

West Dunbartonshire
Health and Social Care Partnership
Annual Clinical & Care Governance Report
2023

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1. Introduction

- 1.1 Each Health and Social Care Partnership is requested by NHS Greater Glasgow and Clyde to provide an Annual Clinical and Care Governance Report. The Health Act 1999 requires that NHSGGC “put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals”.
- 1.2 This report demonstrates West Dunbartonshire Health and Social Care Partnerships (WDHSCP) approach to assuring and improving the quality of health and care services we provide. Recognising the complex interdependencies in delivering safe effective person centred care in an integrated context it is also cognisant of West Dunbartonshire Council Social Work and Social Care governance framework.
- 1.3 The report outlines arrangements for Clinical and Care governance in WDHSCP and is framed around the three Quality ambitions outlined in NHS Scotland Quality Strategy; Safe, Effective, Person Centred Care. The Healthcare Quality Strategy sits within the context of the Patients’ Rights Act which became law in Scotland in 2011. This provides a legal basis requiring the NHS in Scotland to provide care, which is person centred, safe and effective.
- 1.4 This report describes West Dunbartonshire HSCPs arrangements for scrutiny of care quality, within the services which the HSCP provides, and those that it commissions. A selection of activities and interventions are also highlighted to demonstrate our strong focus on quality improvement, these are illustrative rather than comprehensive.

2. West Dunbartonshire Health and Social Care Partnership

- 2.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 2.2 The Vision of West Dunbartonshire Health and Social Care Partnership is ‘*Improving lives with the people of West Dunbartonshire*’ through achievement of our strategic outcomes.
- 2.3 West Dunbartonshire HSCP employs over 900 health, social work and social care staff. There is also a significant workforce in the independent NHS contractor service for example, GPs, Dentists, Optometrists, and Community Pharmacists and third sector and independent social care providers. West Dunbartonshire HSCP hosts Musculoskeletal Physiotherapy and Diabetic Retinopathy services on behalf of NHSGGC.
- 2.4 Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in. 18% of the population are aged 0-15, and 9.7% of the population are aged 16-24. In terms of overall size, the 45 to 64 age group remains the largest at 25,664 (29%). People aged 65 and over make up 19% of West Dunbartonshire’s population, which is similar to Scottish population.
- 2.5 West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland’s 32 local authority areas. 22.6% of children live in low income families. Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those

living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health. Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females.

- 2.6 The World Health Organization ended the global emergency status for COVID-19 on 5th May 2023 more than three years after its original declaration. However for our service users and their families the impact of the pandemic and the cost of living crises have exacerbated inequalities. Access to some health and care services has proved challenging, and led to longer wait for services at a time of increased need for support within the community. This has resulted in pressure for both staff and service users.
- 2.7 Budget Setting has highlighted the financial pressures the Partnership is facing. There is evidence that poor quality increases costs through harm, waste and variation. It is imperative therefore that we remain assured of our ability to deliver high quality care whilst overcoming the financial challenges.
- 2.8 Delivering the best possible outcomes for the people of West Dunbartonshire is contingent on, supporting our staff to deliver high quality care and optimising the use of resources to deliver high quality community-based services, particularly for those with higher levels of need, while keeping more people safe at home. Equally we need to adopt a collaborative approach that ensures people have choice and control over the services they receive.

3. Clinical Governance Arrangements

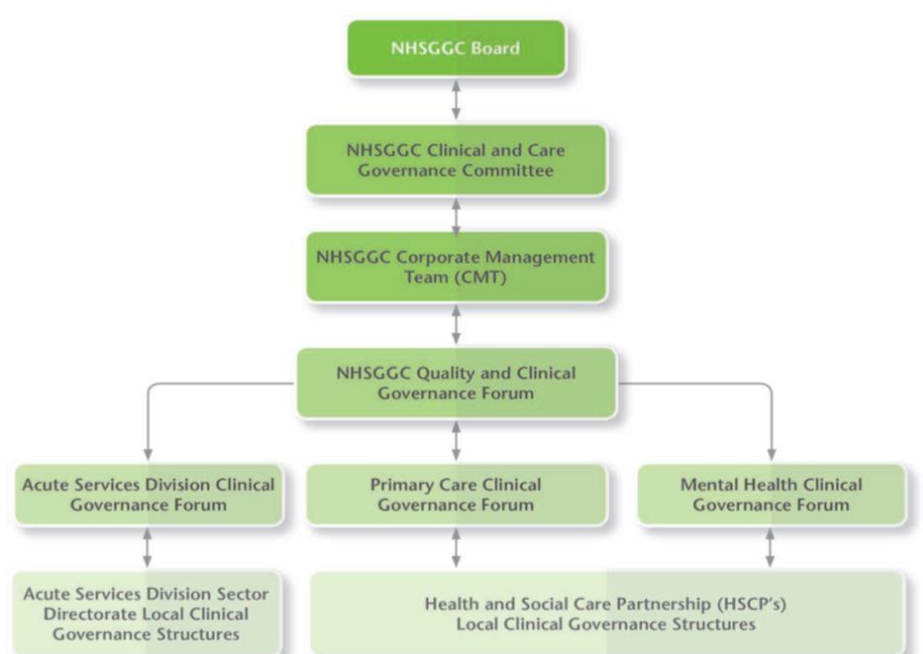
- 3.1 Clinical and Care Governance is the framework through which the Health and Social Care Partnership (HSCP) provides accountability for safe guarding high quality care and of continuously improving the quality of service provision.
- 3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) works in accordance with the Clinical and Care Governance Framework set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance',
 1. Information on the safety and quality of care is received
 2. Information is scrutinised to identify areas for action
 3. Actions arising from scrutiny and review of information are documented
 4. The impact of actions is monitored, measured and reported
 5. Information on impact is reported against agreed priorities

These are complementary to the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

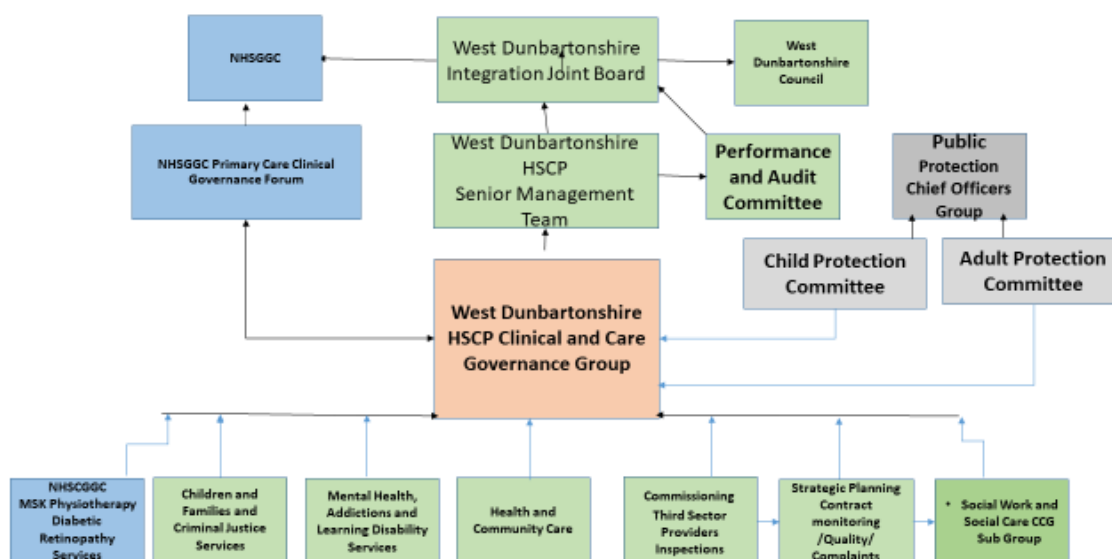
1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

- 3.3 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. 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. 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.
- 3.4 During 2023 our approach to clinical and care governance continued to evolve. Scrutiny and assurance was strengthened with the wider inclusion of social work and social care services within Clinical and care Governance arrangements. Oversight of social work and social care quality has been enhanced and fully incorporated into our clinical and care governance activity and a Social Care and Social Work CCG sub group led by CSWO has been established. Our contract monitoring team work closely with senior managers to maintain close working relationships with care home providers and commissioned services providers to enhance scrutiny and oversight of any complaints or concerns raised.

3.5 Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements



3.6 Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements



3.7 The Role of West Dunbartonshire HSCP Clinical & Care Governance Group

- Consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, care assurance, education, professional registration, validation, learning, continuous improvement and inspection activity.
- Provide assurance to the Health & Social Care Partnership Board, the Council and NHSGGC, via the Chief Officer, that the professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Review significant and adverse events and ensure learning is applied. Support staff in continuously improving the quality and safety of care. Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services.
- Create a culture of quality improvement and ensure that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions. Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.
- The Clinical Director chairs the HSCP CCG group and the Chief Social Work Officer is Co- Chair. The membership includes the Chief Nurse, the Heads of Service from all HSCP services areas including hosted services and a representative from NHSG&C Clinical Risk Department.
- The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of

practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report which is shared with the Clinical and Care Group to provide assurance on statutory social work functions.

- g) The Clinical Director completes an exception report four times per year to submit to the Primary Care Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the HSCP Senior Management Team as per local governance arrangement's to ensure all pertinent matters are reported from respective services. HSCP Services also report to NHSGGC board wide Mental Health, Learning Disability, and Specialist Children's Services Clinical and Care Governance Systems.
- h) There has been ongoing reflection on the purpose and direction of the group and the role of clinical and care governance, and the quality agenda within the Strategic Plan.

3.8 West Dunbartonshire HSCP is committed to moving away from transactional based commissioning to a more outcomes focused collaborative commissioning underpinned by ethical commissioning standards. Standardising our approach to commissioning supports the future implementation of the Service Improvement and Quality Assurance Frameworks in line with WD HSCPs strategic plan.

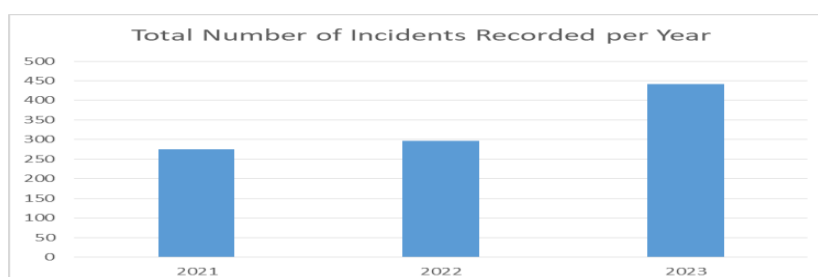
- 4. **Safe:** *'There will be no avoidable injury or harm to people from the care they receive, and an appropriate, clean and safe environment will be provided for the delivery of all services at all times'.*

Clinical and Care Risk Management

- 4.1 Datix is the NHS Greater Glasgow & Clyde incident risk management and patient safety system used to capture clinical incident activity within health services delivered by West Dunbartonshire HSCP including Board Wide Musculoskeletal (MSK) Physiotherapy and Diabetic Retinal Screening Services (DRSS). The system is used to systematically identify and measures risks faced by the organisation with the focus on learning so that we might reduce or eliminate future risk.
- 4.2 NHSGCC Incident Management Policy mandates 28 calendar days from the date of reporting an incident to final approval. Improvement activity in 2021 resulted in a significant decrease in the number of overdue incidents awaiting approval. This improvement has not been sustained throughout 2023 and will require further focussed activity.

Number of Clinical and Care Incidents Reported

- 4.3 The total number of recorded incidents recorded continues to increase year on year as shown in Table 1.



Incident Category

- 4.4 Incidents were reported across twenty two incident categories. The top incident categories are shown in Table 2. Pressure ulcers accounted for the highest recorded category This is a reflection of more effective use of the Datix system following general awareness raising sessions and to targeted quality improvement activity e.g. recording of pressure ulcer incidents increased by 69% Jan – June 2023 compared to the previous six month period. The majority of slips trips and falls occurred in older adult mental health services and most resulted in minor or no harm to the patient.

Table 2:

Categories	C&F	Clyde Sector	Corporate Services	Community	Retinal Screen	MSK Physio	MHS	PPSU	PH	SCS	Total
Pressure Ulcer Care	0	0	0	97	0	0	0	0	0	0	97
Slips. Trips and Falls	0	11	1	5	0	1	65	0	0	0	83
Other	1	0	0	20	0	4	41	1	0	0	67
Violence and Aggression	0	0	0	0	0	0	27	0	0	0	27
Medication Prescribing	0	0	0	0	0	0	2	22	0	2	26
Information Governance	1	0	0	11	0	1	8	0	0	0	21
Medication dispensing Supply	0	1	0	1	0	0	8	5	0	0	15
Challenging Behaviour	0	0	0	4	0	0	9	0	0	0	13
Treatment Problem	0	0	1	8	0	4	0	0	0	0	13
Medication Administration	0	0	0	5	0	0	3	1	2	0	11
Communication	1	0	2	5	0	0	2	0	0	0	10
Health records	0	0	1	1	0	3	0	0	0	0	5
Suicide	0	0	0	0	0	0	2	0	0	1	3
Medical devices /Equipment	0	0	0	2	0	0	1	0	0	0	3
Total	3	12	5	159	0	13	168	29	2	3	394

Severity of Clinical and Care Incidents

- 4.5 Table 3:

Severity	1- Negligible	2 - Minor	3 – Moderate	4 – Major	5- Extreme	Not Recorded	Total
Children & Families	0	3	2	0	0	0	5
Clyde Sector	4	9	0	0	0	4	17
Corporate	2	3	0	0	0	0	5
HCC	35	96	17	2	5	19	174
MHS	50	92	16	2	27	3	190
MSK	6	6	1	0	0	1	14
PPSU	19	9	3	0	0	1	32
Public Health	0	0	0	0	0	2	2
Retinal Screening	0	0	0	0	0	0	0
SCS	1	0	1	0	1	0	3
Total	117	218	40	4	33	30	442

- 4.6 All incidents are ascribed a severity score using NHSGGC risk matrix and severity impact assessment. Minor and negligible incidents may require to be investigated in addition to the review and approval process. This is at the discretion of the line manager who receives the report. If the severity is minor or low this does not mean that the incident can be ignored. These incidents represent small failures and vulnerabilities that may signal action to avoid repeat or escalation of a situation. The opportunity for learning exists at times without a significant adverse outcome for the patient, e.g. a near miss or a lower impact incident which exposes potential clinical system weaknesses that could lead to further significant harm.
- 4.7 Moderate rated incidents are reviewed by the Local Management Teams and action plans drawn up to eliminate or reduce the risk of recurrence. If the rating is a 4- Major, or 5- Extreme, there must be an investigation of causation. For all incidents severity graded 4 or 5 there is discussion and with the Clinical Risk Team, Clinical Director and Manager to determine whether the severity of the incident is such that it merits formal classification as a 'Significant Incident' requiring a Significant Adverse Event review. This is not necessarily the case for all category 4/5 incidents. Most category 4/5 incidents occur in mental health and addiction services. Incidents are rarely due to a single act or omission. Usually an incident occurs because of a combination of actions, events and the surrounding circumstances.

Significant Adverse Event Reviews (SAER)

- 4.8 From the full range of clinical incidents reported there is a smaller set of instances where there is a risk of significant harm to patients. We ensure these incidents are appropriately investigated to minimise the risk of recurrence by applying lessons learned. These events are referred to as Significant Adverse Events (SAE). These are usually incidents that have been categorised as severity 4 or 5. These may lead to a significant adverse event review (SAER).
- 4.9 The purpose of the review is to determine whether there are learning points or improvements for the service and wider organisation. It is then our responsibility to implement those improvements that are identified as producing a greater level of safety for those we care for.
- 4.10 SAERs Commissioned January – December 2023 - Table 4
There were eight SAERs commissioned

Table 4

Speciality	No. of SAERs Commissioned
Addiction Services	
Learning Disability (Community Team)	1
MH - Crisis team (Mental Health)	1
MH - Community Mental Health Team	3
MH – Older Adults Community Mental Health Team	2
HCC - District Nursing	1
Total	8

4.11 SAERs Concluded January – December 2023 – Conclusion Codes

Eleven SAERs were concluded during 2023. Nine by Mental Health Services and, and two by HCC. On completion a conclusion code is allocated to reflect findings.

Table 5

SAER Conclusion Code		No.
1.	Appropriate Care Well Planned	2
2.	Issues Identified but they did not contribute to the event	3
3.	Issues Identified which may have contributed to or caused the event	5
4.	Issues identified that directly related to the cause of the event	1
Total		11

4.12 Learning from SAERs

a) The learning from all reviews is shared within WDHSCP and across NHSGGC. Actions plans are created to address findings. Completion of SAER actions is monitored via the Clinical and Care Governance Group. A common theme identified across all SAERs was the need for enhanced assessment, analysis and management of risk, and service areas have reflected and acted upon findings introducing new risk assessment tools, strengthening audit to provide assurance around compliance with policy and practice guidance.

The SAER with a conclusion code 4 (Issues identified that directly related to the cause of the event) related to weight management and management of chronic low body weight in Learning Disability Teams. Actions were identified for the team to support improvement and review of weight management processes. These included

- Audit of use of the Multidisciplinary Universal Screening tool (MUST) and weight management recording on EMIS.
- Development of a Standard Operating Procedure for weight management within the team.
- Attendance of senior social work and duty social worker at health allocations meetings and note of meeting recorded on CareFirst.
- Completion of face to face MUST training and Food Fluid and Nutrition (FFN) modules.
- Audit of allocations meetings regarding attendance compliance with processes.

b) All healthcare staff in the Community Learning Disability Team participated in a face-to-face session regarding MUST completion in the last quarter of 2023. Monthly FFN audits have been completed within the team with December reporting at 60% compliance and then increasing to 91% compliance in February. There has also been the development of a Weight Management standing operating procedure for the team and our Health Care Support Workers (HCSW) now run a weight management clinic weekly at our local day service, and any concerns are raised and discussed through the weekly team allocations meeting. Plans are also in place to trial an initial appointment clinic to support triaging of referrals on waiting list and allow the team to gain weight and nutrition information at the point of referrals being accepted.

b) Adult mental Health and Addiction services have established an incident review group which meets fortnightly to establish concerns subsequently leading to a full review of the care provided in the year prior to any patient's death from suicide. This ensures lessons learned are actioned and crucially identifies good practice and areas where practice could be improved. Investigations of this nature are undertaken by clinicians in other sectors of the board to ensure impartiality. This helps identify areas for improvement in caring for the highest risk patients and is yielding encouraging results.

c) There were 32 open SAER actions West Dunbartonshire 11 of which were overdue (Dec 2023). This remains a focus for ongoing improvement.

d) A cross HSCP Child Protection Quality group was established in 2022. This group discuss and disseminate the learning from all Child Protection SAERs across the six HSCPs in NHSGGC and to seek assurance from all HSCPs that the requisite actions have been implemented. Between April 23 and March 24 there were 15 CP SAERs concluded across NHSGGC. Learning and associated actions related to strengthening documentation and assessment, learning and development to support more effective management of neglect, developing trauma informed practice and enhancing supervision and audit processes. Work has been progressed in relation to all identified actions.

4.13 SAERs – Key performance Indicators

NHSGGC Policy on the Management of Significant Adverse Events was refreshed in 2023. There is recognition of the risk to individuals' practitioners and the organisation that drift in the SAER process introduces. Key performance indicators were introduced to support improvement in this area. These state that reviews should be commissioned within ten days of the incident being reported and concluded within three months of the event.

None of our SAERs have been commissioned or completed within these time frames. Of the SAERs concluded in 2023 all were active for a period of more than 12 months. To date in order to secure the requisite improvement efforts have been made to increase the number of staff trained to undertake and lead a SAER. Improvement in adherence to SAER KPI will feature in the HSCP CCG Action plan 2024-25.

Duty of Candour

- 4.14 The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm)

Six of the SAERS met the threshold for organisational duty of candour and all necessary steps were taken to fulfil the duty.

Public Protection

- 4.15 Through the wider Public Protection agenda, the Health and Social Care Partnership work to ensure that people, particularly those at risk, are kept safe from harm and risks to individuals and groups are identified and managed appropriately. The Public Protection Chief Officers Group (PPCOG) holds responsibility for strategic leadership, scrutiny, and accountability in respect of public protection services. This incorporates a range of measures including multi agency strategic planning and operational services providing protections to children, young people and adults at risk. Management of high risk offenders through Multi Agency Public Protection arrangements (MAPPA), Alcohol and drugs Partnership, Violence Against Women Group, and Community Safety.
- 4.16 PPCOG continue to strengthen their assurance and risk management processes. This includes quarterly review of multiagency, operational and strategic risk registers. The PPCOG Performance and Assurance Reporting Framework data set continues to be developed.
- 4.17 NHS GGC Public Protection Unit developed a Public Protection Strategy and Quality Assurance Framework during 2023. This will support and enhance oversight of corporate and local HSCP monitoring of compliance with requisite standards.

Learning Reviews

- 4.18 National Lead Review Guidance was published by the Scottish Government in Sept 2021 for Child Protection Committees, and in May 2022 for the Adult Protection Committees, replacing Initial and Significant Case Review Guidance.
- 4.19 A Learning Review is multi-agency, bringing practitioners together with the review team in a structured process in order to reflect, increase understanding and identify key learning. They provide a means for public bodies and office holders with responsibilities relating to the protection of adults and children at risk of harm to learn lessons by considering the circumstances where an adult or child at risk has died or been significantly harmed. They are carried out by the Adult / Child Protection Committees under their functions of keeping procedures and practices under review, giving information and advice to public bodies and helping or encouraging improvement.
- 4.20 During 2023 West Dunbartonshire Adult Protection Committee commissioned and concluded one themed learning review. One further individual learning review was commissioned.
- 4.21 West Dunbartonshire Child Protection Committee commissioned one Child Learning review. Another Learning review is currently on hold due to an ongoing criminal investigation.

5. Effective: *‘care at the right time, right place by right person and no unnecessary variance in quality of care and outcomes for service users’.*

The Health and Social Care Standards published in 2018⁸ set out what individuals can expect when using health, social work or social care services in Scotland. They aim to ensure better outcomes for everyone, that people are treated with respect and dignity, and that basic human rights are upheld. The Care Inspectorate, Health Improvement Scotland and other scrutiny bodies all take cognisance of these standards in relation to their work around inspection and registration of health and care services.

Older Peoples Care Homes

- 5.1 Maintaining high quality care in Care Homes remains a key priority within the partnership. Care homes environments continue to be susceptible to the coronavirus with elderly residents at risk of poorer outcomes due to pre-existing conditions, However the success of the Covid booster programme and high uptake achieved (>95% of those residents eligible) means that our residents are protected and the impact of Covid 19 has been successfully reduced. Nonetheless the care home sector continues to face challenges in terms of recruitment and retention of staff and commercial viability.
- 5.2 West Dunbartonshire HSCP Collaborative Care Home Support Team (CCHST) continues to work in collaboration with care homes, to focus on improvement, sustainability and viability. This ensures that local assurance and support arrangements link effectively with, rather than duplicate, wider regulation activity by the Care Inspectorate.
- 5.3 Care assurance visits are one part of the supportive framework around care homes and sit alongside HSCP commissioning relationships with individual care homes and daily care home huddle reports via TURAS.
- 5.4 Care Assurance Visits are undertaken by the CCHST twice per year for each care home and more often if required. Visits provide the opportunity to discuss with care homes areas of strength as well as key improvement priorities. Following visits liaison with NHGGC Care Home Collaborative (CHC) supports access to support for care homes to help them secure identified improvements in care equality. The visits focus on four key themes:
 - Theme 1 - Infection Prevention Control; Environment, Cleaning, PPE, Handwashing Laundry and waste Management.
 - Theme 2 – Resident Health Care Needs; Anticipatory Care Planning, Caring for People at end of life, Caring for People with Cognitive Impairment
 - Theme 3 – Workforce Leadership and Culture; Staffing resource and Staff Wellbeing
 - Theme 4- Action Planning for Assurance and Continuous Improvement

- 5.5 The Collaborative Care Home Support Team (CCHST) is focusing on implementation of the Healthcare Framework for Care Homes, with multidisciplinary support to care home residents and a quality management approach based on the Health and Social Care Standards.
- 5.6 Crosslet and Queens Quay Local Authority residential care homes have worked with NHSGGC Care Home Collaborative to introduce Project Milkshake. The milkshake project is a pilot programme led by NHSGGC Care Home Collaborative team to measure effectiveness of nutritional value of fortified drinks and approved recipes by dieticians. This has had a positive impact for residents. Five residents commenced the project and over a four week period their Multidisciplinary universal screening tool for malnutrition (MUST) scores improved.

External Scrutiny - Care Inspectorate Inspection West Dunbartonshire Care Homes

- 5.7 The Care Inspectorate is responsible for inspecting standards of care in Scotland. They use a quality framework that sets out key elements to help answer key questions about the difference care is making to people, and the quality and effectiveness of the things that contribute to that. The primary purpose of a quality framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support.
- 5.8 The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. Key Questions:-
 KQ1 – How well we do we support people’s wellbeing;
 KQ2 – How good is our Leadership;
 KQ3 – How good is our staff team;
 KQ4 – How good is our setting;
 KQ5 – How well is our care and support plan
 KQ6 – Capacity for improvement

They still use the six point scale of 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4- Good, 5- Very Good, to 6 – Excellent in grades awarded against each quality indicator.

- 5.9 The Care Inspectorate uses requirements and recommendations to help regulated care services improve. A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010t, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

- 5.10 Six of the ten care homes in West Dunbartonshire were inspected between April 2023 and March 2024. The grades awarded are depicted in Table 6. Of these four had requirements and had areas for improvement identified.

Table 6

Care Home	Date of Inspection	Inspection Grades					No of Requirements	No of Areas for Improvement
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5		
Clyde Court	25.05.23	2	2	3	2	N/A	8	5
Clyde Court	24.08.23	3	3	3	3	N/A	0	0
Kingsacre	19.06.23	4	4	4	5	3	0	4
Castle View	27.06.23	3	3	3	3	3	7	9
Castle View	21.09.23	4	4	4	N/A	4	0	2
Hill View	07.08.23	4	3	N/A	N/A	4	1	0
Hill View	23.11.23	N/A	4	N/A	N/A	N/A	0	0
Edinbarnet	04.09.23	4	4	N/A	N/A	N/A	0	3
Alderwood House	13.11.23	2	2	2	2	2	8	0
Alderwood House	23.01.24	3	3	3	3	3	0	0

- 5.11 Due to grades awarded at the inspection on 25.05.23 it was agreed with the Provider that a Moratorium on admissions would be placed on Clyde Court until sufficient progress had been made to meet the 8 requirements detailed within the inspection report. At the inspection in August 2023 the Care Inspectorate confirmed that all 8 requirements had been met. This was a result of the hard work of the Management and staff team and their willingness to embrace the support offered from the HSCP and Care Home Collaborative teams. The moratorium on placements was removed on 25 August 2023. Work is ongoing with HSCP and Care Home Collaborative to ensure improvement is sustained and the service continues to improve.
- 5.12 Due to the grades awarded and nature of the requirements highlighted following the inspection in Oct/Nov 2023 it was agreed with the Provider that a Moratorium on admissions would be placed on Alderwood House until sufficient progress had been made meet the 8 requirements. The HSCP also took the decision to undertake an Adult Protection Large Scale Investigation (LSI) due to the number and nature of the Adult Protection referrals which had been submitted following the Inspection. The LSI required officers from the HSCP to undertake reviews for all WDC clients within the service to ensure clients were safe and receiving the appropriate level of care. This request was also made to all other HSCPs who had clients placed in Alderwood House. All reviews were complete and any issues highlighted were addressed. The HSCP staff held weekly meetings with the Management Team at Alderwood to offer support and

guidance. The Care Home Collaborative also provided training and support. At the inspection visit in January 2024 Inspectors confirmed that all 8 requirements had been met and grades would be increasing. The Moratorium on placements was removed and the LSI process was concluded on 1 March 2024. Work is ongoing with HSCP and Care Home Collaborative to ensure the service continues to improve.

External Scrutiny Commissioned Care Services April 2023 – March 2024

5.13 The following commissioned services were inspected during this period.

- Joan's Carers – Adults & Older People Care at Home Service (based in Argyll and Bute);
- Ben View Community Bathing Service – Adults and Older People Support Service;
- Hands-on Home Care Limited - Adults & Older People Care at Home Service (based in East Dunbartonshire);
- Baxter View (Cornerstone) – Adult Support Service

Table 7

Care Home	Date of Inspection	Inspection Grades					No of Requirements	No of Areas for Improvement
		KQ 1	KQ 2	KQ 3		KQ 5		
Joan's Carers	02.10.23	4	4	5		3	2	0
Joan's Carers	02.02.24	N/A	N/A	N/A		3	1	0
Ben View	20.10.23	5	5	N/A		N/A	2	0
Hands-On Homecare	11.12.23	4	4	4		4	0	5
Baxter View (Cornerstone)	16.11.23	2	2	2		2	4	0

5.14 Following the inspection in November 2023, the Care Inspectorate assessed that changes in management and staffing within Baxter View service had impacted adversely on service delivery. The provider responded timeously to concerns raised in relation to the service and identified areas of service delivery which required substantial improvement. The managerial structure has changed, and a robust action plan is now in place which clearly identifies the work required to improve outcomes for service users. Inspectors highlighted 4 requirements for action in relation to care planning, assessment and monitoring of care plans, staff training and quality assurance – all requirements had a timescale of 12 March 2024. At a follow-up visit 12 March 2024 Inspectors did not feel sufficient progress had been made to meet any of the four requirements. These requirements remain in place with an extended timescale to be confirmed when the final report is published. HSCP officers have reviewed the care of all people living at Baxter View. Meetings have also taken place the Management Team at Baxter View to offer support and guidance which has been welcomed by the service.

Mental Health Services - Attention Deficit Disorder

- 5.15 The number of individuals suspected by Primary Care Services to have Attention Deficit Hyperactivity Disorder (ADHD) and subsequently referred to Adult Mental Health services for assessment confirmation has increased by 700% since 2019 across NHS Greater Glasgow and Clyde.
- 5.16 The three Adult Community Mental Health Teams (CMHTs) in West Dunbartonshire and Helensburgh receive approximately 50 referrals per month in total. In February 2024, this increased demand and the valuable feedback received through our suggestion and complaints process, led to a review of service delivery for this client group. Nursing roles were enhanced to create a Specialist Nurse Practitioner role. The role is to undertake assessment of individuals with ADHD symptoms and provides guidance to both patients and colleagues. As a result of these changes waiting time for new ADHD referrals to be assessed has significantly decreased, from six months to between six and eight weeks.

Diabetic Retinopathy Services (DRS) – Hosted Service

- 5.17 Post Covid 19 DRS has re- established screening in 16 locations and continues to progress accessibility in another 4 locations. For locations not yet re-established patients are called to the one most convenient to them.
- 5.18 Optical Coherence Tomography (OCT) has now been introduced as part of the retinal screening outcome pathway. This was established to more effectively identify patients who require Ophthalmology intervention, versus those patients who could be safely monitored as part of the Screening Programme. OCT clinics have now been introduced in Greenock, Gartnavel General Hospital and Vale of Leven Hospital. The introduction of these clinics has reduced the travelling for patients who require further examination. Further work is proposed to introduce another OCT clinic in south side of the city
- 5.19 Specialised software supports inbuilt quality assurance (IQA). This IQA monitors a set number of grading completed by staff each day and pulls a section to be quality assured by a second screener.
- 5.20 Regular Audits to detect where images have been incorrectly labelled by the screener reveal that from the 1st April 2023 to 31 March 2024 four patient images were attributed to the wrong case file out of 40 331 screened (0.009%). The service also participates in an external quality assurance (EQA) process twice per year. Each grader grades 100 sets of images and their results are compared with their peers in NHSGGC and nationally. All GGC graders met the required standards within the acceptable threshold for sensitivity and specificity.

Health and Community Care – Focused Intervention Team (FIT)

- 5.21 The FIT Team sought to improve outcomes for patients who experienced a fall to avoid unnecessary conveyances and admission to hospital. A new falls pathway was introduced across NHSGGC, due to recognition of lack of alternatives to conveyances for Scottish Ambulance Service (SAS). The pathway for West Dunbartonshire allows SAS to contact or refer directly to Focused Intervention Team who will visit within two hours and carry out full assessment aimed at maintaining the patient safely within their own home. Fifty patients were maintained at home safely over a twelve 12 month period. The FIT Team rapid response means we support

patients safely at home where appropriate who previously would have been conveyed to hospital.

Case Study

'Falls Referral Case Study 78 year old patient who had experienced several falls at home. SAS were called by neighbour after a fall and patient was taken to the Emergency Department (ED) where assessment revealed no serious injury or need for admission. ED staff at the hospital telephoned a referral to West Dun FIT Team as they were concerned the patient was like to fall again on return to home. The referral was triaged and patient contacted same day. The patient had experienced three recent falls, and were mobile with a walking stick. There was no other equipment in the house and no regular help nor care at home input. The patient was visited - two day delay as they went to stay with their daughter for two days out with the area. The initial visit identified a falls risks mobilising out of bed and working on food preparation in kitchen. · Discussed equipment and walking frame, a kitchen trolley and perching stool were provided. FIT staff carried out short visits daily for 7 days to ensure suitability of equipment and provide short period of rehabilitation and support.

· Carer support discussed, but they declined at this time. Further check visits on day 8 and on day 11 revealed no further falls. Case closed to FIT Team. Check in four weeks after case closure revealed no hospital admissions, no further presentations at any hospital front door departments, and no HSCP referrals'.

Excellence in Care

- 5.22 Excellence in Care is a national approach which aims to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland.
- 5.23 Work to develop our quality management and assurance approach across our nursing teams progressed well during 2023. West Dunbartonshire nursing teams have been contributing to the development of cross NHSGGC combined care assurance assessment tools (CCAT) and implementing these in practice. These report on core nursing and midwifery family specific quality indicators. The CCAT Care Assurance and Improvement tool allows staff to view and understand their data over time, respond appropriately and plan improvement. These will inform quality of care reviews and drive quality improvement in nursing and midwifery.
- 5.24 CCAT self-evaluation cycles are now well established across our nursing teams. This involves elements of self- evaluation and external evaluation provided by a Senior Nurse from out-with West Dunbartonshire. Results have provided assurance regarding care quality and also identified areas that require to be strengthened e.g. – in Mental Health and Learning Disability - assessment and legislation standards require to be strengthened, Family Nurse Partnership are strengthening engagement with clients in the ante natal period, while Health visitors identified that although there is sharing of information they are not being specific enough when recording what information they are sharing and why.

5.25 Table 8: CCAT Results West Dunbartonshire

Team	RAG Rate /Date	RAG Rate / Date	RAG Rate / Date
WDHSCP Learning disability	Amber 01.11.2022	December 2023 Amber	
HCC ; District Nursing VOL	Amber December 2022	October 2023	March 2024 Peer
HCC District Nurse Dumbarton	Green November 2022	October 2023	March 2024 Gold
HCC District Nurse Clydebank	Green November 2022	Gold October 2023 (corporate Audit)	March 2024
FNP (NW)	October 2023 62%	Green February 2023	
SCS West Dunbartonshire	Gold April 2023	April 2024	
Helens burgh CMHT	Green April 2023	Amber 73% October 2023	Amber 78%March 2024
Riverview CMHT	Green April 2023		
Goldenhill CMHT	Gold April 2024		
Glenarn OPMH Inpatient	Gold January 2023	Gold March 2024	
Friuin / Katrine OPMH	Green April 2023	Green October 2023	April 2024 Gold
WD ADRS	Green April 2023	Green October 2023	
WD Health Visitor Record Keeping Audit	Green July 2023		
WD School Nurse Record Keeping Audit	Green July 2023		
WD HSCP School Nurse CCAT	Amber October 2023		
WDHSCP HV CB	September 2024	March 2024	
WDHSCP HV DUM	September 2024	March 2024	
WDHSCP HV CB	September 2024	March 2024	
West Dunbartonshire CAHMS Nursing Team	Red - June 2023	October 2023 Amber	March 2024 – being collated

Health and community Care - District Nursing – Key Quality Indicators

- 5.26 Pressure Ulcer Prevention improvement activity has yielded positive results, against a background of increasing caseload acquired pressure ulcer rates (Caseload Acquired Pressure Ulcer Rates per 1000 caseload March 2024 - we are seeing an upward trend from Dec 2021 n= 6/1000 – 11.5/1000 - NHSGGC 12/1000/ WDHSCP 11/1000) reflecting the increased frailty in caseloads, West Dunbartonshire rate for avoidable pressure ulcer rates per /1000 caseload West Dunbartonshire has seen sustained improvement with a rate = 0/1000 against NHSGGC 0.34/1000.

5.27 Palliative and End of Life Care – Key Quality Indicators

Direct enquiry and identification of preferences for end-of-life care is associated with patients achieving their preference for place of death. Patients whose preferred place of death is unknown are more likely to be admitted to hospital for end-of-life care. The majority of people would prefer to die at home and the stated aim of our District Nursing Team is to identify and support patients to achieve their preference.

Table 9: Preferred Place of Death Recorded

	Jan 24	Feb 24	March 24
WDHSCP	81% (n=17)	77% (n=13)	100% (n=24)

Table 10: Preferred Place of Death Achieved

	Jan 2024	Feb 2024	March 2024
WDHSCP	81% (n =17)	100% (n=13)	87% (n=21)

Distress Brief Intervention Service

- 5.28 Continuous improvement within the distress brief intervention (DBI) service for young people in West Dunbartonshire enables provision of fast, compassionate support to young people in distress aged 14 –24yrs or 26years (if care experienced). The service was launched in January 2022 with Scottish Action for Mental Health (SAMH) commissioned by the Health & Social Care Partnership on behalf of Community Planning Partners to deliver an associate DBI service for young people in West Dunbartonshire. The local delivery group provides leadership and is focused on continuous service improvement. Initially patient pathways were established in Primary Care and Education settings for those aged 16years and over. Consultation with partners highlighted a need for access to the service for those under 16 years. Agreement to pilot a referral pathway for 14-15year olds in line with the national pilot was given for West Dunbartonshire to be the 5th pilot site contributing to the national evaluation to understand the effectiveness of DBI in young people under 16 years. A tri-partite pathway linking School Pupil Support Teams, CAMHS and DBI Level 2 services supported fast and effective communication of a young person's needs, ensuring they receive the right support, from the right people at a time when they need it. The patient pathway for 14 and 15 year olds launched in January 2023.
- 5.29 Demand for the service continues to increase averaging 18 per month. Of the closed cases up to September 2023, the majority of service users completed between 6-8 sessions with the median number of sessions for both male and female being 6 sessions. The numbers of referrals (as of September 2023) are relatively low (and therefore inferences should be treated with caution) service outcome measures

indicate that of the closed cases between October 2022 and September 2023 young people reported an improvement of 5 points in their distress rating post intervention compared to their rating when referral made. When asked about their ability to meet their own goals in relation to their distress a median rating from 0 (not at all) -10 (completely) a score of 9 was given. When asked about their ability to manage immediate distress and future distress post intervention a median score of 9 was given each time. The data suggests that young people accessing the service have an improved ability to manage their distress and also feel more able to manage future distress post intervention. Next steps are underway to expand the patient pathway for 14 and 15 year olds to primary care settings

NHSGGC- Community Optometry – Hosted

- 5.30 The Community Glaucoma Service was implemented in NHS Greater Glasgow and Clyde in 2023. NHS Greater Glasgow and Clyde are the first board to roll out the community service. Eleven optometrists across three HSCPs in NHS Greater Glasgow and Clyde have received NHS Education for Scotland Glaucoma Award Training (NESGAT) training enabling them to receive referrals for low risk glaucoma patients. NHS Greater Glasgow and Clyde Hospital Eye care service aim to transfer the care of 1,000 patients per year to Community Optometry services in line with the principles Right Care, Right Person Right Place. Further Training of Optometrists will ensure this services is available in all HSCPs in 2024 and community optometry will have the expertise to deliver this community service in NHS Greater Glasgow and Clyde.

NHSGGC Musculoskeletal Physiotherapy Service – Hosted

- 5.31 Advanced Practice Physiotherapists (APPs) were recruited to support GP practices as part of the Multidisciplinary team within the Primary Care Improvement Plan. This was with a view to releasing GP time and providing expert and timely MSK advice for patients. There are now almost 30 w.t.e. APPs in GP practices across NHSGGC covering 44% of the GGC population. The resource was based on the recommended national model of one whole time equivalent APP per 16 -18,000 head of population. In 2023/24, APPs provided 62,943 new patient appointments across GGC (an increase of 4361 appointments on 2022/23). Impact data from the Board area can be accessed via this hyperlink;
<https://create.piktochart.com/output/63829958-nhsggc-app-in-primary-care-activity-report-mar23-apr24>

Primary Care – General Practice

- 5.32 Efforts to improve patient access to Intrauterine Device (IUD) contraception were deployed following identification of high rates of Termination of Pregnancy in West Dunbartonshire with poor local access to long acting reversible contraception (LARC) in particular IUDs. The cluster agreed to set up a Coil Training hub locally where a local GP acts as a trainer for local GPs and Practice nurses. Patients from the locality can book into the Coil Hub clinic and these clinics are used to train GPs/PNs and provide appointments for coil insertion. Once the GP/PN is trained they are then able to provide the service in their own practices. It is planned that in Year 1 all practices in Alexandria will have a staff member trained in IUD insertion, and in Year 2 practices in Dumbarton will access the training. From October –March 2023 76

appointments for coil insertion have been offered by the Hub, 68 appointments have been taken and 65 coils have been fitted. One Healthcare professional completed training with two further trainees in progress. A follow up patient questionnaire was completed by 39 patients. Of these 82% of patients were appointed within two weeks of contacting the service and the average patient satisfaction rating for the service provided was 4.95/5 indicating high patient satisfaction rates.

Primary Care - Nursing – Advanced Nurse Practitioners

- 5.33 The integration of health and social care in Scotland calls for new models of care, delivered by multidisciplinary, integrated teams. The Chief Nursing Officer (CNO) is committed to maximising the contribution of the Nursing Midwifery and Allied Health Professional (NMAHP) workforce and pushing the traditional boundaries of professional roles. The Transforming Roles paper on Advanced Nursing Practice (ANP) set out core competencies, education priorities and supervision requirements for ANP roles in Scotland. Trainee ANPs were introduced to West Dunbartonshire HSCP as part of the General Medical Services Contract to support Urgent Care in Primary Care. In 2021 we introduced 2 trainee ANPs and we have expanded this workforce, over the three years to 6 ANPs. The ANP and trainee ANP resource provide additional capacity within General Practice to respond to Urgent Care presentations. During 2023/24 our ANPs provided approximately 146.25 hours capacity in direct support of patient care per week. This provided approximately 292 patient appointments per week. In addition we have developed workforce data collection which provides the HSCP with data on the conditions treated by ANPs, outcomes for patients, and the support requirements from GP and wider multidisciplinary Team. Two qualified ANPs have completed their Fit note training.

Alcohol and Drug Recovery Service (ADRS)

- 5.34 Medication Assisted Treatment Standards (MAT) were introduced in 2021 and came into force in 2022 to improve access, choice and support for those affected by drug related harms. Through effective implementation of these standards each year we can evidence that West Dunbartonshire is supporting individuals, families and communities to reduce drug harms and drug deaths. A key priority is to ensure people receive high quality treatment and care. An experiential programme was introduced alongside the implementation of the MAT Standards as a qualitative measure designed to explore how people accessing services evaluate their experience. This measure and approach was designed by lived and living experienced individuals alongside family members. The programme was to ensure that the MAT Standards were meeting the aims and objectives of those they were designed to help.
- 5.35 It has been evidenced that those who enter into a program of substitute prescribing have increased chances of better health outcomes. That is why this critical intervention helps to support people through problematic drug use.
- 5.36 Each year the MAT Implementation Support Team (MIST) sends out the benching marking report from the evidence that has been submitted through numerical data and process documentation. Once they have received this information they can then score each of the standards accordingly producing a RAG rating. The objective for all the standards is to achieve a green in West Dunbartonshire we have progressed each year, demonstrating our commitment to delivering the highest standard in treatment and care to all service users. Through each standard we incorporate a

holistic approach that covers all services and organisations that are responsible for the delivery of care in a Recovery Orientated System.

- 5.37 In support of MAT Standard 9, improving joint working with ADRS and Mental health services, several steps have been taken to improve working and to improve overall mental health support available to patients of ADRS, addressing the divide identified by Mental Welfare Commissions report – Ending the exclusion. We know the impact of trauma, often leads to poor mental health and addiction. However, for the first time, we are now seeing the benefits of joint working with our patients, giving them the appropriate support to address mental health needs and reduce dependency at the same time. Having introduced this change to clinical practice we anticipate a reduction in relapse and self-harm and suicide among our patient group.

Family Nurse Partnership

- 5.38 Family Nurse Partnership (FNP) is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two years old. It is an intensive, structured intervention for young first time mothers and their children to maximise their potential. The programme aims to modify behavioural risk factors and enhance protective factors through regular home visits, using motivational interviewing techniques and strengths based approach. Our current workforce capacity continues to offer the programme to all eligible ≤ 19 year old clients and as an addition offers this to care experienced first-time mothers aged up to 20 years old.
- 5.39 The recruitment pathway in West Dunbartonshire has been successful
- A total of 177 clients have enrolled in programme in West Dunbartonshire
 - High engagement rate of entitled clients = 82%
 - Very low attrition for disengaged clients = 3%
 - SIMD – 83% of clients from most deprived quintiles so reaching the clients with most need
- 5.39 FNP continue to deliver the programme in West Dunbartonshire in accordance with NHS GGC board and Scottish Government guidance.
- 5.40 A key focus on the impact of poverty was supported by training accessed through Queens Nurse Catalyst for Change Project and training was provided by GEMAP money advice organisation for FNP. FNP staff were also trained in Home Energy training to alleviate fuel poverty implications.
- 5.41 Partnership working with Sandyford Services is underway to progress a test of change in relation to Family Nurses administering contraceptive implants to clients at home, this commenced in February 2024. Partnership working with Sandyford Clinic ensures fast-track to sexual health appointments for FNP clients. Additionally, an ongoing programme of training for Family Nurses supporting clients' self-efficacy with self-administration of subcutaneous contraception.

6. Person Centred: ‘compassion, continuity, communication, co-production and shared decision making’

Complaints

6.1 Table 11 General Practice - The Annual Summary of Practice Complaints

Outcome	Upheld	Partially upheld	Not Upheld	P	Total
Stage 1	56	23	46		125
Stage 2	8	15	14		

Themes relate to access to appointments, prescription issues and telephone access as well as patient expectation not being met. Practices have responded to all complaints and have reflected on some by means of significant event analysis where appropriate.

HSCP Complaints

6.2 From 1st April 2023 to 31st March 2024 there were a total of 214 stage 1 complaints and 76 Stage 2 complaints received within the Partnership. There were no Integration Joint Board complaints.

6.3 Performance targets state that 70% of complaints should be dealt with within the specified time period for each stage. That is a standard of 5 working days for Stage 1 (or up to 10 working days with management approved extension). Stage 2 is up to 20 working days. There is no set timescale for resolution at Stage 3 as that is a matter for SPSO. There are set timescales for WDHSCP to respond to enquiries from SPSO and to implement recommendations set by them. HSCP response times are detailed in Table 13.

Table 12

	Value	Target
Percentage of complaints received and responded to within 20 working days (NHS)	58%	70%
Percentage of complaints received which were responded to within 28 days (WDC)	42%	70%

6.4 Summary of main themes evident from lessons learnt:

- Importance of reviewing processes to ensure they are efficient and fit for purpose.
- Any changes to service packages should be communicated to family members.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- More effective partnership working with families/carers and timeous completion of assessment following allocation to a social worker.

Health and community care - Primary Care Improvement Plan – Treatment Rooms

- 6.5 A Patient Satisfaction Survey was carried out across all Health and Care Centres for Treatment Room Services. Patient feedback indicated they would like a direct pathway to Treatment Room Services instead of requiring referral from their GP Practice which resulted in delays in treatment. Consultation with GP practices identified which referrals could safely be directly referred. Treatment Room and Community Administration Staff worked collaboratively to construct a self-referral process which provides timeous access to the service, whilst ensuring patient safety. Consideration was given to ensure all patients and disability groups could access the new pathway. Where appropriate this has achieved speedier access to the treatment room service and removed the need for GP assessment and referral.

NHSGGC- Community Optometry – Hosted

- 6.6 West Dunbartonshire HSCP are the Lead HSCP for Community Optometry Services. Annually the Lead Community Optometrists and Eye care Service collaborate to provide an education and Learning event for our Optometry providers. These events provide the opportunity to educate and share learning across the 6 HSCPs and are accredited. As part of Community Optometry contractual responsibility, practices are required to report to Primary Care Services on patient complaints and whistleblowing. During 2023/24. One complaint was recorded for West Dunbartonshire's Community Optometry providers, with no instances of whistleblowing.

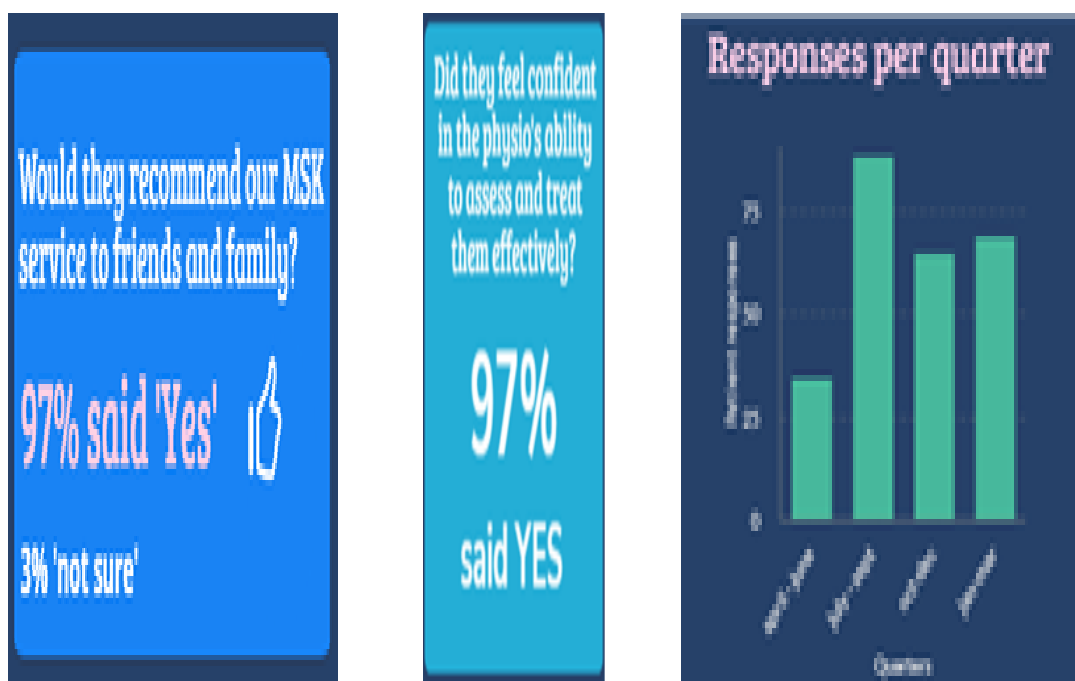
Mental Health

- 6.7 All Mental health services in West Dun undertake patient feedback on the care and service they received. Team Leaders review and plan actions around feedback given by the patients and their carers. The service has developed a range of feedback opportunities including digitally and traditional letters with return envelopes. The aim is to improve engagement in feedback targeting all age groups.

NHSGGC Musculoskeletal Physiotherapy Service – Hosted Service

- 6.8 Patient Reported Experience (PREMS) of MSK Service. Pre pandemic each staff member collected twenty five PREMS using the CARE measure. This previously provided the service with over 3000 PREMS each year. CARE measure will be reintroduced within 2024/25 but at present we continue to seek feedback from all patients electronically through our webropol survey, and more recently through the introduction of Care Opinion and through individual project work.
- 6.9 Infographic Flash reports from webropol are prepared quarterly and circulated to all staff. In addition to the quantitative data, we also communicate the qualitative themes to support all staff to appreciate what matters most to our patients. Any feedback that identifies a named therapist is shared with them, their manager, and the head of service. Summaries of feedback are included in the regular service newsletter. Any constructive learning points from the feedback are brought to the Extended Management Team and shared with staff.

- 6.10 On webropol, patients were asked about a range of aspects of care and their overall recommendation. In 2022/23, 119 patients responded and this more than doubled in 23/24, to 261, a 219 % increase. The feedback, as always, was very positive and shows little variation from one quarter to another. A summary for the whole year is presented here with a few highlights below.



- 6.11 Regular qualitative feedback is now received via Care Opinion from patients who receive care on acute sites. An examples of feedback received via Care Opinion is shown below

Posted by *Orthopaatient2023* (as a service user), 2 days ago

I want to thank NHS GGC staff for the excellent treatment that I have received as a patient suffering from severe leg pain as a result of a large lumbar disc bulge.

I was assessed and treated in MSK Physiotherapy (NVIC) by Morven who, with her highly specialist experience, was able to guide me on the right pathway for rehab with empathy and compassion. I was referred for an MRI and then on to Orthopaedics for surgical opinion.

The Radiology department were so professional and made me feel at ease when I was struggling to move. The Orthopaedic staff which included Mr Brownson and his surgical team, pre-op staff and the Advanced Practice Ortho physios (Martijn and Jenny) were all outstanding in supporting me through a very difficult time offering reassurance and hope.

The QEUH Orthopaedic ward staff which included domestic staff, support workers, physios, nurses and the medical team were amazing and treated me with dignity and respect.

The care and attention that I have received could not be faulted - Thank you!

Children and Families Health Visiting Service

- 6.12 As part of Health Visitor's efforts to continually improve the quality of care they deliver, a service user feedback survey was undertaken during the first quarter of 2024. Health visitors asked service users to complete the survey online using a QR code or via a paper copy completed at the time of the visit to the family home. A very small number of clients responded n = 17. This revealed that 94% of respondents were happy with HV service they had received. Continuity of HV is important and 82% reported they had the same HV for all contacts to date with a further 11.8% indicating mostly the same HV, and one respondent replying she never got the same HV. Making contact with the service was easy for 88% of respondents. This is an area for improvement as access should always be simple and straight forward with contingency arrangements identified. All respondents recorded a positive response and agreed that HV encourage parental involvement in assessments and that their views were listened to. 66% of respondents reported they believed the assessments were helpful with a further 31 % saying quite helpful. Encouragingly 93% felt able to discuss sensitive issues with their Health Visitors reporting that they had a good enough rapport to share child/family issues. 97% of respondents were fairly happy with the service and could not make any suggestions on how to improve the service. However one comment revealed a less helpful experience prompting consideration of staff learning and development opportunities around managing challenging conversations.

7. HSCP Clinical and Care governance Action Plan

- 7.1 Work has progressed throughout 2023 on delivery of the clinical and care governance work plan. Progress is tracked via the HSCP Clinical and Care Governance Group.
- 7.2 The HSCP CCG action plan is developed around the main quality ambitions Safe Effective Person Centred Care.

Safe Care

- 7.3 Some progress has been made mapping activity across service areas to ensure there is evidence of systematic monitoring, assessment and management of risk to care quality.
- 7.4 Heads of service have mechanisms in place to monitor assessment and risk to care quality. Work continues on more systemic development required to capture reportable incidents across social work and social care services. This will remain a priority within next year's action plan.
- 7.5 Work with Clinical Risk colleagues to develop packaged reports ensures we have effective reporting and oversight of Datix reporting and SAER activity.
- 7.6 Learning and development sessions with our extended management team has yielded positive results with increased Datix reporting, recording and review and clearer understanding of process for consideration of the requirement for SAE review.

Effective Care

- 7.7 The mapping of Quality Improvement Capability across West Dunbartonshire HSCP has proved challenging alongside the mapping out of all improvement activity for the entire HSCP. This will remain as a priority for 2024 – 2025
- 7.8 We are increasingly able to evidence learning and change from SAERs and related improvements in our processes and outcomes for service users and their families.
- 7.9 We continue to strengthen our arrangements for Enhanced Collaborative Clinical and Care Support for Care Homes to build on our local approach to support the sector.
- 7.10 We require to develop our HSCP Quality Assurance Framework and identify prioritised quality improvement programmes, which will improve and sustain the delivery of services during 2024- 25.
- 7.11 We have made significant progress developing our care assurance programmes across nursing services. The challenge going forward is to extend this across all teams and disciplines and to use the Health and Social care Standards as a common means against which we benchmark progress.

Person Centred Care

- 7.11 Some progress has taken place around development of a Duty of Candour process for the HSCP.

Assurance

- 7.12 This reports provides assurance about the robust Clinical and Care Governance arrangement in place across the HSCP and the quality of care being delivered. Throughout 2024 -2025 we will continue to strengthen the adequacy of our controls, developing data and reporting capabilities particularly across social care and social work services. We will work in an integrated way to support teams through health and care inspection and strengthen our oversight of improvement plans related to inspections and progress against agreed timescales. We will continue to promote, support and review evidence of improvement and learning in areas of challenge or risk, that have been identified through local governance mechanisms and external scrutiny, in order to provide assurance to external agencies and the integration joint board on the quality of our services.