

**Minute of Meeting of the  
East Renfrewshire Integration Joint Board  
Clinical and Care Governance Committee  
held at 10.00am on 31 October 2018 in the  
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

**PRESENT**

Susan Brimelow	NHS Greater Glasgow and Clyde Board (Chair)
Councillor Caroline Bamforth	East Renfrewshire Council
Janice Cameron	Independent Sector Representative
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 Children’s Service and Public Protection (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist
Cindy Wallis	Senior Manager, Recovery Services

**IN ATTENDANCE**

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

**APOLOGIES**

Philip O’Hare	Clinical Risk Coordinator
Gerry O’Hear	Lead Optometrist

**MINUTE OF PREVIOUS MEETING**

1. The committee considered and approved the Minute of the meeting held on 20 June 2018.

**MATTERS ARISING**

2. The committee took up consideration of a report by the Chief Officer providing an update on matters arising from the meeting on 20 June 2018.

It was reported that the action plan on SCR Child 3 had been amended to include officer designations and additional response information, and a service action plan had been developed following the recent Homecare Inspection by the Care Inspectorate.

Following a request from Mrs Brimelow, the Chief Officer advised that a further update on the Bonnyton House action plan would be submitted to the next meeting.

The committee agreed:-

- (a) that an update on the Bonnyton House Action Plan would be submitted to the next meeting; and
- (b) otherwise, to note the report.

### **CLINICAL AND CARE GOVERNANCE TERMS OF REFERENCE AND FORMAL STATUS/CLINICAL AND CARE GOVERNANCE DEVELOPMENT EVENT**

3. The committee took up consideration of a report by the Clinical Director seeking consideration of proposed updates to the Terms of Reference and a change to the status of the committee, and arrangements for a Care Governance Development Event.

It was reported that there had been significant changes in personnel over the last few years and, following discussion with newly appointed officers, it was felt that allowing public access to meetings where Clinical and care governance matters were discussed was a potential barrier to frank and open discussion. It was further reported that East Renfrewshire was the only HSCP in the NHS Great Glasgow & Clyde area to allow public access to meetings where Clinical and care governance matters were considered. The report went on to outline the role and remit of clinical and care governance within adult services, children's services and community justice services including the need to ensure statutory compliance; strategic effectiveness; and accountability.

The current reporting and advisory relationships between the committee and the Integration Joint Board, NHS Greater Glasgow & Clyde Health Board, and East Renfrewshire Council were highlighted together with the membership of the committee. In order to address the issues referred to previously, it was proposed that the formal status of the committee be removed. This would permit meetings to be held without the need to allow public access, although the same functions would be performed. The proposed new arrangements for the Clinical and Care Governance Monitoring Group, including amended Terms of Reference and procedures, were contained within the report.

The Clinical Director was heard further regarding the report advising that any changes would require to be submitted to the Integration Joint Board for approval.

In the course of discussion regarding the future status of the committee, it was reported that a development event was being held for appropriate officers/Members to consider a number of matters relating to the new group including, remit; partnership framework; Chair; attendees; and frequency of meetings, amongst other things.

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

- (a) a Development Day be arranged for appropriate officers/Members to consider the format and remit for the proposed Clinical and Care Governance Monitoring Group; and
- (b) a report would be submitted to the IJB in January 2019 on the proposals that the formal status of the Clinical and Care Governance Committee be removed and the committee replaced with a new Clinical and Care Governance Monitoring Group.

## **PRIMARY CARE AND COMMUNITY CLINICAL GOVERNANCE WORK PLAN**

4. The committee considered a report by the Clinical Director sharing the Primary Care and Community Clinical Governance workplan which would inform the workplan for the committee.

The Clinical Director reported that the attached workplan was an example of the type of workplan which could be used and further discussion on the content would take place at the Development Event referred to previously.

The committee noted the report.

## **CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2017/18**

5. The committee considered a report by the Chief Social Work Officer providing an overview of the professional activity for social work within East Renfrewshire for 2017/18. A copy of the Annual Report was appended to the report.

The report, which would be submitted to the East Renfrewshire Council meeting later that day, and was to be submitted to the Integration Joint Board on 28 November 2018, overviewed the professional activity for social work within East Renfrewshire for 2017-18 through the delivery of statutory functions and responsibilities held by the Chief Social Work Officer. Details of challenges and risks facing social work and the Council were outlined which included the continuing challenging financial climate and the uncertainty for all public services, the increasing expectations and demands from the public and stakeholders, the increasing cost of supporting vulnerable people, and the impact of policy and legislation, amongst others.

Commenting on her report, the Chief Social Work Officer explained that despite challenging circumstances there had been many significant improvements made over the year this delivery being helped by the shared belief and vision of staff in the service, and their efforts in delivering quality services. This included improved outcomes for Children and Families; high standards of service delivery within Criminal Justice; and consistent delivery of positive outcomes within Adult Services, amongst other things.

During discussion, the Chief Officer – HSCP, advised that the impact of continued savings within HSCP services would be raised at future Budget Strategy Group meetings, and encouraged members to raise any concerns with her or the Chief Social Work Officer. The Chief Social Work Officer advised that there had been a culture change in the way services dealt with errors, with staff now more likely to admit to errors and seek managerial support at an early stage.

Having heard the Chief Officer – HSCP advise that the leadership of the Chief Social Work Officer had played a large part in the culture change within the social work service, the committee noted the report.

## **PUBLIC PROTECTION QUALITY ASSURANCE PLAN**

6. The committee considered a report by the Head of Public Protection and Children's Services (Chief Social Work Officer) providing the annual timetable for quality assurance activity for adult support and protection.

It was reported that the plan would also be submitted to the Chief Officers' Public Protection Group (COPP) with the purpose of the activities in the plan being to provide assurance to the

committee that the HSCP was fulfilling its statutory responsibilities and adhering to National Policies and Procedures for Adult Support and Protection; provide assurance to service users and their families that they were receiving high quality services; and identify individual, agency and system learning and good practice.

The committee noted the report.

### **ADULT PROTECTION UPDATE**

7. 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 including the findings from an audit of the new ASP process; revisions to processes and forms; completion of the biennial report for 2016/18; establishment of a number of sub-committees to support the remit of the Adult Protection Committee; and planning and delivery of the first Public Protection Conference to be held in East Renfrewshire.

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**

8. 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 a shared dataset for Children and Young People in need of care and protection; the "Eyes Open" Campaign to raise awareness of child safety in the holiday period; a "Mystery Shopper" exercise to test the effectiveness of the pathways available for members of the public to share concerns about children; Serious/Significant Case Reviews; Quality Assurance/Audit Activity; and the local implications of national priorities.

Referring to the "Mystery Shopper" exercise, the Chief Social Work Officer advised that, although an immediate response had been provided through the contact centre, the information provided on the website had not been sufficient and this required improvement.

The committee noted the report.

### **MAPPA UPDATE**

9. The committee took up consideration of a report by the Chief 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 last six months including the MAPPA extension process; VISOR; Initial/Significant Case Reviews; and Quality Assurance/Audit Activity, and the local implications of national priorities.

The committee agreed to note the report.

#### **HSCP COMPLAINTS – QUARTER 4 – 2017/18**

**10.** 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 January to March 2018.

It was noted that 22 complaints were received in relation to the HSCP with none in relation to the IJB. Summary details of the complaint type, category and conclusion were provided.

The report also explained that 1 case had been reviewed by the Ombudsman but they did not proceed with an investigation; that 13 contacts had been received from MP/MSP/Councillors; 1 suggestion/comment had been received; 6 compliments had been received; and there had been 5 late responses to complaints. Background information in respect of each of these matters accompanied the report.

The committee noted the report.

#### **GP COMPLAINTS – QUARTER 1 – 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 1 of 2018/19.

The report explained that 14 out of the 15 GP practices had responded and a total of 29 GP complaints had been received, a reduction of 5 complaints compared to the same quarter in 2017/18. Of the complaints received, 19 were responded to within 5 working days; 7 within 20 working days; and one complaint received an extension. Only two complaints remained unresolved at the end of the reporting period.

It was further explained that 12 out of the 14 Optometry practices had submitted responses and 1 complaint had been received during the reporting period which was responded to within 5 days and partially upheld.

Having heard members propose that possible changes to the format of future reports would be discussed at the forthcoming Development Event, the committee noted the report.

#### **DATE OF NEXT MEETING**

**12.** The date of the next meeting would be intimated to attendees following the conclusion of discussions about changes to the committee, including frequency of meetings, as referred to at Item 3 above.

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