

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00am on 6 March 2019 in the
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

PRESENT

Councillor Caroline Bamforth	East Renfrewshire Council
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Dr Deirdre McCormick	Chief Nurse
Dr Craig Masson	Clinical Director
Julie Murray	Chief Officer – HSCP
Kate Rocks	Head of Public Protection & Children's Services (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist
Gerry O'Hear	Lead Optometrist

IN ATTENDANCE

Jennifer Graham	Committee Services Officer, East Renfrewshire Council
Annemarie Long	Clinical and Care Governance Facilitator
Stuart McMinigal	Business Support Manager
Candy Millard	Head of Adult Health and Social Care Localities
Joan Reade	Practice Assurance and Development Manager

ALSO IN ATTENDANCE

Karin French	Parent Carer
Miriam Jackson	Carer and Your Voice Representative

APOLOGIES

Susan Brimelow	NHS Greater Glasgow and Clyde Board (Chair)
Philip O'Hare	Clinical Risk Coordinator

MINUTE OF PREVIOUS MEETING

1. The committee considered and approved the Minute of the meeting held on 31 October 2018.

CLINICAL AND CARE GOVERNANCE DEVELOPMENT EVENT

2. The committee took up consideration of a report by the Clinical Director on the outcome of the Clinical and Care Governance Development Session looking at proposed changes to the existing Clinical and Care Governance arrangements which took place on 6 February 2019.

The report provided an overview of the development session including details of attendees and the focus of the development session. Changes to the terms of reference of the proposed group were provided, taking account of feedback from the development session, and an agenda template for future meetings of the group was considered.

Dr Masson reported that the main difference would be the change of status of the committee to a group which would allow for more sensitive information to be discussed. Meetings would be increased to four times per year and would align with meetings of the Partnership Forum. Discussions had taken place at the development sessions regarding who would Chair the Group but no final decision had been made. It was reported that Ms Brimelow had advised that she would be happy to continue as Chair and the Chief Officer – HSCP undertook to clarify this with Ms Brimelow. Thereafter, a report on the amended Terms of Reference would be submitted to the IJB for consideration.

In the course of discussion a number of matters were clarified including in relation to the attendance of deputies if a member could not attend a meeting. It was also suggested that the Chief Officers' Public Protection Group could be added to the structure diagram if this was not too complicated to achieve. This change would be made prior to the report being submitted to the IJB if appropriate.

Noting the report and the comments made, the committee agreed that:-

- (a) the Chief Officer – HSCP contact Ms Brimelow to confirm if she would be willing to continue in the role of Chair for the proposed Clinical and Care Governance Group;
- (b) future meetings of the Clinical and Care Governance Group take place quarterly; and
- (c) a report on changes to the current Clinical and Care Governance arrangements including proposed new Terms of Reference for the group be submitted to the Integration Joint Board for approval, to include changes to the structure diagram, if appropriate.

ADULT PROTECTION UPDATE

3. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing an update in respect of the Adult Support and Protection Committee's progress in relation to its duties and responsibilities.

The report referred to key areas of activity in the previous six months. This included the including resignation of the Chair of East Renfrewshire Adult Support and Protection Committee; recruitment of a Lead Officer; and positive feedback from the Public Protection Conference held on 26 November 2018. It was reported that the Chief Officer's Group for Public Protection was in the process of appointing a new Chair for the Committee, which would be chaired by the Chief Nurse in the interim period, and another Public Protection Conference would be held in November 2019, following on from the excellent feedback received in relation to the 2018 conference.

The Head of Public Protection and Children's Services was heard further regarding the report, advising that the review of Greenlaw Grove was expected to conclude at the end of March and a report on the findings would be submitted to the Clinical and Care Governance Group in due course, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB. She added that, following the conclusion of

thematic inspections of Adult Support and Protection (ASP) in 2018, the Scottish Government and The Care Inspectorate would continue inspection of ASP practice for the remaining HSCPs over the next two years.

Further information was provided on quality assurance/training, national priorities/local implications, and it was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The committee noted the report.

CHILD PROTECTION UPDATE

4. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) updating members on key areas of activity for the East Renfrewshire Child Protection Committee relating to national agendas and local activity.

The report provided information on key areas of work within the child protection field during the previous 6 months including the appointment of a new Lead Officer - Child Protection; positive feedback from the Public Protection Conference in November 2018; Quality Assurance/Audit Activity; and the local implications of national priorities. It was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The Head of Public Protection and Children's Services advised that, as part of a Quality Assurance Plan for Public Protection, an Inter-agency Referral Discussion (IRD) was undertaken and the outcome of the audit would be reported to the next meeting of the Clinical and Care Governance Group, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB. In addition, it had been agreed that IRDs would be audited on a quarterly basis with an annual report being submitted to the East Renfrewshire Child Protection Committee Continuous Improvement Sub-group in August each year.

The committee noted the report.

MAPPA UPDATE

5. The committee took up consideration of a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing an update on key areas of activity for Multi-Agency Public Protection Arrangements (MAPPA) within North Strathclyde and East Renfrewshire.

The report referred to key areas of activity in the preceding six months including VISOR; Quality Assurance/Audit Activity; and the local implications of national priorities. It was reported that there had been no Serious/Significant Case Reviews in East Renfrewshire during this period.

The Head of Public Protection and Children's Services referred to the dissolution the Pathways Partnership Project, which had been a service previously shared with Renfrewshire and Inverclyde, and the processes which had been put in place to mitigate any risk during the transition to a new model of delivery. The project would be replaced with the Moving Forward Making Changes programme (MFMC) and three members of the criminal justice team were now able to deliver the programme in a group or individual setting.

The Head of Public Protection and Children's Services referred to the Violent and Sex Offender Register (VISOR), reporting that four criminal justice workers who needed access to the system were not yet vetted to the required standard, which may lead to their access being removed in future. She advised that discussions were ongoing with the workers to encourage them to undertake the vetting process to allow access to be maintained, and any future appointments to the criminal justice team may be subject to the vetting process being undertaken.

The committee agreed to note the report.

BONNYTON HOUSE ACTION PLAN

6. The committee took up consideration of a report by the Head of Adult Health & Social Care Localities providing an update on the most recent inspection undertaken of Bonnyton House and the continued improvement activity to be progressed by the service.

The inspection report had graded Bonnyton House as good in two areas and adequate in three areas. Within the two areas graded as good, it was highlighted that staff had clearly demonstrated a caring and professional approach when supporting residents; improvements required to the management of medication had been met; the service continued to benefit from a stable management and staff team; training, supervision and regular consultation had taken place; and staff were considered to be genuinely respectful and interacted with residents and their relatives in a professional and compassionate manner.

A number of improvements were required within the areas graded as adequate including further development of quality assurance systems to demonstrate a more thorough analysis of what was happening within the service; undertaking additional work to upgrade the service environment; and including further detail within care plans to ensure care and support was consistent with the Health and Social Care standards.

Having heard members welcome the improvements which had already been made, the committee agreed to note the report.

RECORDING GUIDANCE AND STANDARDS

7. The committee took up consideration of a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) seeking consideration and approval of the new East Renfrewshire HSCP Recording Guidance and Standards.

It was reported that the existing case recording guidance required to be updated to reflect changes in legislation, national learning from Serious Case Reviews and findings from local audits, and a group comprising practitioners and managers across the HSCP had worked to devise updated standards and accompanying guidance. A series of briefings on the new standards and guidance were carried out and an implementation plan would include support and training for staff.

Having heard the Chief Nurse suggest that it would be helpful if the guidance could link to existing professional standards, the committee agreed:-

- (a) the Chief Nurse would liaise with the Learning and Quality Assurance Manager to add a link to existing professional standards; and
- (b) otherwise, to note the report and approve the implementation of HSCP Recording Guidance and Standards.

HSCP COMPLAINTS – QUARTERS 1&2 – 2018/19

8. The committee took up consideration of a report by the Chief Officer providing information on and analysis of complaints, enquiries, suggestions comments and compliments received by the HSCP and IJB for the period April to September 2018.

It was noted that 18 complaints were received in the first quarter and 20 were received in the second quarter of 2018/19 in relation to the HSCP. No complaints had been received in relation to the IJB during either quarter. Summary details of the complaint type, category and conclusion were provided.

The report also explained that during quarter 1, 1 case had been reviewed by the Ombudsman but they did not proceed with an investigation; that 15 contacts had been received from MP/MSP/Councillors; 5 compliments had been received; and there had been 5 late responses to complaints. During quarter 2, 10 contacts had been received from MP/MSP/Councillors and 6 compliments had been received. No cases were reviewed by the Ombudsman in quarter 2. Background information in respect of each of these matters accompanied the report.

In response to a question about the number of complaints which had been upheld and how this compared to other local authority complaints statistics, the Business Support Manager advised that he did not have that information but could undertake some comparative work to allow an update to be provided. During discussion, the Chief Nurse highlighted the importance of encouraging patient/client feedback, whether good or bad, following which the Business Support Manager advised that patient/client feedback was currently sought through the health side of HSCP but not in the Social Work side.

The committee agreed:-

- (a) that the Business Support Manager undertake comparative work with other local authorities regarding the number of complaints upheld, and provide an update in due course;
- (b) that the Chief Nurse/Business Support Manager submit a report on patient participation in due course; and
- (c) otherwise, to note the report.

GP AND OPTOMETRY COMPLAINTS – QUARTER 2 – 2018/19

11. The committee took up consideration of a report by the Chief Officer - HSCP providing an overview of GP and Optometry complaints reported during quarter 2 of 2018/19.

The report explained that all 15 GP practices had responded and a total of 48 GP complaints had been received, an increase of 19 from quarter 1. Of the complaints received, 42 were responded to within 5 working days; 6 within 20 working days; and no complaints remained unresolved at the end of the reporting period.

It was further explained that 10 out of the 15 Optometry practices had submitted responses and 1 complaint had been received during the reporting period which was responded to within 5 days and upheld.

Following discussion, the committee agreed:-

- (a) that more detailed information be requested from practices to allow further work to be undertaken on sharing and learning best practice; and
- (b) otherwise, to note the report.

DISTRICT NURSING REVIEW UPDATE

12. The committee took up consideration of a report by the Chief Nurse providing details of a review commissioned by East Renfrewshire HSCP Senior Management Team in response to concerns raised by Unison on behalf of members of the District Nursing Team.

The review took place between September 2016 and June 2018 to examine and explore concerns raised by staff within the District Nursing Service in relation to working over their contracted hours; taking tablets home; and working evenings to complete nursing notes. It was reported that measures were put in place to address the concerns raised but further concerns about a potential culture of bullying within the service led to an internal review being carried out.

A review team was established in January 2018 during which it was found that the operational and professional leadership within the service had failed to provide the level of support required for front line staff. Twenty two recommendations were presented under four key headings of Workforce Issues; System/Operational Issues; Continual Professional Development; and Practice Issues. The twenty two recommendations were detailed within the report and it was highlighted that improvement actions, developed from the recommendations of the review, had been put in place to ensure continued delivery of safe, effective and person centre care within the District Nursing Service.

The report concluded that a number of improvements to the service had been made to address the issues which had been identified. This included the development of improvement plans in response to Significant Clinical Incident Reviews and concerns raised by Unison, including updates to policy, guidance and standard operating procedures; addressing practice issues; ensuring all staff had the necessary learning and development opportunities for continuing professional development; and improved systems of communication. However, while staff morale and team work had improved, it was recognised that there was more work to do and it was proposed that an update on progress with the improvement plan be provided to a future meeting.

The committee noted:-

- (a) that an updated on progress with the improvement plan would be provided to a future meeting; and
- (b) otherwise, the report.

PRIMARY CARE DISEASE MODIFYING ANTIRHEUMATIC DRUGS (DMARDS) UPDATE

13. The committee took up consideration of a report by the Clinical Director providing information on the compliance and engagement of DMARDS during quarter 3 of 2018/19 and detailing the performance by geographic sector.

It was reported that compliance was achieved when all five elements of the DMARDS Care Bundle were applied to patients every time bloods were monitored. Within NHS Greater

Glasgow and Clyde, the DMARDS Care Bundle had a median of 82% and East Renfrewshire had achieved 72% compliance, 10% below the area average. The Clinical Director reported that East Renfrewshire had achieved the highest compliance rate in 2017/18 and he was unsure why the figures had reduced during 2018/19. This reduction would be discussed further at the next GP Forum to ascertain if there was a reason for this change and if any protocols could be put in place to improve future figures.

The committee agreed:-

- (a) that a further report on DMARDS Care Bundle performance would be submitted to a future meeting following discussion at the GP Forum; and
- (b) otherwise, to note the report.

CLINICAL EFFECTIVENESS UPDATE – GUIDANCE DOCUMENT – PUBLIC PARTNER CLINICAL GOVERNANCE FORUMS

14. The committee took up consideration of a guidance document which had been presented at the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum on 31 January 2019 relative to the involvement of public partner volunteers in Clinical Governance Forums.

The guidance document provided practical information and guidance on how best to involve public partner volunteers in Clinical Governance Forums including on recruitment; support and supervision; confidentiality; communication and information; and best practice principles.

Having heard the Chief Officer – HSCP advise that the document would be distributed as appropriate, the committee noted the document.

NHS GREATER GLASGOW AND CLYDE HEALTH CARE QUALITY STRATEGY 2019/20

15. The committee took up consideration of the NHS Greater Glasgow and Clyde Health Care Quality Strategy 2019-2023 which had been approved by the Board of NHS Greater Glasgow and Clyde on 19 February 2019.

It was reported that a Healthcare Quality Review Group would be established to review existing governance and accountability processes to support the delivery of the strategy, which would be accompanied by an annual action plan on the basis of ongoing engagement with patients, carers, families and staff.

The committee noted the information provided.

DATE OF NEXT MEETING

16. The committee noted that, subject to changes to Clinical and Care Governance oversight arrangements being approved by the IJB, the meeting of the Clinical and Care Governance Group would be held on Wednesday 5 June 2019 at 10.00am within Eastwood Health and Care Centre.

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