

---

**To:** Renfrewshire Integration Joint Board

**On:** 10 March 2017

---

**Report by:** Chief Officer

---

**Heading:** Quality, Care and Professional Governance Annual Report 2016

---

## 1. Summary

- 1.1 This paper is to present the Renfrewshire Quality, Care and Professional Governance Annual Report for the period January – December 2016 to the Integrated Joint Board. The full report is attached in Appendix 1.
- 1.2 The report provides a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link:  
<http://www.gov.scot/Resource/0049/00491266.pdf>
- 1.3 Core components of RHSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.
- 

## 2. Recommendation

- 2.1 It is recommended that the IJB:
- Note the content of the report (Appendix 1); and
  - Note that future annual reports will be produced in line with NHS Greater Glasgow & Clyde's reporting cycle (April – March).
- 

## Implications of the Report

1. **Financial – Nil**
2. **HR & Organisational Development – Nil**
3. **Community Planning – Nil**
4. **Legal – Nil**
5. **Property/Assets – Nil**
6. **Information Technology** – managing information and making information available may require ICT input.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions

will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety – Nil**

9. **Procurement – Nil**

10. **Risk – Nil**

11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

---

### **List of Background Papers**

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

---

**Author:** Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services

**Report: Renfrewshire HSCP Quality, Care & Professional Governance Annual Report (January – December 2016)**

**Date: February 2017**

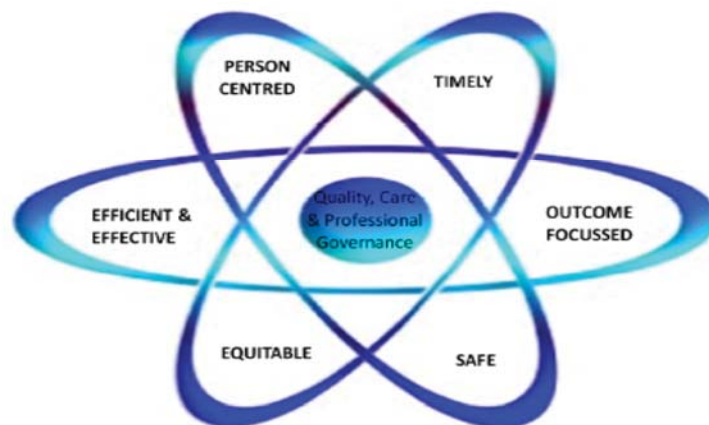
**Authors: Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services, Ian Beattie & Mandy Ferguson, Head of Health and Social Care Services (Paisley/West Renfrewshire)**

## 1. Purpose

1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period January to December 2016. The report provides a variety of evidence to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link: <http://www.gov.scot/Resource/0049/00491266.pdf>.

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

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



## 2. Introduction

2.1 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council's adult and older people community care services e.g. Addictions, Learning Disability, Residential Care Homes, Care at Home.
- Renfrewshire Community Health services, e.g. district nurses, health visitors, 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 is a diverse area of towns, villages and countryside covering 270 square kilometres and situated 7 miles west of Glasgow City.

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 20 community optometrists and 35 general dental practitioners, with a practice population of 179,796 (as at January 2017).

### 3. Clinical & Care Governance Arrangements

#### 3.1 Scottish Government's Policy Statement on Integration states that:

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

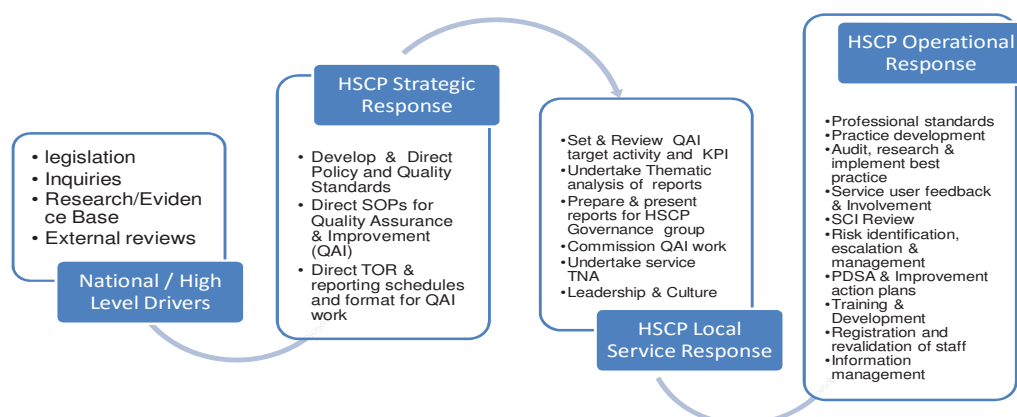
#### 3.2 Over the last year Renfrewshire HSCP has established its supporting governance arrangements to ensure that the health & social care systems are working to a shared understanding and definition for Quality, Care & Professional Governance.

Supporting governance structures have now been fully established and embedded including:

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

A Renfrewshire HSCP Clinical & Care Governance Strategy Group has also been established that oversees all actions agreed at the above group meetings, in line with performance indicators and continuous improvement.

#### 3.3 Quality, Care & Professional Governance arrangements within Renfrewshire are a dynamic process as illustrated below:



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

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

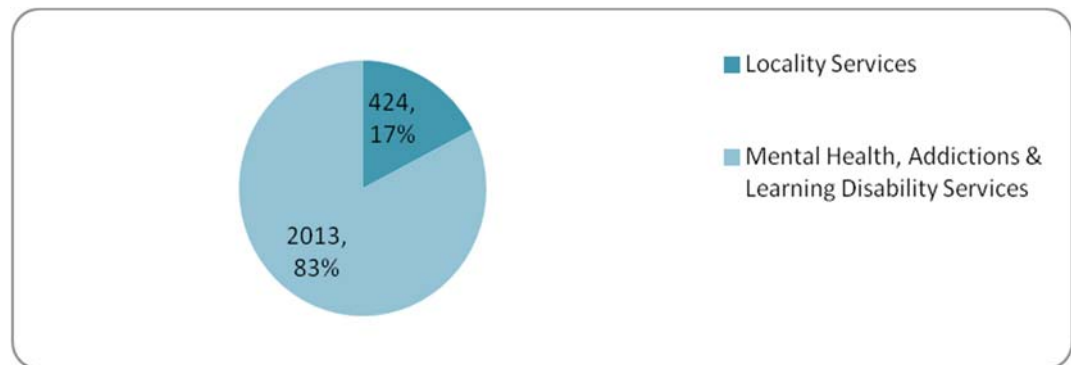
4.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. There are various systems currently used within Renfrewshire HSCP to capture this including:

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

##### 4.1.1 Datix

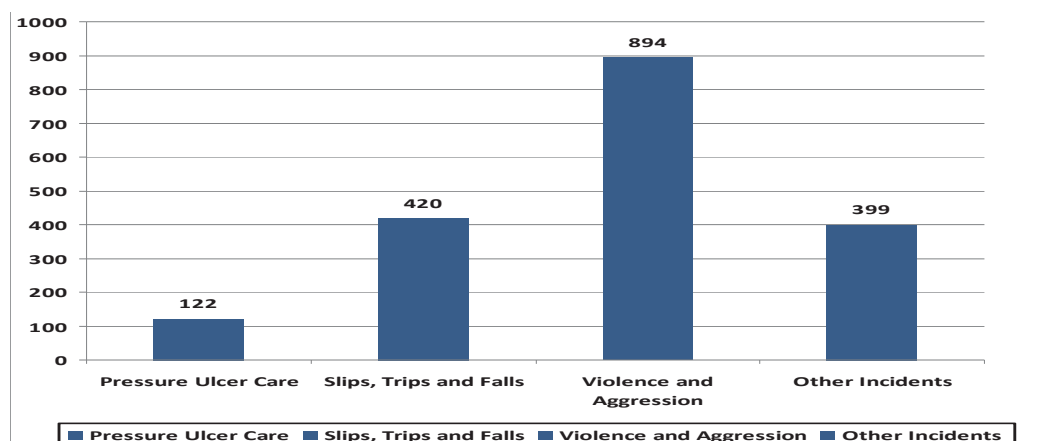
4.1.1.1 DATIX is used to provide a clear reporting structure to record clinical incidents, near misses and complaints. Datix is used to help improve safety for staff, visitors and contractors. Any incidents, near misses, complaints or concerns can be easily reported on the web based form. Managers can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

There were **2437** incidents reported between January – December 2016:



4.1.1.2 Incident reports are produced and discussed on a quarterly basis at the Renfrewshire HSCP Locality Services meetings and bi-monthly at the Mental Health, Addictions and Learning Disability Services meetings. These reports detail the nature and range of incidents that have been reported through the Datix system and highlight the top four highest reported categories.

4.1.1.3 Over the last year the highest reported categories relate to:



#### 4.1.1.4

#### Actions in place to address the highest reported categories:

**Pressure Ulcer Care** - NHS Greater Glasgow & Clyde Pressure Ulcer prevention guidelines are followed by all staff in Renfrewshire HSCP. This includes Datix reporting for all caseload acquired pressure ulcers, grade 2 and above with a 'Red Day' review tool completed by the reporter and reviewed by the Practice Development Nurse/District Nurse Team Leader. This ensures that all actions have been undertaken and determines if the pressure ulcer was deemed avoidable or unavoidable. The Tissue Viability Nurses provide input to support staff and referral to this service is mandatory for grade 2, 3 and 4 pressure ulcers. Tissue Viability Nurses review the patient and confirm the grading of pressure ulcers is accurate.

**Violence and Aggression** - Training and refresher training are in place for staff in all wards and community departments and e-learning module is available. Violence Reduction service is available for staff within mental health to provide advice and support to staff around violence reduction and de-escalation strategies.

**Slip/Trips and Falls** - The Clinical Governance Facilitator is leading on a project to reduce the number of reported falls by 25% in 12 months in the Older People's Mental Health Wards (North and East). Effective falls prevention and management can make a significant contribution to achieving the proposed National Outcomes for Integration, specifically, supporting people to look after and improve their own health and wellbeing, live in good health for longer, live independently at home and maintain or improve the quality of their lives.

**Other incidents** - Work is ongoing board wide to further refine categories and descriptors and with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents.

## 4.2

### Significant Clinical Incident (SCI)

#### 4.2.1

Significant Clinical Incidents are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery).

The purpose of an SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event.

#### 4.2.2

Over the last year a total of **10** SCIs have been commissioned:

Service	Month	Description
Community Mental Health	Jan, Feb & Aug	Suicide
Mental Health – In-patients	Feb & Mar	Suicide & Violence and Aggression
Child and Adolescent Mental Health Services	Mar	Child Protection Issue
Adult Services Multi Agency	Jun	Large Scale Investigation into Adult Protection at Older People's Care Home
Rehabilitation & Enablement Service	Jul	Patient Lost Records
Addictions Service	Oct	Suicide

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

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

**Issue 1:**

- A decision was taken by the Multi-Disciplinary Team relating to ongoing community mental health team input which had not involved the patient in the discussion. The patient was notified after the decision had been taken.

**Recommendation:**

- Where there is a change in the level of services provided to a patient, the patient must be offered the opportunity of attending the Multi-Disciplinary Team (MDT) review to enable involvement in the discussion.

**Action: All clients open to the Community Mental Health Team are encouraged to proactively engage in the formulation of their care & treatment plan and all subsequent reviews.**

**Issue 2:**

- Absence of shared IT systems across Mental Health Services including Out of Hours (OOH) Community Psychiatric Services.

Inability to record on the Datix System accurate record of coding for missing person incident.

**Recommendations:**

- A shared IT system across all mental health services would improve the current system for Out of Hours Community Psychiatric Nurses passing on vital clinical information to the appropriate staff member on the next working day after an OOH assessment. It would also improve the current limited access to clinical information from other parts of the mental health services which is available to OOH Community Psychiatric Nurses and would improve risk assessment.
- **Action: Renfrewshire Mental Health Service has implemented EMIS Web in January 2017. This allows access by all community mental health staff to an accurate live record.**
- “Missing person” should be added as a drop-down option on the Datix system for reporting critical incidents.
- **Action: Absconded on DATIX has now been re-labelled as Absconded / Missing and now has a missing person sub category.**

4.2.5 **Example of incident management/investigation/reporting improvements:**

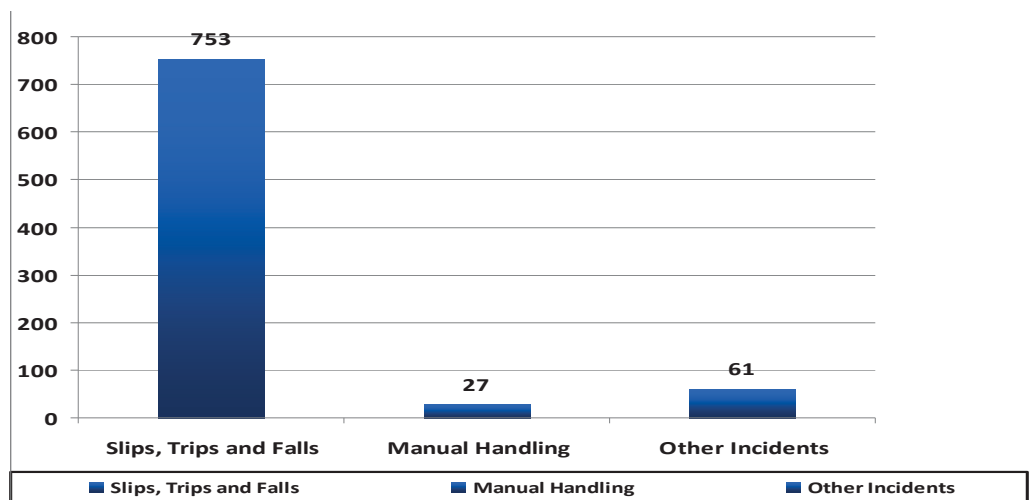
- In November 2016, Renfrewshire Locality Services and Mental Health, Addictions and Learning Disability Services trained around 30 service managers/team leaders in Root Cause Analysis (RCA) methodology to support Significant Clinical Incident Reviews. RCA investigations help identify how and why incidents happen and analysis is used to identify areas for change and to develop recommendations which deliver safer care.
- Renfrewshire HSCP Social Work services have now adopted the “Rapid Alert” template used within health for serious incidents to ensure consistency in approach within the HSCP.
- A process is in place to share learning across all HSCP Governance Groups via status report template.



### 4.3 Accident Incident Reporting Database (AIRD)

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

During the period January – December 2016 there were a total of **903** accidents reported.



In term of the **Manual Handling** incidents; initial discussions have taken place with Care at Home management and Health and Safety in relation to reviewing arrangements.

Most of the **Slips/Trips & Falls** accidents reported have included management review on a case by case basis.

### 4.4 RIDDOR

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

4.4.2 Over the last year a total of **19** incidents were investigated as RIDDORs within health and social work services:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health, Addictions & Learning Disabilities	Slips/Trips & Falls	8
	Violence & Aggression	6
	Contact with an Object	1
	Other incidents	1
Locality Services	Moving & Handling	1
Care at Home	Slips/Trip & Falls	1
Learning Disability Service	Slips/Trip & Falls	1

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



4.4.4

**An example of the recommendations and actions from two of the Violence & Aggression incidents:**

Recommendation	Action(s)
Staff involved in incidents should attend the violence reduction training or refresher training.	All staff have been on training or are scheduled to go on training.
Where appropriate the injured person should be referred to the Occupational Health Service or encouraged to self-refer.	Staff have already been referred to the Occupational Health Service.

**4.5 Contracts Management**

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

**Proactive**

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

- 17 full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- 24 follow up visits to evidence that actions required of the provider to improve services had been completed to the Council's satisfaction.
- 226 reviews of older adult placements in care homes to evidence that the home was delivering the best possible outcomes for the people living there.
- A further 31 reviews took place through a quality sampling process.

**Reactive**

The team have responded to:

- 765 significant event reports sent to the team's inbox by the commissioned services. The bulk of reports relate to notification of hospital admissions and incidents of significant challenging behaviours leading to assaults and serious falls.
- The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- 68 significant events were forwarded for action through Adult Support and Protection measures. The team dealt with the majority of serious incidents by liaising with the services, families and care managers.

4.5.2 For the reporting period, 31 services have been identified on the risk assessment as requiring a proactive visit. The number of contracted services continues to grow each year.

4.5.3 Self Directed Support presents a challenge as people are able to opt to choose providers with little experience of delivering care and operating safe businesses.

4.5.4

**Examples of improvements within the Contracts Monitoring Team:**

- The team is attempting to identify ways to increase the resources available for contracts monitoring.
- Linking significant event reporting to Council IT platforms, rather than an in team spreadsheet.
- Supporting the development of fresh commissioning strategies and procurement exercises.

## **5. Risk Management**

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly.

5.2 Staffing issues are a standing item at regular Locality Managers Groups and Team Leaders meetings and issues are discussed and action taken accordingly. Any high level risks are escalated to the HSCP Risk Register.

5.3 The Renfrewshire Health & Safety Committee is fully established and has responsibility for developing a coordinated framework for the management of health and safety issues within the HSCP. Health and Safety Management Manuals are also in place, with robust Risk Assessment processes in place.

### **5.4 Examples of risk management improvements:**

- Combined HSCP high level risk register is in place and reviewed on a regular basis.
- NHS Greater Glasgow & Clyde risk management process has been adopted within social work for staffing risks.
- A number of service have developed risk registers which feed into HSCP Risk Register (as appropriate) for very high level risks.

## **6. Public Protection**

6.1 Renfrewshire HSCP aims to ensure practice standards, procedures and guidance are adhered to, the main objective being to keep children and vulnerable adults safe from harm. A range of training is available to HSCP staff in different formats, including group training courses and learn-pro, the level of training being appropriate to their particular duties and responsibilities.

### **6.1.1 Adult Protection**

6.1.1.1 The Renfrewshire Adult Protection procedures have been revised and updated to reflect the new Renfrewshire HSCP structure, roles and responsibilities.

6.1.1.2 An appreciative inquiry was undertaken following a Large Scale Investigation of adult protection concerns at an older people's care home in Paisley. This showed strengths in leadership and partnership working, but also challenges in terms of the intensity of the investigation, the demands on staff resources, and the resulting impact on other areas of work such as assessment and care management.

6.1.1.3 The Renfrewshire Adult Protection Committee's Biennial Report 2014-16 was submitted to the Scottish Government in November 2016. Key points from the report included:

- Service Users and Carers – difficulty engaging with hard to reach groups.
- Data collection and improvement planning – a need to develop co-operation and ownership.
- Developing greater public awareness of Adult Support & Protection (ASP).
- Advocacy – ensuring that independent advocacy is considered during ASP investigations of adults at risk of harm.

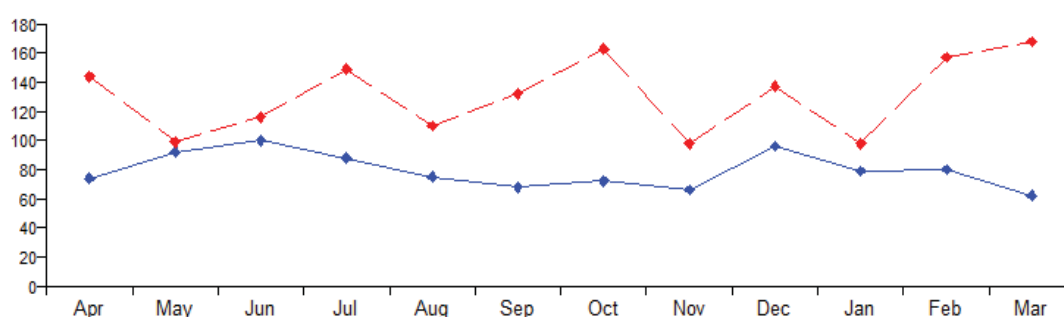
- Improving training resources – with staff vacancies during the Biennial period – it has been challenging to meet demand.
- Developing Council Officer/investigative capacity to keep pace with referral rates continuing to rise, year on year.
- Integration and the impact of changing roles and team structure, particularly in the context of the general management model adopted by Renfrewshire HSCP.
- Harm and the Adult Support & Protection Act – the difficulties of applying current criteria to self neglect, alcohol/addictions, personality disorder, and fluctuating capacity.

6.1.1.4 The number of referrals under adult protection has continued to increase year on year:

- In 2014-15 there were 1708 referrals to social work under adult protection.
- In 2015-16 changes were agreed to the system for reporting referrals under adult protection that separated adult *protection* concerns from adult *welfare* concerns.
- In 2015-16 there were 952 adult protection concerns and 1571 adult welfare concerns, making a combined total of 2523 adult protection and adult welfare concern referrals.
- It should be noted that *all* referrals are initially treated as potential adult protection cases.

#### Contacts by Source 2015/16

12/May/16



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sum:
Adult Welfare Concern	144	99	116	149	110	132	163	98	137	98	157	168	1571
Adult Protection Concern	74	92	100	88	75	68	72	66	96	79	80	62	952
Sum:	218	191	216	237	185	200	235	164	233	177	237	230	2523

6.1.1.5 Other adult protection issues for services included:

- An Operational Manager has been identified to take a lead role for dealing with adult support and protection processes within Renfrewshire Mental Health, Addiction and Learning Disabilities Services.

- Concerns and processes relating to large scale inquiries/investigations are currently being highlighted by the Learning Disability Service Manager. Recommendations will be agreed via Operational Managers meeting.
- Addiction Services will now manage all Adult Protection referrals within their service and will convene Adult Protection Case Conferences as appropriate. Social work posts are now in situ within addiction services and updated training is available.

#### 6.1.2 **Child Protection**

- A core link with the Women and Children First service has been established through Addiction Services.
- Learning Disability service will have representation on the Renfrewshire Child Protection Committee.
- Staff have been reminded of the importance of considering the vulnerability and welfare of children, particularly when undertaking home visits to adult clients.

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

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

Some examples include:

- A core audit schedule is in place within District Nursing/Podiatry and Plan Do Study Act (PDSA) improvement is implemented as required. There are audit tools in place for Mental Health and Children & Families in relation to record keeping.
- The Mental Health Services are in the process of re-establishing their in-patient bimonthly meetings. This is chaired by the Mental Health Professional Nurse Advisor.
- Monthly Readiness Audits continue in the ward areas and any action plans resulting from these are reviewed at the HAI/HEI meetings and closed off when completed.
- Work is ongoing to enable the Senior Charge Nurses and Senior Managers to have access to the Healthcare Associated Infection Mental Health shared folder on the HSCP 'S' Drive. This drive will include Readiness Audits, Hand Hygiene Scores, Exception Reports, workplans and meeting minutes, with a view to these being transferred to an electronic dashboard once this system is in place.

### 8. **Scottish Patient Safety Programme (SPSP)**

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

8.2

**Some example of Renfrewshire participation in this programme:**

- Johnstone District Nursing Team are involved with testing of Catheter Associated Urinary Tract Infection (CAUTI) prior to roll out in 2017 across the service.
- Recording level 1 and level 2 falls within CNIS progressing through a working group.
- Review the application of the Falls Policy and use of enhanced observations as a control measure within the older adult NHS complex care wards.
- Renfrewshire Mental Health Services have been involved in number of work streams e.g. safer use of medicines, medication reconciliation, risk assessment and risk management.
- 27 of the 29 GP practices in Renfrewshire are participating in the Disease-Modifying Anti-Rheumatic drugs (DMARDs) Local Enhanced Service.
- A number of Renfrewshire GPs have been recruited in the Sepsis Workstream.

**9. Professional Registration**

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

**9.1.1 Registration**

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

Process includes:

- A standard letter is emailed to member of staff to remind them to reregister/revalidate in advance of date.
- The Nursing and Midwifery Council (NMC) register is monitored weekly to check those due that month.
- A second letter is emailed 2 weeks prior to due date at which point Team Lead is copied in.
- A week before due date, member of staff is reminded and Service Manager is copied in.
- If staff are off sick/maternity leave, a standard letter should be sent to home address.
- A new database has been developed which will be more streamlined and includes the ability to design and run reports.

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

Process includes:

- If someone is lapsed, an e-mail goes to the business support team so that immediate action can be taken. In addition, they have access to those who

are late with either their annual fees or with their renewal to register. This is checked on a weekly basis and a reminder is sent to the employee directly (and/or their manager) in an attempt to deal with any issues to avoid their registration being lapsed.

- As each new part of the register opens, link is made with the relevant managers to progress this, in conjunction with the social work training team who are involved in ensuring as far as possible that people are appropriately qualified.

### 9.1.2

#### Revalidation

**Health:** Revalidation is the new process that all nurses need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). Revalidation has been in effect since April 2016 and happens every 3 years. Staff are required to collate evidence and undertake a professional reflective meeting and confirmation to demonstrate that they practise safely and effectively. Renfrewshire HSCP have a process in place to support revalidation, as well as board wide sessions and local workshops which the Senior Professional Nurse Advisor delivers.

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

### 9.1.3

#### Key professional registration developments include:

- A workshop was held in November 2016 to share an example process map for nursing in relation to registration/revalidation, to enable development of process maps across professions within Renfrewshire HSCP.

## 10.

### Patient Centred

### 10.1

#### Complaints

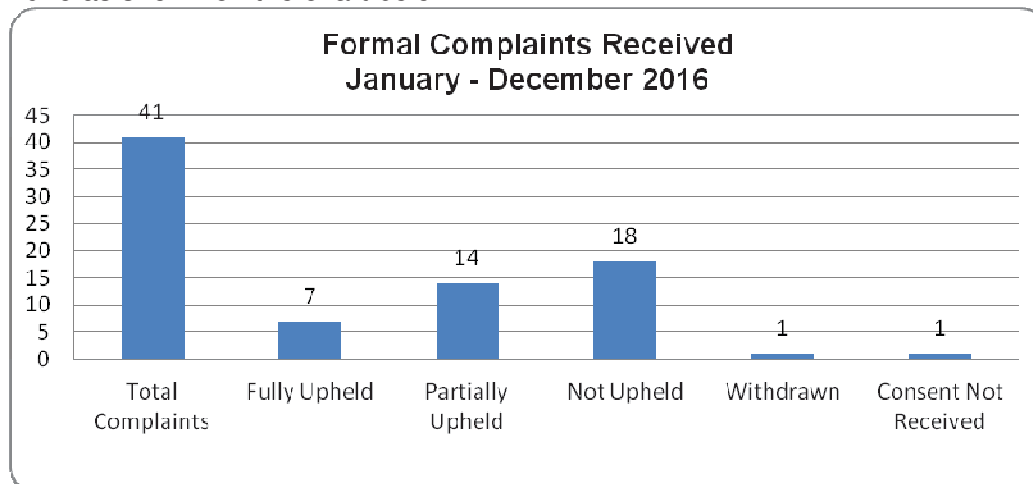
#### 10.1.1

There are two distinct processes and recording mechanisms for health and social work complaints within the HSCP. Health complaints are logged on the Datix system and Social Work complaints are logged on Mail Track. Social Work do not record if complaints are fully, partially or not upheld.

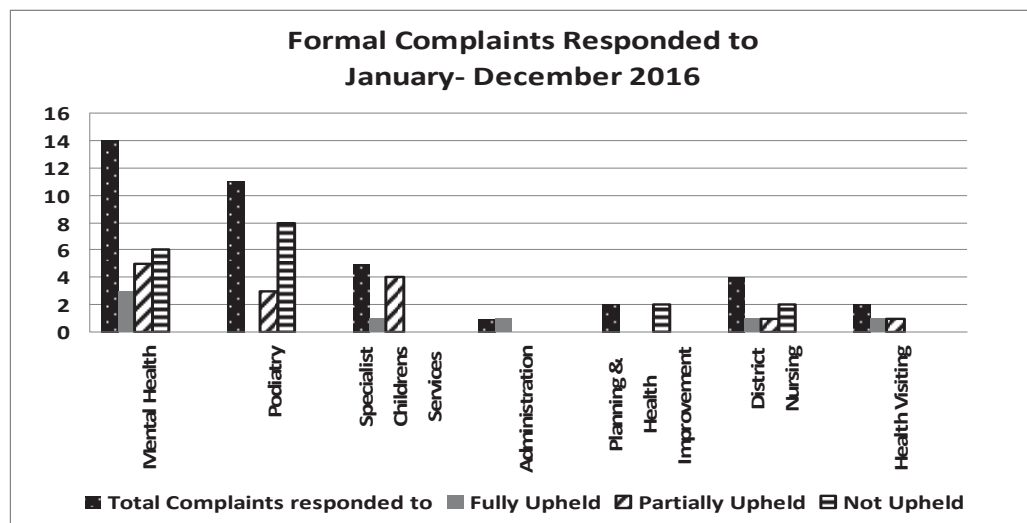
#### 10.1.2

#### Health

A total of **41** formal **Health** complaints were received during January – December 2016 as shown on the chart below.

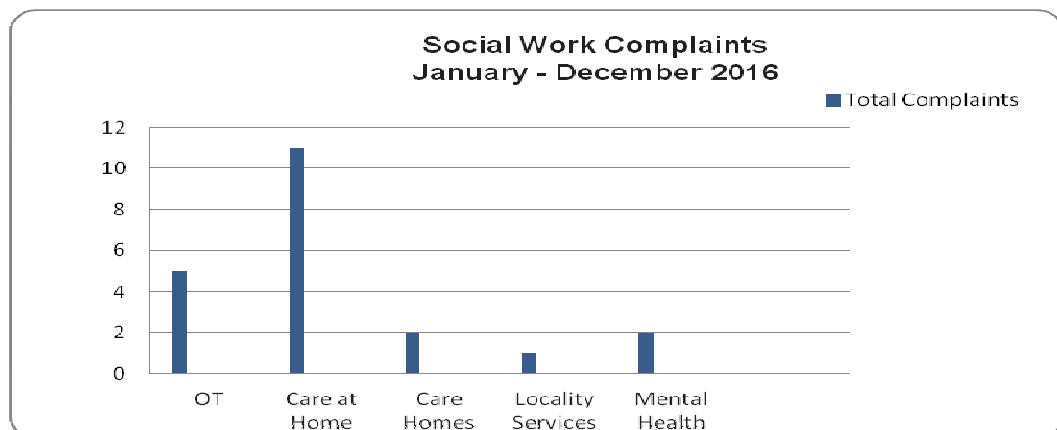


Out of the **41 Health** complaints received; (39) were investigated of which (36) were responded to within the target of 20 working days and (3) responses exceeded the target of 20 days.



### 10.1.3 Social Work

A total of **21 Social Work** complaints were received during January – December 2016 in different services as shown in the chart below:



Out of the **21** social work complaints received; (21) were progressed as formal complaints of which (14) were responded to within the target of 20 working days and (7) responses exceeded the target of 20 days.

### 10.1.4 Issues & Themes

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

- Disagreement with clinical treatment/care plan;
- Staff attitude and behaviour;
- Delay in appointments and waiting times;
- Failure to follow agreed procedures;
- Communication; and
- Cut to services.



10.1.4.1

**Some of the actions taken in response to the above issues were as follows:**

- All current template letters have been reviewed to ensure that information provided by the team is equitable and promotes engagement for all adults within Renfrewshire; this was due to telephone number provided as contact details. Patient was profoundly Deaf. A process has been put in place to ensure interpreters are booked prior to appointments.
- Patient was unhappy with the way they were spoken to by the secretary. Manager agreed to raise concerns in relation to admin staff with their line manager re importance of demonstrating an appropriate and respectful manner at all times. New Community Psychiatric Nurse has also been allocated and complainant happy to work with new nurse to address current issues and complainant happy with this resolution.
- Patient raised issue of interval between podiatry appointments being extended from 6 to 16 weeks. Patient advised of Personal Footcare guidance and advised they could contact the service should any podiatry problems arise between appointments.

10.1.5

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

**10.2**

**Patient/Service User/Client and Carer Feedback**

10.2.1

Renfrewshire HSCP has continued 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 from them – for example, by understanding what works for people and what their priorities are.

The following are a few examples of work which have been taken forward within service areas over the last year:

- Specialist Children Services (SCS) Engagement Event offered a forum for families, service users and other agencies to comment on Specialist Children services and voice their thoughts on what could be improved. This encouraged staff from across SCS team to look at service user involvement. Small tests of change are being planned to look at the local voice of our service users and plan service accordingly where practical.
- Patient conversations continue within in-patient areas in mental health twice yearly in each ward. Dates are planned for the year in advance and patients and their carers are invited to an informal discussion about their experiences in the ward. After each meeting, feedback is provided on a poster which describes the positive comments and any concerns raised by patients and their carers and what was done in response. These visits are carried out by the Service Manager, Professional Nurse Advisor and a representative from the service user organisation - Mental Health Network.
- The Community Mental Health Team undertakes annual feedback surveys.
- “Just to say” cards are in every outpatient area.
- The Podiatry Service has a suggestion box in every clinic to give service users the opportunity to provide feedback.
- Patient involvement is embedded within Podiatry Service via patient led feedback sessions in Renfrew and Foxbar.
- Palliative care team: Implementation of a standard response to palliative care used Plan Do Study Act (PDSA) improvement approach and changed

project from output. Multi-Disciplinary Team meetings now in place and being tested. Currently working with GP practice and representatives from locality teams.

- Care Home Liaison Nurses (CHLNs): Implementation of person centred care planning utilising CNIS system within CHLN teams. PDSA approach used to implement. Referral form implemented across Renfrewshire.

## 10.2.2

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

- The Podiatry Service, Rehabilitation & Enablement Service and District Nursing Service have invited, a Volunteer into their service to have conversations with people we care for and their carers about their experience, treatment, involvement and care. Conversations were based on the 5 'Must Do with Me' areas being promoted and supported through the Person-Centred Health & Care Collaborative. Link: [www.healthcareimprovementscotland.org/our\\_work/person-centred\\_care/person-centred\\_programme.aspx](http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_programme.aspx). Each service area have received direct feedback following this initiative and supporting action plans are in place based on areas identified for improvement.

#### **Quotes:**

##### **Réhabilitation & Enablement Service (RES)**

*"The management of RES would like to formally acknowledge the valuable contribution that this work has made to revealing insights into service provision, allowing for positive changes to be made within RES. We praise the volunteer for their highly insightful, caring, empathetic and professional manner in which this work was carried out, at all times ensuring that people's views were heard and acted upon".*

##### **Podiatry Service**

*"Working with the volunteer gave us in Podiatry the objectivity missing from the majority of patient experience work. The feedback was both confirming and challenging. We want to adopt this approach on a wider scale. It is truly innovative".*

##### **District Nursing Service**

*"The hard work and dedication from the volunteer within the carers experience project allowed for truly insightful conversations to take place which highlighted areas of good work but allowed for exploration and identification of improvements needed within the service. This work is innovative in its approach and provided a reflection opportunity for the service which we have never had before, this has allowed the service to develop an improvement plan to address the issues and concerns raised by carers".*

##### **Mental Health Service**

*Having to be referred to and supported by mental health services can feel both humiliating and alarming. Yet it can also be comforting to know that you are not alone and you are not 'crazy', 'mad' or 'weird'. I can literally say that I would not be alive today without the support, understanding and patience of a number of staff from particular services.*

## **11. Mental Health Officer (MHO) Service**

### **11.1**

The Mental Health Officer Service provides a responsive service to requests for detentions under the Mental Health Act and ensures that individuals who are subject to detention receive information regarding their rights of appeal and access to advocacy services. The Mental Health Officer Service has robust processes to ensure new legislation requirements, changes and updates are disseminated to the Mental Health Officers group quickly and any relevant briefings or update training is provided.

- 11.1.1 The main demands on the Mental Health Officer (MHO) service were:
- Requests for consent to detentions under the Mental Health Act
  - MHO reports required to support Adults with Incapacity applications
  - Attendance at Mental Health Tribunals
  - Requests for social circumstances reports and other court related matters such as applications for warrants and removal orders
  - Supervision of Restricted Patients
  - Input to Multi Agency Public Protection Arrangements (MAPPA); Adult Protection Case Conferences; and Care Programme Approach.
- 11.1.2 Demands for Mental Health Officer services continue to increase year on year and has resulted in additional investment to increase the numbers of MHOs available to undertake statutory work. The introduction of the 2015 Mental Health Act (expected Summer 2017) will add additional responsibilities and pressures on the MHO service.
- 11.1.3 **Examples of improvements within the Mental Health Officers Service:**
- Annual Mental Health Officer Continuing Professional Development day held.
  - Registered Medical Practitioner/Mental Health Officer Clinical Development Forums have been established, ensuring exchange of learning and understanding between professionals.

## 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.

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

**Grading Scale:** Grade 6 – Excellent, Grade 5 – Very good, Grade 4 – Good, Grade 3 – Adequate, Grade 2 – Weak, Grade 1 – Unsatisfactory

	Service	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
	Care @ Home	5		5	5
	Disability Resource Centre	6	Not Assessed	6	Not Assessed
<b>Residential</b>	Montrose	6	6	5	6
	Hunterhill	6	Not Assessed	Not Assessed	6
	Renfrew	4	Not Assessed	Not Assessed	4
	Weavers Linn	5	Not Assessed	6	Not Assessed

	Service	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
<b>Day Services</b>	Ralston	5	5	5	5
	Montrose	6	Not Assessed	Not Assessed	5
	Renfrew	5	4	4	4
	Johnstone	6	6	5	5
	Falcon	5	5	5	5
<b>Learning Disability Services</b>	Milldale	4	Not Assessed	4	Not Assessed
	Mirin	4	4	4	4
	Spinners Gate	5	Not Assessed	5	5
	Anchor Centre	4	3	4	3

12.1.1 The performance of contracted services was varied, with some achieving excellent or very good grades, and others achieving good or satisfactory grades. There were isolated examples of weak or poor grades which have prompted our contracts team to take action and in one case to discontinue the contract.

#### 12.1.2 Issue

A residential service run by the National Autistic Society has been given low grades by Care Inspectorate. Although this is located in another authority, Renfrewshire HSCP purchases four places there. The care facility now has a moratorium in place which means no more admissions to the facility at this current time. The HSCP continues to monitor this situation and is working with families to identify alternative accommodation if required.

### 13. **Quality Improvement / Clinical Effectiveness**

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services.

The following are a few examples of improvements which have been developed in specific services over the last year.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
<b>LOCALITY SERVICES</b>			
<b>District Nursing</b>			
Palliative care is everybody's business	<ul style="list-style-type: none"> <li>Development of tools and training to ensure all staff have awareness of palliative care needs.</li> <li>To ensure that all individuals with palliative care needs are assessed</li> </ul>	Development of Multi-Disciplinary Team WISER (weekly integrated standard response) meeting	Volume of Holistic needs assessment and development of care plans utilising statutory services and community resources as applicable. Transfer of information back to GP gold

			stand group
Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
<b>Podiatry (NHSGG&amp;C Wide)</b>			
Increase % of Diabetic Foot Ulcers seen within 24 hours	Identify capacity via Referral Management Centre	Improved performance and reduction in amputations and early death	Improved rate of <24hr intervention
Create equality in new to return ratios across all 4 quadrants	Ensure all quadrants are operating the same service model at all levels	Identify factors leading to inequality of service delivery	Equalised new to return ratios across NHS Greater Glasgow & Clyde
Integrate vascular and diabetic foot ulceration into Foot Protection Service	Implement Foot Protection Hubs in all localities	Improved performance and reduction in amputations and early death	Improved rate of <24hr intervention
Improve utilisation of Allied Health Professional Musculoskeletal Physiotherapy Service (MSK) Foot and ankle pathway	Increased number of clinicians using Foot & Ankle pathway for escalation of patients	Audit escalated cases for appropriateness and congruence with pathway hitherto	Measure clinician's hit rate on MSK pathway
<b>Mental Health Officer Service</b>			
Business Information	Revised Business Process introduced over past 18 months	Better understanding of level of activity around Mental Health Officer work and demand enabling more robust workforce planning	SWIFT/AIS system management reports
<b>Specialist Children Services</b>			
Reduce waiting time for Occupational Therapy	Change referral management to offer earlier face to face triage to decide on-going intervention or advice and discharge	Reduce length of time waiting and increase effectiveness of intervention	Data will be reviewed over next 6 months 9 (Jan to June 17)
Early Years: Health Visitor Training Phase 1: 27-30 month assessment, Physiotherapy	Training provided to Health Visitors (HVs) from Physiotherapists to look for signs of motor delay	HVs confident knowing when child requires advice support from Physiotherapy service or other means	For completion June 17
Improve pathways for children and young people with Cerebral Palsy	All Physiotherapists delivering on the Cerebral Palsy integrated pathways will have completed competency training	All Specialist Children Services physiotherapists assessing Cerebral Palsy children will be competent in	September 2017

	to ensure best practices is undertaken	pathway	
<b>Improvement Aim</b>	<b>Improvement Intervention</b>	<b>Outcome/ Learning</b>	<b>Progress Measure</b>
Nursing Team Disability Pathway: Standardisation of Nurse led sleep pathway	Nurse led sleep pathway developed with standardised documentation and interventions	Nursing staff are trained to have same skills to deliver standardised sleep service	Outcomes audited following implementation of pathway – timescales still to be agreed
Speech and Language Therapy: Reduction in overall direct referrals with 95% of referrals progressing to targeted level of support	Increase community based support for concerned parents via drop in advice and support sessions	Waiting times for treatment reduce and interventions are more appropriately staged and therefore more effective	Data measure will be agreed and reviewed over the 22 week project period
<b>MENTAL HEALTH SERVICES</b>			
<b>Mental Health – Community</b>			
A medical rota is now in place to support the Community Mental Health Team Duty Team to feedback all urgent referrals and assessments completed that day	All referrals and assessments will have the involvement of a member of the medical staff in the feedback and supporting any clinical challenges that present on a daily basis	Discussions and decisions will now involve a member of the medical staff, which will now be more robust in decisions made	Medical rota to be reviewed for effectiveness in 3 month time
Systems Training for Emotional Predictability and Problem Solving (STEEPS) Treatment Programmes for Borderline Personality Disorder (BPD) and Emotional Intensity Difficulties. The aim is that both Community Mental Health Teams will facilitate STEEPS groups to allow access for all clients in Renfrewshire	STEPPS is a manual-guided teaching programme.. In the STEPPS manual, BPD is often referred to as Emotional Intensity Disorder (EID). Participants learn about the behaviours and feelings that define BPD/EID, and also learn a variety of emotion management and behavioural skills to help manage the disorder	Paisley Community Mental Health Team (CMHT) has just completed their first 12-week STEEPS programme with 12 CMHT clients and is at present evaluating the course.  West Renfrewshire CMHT will shortly be commencing their own STEEPS group for West Renfrewshire CMHT clients	Groups will be evaluated using STEEPS evaluation toolkit
Introduction of a Community Mental Health Team (CMHT) Information Leaflet	All clients will now receive at the point of being offered an assessment appointment with the CMHT an Information Leaflet	All clients will now have information on the CMHT and allow them to be more informed before attending for assessment	



Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
<b>Mental Health – In-patients</b>			
Dementia Improve environments for patients	Ward was painted in dementia friendly colours. Door frames to patient's bedroom and social area painted to be more easily identifiable	Reduce patients attempting to access clinical areas. Improve access to bedrooms	Patients are not attempting to access doors to clinical areas
	Flooring changes with darker areas to fire exit doors	Reduce the number of attempts by patients to access exit doors	Patients observed at times to not walk to exit doors. Patient commented "I don't like that black bit"
	Activity boards purchased to provide points of interest for patients.	Provide stimulation and points of interest for patients walking in the corridors	Patients observed to stop to use activity board
	Patio area developed with sheltered access, raised beds for patients, interring primary colours to provide points of interest	Improve access to outdoors space	Patients express pleasure at getting outside
Support on-going training for Promoting excellence Dementia Skilled	The Senior Charge Nurse is acting as a facilitator for 1 day training for Promoting excellence- Dementia Skilled	Improved skill level for staff working with patients with dementia	Senior charge nurses sign of those staff completing Promoting excellence- Dementia Skilled
Dementia Specialist Improvement lead course	Senior charge nurse undertaking the Dementia Specialist Improvement Lead (DSIL) course. Develop a programme of training and continuous improvement across South Clyde	Improved skill level for staff working with patients with dementia. Improve staff resilience	In development stage.
Palliative Care Joint partnership working	Senior charge nurse delivered awareness sessions to hotel services staff in local hospice -communicating with people with dementia		Verbal feedback from the staff involved that session provided greater understanding of the difficulties and strategies to improve their



			communication
Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
<b>Mental Health – Occupational Therapy Service</b>			
Inpatient Occupational Therapy (OT) staff with increased knowledge and skill in the provision and assessment of specialist seating	OT staff trained in the assessment of specialist seating	OT's will be informed seating specialist in all older adult wards	Links to current fall's project and fall reduction. Improvement in function and participation in activity/feeding. Improved pressure and postural management
Rehab and Recovery shop, cook and lunch group pilot established October 2016	Weekly sessions, each patient taking a rotating role, allowing all patients regular practice with all domestic activity tasks	Improved functional ability in domestic and shopping tasks	Weekly progress update. Amps assessment to review progress. Successful discharge and transition to the community
Joint OT/psychology group Cognitive Stimulation Therapy (CST) group in acute Dementia ward, November 2016	6 Weekly CST groups	Evidence based therapy jointly worked between Occupational Therapy and psychologist	Improved patient outcomes. Improved retention of memory and cognition
5 case qualitative 6 monthly audits November 2016	Audit of 5 randomly selected cases per Occupational Therapy	Improved patient outcomes, adherence to documentation standards	Achieved 91% in November's audit
Improve clinical knowledge of best practice	Community OT 'Journal Club' established	Influencing evidence based developments in current practice	Attendance Practice developments
Sharing of practice across Clyde	Clyde wide Occupational Therapy Development Day, Sept 16 'Outcome focussed practice'	Shared learning in clinical specialism's and learning from experts	Action commitments put into practice
<b>Mental Health – Physiotherapy Service</b>			
Development of standardised Mental Health Physiotherapy paperwork across Greater Glasgow & Clyde	Group collaboration with all Greater Glasgow & Clyde Team Leads and trained staff	Provision of documentation that meets HSCP professional standards of practice, including assessment tools and use of validated outcome measures	Completed: standardised Assessment paperwork for following: <ul style="list-style-type: none"> <li>Exercise Assessment Musculoskeletal Assessment</li> <li>Falls Mobility Approved by</li> </ul>

				Documentati on governance group and now in practice
	<b>Improvement Aim</b>	<b>Improvement Intervention</b>	<b>Outcome/ Learning</b>	<b>Progress Measure</b>
	Development of working group for risk stratification, and management for adult inpatients for the use of exercise	I.Literature review. II.Discussion with Cardiology Consultants III.Discussion with Mental Health clinical director and Lead for Medical emergency Training. IV.Discussion with medical lead for Live Active Programme. V.Formulation of risk stratification protocols	Clear protocols for clients in relation to level of risk and level of exercise appropriate	i)- iv) completed  Team Leads currently drafting protocols to be sent out for comment
	Documentation audit again HSCP professional standards October 2016	Audit on qualified staff (5 randomly selected notes/clinician)	High adherence to professional documentation standards- mean >95%	Completed and sent to Allied Health Professionals (AHP) director as standard practice twice yearly
	On-going Collaboration with Greater Glasgow & Clyde Physical Healthcare group on new Physical Healthcare Policy	Attend quarterly meetings	Use of specialised Physiotherapy knowledge to improve the physical health of those with mental illness through helping to shape the policy	Policy in progress
<b>Renfrewshire Addiction Services</b>				
	Improve uptake of Blood Borne Viruses (BBV) testing to clients within alcohol services	Offer screening to individuals	Clients are aware of BBV and access to testing within alcohol services	In progress for implementation
	Produce a client questionnaire which reflects service user's needs and Quality improvement Principles and Standards for Addiction Services	Pilot questionnaire carried out with service users and Recovery Development Worker	Clients views are fed back and questionnaires adjusted to reflect same	Bi annual questionnaire distributed within addiction services. Target returns set for each service
	Peer Support Certificate training rolled out to addiction service users	7 service users are trained in Peer Support. 7 service users are accessing the Peer Development Award with a paid placement in addiction services		

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Increase the number of individual's receiving Alcohol Brief Intervention's, in particular older adults	Alcohol Brief Intervention's Training for Resettlement and Enablement Services carried out by Alcohol Liaison Team.	To increase the number of older adult's screened for problematic alcohol use. To develop a pathway for older adult's to facilitate early intervention	Number of staff trained in Alcohol Brief Intervention's in older adult's service
To raise awareness of the impact of complex trauma in vulnerable women in Addiction and Criminal Justice Service's	Improvements in service delivery and outcomes for service users.	Staff are trained and supervised in an evidenced based therapy carried out by a psychologist	Number of women receiving interventions in psychological therapies
<b>Mental Health - Psychology</b>			
Safe and patient centred care re communication standards	Refine guidance relating to standards of written communication pre move to EMIS system. Clearer and more appropriate guidance about case management with benefits for patient care	Clearer and more appropriate letters/correspondence	Almost completed
More effective, patient centred and equitable care for service users who struggle to engage	Setting up group supervision and leading on associated governance tasks for newly integrated Assertive Outreach component of Renfrewshire Community Mental Health Teams	Commenced March 2016	Achieved

## 14. Implementation of Guidance/Policies

14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed at the Renfrewshire HSCP Locality Services and Mental Health, Addictions and Learning Disability Services meetings and actioned accordingly.

Over the last year Renfrewshire HSCP have been involved in a number of consultation exercises including:

- Consultation exercise with regard to Health Care Standards.
- Consultation in relation to Nursing & Midwifery Council Fitness to Practise changes, comments collated for Renfrewshire.

- Consultation with regards to 2030 Vision, toolkits circulated and central response collated from Senior Nurse Group. All staff groups had opportunity to be involved.
- Group meetings are being held to review, discuss and comment on revised policies and guidance that are out for consultation e.g. Psychiatric Emergency Plan (PEP), Significant Clinical Incident Policy, Clinical Risk Screening Policy and many others.

In addition to this:

- A short working group has been set up to benchmark and produce an implementation plan for the revised Community Mental Health Team Operational Framework.
- The Tawel Fan Quality Assurance Benchmarking Report is now completed. This was a report on an in-patient area in Wales and the Partnership Nurse Director requested that a benchmarking exercise be completed across NHS Greater Glasgow & Clyde to identify any actions as a result of the recommendations contained within the report. Action plan has been developed in conjunction with the Inpatient Service Manager and Professional Nurse Advisor and implemented within Older Adult Mental Health In-patient Services in Renfrewshire.
- Implementing the roll out of the national practice model with Children & Families Services.

## 15. Conclusion

15.1 Renfrewshire HSCP will work in a way that fosters continuous improvement in clinical, quality and safety at all times. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible.

### 15.2 Next steps for 2017:

#### Training

- Staff to be invited to participate in Significant Clinical Incident Masterclass session and shadowing opportunities to be arranged.
- Arrange Council Officers Training for Health Senior Managers and new Social Workers.
- Roll out further programme of Root Cause Analysis Training in 2017.
- Staff to be invited to participate in Risk Management/Register Development Session in March 2017.

#### Guidance

- Develop guidance to support the process of completing and quality assuring a Rapid Alert for Social Work Significant Incidents.
- Develop guidance around Large Scale Investigations.
- Review process in line with Duty of Candour. Link: [www.gov.scot/Topics/Health/Policy/Duty-of-Candour](http://www.gov.scot/Topics/Health/Policy/Duty-of-Candour)

#### Communication

- Include regular 3 key messages communications around governance within Renfrewshire HSCP team brief.

#### Patient/Service User/Client and Carer Feedback

- Create a group of volunteers.
- Roll out further programme of Patient Experience initiatives.

**Event**

- Facilitate Annual & Care Governance Event to focus on Renfrewshire HSCP Quality, Care & Professional Governance journey, patient experience, significant incidents, complaint handling, quality improvement and to demonstrate how Renfrewshire HSCP will continue to support the Professional Governance agenda.

**Governance**

- Create visual map of professional lead arrangements for staff.

**16.****Recommendations**

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

- **Note** the content of this report.
- **Note** that future annual reports will be produced in line with NHS Greater Glasgow & Clyde reporting cycle of April – March.