AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 21 September 2020**
Report By:	**Louise Long Corporate Director (Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/67/2020/DMcC**
Contact Officer:	**Deirdre McCormick Chief Nurse**	**Contact No: 715283**
Subject:	**HSCP CLINICAL AND CARE GOVERNANCE STRATEGY 2019-24**	

1.0 PURPOSE

1.1 The purpose of this report is to provide a summary of the new HSCP Clinical and Care Governance Strategy 2019 – 24 which the Integration Joint Board (IJB) is asked to consider for approval.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes that Integration Authorities are required to improve and deliver.

2.2 To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone's responsibility.

2.3 The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

2.4 To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has been established to develop the Action Plan.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board (IJB) :

a) approves the HSCP Clinical and Care Governance Strategy;

b) notes that a short life working group has been established to develop the Clinical and Care Governance Strategy Action Plan in readiness for implementation.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes that Integration Authorities are required to improve and deliver.

4.2 The Inverclyde HSCP strategic direction is clearly set out in its Strategic Plan 2019 – 24 and associated 6 Big Actions. Driving forward continuous quality improvement throughout the organisation, streamlining patient / service user care pathways resulting in improved outcomes and achieving greater consistency of care in the planning and delivery of health and social care is the key priority.

4.3 In October 2015, the Scottish Government published the "Clinical and Care Governance Framework" providing an oversight of clinical and care governance for integrated services. The framework was developed on the understanding that integration authorities will build on the existing professional and service governance arrangements already on place within the Health Board and Local Authority. The framework provides an overview of the key elements and principles that should be reflected in local agreed clinical and care governance processes.

4.4 In addition to the national framework, the Scottish Government's "Health and Social Care Standards : My Support, My Life" (2017) outlines standards on what should be expected when people access and use health and social care services in Scotland. The five standards provide additional principles on which the HSCP Clinical and Care Governance Strategy is based.

More recently the Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure "effective, coherent and joined up clinical and care governance arrangements" to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and H&SCPs, as well as considering local and international best practice. Whilst this guidance was further anticipated earlier this year work has progressed locally to develop the HSCP Clinical and Care Governance Strategy which may require to be refreshed after the national guidance is available.

4.5 The Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure "effective, coherent and joined up clinical and care governance arrangements" to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and H&SCPs, as well as considering local and international best practice. We understand the guidance will now be available in May 2020 therefore our strategy may require to be refreshed after this guidance is available.

4.6 To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone's responsibility.

4.7 The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

4.8 Inverclyde HSCP has clearly defined scope (domains) for clinical and care governance, these being :

- adverse event and clinical risk management
- continuous improvement
- person-centredness
- clinical effectiveness

4.9 The HSCP Clinical and Care Governance Strategy covers both structures and processes at all levels within the Partnership and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement.

4.10 To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has been established to develop the Action Plan

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 There are no legal implications from this report.

HUMAN RESOURCES

5.3 There are no human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Strategy support this outcome
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The Strategy support this outcome
People with protected characteristics feel safe within their communities.	The Strategy support this outcome
People with protected characteristics feel included in the planning and developing of services.	The Strategy support this outcome
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The Strategy support this outcome
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	The Strategy support this outcome
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	The Strategy support this outcome

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 The HSCP Clinical and Care Governance Committee has been involved in the development of the Clinical and Care Governance Strategy and related Action Plan, and will be responsible for overseeing its implementation, driving forward continuous quality improvement for our health and social care services and the key aspects outlined in the Strategy.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Strategy support this outcome
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The Strategy support this outcome
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Strategy support this outcome
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The Strategy support this outcome
Health and social care services contribute to reducing health inequalities.	The Strategy support this outcome

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Strategy support this outcome
People using health and social care services are safe from harm.	The Strategy support this outcome
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The Strategy support this outcome
Resources are used effectively in the provision of health and social care services.	The Strategy support this outcome

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 "Clinical and Care Governance Framework", Scottish Government, 2015
"Health and Social Care Standards : My Support, My Life", Scottish Government, 2017

Inverclyde

Health and Social Care Partnership

Annual Clinical & Care Governance Report 2019-2020

Principal Author:	Dr Hector MacDonald
Co-Authors:	
Approved by:	
Date approved:	

1. Foreword

1.1 Inverclyde Health and Social Care Partnership is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation.

1.2 Inverclyde Health & Social Care Partnership includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the Health & Social Care Partnership and overseen by the Integration Joint Board (IJB).

1.3 Inverclyde Health and Social Care Partnership has a history of strong partnership working with communities, patients, service users, local GP's and hospitals, the independent and third sector service providers, council partners and housing providers.

1.4 The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group (CCGG). The Annual Report is structured around the three main domains set out in the National Quality Strategy namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership.

1.5 The Health and Social Care Partnership is continuing to experience significant challenges in the ongoing response to the COVID 19 pandemic. This report will reflect the governance arrangements that have been in place since January 2020. This is still an evolving situation and there is full acknowledgement of the intensive staff focus since the turn of the year on the operational and governance response to COVID 19. There will be a specific section in this report that will provide an overview of arrangements that are in place as they have evolved.

2. Clinical Governance Arrangements

2.1 Definition of Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

2.2 Clinical and Care Governance in Inverclyde HSCP

There is a Clinical and Care Governance Group who convene quarterly with meetings held on 14th May 2019, 17th September 2019, 19th November 2019, and 14th January 2020. The group is co-chaired by the Clinical Director and the Chief Social Work Officer and is attended by the Chief Officer, Chief Nurse, Head of Mental Health, Recovery & Homelessness, Clinical Risk Co-coordinator NHS Greater Glasgow and

Clyde, Service Manager Integrated Care and Support, Head of Service Health and Community Care, Head of Service Strategy and Support Services and the Clinical and Care Governance Facilitator. Representatives from Unison (staff side) also attend the meeting.

2.3 **Key responsibilities of the Inverclyde HSCP Clinical and Care Governance Group:**

- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviewing significant and adverse events and ensure learning is applied.
- Supporting staff in continuously improving the quality and safety of care.
- Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- The Clinical Director completes an exception report 6 times per year to submit to the NHS Greater Glasgow and Clyde Community Clinical and Care Governance Forum (PCCCGF). The Chief Nurse also attends this group.

2.4 Areas of Clinical and Care Governance developed by the group in 2019-2020 are:

2.4.1 The Clinical and Care Governance Group now receive an updated version of the risk register that has been amended to reflect the risks for clinical and care governance and this is a standard agenda item.

2.4.2 The Mental Health, Recovery and Homelessness governance arrangements are being reviewed. The Chief Nurse is interim chair of the review group to oversee the work. This group had its first meeting on the 14th February 2020 and the follow up meeting of the 14th April 2020 was cancelled due to the COVID 19 response. The group met on the 3rd September 2020 and meetings are scheduled for the rest of 2020. The ongoing findings and recommendations will be discussed and reported to the Clinical and Care Governance Group. A Terms of Reference for the group has been agreed and a work plan for the group is currently being developed.

2.4.3 Work on the Clinical and Care Governance Strategy commenced in 2019 -2020. This work is led by the Chief Nurse and supported by the Clinical Director and Chief Social Work Officer. The initial scoping work was presented by the Chief Nurse at a work shop session that took place on the 6th December 2019 with the Clinical and Care Governance Group and the Strategic Planning Group. The recommendations from this work were to simplify the key concepts and to consider views of the Your Voice Working Group. In order to achieve this there was a focus group that took place with the Your Voice Working Group on the 11th March 2020 that was chaired by Dr Deirdre McCormick and supported by Karen Haldane.

The Clinical and Care Governance Strategy is to be presented to the IJB in 2020 and there is ongoing work with the Your Voice Working Group on the Action Plan that will accompany the Clinical and Care Governance Strategy.

2.5 Current Mental Health Governance Arrangements

2.5.1 Health and Social Care Partnerships (HSCPs) are committed to the delivery of whole system Mental Health Service delivery to meet the mental health needs of the Greater Glasgow & Clyde population. Mental Health Service delivery spans across the full range of inpatient and community settings involving the six partner HSCPs. The whole system governance structure fulfils the organizations statutory responsibility, assuring the quality of safe and effective health service delivery.

2.5.2 Glasgow City HSCP, through its Chief Officer, has a responsibility for co-ordinating the strategic planning of adult mental health services on behalf of other HSCPs within Greater Glasgow and Clyde. Glasgow City HSCP also hosts a number of NHS Greater Glasgow and Clyde wide professional leadership roles for adult mental health services, including for medical, nursing and psychology staff. These professional roles also have a strong connection with NHS GG&C Board responsibilities for governance and public health.

2.5.3 System-wide governance is coordinated by the Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS Greater Glasgow and Clyde Medical Director and ultimately to the NHS Greater Glasgow and Clyde Chief Executive. In addition, HSCP governance structures and arrangements are in place to oversee local operational matters. Within Inverclyde HSCP we have the monthly Integrated Mental Health Clinical Services Group. This is shared with Renfrewshire HSCP and contributes to system wide governance across adult and older adult mental health in-patient and community settings. The regular membership comprises Heads of Service, Service Managers, Clinical Directors, Professional leads and Clinical Governance Facilitator for each area. The forum is extended each quarter to Mental Health Team Leads to support the broader Clinical Governance agenda. The Renfrewshire and Inverclyde Drugs and Alcohol Services Addictions Clinical Services Group also support the governance and quality assurance process within Inverclyde HSCP.

2.5.4 The Inverclyde Mental Health and Addictions Clinical Services Group remit is to provide a focus for all quality clinical & care governance activity associated with Mental Health and Addictions Services.

The group's main function is to:

- Review, quality assure and agree remedial action where required by developing action plans for all incidents, investigations, Significant Clinical Incidents and complaints.
- Provide a governance forum to discuss and review clinical practice, service improvement and consistency of service delivery.
- Consider themes arising from incidents, including Datix reports, to inform learning outcomes and service improvements across appropriate services.
- Review external reports on our services from agencies such as Care Inspectorate, Mental welfare Commission and HIS.
- Share learning from internal and external reviews throughout Inverclyde HSCP and Greater Glasgow and Clyde.
- Have a key role in assuring the application and implementation of policies in relation to incident management e.g. SCI Policy, complaints policy and

management of employee conduct and capability policies across both Health and Social Work services.
- Ensure appropriate implementation of Health & Safety guidance and learning from adverse events.
- Ensure staff governance support and development processes are effectively implemented.
- Ensure services are delivered in person centred way with particular attention to obligations of HSCP in relation to protected characteristics.
- Ensure legislative and regulation requirements are met.

2.5.5 The local governance arrangements for mental health, recovery and homelessness are currently being reviewed as mentioned previously.

2.6 Social Work Governance

The Chief Social Work Officer (CSWO) meets at regular intervals with the Chief Executive of the Council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the Adult Protection Committee.

The Social Work Practice and Care Governance Group considers three priority themes of Practice Governance, Practice Development and Distributed Leadership.

The Children and Families Health Care and Justice Governance Group discuss operational and governance matters with the CSWO. This group has met on 11th July 2019, 8th November 2019 and the meeting that was planned for 31st March 2020 is to be rescheduled due the COVID 19 response.

2.7 Health and Community Care Governance

The Health and Community Clinical and Care Governance group sits as a sub group of Inverclyde Health and Social Care Partnership's Clinical and Care Governance Group. The group meets every eight weeks and is chaired by the Head of Service and there is representation from team leaders and service managers from all areas of Health and Community Care. Submissions are also noted from NHS board wide Greater Glasgow and Clyde Learning Disability Group and other professional forums. The Health and Community Care Governance Group met on 25th April 2019, 20th June 2019, 10th October 2019 and 8th January 2020. The group meetings were paused due to the requirements for the governance and operational issues that arose from COVID 19 and the meetings for 2020 have been scheduled. The Health and Community Care Clinical and Care Group have an item of the agenda to both report issues of exception and escalation to the Clinical and Care Governance Group and also receive an update and minutes from the Clinical and Care Governance Group to keep staff up to date.

3 SAFE

3.1 Significant Clinical Incidents (SCI)

The work of the Clinical and Care Governance Group is supported by regular updates from the Clinical Risk Co-ordinator from NHS Greater Glasgow and Clyde. This is an important link for assurance for Inverclyde HSCP and NHS Greater Glasgow and Clyde that safe, effective and person centred care is proceeding as planned.

However where there is a risk of significant harm there is a responsibility to ensure these incidents are appropriately investigated to minimise the risk of recurrence through learning. This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g. a near miss or a lower impact incident which exposes potential system weaknesses that could lead to further significant harm. Such events have been traditionally referred to as Significant Clinical Incidents.

The process for Significant Clinical Incidents is that once identified, they are closely monitored by Inverclyde HSCP local governance groups, overseen by the Clinical and Care Governance Group. Incidents of concern for the HSCP are reported on Datix and require to be investigated before sign off.

Table 1 below describes the 7 SCI's for the reporting period 2019-2020. 2 were closed, 1 is on hold due to COVID 19, 3 are under review and 1 is in Quality Assurance process.

3.1.2 Table 1 Significant Clinical Incidents 2019 -2020 Inverclyde HSCP

Speciality	Category	Risk SCI Description	Risk SCI Status
Community Nursing	Other Incidents	SCI –choking	On hold - COVID
Addiction Services	Suicide	SCI – suicide	Closed
Integrated Alcohol Team	Other Incidents	SCI –unexpected death	In Quality Assurance
Community Mental Health Team	Other Incidents	SCI –unexpected death	Closed
Community Mental Health Team	Suicide	SCI –suicide	Under review

Community Mental Health Team	Unexpected Death	SCI –unexpected Death	Under review
Addictions Service	Unexpected Death	SCI –unexpected Death	Under review

The Clinical and Care Governance group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

3.2 Significant Case Review

3.2.1 A Significant Case Review has been commissioned by the multi-agency partnerships for child and adult protection (the Child Protection Committee and Adult Protection Committee).

In terms of this multi-agency approach, both the Child and Adult Protection Committees made a recommendation to the Inverclyde Chief Officers' Group (comprised of the senior officers from each of the partners) to appoint an independent Chair to complete the critical work of the Significant Case Review.

On 8 January 2020, Professor MacLellan intimated her acceptance of the role of independent chair of the SCR .Professor MacLellan met with the review team on 6 February 2020. Stage 1 of the review has been scoped and commenced. The outcome of the review will be reported to the IJB and the Clinical and Care Governance Group. It is anticipated that there will be significant learning for the HSCP as well as multi agency and national learning to arise from the findings.

The Significant Case Review process had been paused due to the response required for COVID 19.

3.2.2 NHS Greater Glasgow and Clyde became aware via a BBC news report on the 17th November 2018 of a fraudulent medical practitioner following conviction and imprisonment for fraud of an elderly person in England. Employees of the former Argyll & Clyde Health Board confirmed this individual as having worked in the former Board area between the 9th May 2005 and the 27th July 2006 as a locum Consultant Psychiatrist in Learning Disability. The areas covered, namely Inverclyde, Renfrewshire and part of East Renfrewshire, became part of NHS Greater Glasgow and Clyde in April 2006. Chief Officers of these areas, the clinical and medical director, and the Board were notified.

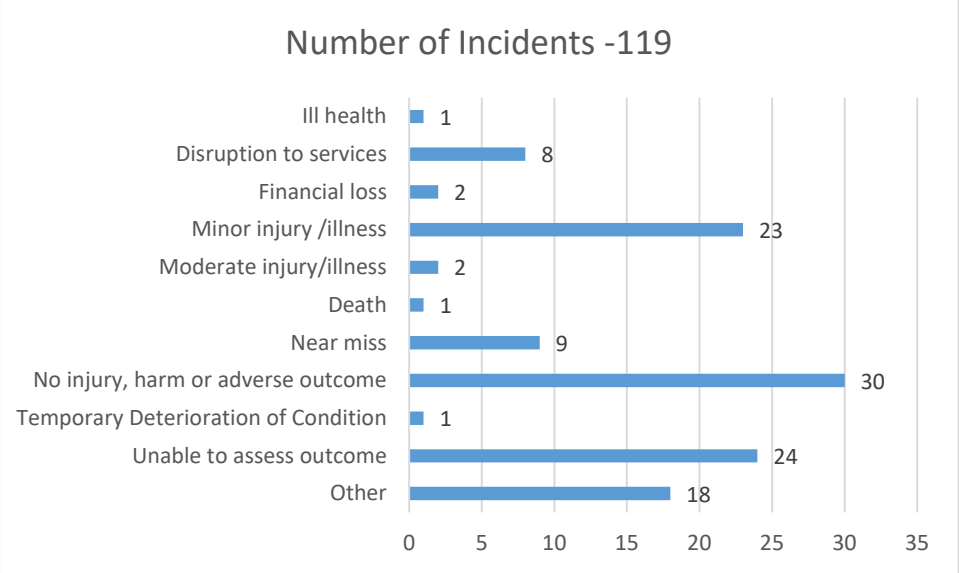
The Clinical Director for Learning Disability, Dr Elita Smiley and General Manager for Specialist Learning Disability Services, Tom Kelly commenced a preliminary investigation to establish the facts pertaining to the individual's practice in the Board area. In so doing, various discussions have taken place with both internal departments and colleagues, and external organisations such as the Mental Welfare Commission, the Mental Health Tribunal Service, the Office of the Public Guardian and the General Medical Council.
Inverclyde HSCP has completed a case note review to assess for any evidence of possible harm as part of the overall coordinated response involving the Scottish Government. One SCI was undertaken as a result of this.

3.3 Health and Community Care Datix incident Summary

3.3.1 The Health and Community Care Clinical and Care Governance Group proactively review all Datix incidents to ensure that the necessary actions identified take place to deadline and that the learning from these incidents is identified and shared.

3.3.2 The Datix overview for 2019 - 2020 for Health and Community Care is shown below in Table 2. There were 119 incidents reported for Health and Community Care in the reporting period. There was 1 death reported for which a local investigation was convened which was not considered to be a Significant Clinical Incident.

Table 2 Number of Incidents Reported by Final Outcome from 1st April 2019 to 1st April 2020 inclusive



3.4 Health and Community Care

3.4.1 Diabetes

There has been a governance framework established for the Community Diabetes Nurse and that a data collation template is being developed to evaluate the impact and effectiveness of the new CDN role. The ongoing progress is reported and discussed at the Health and Community Care Clinical and Care Governance meeting.

Clinical outcome measures audit and patient experience survey is ongoing, with the completion date expected December 2019. The findings will be reviewed with staff.

3.4.2 Rehabilitation and Enablement Service

A Clinical Frailty pilot project has been completed. Training has been undertaken with all relevant services. One of the outcomes that has improved collaborative working is that reports are now available on EMIS (Health) and SWIFT (Social Work).
This training ties in with work being done by Service Managers and Frailty Lead Joyce Allan and e-frailty work being undertaken by Service Manager Emma Cummings.

3.5 Immunisation

3.5.1 The IJB meeting of the 17th March 2020 considered a report on uptake of immunisations, vaccinations and the national cancer screening programmes. As can be seen in Table 2, in most categories Inverclyde's performance exceeds both the Scottish and Greater Glasgow & Clyde averages. The increase in performance coincides with the movement of childhood vaccinations solely to the HSCP Children and families nursing teams. As previously reported Inverclyde piloted this change as part of the prelude to the new GP contract. During the reporting period increased rates of influenza vaccination were also noted with the move to community clinics.

Table 2 Uptake Immunisations, Vaccinations in Inverclyde HSCP

Disease	Age of Child	**Inverclyde**	NHS GGC	Scotland
6 –in-1	0-12 months	**97.9%**	96.0%	95.8%
	13-24 months	**98.7 %**	97.2%	97.2%
	5 years	**98.8%**	97.5%	97.8%
PCV	0-12 months	**98.1%**	96.7%	96.3%
	13-24 months	**97.7%**	94.6%	94.5%
Rotavirus	0-12 months	**96.7%**	92.0%	92.7%
Men B	0-12 months	**97.8%**	95.5%	95.4%
	12-24 months	**97.7%**	93.3%	93.6%
MMR1	12-24 months	**97.4%**	94.2%	94.0%
	5 years	**98.1%**	96.4%	96.8%
	6 years	**97.5%**	96.0%	96.4%
Hib/Men C	13-24 months	**98.3%**	94.4 %	94.4%
	5 years	**98.2%**	95.4 %	95.9%
4 –in – 1	5 years	**95.4%**	90.0 %	91.9%
	6 years	**95.6%**	92.8%	93.8%
MMR 2	5 years	**95.1%**	89.9%	91.5%
	6 years	**95.1%**	92.4%	93.3%

3.5.2 In August 2019, management of pre-5 immunisations was centralised, with this becoming a Board-wide service. Immunisations continue be primarily delivered by the same staff at the same clinics as before, and Health Visitors remain key in advocating and supporting parents to access immunisations. The new arrangement

is working well, with all families being offered immunisation appointments within the required timescale.

Statistical information is extracted from the Scottish Immunisation and Recall Systems (SIRS) quarterly and published by ISD Scotland. Annual ISD data from 1 January to 31 December 2019 demonstrates that Inverclyde as a local authority area consistently outperforms National uptake data at all data points and the latest quarterly data is expected to show a downward trend in uptake secondary to Covid 19.

Covid 19 has negatively impacted on immunisation uptake and measures by the Immunisation Team, Children and Families and Health and Safety to reassure parents and put in place safe and effective measures have seen presentation increase over the previous 2-3 months. Local Immunisation team data had shown a 32% non-attendance rate to 1st invite in March 2020 however this has improved month on month and reduced to 27% and 22% respectively for months April and May.

Immunisation remains a public health imperative to ensuring population health and the upcoming flu season amidst Covid is a key focus for the HSCP in general and the Children and Families Immunisations teams in particular. Supporting parents to attend remains a key focus and improvement work to target in particular Measles, Mumps and Rubella (MMR) uptake for both 1st and 2nd doses remain improvement targets. In addition, the flu campaign for under 5s is entering a planning phase and a whole system approach will be required to support uptake beyond the baseline which is consistently below 50% for 2-5 year olds.

3.6 Adult Protection

3.6.1 Adult Protection Mental Health and Addictions Audit took place on 23rd May 2019. The ongoing compliance with this audit are discussed and actioned and the Chief Social Work Officer will highlight issues with the Clinical and Care Governance Group as all Heads of Service report issues of exception and escalation.

This audit has highlighted issues with:

- completion and understanding of the requirements of the Adult Protection Swift Module ;
- interface between Health and Social Work Management Information systems for adult protection situations;
- Consistency of adult protection recording and document storage within EMIS.

3.7 Professional Nursing Assurance Framework and Work Plan Nursing

3.7.1 The professional nursing assurance work plan has been developed from the Professional Nursing Assurance Framework. Three documents have specific relevance to the development of the framework and should be seen as underpinning documents. These include: the Joint Declaration on Nursing, Midwifery and AHP

Leadership1; the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland2 and the Care Governance Framework3. The framework based on the national nursing and midwifery professional framework4 developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored.

The Chief Nurse receives assurance through the Chief Nurse and Senior Nurse Leaders meeting on compliance and the Chief Nurse provides an update as required to the Clinical and Care Governance Group for exception and escalation reporting.

3.8 Out of Hours Review

3.8.1 Since the HSCP was established, it has been working in a context of rising levels of need and demand, within both in-hours and out of hours provision. These rising levels were predicted within the Commission on the Future Delivery of Public Services, 2011 (otherwise known as the Christie Commission Report), and it was recognised that integrating health and social care services was an important enabler to ensuring that people received the best possible support in terms of both quality and value for money.

In Inverclyde, officers have taken a wide view of integration, recognising that to be fully effective, integration of health and social care services presents an opportunity to redefine our relationship with service users; carers, and third and independent sector providers. This is true for both in-hours and out of hours services, so much can be learned from the work to date on in-hours services.

Our local review therefore aims to:

• identify the totality of HSCP out of hours working

• identify associated but non-HSCP out of hours working

• review the connections between these, with a view to strengthening links, referral routes and handovers

• define how local supports and services will link with the proposed NHS Greater Glasgow and Clyde (NHSGGC) Urgent Care Resource Hub (UCRH) model.

A local out of hours review group has been established, including representatives from services that currently provide a 24/7 or extended hours response.

Although the HSCP does not manage Inverclyde Royal Hospital, the group also includes representation from the hospital, to support the development of clear referral

[1] NHS Scotland (2010) Joint Declaration Available online http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf

[2] Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland, CNOPPP, Scottish Government

[3] Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government

[4] Scottish Government (2014) Turning Tides - Nursing and Midwifery Professional Assurance Framework for Scotland. Scottish Executive Nurse Directors in Association with the Chief Nursing Officer

and redirection routes relating to unplanned out of hours activity at the IRH. This will also support clarification of how local activity fits with the wider NHSGGC urgent out of hours care review and its proposed Urgent Care Resource Hub model.

The local review will consider the totality of our out of hours response, including both planned and unplanned care. This recognises that in order to sustain people safely and comfortably in their own homes, there can be a need for routine out of hours or through the night care.

3.9 Specialist Learning Disability Services

3.9.1 Specialist learning disability services have a system wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six health and social care partnership areas, specialist learning disability inpatient services, the Learning Disability Clinical Director and general manager with input from the clinical effectiveness team, clinical risk, academia and service users and carers.

3.9.2 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (in patient and Health and Social Care Partnership Board wide) which focus on the following areas: patient safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice and clinical networks.

3.9.3 Both the in-patient clinical governance and Health and Social Care Partnership wide clinical governance meetings are held on a bi monthly basis. The inpatient clinical governance activity is reported via the health and Social Care partnership Primary Care and Community Governance Forum meeting.

3.9.4 Each Health and Social Care Partnership area completes an exception report in advance of the bi monthly meetings. Exception reports are a standing agenda item at the meeting. All Learning Disability Significant Clinical Incidents reports and all community learning disability Datix incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.

3.9.5 Inverclyde Community Learning Disability Services has representation of NHS Greater Glasgow & Clyde Learning Disability Governance Forum where learning summaries from SCIs are shared across the services to ensure that learning and developments are implemented.

3.9.6 There are close links to Inverclyde with the Lead Professional Nurse Advisor (Learning Disability) and Psychology to ensure clinical care development within the services and to support professional operational issues. The professional Nurse Advisor is professional accountability to the Chief Nurse (Inverclyde and East Renfrewshire) HSCPs.

Areas of ongoing care governance within NHS Greater Glasgow and Clyde Learning Disability are:

- Updating of the Learning Disability operational processes and standards
- Epilepsy Risk Questionnaire

- EMIS steering group
- Information sessions relating to gender based violence and routine sensitive enquiry
- Establish a food, fluid and nutrition group

3.10 **Pharmacy and Prescribing**

3.10.1 All GP practices took part in the Repeat Prescribing LES to support accurate and efficient repeat prescribing processes with minimal medication waste, and used ScriptSwitch Prescribing Decision Support System to support safe and cost effective prescribing, and improve formulary compliance. Practices all benefit from the input of the HSCP Pharmacy team of Pharmacists and technicians as which has been enhanced significantly by the new GP contract. The changes that have occurred as a result are improved formulary compliance and safer and more efficient prescribing. However prescribing cost efficiencies continue to be a challenge due to unstable medication costs in part due to worldwide supply issues.

3.11 **Primary Care Improvement Plan Progress**

3.11.1 **The Vaccination Transformation Programme (VTP)**

There is an existing NHS GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete by April 2021.
During winter 2019 a pilot of the new clinic model for pre-school flu vaccination took place in Port Glasgow Health Centre .This was successful and for winter 2020 will be board wide.

There are significant cross system challenges to delivering the range of adult Immunisation programmes which include availability of staff at key times (such as during flu season), clinic accommodation and IT infrastructure. A national group has recently been convened involving colleagues from NHS NES, Scottish Government Primary Care Directorate, Health Protection Scotland and other stakeholders to plan the way forward for discussion of the professional, governance and employment issues surrounding the possible use of Health Care Support Workers in delivering flu vaccination (across all care groups). A pan NHS Greater Glasgow and Clyde Adult Immunisation Group meets monthly to progress plans.

3.11.2 **Pharmacotherapy Services**

There is good evidence to show both the shift in GP workload and the increase in patient safety that our local model has enabled however we now recognise that this model relies heavily on highly banded, senior pharmacists. Development is underway to skill mix appropriate workload to Technician and Assistant grade staff. There has been significant impact of maternity leave within this team and we have also started to see vacancies not being filled with staff choosing to work in or closer to Glasgow. As a whole, the pan NHS Greater Glasgow and Clyde recruitment approach is now seeing a decline in applicants and available posts filled.

3.11.3 Community Treatment & Care Services (CTCS)

The development of the service remains limited with pace and capacity being determined by availability of the Primary Care Improvement Fund which will continue to be a limiting factor in fully developing this service in line with the Memorandum of Understanding commitments. We will continue to engage with our local GPs on how this service develops and the associated timescales

3.11.4 Urgent Care (Advanced Practitioners)

Plans to maintain our existing Advanced Nurse Practitioner (ANP) capacity continue with further roll out of ANPs in the next financial year. Based on our experience and that across the board, it is evident that we will be required to recruit trainee ANPs to support our workforce implementation plan due to the lack of suitably qualified staff to fill these relatively new posts in primary care.

Funded by SAS, we continue to have the support of specialist paramedics within two practices however the staffing has reduced from four to two staff and SAS have continued to have challenges recruiting to Inverclyde. Whilst there has been a hiatus within Gourock Medical practice, this service has now recommenced with a trainee specialist paramedic joining in the last few weeks. We expect to have these staff deployed from SAS until the end of 19/20 however we await confirmation from SAS.

3.11.5 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention continues to be an issue for delivery of the Advanced Physiotherapy service due to post holders leaving to work elsewhere in Glasgow. A further recruitment process is underway however if this post cannot be filled in October then we will ask our GPs if they wish to convert this post to an ANP post and begin rolling out ANPs earlier than planned. There is also significant impact on the existing MSK services in NHS Greater Glasgow and Clyde as it is this pool of staff who predominantly apply for these new posts.

3.11.6 Additional Professionals – Mental Health

There is congruence with the work to develop Action 15 of the five year mental health strategy and an engagement workshop focussing on primary care was held in June 2019. Our current focus is on developing the approach to mental wellbeing and to responding to distress in primary care, both of which were a focus of discussion at the workshop. Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely Connected Compassionate Support to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

3.11.7 Community Link Workers (CLW)

Community Link Workers are in place within all 14 GP practices CLWs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives. The CLW service along with Community Connectors are subject to a commissioning process which is expected to be completed in time for April 2020.

The impact of this project is also included in the case studies in Appendix 1.

4. EFFECTIVE

4.1 Technology Enabled Care

4.1.1 Technology enabled care supports people to have greater choice, control and confidence in their care and wellbeing. Technology can deliver better outcomes for those using our health, housing, care and support services and assist them to remain more independent and safer at home for longer. TEC provision supports a reablement approach, hospital discharge and reduction in bed days as well as avoiding unscheduled care.

There are approximately 2,200 service users within Inverclyde with a community alarm service. Of this number, over 400 also have enhanced telecare packages. These packages consist of a wide variety of environmental sensors and personal sensors such as fall detectors, and bed exit monitors. Of those utilising enhanced technology, 60% are over 75 years old.

The use of technology enabled care continues to expand with new developments within home and mobile health monitoring seeing those with long term conditions such as COPD, Diabetes and Hypertension having greater choice, control and self-management over their condition. This has been possible using simple digital technology in the form of a phone app (FLO) and (Docobo) home health monitoring hubs. Significant training and awareness with colleagues in community nursing; acute and community services has led to increased joint working and new ways of working just starting to be rolled out.

4.2 Revised Universal Pathway (Health Visiting)

4.2.2. The health visiting workforce is now at the Scottish Government end point of 25 Whole Time equivalent Health Visitors in post. This has facilitated the reduction of caseloads in line with the weighting tool in order to support assessment and planning for children in their early years, and provide greater capacity to support families with additional needs and child protection concerns. The Revised Universal Pathway for pre-5 children is almost at full implementation, hindered only by a delay at a NHS Board level in relation to the antenatal contact. All families are now supported with a minimum to 10 face to face home contacts which provide the opportunity to develop therapeutic relationships and enhance health and wellbeing at an individual and population level. Getting it Right for Every Child is well embedded in practice and improvement work in relation to effective team around the child meetings, assessment and planning in relation to child neglect and building collaborative and facilitative relationships across the Partnership are progressing well. There are a number of projects that serve to create streamlined pathways between Children's and Specialist Children's Services including a test of a joint speech and language (SLT) assessment process to support early access to SLT following the 27-30 month assessment (Child Health Surveillance) and a new nursery nurse post to work across both service areas designed to support pre-5 children and their parents with neurodevelopmental needs.

4.3 Sandstories Training

4.3.1 Child neglect accounts for the highest proportion of substantiated cases of maltreatment in high income countries and locally is an area of improvement work in relation to the ANEW project (Addressing Neglect and Enhancing Wellbeing in Inverclyde) and the collaborative working. Based on a body of research undertaken in the UK and informed by an international literature review it is proposed that a model of authoritative practice is required when working with neglect. (Daniels, B. 2016). Sandstories was identified as learning experience that facilitates authorities practice and focuses on "how we keep children's needs at the centre of all we do, even when the adults' interests are very compelling and attention grabbing" (Sue Woolmore, Sandstories trainer).

The training creates a safe, reflective space in which practitioners can explore some of the most familiar and complex stories in their professional lives. Sue uses a unique and visual method of exploring the challenge of maintaining child centred practice whilst working with resistant and/or neglectful families. This is underpinned with messages from research and lessons from Significant Case Reviews. This is a course steeped in authoritative practice, where practice that is supportive and compassionate and protective and evidence based is promoted.

An improvement science approach has been planned to help embed the approach in practice across social work, health and education. Once it is safe to proceed, two pilot cohorts of 20 multidisciplinary staff from health, social work and education, will be offered a package of 1 day Sandstories training followed by 3, monthly (90 minute) facilitated supervision sessions, and then a half day follow up with Sue 4 months after the initial training. In addition, a manager's session will be offered to support leadership of authoritative practice and facilitate buy in for staff release/training commitments.

This whole system approach aims to:

- Embed authoritative practice
- Facilitate increased collaboration
- Facilitate a shared language for articulating neglect and understanding thresholds.

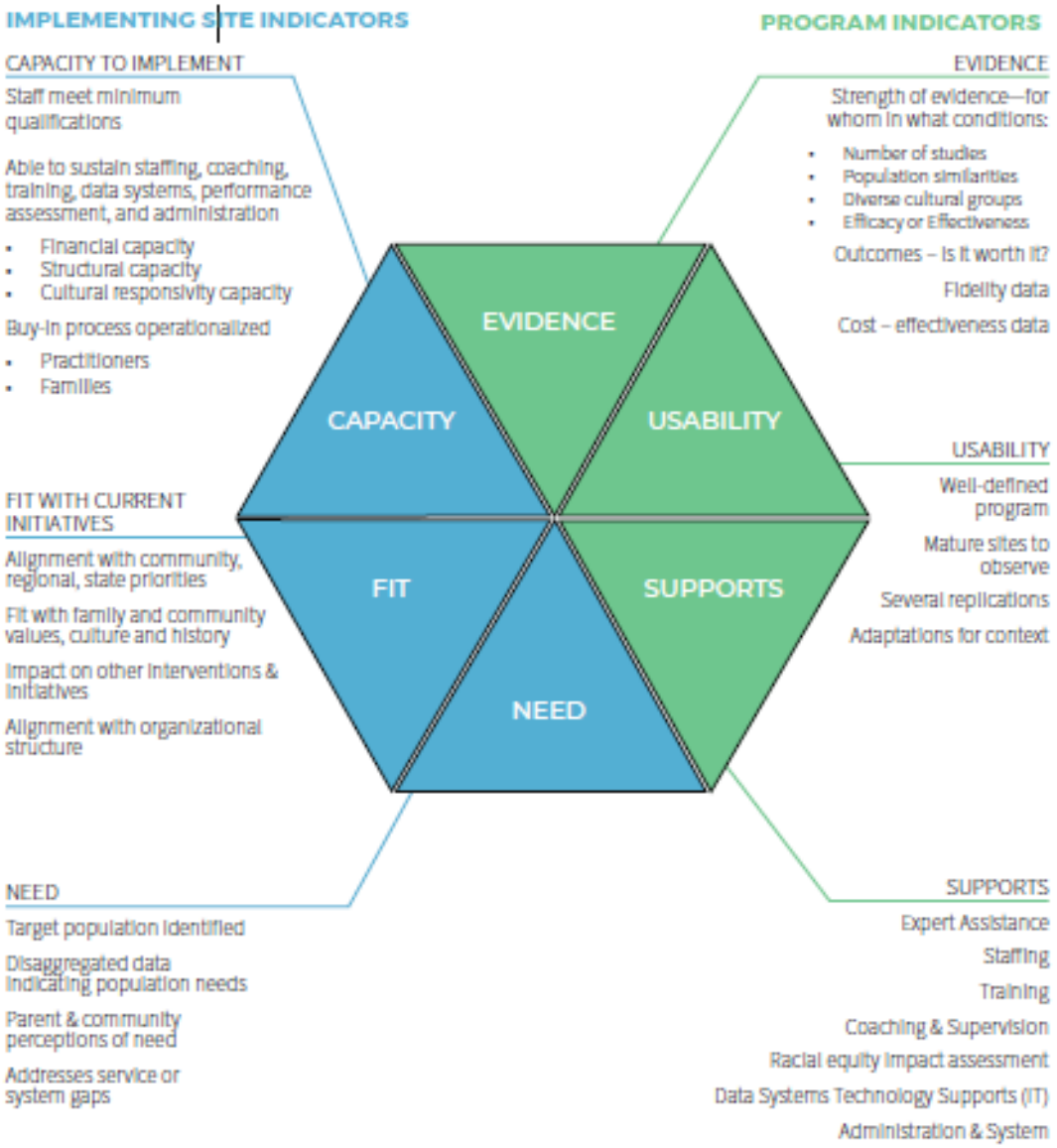
The pilot will be fully evaluated in order to inform future direction. The areas of Branchton and Port Glasgow have been identified as high priority by Inverclyde Integration Joint Board and the Strategic Needs assessment. As soon as is practicable, this work will be progressed.

4.4. Psychology of Parenting Project

4.4.1 The Psychology of Parenting Project (PoPP), is aimed at improving the availability of the highest quality evidence-based parenting interventions (namely the Incredible Years Preschool and Level 4 Group Triple P). The groups are intended to be targeted at families of the 10% of 3-6 year-old children who have concerning levels of behaviour problems (Strengths and Difficulties Questionnaire scores (SDQ) greater than or equal to 17). PoPP sites are provided with a number of supports (provision of staff training and supply of parenting materials, implementation and data collection support) usually over a twelve to eighteen month period. The PoPP team have engaged in exploration

with the CSWO in relation to the fit of the programme to local needs. The programme options were explored and Incredible Years was selected as the favoured approach.

A working group with representatives from health, education and 3rd sector undertook a local analysis using The Hexagon: An Exploration Tool (National implementation Research Network) which demonstrated a good local fit for Incredible Years Preschool. Photograph of assessment and analysis domains below:



Incredible Years Preschool aims to:

- Build strong parent-child relationships
- Empower families and support parents to promote resilience in their children
- Develop parental behaviour that supports child brain development most notably in terms of executive functioning and self-regulation
- Strength parental competence and confidence in relation to empathy, understanding and patience in parenting their child, especially during times when it is challenging.

This helps to not only improve the child's behaviour, but positive parenting has been shown to buffer the impact of adverse childhood experiences (ACES).

The analysis concluded that PoPP fits within the current Inverclyde HSCP Parenting Strategy, GIRFEC strategic delivery and the Children's Services Plan which is embedded within the Inverclyde HSCP Strategic plan 2019-2024. Incredible Years Preschool dovetails with Solihull Approach and 5 to thrive in which the majority of staff have already been trained. PoPP data collection of SIMD demonstrates that a high proportion of PoPP attendees are from the most deprived postcodes areas of Scotland; PoPP therefore has the potential to support reduced upstream inequalities in health for our population. Discussion between the PoPP team and the Chief Social Work Officer and Education were making good progress pre-covid, and the plan is to recommence talks into August 2020 to see how we might take this proposal forward.

4.5 Inspection of Children's Residential Care Homes

4.5.1 The Care Inspectorate regulates all regulated care services in Scotland and completed an unannounced inspection of The View on 28th October 2019 and Kylemore on 1st November 2019.

The results for both on 'how well do we support children and young people's wellbeing' and 'how well is our care and support planned' were Very Good for the View and Excellent for Kylemore. The full report was presented to the IJB on 17th March 2020.

4.6 Social Work and Children and Families Team Collaboration

4.6.1 When a cross section of Inverclyde Social Workers (SW) and Health Visitors (HV) were asked to rate between 1 and 5 (5 being most important), how important interagency collaboration was to positive outcomes for children they all collectively agreed it was of the upmost importance (all scored 5), conversely they rated their collaborative working as 3.8 agreeing that it could be improved. In order to facilitate better collaboration and build professional connections, an initial collaboration event took place in November 2019. For three hours, 33 staff from across Social Work, Health Visiting and Family Nurse Partnership (FNP) came together to connect.

The session theme was similarities and differences across the professional groups and started with a fun icebreaker. *"A day in the life of"* the Health Visitor (HV) Family Nurse (FN) and Social Worker (SW) followed. A representative from each profession presented a short presentation or narrative of their typical day. These were very well received and although all 3 took a different approach, similarities were evident; these included, keeping the child at the centre, the contribution of colleagues in supporting each other, and the importance of a cup of coffee/tea! The next part of the session involved the Leadership Compass tool. 4 "compass" points (North, South, East and West) were marked on the floor and participants asked to align themselves with the point that most represented their natural or preferred operating/working style and provided opportunities to recognise similarities and differences in the peer groups and how this may impact on the work we do. It also helped raised personal awareness of preferences and the potential for conflict related to difference in style, particularly in high stakes/stressful situations.

To end, small mixed groups discussed what brings [you] joy in your role; and a common misconception about [my]. Joy was associated with making a difference, helping, seeing children thrive, building relationships and working in a team/organisation that has a learning/supportive culture. Common misconceptions included Social Workers take [your] children away, Health Visitors only weigh babies and Family Nurse Partnership must be a really lovely job with low number of cases.

The session also gave the opportunity to mix and talk to colleagues and to introduce new staff to the wider interagency group. The session evaluated very well. “Light bulb” moments included the comments that “everyone is working hard towards the same goal”, and that there are “more similarities across services ….. Supporting families”. The relaxed and collegiate atmosphere of the session was well received and participants went away with a renewed commitment to creating more time to work collaboratively. Suggestions for how collaboration could be supported going forward included collaborative coffees (colleagues coming together over a coffee to explore a case you’re working on together), more collaborative/fun sessions and more joint training.

Since this session a small Collaborative Christmas event with snacks and tea/coffee took place on the 20th December 2019 and further events were planned to create opportunities to come together informally to connect with the shared aim of increasing collaboration and ultimately contributing to improved outcomes for the children in Inverclyde. Covid-19 has unfortunately put a pause on the formal work however feedback from HV and FNP is that relationships and collaboration with SW colleagues have been augmented due to Covid and much more frequent communication and coordination of support for families.

4.7 **UNICEF Baby Friendly Initiative Gold Sustainability**

4.7.1 Inverclyde Health and Social Care Partnership’s health visiting service continues to practice in ways that prioritise close loving relationships and support effective and responsive infant feeding. The 2020 submission of our Gold revalidation is currently with UNICEF and we are encouraged by the full entry detailing the breadth and depth of breastfeeding support/promotion and advocacy work across the partnership. It is a testament to the team’s collective commitment to the Gold standards set out in UNICEFs Baby Friendly Initiative and contributes to Inverclyde Health and Social Care

Partnership's Strategic vision for our children to live in a nurturing Inverclyde that gives children and young people the best start in life.

With the support of the Programme for Government and additional Health and Social Care Partnership funding we have managed to increase our dedicated infant feeding capacity which has given us the ability to test out approaches that target breastfeeding continuation and initiation, and better support women. We have an array of test of change activity at different scales across Inverclyde including a collective impact approach which includes work with businesses and organizations across Inverclyde to support the embedding the Breastfeeding etc.(Scotland) Act 2005 and the Equality Act 2010 through Scotland Breastfeeding Friendly award. This had been adopted by more than 50 business's pre-covid.

This additional breastfeeding support has strengthened our health visiting team efforts through the increased universal pathway contacts, and our BFI champions who tirelessly support the infant feeding agenda and provide excellent advice and support, evidenced by our 90-100% scores for maternal and practitioner audits. Our local MINF has consistent Champion attendance demonstrating on-going high levels of engagement. We have challenged ourselves (including leaders) to complete the 5 NES infant feeding modules by the end of 2020 and are working tirelessly to build community capacity and capability in order to sustain our improvements in initiation and continuation rates.

Inequalities and particularly inequalities in health are a significant issue for Inverclyde. Our 2019 infant feeding data demonstrated that less than a quarter of SIMD 1 woman initiated breastfeeding and of those who did, less than 25% continued to breastfeed at the 6-8 weeks health visitor contact. We also recognised that 42% of women (SIMD 1) stopped breastfeeding before the 1st HV contact at 11-14 days, and in the last 6 month no women from the most deprived communities were continuing to breastfeed compared to 84% in the least deprived. For this reason the infant feeding team concentrated their efforts in supporting breastfeeding within SIMD 1 and 2 areas and targeted early help working alongside midwifery colleagues to provide quick access to support (from 2 days post-delivery). This has now been extended to support to all Mums in Inverclyde. In addition, a breastfeeding support group within an SIMD 1 data zone had been running successfully for a year with peer supporters in addition to the infant feeding advisor facilitation.

Furthermore, a small test of change between the infant feeding team and social work teams, supported by our 3rd sector partners Barnardos is underway. This project seeks to facilitate children who are looked after and/or accommodated or at risk of being looked after gain access to breastmilk by supporting birth mothers to express, while staff coordinate safe transport and storage. Looked after children and those in need of protection can experience significant health gains from breastmilk and the commitment to improving outcomes for our most disadvantage children is commendable.

Recent data demonstrates encouraging trends; an independent analysis of mother's confidence in their ability to breastfeed rose by 2 points above the median of 3 following infant feeding advisor support. In addition, run chart data from 2019-2020 demonstrated a five point non-random run 3 points above the established median of 22, from November to March 2020. Promoting safe infant feeding practices and ensuring mums receive the highest standard of care incorporating all of UNICEF Baby

Friendly Standards will continue to be a priority for Inverclyde Health and Social Care Partnership. Close and loving relationships are key to the development of optimal health and wellbeing in our children and the standards support our vision for children and young people to experience a nurturing Inverclyde that will give them the best start in life.

4.8 **CELSIS/ Addressing Neglect and Enhancing Wellbeing (ANEW)**

4.8.1 The aim of the project involved working collaboratively with CELCIS from 2018 to develop and implement improvements and innovations in relation to addressing neglect. The multidiscipline team included a member each from Social Work, Education and Health (Health Visitor) spent the front end of the project holding focus groups and gathering views of professional across each of the three professional groups. A thematic analysis identified common needs, identified strengths in the local system and areas for improvement which were viewed as potentially able to contribute to sustainable and improved outcomes for vulnerable children and families.

The overarching aim of the project therefore was to better address neglect and enhance wellbeing through engagement with the workforce and learning from their experiences. The process was guided by the science and practice of implementation with particular attention to:

• Building local capacity in the system

• Supporting effective spread and scale of improvement efforts

• Using data to inform decision making and ongoing continuous improvement

• Developing the necessary implementation infrastructure to sustain the system improvement

The work led to the identification of three areas of priority, all aligned with the local enactment of GIRFEC. The priorities were:

• Transition points along the GIRFEC pathway

• Collaboration across key agencies

• Confidence and competence of Named Person in enacting GIRFEC policy, in particular the Team around the Child (TAC) process.

Following in-depth engagement and analysis of the data, four improvement options were presented in January to the multiagency Senior Managers. The options appraisal included:

1. Continue existing implementation of GIRFEC policy with current guidelines and procedures

2. Refresh of GIRFEC policy at local level supported by updated guidance from Scottish Government and multi-agency training opportunities.

3. Includes option 2 with sustainable continuous professional development facilitated by the appointment of a full time GIRFEC Lead Officer and up skill three multi-agency GIRFEC Coaching and GIRFEC Advisors.

4. To add sustainability and resilience to the system by creating the long term appointment of the lead officer and support team to continually improve the provision of early and effective support to children/families.

The final decision in relation to the options have been overtaken somewhat by Covid 19 and the project work has naturally come to an end due to the paused situation however the hope is that this work will be picked up again as we move into the recovery phase.

4.9 Mental Health, Addictions and Homelessness Services

4.9.1 The New Pathways for Service users programme has received £300,000 funding over two years from the CORRA Foundation and the Inverclyde IJB Transformation Fund. The programme commenced in October 2019.

The New Pathways for Service users programme aims to test change in three main areas:

• Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from Community outreach provision at GP practices and access to services across extended hours.

• Preventing alcohol and drug-related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.

• Providing a community-based treatment option for supported Home alcohol detoxification.

The project is underway with progress in a number of key areas including successful recruitment of workforce and a detailed first year project plan report in conjunction with the CORRA Foundation.

The project is integral to the ongoing redesign of the current Inverclyde Alcohol and Drug Service (ADRS) and will help test new ways of working and development for future service delivery.

4.9.2 The action plan for the Mental Welfare Commission unannounced visit to Willow ward, Orchard View that took place on 6 February 2020 was signed off 5 March 2020. The progress on the Action Plan has been reported to the Clinical and Care Governance Group.

4.10 Review of Inverclyde HSCP Alcohol and Drug Services

4.10.1 The review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues.

The review is now in Phase three - the implementation phase, with extensive progress made in all the key areas of Prevention; Assessment Treatment and Care; and Recovery. In addition, a workforce plan is underway to ensure the new

integrated Alcohol and Drug Service (ADRS) has the appropriate roles and skills required to deliver the new service model.

The Inverclyde Alcohol and Drug Programme Board is continuing to oversee the implementation plan for the review with an implementation timescale of April 2020.

A review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues. The review is fully aligned to the Scottish Government Drug and Alcohol Strategy: Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

The review of the Inverclyde Alcohol and Drug Services has been undertaken in three distinct phases with Phases one and two now complete. Phase two produced a number of recommendations for substantial transformational change to be considered. An implementation plan with 20 key actions has been developed with appropriate timescales for delivery and encompasses the three main areas of Prevention; Assessment Treatment and Care; and Recovery. It was agreed that these areas would be taken forward as follows:

- Prevention - through the Alcohol and Drug Partnership

- Assessment, Treatment and Care - through the Alcohol and Drug Review Programme Board

- Recovery - through a wider HSCP recovery development approach with mental health; supported self-care and commissioning.

The majority of the actions in the implementation plan relate to the core service therefore to ensure steady progress is ongoing is this key area, additional team lead capacity has been introduced into the internal HSCP alcohol and drug service. This has enabled a range of actions to be undertaken to integrate the separate alcohol and drug services into one integrated service collocated at the Wellpark Centre.

Key areas progressed under Assessment, Treatment and Care include:

- Rebranding of the service has been undertaken to "Inverclyde Alcohol and Drug Recovery Service" (ADRS).All external and Internal communications now incorporate the new name and work to redesign leaflets/social media etc. for the service, which are being co-produced with the Service User Reference Group at Your Voice, is ongoing.

- A single point of access email address has been set up for receipt of all alcohol and drug referrals; updated referral forms for use by partners are now available. Discussion is ongoing with Access First regarding HSCP single point of access and the integration of alcohol and drugs services in 2020.

- A new integrated duty system is in development with appropriate paperwork to capture both alcohol and drug information and updated to incorporate a validated screening tool. Guidelines from point of self-referral to allocation have been developed

- Systems are now integrated to provide a single service chronological account of care as opposed to the previous separate alcohol and drug service records. Screening and allocation of all cases are now jointly reviewed by team leads.
- New pathways into service, and combined assessment paper work to provide holistic, recovery orientated assessment of both alcohol and drug use are now in place.

- An eligibility criteria for the new model has been agreed and will be implemented when appropriate 3rd sector pathway and referral route is in place.

- A single pathway has been agreed for individuals who do not attend (DNA) and criteria agreed for assertive outreach in line with Greater Glasgow & Clyde (GG&C) DNA Policy). Meetings are on-going with team leads and medical staff to incorporate a single discharge pathway and multidisciplinary team meeting within this process.

- The alcohol and drug liaison team have introduced an emergency department (ED) repeat presentations standard operating procedure and put into operation a multidisciplinary team meeting to support the board wide initiative and encourage better integration with ED. This will link closely with the CORRA Foundation funded test of change project New Pathways for Service Users.

- Work on the single pathway model of intake and core has commenced. Functions of intake, complex case, addiction liaison, shared care and core have been identified.

- A review of family support has been undertaken by Scottish Families affected by Drugs and Alcohol (SFAD) with a recommendation to consider a development post to build appropriate family support networks in Inverclyde. A test of change to develop this is currently being commissioned from the 3rd sector

4.10.2 Work is ongoing to develop the new workforce profile for the HSCP Alcohol and Drug Service (ADRS). The timescale to have the workforce plan delivered is April 2020. Working closely with HR and staff representatives, a draft structure, which details new and existing roles, within the service is in development; caseload profiling and redrafting of job descriptions underway. To ensure all staff are supported in the transition to a new integrated model training needs analysis is underway across the staff group. Development days, shadowing and other opportunities for joint learning are underway to fully integrate the alcohol and drugs services.

5. PERSON CENTRED CARE

5.1 Primary Care

5.1.1 Co-ordination of integrated acute and community diabetes care

There is development of joint diabetes interface working, focusing on facilitation of a more seamless discharge process for people who may need specialist diabetes support (and not currently receiving it) and to provide specialist diabetes interventions for people being discharged to District Nurse caseload or those who default to the

District Nurse caseload. This will enable supported self-management of diabetes and to provide access to specialist diabetes education, advice and support to District Nurse colleagues in management of people with diabetes.

5.1.2 **Inverclyde Autism Strategy**

In 2019 the responsibility for leading the Autism Strategy been transferred to Inverclyde HSCP. The formation of the Autism Implementation Group will aim to develop a delivery plan to meet the intended outcomes of the Strategy. The Autism Implementation Group will aim to compliment the work of the Autism Practitioners Forum, Support Groups in Schools and other Community Networks.

In October 2019 Changing Places campaigner Jill Clark came to Inverclyde to deliver a presentation to representatives from The Way Forward Group and Staff from across learning disability service. Jill helped us to kick off a string of accessibility awareness events in Inverclyde to try and encourage local services, businesses and shopping facilities to consider how accessible they are.

On the 3rd of February 2020, an ‘Accessibility Awareness Event’ in Greenock Town Hall was held. The aim was to encourage people from across services and the wider community to come along and contribute to the conversation and help with ideas on Inverclyde becoming more accessible for everyone.

The Learning Disability Advisory and Action group gives people the opportunity to meet other carers and families and get an update on the ongoing work of the redesign. The purpose of the group is to give carers a platform to influence and shape the direction of the redesign.

5.2 HSCP Complaints

5.2.1 The Clinical and Care Governance Group seek assurance that associated improvements plans and learning from complaints are addressed. The number of complaints and themes are reported to the Clinical and Care Governance Group.

5.2.2 The reporting year 2019 -2020 had 84 complaints that were reported to Inverclyde HSCP.

Table 3 shows the breakdown of Total Complaints for the HSCP 1st April 2019-31st March 2020 by service area.

Table 3 Breakdown of Complaints by Service Area

	Strategy and Support Services	Health and Community Care	Mental Health Recovery and Homelessness	Children Services and Criminal Justice	Total
Q1	0	8	2	5	15
Q2	0	7	10	6	23

Q3	2	13	6	4	25
Q4	2	4	9	6	21

5.2.3 The themes of the complaints for each service area are shown in the charts below. Staff Professional Practice and Services not been provided to the appropriate standard are the most common themes. Heads of Service will review complaints with their service managers to provide a response to the complainant. There are Service Improvement Action Plans created for managers to summarise actions that have been taken and to track improvement.

Table 4 Strategy and Support Services complaints by theme

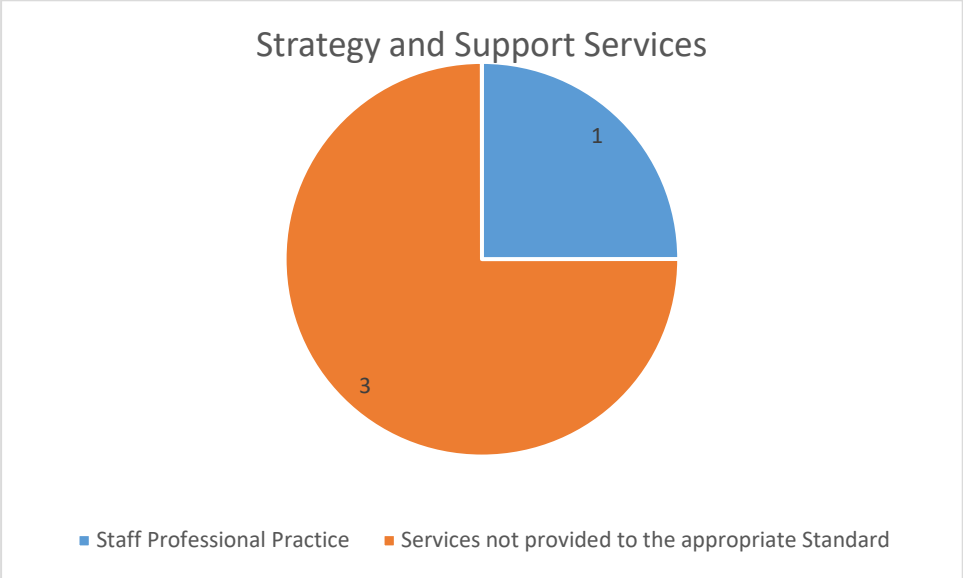


Table 5 Health and Community Care Complaints by theme

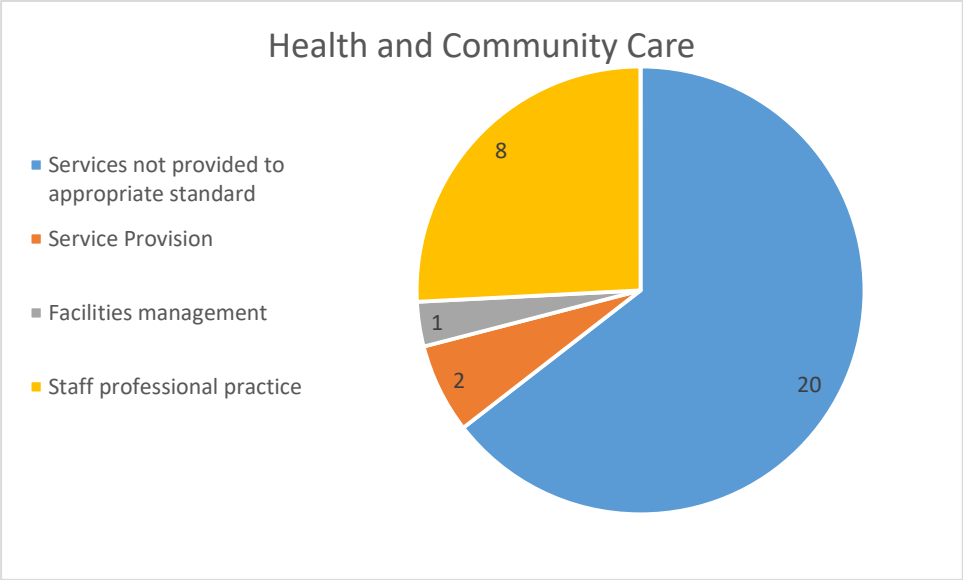


Table 6 Mental Health, Recovery and Homelessness Complaints by theme

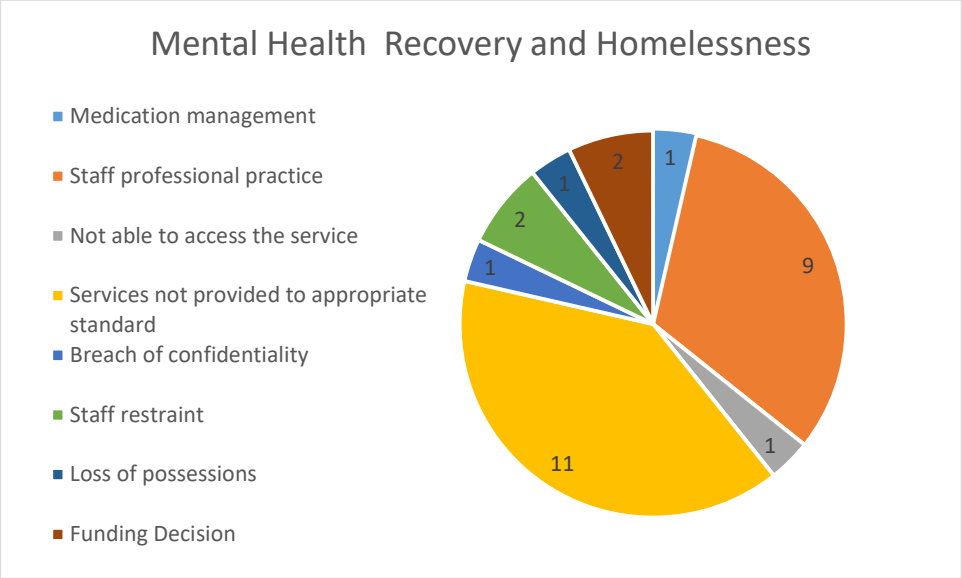


Table 7 Children's Services and Criminal Justice Complaints by theme

5.2.4 Scottish Public Sector Ombudsman Complaint Reviews

7 Scottish Public Sector Ombudsman (SPSO) complaint reviews were undertaken between 1 April 2019 and 31 March 2020. Of these 1 was not upheld with no recommendations, 2 were upheld with recommendations, 1 was partially upheld with recommendations and 3 are ongoing.

5.2.5 GP and Optometry Complaints

14 GP Practices and 11 Optometry Practices in Inverclyde Health and Social Care Partnership report on complaints received by members of the public. This information is reviewed by the Clinical Director and any significant issues and themes are discussed at the GP Forum. Themes arising from complaints and any learning are also taken to the Post Graduate Education Forum for information and to help plan local learning and development. Complaints that are passed to the Scottish Public Services Ombudsman are reviewed by the Clinical and Care Governance Group and Decision letters are routinely shared with the group for their information and comment.

The last survey that ran was 2019-20 Quarter 3, which means there is no data available for quarter 4 to conclude the entire year. This was due to COVID 19 pressures. Table 9 shows information for GP and Optometry complaints from 1st April 2019 to 31 December 2019.

Table 8 GP / Optometry Complaints 2019

	1st April 2019 -30th June 2019	**1st July 2019 -30 September 2019**	**1st October 2019 - 31 December 2019**
GP Complaints Total	18	10	17
GP Complaints Closed Stage 1	15	7	12
GP Complaints Closed Stage 2	3	3	4
Irresolvable			1
Number completing returns	14/14	11/14	14/14
Optometry Complaints	0	0	0
Optometry Complaints Closed Stage 1	0	0	0
Optometry Complaints Closed Stage 2	0	0	0
Number completing returns	9/11	8/11	8/11

6. COVID 19 RESPONSE

6.1 The response to the COVID 19 Pandemic

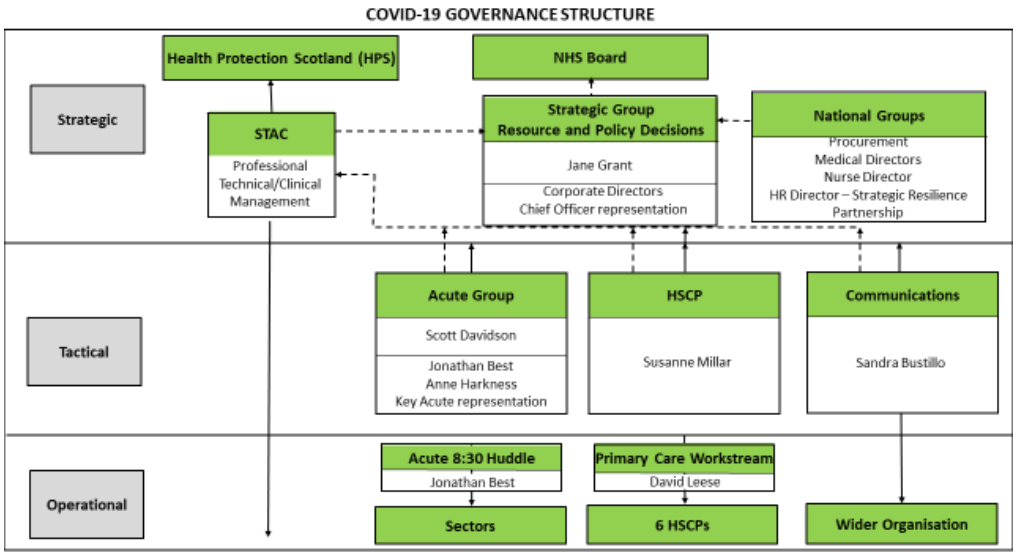
The HSCP requires to report and align its recovery strategy with both the Council's and the Health Board's processes and therefore is currently developing a separate and parallel recovery process. Over the course of the coming months, the HSCP requires to restore 'business as usual' services, including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response. This will require to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity.

The HSCP has to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, it cannot simply return to previous ways of working. The HSCP needs to understand the changes it has made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to its recovery planning.

The HSCP has a thrice weekly Local Resilience Management Team (LRMT) which reports through both the Council and Health Board structures. The two processes are aligned through cross representation.

6.2 Governance Structure for NHS and Inverclyde HSCP COVID 19

Inverclyde HSCP put into place a COVID 19 Governance Structure to provide assurance and the structure is summarised below.



Given the ongoing pressures presented in managing the challenge of Covid-19, it has not been possible to maintain the normal range of clinical and care governance and functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for

clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums are currently suspended.

Within Inverclyde HSCP there was a temporary suspension of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for the Covid-19 pandemic emergency
- Responding to any significant concerns about clinical quality

6.3 Mobilisation Plan

All NHS Boards were required to submit a Mobilisation Plan to the Scottish Government covering all services by 19th March 2020. The plan represents a whole system response to the service challenges presented by the evolving situation, and is being updated in response to new guidance. A further update to the Plan was submitted detailing additional actions regarding HSCPs and finance. Increasing data requests are submitted daily to the Scottish Government, covering many aspects of the Mobilisation Plan.
The implications for clinical and care governance in recovery planning for Inverclyde HSCP are complex in scope and responding to challenges that are still emerging requires flexibility and collaboration with strategic partners and the public. The challenge of what an essential core data set to respond to the COVID 19 pandemic as well as the impact on services that the HSCP will seek to deliver will be the primary focus of the Clinical and Care Governance Group. There is a meeting scheduled on the 26th May 2020 for the Clinical and Care Governance Group to map out what the requirements are, referencing the COVID 19 risk register that is being maintained by the HSCP as well as aligning the governance requirements of the NHS and Local Authority.

6.4 Public Protection

Inverclyde HSCP continues to work to delivery their core statutory public protection duties.

Public protection encompasses the following areas of work:

- Child and Adult Protection services,
- Multi-Agency Public Protection Arrangements (MAPPA), which focuses on assessing and managing the risks posed by sexual and violent offenders,
- Multi-Agency Risk Assessment Conferences (MARAC), where agencies and aim to manage the risk of future harm to people experiencing domestic abuse,

- The work of local partnerships that are focussed on reduction of domestic abuse and violence against women; and
- The work of local Alcohol and Drug Partnerships

These key public protection functions continue to be a priority for delivery. Should resource challenges arising from COVID-19 lead to any risk of inability to meet statutory duties, partnerships will collaborate at a whole system level to ensure those most at risk are effectively protected. The position in relation to this will be kept under regular review through the Chief Social Work Officer.

6.5 Use of technology during COVID 19

Inverclyde CAMHS team were recognised and received a Learning from Excellence Award from the Specialist Children's Services Learning from Excellence team.

The Inverclyde child and adolescent mental health team was put forward as a nominee, one of eight organisations to be nominated.

The department understood the value they held in the local community despite a change in practice and service moving to Virtual digital technologies with COVID19.

The team wish to continue to engage with local communities and utilise current communities/ systems in the HSCP to do this. The power of social media via face book and twitter to engage with stakeholders and service users will be used more in future.

7. CONCLUSION

7.1 The Clinical and Care Governance arrangements within Inverclyde remain robust.

7.2 The Clinical and Care Governance Strategy will be presented to the IJB in 2020 by the Chief Nurse. The arrangements for the Action Plan that will accompany the Strategy will be overseen by the Chief Social Work Officer and this work is expected to commence September 2020.

7.3 The unprecedented response from our staff and local citizens to the unprecedented challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build towards a new future.

The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.

The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group which is responsible for overseeing the implementation of the plan and monitoring progress.

The HSCP Recovery Plan has been based on a set of principles and is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services.

At the end of each phase there is reflection and learning before moving to the next phase.

The HSCP is now preparing to enter into Phase 3 of the Recovery Plan and will run from August until February 2021.

The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group.

7.4 The IJB considered an update at its meeting on the 23rd June 2020 on the epidemiological review by Public Health into the excess deaths in Inverclyde associated with COVID19.

Excess deaths associated with the COVID19 pandemic had been raised as an issue affecting the population of Inverclyde. The report considered a number of potential explanations for this, including age profile, socioeconomic deprivation and an earlier date of sustained transmission.

The report concludes that “the most likely scenario ….is that the pandemic took hold earlier in Inverclyde in comparison with other areas of Scotland and NHSGGC. This fits with the higher positive rates of COVID19 testing in Inverclyde, and with the higher admission rates of patients with COVID19 in Inverclyde”.

There is no evidence that the quality of care or access to care was worse in Inverclyde, as the admission rates were higher than across the rest of NHSGGC, and there was no difference in the death rates from those in Inverclyde admitted with Covid19 in comparison with NHSGGC as a whole. This would not support the access and quality of care hypothesis.

Appendix 1

INVERCLYDE COMMUNITY LINK WORKERS

The Community Link Worker programme in Inverclyde was established in November 2017 as a partnership between Inverclyde HSCP and CVS Inverclyde.

Funded by the HSCP, the Community Link Workers initially worked within 6 GP practices. This increased to 11 GP practices during the 2018-2019 financial year, with the final 3 practices gaining a Community Link Worker in November 2019.

Referrals to the Community Link Workers usually come from the practice team including GPs, nurses and reception staff; however, individuals are also able to self-refer.

Since 2017, the Community Link Workers have received 1,823 referrals, with more than half of those referrals received during 2019. This demonstrates the increasing value and benefit primary care staff, and the service users themselves, place on the programme and the support it provides.

All Community Link Workers are embedded in their practices where they have been given consultation space and time. While the Community Link Workers use some of their time for community visits and mapping of local services, their presence in the practices has allowed strong relationships to develop between them and the GP practices. This has had a positive impact on how service users experience their interactions with the Community Link Workers,

The top 6 reasons for referral are

- Finance 30.5%
- Stress 23.1%
- Social prescribing for mental health 22.2%
- Housing 14.6%
- Employability 14.3%
- Carer issues 9.9%

The work of the Community Link Workers team supports Inverclyde HSCP's 6 Big Actions. While this work more directly impacts some Big Actions more than others, everything they do promotes:

- Improving physical and mental wellbeing
- Giving children and young people the best start in life by supporting the parents of families with a range of complex issues
- Protecting the population by addressing the social disadvantages that can lead people to substance misuse, homelessness and offending
- People's right to live independently at home or in a homely setting by identifying support within the community for people facing homelessness, those who would benefit from anticipatory care planning and carers who need further support to continue in their caring role
- Recovery services that are available across Inverclyde and linking directly with those supports offered by partners in the community.

Working within our compassionate community, the Community Link Workers will be instrumental in addressing many of the aspects of Big Action 6 that are relevant to the complex needs of some of the most vulnerable members of our community in Inverclyde.

Case Study

Case Study

Mr J was struggling with debt and this was causing him anxiety. He was visiting the GP regularly as a safe space in which to express his feelings and concerns. Over a 5 month period Mr J's GP suggested several times that he take up the opportunity for a referral to the CLW based in the practice but each time Mr J refused because he was embarrassed about his situation. Due to strong buy-in by the primary care team, the GP was able to fully explain the CLW role and the possible benefits of engaging with them. Eventually, Mr J's agreed to the referral.

Because Mr J felt comfortable at his GP practice, he and the CLW agreed to meet there. He explained that he was in the final year of a debt plan but hadn't managed to make payments the past few months. He was receiving universal credit but did not receive enough money to cover the repayments for the debt in addition to his normal monthly expenses. He also spoke about his mother's death and that he was still struggling to come to terms with his loss. This also led him to disclose that he did not know how to use any of his household appliances because he had previously never had need to use them.

Having discussed Mr J's priorities, the CLW supported him to contact the debt company and explain his situation. Mr J was asked to send over proof of income and once this was processed, he was notified that he no longer had to make payments.

After the debt situation was resolved, Mr J said he needed support to manage his money better, learn to cook and keep a house. The CLW supported Mr J to access a cookery class at Belville Community Gardens and once his confidence grew, to ask his neighbour to show him how to use the washing machine. Because of this support, Mr J was able to save money on food and laundry facilities and was generally better equipped to manage his finances.

Mr J stated that he felt like a huge weight had been lifted off his shoulders. 'I wish I had come to see you earlier when the doctor first told me about you all those months ago'.

Community Connectors

The Community Connector project was set up as a pilot in June 2016. The project is now successfully established and has developed partnerships with both HSCP staff and community groups and organisations across Inverclyde. Community Connectors enable local people to develop meaningful social support networks though person centred conversations and one to one support.

Community Connectors work alongside people to identify their specific needs and appropriate interventions to reconnect with their communities. Community Connectors work in the 6 localities across Inverclyde and deliver assistance to a wider range of local people. The emphasis of the Community Connector role is on creating opportunities to bring people together, maintaining, encouraging and creating networks and friendships, and promoting activities that help to overcome any barriers. With an ageing population, increasing loneliness, isolation and the increasing prevalence of poor mental health, there is a real need for this community-based approach.

Community Connectors work with individuals for an average of 12 weeks. A clear referral pathway has been developed between the Community Links Workers, Social Prescribing Co-ordinator and the Community Connectors.

Case Study - Isobel

Isobel was referred by the Reablement Team. She lives in Kilmacolm and due to her poor mobility and deterioration in vision was no longer able to use her car. Connectors met with Isobel and she expressed her love of shopping and disappointment that she is no longer able to do this, Isobel stated "There's a reason that they call solitary confinement a punishment ". CC suggested she register with My Bus and she was eager to give this a try. As a result of this, Isobel now uses My Bus every Wednesday and says that the Community Connector have given her her life back. The Community Connectors keep in touch with Isobel and she loves to hear from the Team.

INVERCLYDE HSCP
Health and Social Care Partnership

CLINICAL & CARE GOVERNANCE STRATEGY

2019 - 2024

Principal Author	Caroline Champion Service Development Manager
Responsible Head of Service / Lead	Hector MacDonald Clinical Director Sharon McAlees Head of Service / Chief Social Work Officer Deirdre McCormick Chief Nurse
Approved By	Inverclyde Integration Joint Board (IJB)
Date Approved	21st September 2020
Date for Review	September 2024
Version	V0.6
Replaces Previous Version	

CONTENTS

1. FORWARD

Inverclyde Health and Social Care Partnership (HSCP) was established in response to the requirements outlined in the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as Integration Legislation.

What the Act aimed to do was draw together the planning and delivery of services to better support the delivery of improved outcomes for people who receive care and support from across health and social care. Prior to Legislation, services have been integrated in Inverclyde since 2010.

The Act includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes (Appendix 2) that Integrated Authorities are required to improve and deliver.

To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone's responsibility.

The Act does not, however, change the current or indeed future regulatory framework within which health and social care professionals practice, and does not change the already established professional accountabilities that are currently in place (NHS or Local Authority). Arrangements may need to be reviewed and adapted to reflect any changes in circumstances but the core principles of clinical and care governance must be consistent and applied across those services which are integrated and those which are not.

The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

The global pandemic Novel Coronavirus (Covid-19) resulted in extensive measures being put in place to suppress the virus and protect our staff and wider communities. The virus has had a wide impact on our health and social care service, having had to mobilise our service in ways never anticipated and suspend some non-essential care and treatment. The HSCP is now well into its recovery phase, stepping up to support people to adapt to the new world that lies ahead knowing our health and social care services will also have to change to help our communities and staff to recover from 'shock' left in the wake of Covid-

19. It is important that when the time is right, we fully reflect from the experience and ensure that our business continuity planning arrangements are better able to respond to future emergency planning requirements.

This Strategy will provide the foundation upon which to build on and influence other HSCP strategies / plans / policies including our Strategic Plan to ensure we deliver health and social care standards as we move forward.

Hector MacDonald

Clinical Director

Sharon McAlees

Head of Service / CSWO

Deirdre McCormick

Chief Nurse

2. INTRODUCTION

Inverclyde Health and Social Care Partnership (HSCP) strategic direction is clearly set out in our Strategic Plan 2019 – 24 and associated 6 Big Actions. Driving forward continuous quality improvement throughout the organisation, streamlining patient / service user care pathways resulting in improved outcomes, and achieving greater consistency of care in the planning and delivery of health and social care is our priority.

In October 2015, the Scottish Government published the "Clinical and Care Governance Framework" providing an oversight of clinical and care governance for integrated services which is the responsibility of Integration Authorities. The framework was developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within the Health Board and Local Authorities. The framework provides an overview of the key elements and principles that should be reflected in local agreed clinical and care governance processes.

The national framework describes five key principles of Clinical and Care Governance which must be taken into account when developing and implementing the Inverclyde HSCP Clinical and Care Governance Strategy. These are :

1. Clearly defined governance functions and roles are performed effectively
2. Values of openness and accountability are promoted and demonstrated through actions
3. Informed and transparent decisions are taken to ensure continuous quality improvement
4. Staff are supported and developed
5. All actions are focused on the provision of high quality, safe, effective and person-centred services

In addition to the national framework, the Scottish Governments "Health and Social Care Standards : My Support, My Life" (2017) outlines standards on what should be expected when people access and use health and care services in Scotland. The five standards provide additional principles on which this Strategy is based, these include :

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides me with premises

The Clinical and Care Governance Strategy covers both structures and processes at all levels within Inverclyde HSCP and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement. The Strategy must therefore address the following :

- The clinical and care governance arrangements and responsibilities
- The need to continuously improve performance in clinical governance issues through communication, education and training
- The creation of an environment which secures support and commitment towards safety and high quality within our health and social care services

To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented around these key aspects.

3. PURPOSE OF CLINICAL AND CARE GOVERNANCE STRATEGY

What is Clinical Governance?

Clinical Governance has been defined as :

> "A framework through which NHS organisations are **accountable for continually improving the quality of their services** and **safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish**"
>
> A First Class Service : Quality in the New NHS , Scally & Donaldson, 1998

Clinical governance is a combination of structures and processes at all levels within the organisation that leads to and drives forward continuous quality performance. It is crucial that we focus on experience and learning in order to improve clinical outcomes for those accessing and using our services, improve the working environment for our staff, assess and where possible anticipate risk, and also eliminate or reduce risk or harm.

This Strategy details the responsibilities that all staff working for Inverclyde HSCP, and partners commissioned to provide services on its behalf, have in contributing to the quality of care for our citizens, and the importance of ensuring we have a culture and organisational arrangements in place to achieve safe, effective and person-centred care.

In 2000, the Scottish Government described four levels of clinical and care governance responsibilities, these are :

Overseeing	Members of the Clinical and Care Governance Committee
Delivering	Managers, clinicians involved in management, management leads, clinical governance leads
Practising	Professional, clinical, administrative and support staff
Supporting	Staff employed in activities underpinning clinical and care governance, e.g. those involved in clinical effectiveness, audit, complaints handling and risk management

Each of these roles is important if quality of care is to be given the highest priority across Inverclyde HSCP and its partner organisations. Every member of staff, and those who are commissioned to provide services on behalf of the Partnership, has a role in standards and quality of care, and this Strategy helps staff understand their role across the entire scope of clinical and care governance and the crucial role they have in contributing to continuous quality improvement.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

It is the way by which structures and processes assure the Integration Joint Board (IJB), Health Board and Local Authority that this is happening whilst at the same time empowering clinical and care staff to contribute to the improvement of quality, and making sure that there is a strong voice of the people and communities who use services.

Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within Inverclyde HSCP. Effective clinical and care governance will provide assurance to people who access and use our services, clinical and care staff and managers that :

- Quality of care, effectiveness and efficiency drives decision – making about planning, development, delivery and management of services
- The planning and delivery of services takes full account of the perspective of those use access and use our health and social care services
- Unacceptable clinical and care practice will be detected and addressed building confidence in our structures and processes

The focus of the Strategy is to :

1. Promote and encourage appropriate involvement from people receiving care, carers and families in how we plan, develop and delivery health and social care services

2. Deliver high quality, safe, effective, person-centred and evidence based care
3. Encourage and enable staff to work collaboratively in multi-disciplinary, multi-agency and multi-professional teams, and use reflective practice
4. Anticipate and prevent harm through reliable and robust systems for clinical risk, safety of those receiving health and care, and investigation of adverse events
5. Understand and minimise unnecessary variation by the intelligent use of data, measurement and improvement science
6. Demonstrate learning and sustainable change from adverse events and past harm

4. DOMAINS OF CLINICAL AND CARE GOVERNANCE

Clinical and care governance broadly encompasses inter-related themes identified from both national and local quality strategies, policies, programmes and guidelines, and is a system to facilitate the co-ordination of multiple activities and key elements to inform and progress quality improvement of health and social care services across Inverclyde, ensuring they are safe, effective, sustainable and person-centred, and based on best available evidence and practice.

Inverclyde HSCP has a clearly defined scope (domains) for clinical and care governance, as described and illustrated below :

- Adverse event and clinical risk management
- Continuous improvement
- Person-centredness
- Clinical effectiveness

The delivery of effective clinical and care governance relies on a blend of key elements being brought together through analysis, scrutiny, reporting and escalation processes and by adopting a risk management approach that ensures person-centred, safe, sustainable and effective clinical health and care.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

All staff have a responsibility and are accountable for clinical and care governance. This strategy supports staff to understand the part which they play in ensuring its success and how the care and support we deliver across Inverclyde contributes to safe, effective, sustainable and person-centred care.

All staff must feel that they have permission in their own team or area to make decisions on :

- What is most important for the person or people they care for or support ("What Matters To Me")
- What they can do to change and improve care, prevention and treatment
- What they have to do to make those changes including any escalation processes
- What to monitor and how to report how changes and improvements are progressing
- The provision of high quality, evidence-based and risk-managed care and support

The following describes the individual domains of clinical and care governance.

4.1. Adverse Event and Clinical Risk Management

The aim of this domain is to ensure there are adequate and effective adverse event and risk management processes in place throughout the partnership to enable learning from adverse events which will reduce the risk of future harm.

It focuses on the reporting and reviewing of adverse events and near misses

- in an open, honest, transparent and safe environment
- continually highlighting and learning from good practice
- identifying improvements, ensuring business continuity plans are in place
- implementation of patient and care safety programmes

Included in this domain are :

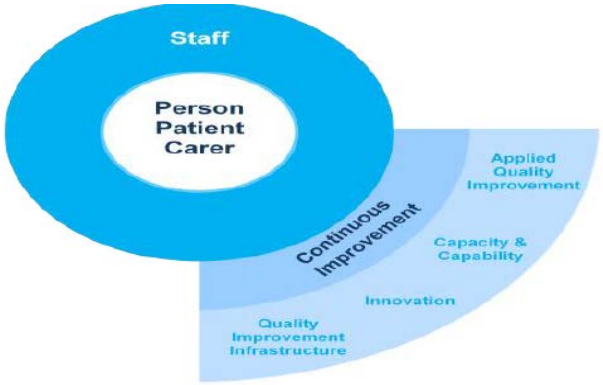
Adverse Event Review	Reviewing adverse events and near misses at an appropriate level to ensure continual learning and improvement to services for people who access our services and staff. Important to be fair and just, transparent, minimise risk and maximise opportunities to learn and keep people safe and support staff *The primary purpose of adverse event reporting and review is to improve systems, practice and care, it is NOT to apportion blame*
Duty of Candour	Ensuring that people receiving care, their families and carers are informed when they have been harmed, either physically or psychologically as a result of the care provided. This ensure that services are compliant with the Duty of Candour Procedure (Scotland) Regulations
Risk Management	Continual development, monitoring and review of service and strategic level risks to ensure these are proactively managed and progressed across the organisation with clear timescales and action plans associated to these
Business Continuity Plan	Development, reviewing and maintaining effective, up to date business continuity plans to increase the resilience of the HSCP so that it is able to continue to deliver the critical services that people who access and use our services rely upon. Ensuring our services are compliant with the

	business continuity plans element of the Civil Contingencies Act 2004
Patient Safety	Working collaboratively and in conjunction with services, partners, staff and people who use our services, develop approaches that systematically improve the safety for those we provide health and care for through generating new ideas, sharing knowledge and spreading safe practice

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Through the HSCP Clinical and Care Governance Committee, seek assurances that processes on all aspects of adverse event and clinical risk management are in place and carried out, and ensure actions and learning have been identified and shared throughout the organisation. Produce an annual Duty of Candour report that is available in the public domain
Delivering	Provide assurance that there are appropriate structures and mechanisms are in place to consider and act on information, highlight good practice and identify and share learning to ensure there is continual improvement in systems, practice and care for people accessing and using our services
Practising	Ensure all staff are able to report adverse events, are aware of Duty of Candour legislation, and patient safety initiatives, and can access information regarding any aspect of adverse event and clinical risk management as required. Have open and honest discussion with people who use our services and their families, carers when there has been harm
Supporting	Provide training, information, tools and methods to enable teams to report, monitor and learn from their adverse events and near misses, and ensure they are proactively monitoring and mitigating risks across their services. Support teams to ensure they are meeting legal and national requirements in relation to Duty of Candour, continuity planning and patient safety.

4.2. Continuous Improvement



The aim of this domain is to ensure that all our services learn about what works and from examples of good practice, we identify and learn from what works less well or not at all, and we support teams to make improvements.

There are two key drivers for embedding continuous quality improvement into the HSCPs day to day business, the Realistic Medicine Chief Medical Officer's Annual Reports and Excellent in Care approaches. These reports emphasise the need to ensure the person receiving health and care is at the heart of decision – making, and the HSCP operates in a way that creates a personalised approach to their care, all the time.

The documents also recognise the importance of valuing and supporting all health and care staff as this is vital to improving outcomes for the people in our care, but also ensures we embed continuous quality improvement.

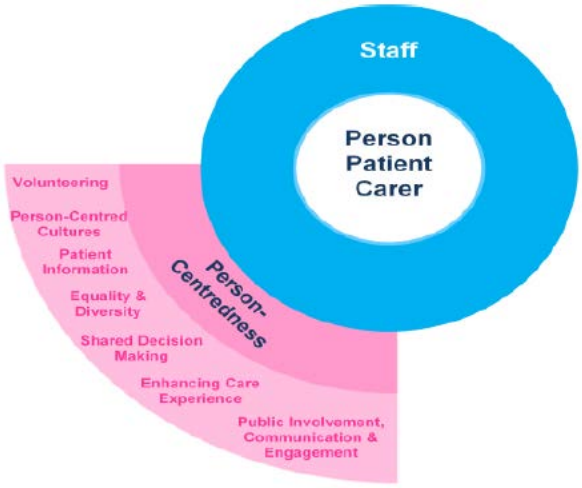
Included in this domain are :

Applied Quality Improvement	Across the HSCP, apply improvement models, tools and techniques, such as the 'Model for Improvement'
Capacity & Capability	Within our workforce, build capacity and capability in quality improvement skills through a variety of courses and programmes, such as "Scottish Improvement Leadership" (ScIL)
Innovation	Develop and maintain strong partnership with academia, consider funding applications to facilitate continuous evaluation and improvement in all our systems, research and publishing examples of good evidence – based practice so we continually learn from these and adopt across the HSCP
Quality Information Infrastructure	Management and co-ordination of both a physical and virtual infrastructure to support innovation, collaboration and embedding continuous quality improvement into our day to day business

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Inverclyde HSCP is committed to continuous quality improvement, this is highlighted in the HSCP Strategic Plan 2019 – 24 vision, values and Big Actions backed by the National Outcomes. The Clinical and Care Governance Committee supports and facilitates quality improvement at all levels, providing the platform for assurance, the identification of areas where quality improvement is required, and supporting quality improvement and learning
Delivering	Support from senior management and clinical and care leads by ensuring resources are in place to drive forward continuous quality improvement across the organisation and effectively used. Clinical leads and managers have a responsibility to develop programmes of quality improvement adopting evidence-based and appropriate improvement models. This will ensure quality improvement is the fundamental principle of how health and care is delivered across Inverclyde, and working in collaboration we ensure the person receiving health and care is at the heart of decision – making, and the HSCP operates in a way that creates a personalised approach to their care, all the time
Practising	Health and care teams identify areas for quality improvement through self-evaluation, evidence (e.g. feedback), other types of learning opportunities, and then applying improvements. It is important to enable a flexible use of a range of quality improvement methods across the range of settings to maximise impact of opportunity and positive outcomes
Supporting	Staff will be supported to access training and development opportunities, access to tools and techniques to enable teams to undertake continuous quality improvement

4.3. Person-Centredness



The aim of this domain is to health and care professionals and leaders to develop and maintain a culture of person-centredness that positively contributes to the wellbeing of the people who receive health and care, and our staff. It focuses on :

- enhancing the experience of those who access and use our health and care services
- shared decision – making
- enhancing how we engage with local communities in planning, developing and delivering health and social care
- implementing best person – centred practices as advocated in the "Excellence in Care" (Scottish Government and Health Improvement Scotland)
- developing capacity and capability across the HSCP to ensure we create an environment where staff feel valued, can flourish and positively contribute to continuous quality improvement, and improve outcomes in health and care

Included in this domain are :

Shared Decision Making	Enable people who access and use our health and care services and staff engage in how services are planned, developed and delivered so that they meet the needs of people, and their preferences and values are respected – "What Matters to Me"
Enhancing Care Experience	It is essential that the Patient Rights (Scotland) Act 2011 is complied with in terms of patient feedback. The Act gives people the legal right to give feedback on their experience of health, care and treatment, and to provide comments or raise concerns or complaints. To support this, it is crucial the HSCP has a culture where it listens to people, learns from their experiences and uses this insight to guide what we do, and we make it safe for people to do so without fear of recrimination. We need to ensure we have processes in place that encourages feedback from people who access and use our services, this can include surveys, capturing 'live' stories, Care Opinion, and informal verbal and written comments

Public Involvement, Communication & Engagement	Ensuring that the voices of communities across Inverclyde are heard and listened to in order to improve the quality and delivery of local services. The HSCP recognises that individuals are key partners in improving their own health and wellbeing, and reducing health inequalities. We support the vision where "People who use local services will be enabled to engage purposefully with service providers to continuously improve and transform services." As outlined in the HSCP Communications and Engagement Strategy (December 2019), it is essential the HSCP communicates and engages with local people in an effective and meaningful way so that those who use local services, their families and carers are always at the heart of everything we do. First class communication and engagement is essential to the delivery of excellent, high quality health and social care services. Effective, robust communication and engagement plays a crucial role in supporting us to achieve our visions, ambitions and delivering our strategic objectives. The purpose of the HSCP Communications and Engagement Strategy is to set out a clear and consistent approach to communicate and engage with all our stakeholders in decision making, building on and learning from past experiences and best practice. The Strategy and its implementation underpins our decision – making processes, protects and enhances the reputation of the HSCP, and builds confidence within our local communities that we are a listening organisation.
Person-Centred Cultures	Embeds a culture and care through the delivery of person – centred practice across the organisation and we ensure this is also a key principle adopted by partners who deliver health and care on our behalf therefore ensuring consistent standards of practice
Patient Information	Information should be developed, maintained and reviewed in line with good practice principles. This will ensure that everyone accessing and using our services receives information in a format that meets their needs, is current and relevant, and written in plain English. It is good practice to develop information with partner organisations representing people who use health and care services
Equality & Diversity	Ensuring that staff and people accessing and using local services can do so in a way that meets their diverse needs and given equal access irrespective of their protected characteristics. Ensuring compliance with the Equality Act 2010

Volunteering	Alongside staff, volunteers provide a valuable contribution to enhance the quality of health and care we provide for the people we care for. We will ensure we have structures in place for our volunteers so they are valued and supported

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	As part of its annual report, the Clinical and Care Governance Committee will provide assurance on progress against the Clinical and Care Governance Strategy Action Plan including person-centredness
Delivering	Senior management, clinical and care leads ensure person –centredness is applied across all services, and that staff are supported to understand and practice in accordance with best person – centred principles and practice
Practising	Staff should understand the principles of person – centred practice and contribute to the development of more person – centred culture resulting in improved health and care outcomes and experiences
Supporting	Ensure systems and processes are in place that supports the application of person – centred practices, this includes learning, clinical supervision, guidance, training and research. Production of regular reports on progress against each aspect of this domain

4.4. Clinical Effectiveness

The aim of this domain is to ensure that people who access and use health and social care services get the right care, at the right time and in the right way. It focusses on ensuring staff and services are informed and up to date with evidence based practice, research and development, and guidelines as well as highlighting the importance of having agreed outcome measures and established clinical audits.

Included in this domain are :

Evidence – Based Practice	Evidence – based practice provides the foundation for staff to base their clinical and care practice on, and ensure that up to date information is used to inform clinical and care practice. An evidence base, presented as either advice, guidelines or standards, is also relevant for other quality improvement activities across the organisation.
Research & Development	Enables clinical and care practice to be progressed and developed, finding new ways of doing things and supporting continuous quality improvement
Outcome Measures	Indicators that support judgements on whether or not interventions have resulted in change in outcomes for people who access and use our services
Clinical Audit	Enables areas of clinical and care practice to be measured against standards in support of quality improvement, safety and provides assurances regarding safe, effective, sustainable practice

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Clinical and Care Governance Committee provides assurance on processes covering all aspects of clinical effectiveness and governance, and delivery of the Clinical and Care Governance Strategy Action Plan
Delivering	Senior management, clinical and care leads ensure there are appropriate structures and mechanisms in place to support learning from research and development opportunities. Ensures continual quality improvement in practice for people accessing and using health and care services by identifying and sharing learning in relation to clinical effectiveness. Provide timely collated quality of care self-assessments as requested by Healthcare Improvement Scotland
Practising	Staff will contribute to quality of care self-assessments and reviews, and clinical audits and research. The HSCP will support staff to keep up to date with evidence based practice according to relevant standards, guidelines and research.
Supporting	The HSCP will support and encourage continuous quality improvement but providing training and development opportunities, information, tools and methods to enable

	teams to undertake audit and research, learn from adverse events and feedback from people who access and use our services in a safe environment, and share relevant links to information and guidelines to ensure they remain current in their practice.

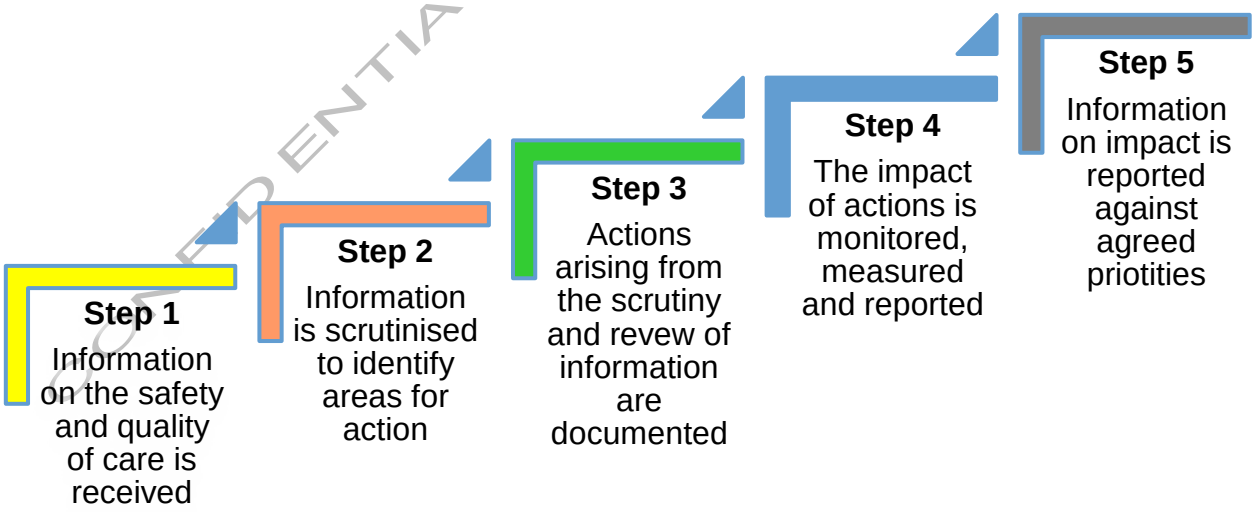
5. MEASURING AND MONITORING QUALITY AND SAFETY

Inverclyde HSCP must be able to assure people receiving health and care support, families, carers and the general public, as well as Government and regulatory bodies, that high quality care and a good experience for every person is provided, every time from all staff that are engaged and supporting the organisation.

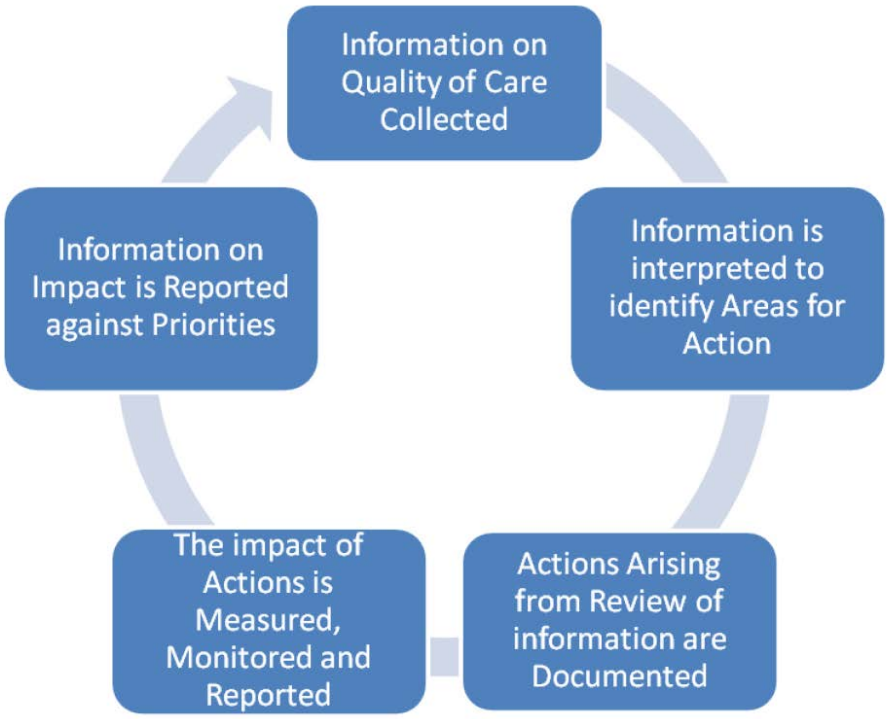
To ensure the HSCP has in place a systematic approach to reporting data and information that provides assurances that safe, effective, sustainable and person-centred care is being delivered, there needs to be a focus on monitoring performance to identify areas where improvements can be made or good practice can be shared.

The five step process outlined by the Scottish Government's Clinical and Care Governance Framework (2014) shall be adopted to ensure delivery of this Strategy and related Action Plan.

The five steps to support clinical and care governance are :



The Improvement Focused Governance Cycle



Inverclyde HSCP will use the five step process and concepts within the Strategy to review and strengthen the existing systems for monitoring and measuring the quality of care, experience and outcomes.

6. GOVERNANCE AND ACCOUNTABILITY

NHS Greater Glasgow & Clyde and Inverclyde Council as parent bodies, retain responsibility for all clinical and care governance relating to the direct delivery of care and treatment and the associated systems, procedures, guidelines and protocols.

Parent bodies have to assure themselves that appropriate, effective and sustainable systems are in place, monitored and working effectively.

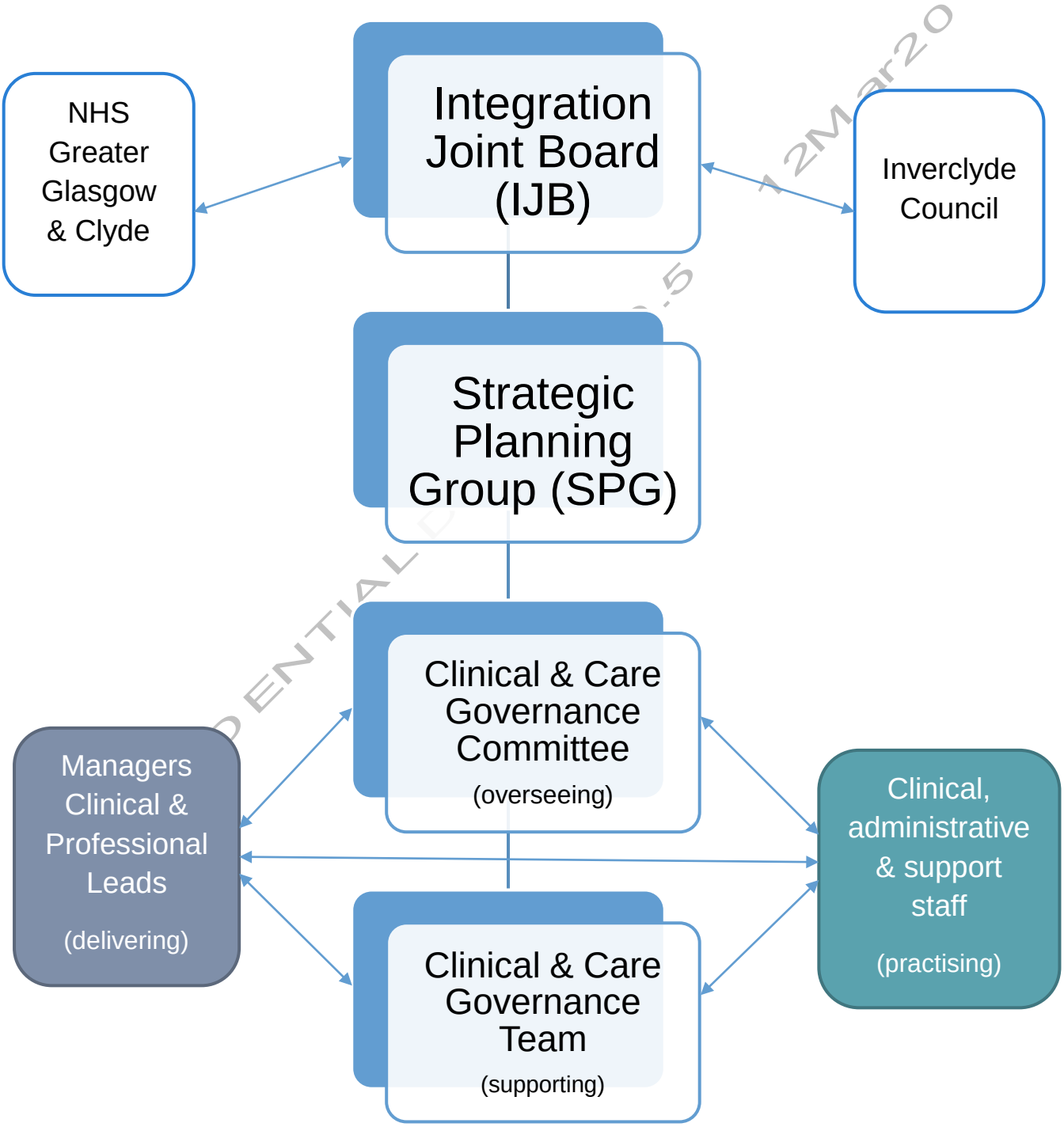
The Integration Joint Board (IJB) has lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations have effective governance systems in place. Assurance must also be provided to the Scottish Government and regulatory bodies.

The Clinical and Care Governance Committee will be responsible for developing and overseeing implementation of the Clinical and Care Governance Strategy and related Action Plan driving forward continuous quality improvement for our health and social care services and the key aspects outlined in this Strategy.

The Clinical and Care Governance Strategy and related Action Plan will be reviewed and updated every five years in line with the HSCP Strategic Plan.

APPENDIX 1

HSCP CLINICAL & CARE GOVERNACE STRUCTURE



APPENDIX 2

NATIONAL HEALTH & WELLBEING OUTCOMES

The National Health and Wellbeing Outcomes are high- level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. The table below provides an overview of how our Big 6 Actions meet the national outcomes

Outcome	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X		X	X	
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.				X	X	X
People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		X			
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.				X	X	
Health and social care services contribute to reducing health inequalities.	X			X		
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.	X			X		X
People using health and social care services are safe from harm.	X	X	X	X	X	X
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	X			X		X
Resources are used effectively and efficiently in the provision of health and social care services.	X		X			X
Children and Criminal Justice Outcomes						
Our children have the best start in life and are ready to succeed.		X				X
Our young people are successful learners, confident individuals, effective contributors and responsible citizens.		X				X
We have improved the life chances for children, young people and families at risk.		X				X
Community safety and public protection.	X		X			
The reduction of re-offending.	X				X	
Social inclusion to support desistance from offending.	X			X	X	

APPENDIX 3

SCOTLAND'S PUBLIC HEALTH PRIORITIES

The table below provides an overview of how our Big 6 Actions meet Scotland's Public Health Priorities

Public Health Priority	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
A Scotland where we live in vibrant, healthy and safe places and communities.			X			
A Scotland where we flourish in our early years.		X				
A Scotland where we have good mental wellbeing.	X					
A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.					X	
A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	X			X		
A Scotland where we eat well, have a healthy weight and are physically active.						X

APPENDIX 4

REFERENCE DOCUMENTS

The table below lists existing guidance on governance and accountability along with links to other key strategies, plans and policies.

Strategy / Policy / Plan	Web link

Inverclyde HSCP Strategic Plan 2019 - 24	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde HSCP Strategic Plan 2019 – 24 Children & Young People Edition	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Strategic Needs Assessment 2019	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Commissioning Strategy 2012 – 2022	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
HSCP Communications & Engagement Strategy 2019 - 24	Awaiting IJB approval
NHS Greater Glasgow & Clyde - Moving Forward Together Strategy	www.movingforwardtogetherggc.org
PatientRights(Scotland) Act 2011	www.legislation.gov.uk/asp/2011/5/pdfs/asp_20110005_en.pdf
Community Empowerment (Scotland) Act 2015	https://www.gov.scot/policies/community-empowerment/
Realistic Medicine	https://www.realisticmedicine.scot/ https://www.gov.scot/news/realising-realistic-medicine
CEL 8 (2012) “Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Care Services” Scottish Government	https://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf
Codes of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers Scottish Social Services Council	https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice
Clinical & Care Governance Framework, Scottish Government, Oct’15	https://www.gov.scot/publications/clinical-care-governance-framework/
Nursing and Midwifery Professional Assurance Framework for Scotland (2014) Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland	www.nhsggc.org.uk/media/243389/nursing-and-midwifery-assurance-framework-final-version.pdf
Codes of Practice for Healthcare Quality in	

Scotland – An Agreement (2013) Scottish Social Services Council	
Governance for Healthcare Quality in Scotland – An Agreement (2013) Scottish Government Health Directorates	https://tinurl.com/qualitygovernance
Governance for Quality Social Care in Scotland – An Agreement (2013) Social Work Scotland – available via the Social Work Scotland website	https://socialworkscotland.org/
Practice Government Framework : Responsibility and Accountability in Social Work Practice (2011)	https://www.gov.scot/Resource/Doc/347682/0115812.pdf
The Role of the Chief Social Work Officer (2010) Scottish Government	https://www.gov.scot/Publications/2010/01/27154047/0
The Role of Registered Social Worker in Statutory Interventions : Guidance for local authorities (2010) Scottish Government	https://www.gov.scot/Resource/Doc/304823/0095648.pdf
Governance for Joint Services : Principles and Advice (2007) COSLA, Audit Scotland and Scottish Government	
NHS HDL (2001) 74 Clinical Governance Arrangements Scottish Executive	https://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm
NHS MEL (2000) 29 Clinical Governance Scottish Executive	https://www.sehd.scot.nhs.uk/mels/2000_29final/htm
NHS MEL (1998) 75 Clinical Governance Scottish Executive	https://www.sehd.scot.nhs.uk/mels/1998_75.htm
Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government	https://www.legislation.gov.uk/asp/2014/9/contents/enacted
NHS Scotland : The Healthcare Quality Strategy for NHS Scotland, May 2010	https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/
Equality Act 2010	https://www.legislation.gov.uk/ukpga/2010/15/

"Future Approach to Governance" 2010 Scottish Government draft policy paper	
NHS Scotland Framework for Developing Boards, Board Diagnostic Tool, 2010	
NHS Scotland Efficiency &Productivity : Framework for SR10, 2011 – 15	https://www.gov.scot/publications/nhsscotland-efficiency-productivity-framework-sr10/
Clinical Governance & Patient Safety Support Unit Work Programme 2005 - 07 Health Improvement Scotland (HIS) Quality Improvement Scotland	https://nhshealthquality.org
Seven Steps to Patient Safety : The Full Reference Guide 2004" The National Patient Safety Agency	www.npsa.uk/sevensteps
Draft Healthcare Quality Standard July 2011 Assuring Person-Centred, Safe and Effective Care : Clinical Governance and Risk Management	www.healthcareimprovementscotland.org
NHS Scotland Efficiency and Productivity Programme : Delivery Framework June 2009	https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2011/02/nhsscotland-efficiency-productivity-framework-sr10/documents/0113614-pdf/govscot%3Adocument/0113614.pdf
Delivering for Health : Guidance on Implementation NDL (2006) 12 Scottish Executive	
Significant Reports to Underpin Clinical Governance	
Health & Social Care Standards : My Support, My Life 2017 Scottish Government	https://www.gov.scot/publications/health-social-care-standards-support-life/
Pursuing Excellence in Healthcare NHS Greater Glasgow & Clyde Healthcare Quality Strategy 2019 / 23	
Must Do With Me	https://www.healthcareimprovementscotland.org/our_work/preson_centred_care/person-centred_collaborative.aspx

Monitoring for Safety Framework Action Plan	https://health.org.uk/publication/measurement-and-monitoring-safety
Excellence in Care (EiC)	https://www.nhsggc.org.uk/about-us/professional-support-sites/nurses-midwives/care-assurance-system-excellence-in-care
National Clinical Strategy	https://www2.gov.scot/Publications/2016/02/8699
Healthcare Quality Strategy for Scotland	https://www2.gov.scot/Publications/2010/05/10102307/2
Carers (Scotland) Act 2018	https://www.legislation.gov.uk/asp/2016/9/contents/enacted
Carers (Scotland) Act 2018 Statutory Guidance	https://www.gov.scot/publications/carers-scotland-act-2016-statutory -guidance