



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 September 2023
Agenda Item	Item 11
Title	Clinical and Care Governance Annual Report 2022-2023
<p>Summary</p> <p>The Clinical and Care Governance Annual Report 2022–2023 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. There is an emphasis on the work for the HSCP Workforce Plan and the importance of building resilience and supporting staff wellbeing.</p>	
Presented by	Dr 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 2022-2023 - 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</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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East Renfrewshire Health and Social Partnership

Clinical and Care Governance

Annual Report 2022 - 2023

Principal Author:	Dr Claire Fisher
Approved by:	
Date approved:	

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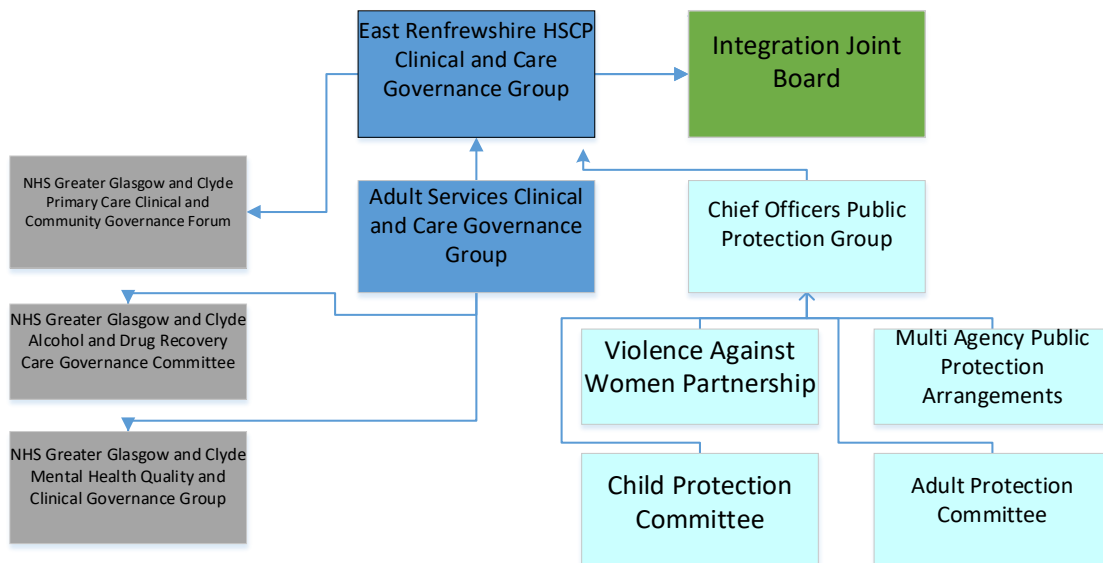
1. Introduction

1. East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.
2. Through an integrated team East Renfrewshire Health and Care Partnership directly manages over 900 health and care staff. There is also a significant workforce in the independent NHS contractor service for example, GPs, Dentists, Optometrists, and Community Pharmacists and within the third sector and independent social care providers.
3. In addition, the East Renfrewshire Health and Care Partnership hosts the Specialist Learning Disability Inpatient Services, Autism Service and the Scottish Centre of Technology for the Communication Impaired (SCTCI) service on behalf of NHS Greater Glasgow and Clyde. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites in East Renfrewshire.
4. The Clinical and Care Governance Annual Report for 2022 - 2023 reflects the work of East Renfrewshire Health and Care Partnership for assurance regarding standards and quality of care. The report will focus on Safe, Effective and Person Centred Care quality ambitions. The report will focus on improvement activity as much as possible and not be an operational overview of the work of the Health and Care Partnership. This is more comprehensively reflected in other governance reports and updates to NHS Greater Glasgow and Clyde, East Renfrewshire Council and the Integration Joint Board.
5. The processes for clinical and care governance are well established in East Renfrewshire Health and Care Partnership.
6. The Independent Review of Adult Social Care will have clinical and care governance implications for East Renfrewshire Health and Care Partnership. We continue to maintain a watchful brief on this developing agenda and informed discussion at local and national level.

2. **Clinical and Care Governance Arrangements 2022 - 2023**

7. East Renfrewshire Health and Care Partnership Clinical and Care Governance Group met on the 8th June 2022, 7th September 2022, 16th November 2022 and 16th March 2023. The Clinical and Care Governance Group is currently chaired by the Clinical Director, Dr Claire Fisher. An exception report is prepared for the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum which meets six times a year.
8. The Adult Services Clinical and Care Governance Group met on 17th May 2022, 24th August 2022, 11th November 2022 and 7th February 2023. The group reports by exception to the Health and Care Partnership Clinical and Care Governance Group. The group is chaired by the Head of Adult Services Learning Disability and Recovery.
9. Figure 1 shows the current clinical and care governance arrangements for East Renfrewshire Health and Care Partnership.

Figure 1 – East Renfrewshire Health and Care Partnership Clinical and Care Governance Structure



3. Safe

Registered Services Assurance

10. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. Alongside the Public Bodies (Joint Working) (Scotland) Act 2014, the Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to co-operate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland.
11. A number of scrutiny bodies have an interest in how the health and social care agenda is developing including the Care Inspectorate, Accounts Commission, Health Improvement Scotland and the Auditor General for Scotland. Each have distinct statutory responsibilities for the audit, scrutiny and improvement of organisations providing health and care services in Scotland. This external scrutiny provides assurance and supports our internal contract monitoring arrangements with our external partner providers.
12. The Health and Care Partnership work jointly with external scrutiny bodies and our external partner providers to participate in any regulation or scrutiny activity. Care services in Scotland must be registered with the Care Inspectorate and a broad range of the individuals who work in those services must be registered with the Scottish Social Services Council (SSSC).
13. Our contract monitoring team work closely with senior managers to maintain close working relationships with care home providers through regular welfare calls, meetings and scrutiny of any complaints or concerns raised.
14. A Care Home Clinical and Care Professional Oversight team was established which includes the Chief Officer, Chief Nurse and colleagues from Public Health Directorate, Scottish Care and the Care Inspectorate who join members of the safety huddle group on a weekly basis. All care homes are RAG rated each week supported by the "Guidance for GGC Partnerships Oversight Groups – RAG Classifications" document.

3.1 Care Home Improvement Notice

15. Significant and growing concerns regarding staffing levels within Establishment D were highlighted to the Care Home Assurance Group on 5th April 2023 due, by and large, to staff movement to new employment in a neighbouring care home. The home agreed to put in place a Voluntary Moratorium. The Care Inspectorate / Health and Care Partnership requested details on their staffing position, to give assurance that they can provide continuity of care and have appropriate knowledge of residents' individual needs. This was received on 14th March 2023. Care Inspectorate made an unannounced visit and reduced their care quality ratings on support to people's wellbeing and leadership (4 to 3 to 3 to 2). A number of Adult Support and Protection concerns have also been reported. A

resident sadly died following admission to hospital from the home, which highlighted concerns regarding care quality. A Large Scale Investigation has been commissioned and will report findings to the Health and Care Partnership Clinical and Care Governance Group in 2023.

3.2 Care Home Assurance Tool (CHAT)

16. In May 2020 Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in response to the impact of COVID-19. An electronic version of the tool is now available and is updated as / when required in line with national guidance and learning from established NHS Greater Glasgow and Clyde quarterly reports.
17. Plans will be put in place to commence CHAT visits in September 2023 to all care homes. The model for these visits will continue with the Health and Care Partnership team approach involving the interim chief nurse, senior nurse, commissioning, and senior social work managers. The visits are intended to be supportive and completed collaboratively with care home managers.
18. All our care homes have received daily visits from care home liaison nurses (CHLNs) with a focus on supporting care homes to deliver person centred, effective and safe care.

3.3 Care at Home

19. The Integration Joint Board received an update on the pressures on the service that were experienced from a crisis point in early December 2022 to February 2023 in February 2023. The Increasing complexity of people being supported against a backdrop of recruitment challenges led to these pressures. Locally there had been a 49% reduction in the amount of service that commissioned providers have been able to deliver since 2020. The service had been experiencing significant absence rates.
20. East Renfrewshire Health and Care Partnership drew on the winter response plan to respond to the pressures. The Care at Home Service had a Crisis Management Plan that focused on nine key areas.
 - Recruitment, Redeployment and Retention.
 - Absence Management.
 - Scheduling – Skills and Resources.
 - Communication and Complaints.
 - RAG – Prioritisation of Resources.
 - Discharge without Delay/Interim Care.
 - Staff Wellbeing Support.
 - Adult Support & Protection.
 - Care Inspectorate & National Care Standards.

21. The service received 96 complaints and the main themes were:
 - Missed / late visits- this can impact four hourly medication times.
 - Lack of continuity with the carers supporting visits
 - Service users experiencing difficulty contacting the office directly with phones regularly engaged/ringing out.
22. The pressures in care at home are reflected in the performance in discharge without delay measures.
23. The Health and Care Partnership Wellbeing Lead has been working with staff throughout 2022 and 2023 to seek views from staff through questionnaires and wellbeing focussed meetings. The service has re-introduced patch meetings (paused during Covid-19) with local organisations such as Voluntary Action East Renfrewshire Barrhead, Jewish Care Giffnock and Neilston Development Trust. All home care staff are also able to access massage therapy, reflexology, and reiki and hair appointments on a weekly basis. Nineteen staff also received personal thank you cards / gift from Health and Care Partnership for their additional efforts in supporting the service over what has been a challenging period.
24. The Care inspectorate were notified of all notifiable incidents. The Care Inspectorate have noted that other Health and Care Partnership were experiencing the same system pressures. They were content with the Health and Care Partnership's communication with them and the crisis management plan.

3.4 Joint Inspection of Adult Support and Protection in East Renfrewshire

25. East Renfrewshire Health and Care Partnership and East Renfrewshire Council were formally notified of a joint Adult Support and Protection inspection on 30th January 2023. The focus is Adult Support and Protection activity in the period January 2021 until January 2023.
26. The inspection will have two quality indicators:
 - Key adult support and protection processes.
 - Leadership for adult support and protection.
27. The work of this inspection has been a significant focus for the Health and Care Partnership and the inspection findings were published June 2023. Any actions that have resulted from the inspection will be progressed throughout 2023 – 2024 and the Adult Services Clinical and Care Governance Group will be updated on progress.

3.5 Health Visiting

28. Health Visitors have double the number of children on their caseload compared to other NHS Greater Glasgow and Clyde's Health and Care Partnership's. This is inclusive of additional local investment provided over the past three years.

29. Despite the high caseload, the service has strived to continue to deliver the full Universal Health Visiting Pathway (UHVP). However, due to staff absence at times, mitigated of risk within the Eastwood team has been managed by merging 3- and 4-month visits and completion of 4 – 5 child assessment for children allocated as Core in a clinic setting instead of the child's home.
30. Emerging evidence from the national evaluation of the Universal Health Visiting Pathway has identified increased visits arising from contacts on the pathway regardless of the Health Plan Indicator which is further challenging areas with high caseload numbers to deliver the pathway in full.

3.6 Community Nursing

Combined Care Assurance Audit

31. Care Assurance will take place to provide independent, objective assurance of the quality of care provided within Community Nursing using the Combined Care.
32. Assurance and Audit Tool (CCAAT). The results from the audit for District Nursing were shared at the Adult Services Clinical and Care Governance Group and the results were in the Gold Scoring Range of >91%. The service has an action plan for areas of improvement and future audit results will be reported to the group for Health and Care Partnership assurance.
33. Table 1 and Table 2 provide the data of the audit.

Table 1 shows the results of the CCAAT audit for District Nursing.

Combined Care Assurance Audit Tool Results	
OVERALL CCAAT COMPLIANCE	97%
RECORD KEEPING AUDIT SCORE	99%
MEDICATION AUDIT SCORE	100%
Scoring key for Combined Care Assurance and Audit Tool	
RED	<66%
AMBER	66% - 79%
GREEN	80% -90%
GOLD	>91%

Table 2 shows the overall scores for each of the seven standards for the audit.

Individual Standards Scoring for Combined Care Assurance Audit Tool	
Tissue Viability	100%
Medicines Management	100%
Infection Prevention and Control	100%
Food, Fluid and Nutrition	92%
Person Centred Health and Care	98%
End of Life Care	90%
Effective Management of Resources and Staff Governance	100%
Scoring key for Combined Care Assurance and Audit Tool	
RED	<66%
AMBER	66% - 79%
GREEN	80% -90%
GOLD	>91%

4. Effective Care

Primary Care Implementation Programme

Progress of Memorandum of Understanding Priority Areas 2022 -2023

4.1 Vaccination Transformation Programme (VTP)

34. All vaccinations within the Vaccination Transformation Programme have been in place since April 2022 having moved from a GP based delivery model to an NHS Greater Glasgow and Clyde board delivery model, through various vaccination teams reducing GP practice workload.
35. The midwifery model for pertussis delivery across NHS Greater Glasgow and Clyde has also been developed for pregnant women.
36. The Adult influenza immunisation programme for 2023 onwards will demonstrate the learning from the current delivery which will influence the future establishment of a robust, efficient and sustainable long term vaccination programme and team within NHS Greater Glasgow and Clyde which meets the needs of patients and the terms of the GMS 2018 contract. This will continue to be closely monitored and reported to the board and the Integration Joint Board

4.2 Pharmacotherapy Services

37. NHS Greater Glasgow and Clyde Pharmacotherapy summary analysis of activity data for East Renfrewshire Health and Care Partnership over the eleven month period from April 2021 to February 2022 shows:
 - Total patient count activity of 32,339 (averaging 2,940 patients per month).
 - Resulting in 109,542 actions required (averaging 9,958 per month), of these:
 - Acute prescribing requests – 7,774 (averaging 707 per month);
 - Repeat prescribing requests – 8,452 (averaging 768 per month);
 - Immediate Discharge Letters – 6,485 (averaging 590 per month);
 - Hospital outpatient Letters – 6,446 (averaging 586 per month).
38. The development of the new pharmacotherapy service has allowed GPs to: focus on their role as expert medical generalists; improve clinical outcomes; more appropriately distribute workload; enhance practice sustainability; and support prescribing improvement work. There have also been positive impacts in terms of effective and efficient prescribing and polypharmacy all of which have real outcomes for patients.

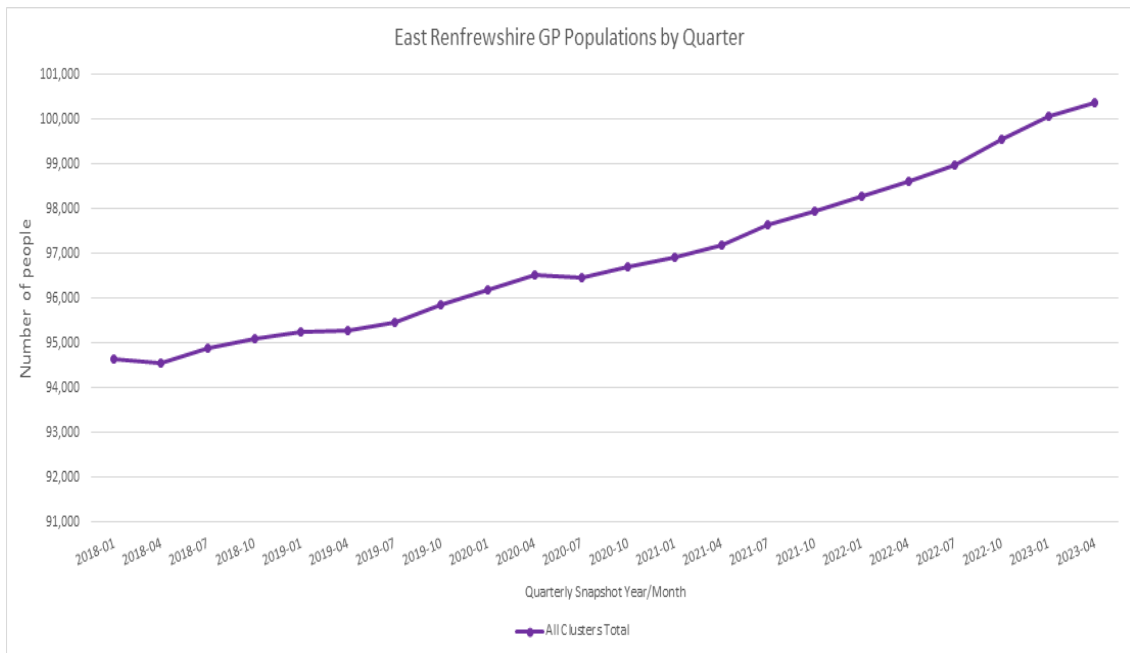
4.3 Community Treatment and Care Services (CTAC)

39. In year three, following a delay due to the pandemic, we were able to develop the CTAC services further by implementing our new treatment room provision across both localities of Eastwood and Barrhead to all GP practices, offering leg ulcer management, Doppler assessment, wound dressings and suture / staple removal.

- We have eleven whole time equivalent of staff employed to deliver the Community Treatment and Care Service.
- Recruitment has been a challenge at some points during 2022-2023.
- The Community Health Care Assistant (CHCA) appointment time within GP practices is 10 minutes per task (15 minutes during the pandemic due to social distancing and infection control measures) allowing for 48 appointments per day (32 during the pandemic).
- CHCA whole time equivalent provision varies across practices from one session to five sessions per week based practice list size.
- We have three Treatment Rooms in total across both localities. Eastwood Health and Care Centre has two rooms and Barrhead Health and Care Centre has one room, offering 10 days and 3 days provision respectively each week.
- The Treatment Room appointment times vary from 10 to 45 minutes (15 and 60 minutes during the pandemic) averaging nine appointments per day for mainly leg ulcers and wound management.
- All GP practices in East Renfrewshire now have access to CTAC services.

4.4 Primary Care – General Practice Sustainability

40. Population of East Renfrewshire registered patients continues to grow significantly, and coupled with increased demand following the Covid Pandemic has resulted in workload pressures across all our GP Practices.



- The Health and Social Care Partnership has worked closely with NHS GGC Primary Care Services to develop and implement a new escalation framework to help Practices with sustainability challenges.
- All fifteen local Practices have remained on Escalation level 1 during 2022-23. (Level 1 equates to Pandemic new – normal working arrangements).
- Six Practices have moved to new Escalation level 1b which allows Practices to stop local new patient registrations to reduce administrative burden.
- One Practice had a full list closure for three months.
- The Health and Social Care Partnership has provided tailored support to several practices experiencing sustainability issues.
- The Health and Social Care Partnership has taken part in wider NHS GGC Property Strategy and attended the NHS GGC Property Strategy Summit in February 2023.
- Work has begun on our local Property Strategy for East Renfrewshire, including GP Practice premises, to help design an estate to deliver Primary Care Services for the future.

4.5 Primary Care - Prescribing

41. As well as the valued work our PCIP Pharmacy Team deliver in our Prescribing Hub and in our local GP Practices, we also have a small team of Prescribing Support Pharmacists (PSP). Over the last year, as we emerged from the Covid Pandemic, our PSP team have begun to return to tasks to help with recovery, savings and patient safety work. Given the rising cost of medicines and early

forecast about prescribing budget we have taken a number of actions which we continue into 2023-24.

- Attended NHS GGC Board wide prescribing summit February 2023.
- Held East Renfrewshire Prescribing Summit to agree local action plan.
- Re-established local Prescribing Group quarterly meeting – with GP reps, Community Pharmacy lead, Clinical Director and Pharmacy team.

4.6 Dementia Care Specialist Improvement Lead Programme

42. Laura Herron, Care Home Liaison Nurse has completed a poster to show a change project, completed as part of the Dementia Specialist Improvement Lead (DSIL) programme. The work considered the correlation between physical health concerns and increased distress for those living with Dementia.

How are you feeling?
Considering the correlation between physical health concerns and increased distress for those living with dementia
Laura Herron, Care Home Liaison Nurse, Eastwood Health and Care Centre

Background
On commencement of my current post it became evident that physical health checks were not consistently being completed prior to a new referral to the service or contact to the care home team. This resulted in mental health care home liaison staff spending time ruling out possible physical causes of distress prior to being able to have active input with the patient. Physical causes of distress should be ruled out in the first instance, particularly if onset of symptoms is rapid or dramatic. Warner and Hacking (2011).
Should physical concerns go unaddressed, the risk of delirium increases resulting in higher mortality rates, Health Improvement Scotland (2014).
It is also possible these individuals' symptoms of distress are treated with antipsychotic medication which can lead to increased falls risk, as well as a higher mortality rates, while underlying conditions potentially go untreated.

Method
Appreciative Inquiry was used to consider areas of practice and consider what changes would best support the service and care homes.

1 DISCOVER
2 DREAM
3 DESIGN
4 DO

Discover – Care home staff had good working relationships with the care home liaison team and were open to advice support provided by the service. Care home staff know their residents very well and were, for the most part, able to identify early changes to presentation.
Dream – Care home staff being more robust in addressing possible reversible physical causes of distress prior to making a referral to mental health services. This would result in appropriate and timely treatment for the individual, reduced frequency of distress for the person, and the care home liaison service would be able to be more responsive in supporting individuals who are distressed, and a reduction in the use of antipsychotic medication.
Design – As a care home liaison service we considered what input the service was having with care homes. This highlighted at point of referral much of initial assessment was spent addressing underlying physical issues including pain, infection and constipation. From this it was agreed this area required to be addressed. This was discussed with care homes and communication back to the referring GP was developed.

Do – A number of Plan, Do, Study, Act (PDSA) cycles were completed. First cycle was simply asking care home staff to complete physical health checks, by obtaining bloods, urine sample and pain assessment. Second and third cycle were the development and amendment of a letter to referring GP requesting physical health checks prior to referral being actioned. PDSA is still in progress with the development of a check list for care home staff to consider reversible causes of distress prior to referral being made to mental health team.
During the all stages of the process mental health care home liaison team provided 1 day dementia specific training which also explored the correlation between increased distress and physical wellbeing for individuals living with dementia.

Results
From the initial PDSA of asking care home staff to complete physical health checks verbally. This had limited and no impact with some care home engaging with the project more than others.
Communicating to the referring GP the request for care home staff to complete physical health checks resulted in increased engagement with this, it also on occasion led to GP referrals in addition to mental health service involvement.
The training which was offered to all care homes within the geographical area proved to have a positive impact on the project. It provided staff with a greater understanding and rationale for physical causes to be identified and addressed.

Conclusion
This is an ongoing project we have observed the service. The medication being used that already present.
By physical causes at point of referral the service being more responsive to the needs of individuals who are distressed, and a reduction in the use of antipsychotic medication.

References
Warner, J. and Hacking, M. C. (2011) New York Care Home Book. Health Improvement Scotland (2014) What people think

5. Hosted Services Specialist Learning Disability Inpatient Service

Mental Welfare Commission Inspections

5.1 Netherton Unit

43. The Mental Welfare Commission completed their inspection visit on 24th November 2022. Netherton Unit is a seven bedded unit accommodating patients with learning disabilities and additional complex needs who require a longer period of rehabilitation or treatment.
44. The purpose of the visit was to follow up the actions put in place as well as reviewing delayed hospital discharges, as this had been highlighted as slow to resolve.
45. The outcome of the inspection is one recommendation has been made.

Recommendation: Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information detailing progress since the last review.

46. The service finalised the action plan and this was discussed at the Adult Services Clinical and Care Governance Group meeting of the 7th February 2023. The Action plan progress will be reviewed by the service.

5.2 Blythswood

47. The Mental Welfare Commission completed their inspection visit on 22nd September 2022. Blythswood House is a fifteen bedded unit that provides treatment and assessment for adults that have a diagnosis of learning disability, mental illness and behavioural difficulties. There was good practice recognised such as gaining Accreditation for Inpatient Management Services (AIMS) around the patient journey.
48. The outcome of the inspection is two recommendations:

Recommendation 1: Managers should ensure that patient activity is prioritised and that clear plans are in place for each patient throughout the week to participate in meaningful activity. This activity should be recorded in the daily notes.

Recommendation 2: Service and estates managers should ensure that improvement works are carried out promptly to the benefit of the patients.

49. The service has an action plan and progress is being reviewed and updated by the managers of the service.

5.3 Alcohol and Drugs Partnership

50. There has been a significant focus for the Alcohol and Drugs Partnership to deliver on the national Drugs Mission to reduce and prevent drug related deaths.
51. East Renfrewshire has among the lowest number of drug related deaths in Scotland.
52. The Alcohol and Drugs Partnership views that one drugs death is too many and the focus is on prevention work.
53. Implementing the Medication Assisted Treatment Standards is a key priority. An East Renfrewshire Implementation plan has been published outlining a wide range of actions at <https://www.eastrenfrewshire.gov.uk/alcohol-and-drugs-plan>.
54. The Alcohol and Drugs Partnership will continue to deliver an annual report on the key progress to the Integration Joint Board.

5.4 Specialist Children's Services Realignment

55. It has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 Health and Social Care Partnership Specialist Children's Services and the Board wide Tier 4 services.
56. The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other five Health and Social Care Partnership's, will be consolidated under a formal hosting arrangement within East Dunbartonshire Health and Social Care Partnership. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire's Integration Joint Board, and through other Integration Joint Board's as part of regular performance reporting.
57. The main principles that will guide the transition are as follows:
 - Services will continue to be delivered locally, and by existing teams.
 - Services will remain located within their current Health and Social Care Partnership's.
 - Services will continue to work closely in partnership with Health and Social Care Partnership colleagues.
58. While the proposed alignment will not affect the services that are delivered to children and young people feedback will continue to be sought. The principles of the service alignment, outlined at section seven below, emphasise the

commitment to services being delivered by the same staff as they currently are, from the same settings. As such an impact is not expected for the majority of staff or service users.

59. An Implementation Oversight Group supported by staff side has been established to oversee the development and implementation of the single service model. Sub groups relating to the component parts of the change will include convened. A Workforce Change Group will be established to oversee and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.
60. The current clinical governance arrangements are complex. With Tier 3 services reporting through six individual Health and Social Care Partnership's while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire Health and Social Care Partnership clinical and care governance forum and through the Women and Children's Directorate governance group.
61. A sub group of the oversight group will focus specifically on refreshing and streamlining the governance reporting to ensure sight in all areas where it is required but a more streamlined approach, aligned to the new single structure.

5.5 Staff Wellbeing and Resilience

62. The Health and Social Care Partnership will be supporting staff by offering a range of support and services which include physical activity, mindfulness, alternative therapies, relaxation, yoga, 1 to 1 wellbeing support, training / education, counselling, Tai Chi, weight management nutrition, health condition support and socialisation.
63. The wellbeing lead has developed an information resource for staff that can signpost help available and an example of this good practice is provided for reference.
64. All HSCP Staff can access wellbeing information <https://eastrenfrewshire.gov.uk/hscp-wellbeing>. Our Wellbeing Champions Group will support this work.

6. Person Centred Care

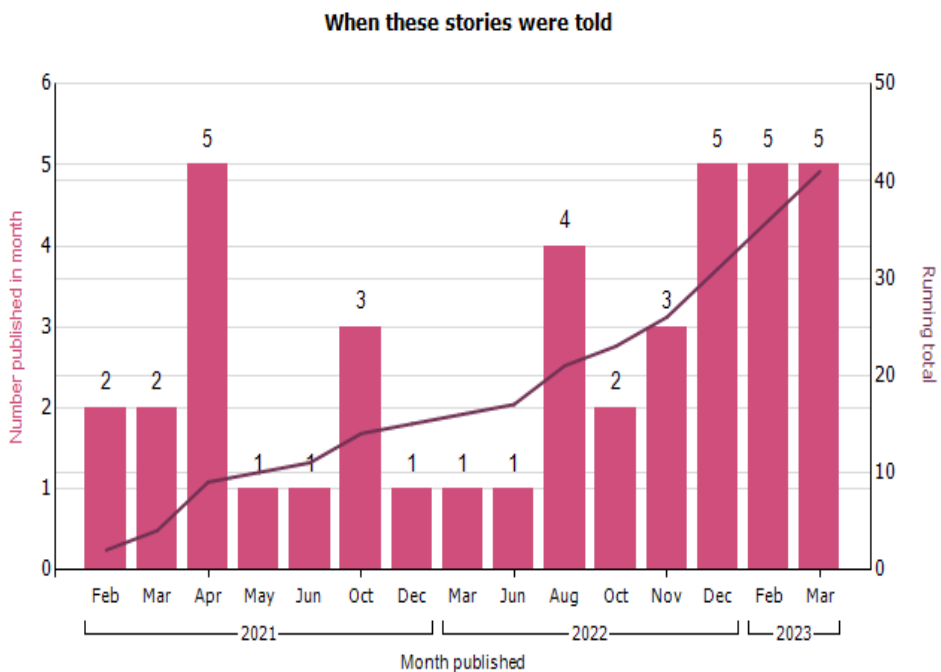
6.1 Care Opinion

65. The HSCP formally launched Care Opinion in February 2021. The Care Opinion Implementation Group is chaired by the Chief Nurse. The group is supported by Care Opinion staff and the Patient Engagement Public Involvement Team) of NHS Greater Glasgow and Clyde. Information on Care Opinion has been distributed to staff and community groups throughout the year and staff have participated in training and awareness raising sessions.

66. For 2020 – 2022 a total of 41 stories have been provided to the Health and Social Care Partnership. This information shows the progress since the launch and the increasing trend of stories received.

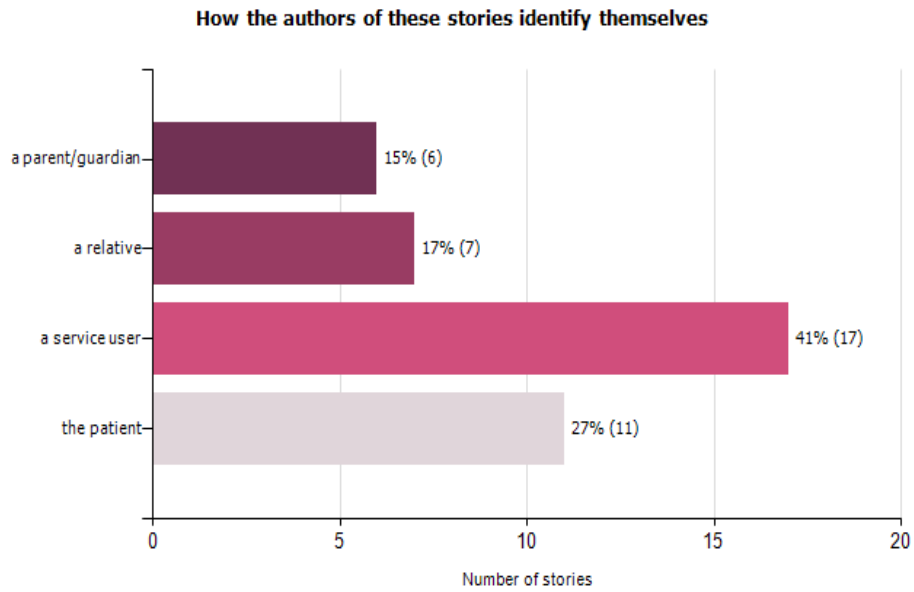
67. Table 3 shows when the stories were told 2021 to April 2023 and illustrates the increasing trend of stories received.

Table 3 – Care Opinion Stories 2022 -2023 East Renfrewshire HSCP



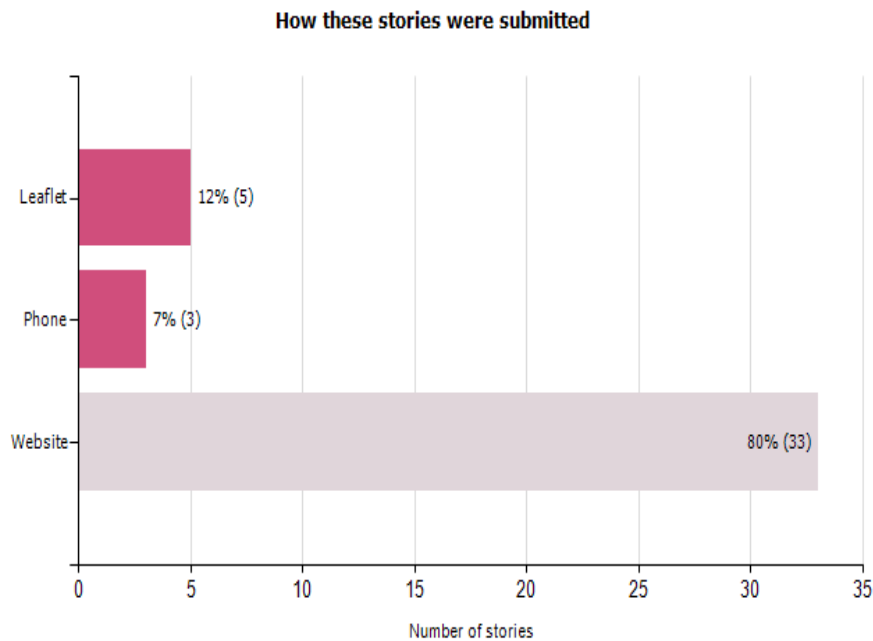
68. Table 4 shows how the authors of the stories identify themselves. The encouraging aspect to note is the 13 of the persons who have given feedback are a relative or parent or guardian.

Table 4 – How authors identify themselves East Renfrewshire HSCP

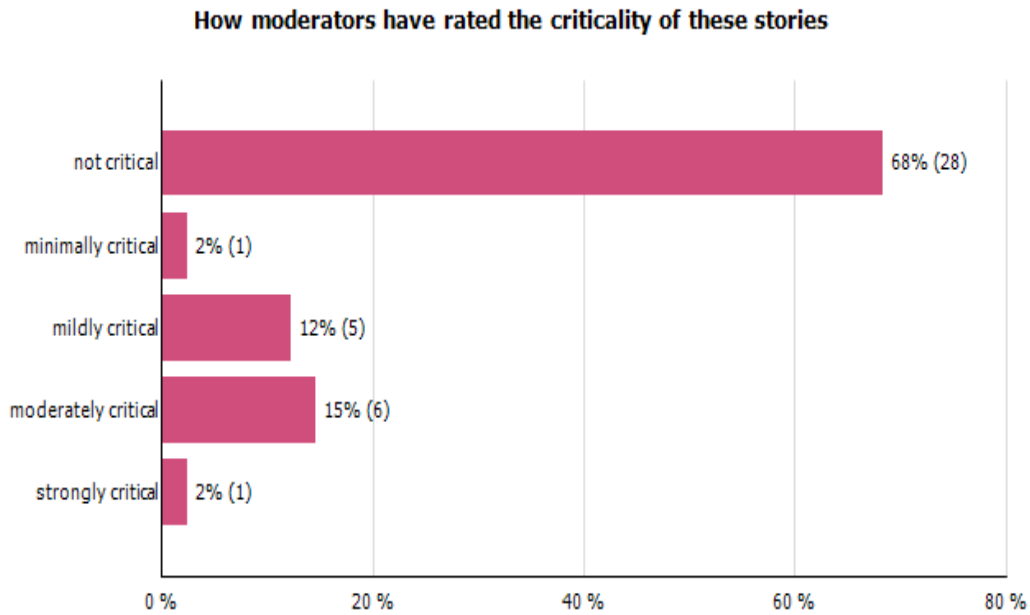


69. Table 5 shows how these stories were submitted. 80% were submitted via the website and 12% by freepost envelope and 7% by using the Freephone number. It is encouraging that people are using these accessibility options to provide their feedback.

Table 5 - How stories were submitted 2022 -2023 East Renfrewshire HSCP



70. Table 6 shows how Care Opinion have coded the critical nature of the stories. 68% were not critical and this is an important aspect for staff to continue to actively promote Care Opinion as part of actively encouraging all methods of providing feedback.

Table 6 – Criticality of stories East Renfrewshire HSCP

71. Table 7 shows the breakdown of stories by service. It is still too early to draw definite conclusions but some emerging trends to monitor are the increasing use of non-website options for Adult Services and also the proportion of critical stories for mental health services. There are unique challenges for the use of Care Opinion within mental health and there are specific staff training webinars that have been provided by Care Opinion to help address issues with responses.

Table 7 – Service breakdown for East Renfrewshire HSCP by criticality**Story criticality by service**

This table shows the number of stories given each criticality rating per service. Only stories which have been given a criticality rating are included in this table.

Service	Rated Stories	Not rated	Not Critical (0)	Minimally Critical (1)	Mildly Critical (2)	Moderately Critical (3)	Strongly Critical (4)	Severely Critical (5)
East Renfrewshire Health & Social Care Partnership	41	0	68%	2%	12%	15%	2%	0%
Adult Health and Social Care Localities	22	0	91%		5%	5%		0%
Care & Support	3	0	33%			67%		0%
Children's Services	3	0	67%			33%		0%
Mental Health	11	0	27%	9%	36%	18%	9%	0%

Story submission routes by service

For each service, this table shows the number of stories submitted via different routes.

Service	Stories	Website	Kiosk	Post	Phone	Unknown
East Renfrewshire Health & Social Care Partnership	41	80%		12%	7%	
Adult Health and Social Care Localities	22	73%		18%	9%	
Care & Support	3	100%				
Children's Services	3	100%				
Mental Health	11	91%			9%	

72. The advantage of Care Opinion as a feedback mechanism is that all staff and the public can see the experiences of service users, patients and informal carers and that responses can be posted promptly on the Care Opinion website. It provides the Health and Social Care Partnership the opportunity to demonstrate that if any changes are being planned as a result of feedback, this will be clearly visible to all.

6.2 Datix and Significant Adverse Events

73. East Renfrewshire HSCP uses the Datix Incident Recording system. Ensuring the learning from the incidents takes place is an important aspect of clinical and care governance processes.

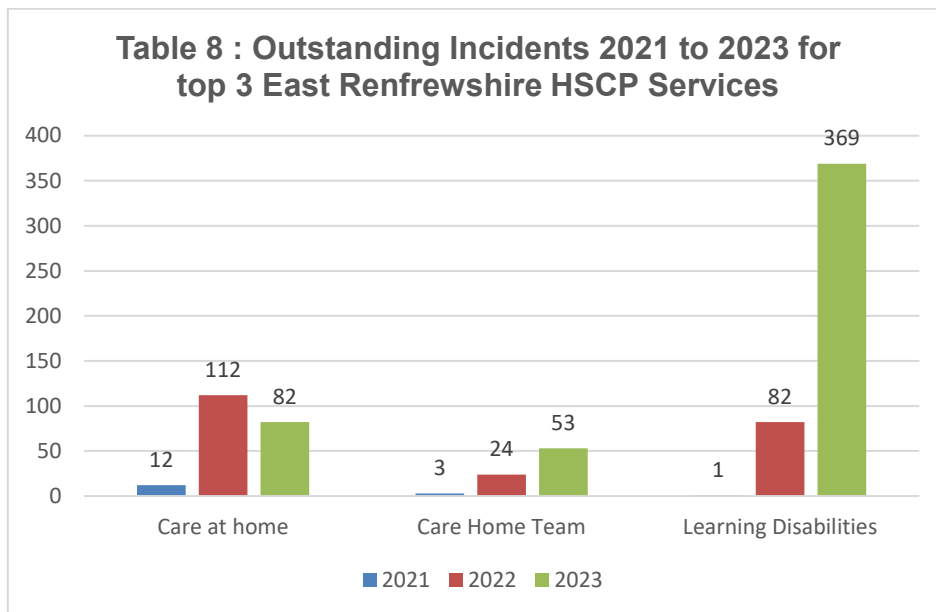
6.3 Open Significant Adverse Event Reviews at 1st April 2023

74. There are four that will be closed 2023 -2024.

- 75. There are two for the Community Mental Health Team, one for Health Visiting and one for Learning Disability.
- 76. The progress of all open Significant Adverse Event Reviews are reviewed by the Adult Services and Health and Social Care Partnership Clinical and Care Governance Groups, as well as the Primary Community Care Clinical Governance Forum. For the period 2022 -2024, four SAER's were closed and all of these were from the Mental Health Service.

6.4 Outstanding Datix

- 77. The amount of Datix incidents that are outstanding have increased for all partnerships and East Renfrewshire Health and Social Care Partnership are working on improving compliance of incidents that are placed on the Datix system.
- 78. Table 8 below highlights the number of outstanding incidents that have increased since 2021. The services with the highest number of incidents are the Learning Disability Service, Care at Home and the Care Home Team.
- 79. This is highlighted as a standard agenda item via the Adult Services Clinical and Care Governance Group.

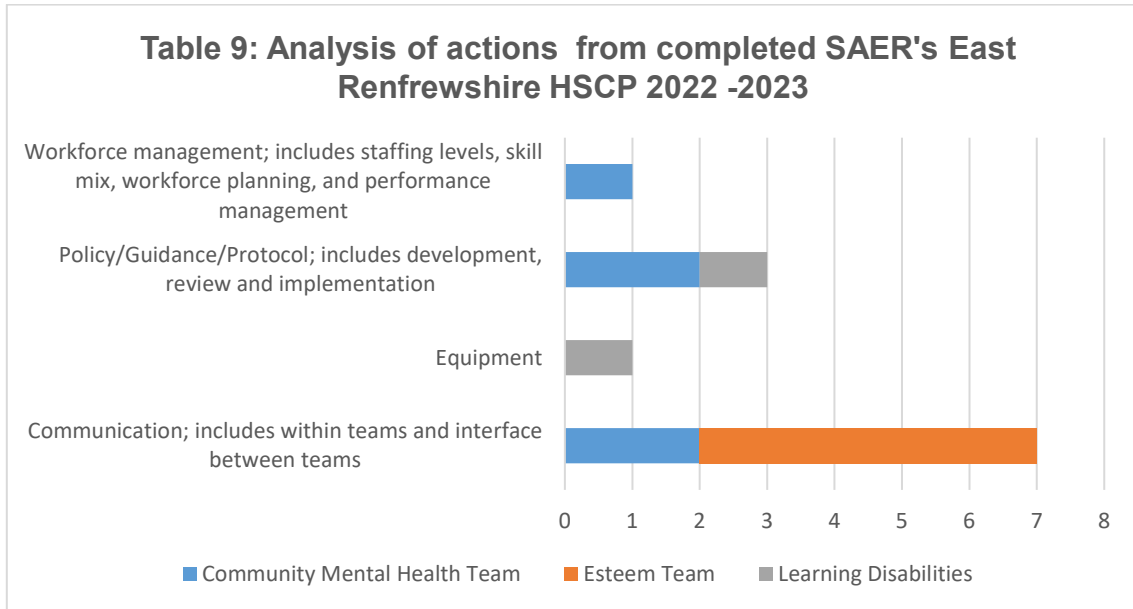


6.5 Completed Actions from Significant Adverse Event Reviews 2022 – 2023

- 80. There were twelve completed actions from the SAER's that were closed in 2022 / 2023.
- 81. All of the completed actions were from Mental Health Services.

- 82. Five were from the Community Mental Health team; five from the Esteem Team and two from Learning Disability.
- 83. The most common theme was communication between and within teams (58%), with Policy / Guidance / Protocol the next highest theme with 42% of the total.

This is summarised in Table 9 below



7. Complaints and Feedback Overview

East Renfrewshire HSCP Complaints and Feedback

7.1 HSCP Complaints

84. A total of 199 complaints were received by the Health and Social Care Partnership during 2022/2023. This is more than double the 93 received in the prior year.
85. 170 were handled at the first stage as frontline complaints, and 29 at stage 2. Table 10 below provides a breakdown per quarter.

Table 10 Complaints 2022 -2023 by quarter

	Q1	Q2	Q3	Q4
Stage 1	15	20	94	41
Stage 2	3	9	8	9
Upheld/Partially upheld	10	18	42	22
Resolved	6	3	47	12
Not upheld	2	8	13	16

86. The majority (137) of complaints received were in relation to care at home. These accounted for 69% of the total Health and Social Care Partnership complaints. Generally we do see a higher proportion of complaints within intensive services which is to be expected given the number of individuals supported within these teams, however the particular challenges experienced by care at home over the winter period led to a significant rise in complaints and this is clearly reflected across quarters three and four.
87. Of the remaining 62 Health and Social Care Partnership complaints not in relation to care at home, 35 (56%) were recorded as being either upheld, partially upheld or resolved. The main complaint issues are shown below in Figure 2 and Figure 3, secondary issues.

Figure 2 Complaint themes Upheld / Partially Upheld 2022 - 2023

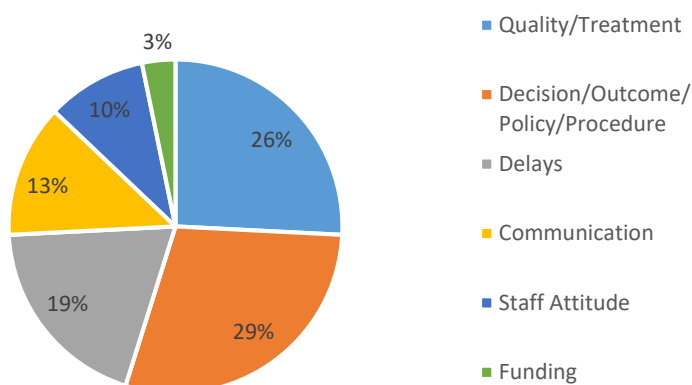
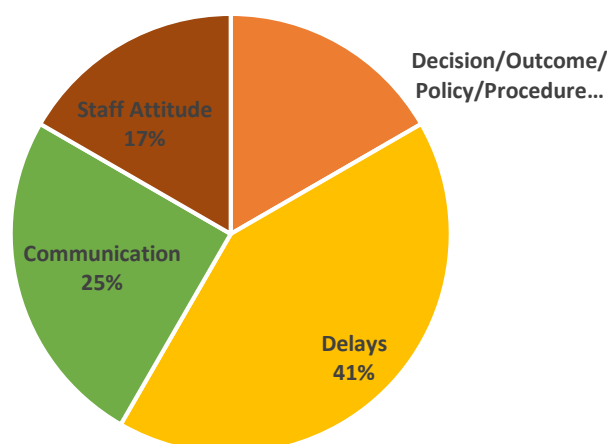


Figure 3 Secondary Issues from upheld/partially upheld



88. Learning was identified from 13 complaints, including:-

- Ensuring staff are up to date with equality and diversity training (Autism).
- Reflective piece of work with regards to pressure ulcer care and best practice (DN).
- Planned visits as part of pre-admission process (Bonnyton).
- Clear information on assessment process, review dates and initial assessment period (Bonnyton).
- Ensure appropriate parties included in reviews (Bonnyton).
- Targeted staff training (MHO, Bonnyton).
- Changes to work practices.
- Improving practice and performance.

7.2 Scottish Public Services Ombudsman (SPSO) Reviews

89. 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).

90. During 2022/2023 the SPSO undertook a review of one case in relation to learning disability services. A decision was provided in May 2023 in which the SPSO confirmed that they would not be taking the complaint further. After a thorough review of the case and supporting evidence the SPSO considered that the SAER completed by the Partnership was a thorough consideration of the incident and provided a reasonable response to the concerns raised by the family. The SPSO agreed that initial Health and Social Care Partnership investigation was not sufficiently robust as we had outlined in our response and provided some feedback for consideration, however they did not make any formal recommendations.

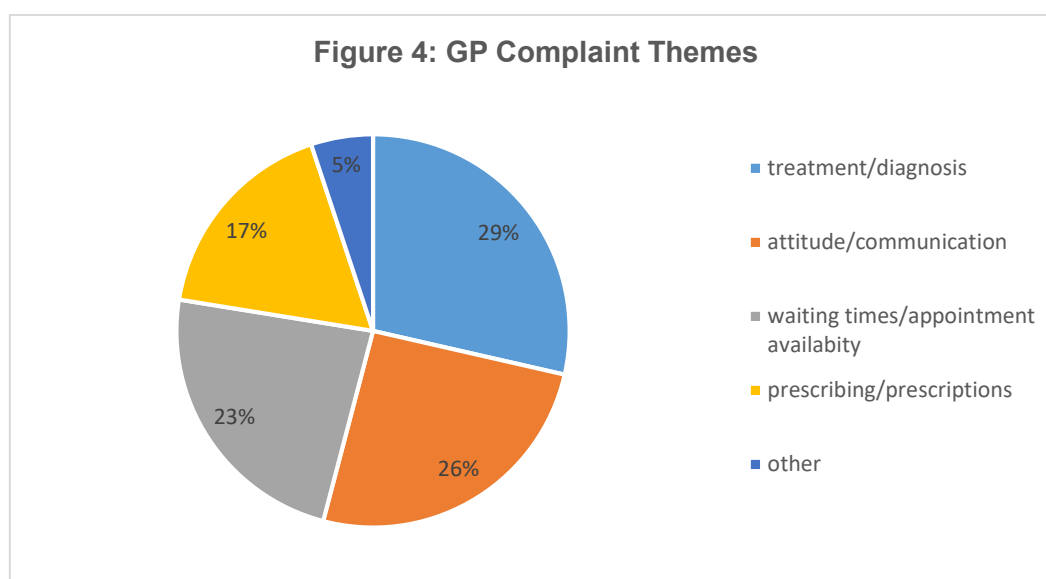
7.3 GP and Optometry Complaints

91. The HSCP is not directly involved in the management of GP and Optometry complaints, as practices have their own complaints handling procedures which also follow the same two stage approach. They do however have a contractual

obligation to complete quarterly complaints surveys which are shared with the HSCP. A summary of the data provided is below.

7.4 GPs

92. The available data shows that during 2022/23 a total of 255 complaints were received by GPs. This is a 40% increase on the 182 complaints received in the previous year.
93. Of the complaints received 199 (78%) were handled at the first stage, with 94% handled within the five day timescale. On average, stage one complaints were responded to within three days.
94. 148 (74%) of stage one complaints and 26 (46%) of stage two complaints were found to be either upheld or partially upheld. Three stage two complaints were found to be irresolvable.
95. Unfortunately the data does not provide a breakdown of categories for each complaint, nor by outcome, is an overview of the types of issues raised included in Figure 4 below. It should be noted that not all of these complaints will have been upheld.



96. In terms of learning, a number of areas for improvement were identified including staff training, review of check-in procedure, review of prescription processes, and review of signposting information. Communication improvements have been made to websites, leaflets as well as text information service and social media. Some practices have also made changes to their call handling systems and practices.
97. During the year, one SPSO decision notice / investigation report was received in relation to a complaint from August 2021.

7.5 Optometrists

98. The response rate to the complaints survey from optometry was considerably low and those who responded often had a nil response. Over the year, only one complaint was reported.

8. Implementation of Supporting People Framework

99. The purpose of this is to highlight that this framework will set out the criteria for social care in 2023- 2024.
100. There is a commitment to review the Framework through the Adult Services Clinical and Care Governance Group.
101. It is worth highlighting the work that was completed for this in 2022 – 2023 in seeking the views of the public and staff. The Health and Social Care Partnership engaged with the third sector, voluntary and carers groups to ensure the rationale for this work and to ensure clear communication routes to the Health and Social Care Partnership.
102. The reason for the new approach was the flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has meant that the Health and Social Care Partnership can no longer afford to support people without needing to think differently.
103. The policy applies to all adults, older adults and children with a disability accessing social care. This policy does not apply to children and young people with care or welfare concerns or young people leaving care where other statutory duties apply. Carers defined by the Carers (Scotland) Act 2016 where a Carers Support Plan is in place will not be impacted by this policy.
104. The Supporting People framework prioritises risk using the nationally agreed criteria into four main categories:
105. Critical, substantial, moderate and low.
106. The framework considers the severity of risks and the urgency of the requirement for intervention.
107. The Health and Social Care Partnership will focus assessed as having the most significant risks to their health, wellbeing and independent living.

9. Conclusion

108. East Renfrewshire Health and Social Care Partnership has faced and will continue to face major challenges in maintaining and improving services as a result of the pandemic and the wider economic challenges being experienced.
109. Future challenges for the partnership
- Increasing and changing service demand pressures.
110. In the immediate aftermath of the Covid-19 pandemic we are seeing significant increases in demand across service areas and higher levels of complexity among the people we are working with. This includes: higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services. We continue to monitor demand pressures as we move through and beyond the pandemic.
- Demographic pressures
111. These remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.
- Delivering a balanced budget.
112. The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year. There are still many financial unknowns as we work our way towards recovery and the impact and implications from the plans for a National Care Service are currently unknown.
113. Further information on our financial resources is available in our Medium-Term Financial Plan for 2022/23 to 2026/27 and our Annual Report and Accounts.
- Minimising delayed discharges from hospital.
114. In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.
- Meeting our prescribing costs.

115. The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is increasing due to a number of factors out with our control. We will work with all key stakeholders to try to mitigate the impact on our local prescribing budget over the coming year.

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