
To: Renfrewshire Integration Joint Board

On: 28 June 2019

Report by: Chief Officer

Heading: Quality, Care and Professional Governance Annual Report 2018/19

1. Purpose

1.1 This paper is to present the Quality, Care and Professional Governance Annual Report for the period April 2018 - March 2019 to the Integration Joint Board.

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 core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

2.2 Over the last year the HSCP has continued to review its governance arrangements, to ensure that the HSCP structures going forward are both efficient, effective and to avoid areas of duplication and overlap.

3. Recommendation

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).
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Implications of the Report

1. **Financial** – Nil
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal** – Nil
5. **Property/Assets** – 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.

List of Background Papers: None

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Renfrewshire HSCP

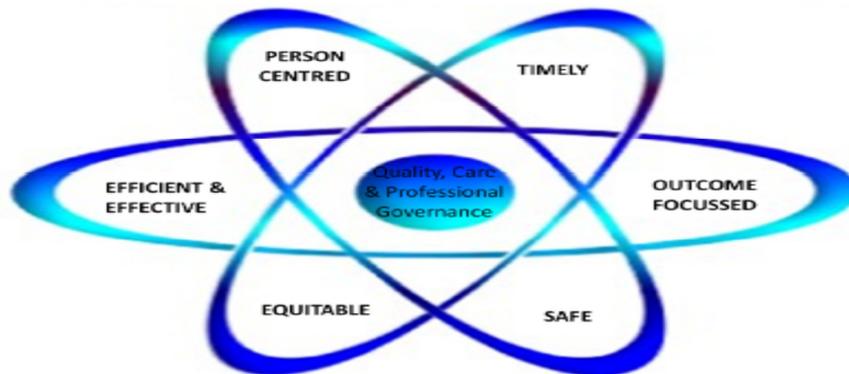
Quality, Care & Professional Governance Annual Report (April 2018 – March 2019)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2018 - March 2019. The report provides a variety of evidence to continue to demonstrate the delivery of the core components within Renfrewshire HSCP Quality, Care & Professional Governance Framework and the Clinical & Care Governance principles specified by the Scottish Government. Link:
<http://www.gov.scot/Resource/0049/00491266.pdf>.

Core components of Renfrewshire HSCP Quality, Care & Professional Governance Framework are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient 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, 20 community optometrists and 30 general dental practitioners. Within the 29 Renfrewshire GP practices there are 113 GP partners and 13 salaried GPs (as of June 2018) serving a registered list population of 182,236 (as of January 2019).

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

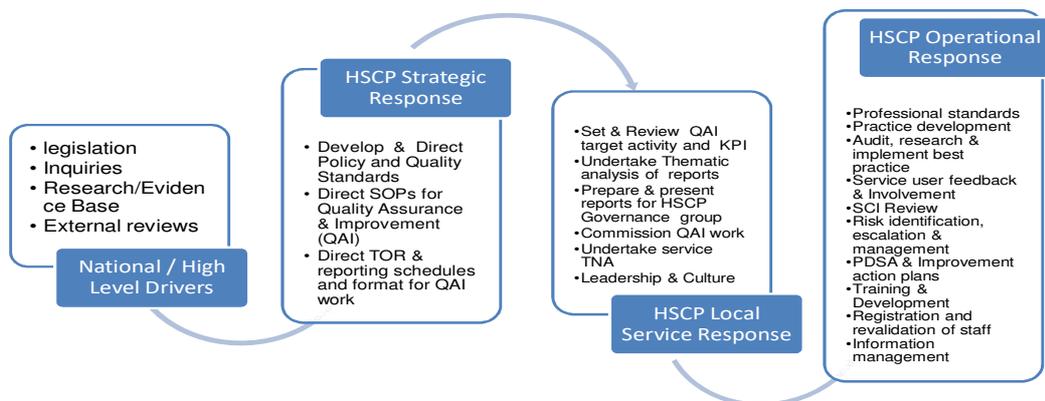
Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	Twice Yearly <ul style="list-style-type: none"> • This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.
Renfrewshire Localities Clinical & Care Governance & Mental Health, Addictions & Learning Disability Services Governance Groups	Heads of Health & Social Care & Mental Health, Addictions & Learning Disability Services	Bi-monthly <ul style="list-style-type: none"> • These groups provide a focus for all quality, clinical and care governance activity. To enable more integrated ways of working and joint learning the opportunity will be explored further to combine these groups and review meeting frequency.
Chief Social Work Officers Professional Group	Chief Social Work Officer	Quarterly <ul style="list-style-type: none"> • This group ensures the HSCP’s responsibilities for Renfrewshire Council’s statutory Social Work duties and functions are discharged to the appropriate standards. Work is being taken forward to refresh this group due to the appointment of a new Chief Social Work Officer.

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Medicines Management Group	HSCP Lead Clinical Pharmacist	No less than every 12 weeks <ul style="list-style-type: none"> This group provides a focus for all medicines management and prescribing budgets.
Renfrewshire Health & Safety Committee	Co-chaired by HSCP Head of Administration and Locality Authority Service Manager	Quarterly <ul style="list-style-type: none"> This group has responsibility for a co-ordinated framework for the management of health and safety issues.

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 of the NHS GG&C Primary Care and Community Clinical Governance Forum.

2.5 Within Renfrewshire Quality, Care & Professional Governance arrangements are a dynamic process as illustrated below:



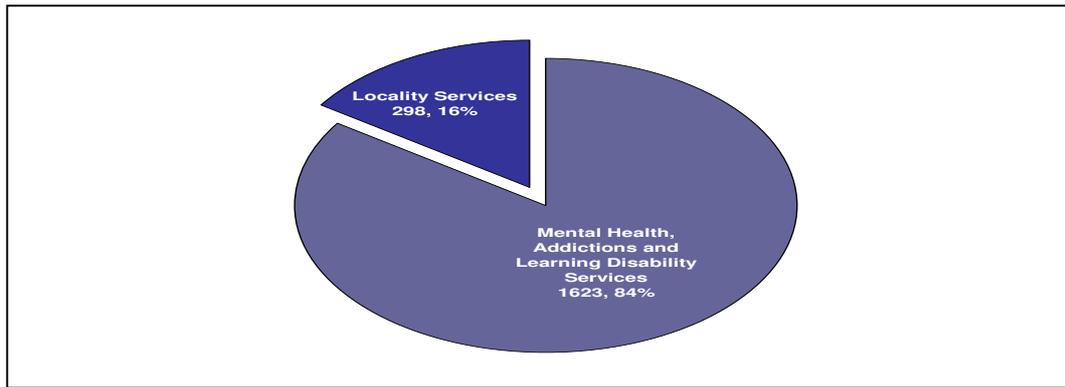
The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

3. Safety (Incident Management, Reporting and Investigation)

3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.

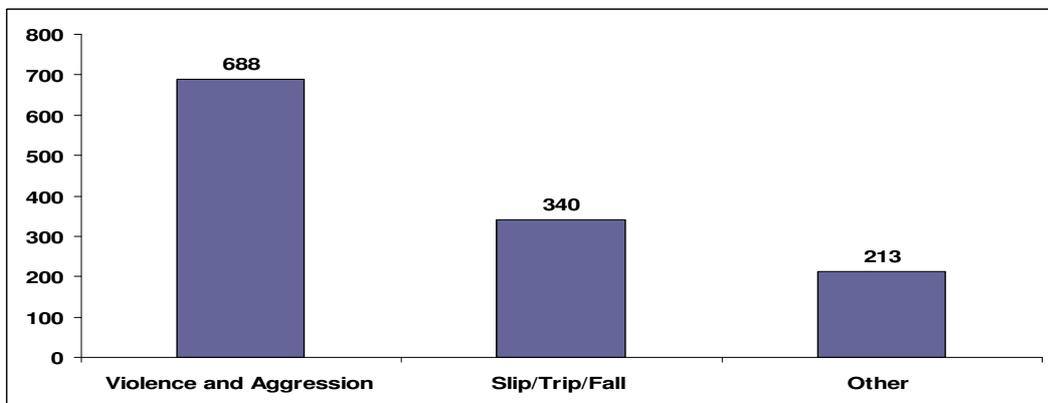
3.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2018 – March 2019 there were **1921** incidents reported on DATIX, compared to **2476 (-555)** in the previous year report.

Incidents Reported on DATIX



The highest reported categories relate to:

Highest Incident Categories



3.3 The Accident Incident Reporting Database which allows users within social work services to record accidents electronically has recently changed. Due to this change data was not available at the time of writing this report; however we anticipate that the highest reported categories relate to falls and violence and aggression incidents.

3.4 Actions in place to address the highest reported incident categories:

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
- **Slips/Trips and Falls:** A multi-factorial assessment tool had been developed specifically to meet the mental health population needs which was implemented by all mental health services in September 2018. The implementation process included replacing Cannard (numerical assessment) with a multi-factorial assessment and interventions documentation, replacing one single assessment document with a falls bundle, new documentation including additional risk factor enquiry and Medical Post Incident Review form to be completed by medical staff. To support the falls documentation implementation, a standard operating procedure has been developed outlining the plan to implement to new Falls Multi-factorial Assessment and Intervention documentation across mental health services. The new process is now in place.

Renfrewshire Learning Disability Services are also familiar with the falls risk assessment. These are completed with all new referrals where mobility is an issue.

- **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.

3.5 Significant clinical incidents are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SCI investigation is to determine whether there are any learning points for the partnership and wider organisation following an adverse event. All Significant Clinical Incidents must have a Rapid Alert Template or a Severity 4/5 Template completed.

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

From April 2018 – March 2019 a total of **5** SCIs have been commissioned within Renfrewshire HSCP, in Mental Health Services. This compared to **12** SCIs (**-7**) in the previous year. Description of these incidents varied between Unexpected Deaths, Suicides and Sudden Illness/Deterioration or Collapse. All staff involved in commissioning/conducting SCI investigations must adhere to a series of principles and key requirements.

The main actions from the **5** SCIs were:

- Reminding support workers to seek additional support/guidance from registered staff regarding any required intervention.
- EMIS WEB entries follow the guidance within the Situation, Background, Assessment, Recommendation (SBAR) tool used by the local Community Mental Health Team.
- Concerns regarding waiting lists priorities are escalated to line managers should targets be missed and team leads to improve caseload management and increase engagement with nurse line supervision during increased stress and challenging periods.
- Review of the current model of care in place for the Intensive Home Treatment Team.
- Risk assessment documentation to be updated in a timely manner.
- All community staff to be reminded of the limitations of the police powers to remove individuals to a place of safety.
- Team Leaders to discuss the function and application of the AIS/Child Protection template check list at their own team meetings, to ensure all staff are aware of its application and to ensure there is a process that individuals are supported when they receive adverse news that significantly impacts on their individual personal and family relationships.
- To ensure that when discharging vulnerable individuals risk assessment should be reviewed and findings shared with GP.

3.6

Examples of incident management/investigation/reporting improvements:

- A number of bespoke events have been held to support system wide learning from SCIs and improve patient outcomes. The Significant Clinical Incident Review Executive Group (SCIREG) held a Patient Safety Learning Event across NHS GG&C HSCPs on the 6 June 2019, with the purpose of sharing the key messages from Significant Clinical Incident reviews.
- Learning from SCIs is presented at GP Forum (as appropriate).
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.
- Thematic analysis exercise is carried out to identify recurring themes and to ensure the actions that were put in place following SCIs, have been implemented.
- The SCI review teams are now required to provide feedback sessions to those members of staff who were interviewed as part of the SCI review, to discuss the findings of the investigation, the learning and the actions that were put in place to improve the systems and processes.
- There are several audits as part of SCI Action Plans which are progressing at present.

3.7

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.

From April 2018 – March 2019 a total of **11** incidents were investigated as RIDDORs within health and social work services, this was the same number as the previous reporting period:

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Contact with an Object	1
	Moving and Handling	1
	Slips/ Trips and Falls	2
	Violence and Aggression	4
Localities	Contact with an Object	1
Social Work	Fall	1
	Slip, trip, fall	1

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

3.8

Example of the recommendations and actions from a Violence and Aggression (V&A) incident:

Recommendation	Action(s)
<ul style="list-style-type: none"> • The reporting of V&A incident to senior staff to be improved. Where staff have been injured whilst undertaking their duties, this should be reported immediately so that actions can be taken. 	<p>The importance of communication and alerting senior staff has been highlighted to all staff and to be noted in patient's notes following incidents.</p>

<ul style="list-style-type: none"> The generic risk assessment for V&A to be reviewed and brought to the attention of all staff. Further controls to be added re communication. 	<p>Risk Assessment for V&A document has been reviewed, updated and shared with all staff.</p>
<ul style="list-style-type: none"> In line with the Violence Reduction Training, restraints should be coordinated and requirements of dynamic risk assessment should be followed when interacting with patients. 	<p>Violence Reduction Team were invited to staff meeting to discuss, review and ensure staff communicate better and follow practices and procedures.</p>

4. Contracts Management

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

Proactive:

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

- **24** full contract monitoring visits to services and completed detailed evidence based performance reports to assess performance across a broad range of key indicators.
- **18** follow up visits to evidence that actions required of the provider to improve services had been completed to the HSCP's satisfaction.

Reactive:

The team have responded to:

- **1150** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report.
 - The number of reports has remained broadly consistent with last year. The bulk of reports relate to notification of unplanned hospital admissions, reports of potential harm relating to Adult Protection and significant medication errors.
 - The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- **359** significant events were forwarded by Adult Services Referral Team (ASeRT) to the localities or specialised teams for action through Adult Support and Protection measures. This has increased significantly from last year.

The number of contracted service providers has decreased slightly from last year's total of **61 to 59 (-2)**. This is due to the challenges of providers operating in the present economic climate, provider buyouts, and the outcome of tendering activity.

4.2

<p>Examples of improvements within the Contracts Monitoring Team:</p> <ul style="list-style-type: none"> • The team has increased the number of services being monitored by revising its practice; the team has also been working closely with colleagues in care at home to devise new systems of maintaining closer links with care at home providers and their reporting of key performance information. • Supporting the development of fresh commissioning strategies and procurement exercises, particularly in the area of the provision of supported living.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly. A high level risk register is in place and reviewed on a regular basis. This Risk Register is shared with the Audit Committee and is reviewed by service managers and the senior management team. A number of services have risk registers which feed into the HSCP Risk Register (as appropriate) for very high level risks.

5.2 Example of risk management improvements:

- In line with strategic implementation of 2018 'Coming Home' Report and NHS GG&C 'Designing an effective assessment and treatment model' Report, The Renfrewshire Learning Disability Service is working alongside third sector partners and is developing a dynamic local risk register to support the monitoring, response and management of interventions to reduce the potential for individuals community support arrangements to break down.
- The HSCP is in the process of establishing a new information governance and risk management group.

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

6.2.1 **2,723** adult welfare concern and adult protection referrals were received from April 2018 to March 2019. This is compared to **2,829, 2,578 and 2,523** for the same time periods in 2017/18, 2016/17 and 2015/16 respectively. Of these, **1,022** were adult protection concerns and **1,701** were adult welfare concerns. Following initial inquiries, **102** adult protection investigations were conducted, with **28** resulting in an initial adult case conference.

The total contacts for 2018/2019 reflect a small decline in referral rate as compared to the previous year but are higher than referral numbers from 2015/16 and 2016/17. Data quality continues to be scrutinised to confirm accuracy of data. A pilot is currently underway to amend the pathway for recording adult protection data, with the intention of improved data quality. Across the year Police Scotland were responsible for **65.7%** of all referrals. While this has been a short-term increase across the year, the long-term trend reflects a decrease in the ratio of referrals received by Police. They were responsible for **79%** of all referrals

6.2.2 A Large Scale Investigation (LSI) under adult support and protection involving an independent sector care home for older people in West Renfrewshire commenced in September 2017 and was concluded in April 2018. Draft revision of Renfrewshire's Large Scale Investigation Guidance and Procedures has been completed and will soon go to consultation with relevant stakeholders.

6.2.3 Renfrewshire's Adult Protection Committee (RAPC) biennial self-evaluation report was approved by RAPC on the 13 August 2018. The 2018 self-evaluation included a case file audit of **100** cases; these were cases in which an Adult Support and Protection (ASP) referral was made, and for which a "no further action under ASP" decision was taken during the Inquiry phase of the process. The case file audit sample was generated to ensure proportional representation across multiple fields. The self-evaluation also included consultations with stakeholders, including service users and carers, as well as input from Glasgow Caledonian University. Subsequent actions relating to recommendations made have been progressing since the report's publication and are kept under review by RAPC.

6.2.4 Scottish Government has advised of its intention to inspect the adult protection services of all those partnership areas who were not included in the national thematic inspection. Renfrewshire is therefore likely to be subject to an Adult Support and Protection thematic inspection within the next 18 months.

6.3 **Child Protection**

6.3.1 Renfrewshire Child Protection Committee (RCPC) continues to be held every three months. A series of network lunches have been held in locality areas. The aim of these sessions was to deliver feedback from a multi-agency casefile audit undertaken by the committee. This audit focused on three quality indicators to measure how well partners are working together to improve the lives of children, young people and families. This also included a GP casefile audit of child protection cases.

Renfrewshire Child Protection Committee has also engaged with the work of the National Child Protection Improvement Programme (CPIP). An audit of Renfrewshire Child Protection Committee members has also been undertaken to seek their views on a number of key factors:

- The structure of RCPC meetings, leadership and quality of information
- The vision values and aims of RCPC
- The contribution from agencies
- The outcomes for children, young people and families
- Staff awareness
- Supporting practitioners
- Informing the wider community
- Obtaining the views of children and young people.

6.3.2 Due to an increasing trend in the number of shared referrals received from Health a breakdown analysis is now provided to Renfrewshire HSCP every quarter. The main sources of referrals from health are maternity wards, acute hospital staff and health visitors. From an acute perspective, there has been a lot of staff education to increase awareness and improve assessment/identification of Child Protection concerns. This could be a contributing factor to the increase of referrals.

6.3.3 Work has commenced locally to undertake a multiagency self-evaluation focusing on the most vulnerable children following the latest Care Inspectorate Framework "A quality framework for children and young people in need of care and protection", which was published in July 2018.

The self-evaluation exercise will focus on the undernoted quality indicators:

- Impact on children and young people
- Impact on families

- Recognition and response to initial concerns
- Assessing risk and need
- Care planning, managing risk, and effective intervention
- Involving individual children, young people and families.

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.
- Following a review of the Adult Support and Protection Duty Team within Specialty Services, it was agreed to continue to provide the service on a permanent basis. The Duty Team will be reviewed annually to continue to improve on the service provided.
- The Adult Protection Committee is currently undertaking an audit alongside K-Division of Police Scotland. This audit includes Inverclyde Health and Social Care Partnership; this is an opportunity to compare adult support and protection activity across the shared police division.
- In March 2019, Renfrewshire HSCP contributed to the Scottish Government Consultation on Improving Multi-agency Risk Assessment Centres for victims of high risk of domestic abuse.

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

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

Some examples include:

- Within nursing services there are a number of quality assurance tools in place including Core Audit, Professional Assurance Framework and clinical dashboard tools, the outcomes of which are utilised to populate any necessary action plans. This also includes compliance with Pressure Ulcer Prevention policy and SCI processes.
- All Mental Health wards are inspected annually and measured against the HEI readiness aide memoire. In June 2017, this tool was reviewed and adapted to meet the Healthcare Improvement Scotland HAI standards, (2015), was signed off by the Mental Health HAI Steering Group in July 2017 and is now in use.
- Staff compliance with Standard Infection Control Procedures (SICPs) was audited by Senior Charge Nurses (SCNs) in April and October 2018 and this will continue 6 monthly. SICPs are the basic infection control measures necessary to reduce risk of transmission of microorganisms from both recognised and unrecognised sources of infection. Results were sent to the Mental Health HAI Lead to action.
- Every ward is required to complete a monthly audit of staff adherence to standards of hand washing. This is sent to the local Professional Nurse Advisor (PNA) who reports to the Mental Health HAI group.
- Infection Outbreaks are a standing agenda item at the Partnership Infection Control Support Group meetings and any learning following outbreaks is shared at the Mental Health HAI meeting and with local HAI meetings.
- The Senior Charge Nurses (SCNs), Senior Managers, Infection Control Nurses and any other nominated persons have access to the Share site that includes all Infection Control related information.

- The implementation of an electronic dashboard is currently in progress. This will reduce any duplication for SCNs and perhaps reduce delays in returns of any audits or action plans to the Professional Nurse Advisor.

8. Scottish Patient Safety Programme (SPSP)

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

8.2 **Examples of risk management improvements:**

- There have been 4 rounds of patient and staff climate surveys completed. Reports are shared with teams to reflect on and discuss the findings during a dedicated meeting with staff on the ward.
- Staff continue to utilise the safety brief which is completed throughout the shift by trained and untrained staff, this information forms the base of the shift handover meetings.
- The annual patient and staff surveys continue with the patient climate survey with action plan drawn from the information gathered. The most recent survey continues to show year on year improvement, though staff continue to review and draw up action plans in regards to any areas highlighted where we can still improve to ensure improvement continues.
- A recent Safety conversation was held on the ward on the 24 April 2019, this appeared to go well and we await the following report and will implement any recommendations from this.

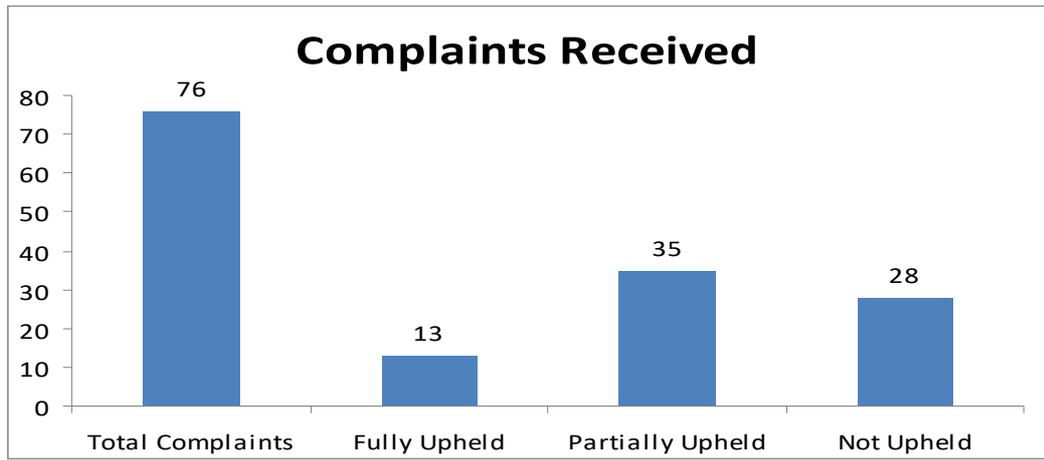
9. Professional Registration

9.1 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. A key area of focus for the HSCP remains around the Scottish Social Services Council (SSSC) registration work for front line Care at Home and Day Care Staff.

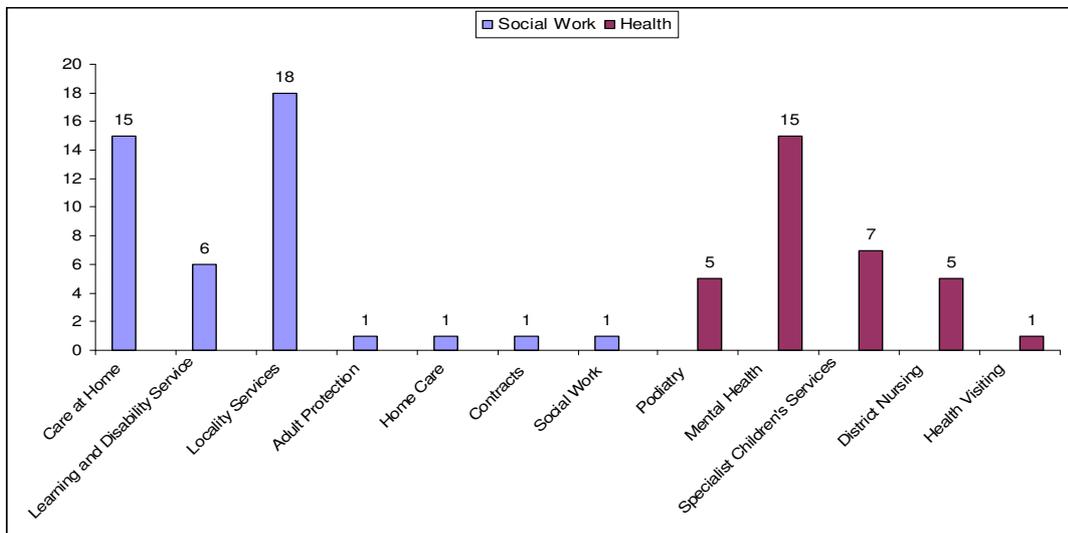
10. Patient Centred

10.1 **Complaints**

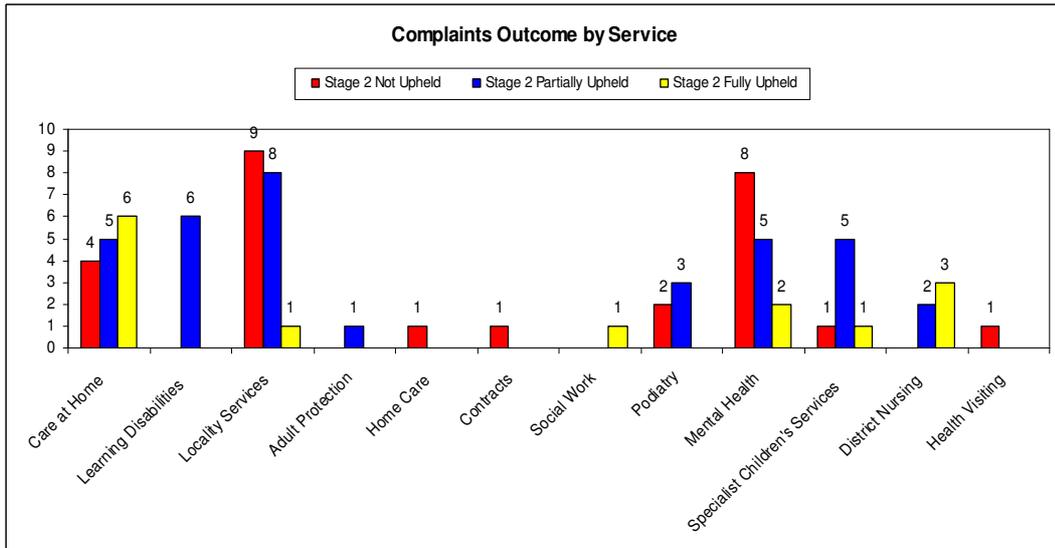
There were **76** formal and **45** informal complaints received across the HSCP from April 2018 - March 2019. The formal complaints are shown below:



The graph below breaks these formal complaints into Social Work and Health Services



The graph below breaks these formal complaints into services



10.2 In bringing these complaints together into one process, social work complainants can now receive a 20 day holding letter if required. The HSCP now have specific mailboxes for complaints and enquiries, enabling all staff and complainants to email directly to the mailbox instead of to a staff member's personal email address. This enables the team to respond to all complaints and enquiries in a timely fashion. Email addresses are:

Complaints: RenfrewshireHSCP.Complaints@ggc.scot.nhs.uk

Enquiries: RenfrewshireHSCP@ggc.scot.nhs.uk

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

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

10.4 **Some of the actions taken in response of Complaints issues:**

- A district nursing complaint regarding lack of communication around home visits and record keeping has resulted in the following:
 - Staff involved attended training sessions to improve standard of record keeping.
 - Improved communication with patients by informing them of visits by either telephone or arranging the next visit whilst they are out visiting them.
- A complaint regarding access to the Child and Adolescent Mental Health Services (CAMHS) has resulted in the following:
 - Gatekeeping/referral management protocol to be updated.
 - Review NHS GG&C Operational Policy for transfer to care and ensure all staff are aware and compliant. Produce local Standing Operating Procedure for audit.
 - 'Learning from Complaints' education session for CAMHS team to be arranged.

10.5 **Scottish Public Services Ombudsman (SPSO)**

Once a complaint has been investigated and a response issued to the complainant, individuals have the right to approach the ombudsman if they remain dissatisfied. Of the total number of complaints for health and social care, 2 were submitted to SPSO in the last year, 1 for Podiatry Services and 1 for Social Work Locality Services. Of these:

- The SPSO advised in July 2018 that a complaint submitted by a complainant regarding the care and treatment her mother received from the Podiatry Service did not require a formal investigation.
- A complaint submitted to the HSCP in September 2018 regarding the care received from Social Work Locality services was submitted in November 2018. We await the outcome of this complaint.

10.6 Patient/Service User/Client and Carer Feedback

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.

10.7 Examples of Patient Experience Initiatives which has led to improvements in services based on feedback from patients/carers:

- Renfrewshire Learning Disability Services (RLDS) have a Communications Officer in post to support individuals who have difficulties with aspects of communicating.
- The Speech and Language Therapy within RLDS have supported client communication with group and individual strategies across the service.
- In April 2018, the Mental Health network carried out an in-depth review of the post diagnostic support service within Older People Community Mental Health Service (OPCMHS). Although issues were raised with regards to waiting times due to staff shortages, the feedback from patients/families was very positive. The contact made with people waiting to get a service was praised and the relationship between the service users and link worker was important as people commented on feeling it instilled trust and helped them feel relaxed and able to open up. The service provides guidance on rights and signposting, which was very valuable. Recruitment was praised by service users and carers - staff having the right skills, knowledge and abilities for this post. There was 100% positive feedback given to questions related to people feeling they are treated with dignity and respect.
- Client and carer involvement is widely recognised across our services, and there is liaison with the local carers centre. Carer's assessments are offered to those who have caring responsibility, and the use of independent advocacy is supported.
- A recent review of the Assertive Outreach Team within the adult Community Mental Health Teams (CMHTs) evidenced a positive approach to person centred care for people who would be otherwise challenging to engage in services.
- Peer support worker role has been established in Adult Mental Health wards as part of the Action 15 proposals. The new post aims to run activities to support recovery and positive role modelling through lived experience.

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

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for consent to detentions under the 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 2018-2019 Renfrewshire received **196** requests for AWI MHO reports. In the previous year there were **208** such requests and **137** in the 2015/2016 year. It is worth noting that **65%** of all new orders granted are for periods of less than 5 years which now brings additional work pressure in respect of renewal reports required from an MHO.

Often such requests arrive with less than 4 weeks until the expiry of the existing order. Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the current figure of **114**. Each order requires a qualified social worker to act as the “nominated officer” on behalf of the CSWO for day to day management of the case. In addition, there are currently in excess of approximately **425** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

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 **24%** in the past year. There has been an increase in referrals (all types) to the MHO Service of **30%**.

11.3

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

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

12. Care Inspectorate

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

13. Quality Improvement / Clinical Effectiveness

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

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. This is supporting our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all.

13.2 In the HSCPs last HSCP Annual Quality, Care & Professional Governance report, Link: [LJB Gov Report](#) a number of specific commitments were made that have been implemented. Some examples include:

Commitment	Update on progress made
Governance:	
Continue to facilitate bespoke sessions to support Quality, Care & Professional Governance arrangements and to learn from incidents and complaints.	Two complaints sessions were held in early 2019. The complaints paperwork is currently being updated in light of feedback from these sessions.
Legislative Requirements:	
Ensure compliance with the new General Data Protection Regulation (GDPR).	A comprehensive programme of work has been undertaken within the HSCP aimed at putting suitable arrangements in place to ensure compliance with the new GDPR legislation. Around 70+ presentation meetings have been held across the HSCP.
Policies & Procedures:	
Develop combined Locality Services Service Specification and Operational Policies.	Draft specifications have now being developed.

13.3 In addition, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year. See Appendix 1.1.

13.4 Other examples include:

- The Care Quality Commission works in conjunction with partner agencies to ensure standards of care are of high quality. The Renfrewshire Learning Disability Service works in partnership with the third sector to improve and maintain standards of care and appropriate action is taken by the statutory organisations, when care quality is compromised.
- A Physical Health Clinic has been introduced as part of the Older People's Community Mental Health Team. This will include, assisting in monitoring High Dose Antipsychotic Therapy and Cholinesterase Inhibitor Therapy.
- All four Older People's wards have completed the Health Palliative Care Implementation to update the Mental Health Bundle to support the use of the NHS GG&C Guidance at End of Life (GAEL) for Health Care Professionals. The updated bundle is now ready to use within all Mental Health Inpatient areas for expected deaths.
- Two Staff Nurses in Ward 37 Royal Alexandra Hospital (RAH) have undertaken the Dementia Specialist Improvement Leads Programme, allowing them to train and educate all staff on the ward in Specialist Dementia care.
- All Supported People from Capability Day Services were reassessed and supported into alternative day service options and a significant increase in children in transition taking up community based alternatives to day centres.
- The Drugs Action Partnership Group (DAPG) has been established to combat the increasing Drug Related Death trend and to improve extant information sharing processes in order to protect those most at risk to harm as a result of drug misuse. The overall objective is that through strong partnership working, improve overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable to harm and to reduce the tragic impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde.

- A Specialist Children Services (SCS) governance event was held in 2019 to showcase best practice from across SCS in NHS GG&C. Many clinicians from a range of SCS professions presented posters on innovative clinical work in their area. Small tests of change are being planned accordingly to implement the innovations where practical. The EMIS dashboard has also allowed for better data information to measure performance across NHS GG&C SCS. This data has been used to improve the flow of the disability pathway and improve both admin and clinical systems.

13.5 We enclose below a case study to demonstrate how our services work together, to ensure they provide the best possible services and care to our service users.

Case Study - Weekly Integrated System Response (WISeR)

An elderly gentleman, Mr X, with a history of upper gastro intestinal tract cancer was referred to WISeR in December 2018. He lived with his wife. Mr X had stopped treatment for his cancer in February 2018 and had been experiencing ongoing problems with fluid building up in his abdomen. His GP was aware of ongoing changes and problems that Mr X was experiencing and referred him to WISeR for care coordination. WISeR coordinated the care for a total of 16 weeks. On referral Mr X was not linked in with any community services and the team agreed that the Rehabilitation and Enablement Service nurse would be the lead service. At the WISeR weekly updates it was clear that Mr and Mrs X needs were complex and required support and intervention from multiple services. From analysis of recorded observation of the weekly MDT discussions and sharing of information about Mr X care.

The following themes emerged:

Increasing burden of illness		Week on week Mr X was experiencing a persistent increase in symptoms and frailty as a result of his disease. It was clear he was striving to hold on to his independence and mobility. He was still getting out with help from his family at week 8.			
Care Coordination- Multiple services providing care		GP, RES (Nurse, OT, Physio, Dietician), Community Nurses, Palliative care clinical nurse specialist, Care at Home, Advice Works were all involved. Through WISeR they coordinated visits, shared information and planned ahead together. They also coordinated their response to providing care when the family expressed feelings of being overwhelmed by services.			
Complex care	Equipment	Anticipatory Care Planning	Carer Support	Finances	Admission to RAH for procedure to increase comfort
weeks when discussed and documented	3,5,7,8,9,15	3,6,8,9,14	3,5,6,7	4,8,6	6,11,12
“Seeing it coming”		Services were recognising and responding to increasing burden of illness and frailty and planning ahead with each other and Mr and Mrs X.			
Person centred care-supporting growing acceptance		Staff were walking along side this family supporting their growing acceptance of care, support, equipment, services and ultimately of dying.			

The evidence was clear that services were working together and responding to Mr Xs changing needs and those of his wife. There were times when the family felt overwhelmed by the number of services involved and increasing frequency of visits, services responded to this by coordinating visits and sharing important updates through WISeR. Equally there was lots of evidence of going at the families pace, offering guidance and planning ahead but being person centred and respecting Mr and Mrs X as decision makers about care. There is documented evidence of offering additional care, services and equipment as part of ongoing and evolving Anticipatory care conversations, alongside documented evidence that these things were only put in place when the person and their family were ready to accept them. When Mr X died, he was peaceful and at home with his wife, where he wanted to be.

14. Implementation of Guidance/Policies

- 14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly. A recent example includes, Renfrewshire have implemented the Specialist Children Services, Autism Spectrum Disorder (ASD) Pathways in line with current SIGN guideline recommendations and best practice. This move is to reduce waiting times and where possible children moving from one waiting list to another.

15. Good News - Recognising and celebrating success

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

Some examples of areas of success to celebrate:

- **District Nursing:** Two HSCP Community Nurses were nominated, recruited and successfully completed the Queen Nurse Development Programme in 2018/19. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Three nurses within Renfrewshire have now gained this title.
- **Learning Disability Service:** Gateway Intensive Support Service won the Improving Care category at the NHS GG&C Celebrating Success Staff Awards. Gateway's 'Think Tank' initiative demonstrates excellent joint working between the staff team and the people who attend Gateway on shaping ideas and developing new ways of improving and modernising our service. Following their win at the Renfrewshire HSCP Staff Awards, Gateway was nominated for the NHS GG&C Platinum Chairman's Awards which was presented to the team at a Gala Dinner in Glasgow.
- **Mental Health Inpatient Services:** Arran ward (Recovery Rehabilitation) had a visit from the Mental Welfare commission in May 2018 as they are planning to review all Rehabilitation units across the Scotland. The ward was complemented on the variety of activities taking place on the ward. The links and communication between the Multi- Disciplinary Team were strong and very well evidenced. They liked the fact that staff empower and encourage patients to take part in activities. The ward received good carer feedback and the commission were impressed with the carer involvement at In-depth Reviews. There is good Occupational Therapy input.
- Occupational Therapy (OT) article written by the Lead OT and published in the OT news in February 2019 in relation to educating people with Dementia and their carers using social media.
- The North and East ward were awarded funds from the Royal Voluntary Service to support with individualised song playlists and purchase of a therapeutic Vintage Bar.

16 Conclusion

- 16.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. We believe we have achieved an effective mechanism for assessment and assurance regarding quality, care & professional governance and we will strive to make improvement wherever possible. Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.

Next steps for 2019/2020:

Legislative Requirements

- **Ongoing implementation of:**
- **GMS Contract/Primary Care Improvement** which involves placing of expanded teams of HSCP and NHS Board employed health professions in and around general practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist).
- **Mental Health Strategy** A key focus over the last year has been engaging with the development work for implementation of the 5 year mental health strategy. The aim of the work is to optimise the efficiency and effectiveness of patient care across mental health services, shifting the balance of care not only from inpatients to community but in enabling people to be supported with their continuing recovery away from mental health services. Some key areas of change are focused on introduction of peer recovery support workers, which Renfrewshire is involved in piloting; improving responses to unscheduled care, and building on recovery oriented systems of care within our CMHT.
- **Action 15** of the National Mental Health Strategy aims to increase access to mental health professionals with a strong focus on primary care and acute hospital settings. Additional funding is being used to employ two Borderline Personality Disorder (BPD) Nurses to facilitate and care manage clients with BPD and support early discharge into the community and the introduction of Navigator posts to be managed by Police Scotland, a new innovative service based within the RAH Emergency Department and a service that supports people to move away from violent lifestyles.
- **Dementia Strategy:** The Renfrewshire Dementia Strategy Group is developing an action plan to ensure it delivers on its commitments within the national strategy. In parallel, the HSCP is developing a Renfrewshire Dementia Strategy. This will be a public facing document which will be used to engage with the general public, people with a diagnosis of dementia, their carers, statutory services, local business and other agencies. The aim is to provide information to help people with a diagnosis of dementia feel included and supported within their local communities. The group is also awaiting an update on the Scottish Government's paper 'Transforming Specialist Dementia Hospital Care' which recommends reducing the number of specialist dementia hospital beds and using the funds released to improve community and care home services. This could have significant implications for Renfrewshire

Governance:

- Review of both Adult Community Mental Health Team (CMHT) Operating Procedures to standardise practice, where possible, across both teams. This will ensure that both teams are prepared for the upcoming improvement activity which will be actioned as part of the NHS GG&C Mental Health Strategy. The recommendations of the Efficient & Effective CMHT improvement activity will begin implementation in autumn of 2019.
- Work to review and update Medicine procedures in line with the updated Council Medication Policy currently being implemented.

Renfrewshire HSCP

Some examples of improvements which have been developed in specific Renfrewshire Services over the last year (April 2018 – March 2019):

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Children's Services			
Increase uptake of Preschool immunisations.	Introduction of a text prompting service.	Uptake of primary immunisation programme above the NHS GGC Board and Scottish average.	Uptake all above 95% target.
Specialist Children's Services			
Nursing team: Disability Pathway: Standardiation of Nurse led sleep pathway.	Families can access support for sleep problems quicker. Aim to prevent sleep problems escalating and assist families to manage their child's sleep quality.	Nursing staff are trained to have same skills to deliver standardised sleep service.	Clinics commenced spring 2019 – will be reviewed towards end of 2019.
Prescribing Support Service			
Increase number of referrals to Pharmacy Support Technician led medication compliance service by supporting Care at Home.	Link in with Care at Home team to increase number of referrals.	Patient able to take their medication. Medication reviewed and only essential medication taken thereby reducing the requirement for medication prompts.	Increase number of referrals and reduction of medication prompts.
Review pharmacotherapy service and support the introduction of pharmacy support workers to the team.	Review all roles within team in the GP practice to make them more beneficial to the team and the GP practices.	More time dedicated to each individual role so that increase in clinics delivered by PSPs, increase in pharmacotherapy support across the HSCP.	More support within GP practices and roles all working and linking well together.
Learning Disability (LD) Services			
Dementia framework implementation group.	Looking to provide baseline dementia assessments for all people with Down's syndrome aged 30+.	To establish a data base to enhance effective care monitoring and planning for people who are diagnosed.	Measure of appropriate post diagnostic care uptake /suitable supported living in place.
Providing an effective transitions process.	To have all children with possible LD, diagnosed and assessed from age 14.	Establish clear transitions pathway for children and families and provide appropriate specialist health and social care when required.	
Development of postural management clinic-physiotherapy.	To improve the posture of people with LD who have specific mobility/postural issues.	To assess the benefits of early proactive care and treatment.	

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Development of a Nurse Lead Clinic (May 2019).	To review the general health of people who take long term antipsychotic medication in accordance with SIGN guideline on prescribing.	Better health/life quality for people on long term antipsychotic drugs. Promotion of national screening initiatives.	
Adult Mental Health Community Services			
Increase staff awareness of Gender-based violence and Childhood Sexual Abuse.	Improved and earlier access to services if clients would support.	Increased staff awareness.	Training will be ongoing throughout 2019.
All Paisley CMHT clients who are on "High dose monitoring" and depot injections will now receive a physical health check in line with the GG&C Physical Health Care Policy.	Better physical health outcomes for clients.	Re-audit completed in May 2019.	Actions from audit to be agreed and timescale set for improvements.
Standardisation of best practice across both adult CMHTs.	Review of adult CMHT Operating Procedures.	Both CMHTs will be prepared to undertake the actions for the Efficient & Effective CMHT improvement activity.	Best practice actions to be implemented by Autumn 2019.
Implementation of the Efficient & Effective CMHT Improvement Activity recommendations.	Development of an action plan based on the recommendations of the improvement activity.	A standardisation of best practice across all GG&C CMHTs.	Ongoing review.
Older Adults Community Mental Health Services			
Moving towards a paperless system.	EMIS introduced in February 2017, training rolled out across the HSCP for Community Mental Health Services.	All staff now record notes electronically, upload assessments, care plans and other relevant correspondence.	Core audits, Multi Disciplinary Teams, Case load management.
To ensure all patients referred to Older people's Community Mental Health Team receive initial appointment within four weeks of referral.	To create one community nursing team able to assess patients across RHSCP for mental health initial assessment. OT staff now included within initial assessment rota.	By removing area boundaries for nursing team, 4 week target now being met.	Able to manage through EMIS.
To ensure standards of practice across Older People's CMHT.	All rooms now have Multi Disciplinary Team (MDT) presence, to share learning, experience and knowledge. MDT meetings now attended by all professions within OPCMHT on a weekly	Increase effective integrated working, enhancing knowledge and skill base of each worker, whilst reducing associated and potential risks for patient group.	Reviewed at MDT and case load management, Core audits, Moving forward Group.

	<p>basis.</p> <p>All MDT assessments and reviews compiled within SBAR template to ensure effective communication of patient's needs and associated risks.</p> <p>The "Moving Forward" peer-led group has been devised to allow staff the ability to discuss cases openly that may not be presenting as high risk, however, there has been an element of resistance to either care interventions or treatment.</p>		
To ensure that patients are receiving the appropriate care within community.	To create a process for all staff involved with Self Directed support (SDS), that would enable integrated work, employing staff with the correct skills to ensure an enhanced level of care of patients and reduce staff tensions.	Process discussed and agreed with agencies involved with SDS within OPCMHT, leading to an agreed pathway and process that utilises skills of staff. Staff aware of their role and responsibilities within this process.	Process reviewed by senior members of staff 6 monthly.
To ensure robust management of emergency respite care.	Created an operating procedure that provides clear guidance on the appropriate use of emergency respite within OPCMHT and those alternatives to respite have been explored effectively.	Staff are aware of assessment criteria that is required by management to ensure patients' needs are being met. Encouraging staff to think through alternative community solutions, where care management may have previously been considered respite.	A reduction of emergency respite has been required since introduction of new operational standards and procedures, leading to more effective use of community resources whilst attending to the needs of patients.
To gain an enhanced assessment of those individuals referred to memory service, and the impact that cognitive decline is having within their lives.	All memory assessments are carried out within patients home and when agreed, family/ carers present.	Reduction in Did not Attend (DNA) rates. Enhanced assessments gained. Increase in ASP referral made due to home conditions and other risks identified at assessment.	All ASP referrals to locality team from memory clinic, remain open to team in conjunction with social work team lead, until communication regarding progress around AP procedures within locality team has been established.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
To ensure robust screening, assessment and management of potential Adult Protection (AP) information	Staff raising issues with social work team lead, or nurse team lead, when risks identified that require further assessment that potentially may lead to AP referral. This is carried out through open door policy and MDT structures.	An enhanced understanding and management of potential AP, and AP referrals, ensuring risks are met with appropriate response in a planned and cohesive structured manner.	Social work team lead updates Team AP log for repeat referrals. Three or more referrals within six months, Team lead will request review of case with RMO through the MDT. Team lead will also ensure that staff review case within appropriate timescales.
To provide enhanced level of care for those older adults admitted to acute wards experiencing mental health complex difficulties.	Role of liaison team with acute hospital is now firmly established.	Older adults admitted to acute wards with complex mental health issues, now receiving enhanced support. Reduction in length of stay for older adults with complex mental health issues within acute wards due to effective management of mental health issues.	Caseload management, MDTs, Referral meetings.
To enhance level of care provided to those older adults residing in care homes.	Care home liaison team now established. Care homes now have dedicated staff from OPCMH liaison service, to enhance collaboration and communication between OPMHS and care homes. Stress and Distress training to be delivered for relevant care home staff. Team lead to engage with care homes also to enhance communication and proactively address any barriers to delivering effective care within care homes.	Reduction of admissions to hospital Increase awareness of BPSD and management of same for care home staff.	MDTs, Caseload management, Team Lead and care home meetings.
To Increase treatment options for anxiety management for older people within Renfrewshire area	Developing anxiety management groups within local areas within Renfrewshire, to be delivered by mixed staff group.	Enhance patient experience; broaden support networks, and increasing coping skills.	Patient feedback.

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
To establish Physical health clinic in accordance with NHS GG&C guidelines	Physical health clinic process to be agreed across OPCMHT and responsibilities of staff to be agreed. Physical health team to set up system that allows for patients newly prescribed anti psychotic medication, prescribed high dose antipsychotic monitoring, lithium to receive appropriate health monitoring	Assessment of physical health care needs of patients in our care, particularly those illnesses most likely to affect their general wellbeing and quality of life.	Core audits, Patient feedback, Three monthly review meetings with team lead.
Mental Health Inpatient Services - Occupational Therapy:			
Improve delivery of an OT service in the rehab and recovery ward.	Occupational therapy service plan contributed to Rehab and Recovery service specification.	Improved service user outcomes.	Positive discharge outcomes.
Improve adherence to OT documentation standards.	Bi monthly 5 case qualitative audit of cases notes.	Improve patient outcomes, improved adherence to OT documentation standards.	Achieved 98% in November 2018 audit.
Improve quality and quantity of clinical supervision sessions.	Annual audit of supervision documentation.	Increased robust and regular supervision structure within Renfrewshire mental health OT.	All OT's participate in regular supervision. TI's to increase engagement in supervision.
Improve quality of life and wellbeing for patients in the non acute Dementia wards.	Through Commitment 15 monies, recruit a Band 3 OT support worker to enhance existing service.	Provide a range of therapeutic activities to the patient population in North and East to help support wellbeing and decrease stress and distress behaviours.	Band 3 OT support worker established in non acute wards in April 2019.
Improve vocational rehab opportunities for both adult MH inpatients and community patients.	Provide training on the Allied Health Professionals (AHP) fitness to work report to all MH OT's within Renfrewshire.	Ensure that OT's in adult mental health are skilled to deliver vocational rehab interventions.	All CMHT OT's now trained. Adult Inpatient OT's will be trained by the end of April 2019.
Improve use of standardised assessment within Adult and Older Adult Mental Health.	The Model of Human Occupation, Occupational Self Assessment and Worker Role Interview assessment tools purchased for all MH OT's within Renfrewshire.	Improvement on patient's functional performance and independence.	Improved patient outcomes. Improved audit results.
Improve access to specialist seating.	Develop a data base of all specialists seating within all Renfrewshire MH wards.	Improvement in patients function and participation in activity/feeding. Improved postural and pressure management.	Reduce costs. Recycle and re use approach to seating in line with robust risk assessment and infection control assessment. Links to falls reduction work.

<p>Improve access to Psychological therapies for older adults.</p>	<p>Undertake 7 week pilot of the Cognitive Behavioural Therapy (CBT) group “Moving forward” with patients in Ward 39, RAH.</p>	<p>Improved patient outcomes. Joint working between Psychology and OT.</p>	<p>Improvement to patient’s mental health and wellbeing.</p>
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