



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	22 September 2021
Agenda Item	9
Title	Clinical and Care Governance Annual Report 2020-2021
<p>Summary</p> <p>The Clinical and Care Governance Annual Report 2020–20201 reflects on the clinical and care governance arrangements of the HSCP and the progress made in improving the quality of clinical care. The report is structured around the three main domains set out in the National Quality Strategy; Safe, Effective, and Person-Centred Care.</p> <p>The report describes the main governance framework and demonstrates our work to provide assurance for the HSCP in the response to Covid-19 for maintaining services and the unique challenges of the Covid-19 vaccination programme.</p>	
Presented by	Claire Fisher, Clinical Director
<p>Action Required</p> <p>The Integration Joint Board are asked to:-</p> <ul style="list-style-type: none"> - note the Clinical and Care Governance Annual Report 2020-2021 - note that the IJB will retain oversight of the role and function of the Clinical and Care Governance Group where clinical and care governance will be taken forward 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Equalities <input type="checkbox"/> Fairer Scotland Duty</p>

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East Renfrewshire Health and Social Care Partnership

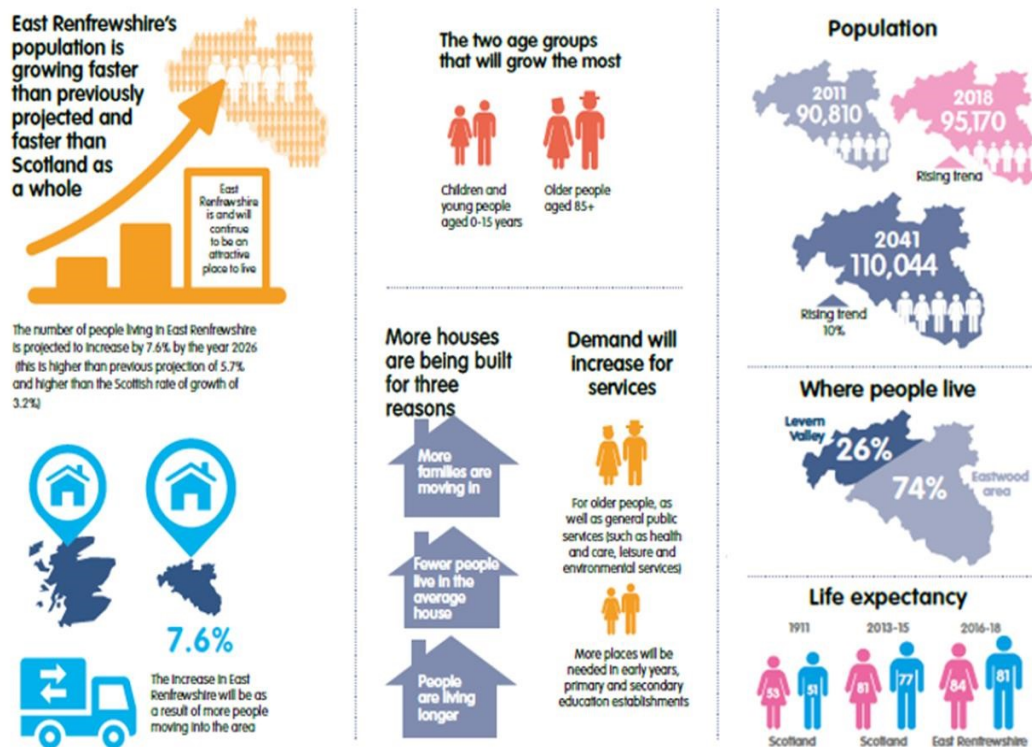
Annual Clinical and Care Governance Report

2020 - 2021



1. Introduction

- 1.1 East Renfrewshire Health and Social Care Partnership was formed in 2015 and covers the population within the same geographical boundary as East Renfrewshire Council.
- 1.2 East Renfrewshire Strategic Plan for Health and Social Care ([1 year plan for 2021-22 recovery period](#)) states that East Renfrewshire's population is growing and there is particular growth for our younger and older residents, who are the greatest users of universal health services.
- 1.3 There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.



- 1.4 Each year an annual report reflecting on the clinical and care governance arrangements of the Health and Social Care Partnership and the progress it has made in improving the quality of clinical care is produced. This report will describe the activity and governance arrangements in light of the Covid-19 pandemic and the main challenges ahead for East Renfrewshire HSCP for the services provided.

2. COVID-19 Governance Arrangements

2.1 Within East Renfrewshire HSCP there had been a temporary suspension of some of our clinical and care governance meetings. However, in practice this means that Governance has adapted to capture the main areas of risk and performance in different ways and demonstrates a level of agility in our governance systems. This did not impact on the East Renfrewshire Clinical and Care Governance Group where the scheduled dates for the meeting synchronised with the move to recovery.

Clinical and Care Governance Group

2.2 The Clinical and Care Governance Group meeting dates for 2020 – 2021 were 10th June 2020; 9th September 2020; 11th November 2020 and 3rd March 2021.

2.3 The Clinical and Care Governance Group chair is Amina Khan, NHS Greater Glasgow and Clyde Non Executive member. Amina started this role for the September 2020 meeting onwards.

2.4 Membership of the group includes Integration Joint Board members; Chief Officer East Renfrewshire Health and Social Care Partnership; Clinical Director; Chief Social Work Officer; Chief Nurse; Pharmacy Lead; Community and Multiples Pharmacy Lead; Senior Manager for Recovery Services; Head of Adult Health and Social Care Localities; Head of Adult Services: Communities and Wellbeing; Localities Intensive Services Manager; NHS Greater Glasgow and Clyde Clinical Risk representative; Scottish Care, and patient and carer representatives from Your Voice. The Specialist Learning Disability In-Patients Service has representation as required and the Professional Nurse Lead for Learning Disability Services also attends for an annual update.

2.5 The group meets four times a year and the agenda is structured to cover the areas of:

- Professional Leadership/Standards including registration and practice assurance
- Improvement Activity including self-evaluation and clinical and care governance actions
- Service Care Group Activity
- Public feedback including complaints, surveys and Care Opinion
- Quality and Safety of Care including public protection, Inspections and Contract Monitoring

2.6 The Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide assurance in relation to the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice.

- 2.7 The Clinical Director completes an exception report six times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the Directorate Management Team in keeping with local governance arrangements and to ensure all relevant issues are reported from respective services. The Clinical Director and Chief Nurse attend the Partnership Clinical and Care Governance Group meeting. The Chief Nurse provides an update report to the group in the absence of the Clinical Director as required.
- 2.8 The Clinical and Care Governance Group have strengthened the role of the Your Voice Working Group members from its formation. The Integration Joint Board have agreed that there can be two Service User and two Carer Representatives from Your Voice on the clinical and care governance group. The group members are supported by the Clinical and Care Governance Facilitator and have an agenda item for members to raise issues. The Your Voice Working Group receive updates following the Clinical and Care Governance meetings.
- 2.9 Adult Services Clinical and Care Governance Group continues to develop. Two meetings were held during 2020: 15th July 2020 and 8th December 2020. The group was chaired by Candy Millard, Head of Adult Health and Social Care Localities for the period of this annual report.
- 2.10 We continue to report to the Board wide Mental Health Governance system and continue to operate a Board wide Learning disability Governance Committee and sub-groups which have focussed on Covid-19 planning and support to the wider HSCP family of services.
- 2.11 Mechanisms that were put in place to support the operational oversight at service level included:
- Corporate Resilience Management Team meetings with East Renfrewshire Council;
 - Participation in NHS Greater Glasgow and Clyde Board Covid-19 governance;
 - Weekly HSCP Management Team (Directorate Management Team) meetings;
 - Daily Senior Management Team communication regarding Covid-19 risk issues;
 - Development of dynamic risk assessments for all services with an overarching HSCP Covid-19 risk register reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and Directorate Management Team. The Local Resilience Management Team (LRMT) includes staff side representatives and continues to meet fortnightly.
 - Maintenance of communication with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the Directorate Management Team

- Chief Officer's Public Protection Group every 3-4 weeks.
 - The HSCP completed submissions to the Strategic Executive Group to summarise arrangements put in place from March to July 2020.
 - The HSCP continues to link to the Council's Resilience Management Team (CRMT) and Greater Glasgow and Clyde tactical group in addition to regular Greater Glasgow and Clyde and National Chief Officer Meetings. Both Chief Social Work Officer and Chief Financial Officer Meetings continue to take place.
- 2.12 In addition to these groups there has been an increased attention in relation to our care homes resulting in further enhanced communication. Prior to Covid-19 the HSCP and local care homes had a joint Care Home Improvement Network which met on a monthly basis. During Covid-19 this moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance.
- 2.13 Commissioning staff completed a daily situation update call to care homes to ascertain if support is required for staffing, Personal Protective Equipment (PPE), for residents affected by Covid-19. This information has been fed into the HSCP daily Covid-19 monitoring and response. In line with national direction a Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis.
- 2.14 Governance arrangements for Significant Case Reviews (SCRs) and Multi Agency Public Protection Arrangements remain in place albeit via teleconference. This also applies to Significant Adverse Event Reviews (SAER's) in accordance with issued guidance. At the time of completion of this report there has been one Initial Case Review (ICR) and no Significant Case Reviews (SCR).
- 2.15 Core data regarding child protection/adult protection/Multi Agency Public Protection Arrangement's and corresponding assurance statements were provided to Chief Officer's group weekly. Multi-Agency Public Protection Arrangements were governed by management oversight group and strategic oversight group. Both of these meetings continued to take place at the usual frequency via teleconference. In addition to six monthly reports, new quarterly reports are prepared for the Adult Protection Committee. In response to the pandemic there was weekly reporting to the Chief Officer for Public Protection and the Scottish Government. Detail included in the Chief Social Work Annual Report.
- 2.16 As part of recovery arrangements the NHS Greater Glasgow and Clyde Strategic Executive Group, which acting as the de facto Acute, Partnership and Board Clinical Governance Forums during the Covid-19 outbreak introduced a template on 13th May 2020 to be completed by all areas including HSCPs on a monthly basis. The template had four key headings; maintenance of key

governance functions, risks to clinical quality, any other headlines, and key successes. The submissions ended July 2020.

3. HSCP Operational Covid-19 Response

- 3.1 The HSCP has been at the front line in the response to the coronavirus outbreak, supporting our most vulnerable residents at home, learning disability wards (Specialist Learning Disability in Patients) and residential settings. We have seen significant staffing constraints due to the virus. Nonetheless, our staff teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. Across services we have taken innovative approaches and adapted provision to focus on our most vulnerable residents during the emergency phase of the crisis.
- 3.2 Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. As is broadly recognised, the ongoing situation regarding the coronavirus pandemic is changing week-to-week and needs to be closely monitored particularly in relation to further waves of infection, potentially characterised by localised outbreaks. Given the developing situation it is essential that our approach to recovery recognises the need for flexibility and allows us to respond quickly to change.
- 3.3 This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.
- 3.4 The Covid-19 emergency response has seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.
- 3.5 Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The below list summarises the key actions taken across the HSCP:
- Redeployment of staff to work from home;
 - Co-location and social distancing of staff to maximise use of buildings;
 - Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection;
 - Roll out of technology such as Microsoft Teams to enable communication and meetings;
 - Suspension of certain services (e.g. Day Care centres, group work);
 - Redeployment of staff to cover essential services

- Collaboration between our Learning Disability Inpatient settings with mental health and wider community services to establish a resilient response.
- Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children);
- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere);
- Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centre)
- Introduction of teleconsultation and video-consultation with service users.

- 3.6 It is clear that for many months to come, health and social care services will need to be responding and further adapting to the challenges from the Covid-19 pandemic.
- 3.7 We now need to plan and deliver services beyond the current ‘emergency phase’ and through a transitional ‘recovery phase’ where we progressively return to more ‘normal’, planned provision of services.
- 3.8 For the HSCP this means thinking about how we have addressed the crisis, what we have learned about the way we deliver services, and what longer-term changes we may be seeing in terms of demand, needs and expectations. It means setting out practical approaches for an efficient return to more normal provision, and thinking creatively about how services can change for the better adopted new norms as a result of our experiences and learning throughout 2020 and into 2021.

4. Safe

Support to Care Homes

- 4.1 During the pandemic the need to restrict the number of professional visitors to care homes and restrictions on family visiting meant that some people living in care homes had not been seen by anyone other than care home staff. Earlier this year Scottish Government asked Chief Social Work Officers to undertake additional work to ensure all residents residing within a care home had an up to date review of their care.
- 4.2 In response we created a temporary Review Team. The Team consists of five Social Workers and two Team Managers with aligned business support and is overseen by one of the Locality Managers. The team completed 268 reviews for individuals within the twelve East Renfrewshire care homes, including those placed by other authorities. The aim was reviews to be complete by the end of June 2021.
- 4.3 East Renfrewshire Chief Social Work Officer and Chief Nurse, supported by members of the Senior Leadership Team carried out support and assurance visits to all local care homes. Focus on Care Home Assurance Visits included the following
- Wellbeing and Practical Support for Residents, Manager and Staff
 - Quality of health and care needs for residents
 - Open with Care – contact between residents and those who matter to them
 - Infection Prevention and Control
 - Workforce. Leadership and Culture
 - Feedback on HSCP Support throughout the Pandemic
 - Feedback on HSCP services (Adult Support and Protection Team, Care Home Liaison Nursing Team (adult and older peoples services) District Nursing and Commissioning Team)
 - Support requirements moving forward
- 4.4 A communication from the Chief Nursing Office (CNO) and CSWO on 28th May 2020 clarified that there were no change to the extant Chief Officers or Chief Social Work Officers responsibilities or accountabilities. However, additional requirements regarding accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care required a new model of support to be developed.
- 4.5 Feedback from care homes is that the visits had been supportive and that our critical friend approach had been helpful. Excellent practice has been a key feature of these visits, particularly where staff in care homes have selflessly

responded to ensure that the safety and risk to residents from transmission was paramount.

- 4.6 Key themes and learning from the visits have been shared with NHS Greater Glasgow and Clyde Care Home Assurance group and at a national level. This information will assist in informing the work plan for the two Care Home Collaboratives which are currently being established to support the Care Home Community. One will be situated in Glasgow City HSCP and the other will serve the remaining five Partnerships. Inverclyde HSCP will lead on the Care Home Collaborative model for the whole system. Each collaborative will be supported by a multidisciplinary team to ensure there is comprehensive support for care homes both proactively, and in response to issues raised. A Care Home Collaborative Programme Board has been set up to provide leadership and oversight for the model. The collaborative will ensure consistent communication across the system, oversee resource allocation and will set and monitor outcomes against plans.
- 4.7 It is important to take the opportunity to confirm the overall quality of care within the care homes was very good and that leadership has been visible at all levels. The care home managers and their deputies have been required to respond to the significant demands placed upon them as a result of the pandemic. The continual changing priorities coupled with the uncertainties in relation to the transmission of the virus whilst maintaining focus on caring for residents and keeping them safe has been exceptionally challenging. The care home managers and their staff are to be commended for their exceptional hard work, dedication, professionalism and the significant contribution they have made in keeping residents, staff and visitors safe.
- 4.8 East Renfrewshire HSCP initiated two Large Scale Investigations in relation to care homes within the Partnership. The detail is provided in section 6. Following feedback from the Care Inspectorate on the inspection which took place on Wednesday 13 January 2021 the provider of one of our Care Homes made a business decision to close. All residents were required to move to their new homes by 2 March 2021. This was a distressing time for residents their families and staff. East Renfrewshire HSCP staff worked closely with the residents to ensure the transition was dealt with in a sensitive and measured way.

Personal Protective Equipment Hub

- 4.9 The HSCP has established a Personal Protective Equipment hub that provides services and carers with protective equipment as required. We will continue to run this service for as long as it is needed. Our team also support the roll out of lateral flow testing and the administration of outbreak testing for care homes and other social care providers.

Care Homes Covid-19 Vaccination

- 4.10 With the Joint Committee on Vaccination and Immunisation (JCVI) identifying residents and staff in care homes for older adult as the priority group in the Covid-19 vaccination programme, the HSCP promptly responded to the call to action to commence vaccination of this cohort.
- 4.11 A team of nurses were identified and mobilised from their substantive posts to carry out the process of vaccinating care home staff and residents. As with the flu vaccinations, staff came from various HSCP teams. In a very short period of time staff were trained in the complex cold-chain requirements, preparation and administration of the vaccine.
- 4.12 Due to the vulnerability of the residents to Covid-19 there had to be procedures in place to ensure no HSCP staff member could carry Covid-19 into the care homes and so all staff carried out PCR tests weekly and lateral flow tests bi-weekly. Staff were also vaccinated against Covid-19 to help minimise their risk of contracting the virus.
- 4.13 One challenge in relation to the delivery of the Covid-19 vaccine to the care home community was the instability of the Pfizer vaccine. Once the vaccine had been transported to the care home, vials had to be used as they could not be returned to pharmacy. Initially, due to unforeseen circumstances such as allergies or illness, not all doses of vaccine were being used and so some wastage was noted.
- 4.14 In order to overcome the issue of wastage it was agreed doses could be given to HSCP staff. To maximise the impact of this, East Renfrewshire took the decision to give 'spare' doses to Care at Home staff as they give close personal care to those most vulnerable living at home. In order to protect the care home residents, Care at Home staff were vaccinated outside the care homes in the care home grounds. Despite it being the coldest months, both vaccinators and Care at Home staff were happy for vaccinations to take place outside as there was an understanding of the overall benefits.
- 4.15 Covid-19 vaccinations to care homes were carried out in phases to enable both first and second doses to be given.
- 4.16 The District Nursing team were supported by Care home liaison nurses; Diabetes nurse specialists; Treatment room nurses; Bank nurses; Podiatrists; Health visitors and School Nurses. Planning for the 2nd doses of vaccine to Care Home patients commenced 16th February 2021. 369 Care Home residents plus 37 at mop up process received their first dose. 370 second doses had been given by 20th May 2020 with this number constantly increasing due to vaccination of those who were not well enough at earlier dates, new residents moving in and people being discharged from hospital.

Primary Care-Impact Covid-19

- 4.17 In January 2020 the Integration Joint Board received an update on mid-year two achievements and challenges against the ambitions outlined in the East Renfrewshire Primary Care Improvement Plan (2018 – 21).
- 4.18 In March 2020 we were halfway to meeting the targets set out within our ambitious Primary Care Improvement Plan. However the Covid-19 pandemic clearly has had a significant impact on our Primary Care Improvement Plan delivery both directly and indirectly. In response to this, some, but not all Primary Care Improvement Plan Implementation came to a halt.
- 4.19 The early Covid-19 response in late March and early April 2020 resulted in:
- The postponement of Primary Care Implementation Plan Implementation groups at both NHS and HSCP level
 - The postponement or delay of recruitment to new Multi-Disciplinary roles
 - The introduction of some new services were put on hold
 - Premises/rooms previously allocated for new Primary Care Improvement Plan services were required for other purposes, specifically Community Assessment Centres (CAC)
 - Premises availability within both GP practices and wider HSCP premises were significantly impacted by the need to reduce footfall and maintain physical distancing.
- 4.20 Following NHS Greater Glasgow and Clyde Primary Care Challenge Escalation Plan in March 2020 some existing Multi-Disciplinary Teams (MDT) within GP practices were deployed to support the Covid-19 response including the Community Assessment Centres and Community Nursing as part of the winter/ Covid-19 response. Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners and Pharmacy staff were also temporarily withdrawn from some practices to support core services.

The Vaccination Transformation Programme (VTP)

- 4.21 The vaccination of primary school aged children was halted with the closure of schools. The schools' vaccination teams were deployed into the NHS Greater Glasgow and Clyde board wide vaccination team to deliver Covid-19 vaccines.
- 4.22 Maternity services continued delivery of both flu and pertussis immunisation for pregnant women via women and children's services/midwifery across all Greater Glasgow and Clyde maternity centres in 2020-21 during the Covid-19 pandemic.
- 4.23 All adult immunisations (Flu, Pneumococcal, Shingles and Travel) were planned to be delivered through the formation of a centralised board led NHS Greater Glasgow and Clyde Adult/Older People's Team hosted across all

HSCP's in year three of the plan using a similar model that was developed for

childhood immunisations. However, the NHS Greater Glasgow and Clyde Adult Immunisations Implementation group leading this programme of work had to redirect their efforts and prioritise the delivery of the extended flu and subsequent Covid-19 vaccination programmes for 2020-21.

- 4.24 The flu immunisations for the housebound normally co-ordinated by the Senior Nurse Adult Services had to be scaled up to a dedicated housebound team within the HSCP to accommodate the increased numbers of patients deemed housebound from the District Nursing caseload and from the GP Practices.
- 4.25 The travel vaccines planning was incorporated as part of the wider adult vaccination planning and was put on hold.
- 4.26 Delivery of these adult vaccine programmes in 2020-21 accelerated the transfer of flu immunisations from GP practices to HSCPs, with all cohorts (with the exception of the 18-64 at risk) being immunised by HSCPs. However, the arrangements were established in the context of Covid-19 physical distancing and enhanced PPE requirements and would not necessarily be replicated as part of the Vaccination Transformation Programme. The learning from this model of delivery could influence future planning of the Vaccination Transformation Programme when the NHS Greater Glasgow and Clyde Implementation Group re-establishes.

Influenza Vaccinations

- 4.27 In winter 2020 the HSCP had the challenge of offering the flu vaccination to all care home residents, the housebound population and the over 65s population. This was then extended to incorporate the over 50s age group. The HSCP also had the responsibility of carrying out peer to peer vaccinations to health staff while Social Care staff would attend pharmacies to be vaccinated. Those under 65 years with additional health needs were vaccinated by their GP practice.
- 4.28 Care Home residents were vaccinated by either the Care Home's own nursing staff or by the district nursing service. The housebound population were also vaccinated by the district nursing service, while mass vaccination clinics had to be set up to vaccinate those in the over 50s cohort.
- 4.29 One of the biggest challenges for the mass vaccination clinics was ensuring all 18,000+ residents were offered an appointment within the allocated timescale whilst maintaining the 2meter social distancing rule in place due to the Covid-19 pandemic. In order to ensure social distancing could be maintained seven and a half minute appointments were scheduled and clinics were set up across four different sites - Eastwood HCC, Barrhead HCC, Glen Halls, Neilston and a vacant unit in the Avenue Shopping Centre, Newton Mearns. Having four sites allowed a lower footfall in each site thus ensuring social distancing could be adhered to.

- 4.30 Identifying the workforce to support the delivery of the flu vaccination programme both locally and at mass vaccination centres was achievable with the support of staff from range of disciplines across the wide range of services who provided their support out with their core working hours. Training and development plans both locally and corporately supported staff to assist with local and board wide vaccination delivery plans.

Pharmacotherapy Services

- 4.31 During the pandemic, the existing practice based pharmacotherapy service continued to operate with all routine tasks continuing to be provided either within practice or moved to remote working, or a hybrid model of both depending on the outcome of risk assessments. However, the focus of work change with fewer Immediate Discharge Letters (IDL) and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. Face to face chronic disease clinics were also suspended in line with GP practice pandemic arrangements.

Community Treatment and Care Services (CTAC)

- 4.32 The CTAC Treatment Rooms were due to launch on the 1st April 2020 at both Eastwood and Barrhead Health and Care Centre's following the successful recruitment of the workforce and the setting up of the four treatment rooms. The services were developed according to need of the GP Practices by two short life working groups from the two localities.
- 4.33 However due to the Covid-19 pandemic the newly recruited staff were deployed to Community Nursing to support the core and additional service demands (including testing and vaccinations). The limitations from social distancing, infection control measures and accommodating the Community Assessment Centre within the Health Centre restricted access and use of our previously allocated premises.
- 4.34 The existing Community Health Care Assistants hosted across our fifteen GP Practices attended the Health Care Support Worker in Primary Care training at Glasgow Clyde College in 2020 to allow them to offer a broader variety of tasks to support scheduled chronic disease management within a practice setting, treatment room setting and out in the community.
- 4.35 Standard Operating Procedures to support the new Health Care Support Worker were developed for those task carried out in the GP Practices. During the pandemic these were reviewed to accommodate the limitations in the buildings and during domiciliary visits due to social distancing and enhanced infection control requirements.
- 4.36 The move to more virtual consultations by GP's saw a slight increase in demand for domiciliary visits initially with a requirement to enable tests and investigations

to take place to inform assessment or as a follow up from a virtual consultation. Shielding also contributed to an increase in the demand domiciliary visits.

Urgent care (Advanced Nurse Practitioners) (ANP)

- 4.37 A wealth of data was collated as part of the test of change to inform the future model of an Advanced Nurse Practitioner service in order to scale up across all three clusters. The Advanced Nurse Practitioner now works across one cluster (five practices). Ongoing implementation of urgent care services need to adapt to the changing relationships and oversight arrangements with Care Homes, and the wider context of whole system unscheduled care planning which will include opportunities of virtual triage and assessment.

Additional Professional Roles

- 4.38 We currently have 2 Advanced Physiotherapy Practitioners embedded and providing support to four GP Practices with a plan to recruit a further 1 which will be shared across a further two GP Practices. Our Advanced Physiotherapy Practitioners were initially pulled from GP practices in order to support the Covid-19 response but were not required and returned to practices in July/August 2020 providing virtual consultations (telephone and video) either remotely or within practices in order to minimise risks caused by the current pandemic.

Community Link Workers

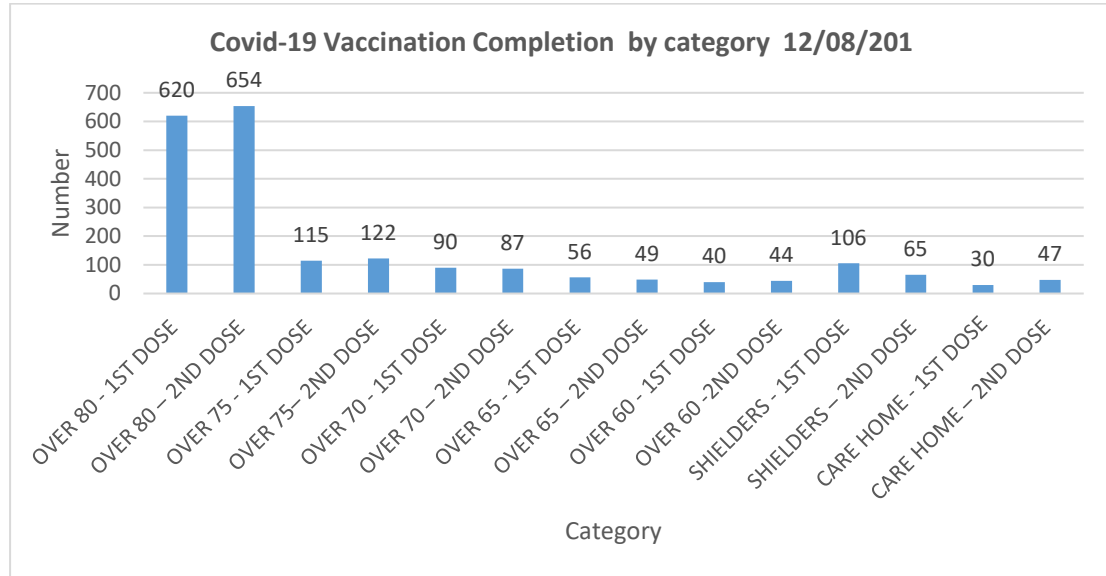
- 4.39 The full implementation of the community link worker service delivered by RAMH continued across all fifteen GP Practices offering support to patients for issues associated with loneliness, social isolation, and lack of community connectedness and associated 'social' issues. As a result of the first phase of the pandemic, the practice based Community Link Workers were quickly moved to mainly a remote working model before continuing as a hybrid model of remote and practice based. Limitations for Community Link Workers to access clinical systems for patients remotely presented some challenges for both practices and Community Link Workers. However the service continued and adapted to the practices and patients' needs during Covid-19. In addition to the normal service, 'wellbeing calls' were provided to those identified by the practice staff as being more vulnerable at this time. Wellbeing support was also given to practice staff during the initial phase of the pandemic.
- 4.40 We developed a Community Link Worker dashboard from data collected by RAMH and analysed it with the support of the Local Intelligence Support Team (LIST). Whilst we anticipated measuring the impact of the service Scottish Primary care Information Resource data was not available to support this. We are therefore working with one GP Practice to measure the impact of the service and the reduction of GP appointments.
- 4.41 The success of the implementation of the Primary Care Implementation Plan and the extension of the Primary Care teams relied on the collection of robust information by services and practices to measure and track the shift of the demand from GPs. However data analysis remains a challenge due to the

varied recording systems in use. A Primary Care Implementation Plan Evaluation group has been established at NHS Greater Glasgow and Clyde to develop a robust data performance and measurement plan to collect both quantitative and qualitative data from all key priority areas. The NHS Greater Glasgow and Clyde Primary Care Programme Board continues to meet with representation from all HSCP leads for Primary Care Improvement Planning and has been key in shaping the direction of travel, sharing learning and exploring opportunities in year three of the plans. The local Primary Care Implementation Plan Steering group meets every eight weeks prior to the GP Forum and drives the local implementation and delivery of the Primary Care Implementation Plan. The collaborative working of the HSCP and GP Practice representatives have been crucial to progress implementation. In 2020/21 we engaged with the Primary Care Implementation Plan Steering group and all three GP Clusters to explore remodelling some of the Memorandum of Understanding priority areas within the plan with a small recurring underspend based on local cluster needs. We recognised that the pandemic had given opportunities to work differently including remote hubs and digital solutions.

- 4.42 All 15 Practices in East Renfrewshire signed up to vaccinate the over 80 year's cohort, and the 74-79 years cohort.
- 4.43 13 Practices signed up to vaccinate the Clinically Extremely Vulnerable (Shielding) cohort. Patients from Practices who opted out of this cohort were appointed to our local Mass Vaccination Centres.
- 4.44 The HSCP worked in collaboration with local Practices to support delivery of Covid-19 Vaccination Programme by offering accommodation, equipment and communications assistance.
- 4.45 Unfortunately there were some delays to delivery of vaccines to Practices, which caused some clinics to be scheduled later than originally anticipated. Despite these delays, Practices worked determinedly to ensure patients were vaccinated as quickly as possible, and are to be commended for their fantastic achievement.
- 4.46 The HSCP has worked collaboratively with GP Practices to identify housebound patients, utilising Community Nursing Team housebound caseloads and GP Practice Data. This was a huge task to develop a core list from multiple sources of data.
- 4.47 The Community Nursing Team had additional support from HSCP staff initially from 5 administrative staff, which has been revised to 2 currently. The additional admin support staff worked tremendously hard to deliver the programme, working 7 days per week, despite challenging inclement weather conditions.
- 4.48 Our HSCP housebound vaccination team (mostly district nursing staff) supported by volunteers from other services) have commenced the second dose for local people who could not get to their GP or local vaccination centre. As of 27 April 2021 770 second vaccinations have been given by the team.

- 4.49 “Mop up” vaccinations were delivered to patients who were unable to receive the vaccination in the first phase due to clinical reasons.

Table 1 Covid-19 Vaccination Completion by category at 12th August 2021



- 4.50 The local Covid-19 Vaccination Group has met and performed a Lessons Learned analysis to ensure that learnings are reflected upon, and used to inform planning of the Phase 2 of the Vaccination Programme.
- 4.51 The community mass vaccination programme (which in East Renfrewshire is being led by the Council in partnership with NHS Greater Glasgow and Clyde) is operating two vaccination centres; one in Carmichael Hall and another in the Barrhead Foundry. Currently, a schedule of around 12 weeks is being followed to allow more people to benefit from the protection provided from the first dose during the roll out phase. Longer term protection will then be provided by the second dose.
- 4.52 The Community Assessment Centre for East Renfrewshire was in operation from 14th April 2020 and closed on 5th June 2020.
- 4.53 A video was made for the public to understand what to expect if they had to attend.
<https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-patients-the-public/local-support-services/community-assessment-centres-cacs/clarkston-east-renfrewshire/>
- 4.54 The Learning Disability Covid Planning Group worked collaboratively with all teams and our public health colleagues to establish a plan to support vaccination of people with learning disability.

5. East Renfrewshire Health Visiting Service – Participation and Engagement during Pandemic

- 5.1 Due to the global Covid-19 pandemic there has been a significant impact upon Health Visiting services and being able to carry out face to face visits without restrictions to families. This is of particular importance when delivering a service to breastfeeding mothers to support them to establish breastfeeding and get off to a good start confidently. By carrying out a satisfaction survey helps to evidence the quality of service that is being delivered and be able to make suitable changes to service delivery.
- 5.2 East Renfrewshire has some of the highest exclusive breastfeeding rates in Scotland (ISD Scotland 2021). Despite this there is a significant difference between the breastfeeding rates across the authority between women living in the most deprived areas. In 2019 23% of women living in the most deprived areas of the authority were exclusively breastfeeding at 6-8 weeks compared with 47% of women living in the least deprived areas. We are delighted to report that despite the significant challenges due to COVID -19 the service has responded proactively seeking different ways of working to support breastfeeding.
- 5.3 The service is working to complete the Health **Visiting UNICEF UK Baby Friendly Initiative** Gold Award in 2021

6. Effective

Large Scale Investigation - Establishment B

- 6.1 This Large Scale Investigation was the first of two in 2020.
- 6.2 The initial concerns were that that was poor end of life Clinical Care; concerns with the leadership and management within the Care Home and response to the pandemic from the provider.
- 6.3 The impact of the large scale investigation reduced the risk of harm for all residents. The HSCP supported improvement activity which led to new and improved management within the home. The provider also changed employment practice in response to Covid-19 and a multi-agency file review identified issues and gave assurance regarding end of life care.
- 6.4 The key lessons were a need to strengthen identification of adults at risk; to improve GP communication and response for care home residents; the importance of management and leadership in care homes and the impact of Covid-19 on staffing and the quality of end of life care.

- 6.5 The Adult Protection Committee oversees the action plan and the learning points are shared with the Clinical and Care Governance Group and will also be addressed within the Chief Social Officer Annual report

Large Scale Investigation - Establishment C

- 6.6 East Renfrewshire HSCP has been working in partnership with Police Scotland on a Large Scale Investigation (LSI) of Establishment C since October 2020.
- 6.7 The Large Scale Investigation was launched following two inspections completed by the Care Inspectorate and since the investigation was launched, the home remained under a Care Inspectorate Improvement Notice.
- 6.8 East Renfrewshire HSCP have provided unprecedented levels of support and resource to the home and worked extensively to support the provider to drive improvements and improve quality of care for residents.
- 6.9 Following feedback from the Care Inspectorate on the inspection which took place on Wednesday 13 January 2021, the provider made a business decision to close. Each resident received support by an allocated social worker, known to the resident and family due to completion of a recent care review to plan the safe and smooth transition for each resident. Working closely with residents, families and colleagues in Advocacy, we have been supporting all residents and their families throughout this transition period to find alternative care for all East Renfrewshire residents.
- 6.10 A plan was in place to move all residents by 2nd March 2021.
- 6.11 The planning around these moves has involved a strong partnership approach with residents and families and colleagues across the HSCP and with partners to ensure comprehensive person centred moves take place taking into account what matters to each resident and their families.
- 6.12 It is also worthy of note that the Cabinet Secretary and the Care Inspectorate have recognised the HSCP and the staff involved in the Large Scale Investigation for the remarkable efforts that have gone into supporting the home, the level of resource committed to the home at a time when services are so stretched and for the high standard of monitoring and professional guidance from all teams, including Adult Support and Protection, social work, nursing and commissioning. The Clinical and Care Governance Group will be sighted on the recommendations following the Large Scale Investigation once concluded.

Service updates

Adult Health and Social Localities

- 6.13 Our adult social work teams are seeing increased referrals for assessment as a result of significant mental and physical deterioration, carer stress/breakdown and adult support and protection issues. During the period mid-January 2021 to early March 2021, adult locality social work teams have carried out 61

outcome assessments and 105 outcome assessment reviews as compared to 44 assessments and 57 reviews over the same period last year. As reported previously unlike children and families social work we have seen the rescinding of the powers to undertake partial assessments, which we used positively locally to put services rapidly in place and both locality and initial contact team have waiting lists for assessment. We are beginning the implementation of the new Greater Glasgow Discharge to Assess Policy, which hopefully will see earlier referral to our hospital to home team. Our delayed discharge figures have remained below 10 but we are seeing rising numbers of adults with incapacity which is increasing our delay figures.

- 6.14 Pressures on our rehabilitation teams continue to rise in the absence of a number of specialist rehabilitation services and earlier discharges from hospital. Although medically fit, people are being discharged much earlier in their rehab journey and have extensive rehabilitation requirements to regain function/mobility. There have been 493 referrals into the Rehab Teams in the 8 weeks leading up to the 5th March and they are actively working with 380 people requiring specialist intervention. The teams are managing to respond to urgent referrals to prevent admission within 24 hours (weekdays) but are seeing an impact on waits for routine physiotherapy (65 people waiting) or occupational therapy (79 people waiting).
- 6.15 Our District nursing service has continued to provide home visiting since the onset of the pandemic and have adhered to the national and local clinical guidance to ensure the delivery of safe, effective and person centred care and staff safety, The District Nursing Service has a significant increase in the number of patients on their caseloads during the past year and have absorbed this within their current workload and staffing capacity. In consideration of District Nursing services being central to the delivery of essential and urgent care during the COVID -19 pandemic and to recovery targeted investment to grow the workforce will support services locally and nationally, The Health and Social Care Integrated Workforce Plan highlighted an increase of 375 nurses to the workforce across Scotland. In late 2020 the Scottish government wrote to boards with regard to their allocation of funding for November 2020 – April 2021 and recurring funding until 2024-2025. We have therefore been able to recruit additional staff to our district nursing service incorporating this to our existing workforce plan ensuring the sustainability of the essential band 6 District Nurse leadership roles.
- 6.16 Older Adults Mental Health Services continue to provide support within the limitations of current restrictions. In response to increased carer stress and deterioration of older people's dementia and mental health, the team are undertaking outreach visits to support people in their own homes. Medical outpatients' clinics are being offered in the health and care centre, with telephone or virtual consultations as an alternative if requested. Memory clinics and post diagnostic support have not been fully recovered. The service has also instigated a test of change to establish good Occupational Therapy support to local care homes.
- 6.17 Our range of Learning Disability services have adapted to ensure we provide support, with day services moving to an outreach model and our Learning

Disability team focussing on the potential for deeper inequality in terms of health and social isolation.

Recovery and Intensive Services

Care at Home

- 6.18 Progress against Care Inspectorate requirements has been maintained despite ongoing pressures in the system. The Care Inspectorate have advised that Care at Home inspections have recommenced and that short notice announced inspections are taking place. It is anticipated that an inspection will be undertaken in the near future.
- 6.19 84% of staff participated in the roll of vaccinations, all now having had their first vaccine. The second vaccinations are now being rolled out with the majority of staff now having a date confirmed for their second vaccination.
- 6.20 Weekly PCR testing of staff commenced on the 11th of February. 92% of the staff team are currently participating. Staff on long-term absence from the service are not part of the weekly testing programme.
- 6.21 To date the number of asymptomatic staff identified through testing is low, however resilience planning is ongoing to mitigate against the potential increase in any short term absence as a result of weekly testing.
- 6.22 The ARMED (Advanced Risk Modelling for Early Detection) project has now progressed to phase 2 to support further operational impact and return on investment analysis. Feedback from service users continues to be encouraging. The evaluation of the pilot once finalised will be presented to the Clinical and Care Governance Group.
- 6.23 All front line staff now have upgraded mobile phones, individual East Renfrewshire Council e-mail accounts and access to the Intranet and associated portals. This has presented greater opportunities to improve communications with our dispersed staff team, including improved development opportunities through podcasts.
- 6.24 Our Care at Home service continues to ensure best use of resources and ongoing liaison with external market providers to ensure that there are no waiting lists for service provision from either hospital or community based referrals.
- 6.25 The majority of care at home staff have received their follow up vaccination and routine weekly PCR testing is now established, with 92% of the staff team participating. Most positively, the rate of staff being identified as asymptomatic remains low. To date on average just under 1% of frontline staff on a week by week basis are returning a positive test result. This level of absence is having no impact on our ability to maintain service delivery. An overview of the weekly absence levels for the service will continue to be monitored. We continue to

have only a very small number of service users being supported who are Covid positive.

Bonnyton

- 6.26 The residents and service users have settled back to their refurbished home. Admissions to our intermediate care beds have recommenced and we anticipate that there may be an increase in use of these due to the implementation of the 'Discharge to Assess' policy. The Scottish Government have adapted the guidance to allow for care home visiting and this news has been most welcome to our Bonnyton residents, their families and the staff.
- 6.27 Visiting is being introduced on a phased approach and for the first two weeks residents can have a 30 minute visit with one loved one. From week commencing 22 March the home will offer two 30 minute visits per week for two nominated visitors (one person per visit). All visitors are taking a lateral flow test prior to entering the home and are wearing appropriate PPE and visits are taking place in residents' rooms. It's been emotional to welcome visitors back and wonderful for morale and mental wellbeing of residents and staff.

Recovery Services

- 6.28 All teams within recovery services have continued to provide support within the current restrictions and staff within Mental Health and Addictions teams continue to work on a rota system minimising the number of staff in the buildings.
- 6.29 There is an emerging growth in number of adults affected by poor mental health due to the impact of the pandemic. We anticipate this will continue to rise in terms of numbers and complexity with restrictions and community supports that often provide a level of support which is currently restricted. The Primary Care Mental Health Team and the Adult Autism Team are continuing to work from home using Attend Anywhere and Telephone to provide interventions.
- 6.30 Current issues include vacancies and we are seeing some difficulties recruiting staff. Meeting the psychological therapies waiting times are a challenge at present particularly in the Adult Mental Health Team and the Older People's Mental Health Team. We are working with professional leads across the system to see if there are staff available who can work after hours and at the weekend.
- 6.31 With regard to achievements we have managed to roll out a peer support service across Adult Mental Health and Addictions Services. This service is being delivered by a third sector organisation and is going well in spite of the restrictions.

Adult Support and Protection / Child Protection and Multi Agency Public Protection Arrangements

- 6.32 Adult Support and Protection was a priority for the Clinical and Care Governance Group to receive updates from the Chief Social Work Officer

during 2020 -2021. The Chief Social Work Officer Annual Report for 2020 -2021 will contain detailed updates. Adult Support and Protection, Child Protection and Multi Agency Public Protection Arrangements are set items on the agenda for the Clinical and Care Governance Group. There is an annual update on the work of the Violence against Women and Girls Partnership.

Specialist Learning Disability In-Patient Services

- 6.33 After a spell of slightly less requests for Learning Disability admissions than usual during April and May 2020, we are now seeing a very significant increase for Learning Disability admission requests.
- 6.34 From August 2020 to November 2020 we received a further 19 referrals for admission or advice/support. On average this equated to 2 referrals per week which is a significant increase in our normal referral rate. Of these referrals, 12 people were been admitted to Mental Health and three people directly admitted to our service. Of these total admissions five people have experienced a placement breakdown at the point of admission or subsequently following admission. A further three of the referrals were for inpatient advice/support from the inpatient units to prevent admission. We do continue to monitor the success of this and try to support further where needed to avoid a crisis situation which may result in emergency admission at a later date.
- 6.35 The majority of these requests for admission were predominantly related to deterioration in existing behaviour problems as a consequence of increasing emotional distress in relation to the changes in people's daily routine. A lack of community and social activities and reduced social support as a consequence of Covid, with many being detained under the Mental Health Act due to significant aggression towards others and many needing a high initial level of observation in hospital because of risks. Where Specialist Learning Disability Service cannot admit, people with learning disability will be admitted to mental health hospitals; this places additional demand on the mental health system and is a poor outcome for people.
- 6.36 We have received a further 13 referrals for admission or advice and support in the weeks 3rd November 2020 – 14th February 2021. Five people were directly admitted to our inpatient service. We are acutely aware that Mental Health Inpatient services also have significant challenges in relation to both their acute and Older People Mental Health wards, and find it increasing difficult to accommodate people with learning disability in their services. Further challenges for Mental Health Services was the closure of a number of wards due to Covid-19 outbreaks and staffing challenges which followed these. On some occasions referrals for admission we have made have been declined on certain sites due to the lack of staffing capacity to accommodate enhanced observation for admissions. We continue to working closely with our Mental Health colleagues to explore how we can support this. In some circumstances the inpatient service has provided outreach to Mental Health wards to support the patient and the staff team where safe to do so.

- 6.37 Integrated Learning Disability Teams make every attempt to identify and support individuals at risk of admission as early as possible; however with current guidance and restrictions in resources such as social support it is very difficult for the teams to be able to have a significant impact or to provide alternative support.
- 6.38 We continue to progress discharges where safe to do so and we will, where possible, continue to work collaboratively with HSCPs to achieve the best outcome for individuals.

SCTCI (Scottish Centre of Technology for Communication Impaired)

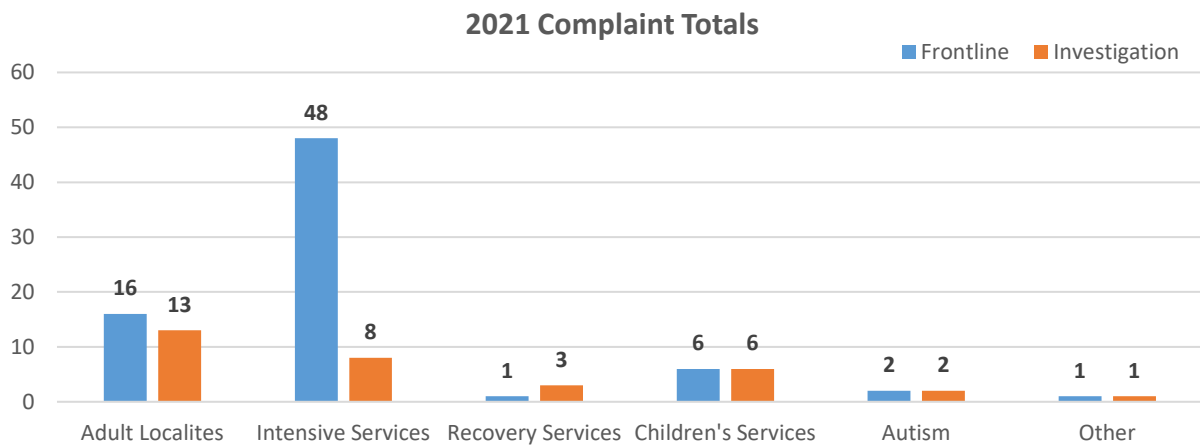
- 6.39 SCTCI (Scottish Centre of Technology for Communication Impaired) is hosted by East Renfrewshire and provides AAC (Augmentative and Alternative Communication) assessment and equipment provision services throughout NHS Greater Glasgow and Clyde and Scotland across all client groups. The service works with patients and their teams, families and carers, to find technological solutions to compensate for disabilities caused by communication impairments, thereby allowing patients to fully participate in their lives and communities.

7. Person Centred Care

HSCP Complaints and Feedback

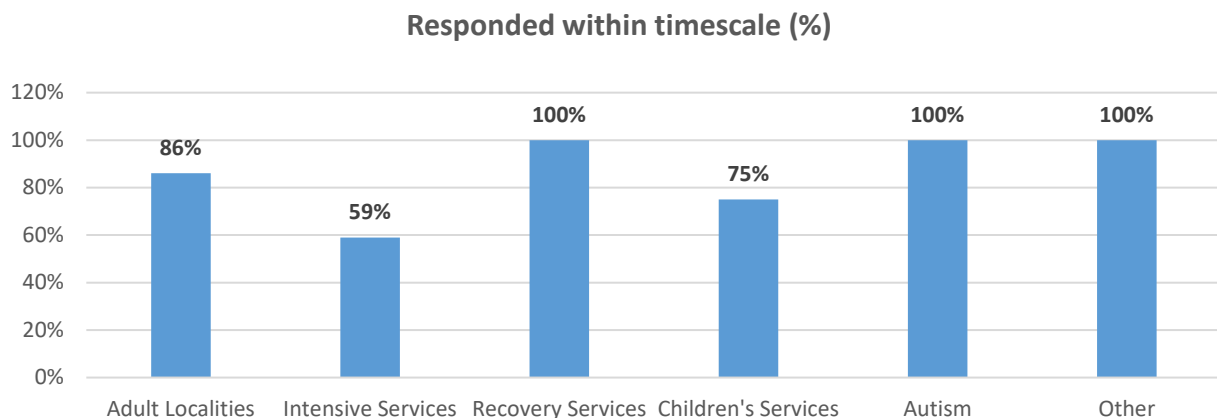
7.1 During 2020/21, a total of 107 complaints were received by the Health and Social Care Partnership. This is a 24% reduction on the previous year. No Integration Joint Board complaints were received. 69% were handled at the first stage as frontline complaints.

Table 2 Complaint totals 2020 -2021



7.2 72% of complaints were responded to within timescales; with average response times of 4 days and 16 days for frontline and investigation complaints respectively.

Table 3: Complaints responded within timescale

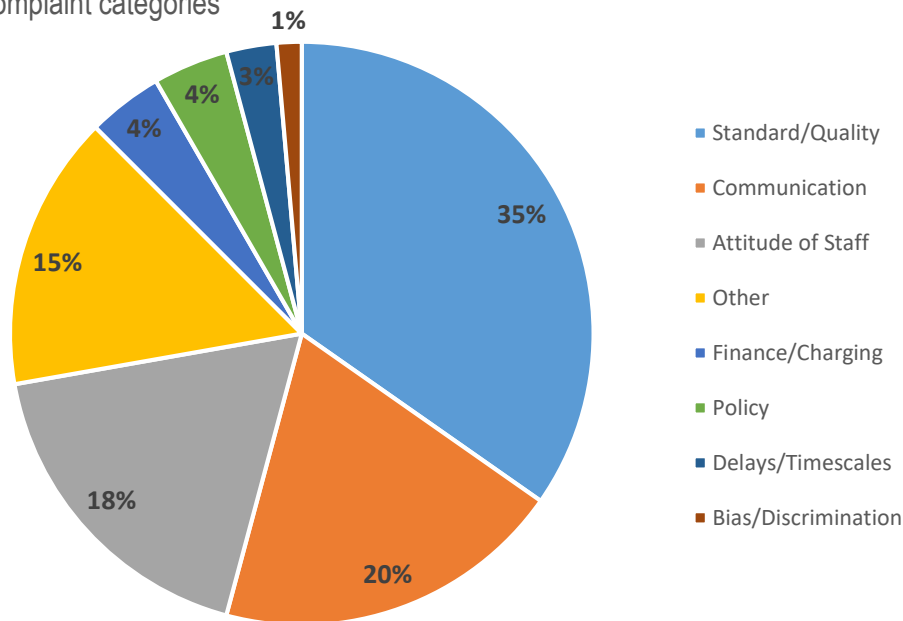


7.3 The majority of complaints received were within Intensive Services, which includes Bonnyton, care at home and telecare services. Adult locality services, including social work, rehab and district nursing received the second highest volume. This is to be expected given the high number of services provided by these teams.

Complaint Categories and Themes

7.4 Of the total complaints received 72 (67%) were either upheld or partially upheld. The complaint categories and themes from these 72 complaints are detailed below. It should be noted that these are the primary complaint categories, however in some cases there are multiple themes.

Table 4: Complaint categories



Learning from Complaints

7.5 System limitations and reduced capacity as a result of the pandemic has impacted on our ability to undertake full analysis of lessons learned and improvement activity over the last year.

7.6 There have however been some changes as a result of learning from complaints. For some cases we have had reflective learning sessions facilitated by Head of Service to better understand the impact and improvements required as a result of these complaints which are fed back to services in order to implement change. In some cases this has highlighted a need for training, practice improvement or a change to local processes/systems. Examples of these include a change to the CareFirst system to better reflect POA status on the front screen, improvements in our standard operating procedures for our Hospital Team, as well as additional business support staff in Adult Support and Protection to support improvements to case conference administration processes. We will continue to hold reflective learning sessions where appropriate. Our Head of Service: Communities & Wellbeing is coaching Senior Managers across adult services to develop their skills and confidence in handling complaints, drafting responses and facilitating reflective sessions. We have also been in contact with the SPSO regarding training. They will be running courses from August this year which will also build skills and confidence within complaints handling.

- 7.7 Similarly within Children’s and Justice Services, external support has been commissioned to investigate complex complaints, support training and coach managers. Regular monthly reporting to teams has been established which will flag any inconsistencies in terms of compliance and also provide an opportunity for teams to further reflect on complaints and consider any changes or improvements which need to be implemented and feed this back so actions can be tracked. Our investigation templates have also been updated and our business support teams have received guidance in terms of processing complaints. In addition, our managers who have more experience in handling complaints, especially from a trauma informed perspective, are providing peer support to others. The Directorate Management Team will continue to have a lead role in overseeing complaints to monitor compliance, provide quality assurance and feedback learning to improve practice.

Scottish Public Services Ombudsman (SPSO) Reviews

- 7.8 Should complainants be dissatisfied following the resolution of their complaint at the investigation stage, they can request a review by the Scottish Public Services Ombudsman (SPSO).
- 7.9 During 2020/21 the SPSO reviewed nine cases. There were five complaints which the SPSO decided not to take forward to investigation. Two of which they closed without requesting any information from the HSCP. In two other cases they did ask that we engage further with the individuals, by either providing a further response or assessment. This was actioned by the HSCP.
- 7.10 In three cases, the SPSO concluded their investigation following receipt of complaint and background information provided by the HSCP. There were no recommendations made for the HSCP in relation to any of these three cases. We are awaiting the outcome of the ninth case. We have also received a decision notice for a complaint which was originally referred to the SPSO by a provider in September 2019. The SPSO have upheld this complaint and made recommendations for the HSCP. They have asked that we apologise to the provider for our failings in terms of our communication and that we provide the SPSO of evidence to support the learning we had identified as part of the complaint, by August 2021. An internal reflective session has been arranged to take this forward. There is one other case which was also referred to the SPSO in 2019 for which we await a final outcome.

Compliments

- 7.11 During 2020/21 a total of 139 compliments were recorded; a total of 32 more positive instances of feedback than negative. The vast majority of compliments were in relation to care at home and telecare services.

Care Opinion

- 7.12 East Renfrewshire are the first Partnership to implement Care Opinion within NHS GGC launching Care Opinion on 10 February 2021. As a direct consequence of the response to the pandemic, implementation has proceeded

at a measured pace taking into account the pressures on the staff group. The Care Opinion Implementation Group is chaired by Deirdre McCormick, Chief Nurse who oversees the implementation plan.

- 7.13 Care Opinion updates are given at the Clinical and Care Governance Group and are also a standard agenda item at the Adult Services Clinical and Care Governance Group.
- 7.14 Care Opinion stories for East Renfrewshire HSCP can be located at the following link <https://www.careopinion.org.uk/opinions?nacs=S37000011>
- 7.15 There are four stories that coincide with the launch of Care Opinion for the period of this report. Three provided positive feedback and one highlighted some issues where the individual was invited to contact the service manager of the service to explore the issues.

External Organisational Feedback

- 7.16 During 2020/21 East Renfrewshire HSCP received feedback from external organisations highlighting areas of best practice. This includes our work in the following areas:
- 7.17 Talking Points featured as a model of good practice in iHub report [Community Solutions Reports - Community Solutions Reports](#)
- 7.18 Positive Feedback from Social Work Scotland, Scottish Government and the Care Inspectorate regarding our Large Scale Investigation work with Establishment C.
- 7.19 Praise received from Social Work Scotland and the Office of the Chief Social Work Officer regarding the relational support valuable children and families received from social work staff throughout the pandemic.

Significant Adverse Event Review summary for 2020 -2021

- 7.20 Table 5 shows the breakdown for the five cases identified. One was closed and one is currently in Quality Assurance. There are three reviews to be completed.

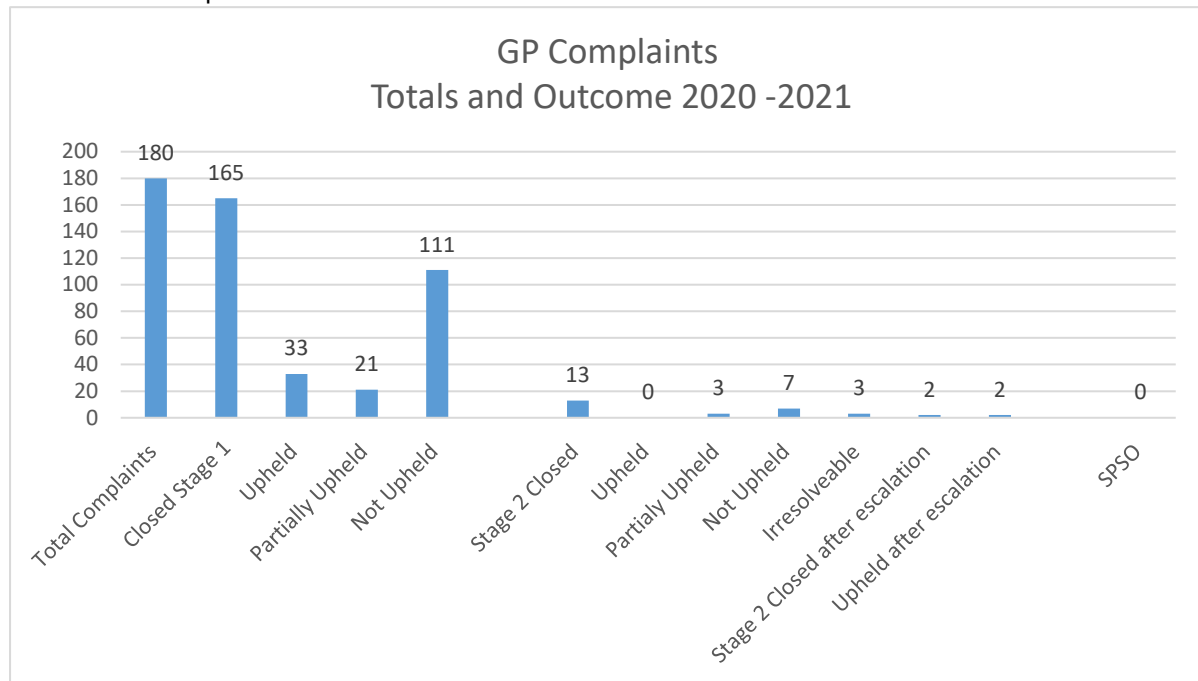
Table 5 Significant Adverse Event Review Summary

ID	Incident date	Specialty	SAER Description	Risk SAER Status
625133	24/08/2020	Community Mental Health Team	Death – Suicide	Under Review
627393	03/09/2020	Community Mental Health Team	Death – Suicide	Closed 31/3/2021
634931	02/11/2020	Community Mental Health Team	Death – Suicide	In Quality Assurance 28/5/2021
640188	14/12/2020	Esteem Team	Death – Suicide	Under Review
652824	19/03/2021	Community Mental Health Team	Death- Suicide	Under Review

GP and Optometry Complaints

7.21 Table 6 shows the number of complaints recorded and outcome 1st April 2020 to 31st March 2021. There were 180 complaints for the year, with the majority closed at Stage 1 and not upheld. There is no information available on the category of complaint. The final quarter still showed the majority of complaints dealt with on Stage 1, but with a higher proportion partially or fully upheld.

Table 6 GP Complaint Total and Outcomes



7.22 There have been no SPSO Decision / Investigation letters in this period.

7.23 For Optometrists, from 1st April 2020 to 31st March 2021 there were two complaints registered. Both of these complaints were closed at Stage 1 and both were upheld. There were no decision / investigation letters received from the SPSO.

7.24 The HSCP, GP's and Optometrists continued to respond to complaints as normal despite the additional pressures facing the partnership during the global pandemic. As we begin to move back into recovery, fuller analysis of themes and learning will be undertaken.

8. Conclusion

- 8.1 Our response to the pandemic has seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships.

Emerging impacts from the Covid-19 pandemic

- 8.2 We will continue to learn lessons as we move through and beyond the pandemic period. The Strategic Plan set out the main impact as follows.

Impacts of increasing poverty on health and wellbeing

- 8.3 While the full economic impact of the pandemic is still emerging it is clear that there have been negative consequences for businesses and employment prospects nationally and locally and that this is likely to worsen as supports including the furlough scheme come to an end. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes. We know that the unemployment rate has risen significantly in East Renfrewshire and we have a high volume of people being furloughed. The 18-25 age group has particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.

Potentially worsening health inequalities

- 8.4 National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The loss of social support during the pandemic due to diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. We have also seen at the UK level, that disadvantaged neighbourhoods and areas with poorer, high-density housing have been particularly badly affected by the pandemic.

Negative impacts on mental health and wellbeing

- 8.5 Evidence indicates that the COVID-19 pandemic is associated with social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. Studies have concluded there will be significant longer-term impacts on mental health and wellbeing. For some of the population this could exacerbate pre-existing psychiatric disorders and heighten risks of suicidal behaviour. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, and people with underlying

health conditions, children and young people (up to age 25). Locally, we know that families and people we support are reporting worsening mental wellbeing.

Increased frailty and vulnerability

- 8.6 Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing levels of need, frailty and vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

Impacts of ongoing Covid-19 restrictions

- 8.7 It is unclear how long restrictions such as physical distancing will need to remain in place. These are impacting the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and reducing face-to-face contact and group supports. Alternative approaches are in place and we will work with our partners to re-establish our services and preventative supports as soon as we can.

Impacts on the wellbeing and capacity on staff

- 8.8 The Covid-19 pandemic has placed huge demands on the health and care workforce with frontline staff dealing with the immediate consequences of the pandemic and teams having to adjust to radically different ways of working. Staff teams have also had to work with reduced capacity as a result of sickness absence or staff self-isolating during the crisis. Given the level of stress staff are under and potential for staff to feel isolated it is essential that we continue to support staff resilience and connectedness.
- 8.9 There is a staff wellbeing group established, led by the Head of Service - Community and Wellbeing and this group is overseeing the response to assisting staff for the HSCP.

Changes as a result of Covid-19

Changing patterns of service use

- 8.10 The pandemic period has seen new ways that people engage with services with increased use of telephone and video contact. In some instances such as 'wellness calls' people have been able to engage with services in quicker and more convenient ways. We must ensure that we understand people's expectations and preferences when accessing services and make sure that any positive changes to service delivery are retained (while not excluding any groups e.g. those without access to digital technology).

Stronger communication across the partnership

- 8.11 As a partnership the pandemic has brought into sharp focus our shared goals and the shared level of commitment across partner organisations. We have

seen increasingly supportive working relationships between statutory, independent and third sector partners. There have been better lines of communication between health professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.

High levels of community and third sector activity

- 8.12 During 2020 we saw high levels of support and participation in our communities. We saw a local surge in residents offering their time as volunteers as well as informal support within neighbourhoods. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.

Capacity for change and innovation

- 8.13 Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward to renewal.

Clinical and Care Governance Priorities 2021 -2022

- 8.14 There are significant challenges facing the HSCP and these are reflected in the main aspects of dealing with the ongoing implications of Covid-19 and the move to recovery of services.
- 8.15 The direction of the Clinical and Care Governance Group will be reviewed in 2021 to implement a work plan for the group and provide an opportunity to reflect on the impact of Covid-19 and the priorities for Clinical and Care Governance. The work plan will help to inform and be informed by the NHS GGC Partnership and Community Clinical Governance Group.