
Report To:	Inverclyde Integration Joint Board	Date:	9 September 2024
Report By:	Kate Rocks, Chief Officer	Report No:	IJB/34/2024/HM
Contact Officer:	Dr Hector MacDonald, Clinical Director Inverclyde HSCP	Contact No:	01475 724477
Subject:	Clinical and Care Governance Annual Report 2023 – 2024		

1.0 PURPOSE AND SUMMARY

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 Structures for 2023 -2024. 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 RECOMMENDATIONS

2.1 Inverclyde HSCP is requested to provide an Annual Report for Clinical and Care Governance which is based on Safe, Effective and Person Centred Care. This report is for information and provides a summary of the main aspects for clinical and care governance for Inverclyde HSCP.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Inverclyde HSP have a clinical and care governance structure that provides assurance to NHS Greater Glasgow and Clyde.

This report provides a summary of the main areas of activity from 31st March 2023 to 31st March 2024.

4.0 PROPOSALS

4.1 The Integration Joint Board are asked to note the Annual Report for Clinical and Care Governance 2023 – 2024 and this report will be sent to NHS Greater Glasgow and Clyde.

5.0 IMPLICATIONS

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic Plan Priorities

The Clinical and Care Governance Strategy and Work Plan Priorities 2019-2024 will be refreshed in 2024 and the relevant updates will be provided to the Strategic Planning Group.

5.6 Equalities

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(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.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

(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.
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.

5.7 Clinical or Care Governance

There are assurance implications to NHS Greater Glasgow and Clyde and the Integration Joint Board which is provided by the Annual Report for Clinical and Care Governance 2023 -2024.

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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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.
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.

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 rights 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 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 None

8.0 BACKGROUND PAPERS

8.1 Attached

INVERCLYDE
HSCP
Health and Social
Care Partnership



Inverclyde Health and Social Care Partnership
CLINICAL AND CARE GOVERNANCE
ANNUAL REPORT 2023-2024

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. Executive Summary

The arrangements for Clinical and Care Governance within Inverclyde HSCP have been well established.

The Annual Report 2023 -2024 for Clinical and Care Governance for Inverclyde HSCP sets out the main aspects of safe, effective and person centred care, to provide assurance to NHS Greater Glasgow and Clyde.

These are, historically, the main pillars of clinical and care Governance and how assurance is structured for reports and updates to NHS Greater Glasgow and Clyde.

Inverclyde HSCP note the NHS Greater Glasgow and Clyde Quality Strategy that was presented to NHS Greater Glasgow and Clyde board on 25th June 2024. The *Quality Everyone Everywhere* focus is welcomed.

The Clinical and Care Governance Strategy 2019-2024 for Inverclyde HSCP will be refreshed in 2024 and the NHS Greater Glasgow and Clyde Quality Strategy will be referenced in setting the strategic priorities for clinical and care governance for 2025- 2030. The setting of the clinical and care governance strategic priorities 2025 -2030 will be overseen by the HCSP Clinical Director, and supported by the Chief Nurse and Chief Social Work Officer.

The governance structure of Clinical and Care Governance has been strengthened with the Children's Services and Justice Clinical and Care Governance Group being convened July 2024. The assurance previous to this has been by exception reporting to the HSCP Clinical and Care Governance Group by the Head of Service.

The identification and management of pressure ulcers within Inverclyde HSCP has been improved. There is a focus on caseload acquired pressure ulcers and the team has worked on improving the reporting and caseload management in line with the requirements set by NHS Greater Glasgow and Clyde.

Inspection activity has been a major theme for the HSCP for 2023 -2024 and this has been scrutinised though the clinical and care governance structure within the HSCP to provide assurance on progress and share any learning.

There has been significant progress on the Impact of the Primary Care Improvement Plan through improvement activity and the maintenance of services, despite considerable challenges.

The main challenges for the management of the risk for all services is the increased complexity of need for services from service users and informal carers, which is having an impact on waiting lists and an increase of pressure on staff and services. Staff recruitment and vacancy management has been a significant theme for the reporting year. The background of the need to identify financial savings and the impact on services is a concern that is overseen by the Integration Joint Board.

A major risk that has been highlighted was in August 2023 a National Patient Safety Alert was issued regarding Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices. There is a significant Impact on Occupational Therapy, Physiotherapy and District Nursing and acute referrers.

The importance of learning from complaints and feedback is a theme for clinical and care governance. This report will provide examples of the learning that has occurred from the promotion of Care Opinion and applying learning from Significant Adverse Events, Significant Case Reviews, Inspection Reports and Complaints.

2. Introduction

Inverclyde Health and Social Care Partnership are required by NHS Greater Glasgow and Clyde to provide an annual report covering the main aspects of clinical and care governance arrangements in place, with the focus on safe, effective and person centred care.

This report is intended to provide an overview of how Inverclyde HSCP has considered the risks through the clinical and care governance requirement as specified by NHS Greater Glasgow and Clyde and the main challenges identified in providing assurance to the HSCP and to NHS Greater Glasgow and Clyde.

There was work undertaken on the impacts of the Health and Care (Staffing) (Scotland) Act 2019 during 2023 -2024 but the full impacts of this work for clinical and care governance are out with the scope of this report.

The report covers the reporting period 31st March 2023 to 31st March 2024.

3. Clinical and Care Governance Structure Inverclyde HSCP

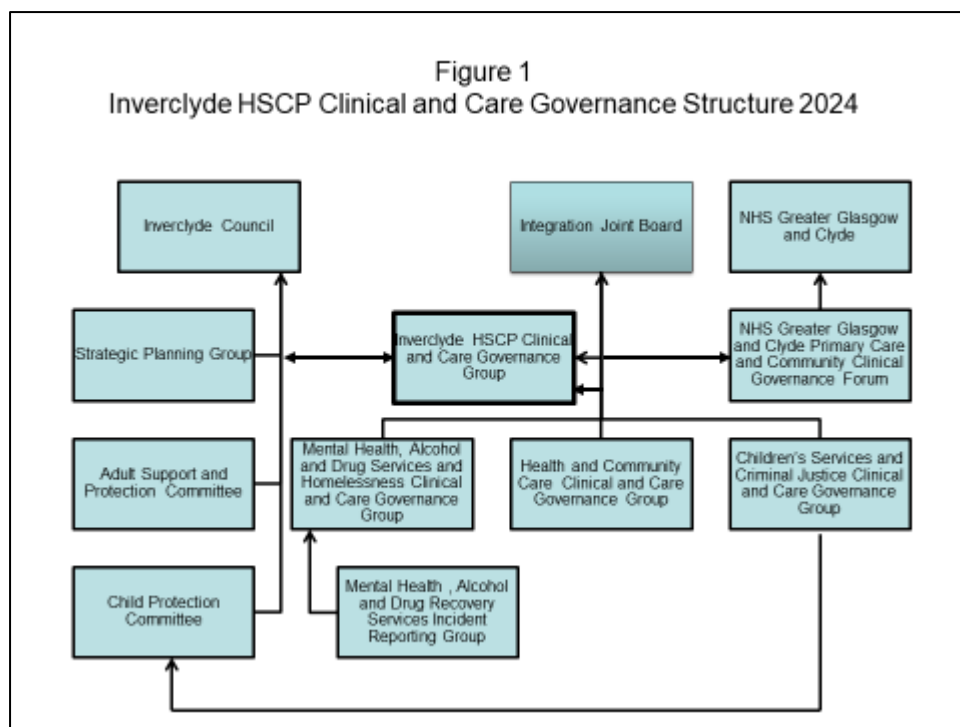
The Clinical and Care Governance structure of Inverclyde HSCP is well established.

The HSCP has a Clinical and Care Governance Group, chaired by the Clinical Director and membership that reflects the Senior Management Team and Staff Side Representatives.

There are two main clinical and care governance groups that have been reporting by exception to the HSCP Clinical and Care Governance Group for 2023-2024. These groups are the Health and Community Care Clinical and Care Governance Group and the Mental Health, Alcohol and Drug Recovery and Homelessness Clinical and Care Governance Group. The Children's Services and Criminal Justice Clinical and Care Governance Group has been reconvened and met on 30th June 2024. The work to get this group re-established was achieved in the reporting period. The Mental Health, Alcohol and Drug Recovery Services Incident Reporting Group is a sub group that principally oversees compliance on Datix incidents for the services.

The structure is depicted in Figure 1 and incorporates the current structure. The principal groups that have reporting relationships and influence have been depicted.

Key Message: The clinical and care governance structure now fully represents all services in the HSCP.



The HSCP Clinical and Care Governance Group met on 16th May 2023; 26th September 2023; 28th November 2023 and 5th March 2024. The group is chaired by the Clinical Director.

The Mental Health, Alcohol and Drug Recovery and Homelessness Clinical and Care Governance Group met on 5th September 2023 and 26th February 2024. The group has been chaired by the Interim Head of Service for Mental Health, Alcohol and Drug Recovery Services and Homelessness and Interim Head of Mental Health and Alcohol and Drug Recovery Services respectively.

The Health and Community Care Clinical and Care Governance Group met on the 10th May 2023; 13th September 2023; 22nd November 2023 and 22nd February 2024. The group has been chaired by the Service Manager of the Rehabilitation and Enablement Service.

The NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum meet six times a year and there is an exception report prepared for every meeting from the HSCP and the Clinical Director attends this meeting.

The Strategic Planning Group will receive updates on Clinical and Care Governance Strategy and Priorities as required.

The Adult Protection and Child Protection Committees will also have governance reporting as required depending on investigations and sharing any learning. Main areas of risk will be reported by the Head of Service to the Clinical and Care Governance Group.

4. SAFE

4.1 Significant Adverse Events

The updated NHS Greater Glasgow and Clyde Policy on the Management of Significant Adverse Events was live from November 2023. The aim to provide high quality care, which is person centred, effective and safe. For most patients requiring healthcare this aim is satisfied but on occasion care does not proceed as planned. From the full range of clinical events

reported in NHS Greater Glasgow and Clyde there is a smaller set of instances where there is a risk of significant harm to patients.

Inverclyde HSCP have a responsibility to ensure these events are appropriately reviewed to minimise the risk of recurrence by applying lessons learned. This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g., a near miss or a lower impact event which exposes potential clinical system weaknesses that could lead to further significant harm. Such events have been traditionally referred to as Significant Adverse Events (SAE). Inverclyde HSCP update progress to the NHS Greater Glasgow and Clyde Primary Community and Clinical Care Governance Forum that meets six times a year.

4.2 Open Significant Adverse Events

Inverclyde HSCP have six open Significant Adverse Event incidents that occurred during 2023 -2024 that have yet to close.

Table 1 shows the breakdown of the six by specialty, date of incident, category and the governance group tracking progress to completion.

Table 1: Open SAE breakdown by service, date of incident, category and progress for incidents that occurred 2023 -2024 for Inverclyde HSCP.

Service	Date of Incident	Category	Progress
Addiction Services	2/11/2023	Suicide	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Continuing Care	30/5/2023	Abscondment / Missing	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health – Orchard View	4/7/2023	Pressure Ulcer Care	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health Orchard View	9/10/2023	Injury – Cause Unknown	The Mental Health and ADRS Incident Reporting Group tracking progress

			of commissioned SAE
Older People's Mental Health Larkfield	29/12/2023	Slip / Trip / Fall	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health Orchard View	29/2/2024	Delay to Treatment	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE

All of the above commissioned Significant Adverse Events are for Mental Health Services. The Mental Health, Alcohol and Drug Recovery Incident Reporting Group track progress with the review teams. Progress is reported to NHS Greater Glasgow and Clyde Clinical Risk team.

4.3 Significant Adverse Event Review Thematic Analysis of Actions

This section will focus on what learning has been identified from completed Significant Adverse Events.

Table 2 provides the actions identified actions from completed SAE's.

There were six completed SAE's for 2023 – 2024. Table 2 shows that there were actions from four. There were two SAE's – one from Community Learning Disability and the other from Mental Health Services Addictions Service that concluded there was appropriate care well planned and delivered and had no actions identified as a result.

Table 2: Four Completed Significant Adverse Event Reviews 2023 -2024 for Inverclyde HSCP where actions were identified

Specialty	Category	Summary	Number of Actions Identified	Actions Overdue
Children and Families School Nursing	Child Protection Issues	Children living in long term neglect	14	0
Children and Families Family Nurse Partnership Team	Child Protection Issues	Baby who experienced significant neglect	10	0

Mental Health Services – Alcohol Drug and Recovery Service	Unexpected Death	Person in receipt of services and cause of death investigation	6	3
Mental Health Services – Community Mental Health Team	Suicide	Person in receipt of services and completed Suicide	7	1

There are 37 actions identified. The completed SAE's identify recommendations for remedial measures to prevent recurrence as much as possible and to share the learning. Progress is tracked through the Datix system. There are 4 overdue actions, all from Mental Health Services at the time of compiling this report.

Table 3 summarises the two completed SAE's actions that have been completed, by theme.

Table 3 Completed SAE's in 2023 – 2024 by Action Theme for Inverclyde HSCP

Action Theme	Children and Families	Mental Health Services	Total for Action Theme and Percentage of Total
Policy/Guidance/Protocol; includes development, review and implementation	15	3	18 (49%)
Service/Strategic/Managerial; includes service provision and redesign, meeting targets, and culture and leadership	3	4	7 (19%)
Communication; includes within teams and interface between teams	3	2	5 (14%)
Training; includes sourcing external training, development of training packages, and delivering training	2	2	4 (10%)
Workforce management; includes staffing levels, skill	1	2	3 (8%)

mix, workforce planning, and performance management			
Total	24	13	37

The above table shows that the principle theme arising from the actions will be changes and reviews to Policy, Procedures and Protocol. This was 49% of the total.

For the purposes of this report, two illustrative examples have been chosen for Policy, Procedures and Protocol which are representative of the type of work undertaken.

Case Study 1: Children and Families

Children and Families were asked to develop a process across Police, Health and Social Work when actions are agreed at an Initial Referral Discussion that were changed to ensure that all agencies are aware of the change and the reasons for it.

This resulted in a change of Initial Referral Discussion process and what happens now is an Initial Referral Discussion is reconvened if there is new information or new actions emerge.

This action was identified as a high priority action for the HSCP.

Case Study 2: Mental Health Services

This SAE identified an action that had to be completed at board level as the learning was applicable to all Mental Health Services, and not just the HSCP. The board were asked to review the content of Immediate Discharge Letters. This resulted in improved standards and this has been circulated to all medical staff across NHS Greater Glasgow and Clyde and will be subject to audit across all sites.

Key Message: There has been substantial work in identifying and applying the learning from the completed SAE's for Children and Families and Mental Health Services.

4.4 Datix Incident Overview

Table 4 shows the number of overdue Datix by specialty for 2023 - 2024.

Inverclyde HSCP has excellent compliance with regards to processing Datix incidents timeously, and the HSCP is supported in this by the Clinical Risk team from NHS Greater Glasgow and Clyde.

This is completed both through the HSCP Clinical and Care Governance Group and the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum.

Compliance for Inverclyde HSCP is supported by the Business Support Manager through monthly emails to Heads of Service and the Senior Management Team.

Table 4: Overdue Datix by Specialty and Month 2023 - 2024

	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Health and Community Care	0	0	0	0	0	0	2	0	2
Mental Health Services	1	3	0	1	2	3	2	6	18
Total	1	3	0	1	2	3	4	6	20

This shows the general trend that Mental Health Services will generate the highest amount of Datix incidents. The service is supported through the Mental Health and ADRS Incident Review Group to assure Inverclyde HSCP that incidents are progressed and actioned appropriately.

Table 5 provides a breakdown of all completed Datix incidents by category for 2023 -2024.

Table 5: Completed Datix Incidents by Category 2023 -2024

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Communication	0	0	0	0	0	1	0	0	0	0	0	0	1
Discharge or Transfer Problem	0	0	0	0	0	0	0	0	1	0	0	0	1
Health Records - General	0	0	0	0	1	0	0	0	0	0	0	0	1
Medication - Administration	0	0	0	0	0	0	0	0	0	0	1	0	1
Pressure Ulcer Care	0	0	0	1	0	0	0	0	0	0	0	0	1
Slips, Trips and Falls	0	0	0	0	0	1	0	0	0	0	2	0	3
Treatment Problem	0	0	0	1	0	1	0	0	0	1	1	0	4
Violence and Aggression	0	0	0	0	0	0	0	1	1	2	0	3	7
Other Incidents	0	0	0	0	0	0	0	0	0	0	0	3	3
Total	0	0	0	2	1	3	0	1	2	3	4	6	22

Table 5 shows there were 22 completed incidents. Incidents of Violence and Aggression constitute 32% of the total.

Key Message: Inverclyde HSCP are providing assurance to the HSCP and NHS Greater Glasgow and Clyde on effective use of the Datix system. Inverclyde HSCP has good compliance in the processing of Datix incidents. The structure of clinical and care governance and the expertise of the Business Support team ensures that this is the case.

4.5 Inspection Activity 2023 -2024

Inverclyde HSCP have had significant Inspection activity and these are summarised below.

4.5.1 Care at Home

The Care at Home Service had an announced inspection on 6 November 2023, which completed on 15 November 2023.

The feedback from service users and staff was overwhelmingly positive, despite the challenges of recruitment and absence within the service.

The service inspection grades were as follows:

How well do we support people’s wellbeing	
1.1 People experience compassion, dignity and respect	5 – Very Good
1.2 People get the most out of life	5 – Very Good
How good is our leadership	
2.2 Quality Assurance and improvement is led well	5 – Very Good

The service demonstrated a very good level of care and support, emphasising the following aspects:

- **Safe Care Practices**

Robust systems were in place for tracking continuity of carers, timing of visits, and incident reporting.

Staff were knowledgeable about raising concerns related to adult support and protection, ensuring the safety of service users.

Incident and accident recording procedures were appropriate, with evidence of escalation when necessary to maintain safety.

- **Effective Service Delivery**

Quality assurance activities were comprehensive, focusing on oversight, resource allocation, and performance indicators to enhance service effectiveness.

The service showed a commitment to continuous improvement through a structured improvement plan, emphasising health and wellbeing outcomes for service users.

Medication administration processes were being improved to ensure safe and effective care delivery, aligning with Health and Social Care Standards.

- **Person-Centred Support**

Staff were well-trained, committed, and provided support tailored to individual needs, promoting independence and safety.

Service users and their relatives were actively involved in reviews, allowing them to express their views and contribute to service enhancement.

Efforts were made to increase the involvement of service users in various activities and events, fostering a more person-centred approach.

There is an area of improvement with regards to the administration of medication that was carried over from the last inspection of 2019. The service has significantly moved forward in this area, however work is ongoing with pharmacy and nursing colleagues to make the necessary improvements.

4.5.2 Inverclyde Alcohol and Drug Recovery Service Medication Assisted Treatment Standards

Inverclyde Alcohol and Drug Recovery Service (ADRS) continue to implement and embed the Medication Assisted Treatment (MAT) Standards ensuring consistent delivery of safe, accessible high-quality care and treatment for people within Inverclyde experiencing harm as the result of drug. 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.

Inverclyde Alcohol and Drug Partnership (ADP) have continued to monitor and support the implementation of MAT standards across ADRS, and the wider recovery orientated systems as delivered via ADP commissioned third sector organisations. Scottish Government benchmarking has indicated Inverclyde has achieved the highest scores awarded at this time for implementation and delivery of all MAT standards, green for MAT 1-5 and provisional green for 6 - 10.

Governance for the MAT action plan lies locally with Inverclyde ADP and centrally within NHS Greater Glasgow and Clyde board-wide steering groups. This ensures consistency in implementation of approaches that uphold the human rights of individuals and their families when engaging with substance use support services. This partnership approach to governance and delivery has resulted in positive service improvements in proactive identification of individuals at risk of harm and proactive care planning to reduce risks from complex and co-occurring support needs.

Moving forward it is recommended partners across all health care, social care & justice settings engage with the revision of the Inverclyde MAT Action Plan for reporting period 2024-2025.

Future recommended actions are broadly captured under themes of:

- Improving information sharing protocols (including actions on revision of drug death monitoring and review group membership).
- Optimising service capacity for proactive identification of individuals at risk of harm.
- Optimising access to independent advocacy for vulnerable individuals.
- Trauma-informed & trauma responsive people & services.
- Improving pathways (including targeted operationalisation of the revised Mental Health & ADRS interface document)
- Optimising engagement with primary care

All reporting data and information was successfully submission to Scottish Government for 2023/24 on 14th April 2024. RAG scoring (Red, Amber, Green) for this year's submission is green for MAT 1-5 and provisional green for MAT 6-10 (highest available score). The official Scottish Government Benchmarking document will be released to general public in July 2024.

4.5.3 Mental Welfare Commission Visit 2023- 2024

Following the visit to Langhill Clinic on 31st January 2024 the Mental Welfare Commission made six recommendations. Progress on these recommendations is reported to the HSCP Clinical and Care Governance Group.

Summary of Recommendations:

1. Managers responsible for Intensive Psychiatric Care Unit should regularly audit care plans across the service to ensure they are person-centred and reviewed regularly.
2. Managers should ensure all care plans are consistently and securely stored.
3. Managers should ensure review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon in a timely way.
4. Managers should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.
5. Medical staff should review activity and occupational therapy provision for IPCU to ensure individuals are provided with regular therapeutic and recreational activities.
6. Managers responsible for Intensive Psychiatric Care Unit should ensure that patient areas both in and outside the ward are welcoming, maintained and provide a suitable recreational space within a safe environment.

4.5.4. Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness

Inverclyde HSCP received notification on 2nd October 2023 of a planned Joint Inspection. The Care Inspectorate and Healthcare Improvement Scotland jointly inspected health and social care services for adults.

The inspection considered the following question:

“How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”

The report outlined the following key findings:

1. Most people felt they were listened to by staff in health and social care services and that their views were valued. Some people had been supported by the same staff for many years.
2. People were supported to attend reviews where they could share their views about the support they needed and received, however there was limited evidence of consistent WRAP (Wellness Recovery Actions Plans) and Advanced statements.
3. Overall, most people, including those subject to statutory orders, felt that their views were listened to and valued and that they were helped to shape their care and treatment in the way they wanted. A few felt that their care was too restrictive and would prefer to have more independence.
4. People were not always able to make the choices they wanted to because there was a limited range of options available to them and despite the availability of advocacy, very few people living with mental illness, or their unpaid carers, were aware of their rights to make choices about care services through self-directed support.
5. People generally felt that health and social care services helped them to live as independently as they could, and to become and remain connected to their families, friends and communities. They attended community cafes and groups and went on days out and

shopping trips. They experienced less reliance on family and greater confidence in making decisions and living independently. This had a corresponding positive impact on the quality of life of unpaid carers.

The following evaluations were applied to the key areas inspected, using a six-point scale applied by the Care Inspectorate (the six points ranging from unsatisfactory to excellent):

Key area	Quality Indicator	Evaluation
1: Key Performance Outcomes	1. People and carers have good health and wellbeing outcomes	Good
2. Experience of people who use our services	2.1 People and carers have good experiences of integrated and person centred health and social care	Good
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision making in health and social care services	
5. Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Adequate
	5.2 Processes are in place to for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6. Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	Good
9. Leadership and direction	9.3 Leadership of people across the partnership	Adequate
	9.4 Leadership of change and improvement	

The HSCP has an improvement plan based on the findings within the inspection report.

This will be reported to the HSCP Clinical and Care Governance Group and the HSCP Audit Committee for monitoring.

4.5.5 Publication of the Significant Case Review for Margaret Fleming

The Significant Case Review for Margaret Fleming was published October 2023.
<https://www.inverclyde.gov.uk/news/2023/oct/margaret-fleming-significant-case-review-published>

The inquiry, known as a Significant Case Review (SCR), was commissioned to examine the role of all the agencies that were involved with Margaret and the circumstances that led to her death.

In Margaret Fleming's case, the SCR was jointly commissioned by the Adult Protection Committee and Child Protection Committee and led by Professor Jean MacLellan OBE.

The recommendations of the review, entitled 'Remember My Name', includes some key themes:

- There have been significant changes in legislation and practice over the last 20 years, however, there is still learning from the review.
- Information sharing and communication. All agencies require to understand how to share information timeously to ensure vulnerable people are protected.
- Checks and balances should be in place that balance people's rights to privacy with a clear need to protect vulnerable people who need to be seen by agencies and this includes benefits agencies. Expansion of annual health check for adults with learning disabilities should be considered.
- Transition from school to college is difficult for any young person. All colleges and universities should have robust adult protection guidance. An audit through the Further Education Safeguarding Forum should take place across Scotland.
- As a society, everyone has a responsibility to ensure that people with disability are seen and protected. Listening to those with lived experience is important to understand how to improve services. Each local authority should be clear on their mechanism to hear the views of people with learning disabilities and understand the local provision. This should be mapped out and made publicly available.

The final report will be sent to the Care Inspectorate, which evaluates all SCRs and reports publicly on their findings to provide the public with an independent check on the quality of the services that are provided for children, young people and adults.

Key message: Inspection activity has been extensive and assurance and learning has been progressed within 2023 -2024.

4.6 Primary Care Improvement Plan 2023 - 2024

The Integration Joint Board received two updates for 2023 – 2024.

[The impact of the Primary Care Improvement Plan](#) was reviewed on 15 May 2023.

[Progress of the Primary Care Improvement Plan](#) was reviewed on 14 November 2023.

This report will not duplicate the reports referenced above and they provide detail of the work undertaken.

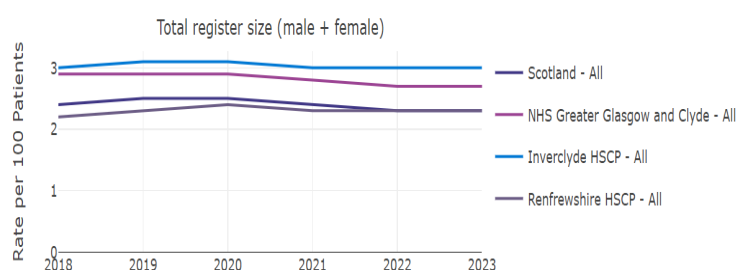
This report will focus on improvement activity that has been undertaken in 2023 -2024 by the team.

1. Chronic Obstructive Pulmonary Disease (COPD) Winter Response

Hospital admissions with a diagnosis of COPD are significantly higher for people living in the most deprived areas of Scotland compared to those in the least deprived areas. Within Inverclyde as per 100 patients, we have an average rate across the last 5 years of 3 per 100 patients' hospital admissions.

Inverclyde's rate is above both the NHS Greater Glasgow and Clyde rate and Scotland per 100 patients.

Figure 2 Inverclyde HSCP register size compared to Scotland, NHS Greater Glasgow and Clyde and Renfrewshire HSCP 2018 -2023



The aim of work from December 2023 to end March 2024 was to utilise existing resources and workforce to target the top 20 patients who are admitted to hospital due to COPD within Inverclyde. The aim is to avoid admission of this top cohort to form a preventative approach that can be built into normal practice for COPD care. To utilise existing preventative tools, the focus of this pilot is to re-introduce the remote monitoring system, DOCOBO. This system allows the patients to input daily readings which are checked by a nurse daily to catch any concerns early to prevent a hospital admission. At the beginning of the pilot, there were **13** patients already established on DOCOBO.

The top 20 cohort was reduced to 17 due to 3 patients sadly passing away throughout the duration of the pilot.

The team made their way through the remaining cohort, from which they had 2 confirm interest in the system and a further 7 who would be visited.

The remaining cohort were then lettered with a visit date which they could phone and cancel if they didn't show interest in the system.

From this cohort:

- **7 patients were established on the system**
- **8 patients were excluded from the cohort for not meeting the criteria due to reasons such as visual impairment, assisted living, or brain injury.**
- **2 refused to participate**

After the Top 20 cohort was assessed for remote monitoring, they were passed onto Pharmacy for a medication review which was carried out as part of the Greater Glasgow and Clyde COPD Pilot which is ongoing. As part of the winter pilot, staff attended several forums including the GP Forum and Practice Nurse Forum to raise awareness of the pilot and to encourage referrals of patients who they feel would meet the criteria and would benefit from the system.

As a result, we saw an increase in referrals through the Access 1st team.

From this pilot, we managed to have **7 of our top 20 cohort established** on the system which has saw **a reduction in COPD Admissions of 80%**.

We have also managed to **reduce 64.3% of bed days** from this cohort **and 81% reduction of A&E attendances without Admission**. 1 Patient has now been removed from the system due to illness and after finding the system too much work.

In addition to these pilots, there was a reintroduction of the rescue medication card. This card was offered to all of the patients in the Top 20 cohort, referred from Access 1st and those who attended a Medication review.

The team will now be moving onto referrals from Practice Nurses and a new frequent attendee cohort of 89 patients which we will hopefully establish a large percentage on either remote monitoring, refer them for a medication review or sign them up for a rescue medication card.

A long-term condition Nurse Post is now at recruitment who will support in this work.

2. Community Treatment and Care (CTAC)

- **Ear Care Pathway**

This pathway has been developed to provide a consistent approach to ear care advice across Inverclyde. A Standard Operating Procedure has been developed for both CTAC and Practice reception teams providing clear guidance and information on self-care before referral to CTAC clinics.

- **Diabetic Foot clinic**

The CTAC team have been piloting a clinic within Lochview practice over the past 12 months. This has recently been extended to New Surgery Practice, Kilmacolm.

This pilot has extended appointments and includes additional clinical activity. Patients have a diabetic foot check completed by a Health Care Support Worker, answer lifestyle questions, and have other biometrics completed.

The CTAC team have been working in collaboration with the maximising independence team to create a database of services and information that staff can refer to and give to patients during the consultation.

- **Blood Pressure Pathway**

The Blood Pressure Pathway has been developed to support people to successfully submit their blood pressure readings, saving face-to-face appointments, time away from work, or other responsibilities, while helping them keep their blood pressure at safe levels.

This pathway is aimed mainly within Primary Care for hypertension diagnosis, intervention, treatment and ongoing monitoring.

The pathway promotes self-management and a person-centred approach in effectively supporting and managing those patients who have been diagnosed with hypertension.

CTAC Health Care Support Workers arrange set up for eligible patients within General Practices. Blood Pressure machines are available from the CTAC team.

The CTAC Team Lead has attended various forums to engage with health care professionals and promote implementation of Connect Me.

With 84 patients currently initiated on the platform, we are keen to raise the profile for more patients and Practices to benefit from Remote Monitoring.

Key Message: The PCIP team have been completing improvement work that is evidence based and person centred in its focus.

4.6.1 Vaccination Transformation Programme

The Integration Joint Board reviewed an update on 25th March 2024 on [Progress of the Vaccination Transformation Programme](#).

This report will not duplicate the report provided but the following summarises the future adult vaccination delivery model.

Vaccination models are under review across NHS Greater Glasgow and Clyde.

Any proposed changes will be shared with Integration Joint Board members and through normal structures including the Adult Vaccination Group, GP & PCIP Oversight Group and Primary Care Programme Board.

Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of a NHS Greater Glasgow and Clyde Board review.

It is to be acknowledged that there is a contingency model in place for delivery of Travel Vaccinations and advice. It is worth noting that current models of delivery and access points are being reviewed as part of future delivery models through the NHS Greater Glasgow and Clyde Travel Vaccination Short Life Working Group. With regards to non-routine vaccinations, this will be incorporated into the wider review of models across the Adult Vaccination Programme.

Key message: The HSCP will continue to contribute to the development and adaption of any existing NHS Greater Glasgow and Clyde future planning models for Vaccination.

4.7 Pressure Ulcer Improvement Work

Inverclyde Community Nursing is part of the wider NHS Greater Glasgow and Clyde Pressure Ulcer Prevention group and receives a monthly report indicating each HSCPs data. In 2023 we noted we were an outlier with low reporting of pressure ulcers.

To ensure compliance with NHS Scotland Pressure Ulcer Prevention and Management Standards (Oct 2020), a small project was undertaken to identify the gaps in training and record keeping. To ensure we had a standardised approach to the prevention and management of pressure ulcers across Inverclyde, the Tissue Viability Nurse and the Practice Development Nurse(PDN) delivered training to support patient assessment, DATIX reporting and improve record keeping. Our PDN also created a digital pressure ulcer board, which recently won first prize in a NHS Greater Glasgow and Clyde Tissue Viability competition, to celebrate successes and convey information in relation to pressure ulcers such as our monthly reports and upcoming training dates. The board has improved communication timeously by highlighting any area of care needing particular focus for example the grading of pressure ulcers.

4.8 Combined Care Assurance Audit Tool

This audit tool is embedded for the District Nursing service. There will be a corporate CCAAT to be introduced using cross HSCP supports in 2024.

The results for the audit are described below in Table 6.

Table 6: Combined Care Assurance Audit Tool District Nursing 2023 -2024

Red	Amber	Green	Gold
<66%	≥66-79%	80-90%	≥91%

Base	Latest CCAAT Nov 23	Previous CCAAT
Cochrane Team 1&2	Gold	Gold Sept 23
Lochview	Amber	Green Oct 23
Gourock	Gold	Gold Oct 23
Ardgowan	Gold	Gold Oct 23
Station View	Green	Gold Oct 23
Port Glasgow Team 1 &2	Gold	Gold Aug 23
Kilmacolm and Port Team 2	Amber	Amber Sept 23

Those caseloads in amber are large, with more than 100 patients each, and have high Rockwood and complexity scores. An extra District Nursing student is being supported to study this year, and funding dependent, the aim is to split the Lochview caseload in 2024. Additional nurse support has been aligned to Kilmacolm caseload and CTAC will now cover the community based clinic in Kilmacolm, freeing District Nursing resource.

Key message: District Nursing are completing the CCAAT audit and sharing the learning and improvement within their teams and clinical and care governance structures within Inverclyde HSCP.

4.9 Support for Care Homes

Two complete rounds of Care Home Assessment Team visits (42 in total) to the older adult, adult and Inverclyde Association for Mental Health (IAMH) care homes took place in Winter 2022/2023 and summer 2023.

All improvements that were suggested by the visiting team were discussed with the care home manager and captured within action plans by the assurance visitors. Many of the homes took immediate action to address areas of concern and fed back once they had reviewed the reports on actions already completed.

Comparison was done between the areas of improvement from early 2022 visits and these two rounds of visits. The majority of the actions for each home were different and new plans have been put in place, which is an improvement from 2022.

The key recurring themes are in relation to –

- Cleaning schedules
- Mandatory training

The HSCP team collates an overarching action plan which contains the areas of improvement for each individual home, and this is monitored locally, including specific focus on the above areas.

No specific training was requested by the HSCP from the Care Home Collaborative after the previous 2022 visits, however support has been put in to homes on an ad hoc basis as requested by the homes themselves or HSCP. There has been a good increase in attended Care Home Collaborative sessions from 69 to 111 across all staff and a wider variety of sessions attended by our local care homes.

Key message: Inverclyde HSCP remains committed to support Care Homes through Nursing and wider Multi-Disciplinary Teams.

5 EFFECTIVE

Service Updates

5.1 The Promise

Inverclyde HSCP are committed to keeping The Promise and ensuring children and young people have good childhoods. We continue to focus on 3 priority areas – Good Childhoods, Whole Family Support and Supporting the Workforce. The Lens Project partnered with Inverclyde HSCP including The I Promise Team to develop an Ideas to Action Programme which supports Inverclyde's vision and ambition to deliver The Promise and improve outcomes for our children and young people.

This was a first and new for Inverclyde, the bespoke 2-hour event on 5th September 2023 held at the Beacon Arts Centre where the Ideas to Action programme was explained as part of our commitment to The Promise. Key messages were emphasised regarding the Programme as a capacity building and development opportunity for people and their ideas. This was designed to generate creativity and innovative ideas, supporting our commitment to keep The Promise with over 52 ideas being heard and an inspired workforce.

Groups behind shortlisted ideas then took part in a series of structured workshops with the Lens Project. Five 'developing ideas' workshops focused on business storytelling, business model canvas and value proposition, prototyping and securing investment. Opportunities were created to ensure our children, young people and families were included in project design with them being listened to and views being instrumental to the design. The workshops equipped frontline staff with the skills, capabilities and tools to develop and test ideas and presented investment ready proposals to senior managers that have the potential to be replicated and scaled across Inverclyde HSCP.

The workshops culminated in an Investment Event on 7th December 2023, when each team pitched their idea to an investment Panel in the hope of securing financial support from the investment fund, and/or organisational support to test and implement their idea.

The six ideas were:

- **It Takes A Village:** a community-based approach to provide practical support, life skills and ongoing nurturing, to support our young people as they navigate their own lives.
- **Throughcare Hub:** a person-centred, flexible, and supportive environment for young people to learn new skills, gain qualifications and grow in confidence at their own pace.

- **Connected 2 Care:** earlier, meaningful relationships with our families, bridging the disconnect, building trust, resilience, and support before crisis.
- **Feel Good Fund:** create bespoke experiences in our children's houses by investing in relationships, equipment and activities where anything is possible.
- **Home from Home:** provide improved family time space as a 'home from home' for relationships to thrive in an environment made for families.
- **The Practice Pad:** provide independent living skills to our young people at an earlier stage and support them to practice living on their own in a safe, supported environment, before they take on a tenancy.

Four ideas received financial investment and all six ideas have the potential to improve the lives of children, young people and families. The 4 teams that secured investment are:

- **Practice Pad**

To provide independent living skills to our young people at an earlier stage and support them to practice living on their own in a safe, supported environment, before they take on a tenancy of their own.

- **Home from Home**

Our children, young people, families, and staff tell us regularly that the spaces we use to facilitate Family Time simply do not work. They are unnatural, sterile and carry stigma. We will create a home from home for relationships to thrive in an environment made for families.

- **Feel Good Fund**

Investing in young people in our children's houses by creating bespoke experiences for them, investing in staff and young people's relationships, equipment and activities. Our kids deserve to have 'normal family' experiences, building a bank of positive memories and achievements, and showing them that anything is possible.

- **Throughcare Hub**

A person-centred, flexible, and supportive environment for young people to learn new skills, gain qualifications and grown in confidence at their own pace.

The Ideas to Action Programme also supports the delivery of the Council's strategic priorities including the Inverclyde Alliance Partnership plan 2023/2033, the Council Plan 2023/28 and the Inverclyde Health and Social Care Partnership Strategic Plan Refresh 2023/24 and 4 outcomes relating to Children's Services Planning Partnership.

Key message: Inverclyde HSCP are committed to keeping The Promise and ensuring children and young people have good childhoods.

5.2 Mental Health and Substance Use: Improving Our Response in Inverclyde

Healthcare Improvement Scotland are working in partnership with Inverclyde substance use and mental health services to develop a test of change aimed at improving outcomes and experiences for individuals and their families with urgent care needs who have concurrent,

high level mental health and substance use support needs within Inverclyde. This is funded by the Scottish Government at a national level with local sponsorship from NHS Greater Glasgow and Clyde.

The programme aims to understand current service delivery, the person accessing services and service needs that can be better met by service redesign and improvement. It will work with areas to develop and implement an integrated approach to delivering mental health and substance use services (building on lessons from the Covid 19 response) and will support services to co-design and co-production – to increase opportunities for people with living and lived experience, communities and partners from across the system to be engaged in planning, design and delivery of integrated mental health and substance use services. It will also identify, share, and spread good practice, innovation and learning about “what works” Scotland-wide to drive improvement and change in developing and delivering integrated mental health and substance use services (including informing policy development).

Though case load audit, bench marking and mapping exercises, and development sessions with colleagues across Inverclyde, the Inverclyde Alcohol and Drug Partnership (ADP), and lived experience network priority areas to focus the test of change on have been identified.

Providing the right care, at the right time in the right place.

Identifying urgent care needs at first point of contact.

Improving pathways between community services and inpatient psychiatric unit.

Improving discharge planning.

Improve partnership working across all partners.

Improve staff knowledge.

Proposed Test of Change

- Implement shared care planning between Community Response Service and Alcohol and Drug Recovery Service.
- Implement a screening tool within psychiatric inpatient settings for substance use.
- Enhance discharge planning in collaboration with Community Response Service, Alcohol and Drug Recovery Service and 3rd sector/voluntary organisations.

Improved Outcomes for People and Services

- Shared care plans can streamline processes that bring in the right care at the right time for the person.
- Communication around changes in a person’s situation can allow for faster and more coordinated responses.
- A multi-disciplinary approach will provide a greater pool of knowledge and experience to draw from, resulting in better support across both mental health and substance use needs.
- Decisions about care after the urgent care response will be made jointly and cover a wider range of needs.
- Support continuity of care while in an inpatient setting

- Provide support for people experiencing withdrawal and other symptoms linked to substance use.
- Reduce readmission rates through improved ongoing support.
- Allow Addiction Liaison team to identify additional (substance use related) needs while on the ward.
- Provide an opportunity for ward staff to get advice and support about managing substance use needs during their stay.
- People will be provided with targeted mental health support following an inpatient stay that will reduce the need for readmission.
- Provide a basis for longer term person-centred support.
- Joined up conversations focussed on support, rather than discharge management will allow for more holistic support, engaging third sector services, and better follow up care.
- Meet Medication Assisted Treatment Standards 9 and Rapid Review Recommendations.
- Improve staff knowledge and skills around substance use and resources.

Key message: The improvement focus and collaboration with Healthcare Improvement Scotland is welcomed and the results of the test of change will be shared with clinical and care governance groups.

5.3 Homelessness Service

Housing Options and Homelessness Advice Service continues to be focused on the key priority objective of preventing homelessness from happening and assisting people in a more planned way. Prevention rates at the end of March 2024 were 73% meaning that only 27% of individuals approaching the service went on to make a homeless presentation. This is a key area of focus for our Assessment and Support Team who also undertake a statutory support needs assessment which is then managed and reviewed by the Rapid Rehousing Support Team (RRST)

The service continues to offer Housing First support to individuals with multiple and complex needs and up to March 2024 the tenancy sustainment rate of our Housing First tenants was 88.9%.

The Homeless Change Programme continues to make progress with raising awareness of homelessness as a shared responsibility and positive links have now been implemented with Inverclyde Women's Aid, Criminal Justice, Children and Families and ADRS to ensure all services are working in partnership to push homelessness prevention further upstream to address some of the systemic issues which result in adults finding themselves in housing crisis.

A Homelessness and Justice Working Group has been formalised with a Terms of Reference and a working action plan to try and plan ahead for individuals completing a justice journey and to ensure Sustainable Housing On Release for Everyone (SHORE) standards by April 2026.

Work is underway for Care Experienced Young People to have the opportunity of achieving a SQA accredited qualification in Tenancy, preparing them for independent living and providing a foundation of SCQF credits as a platform to moving on to further education.

Little Acorns, a project aimed at providing temporary accommodation and support to women and girls who have experienced gender based violence is currently progressing through The Lens' Ideas into Action programme to pitch for seed funding to kick start a partnership approach between the HSCP, Inverclyde Women's Aid and Oaktree Housing Association.

Work continues to ensure all staff are fully trained and given the tools to operate a trauma informed approach to delivery of services but also to ensure safety in the workplace and that each member of staff is equipped to de-escalate incidents and prevent vicarious trauma.

Key message: An independent review of the change programme is underway by an external consultant who will provide a model for progressing objectives for the Rapid Rehousing Transition Plan and a change plan which will include staffing structure and the future of temporary accommodation in Inverclyde.

5.4 Inverclyde Alcohol and Drug Recovery Service Alcohol Recovery Pathway

In response to the escalation in alcohol related harm and to ensure safe, effective delivery of practice the Alcohol Recovery Pathway was developed. To ensure standardisation of alcohol care and treatment Inverclyde Alcohol and Drug Recovery Service (ADRS) is working in partnership with NHS Greater Glasgow and Clyde ADRS colleagues on an implement plan. Reporting and monitoring of the plan is the responsibility of board wide governance groups.

The guideline is intended for all staff involved in the care and treatment of individuals who use alcohol on its own or combined with other substances. It aims to provide parity of service for individuals suffering from alcohol use disorders in all statutory addiction treatment systems recognising that alcohol use disorders can have equally or more severe consequences for individuals, their families, and communities as other addictions.

The guidance recommends 10 principles for the provision of care and treatment of adults with harmful, hazardous, and dependent alcohol use across NHS Greater Glasgow and Clyde Alcohol and Drugs Recovery Services.

Summary of principles for alcohol care and treatment:

1. "No wrong door" access to services.
2. Equality of treatment.
3. People have timely access.
4. Services are psychologically, and trauma informed.
5. Access to mental health assessment and treatment at point of delivery.
6. Chronic disease management approach.
7. Informed choice of alcohol interventions.
8. Support to remain in treatment.
9. Clear pathways into other health, care and recovery services.
10. People have the option to have components of their treatment shared with primary care.

Key message: The HSCP welcomes the improvement work for the pathway and the collaboration with NHS Greater Glasgow and Clyde.

5.6 Infant Feeding Pathway

Despite all the health benefits associated with breastfeeding for mothers and babies, in Inverclyde approximately 47% choose to breast feed at birth and the number of women continuing to feed past the six-eight week assessment have historically been the lowest in Scotland.

Poverty and an entrenched formula feeding culture were often the reasons stated for this. There is no doubt that throughout Greater Glasgow and Clyde younger women and those from less affluent backgrounds are less likely to breastfeed. However, following a large survey of local women and families it became clear that lack of information both antenatal and support postnatal could also impact.

Therefore funding was secured from the Scottish Government to provide antenatal education to families and intensive postnatal support for all breastfeeding women discharged from hospital. In addition two further projects working with women with long term medical conditions or disabilities and with young women registered with the Family Nurse Partnership also commenced. This additional support has seen an increase of 3% of babies receiving any breastmilk in 2023 at 34% compared to 31% in 2022.

Poverty in relation to formula milk was also reported as an issue nation-wide. The HSCP's response to this was to develop and disseminate a robust Pathway for the Emergency supply of formula in line with the Scottish Government and UNICEF Baby Friendly requirements. In addition funding was secured to purchase and supply breastfeeding pumps to women.

Key message: The support for breastfeeding and the improvement work underway has resulted in a 3% increase of babies receiving any breastmilk.

5.7 Medicines and Healthcare products Regulatory Agency alert August 2023

An alert from the Medicines and Healthcare products Regulatory Agency was issued on 30 August 2023 regarding Medical Beds, trolleys, bed rails, bed grab handles and lateral turning devices: Risk of death from entrapment or falls.

This MHRA alert has implications for all HSCP's.

This alert impacts nursing, occupational therapy, physiotherapy and staff that routinely prescribe the equipment across the whole organisation.

The reason for this alert was from 1 January 2018 to 31 December 2022 there were 18 reports of deaths related to bed rails and associated equipment, and 54 reports of serious injuries across the whole of the United Kingdom.

The MHRA report highlighted that the incidents were caused from the following:

- Inadequate risk assessment and / or failure to update a risk assessment following a change of any kind;
- Maintenance / Servicing issues
- Prescription of equipment for children and /or people of small stature
- Inappropriate use or incompatibility with other equipment

For Inverclyde, there has been an estimate (February 2024) that Service User numbers who use bed rails are 4268 and 474 Bed Safety Rails with a total of 4742.

These numbers are subject to regular revision through the data cleansing work underway to update records.

NHS Greater Glasgow and Clyde have convened a short life working group to oversee this work. Professor Angela Wallace is Executive Lead supported by District Nurse Team Lead and Occupational Therapy Professional Lead for Partnerships. Links have been made to care homes through the Care Home Collaborative.

The work to contact service users and update the risk assessments is a considerable task. Given this, the MHRA have recommended that HSCP's need to take a proportionate approach to risk and follow a universal, targeted and specialist approach when undertaking reviews.

Key Message: This work has been identified to the Integration Joint Board as a risk, and the Health and Community Care Clinical and Care Governance Group will be receiving updates on progress and reporting to the HSCP Clinical and Care Governance Group by exception.

6. PERSON CENTRED CARE

6.1 Complaints 2023 – 2024

Inverclyde HSCP receive quarterly complaints data through its clinical and care governance fora. The reason for this is to raise issues of compliance and establish if there are any trends.

Figure 4 shows the breakdown of the type of information provided to the clinical and care governance groups.

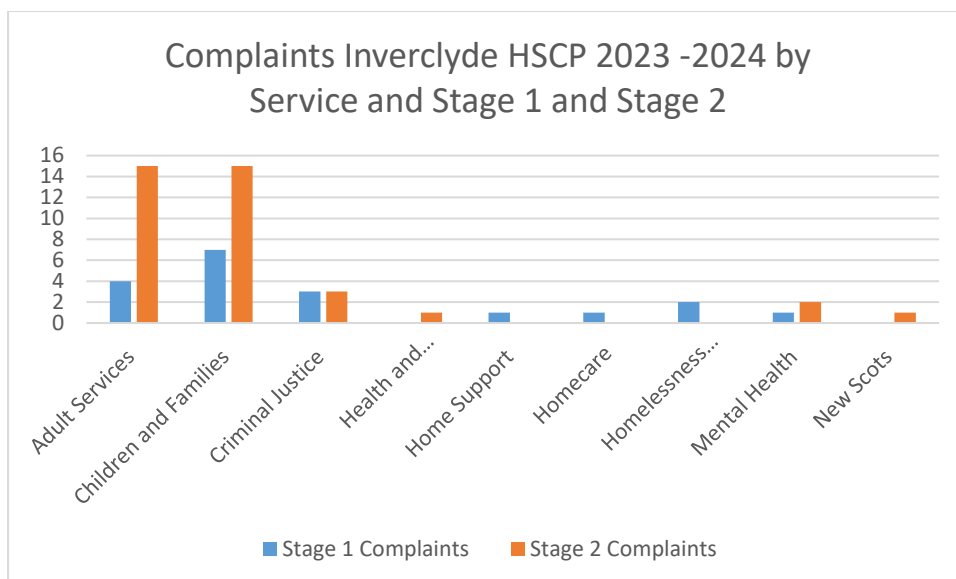
Adult Services and Children and Families had 15 Stage 2 complaints and this will reflect the complex issues that present when a complaint cannot be resolved at Stage 1.

A stage 1 response, also termed Front Line Resolution, is where a complaint can be resolved with minimal investigation – an 'on the spot' resolution with staff.

Stage 2 requires an investigation where the service user is not happy with the initial response or the issue is complex and requires a detailed investigation.

The complaints team will be working on providing more themed information to support the areas of risk and concern reviewed through clinical and care governance for 2024-2025.

Figure 4 Complaints Inverclyde HSCP 2023 -2024 by service and Stage 1 / Stage 2



There is an example of an improvement that has occurred as a result of a complaint provided below.

There was a Stage 2 complaint for Children and Families that concluded investigation in 2023 – 2024. The main themes for the actions that were undertaken to answer the issues raised in the complaint are summarised in Table 7. This has resulted in improvements to pathways, supervision and record keeping.

Table 7: One example of action taken from a complaint Inverclyde HSCP

Action Description	Description
Design a more streamlined referral pathway from Health Visiting to Nursery Nurse with clear, time agreed reporting points	Minimum standard has been agreed for referrals to support staff for parenting intervention.
Ensure Nursery Nurse provision is overseen by Team Leads.	Supervision now takes place using a new tool for recording every second month. Work books in place to ensure short interventions completed. Ongoing work to bring nursery nurses into one base and an inbound referral system for allocation of work load.
At the onset of new Nursery Nurse services, the expected duration of these interventions is defined and documented in the records.	A menu of services and process guide for referrals, which includes the expected duration, has been composed with their participation. A minimum standard has been agreed and was implemented.
All Nursery Nurses and Health Visitors involved in the delivery of the Universal Pathway to have training from the Paediatric Continence Service in Glasgow for toilet training for children with additional needs	The Paediatric Continence service have given training to the whole team.

Key message: The complaints team for the HSCP has been re-organised and future reporting for clinical and care governance will focus on the learning that has been gained and how it has been applied.

6.2 Care Opinion

Care Opinion is an independent, not-for-profit website, where people can provide anonymous feedback on health and social care services about their experience of care. It is intended to complement existing processes for dealing with feedback and complaints (www.careopinion.org.uk).

Inverclyde HSCP have fully committed to the active promotion of Care Opinion to obtain feedback after identifying this as a priority for the Clinical and Care Governance Strategy 2019-2024.

There is a Care Opinion Implementation Group that is chaired by the Chief Nurse that oversee the work in supporting staff promotion as well as awareness of the people of Inverclyde who use health and social care services.

For the purposes of this report, an overview of the stories that have been received to date and the impact that providing the feedback has had. Staff welcome the feedback and the positive feedback is good for staff morale. Feedback that would appear critical gives the opportunity for individuals and teams to reflect and think about any changes that can be put in place as a result.

Responses

Table 8 shows the number of stories for 2023 -2024 for Inverclyde HSCP by month. There were 22 stories in total.

Table 8: When Stories were told Inverclyde HSCP by month 2023 -2024

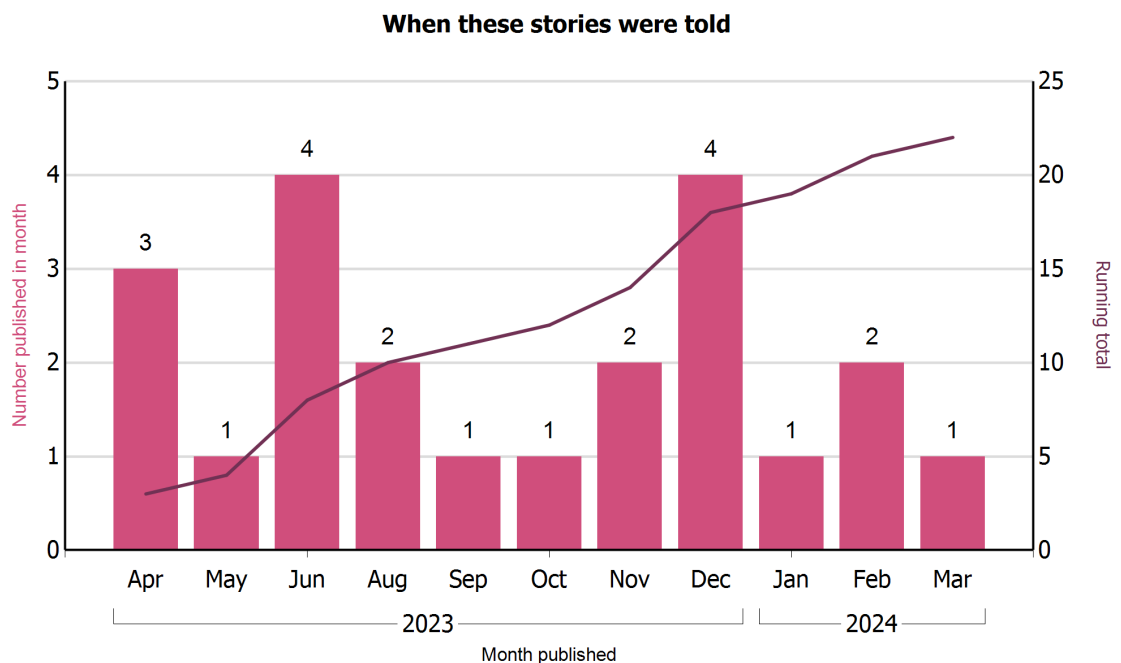


Table 9 shows that the promotion of Care Opinion through the use of Freepost Envelopes has been successful with 45% of total feedback received this way. This has been due to staff distributing the information to assist those who would struggle accessing the website.

Table 9: How Stories were submitted Inverclyde HSCP 2023 - 2024

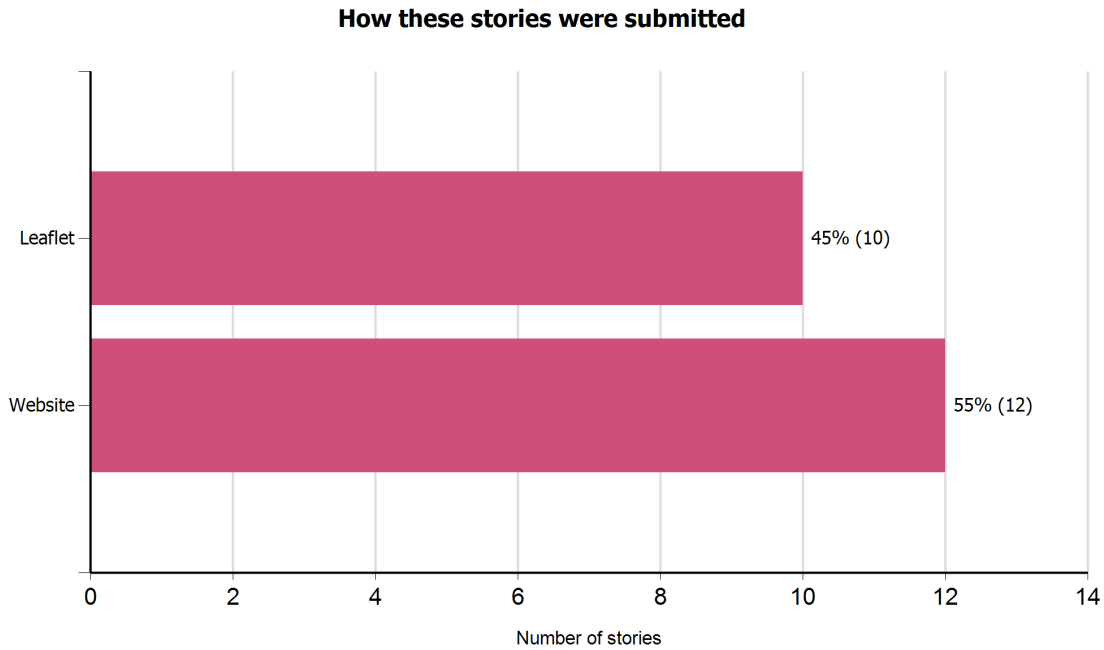
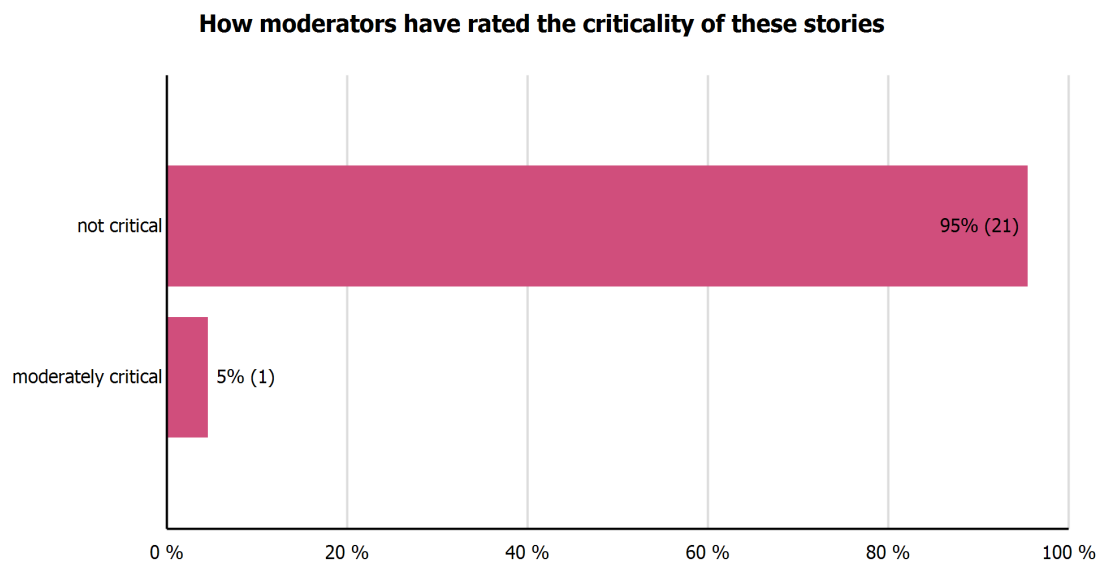


Table 10 shows that 95% of stories were not critical. This provides assurance to the HSCP and a boost for staff that people are appreciative of the service they have received and that constructive feedback can lead to reflection and change.

Criticality is how Care Opinion define stories from non-critical to severely critical. 95% of stories are not critical.

Table 10: Care Opinion ratings of Criticality 2023 -2024



One of the advantages of the use of Care Opinion is that it promotes feedback as a whole health and social care system.

Residents within Inverclyde also use Care Opinion to provide feedback on services they receive from the wider NHS.

Table 11 shows that for 2023 – 2024 there were 122 stories received for NHS Greater Glasgow and Clyde services from residents of Inverclyde.

Table 11: Stories from Inverclyde residents 2023 -2024 by month for NHS Greater Glasgow and Clyde

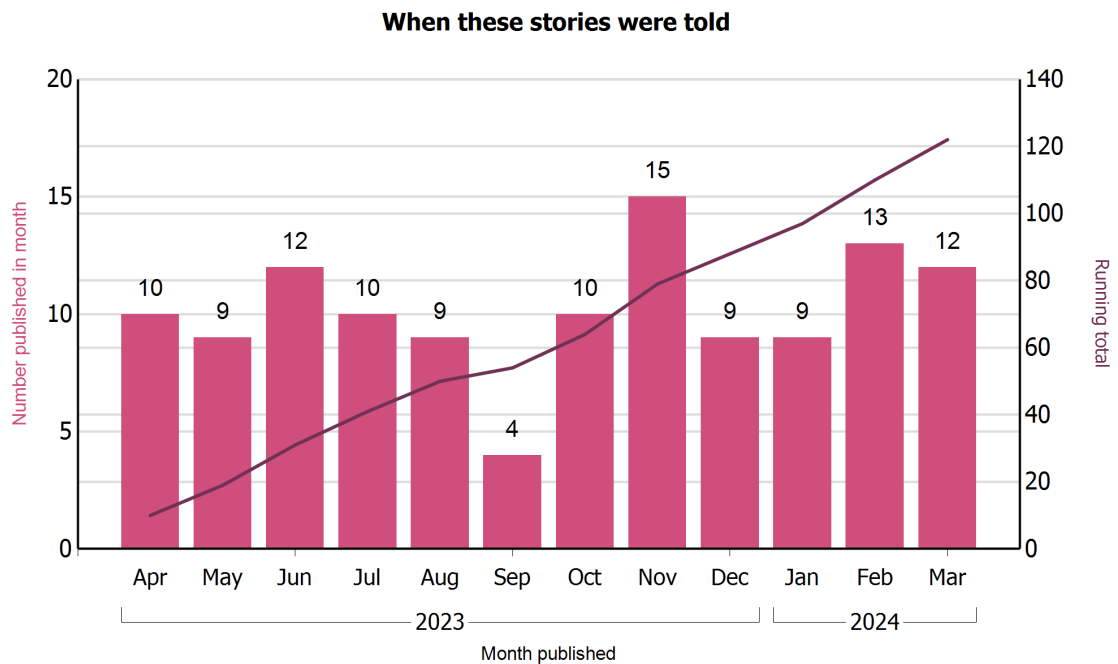


Figure 5 shows the feedback for Inverclyde HSCP for the 22 stories on what was good about your care from Inverclyde HSCP.

The main highlights are helpful, caring and compassionate staff.

Figure 5: What was good about your care from Inverclyde HSCP?

Figure 7: Services yet to receive a story

Where are we not hearing stories from?



- **Adult Health Services**
 - Community Pharmacy
 - Community Treatment & Care (CTAC)
 - Dental Service
- **Adult Mental Health Services**
 - Adult Community Mental Health Service
 - Larkfield Unit Inpatients service
 - Older Peoples Mental Health Service
 - Primary Care Mental Health Team
- **Adult Social Care Services**
 - Alcohol & Drugs Service
 - Criminal Justice Social Work
 - Homelessness Service
 - Housing Support Service
 - Vulnerable Groups Outreach Service
- **Care & Support (commissioned prov)**
- **Care Homes**
- **Children's Services**
 - Children & Family nursing services (*health visiting, oral health, School nursing, Specialist community paediatric nursing*)
 - Fostering and Adoption
 - GIRFEC
 - Specialist Children & Family Services (*adhd assessment clinic, CAMHS speech & Language, Children with additional support needs team, Paediatric Dietetic service, Paediatric Occupational Therapy, Paediatric Physiotherapy service, Speech and Language Therapy, The View Care Home Service, Throughcare and After Care Services, Young Carers*)

The following is a selection of the stories that the HSCP has received this year.

My son has been attending SLT for over a year in Inverclyde. Before he started SLT, he was very delayed in literacy, spelling and of course his speech. With the help of Christina, she helped to build my son's confidence and speech clarity, and he has even jumped 3 reading levels in school! He can blend much better and can now recognise when he isn't being clear enough. Christina really made such a breakthrough with our son and I owe her so much!
<https://www.careopinion.org.uk/1218289>

Nurse at the community learning disabilities team took my bloods. The nurse helped me feel safe.

<https://www.careopinion.org.uk/1211237>

Over the past year of my daughter's first year of life I have had numerous health visitors due to staffing shortages etc. I have not had the best experience with health visitors forgetting about appointments, turning up hours later than previously said, calling my child the wrong name and even causing me to have panic attacks in the early days of recovery for how I was spoken to.

However, Jennifer of the Inverclyde branch of health visitors has been absolutely wonderful for myself and my family. She is very attentive to mine and my daughter's needs, always there to answer any little question I have any time of the day via messages or calls. She's always on time and very professional with her level of care. I speak highly of her to all of my mother friends as she's just been the best I've had the pleasure of knowing.

<https://www.careopinion.org.uk/1203195>

Key message: The promotion of Care Opinion will continue with the future focus of improvement activity not only to increase the number of stories but to emphasise that all HSCP services can use Care Opinion in addition to current ways in receiving and acting on feedback.

6.3 What Matters To You

Inverclyde HSCP continues to support the NHS initiative on 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.

There was a Feedback Friday event held on 1st March 2024 supported by the Chief Nurse and the Service Manager for Rehabilitation Services.

The aim was to listen to staff on what matters to them about the services they provide and what is important to them for service improvement.

This initiative is supported by the Senior Management Team and also helps to promote the use of the 'What Matters to You' toolkit to have these conversations with their service users, informal carers and patients.

The Community Learning Disability Team have used this to communicate with their service users and informal carers, and track the actions in a plan that is reviewed by the team.

The Mental Health Staff at Larkfield have also used the tool very well and have produced a video, with support from the Person Centred team at NHS Greater Glasgow and Clyde.

In this [video](#), Andy shares his experience of a What Matters to You conversation and of the impact it had on his life.

By asking this simple yet effective question, Andy felt listened to and empowered, whilst he was a patient within Larkfield at Inverclyde Royal Hospital. Andy's story highlights how important it is to have what matters conversations with people at the heart of our person-centred approach to care.

"I am now looking forward to going home to my house and sleeping in my own bed" – Andy.

7. Conclusion

Inverclyde HSCP continue to be committed to safe, effective and person centred care through the existing well established clinical and care governance structures detailed in this report.

The HSCP has been experiencing significant pressures on service delivery and this has been reflected in the level of risk scrutinised and the regular updating of service risk registers is a main feature of the function of clinical and care governance.

The main focus for clinical and care governance will be the refreshing of the Clinical and Care Governance Strategic Priorities, referencing the changing and challenging environment and the need to encourage feedback from our staff and service users and informal carers. This work will be completed in 2024 and will be reflected in updates to the Senior Management Team.

