

Report To: Inverclyde Integration Joint Board **Date:** 27 June 2022

Report By: Allen Stevenson
Interim Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:**
IJB/30/2022/HMcD

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Subject: ANNUAL REPORT CLINICAL AND CARE GOVERNANCE
2021-2022.

1.0 PURPOSE

- 1.1 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2021 -2022. Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation. The Annual Report for Clinical and Care Governance describes the commitment to safe, effective and person centred care in a year of significant pressure for the HSCP.

2.0 SUMMARY

- 2.1 The report covers the work of the Clinical and Care Governance Group for 2021-2022

3.0 RECOMMENDATIONS

- 3.1 Members of the IJB are asked to note the Annual Report.

Allen Stevenson
Interim Chief Officer

4.0 BACKGROUND

- 4.1 Each Health and Social Care Partnership is requested by NHS Greater Glasgow and Clyde to provide an Annual Report of the activity of Clinical and Care Governance.
- 4.2 The intention is to provide an overview of activity to allow NHS Greater Glasgow and Clyde to overview the work of all the Health and Social Care Partnerships.

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 n/a

HUMAN RESOURCES

5.3 There are no specific 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.	None

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There are clinical or care governance implications arising from this report. The Annual Report is part of the Clinical and Care Governance assurance for NHS Greater Glasgow and Clyde for Health and Social Care Partnerships.

NATIONAL WELLBEING OUTCOMES

- 5.6 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.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
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.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

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 None.



Inverclyde Health and Social Partnership

Clinical and Care Governance Annual Report 2021 - 2022

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Approved by:	
Date approved:	

1.0 Introduction

1.1 The Clinical and Care Governance Annual Report for 2021 -2022 will reflect the work of Inverclyde HSCP in response to the Covid -19 pandemic and the process for assurance regarding standards and quality of care.

1.2 There will be a concise overview of the main areas of activity for governance arrangements and the main challenges for the Covid -19 recovery phase for IHSCP. There will be a focus on Safe, Effective and Person Centred Care for the report.

1.3 On 23rd March 2020 Scotland moved into lockdown in response to the Covid-19 pandemic. This is the second annual report for clinical and care governance that will be focused on the response to the pandemic, and the increased associated risks for the HSCP and how they have been managed in the context of unprecedented operational challenges in maintaining services.

1.4 Staff have worked incredibly hard to adapt to how to provide safe, effective and person centred care in the last two years. Services have continued to be delivered and whilst challenges have and continue to be overcome, the move to recovery and resumption of services to pre pandemic levels will not be a straightforward journey. The strategy and policy landscape is anticipated to change as 'A National Care Service for Scotland' is considered by the Scottish Government. This will have the potential for wide ranging governance changes depending on the direction of travel for this work.

1.5 Significant challenges for Inverclyde have arisen as a result of the Omicron variant of Covid-19 in 2021-22, in line with all Scotland. The Scottish Government Strategic Framework Update was published in February 2022. The challenging winter for 2021 into 2022 was anticipated with the risk of the new variant emerging very quickly. Covid-19 prevalence for all of Scotland peaked in early January 2022. However for Inverclyde, the impact of Covid-19 provides significant risk in managing issues of staffing shortages and sickness absence as a result of the pandemic. The governance processes established provided assurance and mitigation throughout the response to the pandemic. It is clear that services have had to adapt to continue to provide services and that the public have expectations that services will resume to pre pandemic levels. It is crucial that responding to the feedback from the public continues to be strengthened and that the importance of person centred care for all services will be clear as a theme of this annual report. The staff commitment, creativity and resilience has been extraordinary and the governance priority and commitments to staff wellbeing is a crucial component to the pandemic response.

2. 0 Clinical and Care Governance arrangements 2021-2022

2.1 The Clinical and Care Governance Group met on 15th June 2021; 21st September 2021; 16th November 2021 and 15th March 2022. The group chair is Dr Hector MacDonald, Clinical Director for IHSCP.

2.2 The three local clinical care and governance groups resumed their usual meeting schedule for IHSCP (Mental Health, Alcohol and Drug Recovery and Homelessness; Health and Community Care and Children's Health and Criminal Justice).

2.3 Table 1 shows the current clinical and care governance arrangements for IHSCP, and NHS Greater Glasgow and Clyde and Inverclyde Council. The main change that has occurred is that Mental Health, Alcohol and Drugs Services and Homelessness Service set up an Incident Review group, to combine Mental Health and Alcohol and

Drugs Services and a separate Homeless Service Incident Review Group. This started in 2022 and the alteration to the governance processes has led to improved and focused review appropriate for the services concerned.

The governance for commissioned providers is provided by the Strategy and Support team who report to the Health and Social Care Committee.

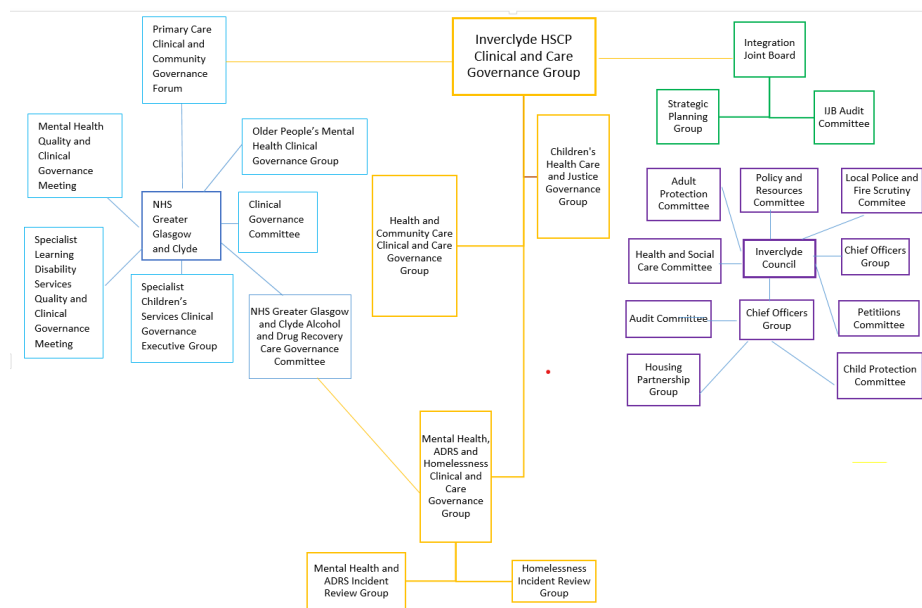
Senior Officers will present reports to the IJB from the Clinical and Care Governance Group.

There is a report that is prepared by the Clinical Director for the Primary Care Clinical and Community Governance Forum.

The Alcohol and Drug Recovery Service also provide governance updates to the NHS Greater Glasgow and Clyde Alcohol and Drug Recovery Care Governance Committee.

2.3.1 Current Clinical and Care Governance arrangements

Table 1 Inverclyde HSCP Clinical and Care Governance Structure



2.4 Covid -19 Strategic Response

2.4.1 Throughout 2021/22, as a result of the Covid -19 pandemic, service provision has continued to be, by necessity, subject to change and reactive to Government guidance and restrictions. At the start of the first national lockdown, action was taken to ensure that essential services continued to be delivered, where possible and the core business of the HSCP was maintained while at the same time ensuring the ongoing safety of both the workforce and the public. Investment in technology has enabled many services to adapt and continue to support Inverclyde's communities, albeit in a 'virtual' capacity. Additional support mechanisms were put in place around all internal and external services during this time. This has included the introduction of a number of new groups and regular safety meetings within the HSCP including: a

weekly Local Resilience Management Team meeting (LRMT), fortnightly Covid -19 Recovery Group meetings, Humanitarian Aid Groups, regular care home safety huddle meetings and weekly multidisciplinary meetings.

Staff within the HSCP and those working for our external providers, as well as a number of local community groups have worked tirelessly throughout the pandemic to ensure that services can continue to be delivered safely and to support the physical and mental health and wellbeing of people across Inverclyde. To ensure we support our staff, the HSCP has created a Wellbeing at Work Plan and a series of support measures to help staff cope with the stresses and strains brought on by the pandemic. A Wellbeing at Work week was recently held in March 2022 promoting, implementing and highlighting these support measures.

Interim governance structures developed in 2020/21 were continued into 2021/22 and a recovery plan was drafted to map out the pathway for services and the IJB as the country moved through this pandemic. Throughout this time the HSCP continued to work to put people at the centre of all that we do and ensure that essential services are delivered safely and effectively and in line with our Strategic Plan. The Strategic Plan was reprioritised to focus on Covid-19 recovery with 28 priorities linked to the IJB 6 Big Actions and included the newly emerging priorities such as Covid-19 recovery, Test and Trace and vaccinations and to also reflect the unavoidable delay in some priorities such as the roll out of locality groups. The revised plan was approved by the Strategic Planning Group in August and officers have worked hard during 2021/22 to deliver against the revised plan.

The IJB Strategic Plan is supported by a variety of service strategies, investment and management plans which aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcomes. The Strategic Plan also works in support of the Inverclyde Community Planning Partnership's Local Outcome Improvement Plan and the Greater Glasgow & Clyde Health Board Local Delivery Plan. It is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our objectives.

The Strategic Plan and other key documents can be accessed online at:

<https://www.inverclyde.gov.uk/health-and-social-care>

3. Safe

3.1 Support to Care Homes

3.1.1 Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in May 2020 in response to the impact of Covid-19. The visits set out with the aim of providing additional clinical input, support and guidance to care homes which were under extraordinary pressure. This work also aligned to the Executive Nurse Directors responsibilities set out by Scottish Government in which they were asked to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within care homes. Towards the end of December 2020 the roles and responsibilities of the Executive Nurse Directors were again extended to June 2022.

All older peoples care homes across Inverclyde received assurance visits in 2021-22, with adult homes receiving visits in spring 2022. Additional supportive visits particularly during Covid-19 outbreaks were also undertaken

It should be noted that care assurance visits are just one part of the supportive framework around care homes and sit alongside HSCP day to day relationships with individual care homes, HSCP oversight Huddles and the Care Home Assurance Group. However, the CHAT outcomes give the opportunity to discuss with care homes areas of strength as well as key priorities for the next 12 months. Going forward the Care Home Collaborative (CHC) model will support ongoing improvements.

Feedback and Learning from the Process

Overall the visiting team felt that the homes felt friendly and welcoming and it appeared that care home staff were more relaxed about the process, saw it as supportive and were keen to participate. It was agreed that asking the homes to undertake a self-assessment was really helpful and did meet the aim of the visits being more focused as a result of this.

Several areas for improvement were identified, most of which focused around evidence prior to the visit, clarity around the process and collation of the final report.

Key learning points

- To continue with the self-assessment approach, but allow homes a longer time to complete this and request that they complete this electronically to assist with collation of the final report
- Clarity required around the process, particularly pre and post the visit, individual responsibilities and timescales to ensure all of those who are undertaking the visits are clear on what is required and that there is a consistent approach
- Participating in the visits and completing the reports is very labour intensive and is hard to accommodate in busy diaries – more notice and planning around the visits would assist this
- Contacting the home pre the visit to discuss what information is required on the day and confirm who will be attending is helpful preparation
- Until now only 1 nurse has attended the smaller homes as part of the process. Two nurses is beneficial if one of them (Care Home Liaison Nurse,) knows the home and this assists with feedback and follow up of actions
- Collation of 4 separate reports per home is time consuming, having one master copy which everyone adds to, which once completed can be saved in the Master file would be much easier and reduce administrative burden. Process to include feedback to all contributors

Action plans from visits require monitoring as part of commissioning team regular meetings with homes, to ensure all actions are completed as per timescales.

The feedback meeting was a useful exercise. Feedback was also obtained from the care homes themselves who were sent an email asking them for their experience of the visit and thoughts on what went well and what could be improved for next time. Only one home replied to the email however others provided informal feedback at the time.

Key points from the care home feedback were that overall the experience was positive and staff were happy to liaise with the visiting teams. Care homes found that completion of the self-assessment documentation prior to the visit was very helpful in helping them to analyse their current position.

3.3. Covid -19 / Influenza Vaccination

The primary care team have continued to work in delivering the national Covid-19 vaccination programme to our housebound individuals who are unable to attend a vaccination centre. This also includes all our care home residents across Inverclyde. IHSCP remains responsible for delivering the Covid-19 vaccination and any subsequent booster vaccinations to this cohort of patients. All necessary operating processes and governance structures are in place as required. A mixture of staff have been seconded from various services to deliver the vaccinations, including the District Nursing team and also bank staff have been key in this local delivery model.

During the Covid-19 booster campaign, between September 2021 and January 2022 IHSCP vaccinated 594 care home residents and 2173 housebound patients. Data cleansing and preparation was then done, to prepare for the next round of vaccinations.

Mass vaccination clinics remained the responsibility of NHS Greater Glasgow and Clyde and they have continued to operate from large local community venues. IHSCP have supported these clinics during periods of acceleration of the booster programme, where there were significant staffing pressures across the board.

3.4 Adult Flu Vaccination

The normal seasonal flu campaign usually starts end September / October and includes everyone over the age of 65 and anyone under 65 in at risk categories. NHS staff also receive their flu vaccination and this extends across to our social care colleagues, particularly encouraging our care at home staff to get vaccinated.

GP practices historically delivered the flu vaccination programme, however given that last year's programme 2020/21 saw a mixture of practices and mass vaccination clinics delivering both the flu vaccine and the Covid-19 vaccine as it became available this has prompted further changes to the delivery model. The flu campaign has also been extended to include those between 55 and 64, additional social care staff and household members of those in shielding groups. The extended flu campaign is set to continue in Scotland in 2022-2023.

As we entered our 2021/22 flu campaign this was co-administered alongside the Covid-19 booster vaccine dose. NHS Greater Glasgow and Clyde had responsibility for delivery of this in the mass clinics and the housebound individuals and care home

residents remained the responsibility of IHSCP. Our nurses also administered the flu vaccine alongside the Covid-19 booster dose, to those housebound individuals and care homes. Historically, in care homes, the care home staff would administer the flu vaccine to their residents.

During the current 2021/22 influenza vaccine season, 31,582 adults (aged 18+) who reside in the Inverclyde HSCP have received the flu vaccine so far. There was also a pause of the flu campaign delivery, during December 2020, as the Covid-19 booster programme accelerated at pace. This was to ensure as many people as possible could receive their Covid-19 booster dose by the end of 2021. Currently community pharmacies are running a mop up programme of the flu vaccine and final figures will be available later in April, however the uptake numbers at the moment remain low

3.5 GP Out of Hours

During early 2021 a GP out of Hours centre opened again initially on Saturday's and Public Holidays based at Inverclyde Royal Hospital's Outpatient Department. In April 2022 an innovative co-location model with A&E begun with A&E clinicians being able to directly appoint patients to GP out of hours where they were considered more appropriate for that service. This model is planned to allow better clinical support and easier cross referral for the GP out of hour's team and also the ability of A&E to free capacity by transferring across appropriate patients to their GP colleagues. This new model is currently in progress and if successful the intention is to expand the hours beyond the current Saturday / Public Holiday cover.

4. Effective Care

Service Updates

4.1 Learning Disability Services

The Community Learning Disability Team provides services to over 300 people with a wide range of needs. The majority of people using the service experienced changes to their support packages due to Covid -19, with most social activities restricted. The Learning Disability day centre was forced to close initially in 2020 but has been open throughout the past year, operating at reduced capacity due to social distancing requirements. The Fitzgerald Centre also became a PPE Hub and continues to provide additional services such as emergency transport.

Learning Disability Day Services and staff in the community team have kept up regular contact with service users and carers to ensure critical support was maintained, and some alternative supports such as meal delivery were provided. Feedback from carers and services users during this difficult period confirmed the importance of building-based Day services as one of the preferred options for some people with Learning Disability. To ensure Inverclyde has a building base fit for the future, particularly for people with complex learning and physical disabilities, plans for building the new Learning Disability Hub have continued. The Project Board meets every two weeks and has a communication and engagement group involving service users, carers and other stakeholders.

Despite ongoing high rates of Covid-19 infection within Inverclyde, the Day service recovery has continued on a phased basis, following advice from Health and Safety and the regulatory bodies at each stage. Services continue to be provided according to individual need with a combination of building-based and outreach service. Alternative venues such as Parklea have been used creatively to maximise the number of sessions that can be safely delivered. Currently, around 50% of previous capacity is available with those in most need of a base away from the family home coming in for a maximum of 3 sessions per week. The range of activities that can be supported is expected to increase in April and May 2022 when restrictions ease further, so support on public transport and at leisure centres can be resumed.

The Community Learning Disability team continues to provide assessment and support, using Attend Anywhere / NHS Near me and WebEx or MS Teams in place of face-to-face meetings whenever possible. Priority visits are still carried out, with staff wearing PPE to ensure safety. Family carers have had a difficult two years, with respite capacity reduced by more than 60%. The core-and-cluster model of supported living has proved to be very robust when other community supports have been limited. The Learning Disability team have worked in partnership with River Clyde Homes and Cloch Housing to develop two new core-and-cluster services that opened in 2021, and further new developments are planned. The team is currently reviewing all night services (waking nights and sleepovers) and is recruiting another social worker through Transformation Funding to assist in that piece of work.

Services for adults with Autism have been subject to review, and a test of change around transition will soon be completed. There are currently four 'Quick Quotes' being put out to commission further autism training, consultation, transitions work, and support projects in partnership with the voluntary sector. A Social Work post for Autism and Occupational Therapy sessions is required, to take forward these important pieces of work to ensure that vulnerable people with autism do not fall through gaps between services.

4.2 Health and Community Care

4.2.1 Inverclyde HSCP will be participating in a Type 2 Diabetes Remission Programme pilot that was developed 2021-2022.

This will deliver a new Type 2 Diabetes Remission Programme which provides a structured three stage intervention. This is a clinically proven programme based on evidence from the Diabetes Remission Clinical Trial (DIRECT). The programme will be delivered by a small number of Specialist Diabetes Dieticians and focuses on maintaining long term lifestyle changes through education, support and goal setting.

Inverclyde East GP Cluster has been identified as one of the clusters which will take part in the pilot. They have agreed to be involved and the Lead Dietitians met with the relevant GP's. The next stage is for suitable patients to be identified from the cluster practices.

4.2.2 The Covid-19 hybrid care approach model is well established providing flexible opportunities to engage and provides a menu of choice as to how people are seen by the diabetes service, including early morning and evening appointments, face to face telephone, text, email appointments and digital consultation.

This offers a range of options allows for greater engagement and equity of access particularly for people in employment, and hard to reach groups for example, people with Mental Health issues. In addition, digital consultations enables people to be seen safely and promptly within NHS waiting time targets. Evaluation data of peoples preference as to how they are seen by the service evidences high levels of satisfaction with digital consultations, rated a first a choice by most people.

Collation and measuring diabetes data activity is paramount to developing the diabetes service in line with people needs and preferences, and national driver's e.g. Diabetes Improvement Plan 2021-2026.

4.2.3 The Diabetes Dietitian role has expanded / extended to include initiation of GLP-1 (injectable) therapies in line with other specialist dietetic roles within NHS GGC Weight Management Service and GG&C GLP-1 initiation guidelines, enhancing skill mix, continuity and patient experience. Regular clinical supervision, assessment of knowledge, skills, competency and evaluation, will ensure good governance, safe role development and safe practice.

The uptake of Insulin Management Plans (IMPs) amongst DN teams has been low. Refresher training and re-launch has been identified as an important clinical objective moving forward.

4.3 Children and Families

4.3.1 The complexity of work has remained high throughout 2021 -2022. It should be noted however that the number of children on the child protection register has stabilised to previous average levels. Throughout this year core services and 3rd sector partners have resumed their usual business in line with changing public health guidance. This has meant some of the flexible support available during the pandemic period is no longer available and the resourcing of transporting children and facilitating family contact time in line with legal requirements needs to be absorbed by the service again. The recruitment of support staff has created capacity to do this however demand continues to be greater than the available resource. Work is ongoing to consider the best way to meet this need whilst looking at how we offer early help and support and more intensive family support. Delays continue in the court system, this has impacted on time taken for compulsory supervision orders to be granted, often a key tool in the long term care and support of children and their families.

4.3.2 The demands on expectations on children's services throughout the second national lockdown and beyond were high with less flexibility in statutory work than during the first national lockdown. This resulted in a full range of tasks needing actioned during a recent period of high Covid-19 infections across Inverclyde. This has contributed to significant reduction in capacity for early intervention, prevention and voluntary support whilst out focus remained on statutory functions and child protection work.

4.3.3 In the last quarter of 2021/22 we appointed a programme manager to our "I Promise" team. This is our response to the wide ranging system change and development that will be required over the next 10 years to realise the ambition of The Promise. Information gathering and initial developmental activities and consultation

events have gathered pace since January 2022 and will continue throughout the year. I Promise is supported by 3rd sector partners locally.

4.4.1. Development of New Qualified Social Workers

The Quality and Learning Team have been successful in securing funding from the SSSC to be involved in early implementation of the newly qualified social worker supported year. We are working with the SSSC and the other early implementation areas to embed the NQSW Supported Year, to share our learning and inform recommendations to Scottish Government with the view to this being a national, mandatory approach in Scotland.

4.4.2 Trauma Informed/Scottish Trauma Informed Leadership Training

All three social work service managers and the interim head of service have completed the Scottish Trauma Informed Leadership Training (Phase 1). The Scottish Government and its partner agencies have given a commitment to the workforce across Scotland being trauma trained and trauma informed and therefore trauma responsive to our Service users.

The delivery of this leadership and management training and approach is based on research and evidence that identifies the importance of leadership training in developing organisational readiness which then supports wider staff training and trauma-informed practice development. This also follows the approach as recommended by the NHSGGC aligned with the National Transforming Psychological Trauma Programme in fulfilment of the Scottish Governments 2015 commitment to the development of a trauma-informed and trauma-responsive workforce across Scotland.

4.5 Specialist Children's Services

Throughout the Covid -19 recovery phase all services have continued to provide a high level of care utilising a variety of means and methods available, depending on restrictions, in order that the children and families of Inverclyde continue to experience excellent care and support.

Nurses within SCPT Inverclyde have adapted their service delivery over the past two years while continuing to provide uninterrupted care to families within the locality. Covid -19 monies were secured to help with the Disability waiting lists, which has helped greatly and the whole team continue to work cohesively, support each other provide an excellent service.

Within SCS there has continued to be a commitment to adapting the ASD diagnostic service resulting in a significant reduction in waiting times for families. This drive has kept children and families at the forefront, having numerous consultations with young people to seek their views in order to impact change.

As well as adapting existing services to provide seamless support, the SLT team have continued to work on new initiatives alongside colleagues in Health Visiting and Education. This piece of work is focussing on impacting change in the under 3 population in response to data gathered via the 27-30mth assessment. Joint pieces of work mirrored in both Health and Education are being carried out, in particular around upskilling parents and education staff at a universal level to support and nurture early language development.

4.6 Children and Adolescent Mental Health Service

During 2021/2022 Inverclyde CAMHS has continued to offer a high quality service to children and young people in the Inverclyde area experiencing moderate to severe mental health difficulties. The team has worked flexibly offering both near me video appointments and face to face appointments in Greenock health and care centre based on clinical need/ risk, and every effort has been made to accommodate individual family requests and preferences.

The team continues to experience an extremely high volume of urgent and emergency referrals for children and young people who are presenting as a risk to themselves in terms of their behaviours and mental health presentations (challenging behaviours, self-harm or suicidal behaviours, eating disorders, potential psychosis symptoms). All such referrals are responded to promptly and assessment of the risk and mental health carried out as soon as possible, within 24/48 hours of receipt of referral based on clinical need. This has also had a direct impact on Consultant Psychiatry time, as they often need Psychiatry assessment or medication intervention more quickly. As may be anticipated, this high volume of risky referrals, which often need allocated for further assessment and intervention immediately, does have a direct impact on waiting times for children and young people who have been assessed and added to the CAMHS waiting list for intervention, but do not need prioritised due to risk.

The team has worked hard to stay within referral to treatment targets over the past year for first initial assessment appointments (known within the service as Choice appointments) and has managed to see all new referrals within the 18 weeks. The majority of Choice appointments will be tried to be offered sooner than this. This allows redirection to other services and supports more quickly, if CAMHS is not appropriate for the child or young person.

Unfortunately due to the general increased demand on CAMHS, and the significantly increased urgent presentations, this does mean that children and young people who are assessed as requiring CAMHS intervention, but do not meet criteria to be prioritised for risk reasons etc., are waiting longer to be allocated.

There have also been a number of staff changes within the team which has impacted on capacity and we are running with a number of vacancies (psychology, nursing, family therapy) and long term absences. A number of new staff including Speech and Language, Occupational Therapy, Psychology, Support worker role, have recently been appointed which it is hoped will build capacity within the team over the coming year.

Despite the pressures on the service, we have continued to develop our staff and a number of staff have completed additional trainings in Cognitive Behavioural Therapy, CBT for eating disorders, family based treatment for eating disorders, Autism Diagnostic Observation Schedule (ADOS) assessment, to name a few, allowing us to deliver a high standard of evidence based care. Our nursing team have set up a physical health monitoring clinic which has been extremely successful and reduces the need for physical monitoring to be done by GPs and provides a more cohesive experience for children, young people and their families. A number of CAMHS staff are also central to the work being carried out with Skylark staff, SLT, and Community Paediatrics to develop and implement a new neurodevelopmental pathway for children and young people in Inverclyde.

The CAMHS team are hardworking and dedicated, and look forward to facing the challenges of the next year with a larger staff group, and to be able to think about more innovative and effective ways of managing demand on the service.

4.7 Physiotherapy and Occupational Therapy

The services have set up well utilised advice phone lines in response to pandemic to allow support to be offered promptly and remotely when reduced face to face contact was essential. These are to continue as they promote self-referral; pre referral management, and are now well sign-posted in Inverclyde HSCP as part of the Choose the Right Service campaign.

4.8 Criminal Justice

During 2021/22 there has been much progress around the Early Action System Change (Women involved in the Criminal Justice System) project hosted by Inverclyde Criminal Justice Social Work. Phase one of the project concluded in August 2021 with two broad common themes emerging:

- *A lack of support around initial involvement in the CJS – period between arrest and possible court outcome*
- *A lack of obvious opportunities for positive and supportive community networks or groups.*

Additionally, engagement was carried out with frontline staff from a range of Inverclyde HSCP and third sector organisations about their experiences of working with women. Two broad common themes emerged which staff identified as being significant to women's involvement in the criminal justice system; the impact of trauma and the role of relationships. Phase one of the project has concluded with a Test of Change proposal. The Test of Change proposed is to adopt a trauma informed approach to support women as close to their entry to the CJS as possible. In addition, it will also feature, again with a trauma informed approach, facilitation for opportunities for women to engage in activities, volunteering or employment within their community.

The Inverclyde Community Justice Partnership have extended the Inverclyde Community Justice Outcomes Improvement Plan (CJOIP) by one further year until March 2023, this is based on a review of both the national strategy for Community Justice and a review of the Outcomes Performance Improvement Framework (OPIF). Work commenced in 2021-22 to prepare for a new CJOIP by undertaking a Strategic Needs and Strengths Assessment which will continue into the first quarter of 2022/23.

The focus of Inverclyde Criminal Justice Social Work Services remains on Covid-19 recovery and ensuring a quality of service for those involved with it. Throughout the pandemic the Service has followed appropriate guidance including that issued directly by the Chief Medical Officer for Scotland. This has necessitated the Service pausing and restarting its Unpaid Work arrangements on several occasions. There currently remains restrictions on the numbers of service users on Community Payback Orders being allowed to be present in vehicles at any time impacting on the scale of work undertaken (compared to previous years). Staff do continue to support service users in completing their statutory orders/licences and with any health and wellbeing issues

they may be experiencing. Inverclyde Criminal Justice Social Work Services also submitted a paper to the Health and Social Care Committee in respect of 'Criminal Justice Social Work Statistics 2019/20 - People Dying on Community Payback Orders (CPOs)'. Although based on figures from 2019/20 the matter was also discussed at The Scottish Parliament Committee in September 2021. In order to better understand the wider issues, the inclusion of deaths on CPO's and other orders/licences will be taken forward by the Inverclyde Community Justice Partnership to build a fuller picture on this issue and to consider future developments that might improve this situation. The Inverclyde Community Justice Partnership acknowledges that there are common inequalities experienced by people with lived experience of the criminal justice system. These inequalities include, poorer physical and mental health, the impact of trauma, the likelihood of past and/or current drug and/or alcohol misuse and likely experiencing poverty.

4.9 Rehabilitation and Enablement Service

The service has responded to the challenges of providing services throughout the year.

The Allied Health Professional review is still in progress at the time of writing. It is anticipated that the focus is integrating all AHP services for Inverclyde.

Urgent Hub work was re-launched on 28th March 2022. The preliminary work identified key stakeholders. A Standard Operating Procedure and process flow chart is at final draft stage and work completed to create criteria for identifying urgent referrals and to clarify the role of primary contact within the daily urgent hub team.

Clinical Frailty training is still available and a new Frailty Advanced Nurse Practitioner is now in post. The profile of Frailty is being raised locally within Inverclyde and also within NHS Greater Glasgow and Clyde as part of Falls & Frailty work combined. This work was paused due to the pandemic response but is now progressing.

The Physio clinical audit will be completed with dates to be confirmed. The Internal focus has been on adhering to mandatory operational processes including clinical supervision sessions and caseload management. The results of the audit will be reviewed by the Health and Community Care Clinical and Care Governance Group.

It is important to emphasise that Clinical Supervision, Caseload Management and training through the TURAS system is ongoing. Staff are encouraged to attend the newly revamped Clinical Supervision Training run by the board.

Regular monthly joint health & social care staff meetings restarted via MS Teams at Inverclyde Centre for Independent Living. Terms of reference are in place and agreed. Weekly team catch Up meetings are ongoing – via MS Teams to accommodate all staff and maximise attendance.

NHS Greater Glasgow and Clyde In-Service Training has restarted with Long Covid-19 being the first topic discussed in February 2022.

There has been an ongoing issue with equipment shortages, as per the national picture. Laptops and mobile phones ordered for new staff have been subject to delay. This will effect governance around note taking and accessing patient information in addition to directly affecting staff safety. Teams are working to address this risk.

Issues around poor connectivity and IT support are causing issues at I impacting on patient response and care.

Inverclyde Centre for Independent Living - Community Rehabilitation and Enablement Service has given significant time and input to contribute towards shadowing for a variety of medical professionals and students. Community Rehabilitation and Enablement Service has also been asked to host shadowing for students whose role is evolving and wouldn't necessarily include Community Rehab Teams. It is recognised that this work is invaluable for the longer term within community services however it does place pressures on clinicians which affects the service, however Community Rehabilitation and Enablement Service is happy to support.

Recruitment has been a challenge for the team and this has been raised on the Health and Community Care Risk Register, where the level of risk and actions taken to mitigate the risks are regularly reviewed and monitored.

4.10 Assessment Care Management

The Assessment and Care Management (ACM) service is part of Inverclyde HSCP (Health and community care) as a result the service is integrated with all health professionals allowing good multidisciplinary working practices.

This includes ACM West team, ACM East Team and ACM Gourock.

The services provide an outcome focused review service through the Community care review team and care home review teams. Access First Team provides a single point of access to service users in Inverclyde. This also provides a single point of access for all referrals to the ACM service.

The short breaks bureau provides respite support, alternative day care opportunities and carers support to all service users in Inverclyde. Is also single point of access for day care services.

Discharge Team facilitates an individual's safe discharge from Hospital and ensures all service users receive the care and support on discharge from hospital.

The service provides Adult support and protection service to vulnerable adults that are at risk of harm. Other legislation under pinning the service provided is adult with incapacity act 2000, mental health care and treatment act, social work Scotland act and health and community care act.

The ACM service provides an emergency duty system to all adults in Inverclyde 5 days per week. Social work standby provides an emergency duty service out of office hours.

The ACM Teams have close relationships all Health services, Nursing, RES, support at home and home first through weekly locality meetings.

The Teams have a very close relationship with voluntary sector and third sector partners in Inverclyde which is vitally important to how we provide immediate and longer term support to service users in Inverclyde.

The pandemic did have an impact on how the ACM functioned and provided a service. Covid-19 safe working practices were introduced in work places and home visits and care homes.

A Covid-19 home visit protocol was put in place to assist staff with this. Visits to service users home were limited to critical and substantial need being identified. However ACM service continued to provide an ACM duty service and access first service throughout the pandemic. The team worked closely with the voluntary sector to provide humanitarian support such as shopping, delivering medication and meals to vulnerable adults in Inverclyde. PPE was provided to all carers Personal Assistant and service users who required this.

Covid -19 had a significant impact on Nursing Homes in Inverclyde and impacted on visits from relatives for a long period of time. HSCP provided support through care home liaison nurses to assist care homes to introduce and follow Covid -19 safe working practices. Also ACM completed outcome focused reviews on 77% of services users last year to ensure their care needs were being met during the pandemic. Quality assurance visits took place in care homes in March/April and November 2021.

In January 2021 the Care Inspectorate completed an adult protection inspection virtually, which provided challenges for the inspection process.

Inverclyde was rated 'good' following this inspection. The Care Inspectorate raised that some Adult protection risk assessments and chronologies were not on HSCP Adult Protection templates on Civica System. Also, evidencing application of the 3 point test in case notes and investigation reports was not explicit. This has now been addressed in terms of the implementation of the shared agency chronology and adult protection inquiry template on Civica System. Going forward adult protection reports will only be accepted on HSCP adult protection templates that are recorded on Swift. The Inquiry template will improve the quality of evidencing the application of the 3 point test in case notes on Swift.

The service continues to work towards to avoid delays from hospital. To avoid substantial delays service users are offered interim care arrangements in local nursing homes.

As we recover from the pandemic more staff are now in the office at same time a rota is in place to ensure required social distancing. Hybrid working practices have been adopted in the service and will continue in future. Day care services have opened up offering respite and day care opportunities to service users and carers.

4.11 Mental Health, Homelessness, and Alcohol and Drug Recovery Services

Mental Health Inpatients

Scotland Deanery completed an inspection of Inverclyde Royal Hospital on 5th October 2021. There had been concerns highlighted about staffing levels and in rota gaps leading to reduced training opportunities and increased workload for trainees.

The concerns raised resulted in an action plan devised and this is currently on track to answer the concerns raised. This has been reviewed at the Mental Health, Alcohol and Drugs Recovery and Homelessness Clinical and Care Governance Group.

Mental Health services continued to experience significant bed management pressures. The service has dealt with ward closures due to Covid -19 at various points in the year. At the time of writing this situation has considerably improved

A Board wide waiting list was also established for Intensive Psychiatric Care Unit due to the number of patients waiting on admission. This waiting list management will continue to be stepped up/down in keeping with pressures in the system.

Staffing pressures continue due to the number of resignations and retirements there have been in the past year. The risk to the HSCP is monitored and tracked via the service risk register.

4.12 Community Mental Health Services

Essential mental health treatment services are coordinated and delivered by the Community Mental Health Services (CMHS) across the adult and older adult population. CMHS continue to provide capacity to serve Inverclyde's needs for urgent mental health assessments in the community in tandem with the centralised GGC wide Mental Health Assessment Units as well as programmes of scheduled treatment/support and an accessible duty service. There are challenges in recruitment across all disciplines with several jobs going through multiple rounds of recruitment due to no applicants and also no suitable applicants.

The hybrid arrangement of placing staff across office/remote based working along with blended approaches to delivering interventions, from face to face to utilising technology where appropriate, has remained a necessity in flexible service delivery. Covid-19 pandemic restrictions and guidance have continued to steer much of this however service delivery remains underpinned by individual service user assessed need, risk, vulnerability, and associated legislation where indicated.

At the onset of the pandemic caseloads were reviewed and individuals allocated a risk assessed priority of Red, Amber or Green to inform frequency and type of contact with regular review to ensure status remains current. This RAG status continues and is now viewed as a critical element in understanding and supporting the demands at an overarching service level as well as for the individual service users.

The Mental Health Officer (MHO) Service now has additional permanent full time staff capacity in place as recommended by the MHO Service Review. Procedures have been reviewed and improved to more fully enable the SWIFT system for recording, monitoring and reporting of the MHO Service statutory work.

Improving interface working arrangements within Community and In-patient Mental Health Services, Homelessness, Alcohol and Drugs Recovery Service (ADRS) and Criminal Justice colleagues has continued. Community and in-patient mental health and ADRS have now established a joint Incident Review Group. This adds further robustness and standards of consistency to related decision making for Inverclyde HSCP as well as further augmenting interface work between these services and their frequently shared service users.

Quality evidence based improvement work also continues within the CMHS to ensure safe, timely and effective person centred care. This supports statutory elements of

service delivery as well as broadening assurance in developments related to NHS GGC Mental Health Strategy and service users receiving the right service at the right time and in a more seamless way. Examples of this include the following.

- Action 15 of the Scottish Government Mental Health Strategy 2017-27 committed to providing 800 additional mental health workers across Scotland by 2022 to improve the accessibility of support within key areas such as Emergency Departments and GP practices. Inverclyde has contributed to a number of GGC wide initiatives as part of this including the development of Mental Health Assessment Units, increased liaison services within general hospitals and the piloting of peer support workers within Mental Health Services. Locally Action 15 funding has been used to support the development of the Distress Brief Intervention initiative, increase capacity and develop new ways of working within the Primary Care Mental Health Team and introduce a new 'Inreach worker' post that helps ensure individuals admitted to hospital are able to be discharged back home with appropriate support at the earliest opportunity.
- Recovery Orientated Care is an underlying principle of the NHS GGC Mental Health Strategy with the Adult Community Mental Health Team (CMHT) promoting the principles of personalised recovery in all aspects of support and interventions.
- Distress Brief Intervention (DBI)

The Distress Brief Intervention Programme, delivered on behalf of Inverclyde HSCP by SAMH (Scottish Association for Mental Health), has been operating in Inverclyde for just over a year. It aims to improve outcomes and experiences for people experiencing distress through delivering connected, compassionate support. DBI is appropriate for individuals over the age of 16 years experiencing acute distress who do not require a clinical service response. The service provides initial contact within 24 hours of referral and offers compassionate, problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days – reducing both immediate distress and empowering the ability to manage future distress.

The following quotes are examples of the difference that the service has provided.

A referral was received from a Community Links Worker for a 51 year old lady experiencing employment and relationship issues. She reported a distress level of 8 at the first contact and received 9 calls over her 14 days of contact with the DBI service. Issues that were addressed included low self-esteem, pressures of work and family relationships. After engagement with the service and completion of distress management planning she reported a distress level of 2 at her final appointment.

A 38 year old gentleman who was experiencing suicidal thoughts and high levels of distress around family and relationship issues was referred to the

service by his GP. He received six calls during the 14 days of DBI support and his distress levels decreased over the course of the intervention. He said “having someone to open up to and someone who listened had made the world of difference” He found that the coping mechanisms provided had already proved beneficial for him and said that he would continue to use them in future distressing situations.

Referral numbers are averaging at 14 referrals per week with good levels of engagement from those who are referred. The majority of referrals within Inverclyde are made by primary care services including both Community Link Workers and GPs. Police Scotland are the second biggest referrers. Paul Cameron, Chief Inspector and Inverclyde Area Commander at Police Scotland said, “As the Area Commander for Inverclyde, I am delighted we have introduced the DBI process. I am committed to this new service and will ensure all operational officers are fully trained in the referral process. This is a service that meets the needs of people in crisis, working with the DBI process will enhance our ability to keep people safe.

- Commitment to Peer Support Worker (PSW) Test of Change board wide project. Inverclyde has two PSWs employed by NHS GGC embedded in the CMHT. Mutual support and self-help, based on sharing lived experience, are widely known to play a large part in Mental Health recovery. The NHS GGC Mental Health Recovery Work stream anticipates that embedding peer support within services will play a significant role in improving recovery oriented pathways for people accessing Mental Health Services. The aim of the Test of Change is to support reduction in in-patient admissions, length of stay in hospital and reduce unnecessary contact with Community Mental Health Services. The test of change period is due to conclude September 2022 having been extended by six months due to the pandemic. Impacting on delivery of the project. An external evaluation has been commissioned and final report is anticipated end of March 2022.
- The Mental Health service continues to commission SAMH’s Individual Placement and Support (IPS) employability service. The IPS worker is embedded in the CMHT. The main aim is to support people with mental health problems to gain employment through an employment specialist model.
- Implementation of Patient Initiated Follow Up (PIFU) for a targeted group of service users where it is clinically indicated. The principle being that the individual can seek a timely appointment with the service when they feel they need it as opposed to appointments being projected forward in an arbitrary manner. Thereby promoting personalised recovery by providing person centred ownership of contact.

The Mental Health service continues to commission SAMH’s Recovery Support Services. This service supports individuals to overcome barriers that may prevent them from engaging with recovery focused activities in community settings. It will challenge the stigma around mental health and alcohol or drug related issues and

ensure that individuals accessing support are enabled to participate in evidence based activities that support mental and physical health and wellbeing.

Mental Health and Wellbeing Primary Care Service

Meeting the needs of individuals who seek help for a mental health issue within primary care is something that often proves to be a challenge. The Scottish Government has released guidance for the introduction of Mental Health and Wellbeing Primary Care Services (MHWPCS). Every HSCP is required to plan the implementation of a local service that is easily accessible and provides mental health and wellbeing support, assessment and treatment in a timely manner. Inverclyde have established a MHWPCS steering group which is in the process of developing a local plan that takes account of the other mental health and wellbeing supports and services that are available in Inverclyde. The plan will also build on developments that were made as part of both Action 15 and Primary Care Improvement Plan (PCIP) work.

Adult Attention Deficit / Hyperactivity Disorder

Nationally and within NHS GGC there is an increasing demand for new adult ADHD assessment and intervention capacity. Work is underway across NHS GGC to tackle this with a direction of travel considering totality of neurodevelopmental disorder related need and most effective and efficient way to meet demand while future proofing service delivery. Inverclyde is a key partner in this development work.

Dementia

As part of Scotland's third National Dementia strategy, Inverclyde HSCP was selected as the Dementia Care Coordination Programme implementation site. The programme set out to support improvements and redesign of community based services to improve the experience, safety and co-ordination of care, services and support for people living with dementia from diagnosis to end of life. The programme launched in September 2019 and concluded in March 2022 with a formal evaluation report due to be completed by July 2022. Although impacted by Covid 19 the programme has completed a significant amount of work across multiple work streams, it has generated improvements and there are multiple legacy pieces of work that will continue beyond the end of the programme.

To ensure the sustainability of achievements, the programme steering group recommended that the Inverclyde Dementia Strategy Group be recommenced. Work to continue improvements in dementia care and services within Inverclyde requires strategic leadership and multi- agency involvement. The SMT have accepted this recommendation and the Dementia Strategy Group will be reinstated with joint strategic leadership from across Health and Community Care and Mental Health Services.

Alcohol and Drug Recovery Service

Inverclyde ADRS has continued to deliver essential care, treatment and support throughout the pandemic, ensuring there was capacity in the service to meet demand. Scheduled contact continues to be based on level of risk and need. At the beginning of the pandemic all Board wide service redesign, including the ADRS Review Implementation Plan was suspended. This has since reconvened with the final areas of implementation complete with the recruitment of the social care workforce.

Essential face to face contact has been maintained throughout the pandemic. Initial support to deliver prescriptions to those who were shielding still continues for people confirmed as having Covid -19 and socially isolating has remained in place throughout the pandemic.

As we incrementally increase all functions of the service, community alcohol detoxification, develop our assertive outreach nurse liaison team including acute liaison, test of change pilot in Primary Care and nursing response to near fatal overdose and interface with other partners and service areas. There are plans in place to support GPs in primary care who currently run shared care clinics.

The Scottish Government launched the Medically Assisted Treatment (MAT) standards which the service is currently working towards. Additional clinic time has been made available to ensure there is capacity for same day prescribing, where clinically appropriate.

Key challenges have been continued prescription deliveries; incorporating a caseload from one GP practice who withdrew from the shared care model; uncertainty of temporary funding for the Team Lead and two Band 6 Nurse posts supporting the test of change in Primary Care, Non-Fatal Overdose work and overall reactive capacity to crisis situations; the developing new models of care including implementation and reporting of MAT standards without any additional resource.

Governance and oversight of practice has been reviewed. The Head of Service chairs an overarching Mental Health and ADRS joint Care Governance Group with professional leads and senior officers contributing to the scrutiny. Cases include near misses, deaths or other serious incidents. Learning points, recommendations or the need for a Significant Adverse Event Review is agreed by the group which feeds into the wider Inverclyde HSCP and NHS Greater Glasgow and Clyde governance structures.

Homeless Service

The service continues to make progress with the Rapid Rehousing Transition Plan. Ten people have been established on the Housing First model, successfully sustaining tenancies with commissioned support within their local communities.

A matching process has been devised to ensure that those with low level supports have access to settled permanent housing quicker without the need for extended periods in temporary accommodation.

Work is ongoing with partners to support housing sustainability. A Tenant Grant Fund has been released by the Scottish Government to support homeless prevention. The Homeless Service is working with partners to ensure those at risk of eviction as a result of the impact of the pandemic can sustain their tenancy.

Recruitment of two Wellbeing Co-ordinators and two Team Leaders has enabled the development of a quality assurance framework to support improved performance at operational level.

A change programme planned with additional two year funding to provide additional capacity within the service to modernise the service and determine the future model of emergency and temporary accommodation.

The service is in the early stages of a new governance process for the review of all incidents, with an Incident Review Group, chaired by the Head of Service. This will through time link with the wider HSCP Care and Clinical Governance arrangements.

There were 33 people in Inverclyde who sadly lost their life to a drug related death in 2020, the same as the previous year. When comparing prevalence, Inverclyde remains the third highest area in Scotland next to Glasgow and Dundee.

All of the services the ADP commission aim to help reduce the number of drug related deaths in Inverclyde as well as reflecting the priorities of the new National Drugs Mission.

While Inverclyde ADP commissioned various tests of change, commencing in autumn of 2020; it was agreed to continue these into 2021 / 2022 to allow more time to consider the impact of these.

One of the commissioned services is for family support that Scottish Families Affected by Alcohol and Drugs delivers. From November 2020 – March 2022 SFAD received 97 referrals and provided 996 1:1 support sessions.

Inverclyde ADP received Drug Death Taskforce funding for a Naloxone Link Worker post to raise awareness of Naloxone. Since commencing post in November 2021 the Naloxone Link Worker has delivered training to 144 people in various third sector organisations and distributed 206 Naloxone kits. From November 2020 – 31st March 2022 97 new referrals were made and 996 1:1 support sessions were delivered.

In the same period, Moving On, a further commissioned service, received 372 referrals and completed 217 assessments with a total of 208 people starting the programme of delivery.

Your Voice are commissioned to provide recovery support and supports the lived Experience Network. 20 volunteers have completed peer mentoring training and 8 peer mentors and 4 staff have completed Scottish Recovery coaching and a range of other training to build their skills and asset building in our local recovery community.

A pilot Recovery Hub was opened in November 2021. This hub brings together a venue for several local third sector partners to deliver group work support and Inverclyde ADP has also commissioned peer support so people can also access 1:1

support in drop-ins. The recovery Hub is open seven days a week, including evenings. During the initial opening period from 27th November – 31st March there were 448 attendees at various groups in the Recovery Hub.

All of these tests of change have demonstrated the need for innovation and for partners working closely together.

5. Staff Wellbeing and Resilience

5.1 Work Place Wellbeing Matters Plan

The plan was launched on 30th November 2020 for three years, to support the HSCP's organisational recovery and to ensure support for the mental health and wellbeing of the HSCPs staff remains a priority.

The overall aim of the plan is:

“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”

The work and initiatives carried out last year have been built on and support with health and wellbeing continues throughout the HSCP and throughout Inverclyde with our partners. Below is a summary of what was achieved in 2020 -2021

5.2 Wellbeing Fund

A Wellbeing Fund has been established to support and promote health and wellbeing across the health and social care workforce. Staff and teams can apply for funds to support health and wellbeing initiatives. Staff teams have made the most of the fund by applying for various team activities e.g. team building outdoor events such as paddle boarding, kayaking, scavenger hunts, creating a safe outdoor fire and pizza making. Other teams have opted for indoor events such as team building through art, hatchet throwing, massage, spa days and wildlife identification team building outdoor events, team building indoor events, spa days, lunch and afternoon tea. Some of the teams have applied for funds to decorate and create a quiet, relaxing space for staff to go to and another team has applied to erect a garden of remembrance at their place of work.

5.3 Leisure Activities

We have linked in with Inverclyde Leisure to provide closed fitness classes for Inverclyde Council employees, including Nutrition/health classes and staff challenges i.e. March Into Spring walking challenge.

5.4 Central Repository/Hub

We have developed a Council wide wellbeing hub on the external website which is accessible to all staff (and the local community). The HSCP has a separate page which staff can access to find local and national health and wellbeing resources easily.

5.5 Monday Messages

We continue to circulate information, on a 2-3weekly basis, signposting local and national resources, training etc. to the entire staff team within HSCP and to our 3rd sector and independent sector colleagues.

5.6 Healthy Working Lives

Inverclyde HSCP were awarded Winter Pressures money from Scottish Government for Health and Social Care (including 3rd and independent sectors) and Primary Care staff, advising that it should be used to support the wellbeing of these workforces.

We had a very short timescale to turn around the proposal for spend, and agreed to partner with CVS Inverclyde to arrange a Winter Wellness Week, which commenced on 28th February 2022.

We offered a full programme of events for the week online, including sessions from:

- Compassionate Grit (focussing on taking the lead with mindset, motivation and goals)
- SAMH (soundbites programme focussing on mental health and tools/techniques)
- Marianna Doneva qualified Yoga teacher from Inverclyde Carers Centre
- Ex-footballers Chris Millar and Gary Pettigrew (focussing on how physical activity impacts our mental health)
- Rig Arts Inverclyde hosted a wellbeing drawing workshop
- Hints and tips on back care and ergonomics from John Kelly, Physiotherapist
- The residents of Glenfield Care Home invited us to join their chair based exercise/tai chi class
- Ex-footballer Paul Pettigrew shared his story about gambling addiction
- HSCP Advice Services delivered a session on financial wellbeing in Inverclyde
- Capacitor Tai Chi with Alison Bunce
- A Team Talk session with Jonny Roy from Morton in the Community
- Louise Gray, CLD, delivered a session on alcohol awareness
- Area Commander Chief Inspector Paul Cameron focussed on cyber crime and phone scams

The Greenock telegraph attended the In Person day and published an article: <https://www.greenocktelegraph.co.uk/news/19975326.winter-wellness-week-inverclyde-hscp-staff/>

6. Clinical and Care Governance Strategy and Work Plan

6.1 Inverclyde HSCPs Clinical and Care Governance Strategy describes a Clinical and Care Governance framework that fosters and embeds a culture of excellence in clinical and care

governance practice, which enables and drives forward delivery of safe, effective, high quality, sustainable person-centred care, based on clinical evidence and service user experience, resulting in positive outcomes for our community.

The HSCP has developed an action plan around the main strategic priorities which focuses on a key priority for each domain, as below -

Table 2 Clinical and Care Governance Strategic Work Plan Priorities

Domain	Priority
Adverse Event, Clinical and Care Risk Management	Duty of Candour Process for the HSCP
Continuous Improvement	Quality Improvement Plan for the HSCP
Person-Centeredness	Consistent Means of Capturing and Analysing feedback
Clinical and Care Effectiveness	Standard Operating Procedure for incident reporting for the HSCP

6.2 Work has progressed throughout 2021 on delivery of the work plan and is tracked via the HSCP Clinical and Care Governance Group. Significant process has taken place around development of a Duty of Candour process for the HSCP and incident reporting. The HSCP has commissioned Care Opinion and is working to roll this out fully as a consistent means of capturing and analysing feedback by summer 2022.

The IJB is due to receive an annual update on progress in June 2022.

7. Person Centred Care

7.1 Care Opinion implementation Inverclyde HSCP

The implementation of Care Opinion is being planned for summer 2022. The link is enclosed for reference. www.careopinion.org.uk

Care Opinion is a place where you can share your experience of health or care services, and help make them better for everyone.

It will help people give feedback and receive a response to their issue and the stories and the responses are open for staff and the public to access.

7.1.1. Why use Care Opinion?

Stories tell you why people feel the way they do about their experience. Service user stories are crucial to providing and commissioning the best services possible, and in understanding how to improve the service user journey.

Gathering qualitative information is traditionally expensive and resource intensive. It takes time and money for a member of staff to interview the public about the service they have received. Care Opinion acts as a tool for collecting and engaging with

stories. With online, postal and telephone feedback service, Inverclyde HSCP will reach a wide and more representative range of people.

There is a Care Opinion Implementation Group established, chaired by the Chief Nurse.

7.2 Complaints and Feedback Overview

During the year 2020 and 2021, a total of 113 complaints were received.

Table 3 – Complaints received by service over each quarter.

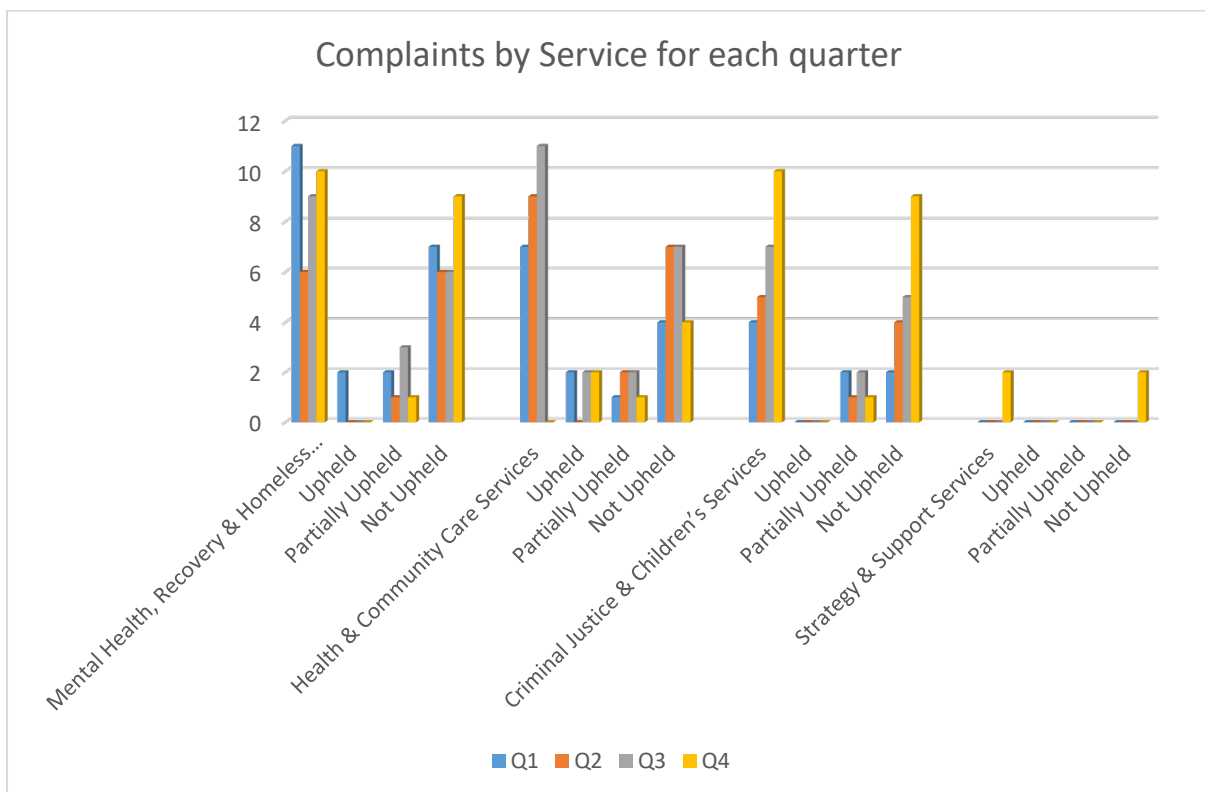


Table 4 – Complaints by timescale for each quarter.

	Q1	Q2	Q3	Q4	Total
Total Complaints	28	21	28	36	113
Stage 1 - Total	14	9	11	10	44
Stage 1 - Closed within 5 Days	13	6	6	7	32
Percent Closed within timescale	92.8%	66.6%	54.4%	70%	70.6%
Stage 2 - Total	8	11	16	19	54
Stage 2 - Closed within 20 Days	5	10	10	7	33
Percent Closed within timescale	62.5%	90.1%	62.5%	36.8%	61.1%
Complaints Withdrawn or No Consent	6	1	1	3	11

Table 5 - Complaints by service and outcome for each quarter

	Q1	Q2	Q3	Q4
Mental Health, Recovery & Homeless Services	11	6	9	10
Upheld	2	0	0	0
Partially Upheld	2	1	3	1
Not Upheld	7	6	6	9
Health & Community Care Services	7	9	11	7
Upheld	2	0	2	2
Partially Upheld	1	2	2	1
Not Upheld	4	7	7	4
Criminal Justice & Children's Services	4	5	7	10
Upheld	0	0	0	0
Partially Upheld	2	1	2	1
Not Upheld	2	4	5	9
Strategy & Support Services	0	0	0	2
Upheld	0	0	0	0
Partially Upheld	0	0	0	0
Not Upheld	0	0	0	2

2021-2022 saw the country and Inverclyde HSCP remain pressured with the global pandemic though restrictions were lessened at points throughout the year.

The complaints team has now changed for the New Year with a new complaints manager appointed and admin support to be appointed following interviews in May.

It is anticipated we will see improvements in the New Year to make the processes easier and develop our existing methods of working.

7.4 Complaint Themes

A majority of complaints received were within Mental Health, Recovery and Homelessness Services closely followed by Health and Community Care services, the latter being the largest service within Inverclyde HSCP.

The majority of complaints are related to Staff Professional Practice (53%) with a number of other complaints being down to communication as one of the reasons.

7.5 Compliments

At this time there is no mechanism available to collate compliments but with Care Opinion due to be launched in summer 2022, this will provide Inverclyde HSCP with the opportunity to gather feedback.

IHSCP has continued to respond to complaints as normal despite the additional pressures facing the partnership during the global pandemic, however further analysis of themes and learning needs to be undertaken.

7.6 Scottish Public Services Ombudsman (SPSO)

Reviews should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).

During the period 2021 – 2022, there was one case reported to the SPSO which was not upheld.

7.7 General Practice Complaints

During 1st April 2021 to 31st March 2022 there were 176 GP complaints received. A breakdown of the complaint outcomes are summarised below.

Table 6: GP Complaints

	Q1	Q2	Q3	Q4	Total
GP Complaints	44	36	43	53	176
Upheld	3	4	7	6	20
Partially Upheld	16	23	13	17	69
Not Upheld	25	9	23	30	97

7.8 Optometry Complaints

During 1st April 2020 to 31st March 2021 there was 2 complaints received. These complaints were resolved at a first stage and were found to be not upheld.

Table 7: Optometrist Complaints

Optometrist Complaints	0	2	0	0	2
Upheld	-	-	-	0	0
Partially Upheld	-	-	-	0	0
Not Upheld	-	2	-	0	2

7.9 Duty of Candour

On 1st April 2018 the Duty of Candour Procedure (Scotland) Regulations came into force. This placed a legal requirement on all health and social care services in Scotland to ensure that when certain forms of unintended or unexpected events happen, the people affected understand what has occurred, receive an apology, and that organisations learn how to improve for the future.

The processes for recording, tracking and monitoring progress are a strategic priority for Inverclyde HSCP as part of the Clinical and Care Governance Strategic Work Plan. Progress on this is reported in the update to the IJB June 2022.

Inverclyde HSCP will “be open” when recipients of services are affected by serious adverse events. The complaints process for the HSCP is now well established. In addition to this, incidents for services in the HSCP that have been recorded on the Datix incident system will follow the process of Significant Adverse Event Review. Factors that may have caused or contributed to the event, which helps identify duty of candour incidents are fully investigated, involving the service user and their family as circumstances dictate.

There have been no complaints for the HSCP that have been identified as a Duty of Candour incident. This includes all services for the HSCP.

Significant Adverse Event Reviews conducted through reporting on the Datix incident management system are considered as Duty of Candour events.

7.10 Significant Adverse Event Review

The table below summarises the amount of Significant Adverse Event Reviews still outstanding at 1st April 2022. The HSCP acknowledge the delays in proceeding with these reviews. They are regularly reviewed and monitored by the service clinical and care governance groups. The Mental Health and ADRS Incident Review Group meet monthly where progress is discussed and tracked. This governance group will review the highest number of Significant Adverse Event Reviews for the HSCP.

The Mental Health service has provided information to the NHS Greater Glasgow and Clyde review for adult services, led by Katrina Phillips, which is assessing the delays across NHS Greater Glasgow and Clyde, and what recommendations are to be made to refine the reviews, whilst maintaining the emphasis on thorough and appropriate investigation.

Table 8 Open Significant Adverse Event Review

ID	Incident date	Directorate	Specialty	Status
557140	05/03/2019	Health and Community Care	Community Nursing	In QA
644651	30/12/2020	Children and Family Services	Family Nurse Partnership Team	Under Review
634992	12/09/2020	Children and Family Services	School Nursing	Under Review
581864	10/09/2019	Mental Health Services	Community Mental Health Team	Under review
596096	24/12/2019	Mental Health Services	CMHT/ADRS	Under review
668559	17/7/2021	Mental Health Services	Crisis Team	Under review
644169	13/1/2021	Mental Health Services	ADRS	Under review
615893	12/6/2020	Mental Health Services	ADRS	Under review
596096	31/12/2019	Mental Health Services	ADRS	Under review
619136	28/6/2020	Health and Community Care	Community Learning Disabilities	In QA
684285	3/11/2021	Acute	In Patients	Under review
678274	23/9/2021	Mental Health	ADRS	Under review
663700	11/6/2021	Mental Health	ADRS	Under review

7.10.1 The Significant Adverse Event Reviews Actions concluded 2021 -2022

During 2021 -2022 there were 7 Significant Adverse Event Reviews concluded that had actions to complete as a result.

Table 9: Summary of completed actions following SAER

Datix ID	Specialty	Priority Status	Action Completed	Date Completed
618526 - 9514	Mental Health Services Community Mental Health Team	High Priority Local Action	Ensured risk assessments and related training current within teams	06/08/2021
618526- 9515	Mental Health Services Community Mental Health Team	High Priority Local Action	All keyworkers received support to ensure all patients have relevant Care	06/08/2021

			Plan (including Safe Plan)	
596096 - 9953	Mental Health Services Addiction Services	Medium Priority Local Action	Assertive follow up recommendation to GP and review of 'opt in letter' and record keeping on EMIS. Reviewed by Primary Care Mental Health Team.	11/8/2021
596096 - 9954	Mental Health Services – Addiction Services	Medium Priority Local Action	Record keeping on support plan, risk assessment and documentation to be uploaded on EMIS. Template devised to make process easier.	11/8/2021
612256 - 9352	Specialist Children's Services – CAMHS	High Priority Local Action	Guidance reminder Care Co-ordinator Descriptor paper and identified clinician on EMIS.	8/7/2021
612256 - 9353	Specialist Children's Services – CAMHS	High Priority Local Action	Documentation to be clear on EMIS for medication plan and relate to NICE guidance.	8/7/2021
612256 - 9354	Specialist Children's Services – CAMHS	High Priority Local Action	Improved case tracking for trainees for follow ups in event unplanned absence	8/7/2021

8. Conclusion

Inverclyde HSCP has had a demonstrable commitment to clinical and care governance and there has been considerable change in the governance landscape for the HSCP. This has been seen in the HSCP support to Care Homes and the contribution of Inverclyde HSCP to the work of the Care Home Collaborative within NHS Greater Glasgow and Clyde.

As the HSCP moves to recovery from the pandemic into 2022 -2023, the work for clinical and care governance will be to consolidate the role of the HSCP clinical and care governance groups, and for this to be underpinned by the work involved in the clinical and care governance strategy workplan. The HSCP welcomes the impact of Care Opinion in improving the accessibility and demonstrable response to feedback from the public in receipt of HSCP services.