
Report To:	Inverclyde Integration Joint Board	Date: 25 September 2023
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No: IJB/42/2023/HM
Contact Officer:	Dr Hector MacDonald Clinical Director	Contact No: 01475 715284
Subject:	Annual Report Clinical and Care Governance 2022-2023	

1.0 PURPOSE

1.1 For Decision For Information/Noting

1.2 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2022-2023. 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 an overview of clinical and care governance.

2.0 SUMMARY

2.1 The report covers the work of the Clinical and Care Governance Group for 2022 – 2023

3.0 RECOMMENDATIONS

3.1 Members of the IJB are asked to note the annual report.

**Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership**

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 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance	X	
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

Legal/Risk

- 5.3 N/A

Human Resources

- 5.4 There are no specific human resources implications arising from this report.

5.5 Strategic Plan Priorities

There are no Strategic Plan Priorities.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

(b) Equality Outcomes

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

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
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x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.
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5.7 Clinical or Care Governance

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. The work for next year’s Annual Report will cover the impact of the Clinical and Care Governance Strategy and Action Plan.

5.8 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.	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

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
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x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.
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5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the right and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0

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
HSCP
Health and Social
Care Partnership



Inverclyde Health and Social Care Partnership
CLINICAL AND CARE GOVERNANCE
ANNUAL REPORT 2022-2023

This document can be made available in other languages, large print, and audio format upon request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Kurdish

Li ser daxwazê ev belge dikare bi zimanên din, çapa mezin, û formata dengî peyda bibe.

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Soraini

ئەم بەلگەنامەیە دەتوانرێت بە زمانەکانی تر و چاپی گەورە و فۆرماتیکی دەنگی لەسەر داواکاری بەردەست بکەیت.

Tigrinya

እዚ ሰነድ እዚ ብኸልእ ቋንቋታት: ብዓቢ ፊደላትን ብድምጺ ቅርጽን ምስ ዝሕተት ክቕርብ ይኸእል።

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Ukrainian

За запитом цей документ може бути доступний іншими мовами, великим шрифтом та аудіоформатом.

☎ Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB ☎ 01475 715365

1.0 Introduction

1.1 Inverclyde HSCP are required to provide an Annual Report for Clinical and Care Governance for NHS Greater Glasgow and Clyde. This demonstrates Inverclyde HSCP have a commitment to the Healthcare Quality Strategy and will focus on learning, improvement and highlighting good practice.

The Healthcare Quality Strategy sits within the context of the Patients' Rights Act which became law in Scotland in 2011. This provides a legal basis requiring the NHS in Scotland to provide care, which is person centred, safe and effective.

Table 1 shows NHS Scotland Quality Strategy Ambitions.

Table 1. NHS Scotland Quality Strategy Ambitions



1.2 There will therefore be a focus on Safe, Effective and Person-Centred Care for the annual report for clinical and care governance. The style of the report will be to focus on a selection of aspects that demonstrate the commitment to the quality agenda. This will mean that, as NHS Greater Glasgow have requested, that there is a focus on the improvement activity. The examples are meant to be illustrative and do not represent all activity within Inverclyde Health and Social Care Partnership.

1.3 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.

1.4 The HSCP has developed an action plan around the main strategic priorities. Work has progressed throughout 2022 and 2023 and the strategic priorities are all reflected in the progress of person centred, safe and effective care. The report will highlight where progress has been made on the strategic priorities. The conclusion of this report will reference the focus for 2023 – 2024 for clinical and care governance.

2. Clinical and Care Governance arrangements 2022-2023

2.1 The Clinical and Care Governance Group met on:

10th May 2022; 23rd August 2022; 22nd November 2022 and 7th March 2023.

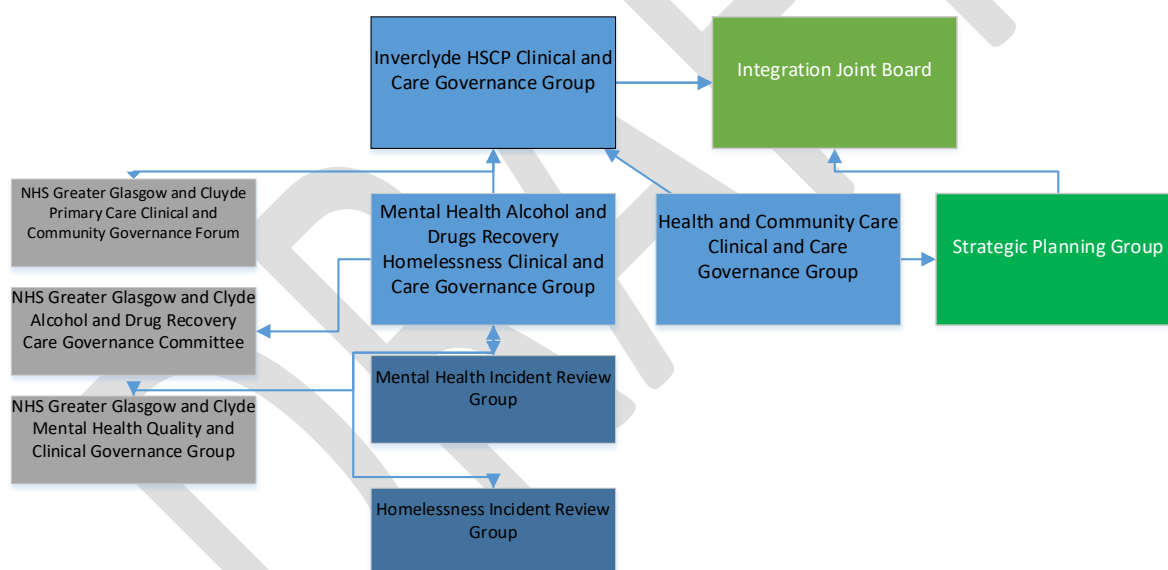
The membership of the group has remained unaltered and there will be a planned terms of reference refresh for the group to take place by the end of 2023. This will review the chairing arrangements as well as membership of the group. The HSCP acknowledge that there has to be a reflection of the purpose and direction of the group for the role of clinical and care governance in the Strategic Plan, as well as ensuring that the voice of all residents of Inverclyde who receive health and social care services is represented and heard.

The group chair is Dr Hector MacDonald, Clinical Director for Inverclyde Health and Social Care Partnership.

2.2 There are two local clinical care and governance groups for Inverclyde Health and Care Partnership -Mental Health, Alcohol and Drug Recovery and Homelessness and Health and Community Care.

2.3 Table 2 shows the current clinical and care governance arrangements for Inverclyde HSCP, and NHS Greater Glasgow and Clyde and Inverclyde Council.

Table 2 Inverclyde Clinical and Care Governance Structure



The main change from last year's report is that the Children's Services and Criminal Justice Governance Group has not been convened. Reporting by exception to the HSCP Clinical and Care Governance Group has taken place and the governance processes for Adult and Child Protection have continued. This is currently under review by the newly appointed Head of Service for Children and Families.

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 Integration Joint Board 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.

Inverclyde HSCP Strategic Plan 2019 – 2024 was refreshed for 2023 – 2024.

The Big Action 3.2 details the commitment to the Clinical and Care Governance Strategy and we will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and Integration Joint Board.

3. Safe – no avoidable injury or harm in a clean and safe environment

3.1 Support to Care Homes

Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in response to the impact of COVID -19. There was a series of visits that took place in 2022 using the CHAT tool. There are 21 care homes in Inverclyde supported using this tool.

The visits set out with the aim to provide additional clinical input, support and guidance to care homes. The assurance process is reviewed and updated by using a Plan, Do, Study Act (PDSA) cycle.

The report includes areas of strength as well as areas for improvement.

All improvements that were suggested by the visiting team are captured on action plans. Comparison of plans for 2022 were compared with 2021 and a key recurring theme has been identified in terms of:

- Hand Hygiene audits
- Lack of storage
- Cleaning schedules
- Mandatory training

There is ongoing monitoring on how Inverclyde Health and Social Care Partnership can support the care homes to address areas of improvement, including through support from the Care Home Collaborative.

The reporting of the implications for Inverclyde Health and Social Care Partnership is the responsibility of the Chief Nurse and there are update reports to the Integration Joint Board.

All Care homes in Inverclyde have had a CHAT audit completed in Quarter 4 of 2022 -2023 and overarching themes and trends are currently being compiled. No areas of concern have been escalated. The team have participated in the Care Home Collaborative Focus group process to gain opinions of the process and the overarching Greater Glasgow and Clyde wide results are currently going through governance processes. Agreement has been reached that the CHAT tool will be redesigned to maintain a focus on appreciative enquiry, reduce the Infection and Prevention Control focus and to reflect more accurately smaller adult homes. The aim is that an NHS Greater Glasgow and Clyde draft of the new document will be ready later in 2023.

3.2 Combined Care Assurance and Audit Tool

The CCAAT audit process is embedded into nursing practice and the results of the audit are recorded and action plans are created and monitored once concerns are identified. This is an improvement tool which means that staff monitor to check compliance on the key areas identified and a score is given after the audit has been completed.

Gold and Green scores mean that the teams are audited less frequently with amber and red findings meaning a follow up within 3 months or 1 month.

CCAAT audits commenced in Inverclyde last year with variation seen across District Nursing Teams. Work has been put in place to support teams and results were seen to improve. All seven teams were audited as per requirements.

Table 3 shows the audit results for District Nursing. There will be variation in results and the important aspect to emphasise is there is a regularly scheduled audit with an action plan with clear governance in place to understand and celebrate improvement and identify where there is remedial action requiring to take place.

Table 3 CCAAT Audit District Nursing Teams 2022 - 2023

Practice	Date of completion and result	Audit sequence	Date of completion and result
Cochrane / Hogan team 1 &2	23.8.2022 74%	3-month review	2.12.2022 80%
Gourock	30.8.2022 68%	2-month review	29.11.2022 78%
Port Glasgow team 1 & 2	2.9.2022 86%	6-month review	
Kilmacolm and Port Glasgow team 2	8.9.2022 84%	6-month review	
Ardgowan	15.9.2022 65%	1 month review	25.11.2022 83%
Lochview	13.9.2022 69%	3-month review	8.12.2022 98%
Station View	22.9.2022 97%	1 year review	

<p>Overall Score Red <66%</p> <p>1. Complete improvement plan within 28 days (SCN)</p> <p>2. Repeat Care Assurance visit by the same 2 HCPs in 1 month</p>	<p>Overall Score Amber 66%-79%</p> <p>1. Complete improvement plan within 28 days (SCN)</p> <p>2. Repeat Care Assurance visit by the same 2 HCPs in 3 months</p>	<p>Overall Score Green 80 – 90%</p> <p>1. Complete improvement plan within 28 days (SCN)</p> <p>2. Repeat Care Assurance visit in 6 months</p>	<p>Overall Score Gold 91- 100%</p> <p>1. Complete improvement plan within 28 days (SCN)</p> <p>2. Repeat Care Assurance visit in 12 months</p>
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The recent appointment of a local Practice Development Nurse will support this work going forward.

The Health and Community Care Clinical and Care Governance Group review the results of the audit and NHS Greater Glasgow and Clyde review the results for all HSCP's via the Quality and Transformation Team.

3.3 Datix compliance and Significant Adverse Event Review

Inverclyde Health and Social Care Partnership use the Datix system from NHS Greater Glasgow and Clyde to report clinical incidents and to categorise them to reflect where there is a risk of significant harm to patients. There is a responsibility to ensure that these incidents are appropriately investigated to minimise the risk of recurrence by applying lessons learned. This opportunity for learning exists without a significant adverse outcome for the patient but if there is an incident that could lead to further significant harm and has exposed potential clinical system weaknesses these have been termed as Significant Adverse Event (SAE).

Table 4 below shows the number of overdue incidents that must be closed. Inverclyde HSCP generally has good compliance, and this is reflected in the monthly reports that are shared with Chief Officers in all the partnerships.

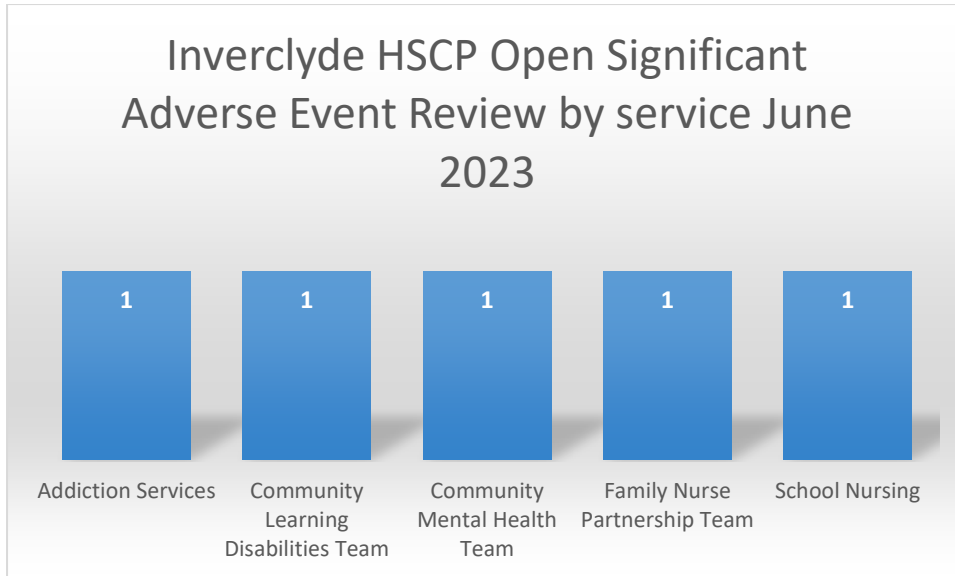
Table 4 Overdue Datix incidents Aug 2022 – April 2023

	Aug 2022	Sept 2022	Oct 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
Inverclyde HSCP	95	60	52	49	66	65	54	84

The overall compliance is monitored through Inverclyde Health and Social Care Partnership Clinical and Care Governance Group and supported by two reports from the clinical risk team of NHS Greater Glasgow and Clyde.

Table 5 shows Inverclyde Health and Social Care Partnership has five open Significant Adverse Event reviews and these are distributed across services. There has been significant improvement noted in closing these reviews in the last year, especially for Mental Health Services. The Incident Review Group for Mental Health and Addiction Services oversees the progress required in this area and this group meets every month. Seven have been closed for Inverclyde Health and Social Care Partnership from last year's annual report. This is significant progress for the service given the operational pressures.

Table 5 Open Significant Adverse Event Reviews June 2023



There was seven closed SAER in 2022 /2023. Five from Mental Health Services and two for Health and Community Care.

The progress in identifying and progressing the learning is reflected in Table 6 below as nine actions have been closed from the 7 SAER's in 2022 / 2023. The most common theme for Acute Mental Health (6) was for Policy and Guidance issues. This was referenced once for Community Nursing. Communication was an issue for one action for both Acute Mental Health and Community Nursing. Training was also referenced once for Acute Mental Health and Community Nursing.

Table 6 Completed Actions for 2022 -2023 by Specialty and Theme

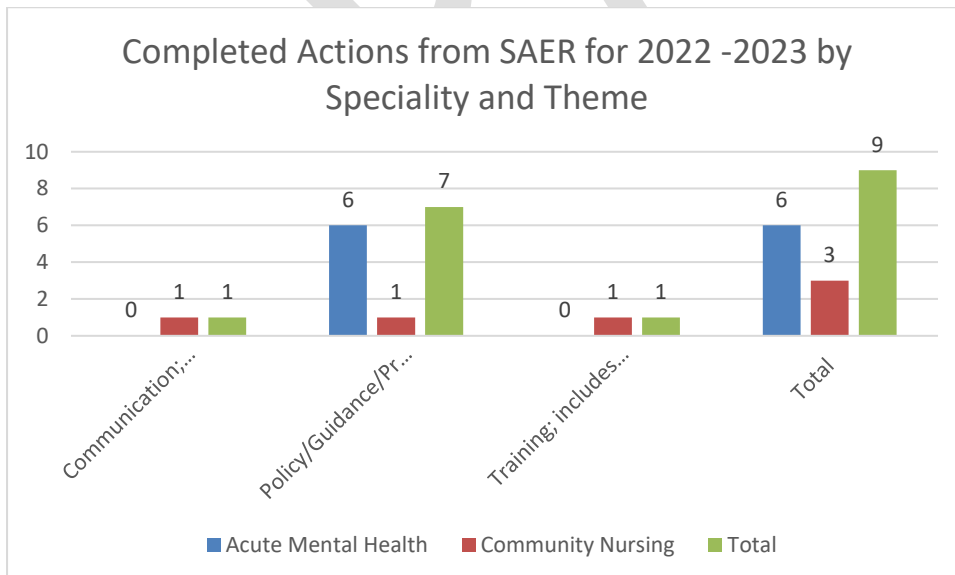
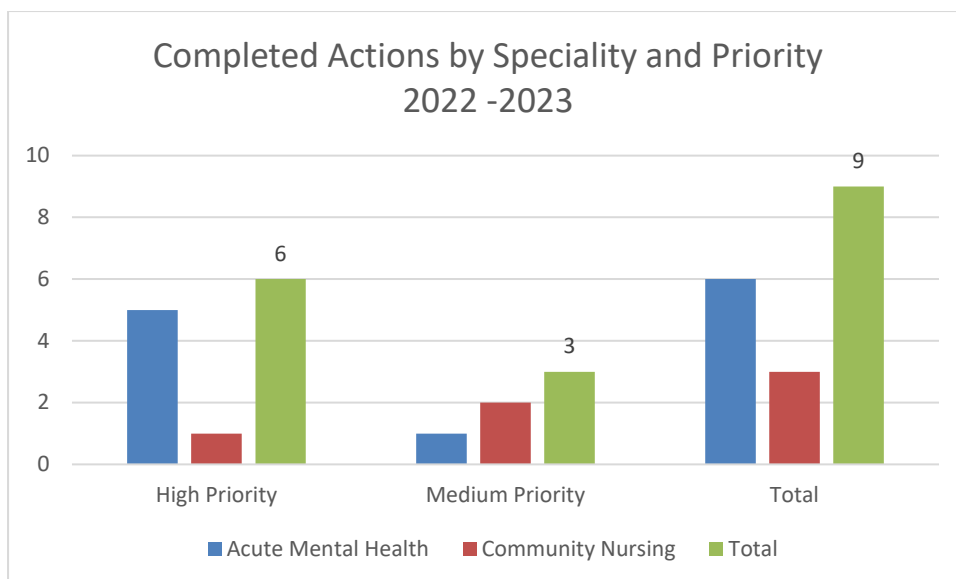


Table 7 shows the completed actions by Specialty and Priority.

Six were high priority and three medium priorities. Acute Mental Health had 83% of all actions that were High Priority.



Focus on Significant Adverse Event Process and the learning

Health and Community Care

One SAE that was concluded in 2022 -2023 from community nursing included a reflective learning exercise took place with staff in December 2022. This arose from a SAE that was commissioned in summer 2019 and the response to the pandemic delayed the investigation of the incident.

The delays were mentioned in the previous annual report and this example is used to illustrate the response from Inverclyde Health and Social Care Partnership to ensure that staff had an opportunity to reflect and review and to acknowledge how much had changed in operational practice as a result of the pandemic.

The key findings were presented to the Clinical and Care Governance Group in March 2023 by the Chief Nurse, who hosted the reflective learning session which was well attended by staff.

The staff were asked what has made a difference to practice and they said:

- The locality meeting structure that was put in place as a response to the pandemic has helped multi-agency discussion. The scope of the meeting has been expanded to include allocation of priorities and risk.
- This helps share information and give a clear picture of current status to the multi-disciplinary team.
- Notes are available for case conference and review.
- The core issue is different professional groups define risk differently. Hospital discharge and wider social risks have to be defined and reviewed and the locality meetings with the shared information has helped staff.
- There was an acknowledgement that staff need support throughout what can be lengthy investigative processes.

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.

There has been guidance for staff that has been updated with information for all services of the HSCP and training is planned for 2023 that will incorporate the requirements for identifying and reporting Duty of Candour.

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.

Inspection Activity

The Mental Welfare Commission (MWC) undertake announced or unannounced local visits to hospitals, care homes or prison services.

They assess practice, monitor the implementation of mental health legislation, undertake investigations where they have concerns and provide information, advice and guidance.

The MWC visited Langhill Clinic on 12 July 2021 and recommendations were made. The service then received an unannounced visit on 1st February 2023. A further four recommendations have been made and an action plan is in place which is currently being progressed.

The recommendations from the February 2023 visit were:

1. Managers should ensure that for patients who have dietary requirements, there is a range of healthy and varied options. This is being addressed by the Food User Group.
2. Managers should regularly audit care plans across the service to ensure they are up to date and are person centred and includes all the individuals’ health and care needs. An audit is currently in place.
3. Managers should ensure that patient areas are welcoming and homely. They should have regular maintenance and upgrading to ensure that patient care is in a therapeutic and safe environment. Redecoration and Garden project currently underway.
4. Managers should ensure that any outside area that is accessed by patients is welcoming maintained and safe. Redecoration and Garden project currently underway.

4. Effective Care – *treatment at right time and reduce variance*

4.1 Pressure Ulcers

Inverclyde Health and Social Care Partnership monitor the care of pressure ulcers. In particular the circumstances that arise that lead to avoidable pressure ulcers.

‘Avoidable’ means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following:

Evaluate the person’s clinical condition and pressure ulcer risk factors.

Plan and implement interventions that are consistent with the person’s needs and goals, and recognised standards of practice.

Monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

Table 8 below shows the breakdown of avoidable and unavoidable pressure ulcers for 2022-2023 recorded on the Datix system.

	Avoidable	Unavoidable	Total
Community Nursing	3	25	28
District Nursing	0	2	2
Older People's Mental Health	2	1	3
Total	5	28	33

The five avoidable pressure ulcers that were recorded were categorised as Grade 2 with four local investigations have taken place. One of the cases is currently under review to establish whether a SAE is to take place.

Caseload acquired pressure ulcers analysis through NHS Greater Glasgow and Clyde highlighted Inverclyde as an outlier with the lowest number of caseloads acquired pressure ulcers across NHSGGC.

A caseload acquired pressure ulcer is pressure damage that has developed when a person is known to the service as part of the caseload.

We analysed this to identify improvements. The following areas requiring improvement were identified.

- Lack of training in the use of Community Nursing Information System
- Supplementary forms not completed or completed within the correct time frame.
- Overwriting of care plans instead of closing an old care plan and opening a new care plan
- Malnutrition Universal Screening Tool and Waterlow (risk of pressure ulcer) not completed or reviewed when patient changes occur.
- Poor uptake of education around tissue viability and pressure ulcer prevention

Some contributing factors have been identified of workload have potentially added to situation such as support and development for newly qualified District Nurses has been impacted due to the pandemic; the vacancies having an impact on workload; a high turnover of community staff and the training that is available.

Actions that are underway to resolve this;

- Practice Development Nurse came into post in May and has developed a training programme with our Tissue Viability Nurse
- CCAAT audits now completed monthly to enable early identification and resolution of issues.
- Record keeping sessions planned for all staff.

- CNIS training sessions planned for all staff.
- Work in progress to review all wounds and ensure assessment are correct and have been correctly documented.

4.2 Inverclyde Centre for independent Living Hub

There has been a significant focus on improvement activity for this service. There has been an Urgent Hub in operation since August 2022.

Table 9 shows the flash report that has been created from the service to show the improvement achieved and the main areas of focus.

This work focusses on preventing hospital admission, to facilitate hospital discharge and maintain safety at home.

Prevention of admission to hospital is the main focus and the initial trend is showing the number of admissions prevented is rising. This has been achieved when the number of referrals has also increased.

Classification : Official

ICIL Urgent hub
 January – March 2023

About the Urgent hub

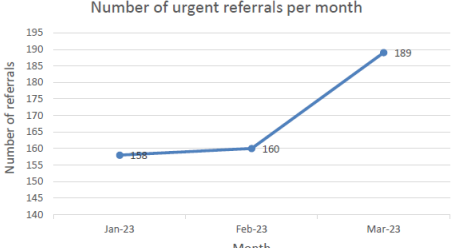
The ICIL urgent hub has been in operation since August 2022 and is designed to triage urgent referrals and to support the following outcomes.

- Prevent Hospital Admission
- Facilitate Hospital Discharge
- Maintain Safety at Home

The Urgent hub operates between 9:30am and 3:30pm Monday to Thursday and 9:30 am to 3:00pm on a Friday.

The urgent hub team is made up of clinicians representing both the Social work and the Healthcare teams within the ICIL. Clinicians work on a rota to staff the hub each day and respond to urgent referrals as they are received. The Team receive referrals via ICIL's Single point of access and direct from healthcare professionals.

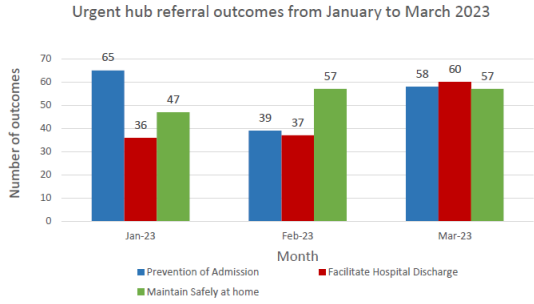
Number of urgent referrals per month



Month	Number of referrals
Jan-23	158
Feb-23	160
Mar-23	189

Outcomes of Interventions from Urgent referrals from January to March 2023

Urgent hub referral outcomes from January to March 2023

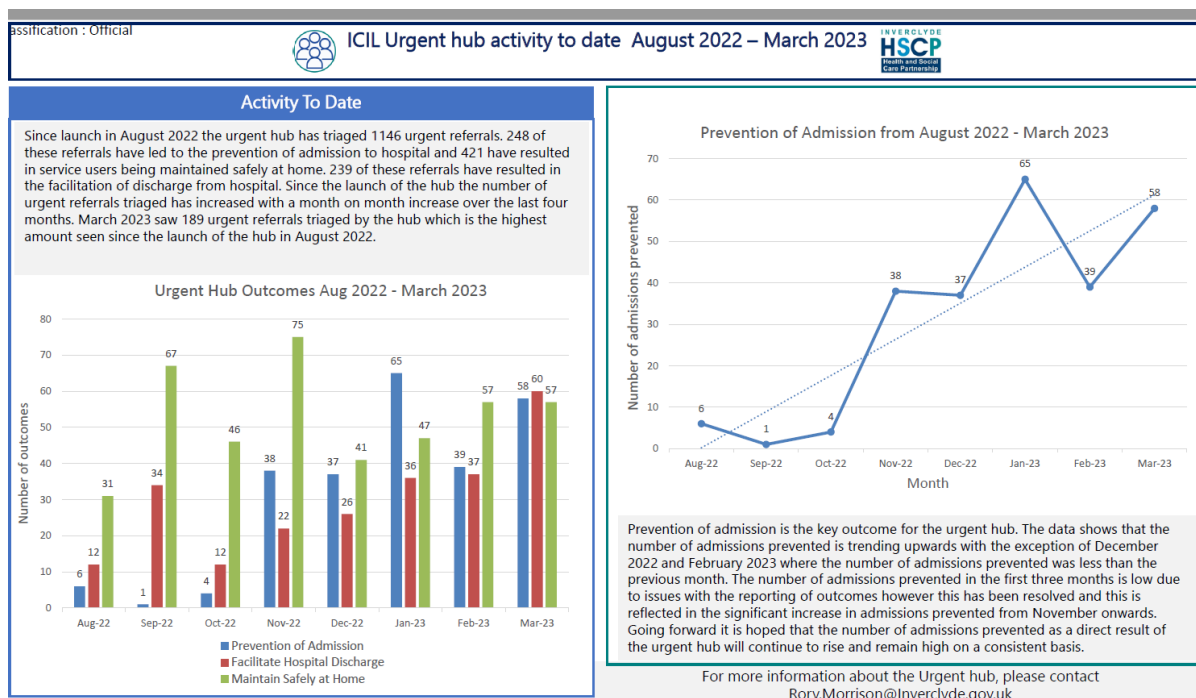


Month	Prevention of Admission	Facilitate Hospital Discharge	Maintain Safety at home
Jan-23	65	36	47
Feb-23	39	37	57
Mar-23	58	60	57

Between January and March 2023 the Urgent hub triaged 507 urgent referrals with 162 of these referrals resulting in admission to Hospital being prevented. This is a significant increase on the previous three months where only 79 referrals resulted in the prevention of admission. This low number was down to issues with reporting the outcomes that have now been resolved.

Between January and March 2023 161 referrals resulted in service users being maintained safely at home and 133 referrals resulted in the facilitation of discharge from hospital. This is an increase on the previous three months for facilitation of discharge which only had 60 referrals and a small decline for maintaining safely at home which had 162.

For more information about the Urgent hub, please contact
Rory.Morrison@Inverclyde.gov.uk



4.3 Children and Families

Specialist Children's Services

Inverclyde are the pilot site for the EMIS Neurodevelopmental pathway where the team are building on good links with education, social work and third sector.

The Occupational Therapy and Paediatric Physiotherapy teams have developed a local advice line which parents, education, health, social work and 3rd sector agencies can call for advice. The OT team continue to be part of the drop-in clinic at Craigmarnoch School where staff can ask for information and advice regarding a child, improving access to OT advice and resources as part of our early intervention approach.

The Speech and Language team are working Health Visiting and Education colleagues to provide coaching and modelling to support families of children under 3 years old who would benefit from language enrichment, after a successful initial pilot. Two Education sites have completed the initial coaching sessions with plans to extend this further.

Working with children and families together, we were awarded a grant of £25,000 from Glasgow Children's Charity to make our waiting area and Autism assessment room at the Skylark Centre more child friendly.

Our Nursing teams (Disability, Health for all, Community children's Nursing team and ASL schools) recently completed an Excellence in care CCAAT (care and clinical assurance assessment tool) audit and scored 100% in 3 out of four areas which will support a continued focus on the team's learning needs for the next few months,

4.5 Medication Assisted Treatment (MAT) Standards

The Drug Deaths Taskforce established by the Scottish Government in September 2019 in response to the drug-related deaths across Scotland introduced a number of initiatives including the introduction of Medication Assisted Treatment (MAT) Standards for Scotland. The Standards were published in May 2021 to ensure consistent delivery of safe, accessible

high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support. The Standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey. The service has self-evaluated current practice against the MAT Standards.

Summary of the standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care

The current position is that 1-5 Green and 6-10 are Amber. This is being continually reviewed by the Head of Service and reviewed at the Mental Health, ADRS and Homelessness Clinical and Care Governance Group.

4.6 Primary Care Improvement Plan (PCIP)

Memorandum of Understanding (MOU)

The new contract for provision of General Medical Services in Scotland commenced in April 2018; a contract which had a vision for the establishment and development of multi-disciplinary professionals working to support GP Practices, under the employment of HSCPs. A pioneering task, with the objective to release GP clinical time, to take on the role as Expert Medical Generalists. A role that would see GPs focusing on care for patients with the most complex needs.

Delivery for HSCPs was based on a defined Memorandum of Understanding (MOU). The MOU established a national agreement between the BMA, Scottish Government, integration authorities and health boards to implement the 2018 Scottish GP contract.

In line with the revised Memorandum of Understanding in August 2021, our priorities focus on advancing and accelerating our multidisciplinary models of care across Community Treatment and Care, Pharmacotherapy, Vaccination Transformation Programme followed by Urgent Care as defined.

Governance

Governance and supporting structures are reviewed at regular intervals, with the most recent in September 2022 proposing the rebranding of our PCIP Implementation group. To provide a wider remit; we advanced to the Primary Care Transformation Group; where PCIP sits within this overarching structure.

The creation of Development Groups and engagement sessions for areas of the Memorandum of Understanding ensure our stakeholders are represented and have input to the onward development of our services.

Multi-disciplinary approach

We have progressively recruited and trained staff to deliver services across the six Memorandum of Understanding (MOU) areas. Over the course of implementation, we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce, which has provided opportunities for efficiencies, and built greater resilience into some services.

New delivery models of care and recruitment of multi-disciplinary professionals has allowed the transfer of work from GP practices to HSCP staff within the context of Primary Care transformation creating range of services enabling patients to access the right professional, at the right place, at the right time.

Key highlights include:

- As of January 2023, an additional 41.67 wte staff have been recruited to the MDT roles.
- The additional workforce capacity has increased support for General Practice; as well as managing both existing and new workload in a sustainable way.
- The implementation of the new models and extended multidisciplinary teams are now an established part of core general practice provision, which has allowed a significant transfer of work from GP practices to the HSCP across all the MOU as demonstrated above in each of the priority areas.
- Development of a Pharmacy Technician led Pharmacotherapy Hub to process medication changes from Immediate Discharge Letters, Outpatient Letters. Medicine queries with medication reviews including Polypharmacy, Frailty Medication Reviews and specialist clinics being delivered by Advanced and Senior Pharmacists.
- Community Treatment and Care services have enhanced and expanded, which will naturally see a shift of activity from Practice Nurses and ultimately GPs to allow that focus on more complex care. Areas of care under the MOU include ear care and advice, minor injuries, chronic disease monitoring and wound care and other services suitable for delivery within a community settings.
- The transfer of vaccinations has seen a workload shift under multiple models of delivery. All vaccinations within the Vaccination Transformation Programme (VTP) have transferred delivery responsibility from a GP based model to an NHSGGC/HSCP model. The models in place are currently under review given it was established amidst a pandemic.

- Advanced Nurse Practitioners offer an alternative for GP home visits and this model continues to develop and evolves.
- Advanced Physiotherapy Practitioners allow patients to see a specialist for MSK conditions as first point of contact, again something as a Generalist that a GPs value. Reduction in Imaging referrals, Prescriptions and Orthopaedic referrals have been demonstrated. There has also been a positive increase in exercise, advice and self-management outcomes.
- Community Link Worker activity continues to provide that much needed support for non-medical conditions. CLW playing a key role in linking patients to community, voluntary and partner services, with social prescribing support for Mental, financial difficulties, Housing and Stress-related problems also being notably high.

Inverclyde HSCP has embraced these opportunities to utilise an innovative approach to skill mix, creating efficiencies and maximising impact. As a partnership, Inverclyde has exceeded beyond this; and have significantly progressed all Memorandum of Understanding defined areas and should be commended on this success.

5. Clinical and Care Governance Strategy and Work Plan

5.1 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 10 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

5.2 Work has progressed throughout 2022 -2023 on delivery of the work plan and is tracked via the HSCP Clinical and Care Governance Group. Significant progress 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. There is a specific section on Care Opinion in this report. Inverclyde is one of 2 HSCP's within NHS Greater Glasgow and Clyde that have implemented Care Opinion.

The main priority that has proven to be a challenge is the mapping out of all improvement activity for the entire HSCP. This challenge will remain as a priority for 2023 – 2024.

The HSCP Clinical and Care Governance framework will be reviewed in 2023 / 2024. The remit of the overarching Clinical and Care Governance Groups will be included in this scope.

6. Person Centred Care – *compassion, continuity, communication and shared decision making*

6.1 Care Opinion implementation Inverclyde HSCP

Care Opinion (www.careopinion.org.uk) has been implemented as a means of providing consistency in capturing and analysing feedback. This was identified as a clinical and care governance priority for the HSCP.

The main advantage of the use of Care Opinion is that all HSCP services can integrate it into existing means of asking for feedback on services and the feedback and responses can be visible to all. This includes all residents of Inverclyde and all staff who are employed by the HSCP.

The live date was 10th June 2022 and for the reporting period in question there have been ten stories posted on the Care Opinion website.

Care Opinion has been used by the residents of Inverclyde to provide feedback to NHS Scotland services.

The Health and Social Care Partnership agreed to subscribe to the Care Opinion platform in June 2022. The HSCP for 2022 – 2023 had ten stories published and responded to. The trend for early 2023 is showing steady but slow progress. There is a Care Opinion Implementation Group chaired by the Chief Nurse to oversee progress and there is work ongoing to assist staff in the active promotion of Care Opinion for the HSCP. There has been a 147% increase in stories from all residents of Inverclyde between 2021 /2022 to 2022/2023 and this is a good indicator of the impact of local promotion.

Table 11 Number of Care Opinion stories from Inverclyde Residents

Year	2018-19	2019-20	2020-21	2021-22	2022-23
Number of all Care Opinion stories from Inverclyde residents	19	26	33	38	94

Table 12 does demonstrate an increasing trend and the hope is to continue to encourage staff and residents to use the platform to provide feedback.

Table 12 When Stories were told 2022 -2023 Inverclyde HSCP

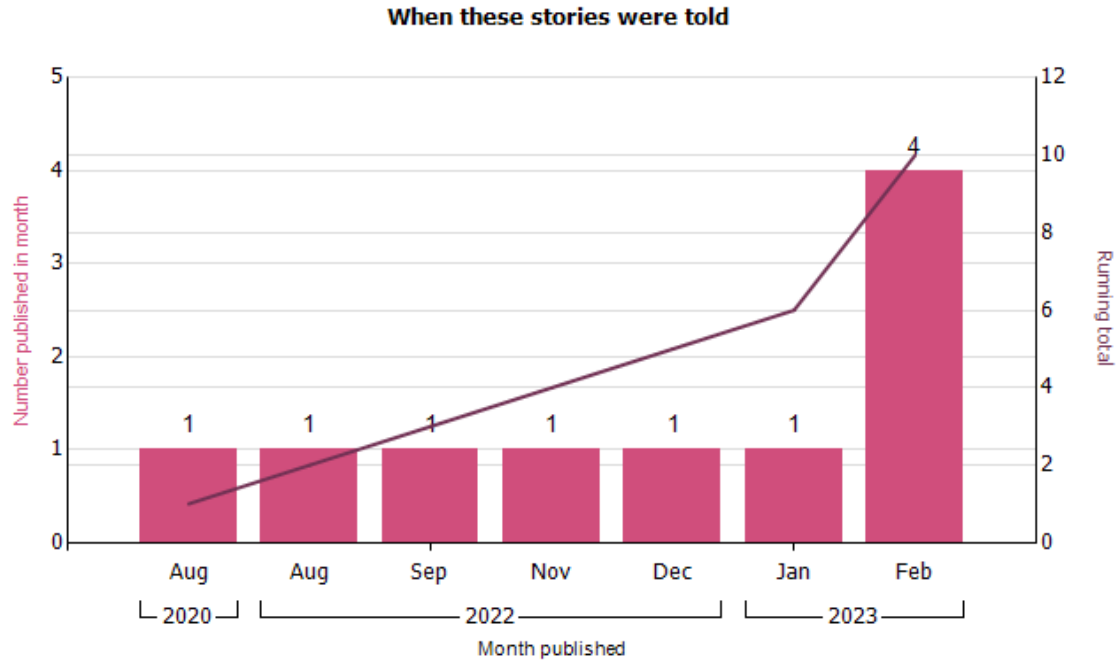


Table 13 shows that three of the stories were submitted by relatives and carers. The staff member had the permission of the service user to help them to tell their story and Care Opinion have provided training and support for staff and volunteers to be able to do this to improve the accessibility for people who need a little extra help.

Table 13 How story authors identified themselves Inverclyde HSCP 2022 -2023

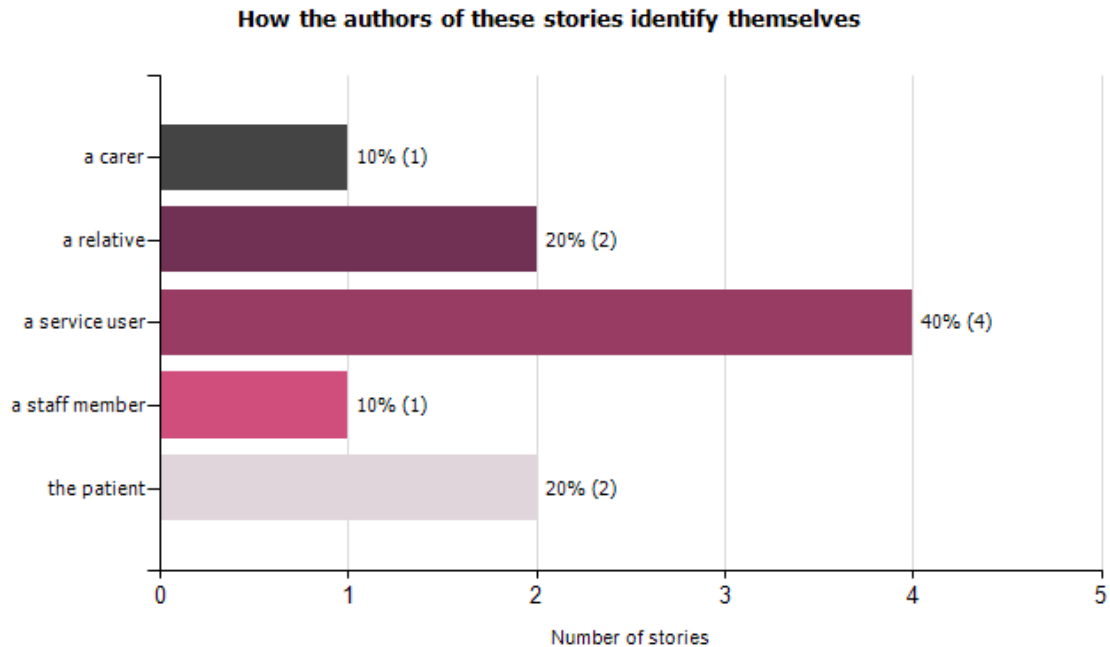


Table 14 shows how these stories were submitted. The most important aspect to highlight is the four people who have used the Freepost envelopes that are available. This is another important aspect of the accessibility features that Care Opinion offers.

Table 14 How these stories were submitted Inverclyde HSCP 2022 -2023

How these stories were submitted

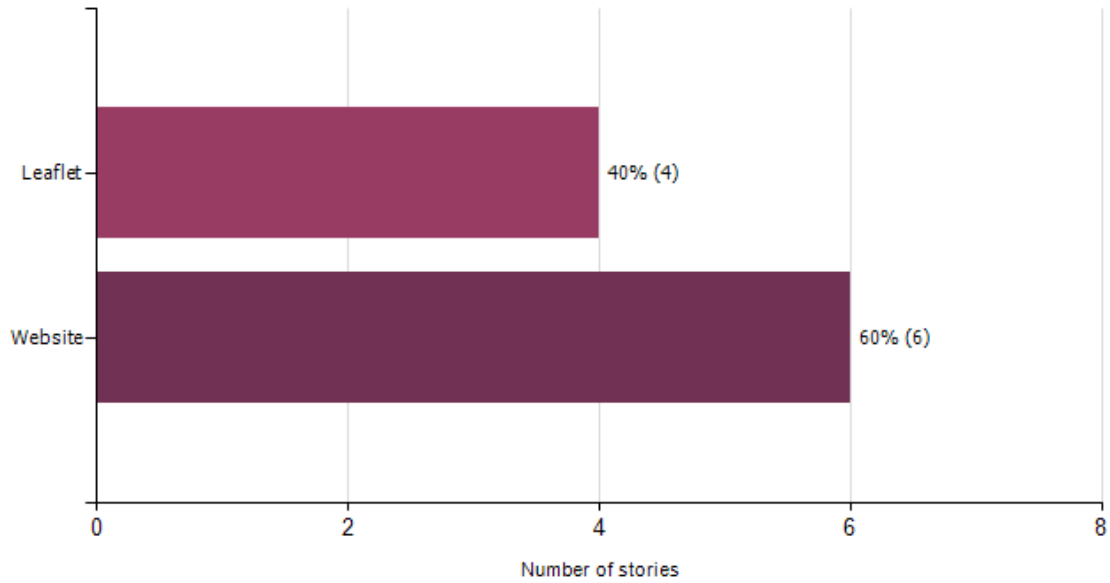
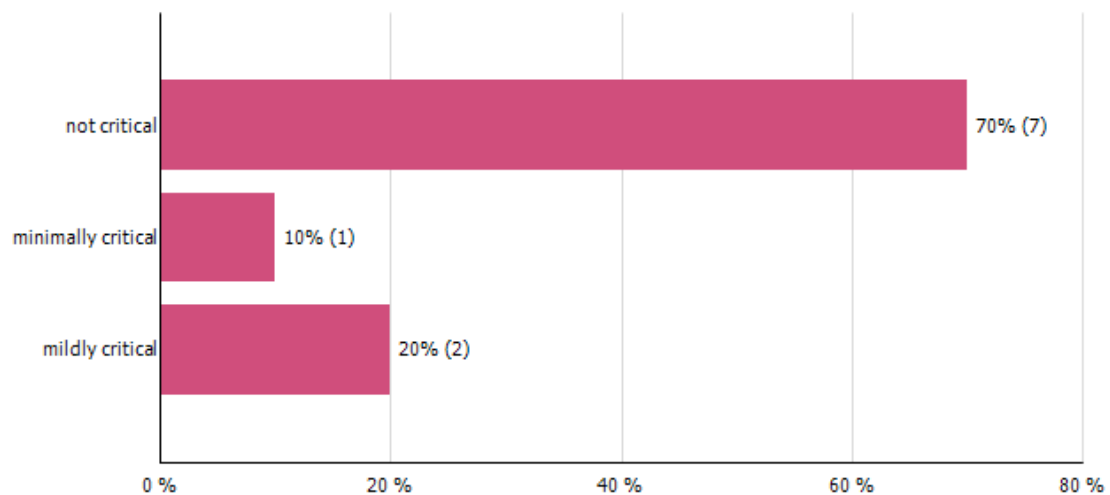


Table 15 shows how critical Care Opinion have categorised the stories. The important aspect is that 70% of feedback is not critical. Feedback that would be considered critical provide important feedback to make someone right quickly, without having to resort to a formal complaint to achieve this.

Table 15 Critical and Non-Critical Stories Inverclyde HSCP 2022 -2023

How moderators have rated the criticality of these stories



Examples of Feedback

My husband had a blood sample taken 3rd Nov. On 4th Nov, Doctor had him transferred to I.R.N. for emergency blood transfusion. We spent all day in a ward nothing done, I left. The nurse said to phone later, they called me between 5-6 to say he was on his way home

in a taxi. No transfusion, a Doctor had asked what he was in for, he told him. Doc said it wasn't needed.

A week later he was in intensive care fighting for his life. Doc said they didn't think he would make it, they couldn't get a heartbeat, no blood in his body for the heart to pump. Thanks to Docs and nurses, he made it. He was in hospital for 5 weeks and with care and help from the lovely carers, he is slowly getting better. I don't know what I would have done without the help from the carers and the lovely Physio. Thank you girls!

From a grateful wife

I was on a joint home visit with community nursing assistant Dawn, to visit a patient to commence new diabetes treatment.

Dawn supports this lady at home and enables this lady to continue to self-manage her diabetes with a little bit of assistance from Dawn, enabling this lady to keep her independence as much as possible.

During this joint visit, the patient couldn't speak more highly of Dawn and how she always goes above and beyond to help. She expressed how grateful for the support and care she receives from Dawn on a regular basis. Working in collaboration with district nursing was a huge benefit to the patient as Dawn was a familiar face and she felt more at ease being in her own home.

Dawn was then able to reassure the patient during switch in treatments and link in with the diabetes team for further support when needed.

My mother suffers from Parkinson's and enjoys the services for the following - it gave her confidence, social interaction, safety, calmness and exercise.

Over the past 5 years, she has had a lot of ups and downs with healthcare, mainly over prescription of meds that make her sleep & struggle to get out. Sometimes she is housebound due to her mobility and meds.

We would like to see more options in meds and treatments of Parkinson's in the UK.

All these stories and the responses are available by accessing www.careopinion.org.uk and searching for Inverclyde Health and Social Care Partnership.

6.2 What Matters to You

The What Matters to You initiative is a long-standing annual publicity campaign from the NHS that encourages to staff to ask patients 'What matters to you'. There is a dedicated website resource for this initiative. <https://www.whatmatterstoyou.scot/>

All HSCP's are encouraged to have these conversations and can access the dedicated resources and support provided by the NHS for publicity purposes, and the support needed for staff to run the awareness events.

Staff and members of the public were asked to share their experiences of what matters to them, and they were encouraged to put their feedback in a comments box. Not all participants wanted to leave a note of their feedback but were happy to talk about their views.

There were two cycles of asking staff and public what matters to them and these took place in June 2022, November, and December 2022.

The learning from this was to have a 'Feedback Friday' session for June 2023 for senior managers and team leads to help embed the tool and keep the focus that what matters to you is a question to be asked every day in a variety of ways to improve the experience of staff and members of the public.

The public were also asked to share their experience of services on Care Opinion.

6.3 Learning from Complaints and Feedback

Spotlight on Homelessness

The Homelessness Service re-design is well underway. Six Sub-Groups are progressing action plans, overseen by a Programme Board setting objectives across the Service Model, Communication and Engagement; Information and Data; Finance; Workforce; and Estates and Accommodation, delivered by September 2024.

The service redesign sees the evolution of three distinct teams, Housing Options and Homelessness Advice Team: a Property Team and Rapid Rehousing and a Rapid Rehousing Support Team.

Plans are already underway on finding a site for a Housing Options and Homelessness Advice Hub, with positive buy-in from our RSL partners to provide housing advice, focus on homeless prevention within a centrally located hub in Greenock.

Where people require temporary accommodation, the Property Team will continue to manage a smaller number of flats within the Inverclyde Centre for the duration of its lifespan and increase our use of temporary accommodation leased from our RSL partners locally, with our team will migrate to a community resource to turnover and ensure properties remain in good order.

Our proposals being developed for the IJB to consider, outlines a range of different accommodation models. This will remove the stigma of one building for all homelessness activities. Options appraisal work is underway to consider the use of Housing First tenancies dispersed within the community, providing independent living with a support hub nearby to deliver intense support where needed but encourage residents to become part of a local community and engage with a range of community assets.

Options appraisal work will scope the potential for a pre-rehabilitation residential unit to meet the needs of people with more complex needs for whom independent living is not yet a realistic option. This will provide people with a degree of stabilisation over a period of around six months and will then allow people to move onto residential rehabilitation or on to a Housing First tenancy.

Inverclyde Centre – Rapid Rehousing Support Team

Minor changes can often make the biggest impact.

Now that a full complement of Rapid Rehousing Support Workers is in place the Inverclyde Centre has become a more stimulating environment for some of our most vulnerable residents. Providing food and hot drinks in the communal lounges has seen them being used more often resulting in peer support and discussions about going along to other community resources.

A weekend brunch club and support to cook hot, healthy evening meals using basic staples, food bank donations and low-cost fresh meat provided by a local butcher. The lounge has had a large wide screen television and soft furnishings updated to make the area more homely. A news board is updated daily, raising awareness of any activities going on in either the centre or wider community. A number of services including Money Advice and Teen Challenge provide outreach on a regular basis.

Representatives on the Communication and Engagement Sub-group are delighted with the small changes that are making such a difference.

Applying Learning from a complaint – Health Visiting

There was a complaint received regarding Health Visiting and this resulted in an action plan that has been overseen by the Chief Nurse. The complaint was made in 2022.

The process of conducting the thorough investigation identified learning that has led to reflection and changes in practice for staff training and support.

There has been work to design a pathway from health visiting to Nursery Nursing. A standard has been agreed to support staff for parenting interventions.

This also identified a need for staff to respond to complaints and concerns and to undertake complaints training.

There was a Development Day that took place on 21st April 2023 in Inverclyde Education Centre and there was information, advice and support given to staff from the Complaints Manager, as well as reminding staff to ask for feedback via Care Opinion.

8. Conclusion

Inverclyde Health and Social Care Partnership continue to be focussed on the governance of safe, effective and person-centred care through the Clinical and Care Groups and the Clinical and Care Governance Strategy and its Strategic Priorities,

The main focus for Clinical and Care Governance will be to continue to strengthen systems and processes to learn from feedback and to demonstrate that sustainable improvement has taken place as a result.

Inverclyde Health and Social Care Partnership will review its Strategic Priorities in 2023 -2024 to reflect how services are facing the current challenges that are reflected in the identification and management of risk.

The Clinical and Care Governance Group will also have a development session in 2023 -2024 to review the membership of the group and to ensure that all our stakeholders are actively involved in the agenda.

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