

**Minute of Meeting of the  
East Renfrewshire Integration Joint Board  
Clinical and Care Governance Committee  
held at 10.00am on 1 November 2017 in the  
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

**PRESENT**

Councillor Caroline Bamforth	East Renfrewshire Council (Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Julie Murray	Chief Officer, HSCP
Dr Omer Ahmed	Local GP
Anne Burns	FNP Supervisor
Julie Fitzpatrick	Professional Nurse Advisor
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Dr Deirdre McCormick	Chief Nurse
Dr Craig Masson	Clinical Director
Rosaleen Reilly	Service Users Representative
Kate Rocks	Head of Children's Service and Criminal Justice (Chief Social Work Officer)
Elizabeth Roddick	Community Pharmacist
Cindy Wallis	Lead Officer, Mental Health

**IN ATTENDANCE**

Candy Millard	Head of Strategic Services
Stuart McMinigal	Business Support Manager
Joan Reade	Practice Assurance and Development Manager
Andrew Millar	Clinical Effectiveness Coordinator
Philip O'Hare	Clinical Risk Coordinator
Marianne Keast	PA to Clinical Director
Jennifer Graham	Committee Services Officer

**MINUTE OF PREVIOUS MEETING**

1. The committee considered and approved the Minute of the meeting held on 21 June 2017.

**TELEPHONY ISSUES AT EASTWOOD HEALTH AND CARE CENTRE**

2. Dr Masson reported that the telephony issues had been resolved to the satisfaction of GP practices based at the Eastwood Health and Care Centre.

**MINUTE OF PARTNERSHIP CARE GOVERNANCE MEETING**

3. The committee considered and noted the Minute of the meeting of the Partnership Care Governance Forum held on 13 July 2017.

**LEARNING DISABILITY INPATIENTS CLINICAL GOVERNANCE – PRESENTATION**

4. Councillor Bamforth introduced Julie Fitzpatrick, Professional Nurse Advisor, who gave a presentation on Learning Disability Inpatients Clinical Governance. In advance of the presentation, the Chief Officer - HSCP, advised that East Renfrewshire HSCP hosted learning disability services across the Greater Glasgow and Clyde area and that the Professional Nurse Advisor would provide further information on in-patient and wider health services for patients with learning disabilities.

The Professional Nurse Advisor reported that more adults with learning disabilities were now living within communities and this had led to a change in the range of services being offered. Introduction of a document entitled “Strategy for the Future” in 2015/16 had led to positive new development and a revised model had been introduced to complement the governance arrangements already in place within the HSCP.

She referred to a range of inquiry reports which had established that adults with learning disabilities were more likely to experience health inequalities; had diverse needs and shorter life expectancy; and were often faced with barriers to treatment, particularly relating to poor communication with medical professionals. She advised that all deaths relating to adults with learning disabilities were recorded and reviewed and, if concerns were expressed during this review, further investigation would take place with local HSCPs. A recent case of neglect which had been reported in the media had resulted in a best practice statement being issued to appropriate staff on dealing with patients with epilepsy.

The small workforce involved in this area provided system wide assurance and support, sharing best practice to allow improvements to be made. She advised that the revised model outlined clear roles and responsibilities and the Learning Disability Clinical Governance Work Plan had been updated to take account of the revised model. Bi-monthly meetings were held to share information from exception and Datix reports and there continued to be a focus on learning summaries and shared work with other agencies. The system wide governance would allow lessons to be shared and would benefit all staff. There was a focus on service improvement and a clear plan ensured a co-ordinated approach to the service.

In response to questions, the Professional Nurse Advisor reported that there were around 340 people with learning disabilities living in the East Renfrewshire community with the majority of these being diagnosed during childhood. She advised that in-patient information was added to Datix and the reports analysed by staff. In addition, the Clinical Governance Co-ordinator would check for any trends within the analysis and report these as appropriate. In response to a question about a recent SPSO case, she advised that, although staff within acute services were not required to undertake specific training to deal with learning disabled people, they were often aware of the issues involved and would make adjustments as required. They also had contact details for staff from the Learning Disability team and could contact them for further information and assistance as required. Ms Brimelow proposed that the outcome of the SPSO complaint should be considered in more detail to ascertain if any procedural changes required to be made.

The committee:-

- (a) noted the presentation; and
- (b) agreed that the outcome of the SPSO complaint should be considered in more detail by appropriate officers.

**CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT**

5. The committee took up consideration of a report by the Chief Social Work Officer providing an overview of the professional activity for social work within East Renfrewshire for 2016/17.

The report provided an overview of the areas of work in which the social work service was engaged together with the particular responsibilities held by the Chief Social Work Officer across the delivery spectrum. There continued to be a number of significant challenges and risks facing social work in East Renfrewshire including the continuing challenging financial climate for all public services; the increasing expectations and demands from the public and stakeholders; the increasing cost of supporting vulnerable people within the area; the significant changes in the welfare system which would affect the most vulnerable in the Council's communities; the impact of policy and new legislation; the impetus to redesign services to ensure that savings were delivered in future and the potential for any unintended consequences for service users due to change management activity; and the management of increased service demand at a time of diminishing resources.

Notwithstanding these difficulties, key successes had been achieved and social work would continue to adapt to meet the growing demands associated with protecting and caring for the most vulnerable and at risk within the community.

The Chief Social Work Officer was heard further on the report and the challenges which lay ahead for social work services in light of proposed budget cuts. Having heard the Chair highlight that there was still time for members of the public and staff to raise any concerns about the draft Council budget, the committee noted the report.

**NURSING STANDARDS**

6. The Chief Nurse reported that information for a report on professional assurance was being collated and would be submitted to a future meeting. She referred to the Professional Assurance Framework and the need to ensure that the key components of this were being incorporated into services. Reference was made to the key recommendations within the care governance template and work was ongoing with lead nurses to ensure that practitioners were adequately equipped and supervised. Systems were being tightened up to confirm that all nurses were registered, with reminders being issued as appropriate, and ensuring there were no lapses in registration was a key message for staff.

Having heard the Chief Nurse advise that a report would be issued in due course, the committee noted the update.

**CLUSTER QUALITY ACTIVITY**

7. The Clinical Director reported that one of the GP clusters was testing ways to free up GP time to allow them to work on advanced care plans for people in care, and a funding structure had been agreed for this. All three clusters were looking at different ways to signpost activities away from GPs and internal and external sources of training were being considered. This would include investigating a web/phone app which could point members of the public to other sources rather than attending their GP. Work was ongoing to bring all of this information together.

He advised that data was being collected to ascertain if there was a need for additional treatment rooms at two health centres and what services they could provide. Further information would be provided in due course. In addition, reception staff were undertaking training in signposting to other services and were currently working closely with practice nurses and pharmacy staff. Ms Roddick advised that she would liaise with GPs on this issue.

The committee noted the update.

### **CLINICAL EFFECTIVENESS UPDATE**

8. The committee took up consideration of a report by the Chief Officer - HSCP, providing members of the committee with an overview of key clinical effectiveness issues.

The report provided updates on key areas of work including quality improvement projects; NHSGCC clinical guidelines framework; impact assessment of national guidance; and circulation of clinical governance publication newsletters, amongst other things.

Commenting on the report, the Clinical Effectiveness Co-ordinator provided further information on the support being provided for core audits across various teams and that dates for quality improvement training would be released in the near future. In response to a question regarding the number of GPs using the guidance website, he advised that he would check the numbers involved as further publicity may be required.

The committee:-

- (a) agreed that the Clinical Effectiveness Co-ordinator would check on the number of GPs using the guidance website and take appropriate action; and
- (b) otherwise, noted the report.

### **HSCP COMPLAINTS**

9. The committee took up consideration of a report by the Chief Officer - HSCP providing an overview of complaints reported to East Renfrewshire HSCP during quarter 1 of 2017/18.

The report explained that during quarter 1 a total of 20 complaints had been received. It was further reported that 4 complaints were responded to outwith the expected timeframe of 20 days and that remaining 16 complaints were responded to within 20 days. The largest number of complaints related to standard/quality issues. A total of 10 of complaints were fully upheld, 8 partially upheld and 2 were not upheld.

In response to questions the Business Support Manager confirmed that response times had improved since the last quarter, partly due to changes in the complaints procedure which had come into force on 1 April 2017. Since then the Public Services Ombudsman had provided additional training for staff.

The committee noted the report.

## GP AND OPTOMETRY COMPLAINTS

10. 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 2017/18, through the complaints survey return of 18<sup>th</sup> August 2017.

The report explained that 14 out of the 15 GP practices had responded and a total of 34 GP complaints had been received. Of the complaints received, 82% were responded to within 5 working days, and 26% within 20 working days. Only one complaint remained unresolved at the end of the reporting period and the largest number of complaints related to prescriptions.

It was further explained that 10 out of the 14 Optometry practices had submitted responses and no complaints had been received during the reporting period.

Discussion took place on the number of practices which had not responded to the surveys and it was highlighted that there was no legal requirement for practices to share this information with the committee. However, it was reported that there would be procedures in place to allow practices to collect complaints data.

The committee noted the report.

## CHILD PROTECTION UPDATE

11. The committee took up consideration of a report by the Chief Officer - HSCP 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 progress on the Scottish Government's Child Protection Improvement Programme (CPIP); Serious/Significant Case Reviews; Quality Assurance/Audit Activity; and the local implications of national priorities.

Referring to the Significant Case Review, the Chief Social Work Officer advised that publication had been put on hold to allow the views of child 3's mother to be taken into account, but there was a possibility that there would be full disclosure of the case in due course. It was reported that an action plan to allow lessons to be learned from this case had already been issued as appropriate, and it was up to the Chief Officer Public Protection to make the final decision regarding disclosure of information. It was proposed that an action plan progress report be issued to the committee in due course.

The committee:-

- (a) agreed that an action plan progress report on the Significant Case Review be submitted to the committee in due course; and
- (b) otherwise, noted the report and comments made.

## ADULT PROTECTION UPDATE

12. The committee took up consideration of a report by the Chief Officer - HSCP 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 continued development of the Prevent Project; a large scale investigation in a local care home involving considerable partnership working; Adult Support and Protection Data, which was issued to the Scottish Government; and information on national priorities, amongst other things.

The Chief Social Work Officer referred to development of a sub-group aiming to strengthen links between the Adult Protection Committee and the Child Protection Committee, advising that both lead officers were working closely together on this.

The committee agreed to note the report and comments made.

### **MAPPA UPDATE**

**13.** The committee took up consideration of a report by the Chief Officer - HSCP 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; establishment of a short life working group to develop Level 1 MAPPA minimum standards; VISOR; and Quality Assurance/Audit Activity, amongst other things. It was further reported that, following disestablishment of Community Justice Authorities (CJAs) on 31 March 2017, responsible authorities would continue to fulfil their statutory duties under section 10&11 of the Management of Offenders (Scotland) Act 2005, which would include jointly preparing and publishing MAPPA annual reports. The annual report for 2016/17 was now available on the East Renfrewshire Council website.

The committee agreed to note the report.

### **DATIX INCIDENTS**

**14.** The committee considered a report by the Chief Officer, HSCP, informing members of the committee of the nature and range of patient clinical incidents that had been reported through the DATIX system during the period July to September 2017.

The report noted that there had been 251 patient-related incidents reported during the period with a breakdown of clinical incidents by category, unit, and specialty in addition to severity. Further information was also provided on patient falls and significant clinical incidents.

The committee agreed to note the report.

### **ANTIDEPRESSANTS**

**15.** Under reference to the Minute of the meeting of 21 June 2017 (Item 6 refers), when it was agreed that the Lead Officer, Mental Health, would bring a report to a future meeting of the committee on the issue of the prescribing of antidepressants and the availability and use of specialised mental health resources, the committee considered a report by the Chief Officer - HSCP, providing more detail on the local pharmacist antidepressant review and local mental health services within East Renfrewshire HSCP.

At the initial stages of the local pharmacy antidepressant clinic, 53 patients had their notes reviewed and 43 patients attended for a face to face medication review. As a result of these reviews, 5 patients had their dose reduced; 1 had their dose increased; 6 were referred to a community link worker; 4 were referred for counselling services; and 2 patients were referred back to their GP. The second clinic focussed on reviewing patients on high doses of SSRI antidepressants which had resulted in 5 patients stopping their medication; 8 reducing their dose and 1 increasing their dose.

In addition, the report provided responses to questions which were raised at the Clinical and Care Governance meeting held on 21 June 2017. It was highlighted that antidepressants were an effective option for a variety of illnesses and conditions but they represented only one facet of medical and non-medical approaches to patient-centred care. Reference was made to the development of Scottish Government HEAT targets in 2008 to stop antidepressant use and reduce antidepressant prescribing, and the methods used to measure these targets, which were not always accurate. Further information was provided on mental health services and the Community Link Worker Programme, which was viewed as a useful intervention.

Following discussion, the committee noted the report and comments made.

#### **FAMILY NURSE PARTNERSHIP**

**16.** The committee considered a report by the Chief Officer, HSCP, providing information on the Family Nurse Partnership (FNP), which was a voluntary home visiting programme for first-time young mothers and families. The report referred to the aspects of the programme which had gone well, the challenges which were faced and priorities for 2017/18.

It was reported that the uptake in East Renfrewshire had been excellent and good client feedback on the programme had been received.

The committee noted the report.

#### **HOLIDAY PROGRAMME AND INCLUSIVE SUPPORT SERVICE INSPECTION**

**17.** The committee considered a report by the Chief Officer, HSCP, providing information on the Care Inspectorate inspection of the Holiday Programme and Inclusive Support Service for Children and Young People which took place on 21 July 2017.

The inspection noted that, amongst other things, service users were very settled and presented as very content and happy; children/young people received very good support for their health and wellbeing needs; and a holistic approach to meeting services users' needs was undertaken. The inspection made no requirements or recommendations, but some suggestions were made including the use of a monitoring calendar to ensure regular quality assurance was undertaken.

The committee noted the report.

**2016/17 CARE INSPECTORATE REQUIREMENTS AND RECOMMENDATIONS**

**18.** The committee considered a report by the Chief Officer, HSCP, providing a summary of requirement and recommendations arising from Care Inspectorate inspections conducted during 2016 and 2017.

The committee noted the report.

**CALENDAR OF MEETINGS**

**19.** The committee considered a report by the Chief Officer, HSCP, seeking approval of meeting dates for the committee in 2018.

Having heard the Clinical Director suggest that the Terms of Reference of the committee, including frequency of meetings, may need to be revised in the future, the committee agreed to approve the report.

**DATE OF NEXT MEETING**

**20.** It was proposed that the next meeting be held on Wednesday 21 February 2018 at 10am within Eastwood Health and Care Centre.

CHAIR