West Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report
2022 -2023

Contents

1. Introduction

1.1 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.

1.2 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.

1.3 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, 6646 (29%).People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population.

1.5 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.

1.6 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.

1.7 As we recovered from the Covid 19 pandemic through remobilisation to recovery and renewal we continued to build and develop health and care services. Throughout 2022 efforts focussed on re-establishing and developing our quality assurance frameworks, via audit and self – evaluation, across health, social work and social care. This will strengthen oversight of care quality and governance to ensure care quality is fully reflected within the integrated partnership.

1.8 Delivering the best possible outcomes for the people of West Dunbartonshire is contingent on increasing the availability and accessibility of high quality community-based services, particularly for those with higher levels of need, and keeping more people safe at home. Equally we need to ensure that people have choice and control over the services they receive. This requires optimal use of our resources and assurance of the delivery of high quality services that are safe, effective and person centred.

2. Clinical and Care Governance

Definition & Context

2.1 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.

2.2 The approach to clinical and care governance within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context. Scrutiny and assurance continues to be strengthened with wider inclusion of social work and social care services within Clinical and care Governance arrangements. We are strengthening our oversight of social work and social care quality as part of our clinical and care governance process, and a quarterly sub group has been developed to ensure this enhanced scrutiny is incorporated into our clinical and care governance activity.

2.3 West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) works in accordance with the Clinical and Care Governance Framework[1] as 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

WDHSCP CCG also takes cognisance of 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

2.4 The Health and Social Care Standards published in 2018[2,] in response to the Public Service Reform (Scotland) Act 2010, 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.

Clinical and Care Governance Arrangements
Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements.
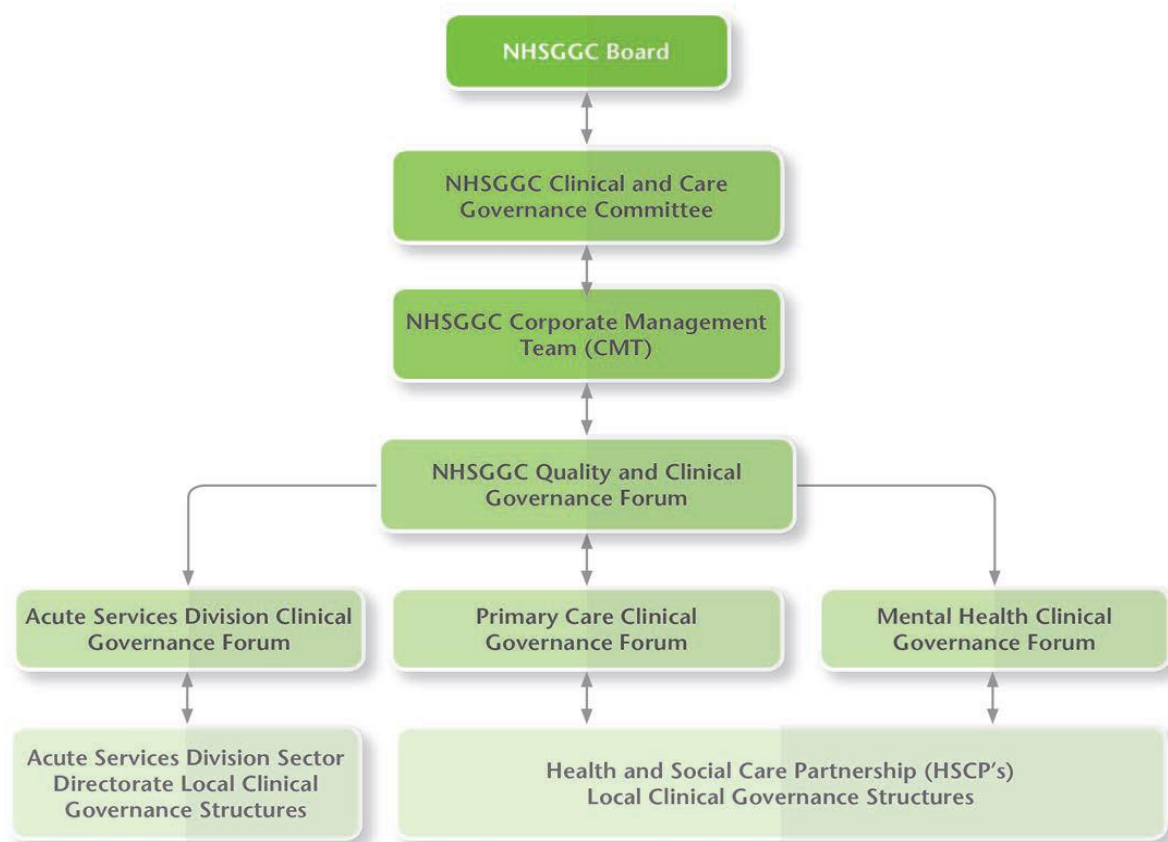
Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements
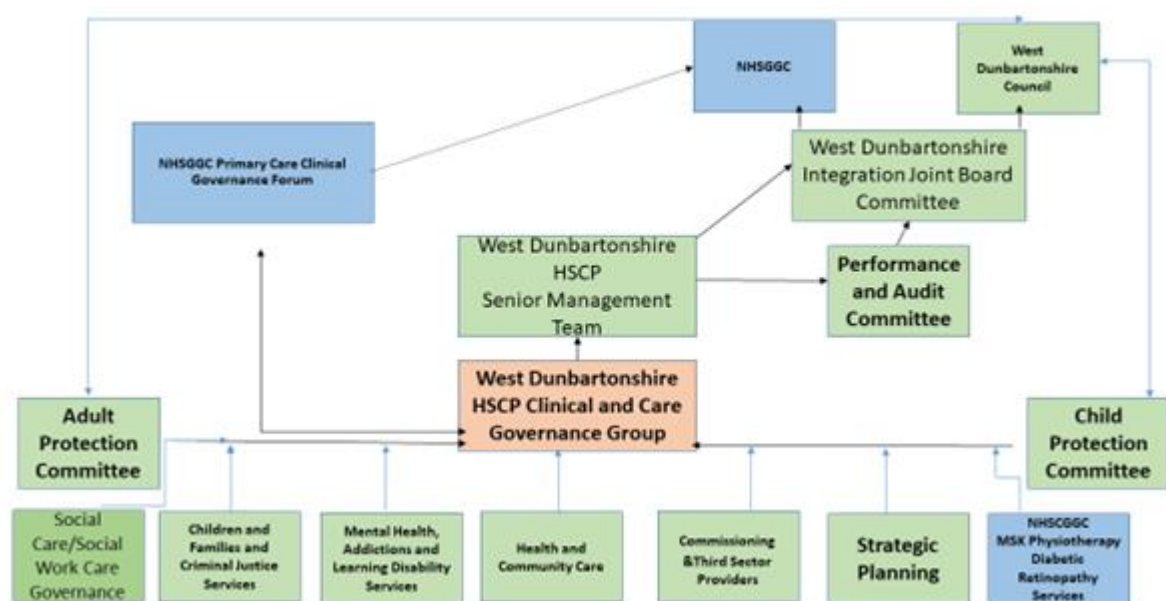
The Role of West Dunbartonshire HSCP Clinical & Care Governance Group

2.5   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.

2.6   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.

2.7   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.

2.8   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.

2.9   The Clinical Director chairs the HSCP CCG group and the Chief Social Work Officer is Co- Chair. The membership includes the, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, the Heads of Service from all HSCP services areas including hosted services and a representative form NHSGG&C Clinical Risk Department.

2.10 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.

2.11 The Clinical Director completes an exception report six times per year to submit to the Partnership Community 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.

2.12 The purpose of this report is to provide assurance that robust health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides, including services that are provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report framed around the three quality ambitions of safe, effective, person centred care. Selected examples from service areas have been used to illustrate the quality of service provision. These are not exhaustive, but demonstrate the range of activity to realise the quality ambitions of safe, effective, and person centred.

3.   Safe Care

This section provides examples of key learning, improvements and good practice in relation to safe care.

Older Peoples Care Homes – Enhanced Assurance

3.1   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. During outbreaks in 2022 most residents experienced only mild common cold type symptoms reflecting the success of the vaccination booster programme. Covid booster immunisations were delivered to 100% of eligible care home residents who consented. The overall uptake was >95%.

3.2   Care home business continuity plans, recruitment campaigns, robust support and assurance arrangements, the provision of mutual aid and access to NHSGGC staff bank combined to ensure that safe staffing levels were maintained and risks to care quality were mitigated.

3.3   Care Home Assurance visits commenced across all NHSGGC partnerships in 2020 continued. These aim to provide additional clinical input, support and guidance to care homes aligned to the NHSGGC Executive Nurse directors responsibilities set out by Scottish Government to provide nursing leadership and professional oversight, to support implementation of infection prevention and control measures, use of personal protective equipment (PPE) and support delivery of high quality of care within care homes.

3.4   These arrangements have evolved in line with recent Scottish Government guidance for enhanced collaborative clinical and care support for care homes. This advocates that health and social care professionals continue to work together to identify ways to improve the health and wellbeing of people living in care homes, recognising the increasingly complex and pressurised environment care homes are operating in, and that their value and ongoing success is critical to the future sustainability of locally based health and social care provision.

3.5   The HSCP Care Home Oversight Team was renamed as the HSCP Collaborative Care Home Support Team. Work evolved in collaboration with care homes, to focus on improvement, sustainability and viability, taking into account the learning and experience of the pandemic and the strong, positive relationships built between local partners and care home staff, residents and families. This ensures that local assurance and support arrangements link effectively with, rather than duplicate, wider regulation activity by the Care Inspectorate.

3.6   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.

3.7   The emphasis of care assurance visits is on identifying what is working well and how to build on this in partnership with care home colleagues. The outcomes of the care assurance 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.

3.8　Each care home received a minimum of two assurance visits during 2022. Visits focused on three areas. A summary of findings is provided below

Theme 1 - Infection Prevention Control; Environment, Cleaning, PPE, Handwashing Laundry and waste Management

3.9　Visualisation of the environment, observation of practice and discussion confirm whether National Infection Prevention and Control guidance has been implemented within the care home and that the home is able to keep the residents safe and minimise the risk of transmission of infection.

3.10　All homes have completed a significant amount of education and training around infection prevention and control (IPC). The majority of homes remained compliant with IPC mandatory training. All homes identified communication methods being used to ensure staff were kept up to date of latest guidance. This was evident in the high level of knowledge management and staff displayed around IPC practice.

3.11　All homes demonstrated a high level of compliance against the IPC criteria. Most homes were noted to be clean and odour free, where this was not the case immediate remedial steps were agreed. PPE supply was plentiful. Many but not all homes had IPC Champions in place.

3.12　A few areas in some of the homes visited required further support to achieve consistently high standards. These areas of improvement were included in the actions plans for individual homes. Some but not all homes were able to provide evidence of regular IPC audit others relied on random spot checks. Support to develop and embed quality assurance frameworks remains a priority.

Theme 2 – Resident Health Care Needs; Anticipatory Care Planning, Caring for People at end of life, Caring for People with Cognitive Impairment

3.13　This focusses on person centred and high quality nursing and social care being delivered across care homes. It does not involve a care plan audit rather the intention is to understand the process of care planning within the home and a selection of resident care plans are discussed to determine how staff are facilitating person centred care.

3.14　Positive and caring interactions were observed between staff and residents, and staff were observed to be kind and caring. Activities were observed to be in progress in some of the homes which residents were clearly enjoying and care plans were observed which articulated 1-1 interests and preferences.

3.15　Good assessment processes were noted in relation to pressure area care and all homes reported timely access to pressure relieving equipment.

3.16　Most care plans were person centred and up to date with evidence of robust processes to support regular review, a small minority were noted to be task oriented and required further development.

3.17　Most care homes were using or transferring to electronic recording systems which supported care planning and review. Where electronic systems were in place they were noted to provide clear and easily navigated care plans.

3.18　Some managers reported issues with regard to contacting General Practice services. Work progressed to address issues by facilitating meetings between the Care Home Managers Group and G.P. Practice Managers.

3.19 Some support services have been developed with a remit specifically for older people's care homes, facilitating equitable access to support for all care homes regardless of the client group they serve remains a priority.

Theme 3 – Workforce Leadership and Culture; Staffing resource and Staff Wellbeing

3.20 Stable and effective leadership and wider support from the organisation can be directly correlated with the care that the residents receive, how staff feel and the overall culture of the care home. Two of the Care Homes had new managers within the last six months and one had come under new ownership.

3.21 Managers and Staff reported that they felt supported by their management teams and were happy in their roles.

3.22 Recruitment and retention of staff remains a challenge for care homes as per the national picture.

Action Planning for Assurance and Continuous Improvement

3.23 All improvements are agreed with the visiting team and are captured within action plans. Actions are specific and measureable, and all have a named person in the care home as a lead and an agreed timescale for completion.

3.24 The Collaborative Care Home Support Team (CCHST) has begun facilitating 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. Alongside providers they have undertaken an initial self-assessment to identify actions that can be taken forward by all partners to support people in care homes.

3.25 A new post was created the Mental Health Physical Care Nurse. This has delivered an annual review for people on anti-psychotic medication within West Dunbartonshire Residential Care Homes

Care Inspectorate Inspection Grades West Dunbartonshire Care Homes Care Homes

3.26 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. The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. 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.

During the COVID-19 pandemic the Care Inspectorate amended the focus of their inspections. They focused only on how well Care Home residents were being supported during the COVID-19 pandemic rather than the full range of Key Questions. The Care Inspectorate resumed looking at the Key Questions during 2022 which now include elements from the Covid Key Question in their inspections.

Table 2: Care Homes care Inspectorate Inspection Grades

Key Questions
- KQ 1 How well do we support people's wellbeing
- KQ 2 How good is our leadership
- KQ3 How good is our staff team
- KQ 4 5How well is our care and support planned

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	KQ 7		
Alderwood	15.02.2022	3	\	\	\	\	3	1	2
Alderwood	06.06.2022	\	\	\	\	\	4	0	0
Alderwood	13.03.2022	\	4	\	\	\	\	0	0
Balquidder	07.06.2022	3	3	5	\	\	\	0	5
Castleview	31.01.2023	3	4	3	4	4	\	0	11
Clyde Court	Last Inspection 2019	3	\	\	\	3	\		
Crosslet House	14.12.2022	5	5	\	\	\	\	0	0
Edinbarnet	Last Inspection 2020	\	\	\	\	\	4		
Hillview	01.03.2022	3	3	\	\	\	3	2	3
Kingsacre	Last Inspection 2021	4	4	4	4	4	\		
Kingsacre	31.05.2022	(inspection following complaint no grades awarded)						0	0
Queens Quay	Last Inspection 2021	5	4	5	6	5	5	0	0
Strathleven	16.09.2022	2	2	2	\	\	\	6	2
Strathleven	26.01.2022	3	3	3	\	\	\	0	0

Complaints Upheld by the Care Inspectorate - West Dunbartonshire Care Homes

3.27   Table 1: Complaints to Care Inspectorate – Care Homes

Care Home	No. of Complaint Upheld by CI	Date	Details	Outcome
Alderwood	1	Aug 2022	Communication with service users/ families, record keeping accuracy, review and monitor changing needs.	Requirement fully met 13.03.2023
Clyde Court	1	Jan 2023	Ensure staff have appropriate training to fulfil role	No requirement
Hillview	4	April 2022	Infection prevention Control	No requirement
		August 2022	Management ensure staff have access to most recent guidance food. Fluid and nutrition. Residents supported with personal care. Communication with families and residents	No requirement
		November 2022	Infection Prevention and Control. Safely support residents with mobility. Management ensure adequate staffing levels.	3 requirements – 2 completed by March 2023. IPC extended to August 2023
		November 2022	Activities, communication, privacy and dignity.	No requirement
Kingsacre	3	March 2022	Communication with families. Medication administration. Food and fluid intake recording. People have health needs identified and adequately assessed and met. Oral hygiene.	Two requirements fully met by May 2022
		March 2022	Staff to be aware of people's needs when moving them about the home. Staffing levels adequate to meet needs.	No requirements
		January 2023	People's personal choices should be identified and recorded. Oral health supported.	No requirements

Home Care Services

3.28   Home Care Services provide support to clients of all ages assisting them to live as independently as possible in their own home. Results of an unannounced inspection by the Care inspectorate in March 2023 are detailed below

- How well do we support peoples' wellbeing   Grade 3 (adequate)
- how good is our leadership   Grade 3
- How good is our staff team   Grade 3
- How well is our care and support planned   Grade 3

3. 29   People reported they were happy with how staff had engaged with them. However care plans were outdated and not reflective of their current health and wellbeing needs. People were not always aware that reviews of their care had been held. This meant that the review processes in place were not working to benefit the people supported. Staff training required improvement. Supervision for staff and team meetings were inconsistently and infrequently held. This meant staff did not receive the support they should. The service was noted to work well with other agencies to improve outcomes for people.

3.30   The service have been working through improvements related to a redesign of their current home delivery structure. The aim is to improve how support is provided to people.

3.31   Three requirements and eight areas for improvement were identified. An action plan has been developed. Developing a robust quality assurance framework and improved scrutiny of quality assurance will be key priorities to secure effective implementation.

Clinical and Care Risk Management System

Datix –Risk Reporting and Management

3.32 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.

3.33 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 been sustained throughout 2022 with 89% of incidents in 2022 being approved in line with policy standards.

Number of Clinical Care Incidents

3.34 296 clinical incidents were reported during 2022. This is a 7% increase in reported incidents from 2021. There were 20 incidents relating to MSK Physiotherapy – none related to West Dunbartonshire. There were no incidents reported from Diabetic retinal Screening.

Category of Incidents

3.35 Clinical incidents were reported across nineteen categories. The composition of reported incidents is similar to last year. There have been reductions in the number of communication and laboratory incidents. Slips trips and falls continue to be the highest incident category reported, showing an upward trend in reporting, followed by pressure ulcer care which showed a marked increase in recorded incidents.

3.36 Pressure ulcer figures reflect enhanced awareness of the requirement to report brought about by improvement activity. There has been an increase in the number of pressure ulcers reported but no actual increase in the rate of pressure ulcers per 1000 caseload.

Severity Rating of Incidents

3.37   Table 3: Severity Rating of Incidents

Severity	Mental Health /Add/ LD Services	Health and Community Care	MSK	PPSU	Public Health	Specialist children's Services	Children and Families	Clyde Sector	Total
1.Negligible	28	35	3	7	1	1	1	7	83
2. Minor	68	37	3	0	0	2	1	7	118
3. Moderate	8	6	1	0	0	0	1	0	16
4. Major	4	0	0	0	0	0	0	0	4
5. Extreme	34	3	0	0	0	0	0	0	37
Awaiting severity	19	13	1	0	1	0	1	3	38
Total	161	94	8	7	2	3	4	17	296

3.38 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.

3.39 Moderate rated incidents are reviewed by the Local Management Teams and an action plan 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 General 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)

3.40 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. This 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. These events are referred to as Significant Adverse Events (SAE).

3.41 The purpose of the investigation 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 clinical safety for our patients.

3.42 Table 4: The number of SAER commissioned across West Dunbartonshire between 2018 -2022.

	2018	2019	2020	2021	2022	Total
WDHSCP	5	3	6	5	2	21

3.43 No SAERs were commissioned by MSK Physiotherapy or Diabetic Retinal Screening during this time.

3.44 During 2022 two significant adverse event reviews were commissioned in relation to a suicide and a health care associated pressure ulcer.

3.45 Two Significant adverse events were concluded during 2022

- The review of an outpatient suicide. This case was noted to be an organisational duty of candour event.

- The other related to a patient from Mental Health Older Adult Services. Learning was identified to inform improvement activity and strengthen practice in relation to risk assessment and care planning. The review concluded that the issues identified did not contribute to the event. This was not considered a duty of candour event.

- The learning from the SAERs has prompted services to strengthen information sharing between health and social care staff and integrated governance arrangements. There has been an evident change in practice around communication and information sharing. There has also been significant work done to improve guidance and procedures

<u>Duty of Candour</u>

3.46 Duty of candour is the statutory duty to be open and honest with service users, or their families, when something goes wrong which appears to have caused, or had the potential to have caused, harm. The key procedural elements were met for both concluded SAERS.

<u>SAER Timescales for Completion</u>

3.47 NHSGGC Management of Significant Adverse Events Policy mandates SAE reviews be commissioned within ten working days of an incident taking place and concluded within three months of the incident date.

SAER Commissioning 2022			Timeframes Concluded SAERs 2022	
Commissioned	SAE		Investigation	SAE
I month	1		3 months	0
2 months	1		6 months	0
3 months	0		12 months	0
>3 months	0		>12 months	2
Total	2			2

3.48 The timeframes stipulated within the policy have proved challenging to achieve and this presents a risk. The SAERS concluded in 2022 had total timeline of 1244 and 796 days respectively from incident to conclusion. This gives an average of 1020 days under review. Six significant adverse event reviews were in progress at the end of December 2022. The longest having been open for 1118 days. Efforts have been deployed to address this risk by building capacity across the system to undertake SAERs, and NHSGGC have introduced Key Performance Indicators that all HSCPs will be scrutinised against regarding time scales for progressing and completion of SAERs.

<u>Learning Reviews</u>

3.49 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.

3.50 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.

3.51 During 2022 one child learning review was commissioned and one concluded. The informed improvement activity. Two adult reviews were commissioned

3.52 There was one child learning review in progress at the end of 2022 and one adult learning review in progress.

Public Protection

3.53 Through the wider Public Protection agenda, the Health and Social Care Partnership works to ensure that people, particularly those at risk, are kept safe from harm and risks to individuals and groups are identified and managed appropriately.

3.54 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.

3.55 PPCOG commissioned a Strengthening Collaborative Leadership programme to develop relationships, ways of working, clarify the roles and contributions. As part of leadership development sessions PPCOG strengthened assurance and risk management processes. This included a review of the operational and strategic risk registers; the development of standard operating procedures; and quarterly operational risk review process. The PPCOG Performance and Assurance Reporting Framework was reviewed to provide a wider data set incorporating children and young people and will continue to be developed.

   Child Protection

3.56 The Interim Report of the Joint Inspection of Children at risk of Significant Harm was published in May 2022. Through focused improvement activity including self-evaluation the Partnership has worked to refine priorities, develop a better understanding of the areas for improvement and strengths to build upon. The Improvement Plan focused on the delivery of outcomes, reflecting local priorities and learning from self-evaluation activity.

3.57 Over the last 12 months the Partnership have focused improvement activity on
- Key operational processes particularly Initial Referral Discussions;
- Assessment, plans and reviews;
- Participation and engagement with children and young people;
- Self-evaluation including use of data to support quality assurance, improvement, and service planning;
- Leadership

3.58 A review of the subgroup structure of the Child Protection Committee, reporting of actions, and frequency of meetings has taken place. Using a planned programme of leadership and development sessions we have strengthened collaborative approaches

and leadership. The Child Protection Committee (CPC) reports through an Annual Report and progress updates to PPCOG

Adult Support and Protection

3.59 Work has been ongoing to strengthen and provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection.

3.60 Guidance for Adult Protection Committees (APC) was revised in 2022. The terms of reference for the APC and sub committees were revisited to ensure the APC continues to meet their statutory duties.
- Reviewing adult protection procedure and practice;
- Providing information and advice and making proposals,
- Improving skills and knowledge; and improving cooperation and communication

3.61 The focus has been on progressing the joint inspection of ASP Improvement Action Plan, the implementation of the ASP Learning Review Guidance (2022), the National revised ASP Guidance Suite (2022) and the ASP National Minimum data set (2023). A number of positive improvement actions have taken place over the period which included an Adult Support and Protection Development Event in February 2023. The event was held on National ASP Awareness day and presentations provided by colleagues from Scottish Fire and Rescue, Police Scotland, Multi Agency Forum, NHS Public Protection Team, the HSCP and Adult Protection Committee (APC) and a workshop took place to look at practice and processes. APC subgroups were introduced at the start of 2023 and provide a framework to support West Dunbartonshire APC driving forward key developments around policy and practice, data scrutiny, quality assurance and evaluation, learning and development, and, communication and engagement. Subgroups also provide the opportunity to engage staff working across partner agencies and a range of service areas thus widening the network of those involved in shaping the local and national adult protection agenda and key priorities. A National Implementation Group and sub groups have been set up to support ASP partnerships with the work around the new ASP Minimum Data Set and embed policy revisions into practice and process. Local representatives have been identified for each of the groups and it is anticipated this work will be ongoing for approximately 18-24 months.

3.62 Both West Dunbartonshire Adult and Child Protection Committees have subgroups to support their work with the primary focus being to progress planned committee activities outlined in respective improvement action plans, in relation to quality assurance, self–evaluation, performance and improvement, learning and development.

3.63 The Adult and Child Protection Committees share an Independent Chair. Two additional posts have been established to focus on Learning and Development and Quality Assurance. The posts will work across Committees to maximise capacity, opportunities for learning, and practice development when recruitment is complete.

Alcohol and Drug Recovery Services

3.64 Reviews are undertaken of all drug and alcohol related deaths that occur within West Dunbartonshire.

3.65 The HSCP launched the Drug Harm Reduction Mobile Unit with the mission to take support into the heart of communities where losses have occurred. The introduction of the out of hours mobile unit will increase accessibility to treatment services and enhance local efforts to prevent drug related harms.

Professional Nursing Assurance Framework

3.66 The professional nursing assurance framework for West Dunbartonshire HSCP provides assurance that Practitioners are equipped, supervised and supported according to regulatory requirements.

3.67 A senior nurse is involved in recruitment for all nurses, and professional values and attitudes are assessed as part of the interview process. Regular appraisal and personal development planning is undertaken and practitioners have access to a professional supervisor. Quality standards for practice placement are assessed annually.

3.68 Dispersed professional leadership focuses on outcomes and promotes a culture of inter-agency parity and respect. Senior practitioners have access to leadership development. Protocols are in place to support delegation of duties. A senior nurse agrees staffing levels with operational managers informed by local and national tools where these exist. A senior nurse sits on disciplinary panels where professional conduct or competence is an issue.

3.69 There is clear accountability for standards and professionalism at each level through to NHS GGC Board. All nursing families have been made progress in developing their care assurance frameworks under the auspices of Excellence in Care. Included in these are measures to demonstrate evidence of professional caring behaviours.

Professional Governance Social Work and Social Care

3.70 Supervision is a critical component of Social Work practice within the organisation, and West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to ensuring that this is delivered in a cohesive and consistent manner. Inquiries into social work practice have highlighted the importance of effective supervision in terms of informing professional practice, supporting staff, and delivering high quality services.

3.71 Social Workers and Social Care professionals practice in accordance with the Scottish Social Service Council's (SSSC) Code of Practice for Social Service Workers and West Dunbartonshire HSCP is signed up to the SSSC Code of Practice for Social Service Employers. Both codes recognise the importance of staff supervision.

3.72 The HSCP supervision policy has been developed in order to reinforce the importance of supervision at all levels of the organisation. The provision of effective supervision is a key factor in supporting new and less experienced staff, it also affords an opportunity for all colleagues to reflect on their practice and explore different ways of working.

NHSGGC Musculoskeletal (MSK) Physiotherapy Service

3.73 Historically MSK physiotherapy patient records have been paper based. This meant records were difficult to transfer across sites; were labour intensive in regards to administrative tasks and were only accessible to MSK Physiotherapy staff. The lack of accessibility to other services resulted in an Ombudsman complaint being upheld.

3.74 The MSK Physiotherapy service has now successfully rolled out Active Clinical Notes (ACN) to all MSK Physiotherapy across Greater Glasgow and Clyde. The rollout of ACN was completed by December 2022. The implementation of ACN enable a reduction in clinical records being transferred between sites, provides greater accessibility of MSK Physiotherapy record to all Trak users (including Emergency Department and MSK Physiotherapy staff providing second opinions or support from different sites). It has

also helped with record standardisation, patient reported objectives measure reporting, financial savings (printing and notes storage costs) and provision of copies of records for Health Records Legal Department and a reduction in time delay and cost due to previously needing to recall records from storage.

General Practice (GP)

3.75 The 3 GP clusters have a regular agenda item of sharing Significant Events and discussing the learning from the events. The GP Forum also has a regular agenda item to share a significant event with cross party learning. Sustainability issues have impacted practices across West Dunbartonshire throughout 2022-23. Underlying issues relate to inability to recruit GPs into GP principal, salaried or locum posts, against a background of a number of retirements (8 principals retired from West Dunbartonshire in 2022-23), Doctors leaving permanent posts to move to other areas of medicine or leaving the profession altogether, and a number of maternity leaves. All practices are working at Level 1a of the GGC Escalation framework, most practices had worked at level 1b at some point during the year. One practice has had additional support from the HSCP during 2022-23. This reflects a national issue of sustainability concerns in primary care, and impacts on services that can be provided to patients.

4. Clinical and Care Effectiveness

This includes examples of key learning, improvements and good practice in relation to effective care. This can include examples of improving the quality of care (quality improvement, implementing national standards and guidance/ clinical guidelines, or responding to inspection reports or service reviews).

Excellence in Care

Excellence in Care

"*Caring for our most vulnerable is only done properly if patients, families and staff work together as a team. Excellence in Care recognises the importance of this and is working towards true partnership between the three.*"

Michelle McGinty, Patient and Family Representative (EiC)

4.1 Excellence in Care is Scotland's national approach to assuring and improving nursing and midwifery care. The aim is to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment or care. This Quality Management Approach ensures robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. While routine audit activity was suspended during the pandemic as precedence was given to prioritising operational arrangements, during 2022 we made progress re-establishing audit schedules and worked to develop our quality management and assurance approach across our nursing teams.

4.2 The Excellence in Care framework is based on the premise that to achieve 'excellence in care' all the elements within the framework are interdependent, evidence-based and are of equal importance.

- person-centeredness
- compassion
- fundamentals of care and
- communication, both verbal and written, with patients, their families and between staff

4.3   Nursing families worked on developing and implementing their Care Assurance Tools throughout 2022. These will enable us to report in detail and provide robust oversight of care quality across our nursing teams reported against NHSGGC agreed board wide standards in 2023.

Health and Community Care- District Nursing

4.4   One of NHS Greater Glasgow and Clyde's (NHSGGC) quality ambitions is to strive for excellence in the prevention of avoidable pressure damage. West Dunbartonshire District Nurses attend NHSGGC pressure ulcer prevention group whose aim is to focus on reducing overall incidence of pressure ulcers across NHSGG&C. We ensure all health district nursing staff registered and unregistered have the appropriate knowledge and skills regards pressure ulcer prevention. Support and education has also been provided for care at home and care homes providers during staff induction period.

4.5   We closely monitor, investigate and report the prevalence of pressure ulcers in order to identify any themes which could be addressed to prevent/reduce occurrence of pressure ulcers.

4.6   All caseload acquired pressure ulcers are referred to tissue viability / podiatry services and a Datix completed.

4.7   The District Nurse Service have implemented the new red day review tool when a pressure ulcer is acquired. Whether deemed avoidable or unavoidable the occurrence is critically examined to determine if any additional service input would have obtained a better outcome for the patient. 61 pressure ulcers were referred to TVN service for red day review. Of the 61 pressure ulcers 8 were not reviewed due to reasons such as patient admitted to hospital or end of life.

4.8   Figure 3: Pressure Ulcer Prevalence for West Dunbartonshire April 22-March 23 (Total Number and Grade)
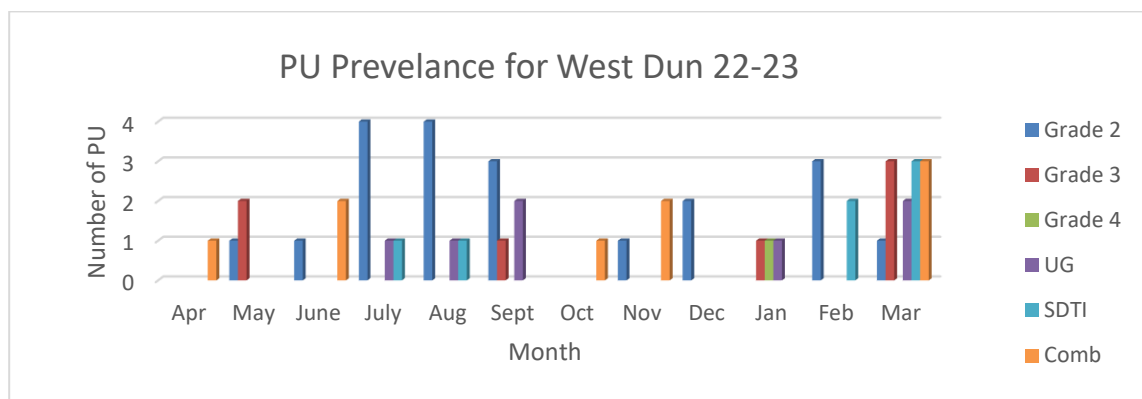
4.9   Figure 4: Avoidable pressure ulcers rates within West Dunbartonshire HSCP.
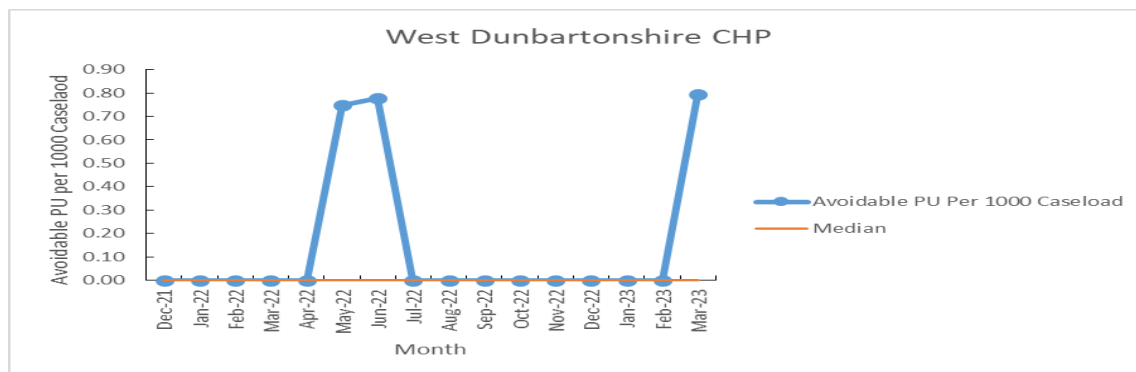
West Dunbartonshire median is below the NHSGGC median rate of avoidable PU for Dec 21-22 which is 0.34 per 1000.

4.10 Figure 5: The percentage of Unavoidable ulcers verses Avoidable ulcers
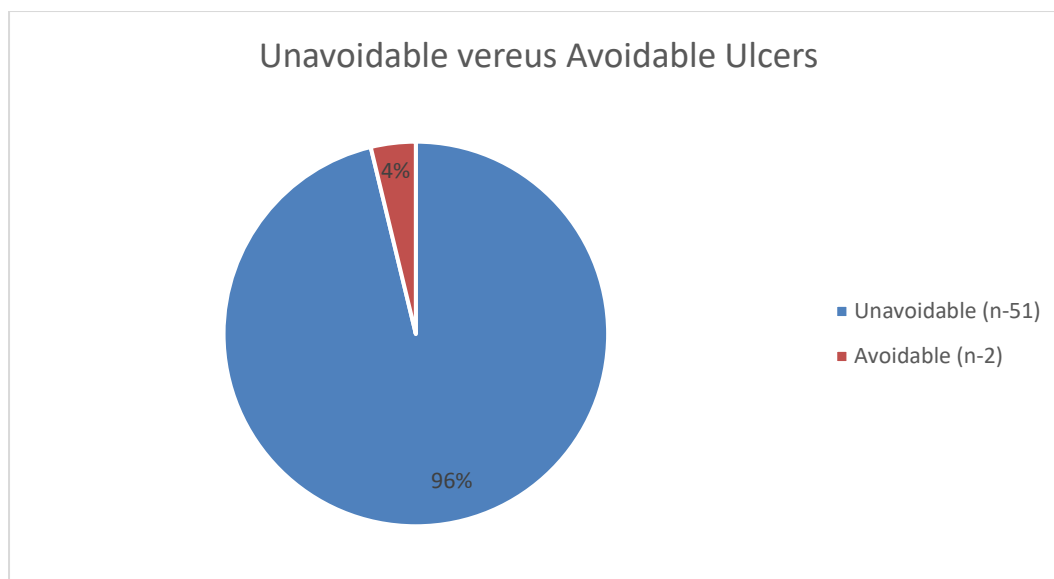
The ambition to have zero incidents of avoidable caseload acquired pressure damage grade 3 or 4.

Diabetic Retinopathy Screening Service

4.11 Care quality and effectiveness is monitored closely within the service.

- 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.

- Regular Audits to detect where images have been incorrectly labelled by the screener reveal that from the 1st April 2022 to 31 March 2023 only two patient images were attributed to the wrong case file out of 45,154 screened (0.004%)

- The service also participates in and 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. Both spring and autumn results recorded all Graders within the acceptable threshold for sensitivity and specificity.
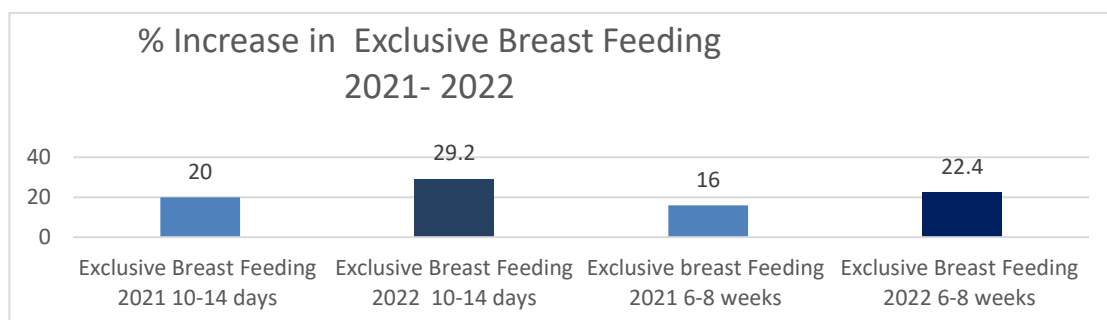
.

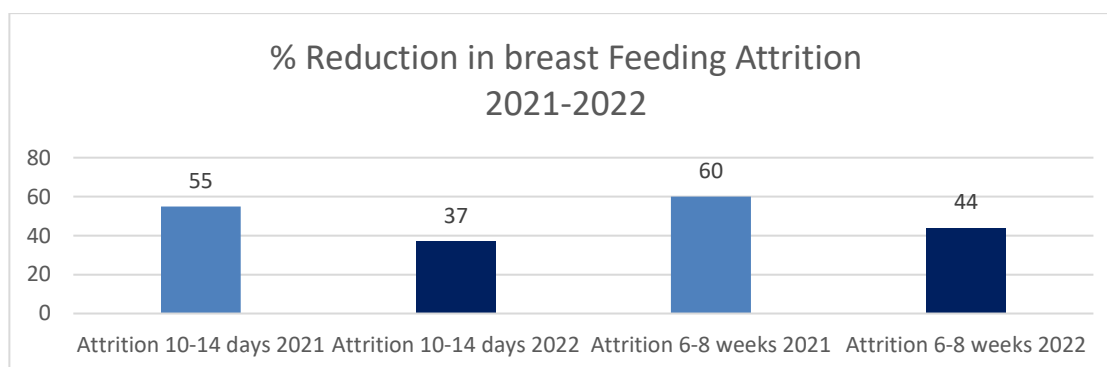**Children, Families and Criminal Justice Services**

Health Visiting Service

4.12 The Health Visiting Service achieved UNICEF Gold revalidation in 2022. UNICEF UK Baby Friendly Gold Award promotes safe effective person centred care to support parents with up-to-date evidence based practice regarding infant feeding, relationships and brain development. The impact of work to ensure 'Gold Standard' service delivery is reflected in data depicting breast feeding improvement across a range of measures.

Breast Feeding

4.13 Scottish Public Health Observatory Statistics reveal the progress being made in promoting and supporting breast feeding in West Dunbartonshire. Table 7 shows the increase in breast feeding at both 10-14 days and 6-8 weeks from 2021 to 2022.

% Increase in Exclusive Breast Feeding 2021- 2022

	Exclusive Breast Feeding 2021 10-14 days	Exclusive Breast Feeding 2022 10-14 days	Exclusive breast Feeding 2021 6-8 weeks	Exclusive Breast Feeding 2022 6-8 weeks
Value	20	29.2	16	22.4

4.14 Table 8 shows the decrease in breast feeding attrition from 2021 to 2022 at 10-14 days and 6-8 weeks of age.

% Reduction in breast Feeding Attrition 2021-2022

	Attrition 10-14 days 2021	Attrition 10-14 days 2022	Attrition 6-8 weeks 2021	Attrition 6-8 weeks 2022
Value	55	37	60	44

4.15 Excellence in Care – Health Visiting – Developing a Combined Care Assurance Tool (CCAT). The first test cycle using the tool was undertaken in February 2023. This involved a review of assessment and care planning in 33% of all Health Visitor caseloads. Overall scores for West Dunbartonshire were encouraging with 85% compliance in record keeping standards against an average of 79 % for NHSGGC.

4.16 A requirement to improve the process of early and effective sharing of information in early pregnancy, in particular for the most vulnerable women within HSCP has been identified. To begin this process a Standard Operating Procedures has been refreshed and agreed with agencies in order to strengthen communication.

Distress and Brief Intervention Programme for Young People 16 -24 Years

4.17 The West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme for young people aged 16years to 24years (26 years for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. The service launched on 1 March 2022.

4.18 This "ask once get help fast" service for young people and families was introduced incrementally with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. Thirty-three referrals have been made to the service as of mid-February 2023. A total of eighty –three individuals have been trained as level 1 referrers across five service areas.

4.19 In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year olds. This pathway commenced on 30 January 2023 in two schools with the remaining schools commencing two weeks later. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger ages e.g. Primary School.

Alcohol and Drug Recovery Service

4.20 Implementation of the quality assurance process to support the Alcohol and Drug Partnership (ADP) performance against the Partnership Delivery Framework and local delivery of priorities has progressed. The assessment process uses a combination of local self-assessment, ADP peer-to-peer assessment and external validation. An external agency will be commissioned to validate the assessment process. We will replace the current ADP Annual Report format with a self-assessment framework. Medication Assisted Treatment (MAT) Standards were launched by the Scottish Government in 2021. These new standards are underpinned by legislation and place a duty on all specialist alcohol and drug services to provide a minimum level of services for people accessing support.

4.21 The standards are being implemented locally, a steering group has been formed to ensure a whole system approach to the standards. These standards define what is needed to ensure consistent delivery of safe and accessible drug treatment and support. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system.

4.22 West Dunbartonshire Alcohol and Drug Partnership was the first area in Scotland to take forward human rights based awareness training with 300 staff across partner agencies to support implementation of the standards.

4.23 Developments to support implementation of the standards to date include support for same day prescribing, support for people who require co-occurring drug and mental health support, psychosocial intervention support, a Rights Based Advocacy Service and development of an Assertive Outreach service. Performance on meeting these new standards will be published during 2023.

Learning Disability Service

4.25 Specialist learning disability services have an NHSGGC system-wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six NHSGGC HSCP areas, specialist learning disability inpatient services, the LD Clinical Director and the Head of Service. Input from clinical effectiveness, clinical risk, academia, service users and carers is also included.

4.26 The Community Learning Disability Operational Processes and Standards Manual has been ratified. Teams can use this in order to benchmark themselves against the standards.

4.27 The community peer review process has been updated to ensure that reviews are integral to the Learning Disability Services.   Peer Review gives clinicians an opportunity to discuss complex cases or issues of concern around an individual case to help with the clinical management of a case.

4.28 Guidance has been developed to support referrers to a learning disability team to decide whether a patient (or person they support) would benefit from accessing the team. It also gives some assistance around how to judge whether a person is likely to have a learning disability

4.29 The Learning Disability Team have seen an increase in nursing and health care support worker workforce to support increasing demands and address waiting list times. Work has also focussed on establishing clinics within the LD service for anti-psychotic monitoring, and restarting clinics for weight management and dementia review that had previously been suspended due to Covid. Adult support and protection second worker training has been undertaken by health staff in response to an ASP audit and Learning Disability health staff now supporting WDHSCP ASP rota, as second worker, for LD clients.

4.30 The Scottish Government Coming Home Implementation Report (February 2022) describes creation of a new national register to improve monitoring of those at risk of hospital admission or inappropriate placements. The first action is to raise visibility, through improved monitoring and planning, for and with people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers. The Dynamic Support Registers have been co-developed by a working group including people with lived experience. The Register is a tool to gather information on people that Integration Authorities already hold across various systems into one manageable place. Dynamic Support Registers must be embedded by all Integration Authorities by July 2023 to support reporting via a new national reporting mechanism delivered in partnership with Public Health Scotland (PHS).

NHS GGC Musculoskeletal Physiotherapy Service

4.31 Table 9 demonstrates service effectiveness at getting patients with musculoskeletal conditions back to work.

Table 9

Work status in 2022-23 pre versus post treatment
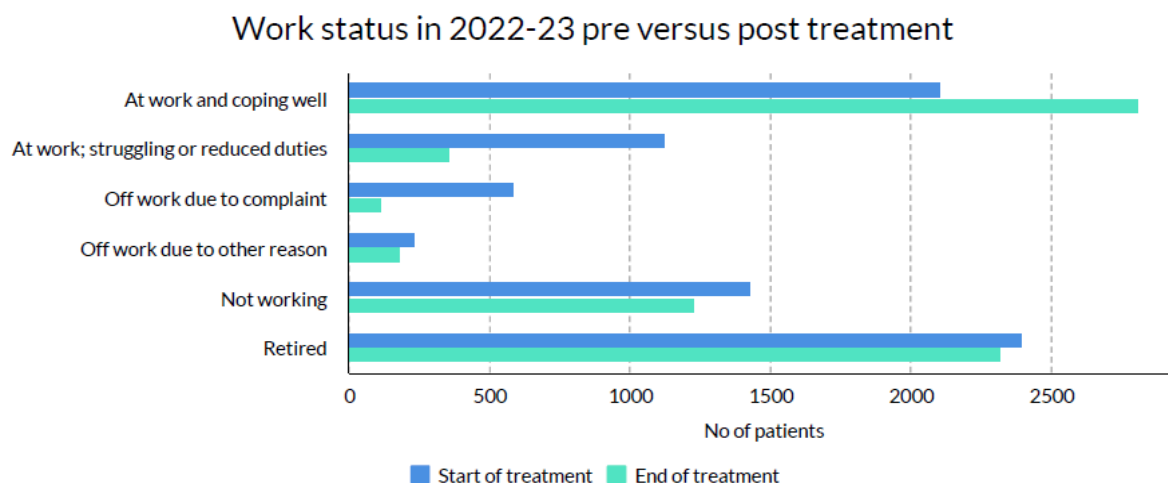
4.32 The MSK service has embarked on improving care options for services users with hip or knee osteoarthritis. The options were designed using realistic medicine principles alongside international clinical guidelines.

4.33 Completed Patient related Outcome Measures (PROMS) show a consistent reduction in pain scores from the beginning to the end of patient treatment. They also show a consistent increase in function from the beginning to end of treatment.

General Practice

4.34 GP Clusters have worked on a number of Quality Improvement projects including : Anticipatory Care Planning and sharing information between Nursing Homes and GP practices; Improvement activity around the new Wellbeing Nurse service within practices; Termination of Pregnancy audit and provision of Long Acting Reversible contraception options; Remote Blood Pressure monitoring; Physical health monitoring in Mental Health patients; Diabetes care; Cancer screening; Accessing MacMillan services; Staff wellbeing projects; Review of Community Link Worker service; local Power of Attorney project. Clusters meet regularly and engage with local services to work together on these quality improvement activities.

4.35 Some highlights from these QIAs include : Development of protocols along with the Community Mental Health Teams regarding the physical healthcare monitoring of patients within the service, ensuring clinical safety in managing and sharing results; further work to develop local services for Long Acting Reversible contraception looking at training local GPs/Practice Nurses in coil fitting; the roll out of the Remote Blood pressure monitor scheme will allow for effective and safe diagnosis of high blood pressure and support for patient in the early days of treatment; development of Community Link Worker service to be able to see < 16 year olds and their families for support; Power of Attorney work looking to increase number of residents in West Dunbartonshire who have an appointed Power of Attorney which will have impacts on the future with regard to complex Adults With Incapacity situations where no POA has been appointed

5. Person Centred

This section provides examples of learning, improvements and good practice in relation to person-centred care. Examples are included on how we are improving care experience, in particular how we have responded to comments, complaints or feedback in our efforts to demonstrate learning and achieve improved outcomes.

Mental Health Services

5.1 The Mental Welfare Commission for Scotland undertook and announced visit to Fruin and Katrine Wards in the Vale of Leven Hospital, to follow up on a previous recommendation, and to hear how the service had developed and adapted as Covid-19 restrictions had reduced. They found where individuals suffered from stress or distress, Newcastle-type formulations were in place. This framework and process was developed to help nursing and care staff understand and improve their care for people who may present with behaviors that challenge. There were person-centred care plans outlining potential triggers, and management strategies for each individual. All documentation pertaining to the Mental Health Act and Adults with Incapacity (Scotland) Act (2000) (AWI), including certificates around capacity to consent to treatment, were in place in the files and these were up-to-date. The ward was clean and bright; there was dementia friendly signage throughout and The Commission made no recommendations. All service users and relatives spoken with were very positive about their experience of care, and complimentary about the staff team. Initial assessments were detailed and informative "getting to know me", (GTKM) "what matters to me", and daily routine notes were present for each patient. These contained detailed information, relevant to the each individual's comfort and care. They provided information on an individual's needs, likes and dislikes, personal preferences and background. This enabled staff to understand what was important to the individual, and how best to provide person-centred care whilst they were in hospital.

5.2 Wellbeing Mental Health Nurses have been introduced within GP practices that support early diagnosis for people with dementia. These new practitioners will support referral pathway to the Modifiable Risk Factors Hub.

5.3 The Dementia Strategy co-ordinator held carer conversations to identify experiences of current services. We learned that people are confused over the multitude of different services and agencies providing their care and support. This helped inform development of the Post Diagnostic Support processes. The West Dunbartonshire Dementia Strategy Group is developing the West Dunbartonshire Dementia Roadmap website to launch in late summer 2023. This resource will serve as an effective tool for advancing local dementia support. By providing a centralized hub for information and resources, the site helps raise public awareness about dementia and highlights ways for people to find assistance. This aim is to educate and inform the community through social media and other channels.

5.4 A Power of Attorney information page launched on West Dunbartonshire Council website and the HSCP website to raise awareness of the importance of Power of Attorney, and where to access support and information. This includes financial support for eligible applicants. Collaboration with West Dunbartonshire Carers and Citizens Advice Scotland aims to increase Power of Attorney uptake within West Dunbartonshire.

NHSGGC Musculoskeletal (MSK) Physiotherapy Service

<u>Patient Related Outcome Measures (PROMS)</u>

5.5. Patient Reported Outcome Measures (PROMS) provide information on the quality of patient care and clinical outcomes. The MSK service collects service user feedback on service user reported outcome measure across the four NHSGGC quadrant areas. This is to assure not only around quality of care in regards to patient feedback on clinical outcome but also provide some assurance around equity of clinical care across all four quadrants.

5.6 Efforts to increase reporting of PROMs in 2022-23 are beginning to yield success. This included local reminders at staff at quadrant meetings, encouraging MSK staff to complete PROMs, and completion of PROMs added to the MSK staff induction packs.

5.7 A staged roll out of electronic patient records (EPR) in MSK service will support staff to complete PROMS as this is embedded this is embedded in the EPR.

5.8 Introduction of Digital Patient Records/Active clinical notes has improved completion rate of PROMS (rising from 1117 in July 2022 prior to introduction to 4272 in March 2023). The quality of outcomes are consistent each year and are also consistent across all four quadrant areas.

5.9 The MSK service has embarked on improving care options for services users with hip or knee osteoarthritis. The options were designed using realistic medicine principles

<u>Realistic Medicine</u>

510   One of the main aims of Realistic Medicine is for people using healthcare services and their families to feel empowered to discuss their treatment fully with healthcare professionals, including the possibility that a suggested treatment might come with side effects – or even negative outcomes. Everyone should feel able to ask their healthcare professional why they've suggested a test, treatment or procedure, and all decisions about a person's care should be made jointly between the individual and their healthcare team.

Children, Families and Criminal Justice Services

5.11 The findings from the research commissioned by the HSCP from Glasgow University reported a need for increased support for parents and families as well as increased visibility of local supports and services for children, young people and their families. These themes align with the holistic family based developments arising from the Whole Family Wellbeing Fund work.

5.12 Work has been commissioned to design, build and maintain a website which will direct and inform local young people and families about supports and services for mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource. The time scale for initial launch is early April 2023.

5.13 There is strong commitment to ensuring that the voice of children and young people is at the centre of planning and care. The ongoing work of the Young Ambassadors group

and Champions Board, developing work on delivering The Promise, refresh of our approach to GIRFEC and work on integrated operational guidance, paperwork and training will support improved engagement. As part of the work to implement The Promise engagement and development sessions involving a range of over 250 stakeholders including young people were held to set priorities for action, with work now taking place to develop an implementation plan.

5.14 The Children and Young People's Involvement and Engagement Strategy provides a framework, tools and tips for services to engage young people in decision making and to undertake successful consultation and engagement activities.

5.15 A bespoke programme of support for parents and carers has been delivered throughout 2022-2023 to families where a child has a new diagnosis or are awaiting diagnosis of autism spectrum disorder and other complex needs. The training has been delivered by a neurodiversity trainer.

Health and Community Care

My Life Assessment

5.16 The way individuals with care and support needs are assessed and supported by social work and social care services was reviewed. The My Life Assessment refocused interventions away from 'need' and deficits and towards resources and 'strengths' identifying what is working well and what can be built on. Through a human learning systems approach we will build on the work of the My Life Assessment and the "Just Enough Support" programme by starting with what people want and working to connect them in ways which enable them to achieve that.

5.17 A human learning systems approach, understands the need for service provision to be more person centred to meet the multiple and complex needs of individuals and communities and recognises the value of adaptability and learning together.

5.18 The MLA was implemented on 1 April 2022. Improvement work has progressed with the use of the My Life Assessment (MLA) for service users providing a strengths based model which empowers staff to record good conversations with service users which are focused on personal outcomes and prevention. This outcome focused assessment tool has been recognised by Health and Social Care Scotland as an exemplar of good practice. It is fundamentally important that all service users, who are eligible for HSCP services, fully understand the principles of Self Directed Support in order to ensure that people are supported to identify and achieve personal outcomes, people experience choice and control over what happens to them, people feel heard and listened to about what's important to them. Staff are enabled and empowered to implement self-directed support, the principles and values of self-directed support are embedded in practice, and there is information, choice and flexibility for people when accessing services.

District Nursing (DN)

5.19 The DN service previously attempted to obtain feedback from service users via a paper questionnaire, yielding a return of 5%. West Dunbartonshire Palliative Care Group was established in October 2022, and includes membership of charitable organisations, who advised that telephone surveys achieved greater engagement. District Nursing Service moved forward introducing a telephone survey in March 23 for service users of palliative care following the death of a loved one. The telephone surveys increased engagement from service users' families to 30%.

5.20 The telephone surveys carried provided rich in qualitative data which has already resulted in change in practice within our District Nursing Service. Clients requested that the District Nursing Out of Hours Service offer any palliative patient/family/carer who calls for support a home visit from a member of the team so the service user can be assessed in person, (unless they request otherwise) rather than telephone advice. Long term the aspiration is to have a feedback level of 70% of DN service users who have supported a loved one to remain at home in palliative care.

NHSGGC Musculoskeletal Physiotherapy Service

5.21 The service seek service user feedback routinely, via their website on a continuous basis using weberpol electronic links, via e mail communication and through the use of QR codes on departmental posters. The service   gather additional information related to specific service developments. All suggestions are valued and action taken in response to feedback.

5.22 Service users requested a self- referral option and an electronic self-referral mechanism is now available. The content of the new website is based on explicit feedback from service users asking for videos of specific exercises to direct efforts to help themselves.

Complaints

HSCP

5.23 Of the 36 complaints received regarding HSCP services that proceeded to stage 2, two were withdrawn, 18 were not upheld, 10 were partially upheld and four were fully upheld. Stage 2 complaints are those where frontline resolution has not been achieved and they have progressed to formal investigation they require a written response to be provided within twenty working days.

5.24 Thirty three percent of the 36 complaints received cited quality of service as a component or main reason for the complaint.

5.25 Seven of the ten partially upheld complaints related to care quality.

Complaints - General Practice

5.26 The total number of complaint received by General Practitioners was 166.

Table Complaints to General Practitioner

Stage 1	123
Upheld	46 (37%)
Partially Upheld	42 (34%)
Not upheld	35 (21%)
Stage 2	43
Upheld	7 (16%)
Not upheld	18 (42%)
Total	18 (42%)

Themes of complaints include Telephone system/access to practices, appointment availability, prescription issues, complaints arising from unrealistic expectations of patients, errors relating to secondary care, unsatisfactory interactions with team members. All complaints have been responded to and practices will have undertaken SEAs where appropriate. The main change made in past year has been an upgrade to

the phone systems in most practices which allows for call queueing system and better oversight of calls coming into practices - impact of this no currently evident

5.27 We require to focus our efforts on more effectively learning from complaints and using the learning to drive service improvement.

6.   Conclusion

Adapting and adjusting how we deliver health and care is critical in order to respond appropriately to the current and future needs of the population, and ensure people are able to access services to drive prevention, early-intervention, reduce health inequalities and support improvement in health outcomes. As we respond to the evolving needs of our community in the context of the financial and demographic challenges we face, it is more important than ever that we are assured that services remain of a high quality.

This annual Clinical and Care Governance Report illustrates the progress made in re-establishing and developing our care assurance processes. It details how care governance arrangements have been strengthened across services, and describes ongoing developments to ensure we have the same level of maturity in terms of scrutiny, reporting capability, and robust quality control and assurance processes across all service areas including those services commissioned by the HSCP. Selected examples demonstrate the significant efforts deployed to achieve continuous improvement and support the delivery of value based health and social care services, focussed on achieving the best outcomes for our service users while using resources wisely.

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