



Integration Joint Board
Clinical and Care Governance Committee

23rd April 2018

This Report relates to
Item 6 on the Agenda

Community Health and Social Care Directorate Improving Safety – Reducing Harm

(Paper presented by Graham Abrines and Mhairi Hastings)

For Approval

Approved for Submission by	Graham Abrines – General Manager Community Health and Social Care
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List of Background Papers	Not Applicable
Appendices	Appendix 1 – Thornhill Care Assurance Report, November 2017 Appendix 2 – Community Nursing Review Work Plan Appendix 3 – District Nursing Role: Core Components Appendix 4 – Improving Safety Reducing Harm in Community Health and Social Care Appendix 5 – Scottish Public Services Ombudsman Report Action Plan Appendix 6 – Delivering the new 2018 General Medical Services Contract in Scotland

SECTION 1: REPORT CONTENT

Title/Subject:	Community Health and Social Care Directorate Improving Safety – Reducing Harm
Meeting:	Integration Joint Board Clinical and Care Governance Committee
Date:	23 rd April 2018
Submitted By:	Graham Abrines/Mhairi Hastings
Action:	Approval

1. Introduction

- 1.1 Due to the changes in timescales and format of the Report the Directorate has not had the opportunity to pull all of the component strands together into one report, Social Work colleagues will table information that focuses only on Social Work. This Report will consider the Health elements of this aspect along with the ‘in house’ Social Care and Reablement Service.

2. Recommendations

2.1 The Clinical and Care Governance Committee is asked to:

- **Discuss the content and layout of the Report and offer feedback to support the preparation of future reports**
- **Agree that the actions proposed to address safety and or mitigate risk are sufficient**
- **Agree to receive updates at a time specified by the Committee**

3. Background

- 3.1 Community Health and Social Care encompasses the vast majority of community based Adult Health and Social Care Services throughout the region. This was formed by amalgamating Primary and Community Care and Adult Social Work Services (with the exception of the statutory mental health team) from the Local Authority along with the ‘in house’ Care at Home Service (CASS) and the joint Short Term Reablement and Assessment Service (STARS). They are also currently responsible for a number of regional health services, for example Out of Hours (OOH) medical service and the forensic medical service (Police surgeons).
- 3.2 The workforce is wide and varied. All colleagues in professional requires to be registered with their appropriate professional body:

- Allied Health Professionals (AHP) – Health and Care Professionals Council (HCPC)
- Nurses – Nursing and Midwifery Council (NMC)
- Social Workers/Social Care Staff – Scottish Social Services Council (SSSC)
- Doctors – General Medical Services (GMC)

3.3 Improvement, support, advice and scrutiny of the services provided by the Directorate is carried out by two main bodies: Healthcare Improvement Scotland (HIS) and the Care Inspectorate. These agencies also work in partnership, for example, the Joint Inspection of Health and Social Work Services for Older People in 2016

3.4 HIS have a broad work programme, however within the Directorate the main areas of support come from the following departments:

- Healthcare Environment Inspectorate (HEI) supporting the reduction of healthcare associated infection to patients
- iHub – Supporting and linking our quality improvement initiatives locally and nationally in service design and provision.
- Scottish Health Council (SHC) supporting the Directorate in areas where we need to involve the public in development of services
- Scottish Intercollegiate Guidelines Network (SIGN) who develop the evidence based clinical practice guidelines we use, for example, SIGN 116 and 154 Management of Diabetes
- Scottish Patient Safety Programme (SPSP) assisting us through the programme to reduce harm through improving the safety and reliability of healthcare, for example, identifying the deteriorating patient through implementation of the National Early Warning Score Tool.
- Scottish Health Technologies Group who support our work in ensuring that emerging technologies and telehealth equipments are cost effective and have positive implications for people in our localities

3.5 Scrutiny is also provided by some of these same Departments, namely, HEI, who inspect our hospitals to ensure they are safe and clean. Cottage hospitals have not been part of this regime at the time of this report, however, HEI have declared that they will be and could performance an unannounced inspection at any time. The Scottish Health Council also provides a level of scrutiny regarding public consultation against the Participation Standard as well as scrutinising any major service change consultations. Healthcare Improvement Scotland scrutinise against the Care of Older People Standards within hospital settings. From 2017 this includes cottage and community hospitals. Section 4.3 of this report 'Care Assurance' informs the improvement and assurance work we have been undertaking in cottage hospitals within the Directorate to assure the care we provide is person centred, safe and effective – the same three national quality ambitions which HIS aim to assure.

3.6 The Care Inspectorate is a scrutiny body which supports improvement within Social Care. All of the regulated Social Care services that the partnership directly provided, for example CASS, or that it commissions via the Local Authority, for example, Care at Home providers and Care Homes are inspected by the Care

Inspectorate. Where the Care Inspectorate find that improvement is required they will support services to make positive changes.

4. Main Body of the Report

4.1 CASS is registered for two distinct function with the Care Inspectorate namely:

- Support Services Care at Home - this focuses predominantly on the delivery of personal care, medication administration, bathing and showering, hoisting tasks, food preparation/nutrition and general wellbeing etc
- Housing Support Services – this covers a range of services which help people to live as independently as possible, stay safe and secure, get help to engage with and gain assistance from other specialist services who can provide support with a range of services.

As a registered service CASS is subject to an annual inspection (minimum) usually undertaken announced. These inspections seek feedback and engagement from Service Users, Staff and Stakeholders alike as well as perusing service specific questionnaires and reviews that have been undertaken by the service. As part of the guidance from the Care Inspectorate the service undertakes a minimum of two reviews annually for service users (approximately 330 service users are supported by the service at any point in time), with more undertaken if required to meet individuals changing needs. The latest Care Inspection was undertaken in May 2017 and the following grades were awarded:

- Quality of Care and Support – Very Good
- Quality of Staffing – Not Assessed
- Quality of Management and Leadership – Very Good

The service is staffed exclusively from the Local Authority and the staff are employed on the Local Authority terms and conditions. All staff are given an annual Personal Development Review as well as 1:1 meetings with line managers and relevant team meetings.

CASS utilises an external company CM2000 to schedule, record and report on all activities. The service undertakes circa 300000 visits a year and has a KPI (Key Performance Indicators) in place of 99.7% for Missed Visits (this is defined as a visit which has not been undertaken within 30 minutes of the allocated time and this target has never been breached. The service has provided all frontline workers (approx 250) with smart phones, on which they receive their staff rotas, this has allowed the service to be more reactive should changes be required, as well as being more secure than paper copies as staff effectively have a 'portal' to their information. The service is able to report on individual staff or service users, by team, by locality and regionally. Trends of activity can be captured very easily as well as historical data that is often requested through Freedom of Information requests etc

The service has robust contingency procedures that are tested throughout the year and at times of crises, due to the nature of the work in remote rural areas,

weather is the most common challenge to timely service provision. The service operates from 6am – 10.30pm 365 days per year and in addition to frontline staff have supervisors and managers available on standby. The Principal Manager is part of the Local Authority's Tactical Support Group and as a result has undertaken additional resilience and contingency training which has been cascaded to the operation of the services where appropriate.

CASS adheres to the Health and Social Care Standards (The Standards) which are used by the Care Inspectorate when carrying out their inspections. The Standards and outcomes set out in The Standards are published under Section 50 of the Public Services Reform (Scotland) Act 2010 and Section 10H of the National Health Service (Scotland) Act 1978. These Standards have recently been revised and are now relevant across all Health and Social Care services, the standards are now focussed on human rights and wellbeing, as well as being more person-led, outcome focussed and decoupled from settings. As a result over 2018 CASS will be reviewing all Job Descriptions, practices, questionnaires and reviews to ensure all elements of the service more ably comply with the 5 Standards and 146 Statements (where appropriate).

In accordance with the standards CASS captures comments and complaints proactively as an evidence base for inspection, for year 2017/18 CASS had 2 low level complaints that were resolved without further escalation.

CASS as an employer is also governed by the Scottish Social Services Council (SSSC) Codes of Practice, in addition all Managers, Supervisors and Care and Support Workers now need to pay to register themselves individually and agree to meet the necessary minimum qualifications within a specified timescales. The Codes set out the following:

- The standards of practice and behaviour expected of everyone who works in social services in Scotland
- The standards expected of employers of social service workers in Scotland

This registration requirement will have a significant effect on CASS as a service whilst supporting staff to be up-skilled is welcomed it does come at a financial cost as well as the risk of potentially losing staff members who do not wish to undertake the necessary qualifications.

4.2 STARS is perhaps a more complex service in nature, it is not a registered service. The complexity lies in the multi disciplinary groups of staff required to undertake the different aspects of reablement effectively. This is compounded by the service being comprised of NHS and Local Authority staff, whilst the majority of the management and clinical teams are NHS staff the supervisors and frontline staff are predominantly Council staff (approx. 80%/20%) split. This has brought challenges over the years in terms of Finance, HR, Terms and Conditions, IT etc but has steadily improved since the launch of the Partnership.

Best practice has been adopted from NHS and Council dependent on what was most effective or indeed established. The scheduling, recording and reporting of work like CASS is done using CM2000 and this has been effective in significantly improving 'hands on' patient time. A series of supervision is undertaken like CASS

with Team Meetings etc and the appropriate paperwork completed dependent on who is the main employer. The service has been nominated for several national awards and is nominated for Scotland Excel Awards on 20th February along with partners from Just Checking (a system which is used to assist with monitoring patients/service users) and allowing AHPs to undertake more comprehensive assessments and review activity from data as opposed to physical timely visits.

All staff are given Reablement Training which is done in conjunction with local colleges and with schools, the National Progressional Award (NPA) whereby credits can be used towards future study like SVQ, in Reablement was initiated in D&G by the Service Manager and following accreditation is used throughout Scotland.

In order to support assessments and to capture the status of service users/patients the service uses Indicator of Relevant Need (IoRN), these are practice/clinical and management tools for people delivering and planning care and support services. Used by professionals the IoRN provides a summary of a person's functional needs and/or the degree of dependence/independence. Recording IoRN information takes minutes to do yet delivers key information for frontline practice. Whilst other partnership areas use varying methods of recording data the IoRN tool was supported by JiT until it was disbanded in 2017.

Any adverse incidents within STARS are recorded using the DATIX system.

The Case Managers within STARS act as the operational Health and Safety Leads and are currently working with partners on Infection Control, this will include using SIPcep education tool. The Case Managers will be trained in March on governance, education and equipment within community practice, this learning will then be cascaded to all other staff.

STARS use learnpro/eKSF (electronic Knowledge Skills Framework) mandatory training; infection control; cardiopulmonary resuscitation (CPR); Therapeutic responses to Aggression and Violence; Moving and Handling; Fire training; Child Protection; Awareness and Fairness. We built on Care Aware Training; Dementia Levels 1&2; and a bespoke practical workshop with Aggression and Violence lead for staff on practical approaches to reducing risk of harm/de-escalating or escaping potentially aggressive or violent incidents. Four members of the Management Team are Moving and Handling trained Facilitators.

Regarding Professional Practice Governance, the following is in place for each group of staff:

- SCNs (Senior Charge Nurses) – register every year with Nursing and Midwifery Council with revalidation every three years
- AHPs (Allied Health Professionals) – register with the Health and Care Professionals Council (HCPC) every two years
- OTAs (Occupational Therapist Assistants – fall within the national definition of Health Care Support Worker so have mandatory induction standards. These range from protection of patients from abuse to whistle blowing including observed practical demonstrations of aspects such as infection control, with the first three months of their employment.

4.3 Excellence In Care: Care Assurance

On 24th November 2014, Lord MacLean published his report on the Vale of Leven hospital inquiry. The Cabinet Secretary for Health and Sport provided an initial response to this report in Parliament on 25 November 2014. During this, the Cabinet Secretary tasked the Chief Nursing Officer and Scottish Executive Nurse Directors (SEND) to develop a national approach to assuring nursing and midwifery care in Scotland.

The approach to assure care will be taken forward under the banner of Excellence in Care (EIC) and builds on previous policies and work programmes. EIC includes development of clear nursing and midwifery specific indicators set against the same framework as the quality of care reviews and based on the four pillars of the NMC Code. Strong nursing and midwifery clinical leadership, developing and building a culture that promotes psychological safety for staff and delivery of person centred safe and effective care will be the key outcomes.

The Excellence in Care framework and approach seeks to drive the development of a culture that will allow excellence to flourish. The framework builds upon the findings in the Vale of Leven inquiry report covering nine key areas: culture; leadership; governance; safety; sustainability; effectiveness; person centred; workforce and quality improvement. Within these nine areas will sit a number of measures that are integrated across a number of programmes but, that are sensitive enough to provide assurance from ward to board, patient to politician.

The National Objective is that; the Scottish public has confidence and assurance that nursing and midwifery care is high quality, safe, effective and person centred and that this is the daily norm.

NHS Dumfries and Galloway

Measuring the quality of care being delivered by healthcare professionals within NHS Dumfries & Galloway is complex as its purpose is to ensure care is: person centred, safe and effective for every person, every time at the right time. The NHS D&G programme is called 'Care Assurance'.

The aims and objectives of the Care Assurance system are:

- To act as a means to ensure consistency in the delivery of high quality standards of care which has a positive impact on people who use the health care services in inpatient settings within Acute and Community Hospitals.
- To reflect national and local priorities.
- To identify and celebrate good practice and promote the dissemination of good practice throughout the organisation
- To identify areas of practice not meeting the locally agreed Standards and understand where this may be region wide.

- To provide support to continuously improve using knowledge and information gained from the Care Assurance Report for each area and across the region.

Within NHS Dumfries and Galloway there are 3 Levels of assuring the care we provide as a health board

Level 1 Care Assurance: Twice per week the Senior Charge Nurse (SCN) or Charge Nurse 6, along with a Registered Nurse (RN) or Health Care Support Worker (HCSW) will complete the Level 1 Care Assurance proforma for a person who is using inpatient/ward/ hospital services.

Level 2 Care Assurance: Once per month the Nurse Manager for their area, along with an RN or HCSW reviews and completes the Level 2 Care Assurance for one person using inpatient/ward/ hospital services

Level 3 Care Assurance: The Level 3 Care Assurance framework is designed to complement and build upon the Level 1 and 2 Care Assurance processes. It will review the quality of care being provided based on the following National Standards: Care of Older People in Hospital (2015), Food Fluid and Nutrition (2014), Complex Nutritional Care (2015) and the Dementia Care Standards along with the framework from Leading Better Care. The results of Level 3 undertaking are provided back to the local team and their managers. From this they undertake with their team an action plan for improvement which is then implemented and ongoing monitoring for improvement measured. This is also an ideal opportunity to celebrate with teams where areas high standards are noted.

The Level 3 Care Assurance Standards “achieved as a % Across Cottage Hospitals” are set out below see Table 1

Cottage Hospital Update:

To date four Cottage Hospitals have completed Level 3 reviews, with their respective reports received. The processes have been undertaken between September and December 2017, with reports issued to them between October 2017 and February 2018.

Main Findings:

All areas have achieved the status of ‘Working towards Bronze’. On analysis this is found to be due to a need to improve services and care relating to two areas: People’s Cognition (Average % achieved 52%) and Relationship Centred Care (Average % achieved 73%) . The average % achieved in all other standards rate between Silver and Gold status and for this the teams are commended. With all hospitals achieving Gold Standard (Average achievement of 95%) in Infection Control, Discharge planning/ Transfers and Food, Fluid and Nutrition. (See Table 1: “Standards achieved as a % Across Cottage Hospitals”).

Table 1. Standards achieved as a % Across Cottage Hospitals

Standard Measured	Average Percentage for Cottage Hospitals at February 2018	Award Achieved
Falls	82%	Silver
Pressure Ulcer Care	89%	Silver
Food Fluid and Nutrition	97%	Gold
Person/ Relationship Centred Care	73%	Working Towards Bronze
Cognition;	52%	Working Towards Bronze
Pharmaceutical care and medicine management	88%	Silver
Patient pathway and flow, Discharge planning and transfer	95%	Gold
Skills mix and staffing levels	83%	Silver
Infection Control	99%	Gold

Cognition: Community Health and Social Care recognise the need to work closely with the Interventions for Dementia Education Assessment and Support (IDEAS) team to support training our multi professional clinicians to assess people's cognition and ensure that the relevant legislative records are in place i.e. AMT 4 and 4AT assessments with Section 47* documentation being completed by a medical officer where applicable. This is not un-similar to the findings of Level 3 reports from our Acute and Diagnostic colleagues in patient areas. Progression of training and improvement work continues in this area, with required support recognized from the IDEAS team.

Relationship Centred Care: All areas are grappling with ensuring that people, or their Power Of Attorney, have received adequate information, in leaflet or written form, regarding their condition and care needs. Working together the SCN's are approaching the Boards Patient Information lead to gain support for improvement.

****AMT4, 4AT and Section 47 documents: gold standard documents relating to the Incapacity Scotland Act 2000***

Next Steps

Thornhill Hospital has, with support, undertaken their improvement action planning work using the Institute of Healthcare Improvement (IHI) Improvement methodology. Ensuring that this planning is inclusive of the team, positive in its approach and with them taking ownership of the work required, whilst celebrating successes. A standard template for recording and sharing the actions was provided by the Board's Care Assurance Lead and the Hospital was asked to develop this during their improvement planning to the extent that this could be used as a regionwide template. This work is now complete, with the actions being described by the team as 'We Wills', similar to that of the Locality Plans (Appendix 1). The Cottage Hospital Senior Charge Nurses have received a presentation of this work and agreed that for the next hospitals undertaking their improvement planning (Castle Douglas and Kirkcudbright) would use this methodology and template. The Board Care Assurance Lead is currently taking this work to the Director of Nursing and Deputy Director of Nursing with the recommendation that at minimum the template with its positive outcomes are used as standard across the region.

Some additional questions are being added to the Level 3 proforma, these have arisen following the review of a complaint and the need for improvement in ensuring that where applicable people are provided with the Choice Guidelines for Residential Care and that they are aware of and are offered Advocacy Services. The questions and monitoring regarding advocacy services will be added to Cottage Hospital level 1 proforma now and to Acute and Diagnostic proforma at their next review. The monitoring relating to Choice Guidelines will only be added to Cottage Hospital proforma as new Discharges to Residential care should not occur directly from Acute Hospitals.

Care Assurance evaluation is also changing from February 2018. The Nurse Managers working with their SCN's will be considering their Level 1 and 2 findings on a monthly basis against the current Level 3 report. Making links to whether standards are being maintained and improvements being made. Some run charts are being introduced to support this, including Falls and 'Patient Name Band Compliance'. These were agreed as areas of priority from not only Care Assurance evaluation, but from monitoring of adverse events and incidents. The SCN's and Nurse Managers are keen to ensure that these connecting links to improvement work are made and acted upon.

4.4 **Community Adult General Nursing Review (Transforming Nursing Roles – DN Review)**

Since the late 1990s reports discussing District Nursing roles and services have identified themes which conclude that increasingly people requiring District Nursing care are more highly dependent, and have multiple and complex needs and requirements. The number of people requiring to be nursed and cared for at home have gradually increased with corresponding implications on District Nursing services (Audit Commission 1999, DOH 2013, QNIS 2014, Ball et al 2014, RCN 2013, 2014). This has also been reflected within the Care Home, and Care at Home sector, as many individuals being cared for and admitted now, have more complex and multiple care needs and require the support of ongoing District Nursing services within the primary health care team.

The Chief Nursing Officer (CNO) Transforming Nursing Midwifery and Allied Health Professional (NMaHP) Roles (TNMaHP) workforce programme commenced in 2015. One of the initial work streams commissioned was a review of the District Nurse role to enable more care and support to be delivered closer to home, improve outcomes and experiences for individuals, carers and staff. This in line with the National Quality Aims.

The main aim of this review was to develop, agree and drive implementation of a re-focused District Nursing (DN) role for NHS Scotland. This was to include: a vision and model for district nursing to meet future health needs, identify and define key components of the future role, identify specific core education required and consider future guidance on caseload and resource allocation models. Four specific areas of work were agreed. These were:

- Development of national guidance clarifying the role and unique contribution of the District Nurse / community team and associated assessment tools.
- Reviewing the underpinning evidence base.
- Reviewing current and future District Nurse education, CPD and career pathways.
- Consideration of future guidance required on caseload / resource allocation, caseload weighting, referral and discharge criteria.

NHS D&G Senior Community Nursing was represented on the working group from late 2015, it is acknowledged that this was intermittent due to recruitment issues and senior nurses acting in locum posts and this resulted in Dumfries and Galloway not being linked into this national work to provide our perspectives or indeed to begin to implement the work required at local level. The initial national work was completed and reported to SEND in June 2016.

This review identified that there was no standardised definition or approach existing for referrals into the District Nursing service, discharge from the District Nurse caseload or on caseload size across Scotland, with caseloads varying from 30 to 160 patients, often higher in rural areas. Although some historic models of DN resource allocation exist no consistent national model has been agreed.

One Scottish Territorial Board did however use a validated tool - an adaption of the Easley-Storfjell model (Storfjell, Allen, Easley 1997), they reported that this was used successfully to document the type, quantity, and complexity of services provided by clinicians and teams. Thus, as part of the initial DN review it was proposed by the National Steering Group to:

- Test the model used in NHS Lanarkshire in an additional 2-3 Boards
- In partnership with colleagues from NHS Wales who have undertaken considerable work in this area, review all current international literature and work being undertaken in developing complexity instruments for District Nursing services (both dependency and acuity in a community context)

The Lead Nurse for Community Health and Social Care, was a member of the Short Life Working Group who supported this ongoing piece of work. This has allowed

Community Adult Nursing Services to not only test the adapted Storjfell model, but to gain much ground in ensuring that they have a plan to ensure that work required to meet the TNR DN review recommendations are being undertaken (Appendix 2). They have also had the opportunity to be actively involved in the National Core Component descriptors of Community Adult General Nursing /District Nursing (Appendix 3).

To date good progress has been made with our own working group meeting on a monthly basis since October 2017. This group includes representatives from Community Adult General Nursing, Locality Management, Organisational Development and the Workforce . D&G have been testing the Storjfell model and have found significant benefits in the testing of this across the region, in that:

Community Adult General Nursing currently has no IT system in place to record caseload and activity and as such had varying degrees of information about activity and patient management schedules. This has been of concern for some years. With the use of the Storjfell tools and adapting those to be used to record caseload and schedules, the teams have been not only able to identify this as an absolute need moving forward, but understand what it is that is required in any developed or purchased IT system.

Using the caseload logging tool in basic format (MS excel) has not been without issues, mainly in the resource requirement needed to ensure that it is kept up to date and reviewed easily. However, through ongoing Plan Do Study Act (PDSA) cycles of the caseload log, along with the complexity tool, teams are now being able to regularly (weekly to monthly) review what the complexity of the caseload is and consider what actions and decisions are required to ensure that the person is being seen by the right person, at the right time to meet their needs. This has benefit to not only the person receiving support and care, but to the organisation as the nursing time can be used more effectively.

The ongoing review also considers the descriptions and skills of the refocused roles of the DN, Staff Nurse and HCSW's at Agenda for Change (AfC) Band 2- 4 that have arisen from the review. Along with consideration of other roles not currently employed or available for referral, teams are able to consider what skills and roles it would be beneficial to have available to ensure that the team are working efficiently and effectively in the future. It is believed that by April 2018 with 4-5 months of data captured, alongside data from the Workforce Workload Planning Tool, we will be able to triangulate this information and analyse it to more accurately inform what the teams of Community Adult General Nurses should look like in each locality as part of an Integrated Community Health and Social Care (H&SC) team, in order to more efficiently and effectively meet the needs of the population.

4.5 Risks, Adverse Events and Feedback

The Directorate have been working to ensure that they are 'Connecting Quality' particularly in terms of Risk, Adverse Events and feedback. Unfortunately the long term absence of the Risk, Adverse Events and Feedback Officer has caused some challenge to linking and supporting localities to maintain focus in this area. The post holder resigned from their post and left the organisation at the end of December 2017. The post has been reconsidered, with a developed Job

Description now awaiting Agenda for Change (AfC) review in order for the post to be advertised and recruited to. This new post holder will possess the knowledge, skill and expertise to support localities to be accountable and responsible for their risks, adverse events and feedback, assisting them to analyse and understand where improvement work is required at local and regional levels. Along with the increasing numbers of staff with QI skills and knowledge it is felt that this is achievable in 2018 and that they will report significant achievements and improvements in management of adverse events and feedback in the next year

Risk

The General Manager has a risk register logged and reviewed on the DATIX system. As identified in Appendix 4 Improving Health Reducing Harm, the top three risks identified are also our priority areas of focus in 2016-2020. These are:

- Sustainability of the Out of Hours Service
- Sustainability of Primary Care Services
- Poorly informed decision making due to inadequate information systems and processes

These three high level risks are being mitigated by work we are doing to meet the aims and outcomes of programmes such as Scottish Patient Safety Programme, Primary Care Transformation, GP Contract, District Nursing Reviews, ANP Development and Technology Enabled Care etc

Out of Hours Sustainability

In response to the Independent Review of Primary Care Out of Hours Services by Sir Lewis Ritchie in 2015, Dumfries and Galloway were successful in submitting a bid to increase nursing input into Wigtownshire OOH with the aim of creating a more sustainable model in this locality. At the time of the bid this was, and remains, the highest risk in the region. The learning from this work is intended to inform how we deliver sustainable services across the region in the future. During this ongoing period of testing, we have had success in recruiting two Trainee Advanced Nurse Practitioners to OOH services in Wigtownshire. The two trainees' will complete their academic and clinical competencies and gain the award of PG Diploma in Advanced Practice in July 2019. They are being supported by two General Practitioners, employed specifically within the OOH service as their mentors.

We have experienced some difficulties attracting our Community Adult General Nurses onto night duty, to create a 24/7 model of nursing to provide both scheduled and unscheduled care across the locality. The challenges have arisen in the areas of lone working and recruitment of staff with a 33 hour required post remaining vacant.

Building upon our learning and also identifying that the situation is worsening across the region, a small group comprising of the OOH Medical lead, the Community H&SC Lead Nurse and the Nurse Manager from The Galloway Community Hospital (GCH) have been working on creating a more sustainable model, for both Wigtownshire and Dumfries OOH hubs.

At this time, the vision, arising from a review of activity in OOH across the region, would suggest that working to transform our workforce and skills mix at our two static Primary Care Centres in Dumfries and Stranraer, alongside our OOH roving services is required. It is intended that by March 2018 a paper will be presented by this group providing detail of this workforce option, along with financial cost and risk information.

Primary Care Sustainability

The situation surrounding GP colleagues both in our region and nationally are well known. During the course of last year a GP sustainability group, led by the Associate Medical Director, started to consider many of the issues facing GP sustainability. The IJB have considered a number of reports regarding this subject throughout 2017.

On 13th February the Health & Social Care Senior Management Team considered the paper; Delivering the New 2018 General Medical Services Contract in Scotland (Appendix 6). The new contract was approved by GP's in mid-January this year and will form a large part of the Directorates work in the coming years.

The paper details the most up to date information on the implementation of the new GP contract and the wider Primary Care transformation programme that accompanies it. The IJB will receive regular updates throughout 2018.

Information Technology

Work has commenced with IT colleagues, identifying the urgent need to address the lack of technologies and systems available to support Community Health & Social Care services, as well as to support transformation. Worthy of noting are the benefits of the Clinical Portal in allowing clinicians to view people's records from various (health) services, with appropriate permissions. However, it remains the case that the technology and infrastructure required to access the portal and to effectively share information for the benefit of patient care are not available across the region. An example of this is referenced in Section 4.4, where District Nursing Services do not have an IT system to record their caseload. Equally many of the premises in the community (Independent GP practice's and NHS buildings) do not have Wi-Fi. Moving to implement any systems to benefit health and social care will require this basic infrastructure to be in place. We have now started to work closely with our IT colleagues. A work plan with timeframe has been requested for planned work and we will build towards a system where information can be shared between colleagues, patients and teams. The Community Health and Social Care management team acknowledge that the new DGRI had to take precedence for our IT colleagues. The team are now working to ensure that the same robust planning and focus for IT work in the community can be provided. This will have funding implications and as such may create a new risk.

Adverse Events

1033 adverse events were reported from 1 January 2017 to 31 December 2017. Of these 557 were classified as near misses and resulted in no harm, 470 resulted in

harm, 1 was classified as a Significant Adverse Event (SAER) and is currently under investigation.

Two SAERs reported in 2016 were closed in 2017.

The top three Adverse Event Themes are Treatment Problems; Slips, Trips and fall and Medication Incidents.

Within the '**Treatment Problem**' theme the highest number of incidents or events reported relate to Pressure Ulcer (PU) acquisition of development, a trend seen across the region. Regional work, led by the Deputy Director of Nursing, in reviewing the information and data further allows us to consider how we reduce the harm that is occurring through PU development. The Directorate are building on and supporting the work already undertaken and supported by the QI hub and PU collaborative locally. We envisage that through further collaborative working the Community Nursing and Allied Health teams will further support our Care at Home providers and Care Homes to gain further knowledge in how to prevent PU's, as well as improve how we share this learning within our hospitals and community teams.

Medication Administration

There have been two themes identified within medication errors: Medication Administration and Dispensing. The Primary Care Prescribing lead is working with independent community pharmacies on any arising incident, however there is no theme or common root cause in the incidents reported, making it difficult to address as the errors have arisen from a human factor.

Medication administration errors reported have occurred either in the person's home or in a community hospital. Analysis of the errors identifies that these are in the main process errors, in that the member of staff who has made the error, has failed to follow the recognised safe process in place to prevent these errors occurring. It is rarely due to inaccurate arithmetic or calculation. Whilst any nurse making an error will undergo a period of supervision and reflection, to refresh their knowledge and skill, the Nurse Managers and lead nurse have in February 2017 re-launched the Patients Own Drug System learning pack for all new Registered Nurses on induction, further to this, and a new development, it is now expected that all RN's will have at minimum one supervised drug administration per annum. The safe process checklist will be used during this supervision; it will also now be used by all RN's supervising pre registration nurses. The aim of this improvement work is intended to refocus the RN's to ensure that their practice is safe and that poor practice is not creeping in or accepted as the norm. It is also aimed to ensure that RN's model safe and effective medication administration to our future RN's. The learning and monitoring of this work, will be undertaken through the Care Assurance work, as well as monitoring of ongoing incidents and events.

Slips, Trips and Falls

It is acknowledged that the numbers of falls by patients remains to be in the top 3 Adverse Incident's. This can also be linked to the Care Assurance work described in Section 4. Care Assurance reports are telling us that teams have low compliance

in ensuring that all patients in hospital have a Falls Risk assessment completed upon admission, reviewed regularly, a post falls bundle** undertaken when a person does fall, or more importantly that a robust plan of care is considered and actioned with the person at any of these points. With ongoing training and feedback during the supervision elements of Care Assurance we aim to improve the planning and implementation of interventions and treatments to reduce the number of falls and/ or reduce the harm occurring from falls.

Complaints

The Directorate received twenty-three complaints during the period February 2016 – January 2017, of these sixteen were either partially or totally upheld after investigation. Our response and time to close is not satisfactory and a focussed piece of work is required here (see Table 3; Feedback in Appendix 4). It is hoped that the employment of a skilled Risk, Adverse Incidents (AIs) and Feedback officer will support this work moving forward in localities and with the refocused Directorate Connecting Quality Group.

On a positive note, we have been pleased to have received four positive stories via Care Opinion, where positive experience and learning has been gained informing of what we need to enhance upon and continue to do with and for people in our care. We continue to promote the use of Care Opinion within the Directorate.

We do wish to highlight one particular complaint that went through internal process and was escalated by the complainant (Mr A) to the Scottish Public Services Ombudsman (SPSO). Whilst this complaint was received prior to Integration it highlights the need for collaborative working across the partnership. The Ombudsman laid their report before parliament in November 2017 with a number of recommendations made to be met and ongoing monitoring and improvement enacted locally.

In relation to Mr A's care SPSO found that the NHS Board failed to take all reasonable steps to ensure Mr A was in a position to make an informed decision about the move to a nursing home, in line with the guidance, and an opportunity for discharge home was missed. The SPSO recommended that we cover the costs of the nursing home fees paid for the time he was in the nursing home on production of an invoice or receipt (or other evidence it was paid) by 22 January 2018 and that the Board apologise to Mr A for this failing; both actions have been completed.
*** Post falls bundle, is the NHS Dumfries and Galloway gold standard record utilised for re-evaluating and assessing a persons care and treatment needs following a fall in our care*

It was found that staff failed to follow elements of the guidance on choosing a care home on discharge from hospital and hospital-based complex clinical care to ensure Mr A was discharged in a reasonable way. As described in the Action plan (Appendix 5) a review of the choice guidelines is currently being undertaken. The link to monitoring implementation and knowledge of staff and patients about use of these guidelines is being undertaken using the Care Assurance methodology, with the additional questions referred to in section 4.3 being implemented and reviews occurring monthly from March 2018.

In considering the finding that staff failed to provide clear written information in line with hospital-based complex clinical care guidance about discharge to Mr A to ensure Mr A was discharged in a reasonable way a Short life working group has been established to consider how we provide people with written information regarding their choices and also about the agreements made with them about their care i.e. their own copy of Multi-disciplinary meeting notes, allowing them time to reflect and ask further questions when unsure. This SLWG will also consider a new process for running Multi-Disciplinary Team (MDT) meeting with people and their carers, next of kin, Power of Attorney (POA) or Guardian in the meeting. This will enhance the work already established in Daily Dynamic Discharge (DDD) discussions ensuring that the ethos of 'nothing about me without me' is adhered to. Further to this, awareness raising is occurring across all inpatient settings and evidence of this being collected as assurance.

As described in Section 4.3 Care Assurance, the need to ensure that capacity and consent assessment, documentation and treatment planning is occurring in Cottage Hospitals is essential. This is important in relation to ensuring that advocacy services are offered to all patients and particular attention paid to those who have reduced or fluctuating capacity. However, the capacity of the IDEAS team to deliver this training by April 2018 is limited and further time will be required to meet this action. Further to this, the benefits of providing people with a copy of a transfer letter when they are transferred from Acute to Primary Care, such as that provided to their GP on discharge from Acute Services, is being explored. The intent in this is to ensure that people are constantly and consistently involved and informed in their care.

The Directorate fully accepts that Mr A had a poor experience of elements our service that has had significant impact upon him. The events also caused the NHS Board in particular reputational damage. However we do feel that the learning and ongoing work to address the identified shortcomings will impact positively on how we collectively work differently with and for people who require the care and support of our Directorate.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

- 5.1. The management of the daily operational risks can be managed within existing resources. Finances, as yet unknown, from Scottish Government will support the implementation of the GP contract/Primary Care Transformation. Resources are highly likely to be required in respect of the OOH services and IT but at this juncture figures are not known.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1. The Community Health & Social Care Directorate play a central role in the delivery of the nine National Health & Wellbeing outcomes and are responsible for the delivery of the four locality plans.

7. Legal & Risk Implications

- 7.1. There are no known legal implications. There is significant risk attached to the Out of Hours Service in the short/medium term.

8. Consultation

- 8.1. The Chief Officer, Chief Social Work and Deputy Nurse Director have reviewed this paper.

9. Equality and Human Rights Impact Assessment

- 9.1. Not required

10. Glossary

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|-------|--------------|---|
| 10.1. | CASS | Care and Support Service |
| | STARS | Short Term Assessment and Reablement Service |
| | OOH | Out of Hours |
| | AHP | Allied Health Professionals |
| | HCPC | Health and Care Professionals Council |
| | NMC | Nursing and Midwifery Council |
| | SSSC | Scottish Social Services Council |
| | GMC | General Medical Council |
| | HIS | Healthcare Improvement Scotland |

HEI	Healthcare Environment Inspectorate
SHC	Scottish Health Council
SIGN	Scottish Intercollegiate Guidelines Network
SPSP	Scottish Patient Safety Programme
KPI	Key Performance Indicators
IoRN	Indicator of Relevant Need
JiT	Joint Improvement Team
eKSF	electronic Knowledge Skills Framework
CPR	Cardiopulmonary Resuscitation
CPD	Continued Professional Development
EIC	Excellence in Care
SEND	Scottish Executive Nurse Directors
RN	Registered Nurse
HCSW	Health Care Support Worker
IDEAS	Interventions for Dementia Education Assessment and Support
CNO	Chief Nursing Officer
TNMaHP	Transforming Nursing Midwifery and Allied Health Professional
NMaHP	Nursing Midwifery and Allied Health Professional
IT	Information Technology
PDSA	Plan Do Study Act
HSC	Health and Social Care
AFC	Agenda for Change
GCH	Galloway Community Hospital
MDT	Multi Disciplinary Team
POA	Power of Attorney
PU	Pressure Ulcer
SAER	Significant Adverse Events Review
SPSO	Scottish Public Services Ombudsman
DDD	Daily Dynamic Discharge
AI	Adverse Incident