AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/45/2019/HMacD**
Contact Officer:	**Dr Hector Macdonald** **Clinical Director**	**Contact No:**	**01475 715284**
Subject:	**ANNUAL REPORT - CLINICAL AND CARE GOVERNANCE 2018-2019**		

1.0 PURPOSE

1.1 This report provides a summary of the yearly activity of the Clinical and Care Governance Group for 2018 -2019. Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation. The Annual Report for Clinical and Care Governance will also act as a reference point in the wider strategic direction of governance for Inverclyde Health and Social Care Partnership.

2.0 SUMMARY

2.1 The report covers the work of the Clinical and Care Governance Group for 2018 – 2019. There will be a Development Day to be held on 23rd July 2019 to discuss the role and remit of the Group.

3.0 RECOMMENDATIONS

3.1 Members of the IJB are asked to note the report and the Development Day to be held by the Clinical and Care Governance Group on 23rd July 2019.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Each Health and Social Care Partnership is requested by NHS Greater Glasgow and Clyde to provide an Annual Report of the activity of Clinical and Care Governance.

4.2 The intention is to provide an overview of activity to allow NHS Greater Glasgow and Clyde to overview the work of all the Health and Social Care Partnerships.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
x	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None

People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	x
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.

APPENDIX

Inverclyde
Health and Social Care Partnership

Annual Clinical & Care Governance Report 2018 - 2019

Principal Author:	Dr Hector MacDonald
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Approved by:	
Date approved:	

1. Foreword

1.1 Inverclyde Health and Social Care Partnership is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation.

1.2 Inverclyde Health & Social Care Partnership includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the Health & Social Care Partnership and overseen by the Integration Joint Board (IJB).

1.3 Inverclyde Health and Social Care Partnership has a history of strong partnership working with communities, patients, service users, local GP's and hospitals, the independent and third sector service providers, council partners and housing providers.

1.4 The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group (CCGG). The report is structured around the three main domains set out in the National Quality Strategy namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership.

1.5 A Clinical and Care Governance Facilitator has been appointed to shape the process in Clinical and Care Governance and works in a shared arrangement between Inverclyde and East Renfrewshire Health and Social Care Partnerships.

2. Clinical Governance Arrangements

2.1 Definition of Clinical and Care Governance

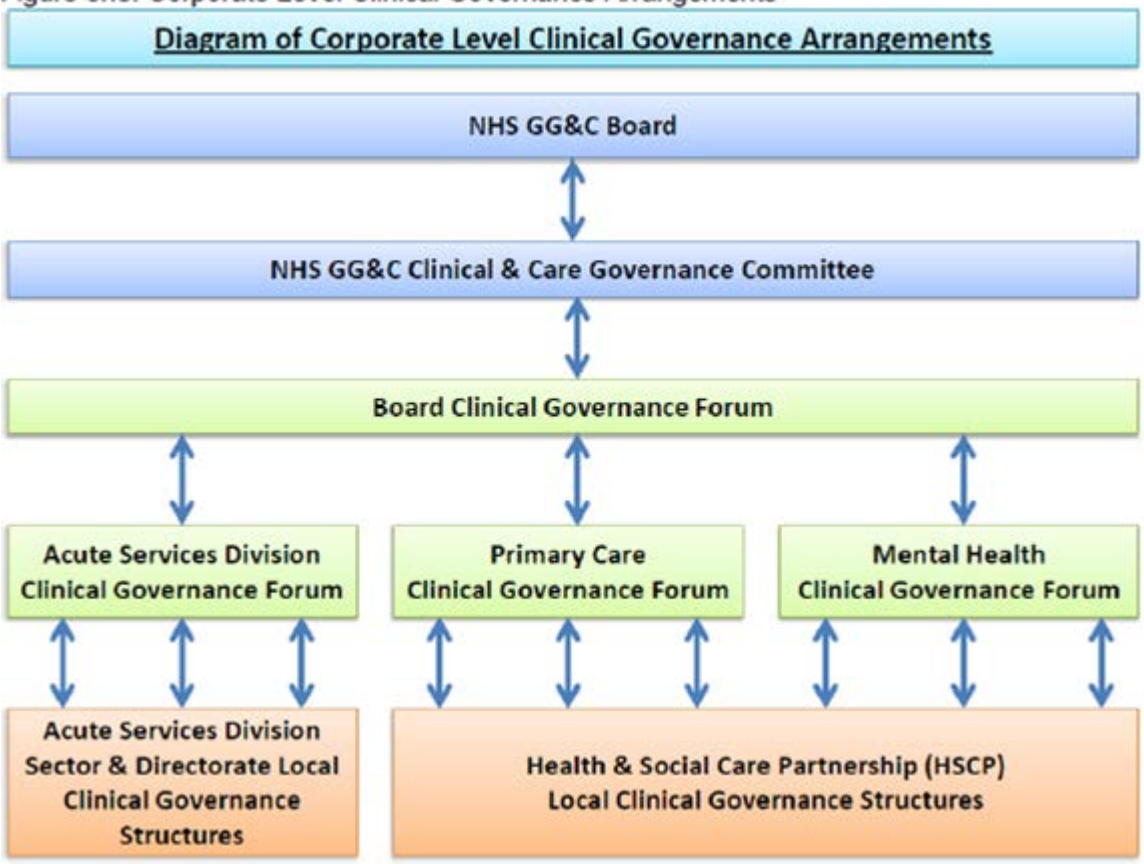
Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

2.2 Clinical and Care Governance in Inverclyde HSCP

There is a Clinical and Care Governance Group who convene quarterly with meetings held on 18th July 2018, 10th October 2018, 15th January 2019 and 19th March 2019. The group is chaired by the Chief Officer and the Clinical Director. It is attended by Chief Social Work Officer, Chief Nurse, Head of Mental Health, Addictions & Homelessness, Clinical Risk Co-coordinator NHS Greater Glasgow and Clyde, Service Manager - Integrated Care and Support, Head of Service Health and Community Care, Head of Service Strategy and Support Services and the Clinical and Care Governance Facilitator. Representatives from Unison (staff side) also attend the meeting.

2.3 NHS Greater Glasgow and Clyde's Corporate Level Clinical Governance is outlined in Figure one.

Figure one: Corporate Level Clinical Governance Arrangements



2.4 **Key responsibilities of the Clinical and Care Governance Group:**

- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviewing significant and adverse events and ensure learning is applied.
- Supporting staff in continuously improving the quality and safety of care.
- Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- The Clinical Director completes an exception report 6 times per year to submit to the Partnership and Community Clinical and Care Governance Forum (PCCCGF).

2.5 The Health and Community Clinical and Care Governance group sits as a sub group of Inverclyde Health and Social Care Partnership's CCGG. The group meets every six weeks and is chaired by the Head of Service and there is representation from team leaders and service managers from all areas of Health and Community Care. Submissions are also noted from NHS board wide NHSGG&C Learning Disability Group and other professional forums.

2.6 Areas of Clinical and Care Governance Developed by the group in 2018-19 are:

- Scrutiny of all Datix reports and ensuring that reports are reviewed and authorised within the agreed time scale and that learning from incidents is discussed across the teams and implemented where required.
- All safety action notices are distributed across all teams and reviewed as necessary.

- Actions from the main governance group are taken forward – e.g. ensure that mandatory training is undertaken and recorded appropriately on electronic systems – Learn Pro.
- Learning from Care Inspectorate reports are shared across service where there are common learning themes for improvement.
- Learning from complaints is shared and feedback from service users discussed as part of the cycle of continuous improvement.
- Development and review of the Health and Community Care Risk Register as an active operational document to inform the HSCP of potential risk.
- Ensure that all professional registration is scrutinised and regular checks are made on validity of registration time periods – NMC, NMC, HCPC, SSSC.

2.7 Mental Health Governance arrangements

2.8 Health and Social Care Partnerships (HSCPs) are committed to the delivery of whole system Mental Health Service delivery to meet the mental health needs of the Greater Glasgow & Clyde population. Mental Health Service delivery spans across the full range of inpatient and community settings involving the six partner HSCPs. The MHS whole system governance structure fulfils the organizations statutory responsibility, assuring the quality of safe and effective health service delivery.

2.9 Glasgow City HSCP, through its Chief Officer, has a responsibility for co-ordinating the strategic planning of adult mental health services on behalf of other HSCPs within Greater Glasgow and Clyde. Glasgow City HSCP also hosts a number of NHS GG&C wide professional leadership roles for adult mental health services, including for medical, nursing and psychology staff. These professional roles also have a strong connection with NHS GG&C Board responsibilities for governance and public health.

2.10 System-wide governance is co-ordinated by the Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive. In addition, HSCP governance structures and arrangements are in place to oversee local operational matters. Within Inverclyde HSCP we have the monthly Integrated Mental Health Clinical Services Group forum. This is shared with Renfrewshire HSCP and contributes to system wide governance across adult and older adult mental health in-patient and community settings. The regular membership comprises Heads of Service, Service Managers, Clinical Directors, Professional leads and Clinical Governance Facilitator for each area. The forum is extended each quarter to Mental Health Team Leads to support the broader Clinical Governance agenda.

2.11 Social Work Governance

The Chief Social Work Officer (CSWO) meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the adult protection committee.

The Social Work Practice and Care Governance Group considers three priority themes of Practice Governance, Practice Development and Distributed Leadership.

The Children and Families Health Care and Justice Governance Group discuss operational matters with the CSWO. The Clinical and Care Governance Facilitator assisted this group in February 2019 and the Terms of Reference of the group was updated and the group is trialling a

reporting template for issues of exception and escalation to the Clinical and Care Governance Group.

3. SAFE

3.1 Significant Clinical Incidents (SCI)

The work of the CCGG is supported by regular updates from the Clinical Risk Co-ordinator. These reports are a standing item and they cover the Datix reporting of patient related clinical incidents and incidents progressed to Significant Clinical Incident (SCI) investigation. The group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

3.2 Annual Overview of Significant Clinical Incidents

Table 1: Incidents Escalated to SCI Investigation from 1 April 2018 – 31 March 2019 (Inclusive)

Directorate admitted	Specialty	Unit	Category	Sub-Category
Specialist Children's Services	CAMHS	Larkfield Unit	Suicide	Overdose - Non-prescribed/Illicit Medication
Mental Health Services	Addiction Services	Cathcart Street	Suicide	Jump from Height
Mental Health Services	Community Mental Health Team	Inverclyde Royal Hospital	Violence and Aggression	Patient Physical Assault on Other
Children and Family Services	Health Visiting	Greenock Health Centre	Other Incidents	Child Protection Issue
Mental Health Services	Community Mental Health Team	Crown House	Violence and Aggression	Patient Physical Assault on Other

3.2.1 Patient Related Clinical Incidents

Table 2 details the Patient – Related Clinical Incidents during the period 1 April 2018 – 31 March 2019.

Table 2: Patient – Related Clinical Incidents 1/4/2018 – 31/3/2019 inclusive.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Abscondment/Missing	5	3	0	2	2	0	8	5	7	0	0	0	32
Challenging Behaviour	4	6	2	5	5	7	6	5	3	2	5	4	54
Communication	1	0	1	6	4	0	2	2	1	0	0	1	18
Discharge or Transfer Problem	0	0	0	0	0	1	2	0	4	0	0	0	7
Laboratory/Specimen	0	0	0	0	0	0	0	1	0	6	0	0	7
Medical Devices/Equipment	2	1	1	1	0	0	0	1	2	1	0	0	9
Medication - Administration	0	4	0	5	0	0	2	4	1	1	0	2	19
Medication - Dispensing/Supply	0	0	1	2	1	2	1	1	2	2	1	1	14
Medication - Monitoring	1	1	0	0	0	0	1	1	0	3	1	0	8
Medication - Patient Induced	0	2	0	0	0	1	1	0	0	0	1	1	6
Medication - Prescribing	1	0	1	0	0	1	2	0	0	1	2	1	9
Patient Observations	0	0	0	0	0	1	0	2	0	0	0	1	4
Pressure Ulcer Care*	3	2	2	4	0	6	2	2	3	5	0	4	33
Self Harm	1	0	0	2	2	2	1	2	6	2	3	5	26
Suicide	0	1	0	0	1	0	0	0	1	0	2	2	7
Treatment Problem	1	0	0	0	0	0	1	1	0	1	1	0	5
Other Incidents	6	9	5	6	4	10	5	7	7	9	13	14	95
Total	25	29	13	33	19	31	34	34	37	33	29	36	353

* In the context of Pressure Ulcer Care 14 were caseload acquired Pressure Ulcers all of which were unavoidable. The remaining recorded pressure ulcers have been inherited from other areas, for example, care homes, acute services and within patients' homes (prior to health care delivery). Pressure Ulcers which have been assessed as level 3&4 would expect to proceed to SCI investigation if avoidable. As part of our quality assurance processes risk management colleagues review Quarterly Data to scrutinise the incidents they would expect to proceed to SCI Investigation and share with Chief Nurse.

3.3 Significant Case Review

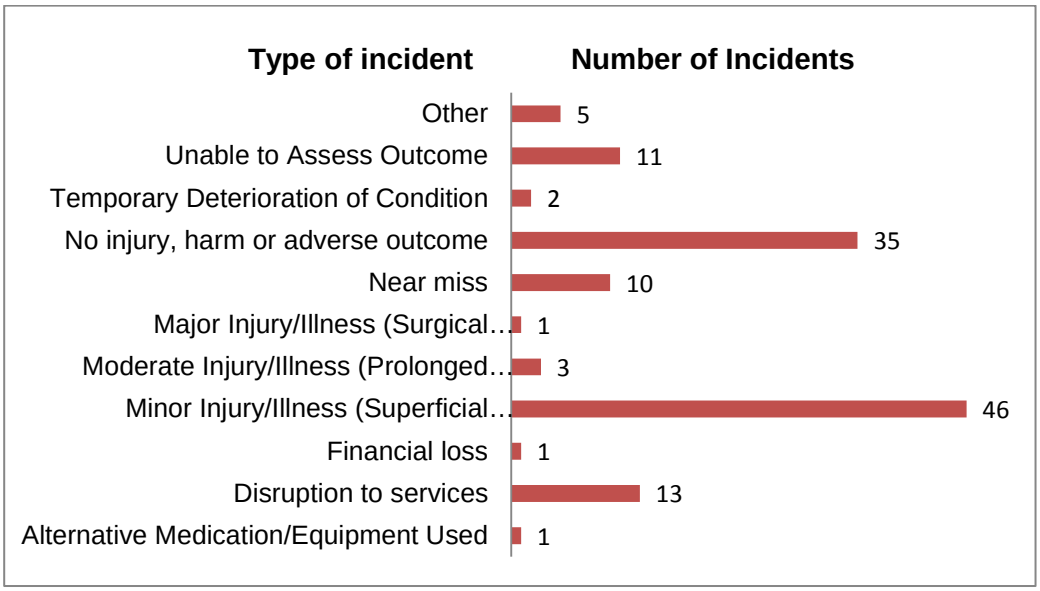
During this annual report period there has been one Significant Case Review. The review examined the involvement of services, and the potential for adult support and protection to have assisted an adult patient who was refusing services throughout the final period of their life. The care, support and treatment of the patient demonstrated the challenges to adult protection systems and the agencies within which it exists. Several actions to strengthen future policy and practice in similar cases were identified as a result of the review. Improvement plans were scrutinised by the clinical care governance and the Chief Officers Group with the Adult Protection Committee National Network enabling shared learning alongside local development sessions. The improvement plan will be monitored through the adult support and protection committee with updates, as appropriate, to the CCGG.

3.4 Health and Community Care Datix Governance Arrangements

The following is an example of how Health and Community care review their Datix information.
All services across Health and Community Care work collaboratively to ensure that Datix reports are reviewed and approved within the agreed timescales and that any learning or action points are shared across the services. Staff are regularly supported to utilise the Datix system to ensure that all incidents and near misses are reported. Through the care group governance groups within the Partnerships Heads of Service monitor and review performance on the sign of the Datix reports with data provided from the clinical risk team. This data forms part of the Partnership performance management reporting process.

The table below documents the number of incidents reported by final outcome from May 2018 to May 2019.

Table 3: Number of Incidents Reported by Final Outcome from 1 May 2018 to 1 May 2019 inclusive



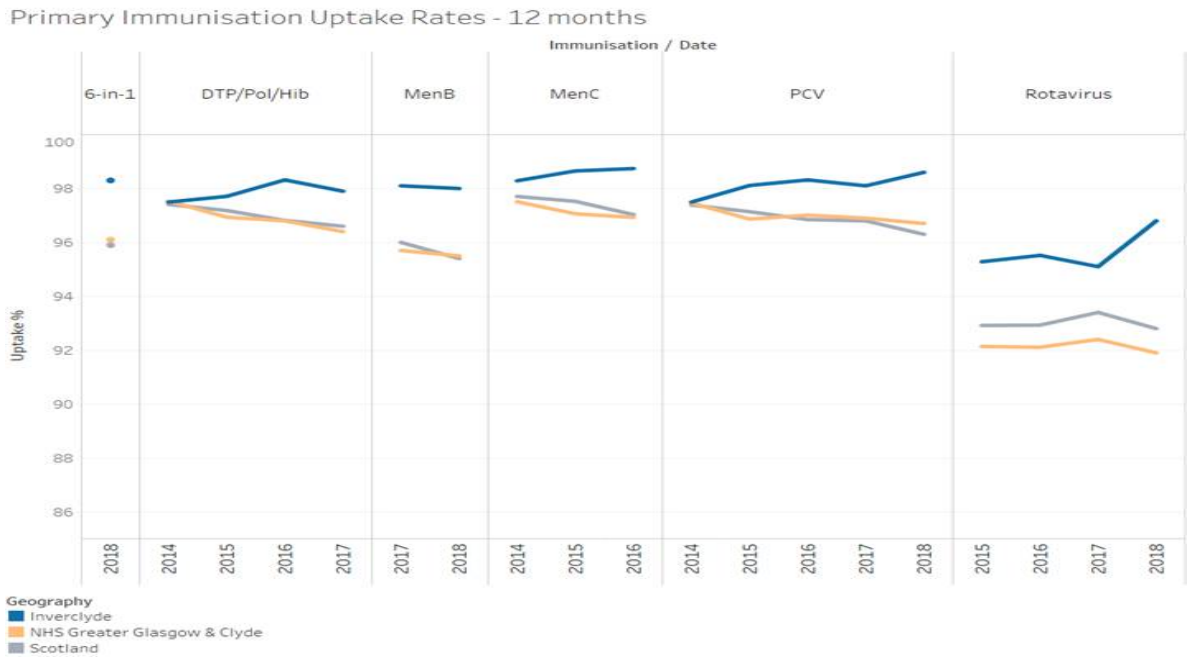
3.5 Immunisation

In tandem with our New Ways test of change programme we introduced corporate preschool immunisation clinics replacing the previous mix we had in Inverclyde of mostly GP based clinics. This was done partly due to necessity but also identified as an opportunity for Inverclyde to test the model that was planned for the 2018 New GP contract. The service has been running since December 2016 from 2 Health Centre sites and has resulted in a more co-ordinated and streamlined service with more efficient use of staffing resources from the Children and Families team and a reduction in GP practice workload.

This model is now being mainstreamed throughout NHS Greater Glasgow and Clyde as part of the Transforming Vaccinations Programme Board work stream.

Statistics provided by ISD on immunisation figures show that since inception of the corporate approach there has been a rise in vaccination uptake in this group. Inverclyde HSCP's figures are highest in NHS Greater Glasgow and Clyde and consistently among the best in Scotland

Figure 2: Primary Immunisation Uptake Rates – 12 months



3.6 Adult Protection

3.6.1 There is good practice guidance in joint working between Inverclyde Adult Protection Committee and Care Home providers in Inverclyde. The guidance establishes a unified approach to dealing with adult protection concerns and adults with changing needs across all care homes in Inverclyde. Inverclyde Health and Social Care Partnership and a range of public bodies work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It provides a range of measures which can be used to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible.

3.6.2 An Adult Support and Protection audit in Mental Health and Addictions was undertaken in 2018, and was repeated very recently. The report highlighted a number of positive practice examples such as the strength of risk assessments. The report also raised concerns regarding explicit consent to information sharing and IT systems not linking to each other. An action plan is being developed as part of our programme of quality improvement.

3.7 Professional Nursing Assurance

3.7.1 The professional nursing assurance framework and associated work plan forms the focus for the Senior Nurse Leaders meeting within the partnership. Ensuring effective frameworks to develop implement and monitor professional practice standards and quality of service delivery to continuously improve and enhance patient care through programmes of audit, reporting and action planning is the core business of the group. The framework is based on the national nursing and midwifery professional framework developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored. The framework enables an iterative approach to quality improvement activity across all services. The Chief Nurse actively participates as a member of the NHS GG&C Nursing Network, led by the NHS Board's Director of Nursing to review and develop nursing practice and governance across the organisation.

3.7.2 Nursing Professional Quarterly Governance Reports which include detail on significant events, fitness to practice issues, registration lapses and complaints are submitted to the NHS GGC Board Nurse Director as part of care assurance processes.

3.8 Community Nursing Workforce – Safe Staffing Legislation

3.8.1 Utilisation of the Community Nursing Workforce Assessment Tools provides an important consistent evidence based tool for establishing the staffing needs of a range of services. The national tools were developed in partnership with key stakeholders, researched, tested and refined with the final ratification and validation. To date the Nursing and Midwifery Workforce Workload Planning Programme (NMWWPP) has facilitated local implementation and several runs of the tools have been completed within Children and Families Service, District Nursing, Learning Disability and Mental Health.

3.8.2 The Health and Care (Staffing) (Scotland) Bill was introduced by the Cabinet Secretary for Health and Sport on 23 May 2018. The timeline for the development and approval of the Bill has now reached Stage 3. The Health and Care (Staffing) Bill will place a legal requirement on NHS boards and care services to ensure that appropriate numbers of suitably trained staff are in place at all times which will include the use of the Nursing and Midwifery Workforce Workload Planning Programme tools. The Nursing and Midwifery Workforce Workload Planning Programme tools form an important building block to ensure safe staffing levels alongside listening to highly skilled professionals enabling them to exercise professional judgement and having flexibility in the system to adapt to real time changes in patient dependency and acuity.

3.8.3 The output from the run of the tools is the focus of discussion within the respective teams and services. It is recognised that further work is required to further improve data quality. Output of the runs has been shared with local teams encouraging ownership and the opportunity for the teams to scrutinise, discuss and develop improvement action plans in preparation for next run of the tools. The data from the runs informs workforce planning for all care groups from an NHS GGC board perspective and is discussed at the NHS Board Nursing, Midwifery and Allied Health Workforce Planning Group Chaired by the Board Nurse Director.

3.9 Out of Hours Review

3.9.1 As part of the continuing development of Inverclyde Health and Social Care community services we are undertaking a review of the Out of Hours Community Nursing and Social Work Services, building on existing close working relationships.

3.9,2 Inverclyde's community alarm team, district nursing and home care are co-located at the Hillend Centre providing evening and through, the night care working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home.

3.9.3 The review will seek to formalise links between the teams in the face of challenges around high demand, increasing patient complexity and co morbidity. We will explore opportunities to maximise shared care and joint working to facilitate safe, sustainable, efficient and effective person centred care within the home environment.

3.9.4 A steering group is in place with an expected completion date of September 2019. Community and patient consultation is being carried out by Your Voice. Staff engagement events are taking place and liaison with partner stakeholders will be included as part of the review.

3.10 Specialist Learning Disability Services

3.10.1 Specialist learning disability services have a system wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six health and social care partnership areas, specialist learning disability inpatient services, the Learning Disability Clinical Director and general manager with input from the clinical effectiveness team, clinical risk, academia and service users and carers.

3.10.2 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (in patient and Health and Social Care Partnership Board wide) which focus on the following areas: patient safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice and clinical networks.

3.10.3 Both the in-patient clinical governance and Health and Social Care Partnership wide clinical governance meetings are held on a bi monthly basis. The inpatient clinical governance activity is reported via the health and Social Care partnership Primary Care and Community Governance Forum meeting.

3.10.4 Each Health and Social Care Partnership area completes an exception report in advance of the bi-monthly meetings. Exception reports are a standing agenda item at the meeting. All Learning Disability Significant Clinical Incidents reports and all community learning disability Datix incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.

3.10.5 The impatient service has been successful in gaining AIMS accreditation. To date NHS Greater Glasgow and Clyde are only the second learning disability service in Scotland to have achieved this accreditation. In order to get to the standard required, there were six years of continuous planned work with over 50 improvement projects undertaken and completed. A new plan of further quality improvement work is being developed and will help to ensure the in-patient service retains its accreditation status over the next three years.

3.10.6 Inverclyde Community Learning Disability Services has representation of NHS Greater Glasgow & Clyde Learning Disability Governance Forum where learning summaries from SCIs are shared across the services to ensure that learning and developments are implemented.

3.10.7 There are close links to Inverclyde with the Lead Professional Nurse Advisor (Learning Disability) and Psychology to ensure clinical care development within the services and to support professional operational issues. The professional Nurse Advisor is professional accountability to the Chief Nurse (Inverclyde and East Renfrewshire) HSCPs.

Areas of ongoing care governance within NHS Greater Glasgow and Clyde Learning Disability are:

- Updating of the Learning Disability operational processes and standards
- Epilepsy Risk Questionnaire
- EMIS steering group
- Information sessions relating to gender based violence and routine sensitive enquiry
- Establish a food, fluid and nutrition group

3.11 Inverclyde HSCP Learning Disability Redesign

3.11.1 In September 2018 the learning disability day services after extensive consultation with service users and their families successfully integrated two day centre facilities in one day service opportunity promoting community actives and resources. Underpinning the integration of services was an extensive staff development program of support to allow staff to support service users with complex needs.

3.11.2 Detailed risk planning was undertaken and review of service user personal care requirements resulted in the completion of state of the art personal care areas which allows staff to deliver personal care to service users in a dignified and supportive manner.

3.11.3 Part of the integration consultation took place with the Care Inspectorate to ensure the service fully meets its registration requirements and care standards.

3.12 Pharmacy and Prescribing

3.12.1 Annual GP prescribing feedback visits by the Lead Clinical Pharmacist, and prescribing initiatives 2018/19 supported safety and quality in prescribing, particularly in relation to respiratory disease, diabetes and infection. All GP practices took part in the Repeat Prescribing LES to support accurate and efficient repeat prescribing processes with minimal medication waste, and used ScriptSwitch Prescribing Support System to support safe and cost effective prescribing, and improve formulary compliance.

3.12.2 During 2018/2019, local community pharmacists have increasingly dealt with minor ailments and the Health & Social Care Partnership Prescribing Team are developing closer working relationships with local community pharmacies to continue to improve safe and effective use of medicines.

3.12.3 Members of the Prescribing Team have participated in NES and NHS GGC training and developed competency assessments for new staff and new activities, with regular Team meetings and peer review, and use of Datix to record and learn from medication incidents.

4. EFFECTIVE

4.1 Technology Enabled Care

4.1.1 The use of technology enabled care continues to expand with new developments within home and mobile health monitoring seeing those with long term conditions such as COPD, Diabetes and Hypertension having greater choice, control and self-management over their condition. This has been possible using simple digital technology in the form of a phone app (FLO) and (Docobo) home health monitoring hubs. Significant training and awareness with colleagues in community nursing; acute and community services has led to increased joint working and new ways of working just starting to be rolled out.

4.1.2 Early evidence suggests that the above initiatives have resulted in a reduction in primary care appointments; home visits by community nursing, hospital admissions and has been a key factor in supporting discharges from hospital.

4.2 Home First

4.2.1 Inverclyde Home 1st aims to deliver health and social care in the home or community and maintain people's independence where possible. Working closely with staff at Inverclyde Royal Hospital assessments on future care needs are made as early as possible in collaboration with the patient and family. The majority of patients are assessed and discharged home as soon as they are deemed medically fit including those requiring a complex home care package or care home placement. This has led to the development of a rapid discharge planning process and in some cases prevented hospital admission when it wasn't required.

4.2.2 Home First were awarded the Special Judges Award of Excellence at the NHS Greater Glasgow and Clyde staff awards. The panel of judges were so impressed by the Inverclyde Home 1st entry they agreed – for only the fourth time in the eight years that the Chairman's Awards have been running – to make a special award of excellence.

4.3 Frailty Tool for Older People

4.3.1 We are currently implementing the Rockwood Frailty tool across all teams within the Health and Social Care Partnership. This tool brings opportunities to measure any change of people's abilities throughout our intervention and can be used to measure complexity of care.

4.4 Rehabilitation and Enablement Service

4.4.1 This service is in the process of completing mandatory audit of Allied Health Professionals for ICIL RES to include qualitative and quantitative information on 5 patient interactions (3 repeat appointments and 2 discharges). The NHS Greater Glasgow and Clyde Community Rehabilitation Audit (joint venture between NHS Greater Glasgow and Clyde Physiotherapy Group and Glasgow Caledonian University) is being rolled out to show effectiveness of physiotherapy input in the community.

4.4.2 The Allied Health Practitioner Director receives assurance through completion of the Allied Health Professional Quarterly Governance Report. There are more areas to complete including an additional section for cross system learning, key successes, and key risks to clinical quality and updates on any key issues from previous meetings.

4.5 Occupational Therapy

4.5.1 This service is in the process of tendering for a Stores Management System to upgrade efficiency, safety and security systems to manage equipment storage, delivery and servicing of equipment. This will involve upskilling colleagues to enable prescription of equipment to further improve safe and quick discharge from the emergency department and hospital to prevent delays.

4.5.2 Occupational Therapy are working with a new provider for Care and Repair and providing workshops to ensure consistency in grant applications for adaptations.

4.5.3 A Single handed care project, as a test of change, is working to remodel moving and handling training and techniques. From May 2018 to date 22 people with complex care needs have moved to one handed care. This has resulted in a reduction of 286 care hours per week.

4.6 Children's Services

4.6.1 Following the Care Inspectorate joint inspection of children's service in Inverclyde in 2017 the Child Protection Committee committed to make improvements in its processes designed to identify risk and need.

4.6.2 The Social Work teams were restructured to form a request for assistance team which aims to provide a consistent service pathway for all referrals to social work and to also support our partners in their named person roles with signposting to other services and providing advice and guidance when the level of need does not reach the threshold for social work intervention.

4.6.3 The Child Protection Committee has focused on continuous improvement in the multi-agency response to risk and significant harm by strengthening the interagency referral discussion process. The IRD quality assurance group has met six weekly with a target of ensuring that 80% of the IRD's sampled were graded as good or higher and this target has been met. Practitioner guidance has been updated, new recording templates and processes have been put in place including the use of conference calling and coaching is on offer to staff participating in the discussions to ensure fidelity to the guidance and that processes are thoroughly and correctly implemented.

4.6.4 Health Visiting Service – in 2016 the Scottish Government released the final version of the Revised Universal Pathway. The Pathway presents a core home visiting programme to be offered to all families by Health Visitors as a minimum standard. The programme consists of 11 home visits to all families – 8 within the first year of life and 3 Child Health Reviews between 13 months and 4-5 years. Spanning the antenatal to pre-school period it ensures the opportunity for Health Visitors to fulfil their role promoting and supporting and safeguarding the wellbeing of children. It was acknowledged that these additional visits will result in increased pressure on Health Visitors, consequently funding from Scottish Government provided for 200 new Health Visitors across NHS Greater Glasgow & Clyde to reduce case load sizes to mitigate this.

4.6.5 A significant recruitment campaign has been ongoing across NHS Greater Glasgow & Clyde to recruit appropriately trained nurses and support them to undertake the requisite Specialist Community Public Health nurse qualification. For Inverclyde this means that we have experienced an incremental increase in the establishment of Health Visiting.

4.6.5 UNICEF has recently awarded Inverclyde HSCP health visiting service the gold award for their work with the baby friendly initiative (BFI). Increasing Breast feeding rates within Inverclyde is a key priority area as outlined within Big Action 2 within the Strategic Plan.

4.7 Mental Health, Addictions and Homelessness Services

4.7.1 Mental Health Strategy – a key focus over the last year has been engaging with the development work for implementation of the 5 year mental health strategy. The aim of the work is to optimise the efficiency and effectiveness of patient care across mental health services, shifting the balance of care not only from inpatients to community but in enabling people to be supported with their continuing recovery away from mental health services. Some key areas of change are focussed on introduction of peer recovery support workers, which the Inverclyde service is involved in piloting; improving responses to unscheduled care, and building on recovery oriented systems of care within our CMHT.

4.7.2 Action 15 of the National Mental Health Strategy aims to increase access to mental health professionals with a strong focus on primary care and acute hospital settings. Additional funding is being used to extend our response within our local emergency department at IRH, and to develop local responses to people experiencing distress that may otherwise be referred directly to our mental health services.

4.7.3 Within our inpatient service we have been preparing to implement the Royal College of Psychiatrists Accreditation for Inpatient Mental health Services (AIMS). This supports the provision of effective inpatient care, and the standards are based on delivery of care from the multi-disciplinary inpatient team. The accreditation standards are reviewed on an annual basis and are applied each year during the self and peer review processes by AIMS member wards. The standards cover the following topics:

- General Standards
- Timely and Purposeful Admission
- Safety
- Environment and Facilities
- Therapies and Activities

Due to gaps within the multi-disciplinary team this work is yet to get underway.

4.7.4 Inverclyde has two staff who graduated from the NHS Education for Cohort 2 Dementia Specialist Improvement Leads (DSIL). Bite size training sessions were developed by the Physiotherapist during her DSIL training in response to needs identified by local staff, including the trainers of the local Stress and Distress modules, who noted that there was some difficulty translating theoretical models into practice. The sessions were developed as an opportunity for staff to spend time looking at practical dementia care and to try out techniques and interventions to reduce stress and distress and meet the complex physical and mental healthcare needs of this patient group.

4.7.5 The training was initially designed for nursing assistants who had not received the same level of training as their Registered nurse colleagues. This staff group provide a high level of practical care for patients within the ward environment and it was felt that in providing techniques which could immediately be used in practice, this might improve the overall quality of care for patients. Evaluation of the training and feedback suggests that staff shared their learning and that they felt the content was valid for staff at all levels who had clinical contact with patients. The sessions were well received and there is a drive to see these sessions continue. Training can be used as evidence towards NMC revalidation requirements.

4.7.6 Improving the physical health of people with mental health problems is a key focus of the mental health strategies. The service has a physical healthcare clinic which works together with GP's to ensure peoples physical health care is appropriately monitored, in context of their mental health treatment. 4.7.7 Addressing smoking continues to be a key area of focus. A recent audit on Hospital Smoking Cessation was carried out in the Langhill Clinic. The results showed that after an initial strong focus on supporting patients to reduce or stop smoking whilst they are in hospital there is a need to refresh our approach, with consideration required to consistent use of NRT, and having effective conversations with patients. There is an identified need for further training to support staff in this area.

4.7.7 Electronic Medicines Reconciliation (The Orion Medicines Management Module within Clinical Portal) was rolled out in mental health wards on 4th September 2018, following successful implementation in acute wards.

4.7.8 The Mental Welfare Commission for Scotland visited Willow and Oak Wards within Orchard View in September 2018 and the report was very positive in all aspects of care, examples include: care plans in both wards were person centred and reviewed regularly; plans for the management of stress and distress used the Newcastle model and contained detailed information about triggers and individual distraction. Risk assessments were in place and regularly reviewed. Multidisciplinary team reviews were regular and decisions were clearly recorded. Evidence was also found of relatives/carers being consulted and involved in care decisions.

4.8 Focus on Drug Deaths in Inverclyde

4.8.1 The prevalence of drug use within our community and incidence of drug deaths within Inverclyde remains a key area of concern, and within this last year there has been increased focus on the need for us to address this through wider partnership working. The latest available date for drug use prevalence from 2015/16 was published in March 2019, indicating that for Inverclyde the estimated problem drug use prevalence rate for Inverclyde was 2.9% of the population aged 15-64, compared to 1.62% for Scotland as a whole, and Inverclyde has the highest rate in Scotland. In 2017 there were 23 drug related deaths in Inverclyde. Review of trend data indicates this is increasing but when the rate for drug related deaths is considered within the context of the estimated drug misusing population Inverclyde has a lower rate than Scotland as a whole.

4.8.2 The local Drug Death Action Plan has been updated and includes both NHS GG&C board wide work and local actions. It is intended to establish a drug death prevention group during 2019, with a seminar to initiate this once the data for 2018 is published in the summer.

4.8.3 The Drugs Action Partnership Group has also been established led by K Division of Police Scotland aimed at supporting work to combat the increasing drug related death trend and to improve extant information sharing processes in order to protect those most at risk of harm as a result of drug misuse. The overall objective is that through strong partnership working, we improve the overall knowledge of the illicit drug commodity user market in order to protect those most vulnerable to harm and to reduce the impact of drugs on individuals, families and communities within Renfrewshire and Inverclyde.

4.8.4 The Scottish Government currently has a focus on ending homelessness in Scotland, following on from the recommendations of the Homeless and Rough Sleeping Action report published in May 2018. This requires the local authority to develop a Rapid Rehousing Transition Plan to be taken forward over 5 years. The Inverclyde plan was developed based on the outcome of the temporary accommodation review and this will be the mechanism for taking this work forward during 2019/20, following finalisation of the plan with the Homelessness Team at Scottish Government, and clarification of transitional funding to enable the plan to be taken forward.

5. PERSON CENTRED CARE

5.1 Primary Care

5.1.1 Developing the multi-disciplinary team in primary care is fundamental to delivering the new GP contract. Inverclyde has two Health and Social Care Partnership employed Advanced Nurse Practitioners carrying out unscheduled care home visits on behalf of East Cluster with a plan to roll out additional nurses to cover all practices. ANP's provide safe, effective clinical care for patients and have enabled a redistribution of clinical activity which would otherwise have required a GP service. GPs have reported the significant impact this has on managing their workload which will include their requirement to focus of patients with complex healthcare needs. Patient feedback is very positive.

5.2 HSCP Complaints

5.2.1 The Clinical and Care Governance Group consider complaints that have been received as part of the quality assurance process and seek assurance that associated improvements plans and learning from complaints are addressed.

5.2.2 From 1st April 2018 to 31st March 2019 58 complaints received. Of the 58, 100% were closed during the year within agreed timescales. 27 complaints were closed at Stage 1, and 31 complaints were closed at Stage 2. Stage 1 is a complaint dealt with as a front line resolution within 5 days and stage 2 is a full complaints investigation within 20 working days.10 complaints were upheld at Stage 1 with 15 not upheld at Stage 1. 2 were partially upheld at Stage 1.10 were upheld at Stage 2, with 14 not upheld by Stage 2 with 7 partially upheld at Stage 2.

5.2.3 Table 4 shows the breakdown of Total Complaints by Directorate, Theme and Outcome.

TABLE 4 BREAKDOWN OF COMPLAINTS BY DIRECTORATE, THEME AND OUTCOME					
Health and Community Care		**Children's Services and Criminal Justice**		**Mental Health, Addictions and Homelessness**	
Total Complaints	32	**Total Complaints**	15	**Total Complaints**	11
Stage 1	17	Stage 1	5	Stage 1	5
Stage 2	15	Stage 2	10	Stage 2	6
Theme of Complaint		**Theme of Complaint**		**Theme of Complaint**	
Services not provided to appropriate standard	17	Services not provided to appropriate standard	7	Services not provided to appropriate standard	8
Staff professional practice	11	Staff professional practice	5	Staff professional practice	3
Services not provided	3	Services not provided	2	Services not provided	0
Breach of confidentiality	1	Breach of confidentiality	0	Breach of confidentiality	0
Report content	0	Report content	1	Report content	0
Commissioned providers	1	Commissioned providers	0	Commissioned providers	0
Outcomes		**Outcomes**		**Outcomes**	
Upheld	15	Upheld	3	Upheld	2
Not Upheld	14	Not Upheld	9	Not Upheld	6
Partially Upheld	3	Partially Upheld	3	Partially Upheld	3

5.3 Scottish Public Sector Ombudsman Complaint Reviews

Five Scottish Public Sector Ombudsman (SPSO) complaint reviews were undertaken between 1 April 2018 and 31 March 2019. To date one report has been received from the SPSO, this 1 complaint was not upheld. We await the remaining reports from the SPSO. The CCGG will be review as they are received.

5.4 GP Complaints

The 14 GP Practices in Inverclyde Health and Social Care Partnership report on complaints received by members of the public on a quarterly basis. These data are reviewed at the C&CG Group and information is reviewed by the Clinical Director and any significant issues are discussed at the GP Forum. Themes arising from complaints and any learning are also taken to the Post Graduate Education Group for planning of learning events. Complaints that are escalated to the Scottish Public Services Ombudsman are reviewed by the Clinical and Care Governance Group and Decision letters are routinely shared with the group for their information and comment.

5.5 Patient Safety

Inverclyde, 11 Opted In Practices

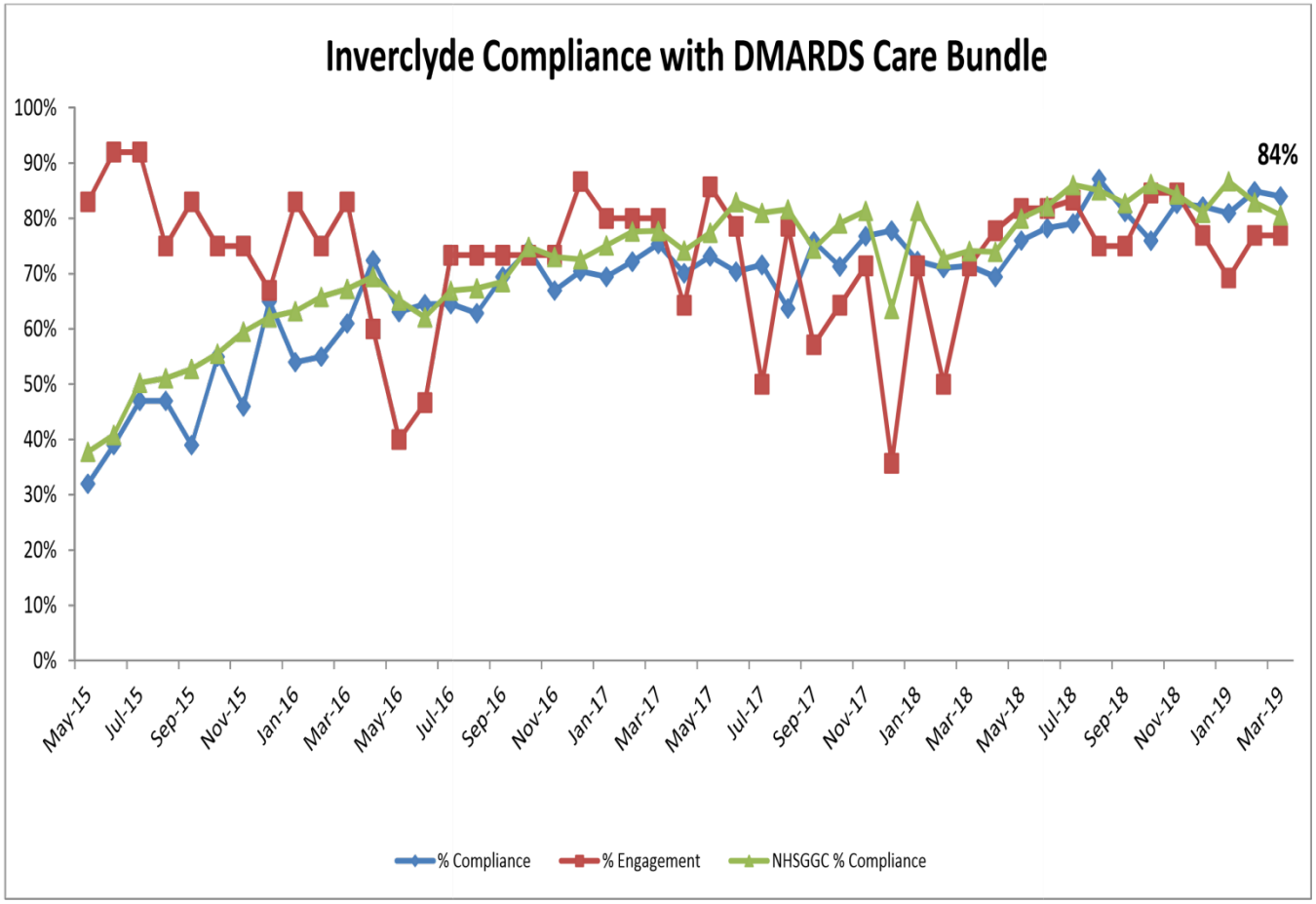


Figure 3: Inverclyde Compliance with DMARDS Care Bundle

5.3.1 Inverclyde have 11 of 14 GP Practices that have opted in to participate in the final year of the DMARDS LES DMARDS are potentially toxic medications used to treat Rheumatic and Gastrointestinal disease and require close monitoring of their use. Figure 2 details the compliance with the DMARDS Care Bundle for Inverclyde and NHS Greater Glasgow and Clyde overall to the end of year 4.

5.3.2 A median compliance of 78% with the DMARDS Care bundle was achieved over the 4 years in which the DMARDS LES was available. In February and March 2019 45% (7) individual practices achieved compliance of 90% (or greater) with the DMARDS Care Bundle, the highest level of achievement to date.
SIx Practice one to one support activities with GP practices were carried out between May 2015 and March 2019. A median compliance of 71% with the DMARDS Care bundle was achieved over the 4 years in which DMARDS Les were available.

5.6 Medicines Reconciliation

5.6.1 During 2018/19, in all GP practices, pharmacists and technicians supported improved medicines reconciliation across the primary/secondary care interface, increasing communication with patients and community pharmacies. They also dealt with medication requests and queries. Patients in all 14 GP practices benefitted from clinical pharmacist medication reviews via a clinic or home visit for patients with Falls, Heart Failure and for older people with medication-related issues at the primary/secondary care interface. Patients in 7 GP practices benefitted from clinical pharmacist medication reviews for polypharmacy, respiratory, pain or care home review.

5.6.2 During 2018/19, the Prescribing Team accepted referrals for medication review, and delivered training and support on prescribing and medicines management to GP practices, Non-Medical Prescribers, patient groups – Osteoporosis and Respiratory, Social Care Home Care staff and Care Home staff – including management of UTI in Care Homes.

5.7 Addiction Service**s Review**

5.7.1 Within our Addiction service the review has enabled us to take a thorough look at what the service is currently offering, including the range of interventions provided across the disciplines within the drug and alcohol teams. The review is governed by key principles to anchor the service user at the heart of a new model of care:

- Service users receive the right assessment and treatment at the right time, which is centred on their needs
- The focus on a recovery pathway in which the service user is fully involved and is able to participate in planning their own sustainable recovery
- Ensuring safe, effective, evidence based and accountable practice.

5.7.2 The recommendations from phase 2 were reported to the Integrated Joint Board in May 2019, and these are now being taken forward within an implementation plan which will develop the tiered model of services based on a single point of access in to the service and single pathway for service users and development of our recovery resources. Further work is focussed on the development of interventions within the service, for example Psychological Therapies. The review has identified gaps in provision including for young people, comprehensive family support and the need to develop a more coherent approach to prevention and education across the whole population. These areas of work require input from wider HSCP services and partners and this is being taken forward with the Alcohol and Drug Partnership and the Inverclyde Alliance.

5.7.3 Inverclyde has also been successful in achieving additional funding through the CORRA Foundation Challenge Fund, and this has been matched with investment from the IJB's Transformation fund to enable us to test new pathways for service users. The long term aim of this project is to promote early intervention, treatment and recovery from alcohol and drug misuse, preventing ill health and improving wellbeing. The project will enable us to test approaches to outreach addiction liaison services across primary care; enhance acute liaison services responding to the needs of people presenting to IRH to support effective discharge and prevent readmission; and test extended working across 7 days including community based detoxification work. This sits well with the work to modernise our alcohol and drug services.

6. CONCLUSION

6.1 The Clinical and Care Governance arrangements within Inverclyde remain robust. Inverclyde Clinical and Care Governance Group has maintained effective oversight of the key areas of clinical risk and quality. Internal arrangements are well connected enabling engagement and information sharing to ensure we are appropriately monitoring and improving the quality of care delivered to our patients and service users.

6.2 A development event for the Clinical and Care Governance Group has been scheduled to take place on 23rd July 2019. The agenda will cover a review of the Terms of Reference for the group, including membership, linkage to all existing governance structures within the Partnership and alignment of the Clinical and Care Governance work plan to the HSCP Strategic Plan.

6.3 The recommendations from the development day will inform the future direction of the group and strengthening its pivotal role in ensuring the delivering of safe, effective and person centred care to the People of Inverclyde.