



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	14 August 2019
Agenda Item	8
Title	Care at Home Improvement Update - July 2019
<p>Summary</p> <p>This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. It also provides an update on the action taken in response to Allied Healthcare's withdrawal from the care at home contract.</p>	
Presented by	Candy Millard, Head of Adult Health & Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the report</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

14 AUGUST 2019

Report by Chief Officer

CARE AT HOME IMPROVEMENT UPDATE JULY 2019

PURPOSE OF REPORT

1. This report gives an update on the Care at Home Improvement Plan actions and the performance measures developed to track progress. It also provides an update on the action taken in response to Allied Healthcare's withdrawal from the care at home contract.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the report.

BACKGROUND

3. The Integration Joint Board has received a series of reports on the issues with the in-house care at home service and the improvement activity underway. Links to all previous papers are provided at the end of this report in the section background papers.

REPORT

Improvement Progress

4. An overview of progress on improvement actions is summarised below with a full copy of the improvement plan available in appendix 1. As requested by the IJB, the improvement plan contains information about timescales for action and whether these are being met on time.
5. The Care Inspectorate have issued questionnaires to care at home staff and service users in advance of their next inspection which will give us an independent evaluation of our improvement progress.
6. Care and support personal plans – The new documentation is live on CareFirst, the social work information system, and is in use by the Quality Review Team. Home care organisers training took place on 23 July 2019. Improved care and support plan folders have been developed and are being distributed to all services users, with a copy of the new care plan where available.
7. Medication management – The HSCP policy has been approved and will be tested in a small geographical area. This will enable us to identify and address issues prior to rolling out across ERHSCP. This piece of work is behind schedule due to staff absence. The meeting with the Care Inspectorate's Pharmacy Lead has been rescheduled for early September following which training and testing will commence.

8. Review of personal plans – There are currently 6.5 reviewing team members. The team has not been acting at full capacity due to planned and unplanned absence. 165 reviews have been undertaken to date. Additional capacity is being obtained by offering other HSCP staff additional hours as home care reviewers.
9. Complaints handling –the new service users' packs which contains details of how to complain are being distributed. Prior to this a letter was sent to all service users in March providing a contact for any concerns. The Quality Assurance Officer is looking at the use of the Council's complaint handling system and how to clearly distinguish between in-house and external provider complaints. Since the last update an overview of complaints is being taken to the monthly management meetings and home support organisers and assistants have received further training on complaints handling.
10. Service delivery times – A review of current activity has shown improvement in the planning of runs (the planned visits to service users allocated to one or two home carers dependent on need). These were seen to reflect appropriate travel times between service users and to match the time allocated for the tasks to be undertaken.
11. Staffing levels – The first 7 care at home staff have completed their induction and are working in the area. An additional recruit who commenced on 8th July is shadowing other staff prior to their induction in August along with the 3 expected to join on 5th August (subject to safe recruitment checks). We have highlighted Care at Home opportunities to Pupil Support Assistants (PSA's) who may be displaced from their posts within the Education Department. There has been a delay to the full review of deployment and shift patterns as due to the additional HR and management activity associated with the TUPE transfer Allied Healthcare staff.
12. Staff training – Induction training for new starts has been developed and delivered. There has been some slippage in the development of the training plan but the HSCP has identified a member of training staff who will be dedicated to care at home. In addition a highly experienced care at home trainer from an agency will support the planning and delivery of further training. This will be followed by work on post training evaluation and competency assessment.
13. Staff supervision – regular meetings between organisers and staff now take place and some group supervisions have commenced. Training on quality conversations, which has replaced the Council's PRD (Performance, Review and Development) process, has commenced.
14. Three staff engagement events have been arranged which are taking place in August. These events will provide an opportunity to discuss some of the most significant challenges facing the service at this time and contribute ideas towards the next phase of improvement.

Update on withdrawal of Allied Healthcare

15. The contract with Allied Healthcare for care at home terminated on 27th July 2019.
16. This was an unexpected development and by necessity had to divert management and HR attention to ensure the smooth transfer, which has inevitably led to some delays in the main programme. The Care Inspectorate have been made aware of this and recognised that there will be an impact on our improvement plan.

17. In the lead up to the contract end date, group and individual consultations were held with staff from Allied eligible to transfer to ERC under TUPE regulations. 11 of the 12 staff from Allied transferred to ERC on 28th July onto Council terms, conditions and work patterns. One staff member transferred on their existing terms and conditions. Consultation will be undertaken with this employee to realign their job role within the existing Care at Home structure.
18. Prior to the contract termination date service users were visited and advised of the forthcoming changes to their service provision. Shadowing arrangements were put in place to ensure as smooth a transfer as possible.
19. As previously reported there was a shortfall between the staffing hours available from the care staff who transferred into the in-house service and hours of support required to deliver the total hours of support previously delivered by Allied Healthcare. Three of the four Care at Home framework providers have taken the remaining 50% additional hours to support the transfer.

Interim Contract Update

20. As agreed at the IJB meeting on 1 May 2019, the HSCP would seek to agree an interim contractual arrangement with the care at home providers (Christina's, Constance Care, HRM, Careline). Following detailed discussions with these providers a variation to the existing care at home framework was proposed. Legal services issued the interim agreement on 9 July 2019. All providers are considering the offer and a verbal update will be provided at the IJB meeting on 14 August 2019.
21. In the interim the status quo remains in place and any adjustments required will be made retrospectively.

IMPLICATIONS OF THE PROPOSALS

Finance

22. The Care at Home service is currently projected to overspend by £340k based on the current cost commitments against a recurring budget of £7.4 million (5.1%). This is a prudent estimate and costs are continually being revised to reflect the ongoing impact of the action plan, including recruitment, reducing agency use, the interim framework contract and review of care packages.
23. The additional £750k recurring budget (included in the position above) agreed for 2019/20 is meeting the costs of 12 responders, 8 care at home FTE and additional contract management capacity. There is currently £150k projected for transformation activity but not yet allocated or committed (this could reduce the overspend to £190k).
24. The £250k non-recurring resource has been fully committed and is funding a number of development posts, training and recruitment, this is fully committed and the working assumption is any in year slippage will carry forward to fund a full 12 months of activity.
25. The cost projection will be refined as the year progresses and we are working hard to bring costs closer in line with budget.

Risk

26. The risk associated with the care at home service remains high but the improvement plan mitigations should see the risk reduce over the course of 2019.

CONCLUSIONS

27. Improvement activity has progressed over the last month, with progress on care planning and reviews. Some elements of the plan are, including medication management policy and training is behind schedule but there are plans for rollout to commence in September. The transfer of service from Allied Healthcare has been completed with staff transferring into the in-house service and partner providers taking the remaining hours. This by necessity diverted management and HR attention which has led to some delays in the main programme. The Care Inspectorate have been made aware of this and recognised that there will be an impact on our improvement plan.

RECOMMENDATIONS

28. The Integration Joint Board is asked to note and comment on the report.

REPORT AUTHOR AND PERSON TO CONTACT

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June 2019

BACKGROUND PAPERS

IJB PAPER: 26 June 2019 – Care at Home Improvement Update
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24640&p=0>

IJB PAPER: 1 May 2019 – Care at Home Inspection Report and Improvement Plan
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24316&p=0>

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>

Last Updated- 23/07/19



Care at Home Service – Improvement Plan April 2019							
Requirement Related Improvements							
Category	Requirement	Ref	Actions	Action Owner	Complete By	Progress Update	Status
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation (inc risk mgt)	GS & AS	26/04	<p>24/04- Key documentation content & format discussed with CI and updates made. Final formatting and sign off required – will be ready for use w/c 29/04.</p> <p>10/05- finalised, signed off and now passed to Carefirst for adding to system.</p> <p>31/05 – Documentation created on Carefirst and ready for testing</p>	COMPLETED
		2	Develop process for documentation completion	AS	26/04	<p>24/04- process development completed at workshop 24/04 including agreement on prioritisation methods and criteria. Process takes into account the need to feed information to the QRT Administrator to ensure accurate tracking of progress and outcomes of reviews.</p>	COMPLETED
		3	Upskill staff to undertake the personal planning to address agreed outcomes	AS & GS	30/08	<p>24/04- Upskilling for QRT members is underway to ensure that a high quality and consistent approach is agreed and maintained. This is supported by the multi- disciplinary make-up of the team. We have built in the need to assign appropriate QRT team member to specific clients to maintain standards. Outstanding aspects are upskilling QRT members still to join and upskilling home support organisers and the wider home care team.</p> <p>10/05- Familiarisation session with new QRT members held this week and will be covered with HSOs at future fortnightly development session.</p> <p>22/05-Covered with HSOs at session 14/05. 2 new QRT member also briefed on process to be followed. HSO Development Session on 28/05 will also be used to reinforce.</p> <p>06/06- New QRT team member trained in new process and documentation.</p> <p>27/06- Covered with HSOs on 28/05 as planned. Dedicated session on outcome focussed care planning will be run in July as part of the HSO development session series.</p> <p>16/07 - Care planning documentation to be covered at development session on 23/07 with further training input from Carefirst.</p> <p>23/07- Care planning documentation development session with HSOs completed. Next session with Carefirst team to cover system aspects.</p>	PROGRESSING
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places	AS & LG	24/05	<p>24/04- Quality Assurance officer has had input to action 2 above to ensure that quality is in built to process design. Next step is for her to develop a monitoring approach to sample audit the documents to ensure standards continue in practice after initial focus.</p> <p>10/05- Following completion of documentation and process, QA Officer can now progress and will start developing the approach during w/c 13/05.</p> <p>22/05-Approach agreed with QA Officer and she has completed sampling. She will now draft a summary report on the samples confirming ok from QRT perspective and adding a recommendation section- re document uploading. Next steps will be to complete June sample in due course.</p> <p>06/06- QA Officer completed her report and 2 operational issues identified- to be progressed at next management team meeting.</p> <p>27/06- Previously noted issues will be covered at management team meeting today. QA Officer is continuing checks on process adherence and document completion quality and providing feedback.</p> <p>12/07- QA Officer provided overview of observations at last management team meeting and is providing 121 feedback to QRT members. Delivery of plans to service users is being tracked on master spreadsheet.</p> <p>23/07- Quality checking & feedback continues. Next step to agree monthly quality standards.</p>	PROGRESSING DELAYED – Due for completion by end Aug
Care and Support	Medication must be managed in a manner that protects the health and wellbeing of service users	5	Agree medication policy with key stakeholders	GS	30/08	<p>24/04- Discussions with key internal parties have been held and follow up meeting held on 18/04 to progress completion. Planned to be approved at next available DMT meeting 17/05 and then Clinical and Care Governance on 05/06.</p> <p>10/05- Stakeholder discussions have led to some further refinement being required- still on target for Clinical and Care Governance submission on 05/06.</p> <p>22/05-Added to Clinical & Care Governance 05/06 agenda. Refinements still to be completed but remains on target.</p>	PROGRESSING – DELAYED Due for completion by end Sep

						<p>06/06- Delayed- further meeting taking place with pharmacy lead today for agreement of policy and will be ready for meeting with David Marshall on 25/06.</p> <p>27/06- Meeting with CI lead delayed and being rescheduled for early August. Milestone date revised accordingly.</p> <p>16/07 – CI session with David Marshall to be held 20/08.</p> <p>23/07- Policy signed off by DMT on 19/07. Follow up meeting with David Marshall now rescheduled to 03/09 to agree training & pilot sites.</p>	
		6	Develop key documentation (including assessment tool and recording) and roll out to staff in pilot area	GS	30/08	<p>24/04-Assessment tool content & format discussed with CI pharmacy lead. Now formatted and ready for implementation. Pilot site and training requirements now being identified for implementation of MARS sheet.</p> <p>10/05- Stakeholder feedback has been invited- currently awaited.</p> <p>22/05-C/f due to stakeholder annual leave</p> <p>27/06- delayed as per point 5 above.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		7	Deliver staff training (all care at home staff)	GS	30/09	<p>24/04- L&D resource engaged and medication management has been included in induction plan. Focus will turn to wider training roll out once induction priority has been addressed and medication policy finalised</p> <p>23/07- Additional training resource now identified and secured- starts 05/08 and will support training roll out.</p>	PROGRESSING
		8	Implement a staff competency based assessment approach	AS, LG, YO'M	30/09	<p>24/04- Following agreement of policy and documentation, Quality Assurance Officer & Nursing lead in QRT will develop a competency based assessment for staff who have undertaken medication training.</p> <p>10/05- QA Officer has been asked to lead this piece and has commenced initial discussions with nursing lead this week.</p> <p>22/05-Agreed to defer action (due date adjusted) to allow full discussion with nursing lead on return from leave and time for process development.</p> <p>27/06- Delayed due resource availability.</p> <p>23/07- Additional training resource now identified and secured- starts 05/08 and will support development and introduction of competency based assessment.</p>	PROGRESSING
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)	CM	31/05	<p>24/04- 6 out of 8 resources now in place. CM has agreed resourcing plan to fill final vacancies – interviews taking place 30/04 and 1 internal transfer date to be agreed.</p> <p>10/05- 7 (6.0 wte) out of 8 (7.5 wte) individuals (including an Administrator) in place, latest member joined 07/05. 1 member unfortunately LTS. Current resourcing shortfall is 1.5 wte (increased to 2.5wte including LTS).</p> <p>22/05-Some revisions to team set up have been agreed to maximise efficiency and drive completion of reviews in timely manner. 1 additional wte agency resource has commenced this week and a further 2 wte agency resources have been interviewed and will commence next week. 1 further internal resource (1wte) is planned to transfer to team 28/05. The agreed changes will mean total resourcing of 8 (7.0 wte) including Administrator.</p> <p>31/05 – recruitment to team now completed. All staff will be in post by 04/06</p> <p>06/06- currently have 5.0 wte (out of 7.5 wte) inc Administrator in situ. 1 additional internal wte due to join – date tba. Revised allocation approach agreed and implemented to maximise productivity.</p> <p>27/06- Redirection of resource to other priority matters (Allied) and long term sickness absence have limited progress. Session set on 04/07 to agree additional resource requirements and best way to source.</p> <p>12/07- Additional resources now added to QRT although we now have a LTS and a bereavement absence. Additional capacity obtained via overtime (QRT, HSOs and suitable staff from wider HSCP). Weekly targets now in place and new Carefirst system forms now live, which will improve efficiency. Further use of agency staff being progressed</p> <p>23/07- Team continues to progress reviews and will remain in situ until process is embedded with mainline service.</p>	COMPLETED
		10	Develop and implement a clear process and documentation for reviews	GS & AS	10/05	<p>24/04- process development completed at workshop 24/04, ready for implementation w/c 29/04.</p> <p>10/05-Process in operation. Final refinements to documentation being completed this week.</p> <p>22/05-Revised process and documentation continues to be used. Additional minor refinements identified and final versions to be circulated by GS to both operational and QRT members this week.</p> <p>31/05 - Documentation circulated and Carefirst developing form on system for test.</p>	COMPLETED
		11	Develop a tracking mechanism to ensure that the	AS	30/04	<p>24/04-QRT Administrator has prepared draft monitoring tool (including quality indicators)- next steps</p>	COMPLETED

			progress of plan provision/reviews is being completed to the required timeline			are refinement and approval, to be ready for use w/c 29/04 10/05- Final refinements completed and tracker now live.	
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. IMMEDIATELY	12	Deliver relevant training across all home care and key business support staff	GS	30/08	<p>24/04- Complaints handling flowchart has been reviewed and distributed across staff team. Online training identified and being scheduled to be undertaken by homecare organisers and assistants in first instance. Follow up workshop to be progressed via L&D.</p> <p>10/05- covered at HSO's development session on 30/04.</p> <p>22/05- Discussions ongoing with operational managers to schedule staff into training commencing early June. Meeting is being scheduled with Business Manager to discuss efficient operation of underlying HSCP- wide process.</p> <p>06/06- Training scheduling to be picked up at next management meeting. Meeting with Business Manager now requires to be rescheduled.</p> <p>27/06- Training progress to be discussed at management team meeting today. QA officer now involved in process discussions (session held this week) and new Governance Officer role will support staff development.</p> <p>12/07- Many of the HSOs have now completed online training. Further session on complaints handling and investigation to be held at development session on 23/07</p> <p>23/07- Further training covered with HSOs at development session today. Awaiting confirmation that all HSOs have completed their online training. Next step is to roll out appropriate training to business support.</p>	PROGRESSING
		13	Provide accurate and up to date info to service users on how to complain	GS & AS	31/05	<p>24/04- Information packs (including information on how to complain) are being finalised ready for roll out w/c 06/05.</p> <p>10/05- Delay in finalising packs- now scheduled for launch w/c 20/05.</p> <p>22/05- We have agreed a short delay to evaluate whether a separate info pack is beneficial for service users/families as information is contained within the written agreement for service users.</p> <p>06/06- Preference now expressed for info to be within the written agreement. Enquiries underway to identify appropriate foldering arrangements.</p> <p>27/06 – Packs now in preparation for roll out w/c 08/07</p> <p>12/07- Details of how to complain info is now in packs and pack distribution to all service users is progressing.</p> <p>23/07- Additional resource now in place to support folder and pack distribution across all service users.</p>	PROGRESSING – DELAYED Due for completion by end Aug
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice	AS	31/05	<p>24/04- Quality Assurance Officer to review service complaints to check process compliance and extract learning & recommendations from complaint analysis. Monthly governance forum (which includes complaints/learning from them) agreed and will operate from 05/19 onwards.</p> <p>10/05- Complaint review now forms part of Intensive Service Management Team monthly meeting. Also on agenda for monthly oversight meeting – first one scheduled for 21/05.</p> <p>22/05- QA Officer has completed review and will now prepare a summary report with themes and recommendations by 30/05, to feed next management team meeting. Noted that GS is discussing wider complaints process aspects with concerns with relevant Business Manager.</p> <p>06/06- Report completed but has been referred back for splitting of complaints between in house and framework providers.</p> <p>27/06 – Quality Assurance Officer and Governance Officer continue to address classification issues within reporting system. Complaints overview reviewed monthly at management meeting (commenced 27/06)</p> <p>12/07 -Process refinement and streamlining (with a focus on improved recording and acting on learning) is under way, led by QA Officer.</p> <p>23/07- work continues to progress on refinement of process.</p>	PROGRESSING – DELAYED Due for completion by end Aug
Care and Support	Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs. BY 31/07/19	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users	GS via GC	30/06	<p>24/04- Our dedicated internal CM2000 resource has been refocussed to ensure that key data is populated, updated and cleansed where required to allow it to be used meaningfully to better plan our service delivery.</p> <p>10/05- Regular data extract now being pulled and reviewed/refined.</p> <p>06/06- Automated reporting has now been set up to support KPI analysis.</p> <p>27/06 – Development of standard report formats now being progressed to support front line managers address timing issues of visits.</p> <p>23/07- Weekly compliance report now being distributed to HSOs to address within their patches.</p>	PROGRESSING – DELAYED Revised date to be agreed

		16	Review current scheduling arrangements (to include consideration of factoring in travel time)	GS via GC	30/06	<p>24/04- Initial steps taken to improve frontline staff's use of CM2000 to drive better compliance, which will inform better resource utilisation.</p> <p>22/05- Better staff compliance continues (c86% currently). A weekly governance report is being pulled and HSOs have been tasked with addressing compliance issues with staff.</p> <p>27/06- In house compliance levels remain at over 80% and increased capacity once new recruits commence in patches after completion of induction this week will support improved scheduling ability.</p> <p>12/07- Patch by patch activity and runs reviewed- improved structure of runs reflecting appropriate travel times between clients now in place. Monitor and refine as required.</p> <p>23/07- Work continues to improve scheduling across the patches, led by our in house Scheduler.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded	GS via GC	30/06	<p>24/04- Late/missed visit reporting arrangements have been refreshed and analysis is being undertaken.</p> <p>10/05- Missed visit reporting switch on is scheduled for w/c 13/05. Better compliance levels continue, facilitating the reporting switch on.</p> <p>22/05- Missed visit alert switch on introduced as planned- after initial spike, numbers are more stable. Further monitoring required.</p> <p>06/06- A number of missed visit alerts are still continuing and further work is required on this.</p> <p>27/06- Additional business support resource identified to manage alerts generated due to compliance levels</p> <p>23/07- Compliance levels continue to be addressed to support timings of visits to service users.</p>	PROGRESSING – DELAYED Revised date to be agreed
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. BY 28/09/19	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised	GS via JP	30/06	<p>24/04- Scheduler has commenced a patch by patch review to consider realignment of existing staff runs.</p> <p>10/05- Latest update from Scheduler awaited and is being reminded. Contracted hour increases (from part time to full time hours) are being progressed where possible.</p> <p>22/05- 10 staff have agreed contracted hours increases and these will be implemented. Update from Scheduler on review findings has been delayed due to annual leave. Work is progressing well in realigning hospital discharge work and carer capacity into patch teams.</p> <p>27/06- Hospital discharge team dispersal planned to commence from mid July. Work to align staff transferring from Allied and the new recruits in into patches is currently being done by the managers, with a focus on best use of available resource.</p> <p>23/07- Allied staff transfer now complete and incorporated into patch teams which has allowed for some realignment of shift patterns. Hospital discharge team dispersal currently on hold due to further discussions required with trade unions.</p>	PROGRESSING – DELAYED Due for completion by end Sep
		19	Recruit sufficient levels of additional staff	AS	31/07	<p>24/04- We have secured 9 candidates from current recruitment wave. Further fast-track recruitment event arranged for 15/05 in partnership with external providers. Venue arranged, Comms team engaged re publicity, support from HR & Work ER secured.</p> <p>10/05- 10 recruits now confirmed from initial recruitment round- pre employment checks underway and start dates to be confirmed. Significant planning and preparation work for 15/05 event completed and everything remains on target, with all 5 framework providers confirming their attendance.</p> <p>22/05- Event held 15/05- 5 additional staff have accepted offers. 2 others referred to framework providers, where we did not have runs to suit their needs. Further myjobscotland advert running 24/05 for 2 weeks. HR are chasing pre- employment aspects for candidates from previous round.</p> <p>06/06- HR pre-employment checks continue – we currently have 7 candidates ready to commence their induction training on 17/06, 3 who can start in July and we are chasing re 3 others.</p> <p>27/06- 9 recruits commenced induction 17/06- 1 dropped out, leaving 8 ready to join patches from 01/07. 3 others due to join during July. A further 8 interviews taking place tomorrow and HR team have been engaged to ensure pre- employment process is completed as swiftly as possible on successful candidates, to support a further induction on 05/08.</p> <p>12/07- 1 additional dropout from induction means 7 new staff now in patches along with 1 additional recruit commenced 08/07. 2 further July starts anticipated along with 3 expected to join on 05/08 (subject to safe recruitment checks).</p> <p>23/07- 1 new start confirmed for 29/07 with a further 3 start dates to be confirmed once recruitment checks completed- anticipating them being available to attend induction on 05/08. Further advert to run for 2 weeks from 02/08.</p>	PROGRESSING
		20	Address sickness absence levels by consistently	GS	31/05	<p>24/04- Good results achieved in reducing short and long term absence levels though implementation</p>	COMPLETED

			implementing the Council's 'Maximising Attendance' policy			of council policy. Next steps involve a forensic analysis of absence patterns across the service. 10/05 - HR resource to undertake analysis now identified and start date awaited. 22/05 - Absence rate remains at a lower level than previously experienced. HR resource has provided first part of useful absence analysis and also compared our service absence levels with care at home services in other neighbouring authorities- to be concluded next week. 27/06 - Correct HR processes continue to be followed as standard now and absence rate has now settled at c13%.	
		21	Review partnership working approach with private providers to obtain maximum additional capacity	GS	31/07	24/04 - Engagement conducted with framework providers re fast track event on 15/05 to maximise availability of care at home staffing across East Renfrewshire. Development of brokerage model underway to ensure timely transfer of care hours where capacity exists. 22/05 - HSO resource now assigned to look at transfer capacity. Recruitment event did not attract candidates for private providers. 27/06 - Regular engagement with providers continue and we have managed to agree a modest transfer of hours in the last period. Framework providers contract expiry and new interim arrangements being implemented provides opportunity to hold further capacity and hours transfer discussions. 23/07 - 50% of Allied work was retained within framework providers. Awaiting confirmation of acceptance of contract variation from providers.	PROGRESSING
Staffing	Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	22	Complete the gap analysis of training/skills in current staff group	GS	17/05	24/04 - Work has largely been completed - final data input and analysis to be undertaken. 10/05 -meeting held with L&D 09/05 and data extraction and analysis will be done next week. 22/05 - Significant training gaps identified and L&D have been advised at meeting 09/05.	COMPLETED
		23	Develop and deliver training and upskilling plan to address the gaps	JR & GS	31/03/20	24/04 - not yet progressed- awaiting L&D resource release and additional frontline staff availability. 22/05 - L&D resource now reviewing delivery and capacity options and some middle of day carer downtime identified, to enable scheduling of priority aspects. 27/06 - Have agreed a dedicated time slot (w/c 01/07) with L&D resource to enable the creation of a plan for existing staff, including priority training topics which can be progressed quickly using current downtime. 12/07 - Draft L&D framework now developed and will be reviewed and refined as required. Initial focus is on which elements can be commenced swiftly during any current downtime. 23/07 - Elearning now scheduled to run from 26/07 and will be rolled out across patches. Additional training resource now identified and secured- starts 05/08 and will support upskilling work.	PROGRESSING
		24	Develop a comprehensive induction plan for new recruits	AS	31/05	24/04 - Induction plan, content and resource secured to support delivery.	COMPLETED
		25	Deliver induction training to all new staff in advance of service commencement	AS	15/07	24/04 - ready for delivery once new recruits commence. 22/05 - Start date scheduled as 17/06 (with another session commencing 01/07 available as a wash up) 27/06 - 8 staff will completed the first induction session tomorrow and another session is planned to run from 05/08. Tailored induction provided to Allied staff transferring on 25 and 26/06. 12/07 - Lessons learned session held to reflect on how first induction had gone and a slightly tweaked plan now agreed for the 05/08 intake. 23/07 - Preparation continues for next intake on 05/08.	PROGRESSING
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals	JR & GS	30/06	24/04 - Initial workshop dates for organisers and managers set by L&D – commencing 13/05. 10/05 - Corporate "Quality Conversation" sessions set and HSO's will all attend. 22/05 - L&D session held with HSOs. Scheduling of "Quality Conversation" training still to be undertaken. 27/06 - Quality Conversations session have commenced and all HSOs and managers will complete. 23/07 - Managers have completed the training sessions and roll out now being handled across staff groups.	PROGRESSING – DELAYED Due for completion by end Aug
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals	GA, CT, LG	31/07	24/04 - not yet progressed. 22/05 - Meeting held with action owners this week and noted a process is in place. QA Officer will review to make process for scheduling and logging completion more robust and will check if CM2000 can be used as an alternative. 27/06 - QA Officer continues to progress with managers but delays experienced due to Allied transfer, workload/absence. 23/07 - Delays continues to be experienced due to reduced management capacity.	PROGRESSING – DELAYED Due for completion by end Aug

		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan	GA, CT, LG	31/07	<p>24/04- not yet progressed.</p> <p>22/05- Meeting held with action owners this week and noted a solution is in place but will need development/revision –see action 27 above.</p> <p>27/06- QA Officer continues to progress with managers but delays experienced due to workload/absence.</p> <p>12/07- Tracking tool now in place and population with ytd 2019 info is now underway.</p>	PROGRESSING –DELAYED Due for completion by end Aug	
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events	GS	31/05	<p>24/04- Guidance recirculated to staff team. Further workshop planned for mid-May to the use of guidance.</p> <p>10/05- workshop with HSO's held on 30/04 and written outputs circulated.</p>	COMPLETED	
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner	GA, CT & LG	17/05	<p>24/04- Two additional managers now have access to CI eforms for notification purposes. Work to clearly document internal process and responsibilities is being progressed.</p> <p>22/05- Content now agreed and hard copies in place. QA Officer to arrange a staff email to go out, inclusion on Organisers meeting agenda and inclusion on July patch meeting agendas to close action fully.</p> <p>06/06- completed.</p>	COMPLETED	
Recommendation Related Improvements								
Staffing	The service should the review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff	31	Include dementia training in both induction plan and for existing staff yet to undertake it (as noted in Requirements above)	JR & GS	17/05	<p>24/04- Already included in induction plan. Will be picked up via gap analysis for existing staff in action 22 above.</p>	COMPLETED	
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice	GA, CT & LG	31/07	<p>24/04- Mechanism to be developed -competencies following training will be evaluated by managers who have completed the Best Practice in Dementia award.</p> <p>10/05- Internal subject matter expert identified to support design of mechanism. QA Officer involvement in this activity agreed.</p> <p>22/05- QA Officer to arrange meeting with stakeholders by mid-June to progress agreement on approach. Action due date revised accordingly.</p> <p>27/06- QA Officer continues to progress with stakeholders but delays experienced due to absence.</p> <p>23/07- Additional training resource available from 05/08 will support progression.</p>	PROGRESSING –DELAYED Due for completion by end Sep	
		33	Ensure relevant dementia information is included in key documents including care plans	LG	31/07	<p>24/04- Revised templates include provision for dementia related information to be captured. Quality Assurance Officer will undertake sampling of documentation against system held information to ensure accuracy.</p> <p>22/05- QA Officer will check this aspect by the sampling at action 4 above. This will be supplemented by asking QRT members to flag dementia cases to her for additional record sampling.</p> <p>27/06- This continues to form part of QA Officer's reviews on documentation.</p>	PROGRESSING	
Supplementary Improvements								
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers	AS & GS	30/06	<p>24/04- Review documentation includes opportunity for qualitative feedback. Service Users survey documentation drafted and awaits sign off.</p> <p>22/05- Meeting scheduled with action owners this week to check progress. Has been fed into Communication Plan work- action 39.</p> <p>06/06- Agreed for inclusion in Comms plan workshop scheduled to take place on 19/06- due date delayed to reflect this.</p> <p>27/06- Multiple feedback routes have been included in the new draft communication plan- this is progressing through sign off from stakeholders.</p> <p>23/07- Documentation for gathering qualitative feedback from service user reviews now signed off and live.</p>	PROGRESSING –DELAYED Due for completion by end Aug	
Staffing		35	Develop and implement a procedure to cover earlier alerting of changes in the field (carers to office) which will impact planned care times during a run	GA, CT & LG	30/06	<p>24/04- not yet progressed.</p> <p>27/06- Positive session held with HSOs on 25/06 and process redrafted – some challenges also identified as part of this and need to be resolved as part of implementation.</p> <p>23/07- process now agreed, documented and circulated.</p>	COMPLETE	
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings	GS	30/04	<p>24/04- Environmental risk assessment has been reviewed and will be implemented as care reviews are undertaken.</p>	COMPLETE	
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE	GA, CT & LG	10/05	<p>24/04- Meeting to be arranged with responsible parties to ensure progression in time for May patch meetings</p> <p>10/05- Meeting held and work largely complete- will be completed and signed off this week.</p> <p>22/05- now signed off and circulated for use.</p>	COMPLETE	
Staffing		38	Develop and implement a workforce development	JR & GS	31/08	<p>24/04- Will be picked up as part of fortnightly L&D management level meetings.</p>	PROGRESSING	

		programme for 1 st line managers			<p>10/05-agreement reached on approach at meeting with L&D on 09/05 – content and ownership for next session agreed.</p> <p>22/05- Sessions have commenced fortnightly – quarterly forward plan of content and contributors will be developed. Meeting with L&D being arranged to progress this.</p> <p>06/06- date for session with L&D to complete quarterly plan is being chased.</p> <p>27/06- Fortnightly sessions continue with HSOs. Delays experienced in scheduling planning session due to workload and availability</p> <p>23/07- Sessions ongoing- further forward planning for next quarter still to be finalised.</p>	
Management & Leadership	39	Develop and implement a care at home staff ongoing communication plan	GS & AS	30/06	<p>24/04- Letters to staff issued, drop in sessions for staff ongoing and patch team meetings now scheduled for alternate months. Home support organisers meetings continue fortnightly. Future communication strategy meeting scheduled for 07/05 and we have obtained and are reviewing successful communication approaches from other partnership areas.</p> <p>10/05-useful initial scoping meeting held 09/05-output being reviewed and refined by attendees.</p> <p>22/05- Feedback obtained from session attendees and will be added to document. Request is being made to our internal Communication team to support creation and implementation of a structured plan. Follow up meeting to be scheduled w/c 03/06.</p> <p>06/06- Internal Communication team resource secured and follow up meeting held 06/06. Agreed a multi-layer communication approach and this will be progressed at a dedicated workshop on 19/06, with key stakeholders in attendance.</p> <p>27/06- full day workshop held 19/06 and communication plan drafted- currently progressing through signoff. This incorporates continuation of some elements already introduced and some new aspects.</p>	PROGRESSING –DELAYED Due for completion by end Aug
Management & Leadership	40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR	GS & LG	30/06	<p>24/04- initial discussions underway with our HR teams.</p> <p>22/05- noted that HR have had discussions with Disclosure Scotland who indicate that the 3 year refresh position is not one that they support. GS will discuss with her contacts at Care Inspectorate.</p> <p>23/07- CI referenced the Safer Recruitment, Better Recruitment document. Costings have been obtained to support refresher programme and being discussed with senior management.</p>	PROGRESSING – DELAYED Revised date to be agreed
Management & Leadership	41	Develop a programme plan to ensure SSSC registration & relevant qualifications are met with required timelines	AS	31/05	<p>24/04- Records have been updated and staff categorised based on registration and qualification status. L&D engaged and plan being formulated.</p> <p>10/05-Latest figures now collated and assessor capacity to support qualification needs is not an immediate issue within current plan. This will be reviewed again after latest recruitment which may impact on levels.</p> <p>22/05- Qualification status of latest recruits to be fed into plan – it is not currently anticipated that this will cause any revisions to previously agreed approach.</p> <p>27/06- Resource now in place to manage tracking of this- meeting to be scheduled in to arrange update of records with new recruits and Allied staff transfer in mind.</p>	PROGRESSING – DELAYED Due for completion by end Aug
Management & Leadership	42	Create required service level risk assessments	CM & GS	31/05	<p>24/04- Monthly governance meeting proposal agreed and this will feed the key risk areas and allow these to be captured and managed more effectively. New HSCP governance role due to be appointed shortly which will further support. Service risk register in place and requires regular ongoing review.</p> <p>10/05-First monthly oversight session arranged for 21/05 and detailed agenda developed to ensure key risk areas are identified, mitigated and managed effectively.</p> <p>22/05- First session held 21/05 and risks considered across 4 key themes (Contractual, IT systems, Financial and Operational), with mitigation actions agreed. Session will operate monthly.</p>	COMPLETED
Management & Leadership	43	Review phone system and call handling to improve communications for service users, families and frontline staff	CM	30/06	<p>24/04- Senior management have assigned a business manager to take ownership of review and providing recommendation to remedy current difficulties.</p> <p>10/05-Review completed and temporary fix involving hunt group now implemented. A more sustainable plan involving a manned reception approach with hunt group is being implemented next week. Impact will be reviewed and further actions taken as necessary.</p> <p>22/05- Meeting being arranged with Business Manager to agree the longer term IT based solution and the implications for /requirements from the service.</p> <p>27/06- Delayed due to workload/absence.</p> <p>23/07- Agreed the need to involve NHS Telecoms representative - date for a session is being agreed.</p>	PROGRESSING – DELAYED Due for completion by end Aug
Management & Leadership	44	Develop and implement a culture where key operational and performance data is readily available and is actively used to identify remedial management actions required	CM & GS	30/08	<p>24/04- External consultant has supported identification of KPI and associated management information which will form an integral part of our operational focus. An initial session to discuss and formulate a plan will take place during May.</p> <p>10/05-Initial session held 08/05 and 6 key systems related themes identified for further work.</p>	PROGRESSING

					<p>Information Systems Manager attended to ensure he has a greater involvement and oversight of CM2000 at an HSCP level (rather than departmental ownership), a more integrated approach is taken on system interfaces & data availability and to avoid single points of failure.</p> <p>22/05- Regular engagement with Information Systems manager now ongoing to strengthen our governance and controls. On target for dashboard by 30/06. Follow up session booked 10/06 to check progress.</p> <p>27/06- KPI template now in place and population of key data fields is progressing. Long term absence of our CM2000 expert resource being mitigated against by interim cover arrangements and the agreement of need for a dedicated Care at Home data analyst type role. KPI info shared at management team meeting today.</p> <p>23/07- Regular KPI reporting now in place but content requires development and refinement.</p>	
Management & Leadership	45	Review and extend out of hours contact arrangements	GS & AS	30/08	<p>24/04- Initial discussions to support alternative work patterns have commenced and will require HR support for timely implementation.</p> <p>10/05- discussions with HR continue.</p> <p>22/05- Meeting being scheduled with a key stakeholders in early June to progress.</p> <p>27/06- Meeting held on 10/06 as planned and 3 point interim arrangement proposal agreed and drafted. Will now be discussed with HR and Trade Unions.</p> <p>12/07- Sessions held with HR and Trade Unions as part of consultation process.</p> <p>23/07- Initial staff briefing session with first line managers and union representatives held.</p>	PROGRESSING