft was submitted to the IJB in June with final to be submitted by November 2022.

As outlined in section 13.3 of the report two commitments will be carried forward to 2022/2023 as they require ongoing work with other parts of the organisation to implement this work.

Carry forward priorities will include:

- **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.
- **Health and Social Care (Staffing) (Scotland) Act 2019:** Following the recent parliamentary announcement on its publication. Full implementation of the Act will take place providing time for the necessary preparations.