

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00am on 21 February 2018 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
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Dr Deirdre McCormick	Chief Nurse
Dr Craig Masson	Clinical Director
Julie Murray	Chief Officer, HSCP
Gerry O’Hear	Lead Optometrist
Rosaleen Reilly	Service Users Representative
Kate Rocks	Head of Children’s Service and Criminal Justice (Chief Social Work Officer)
Fraser Sloan	Clinical Risk Analyst
Cindy Wallis	Lead Officer, Mental Health

IN ATTENDANCE

Kim Campbell	Primary Care Development Manager
Angela Latta	Team Manager
Stuart McMinigal	Business Support Manager
Andrew Millar	Clinical Effectiveness Coordinator
Candy Millard	Head of Strategic Services
Joan Reade	Practice Assurance and Development Manager
Frank White	Head of Health and Community Care
Jennifer Graham	Committee Services Officer

APOLOGIES

Dr Omer Ahmed	Local GP
Elizabeth Roddick	Community Pharmacist

MINUTE OF PREVIOUS MEETING

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

MINUTE OF PARTNERSHIP CARE GOVERNANCE MEETING

2. The committee considered and noted the Minute of the meeting of the Partnership Care Governance Forum held on 9 November 2017.

MATTERS ARISING

3. The committee took up consideration of a report by the Clinical Director providing an update on matters arising from the meeting on 1 November 2017.

It was reported that the number of GPs using the guidance website could not be ascertained as the site was used by a number of other professionals; a further report on Children's Mental Health services would be issued to the Integration Joint Board in May 2018; and further discussions on moving to quarterly meetings would take place between the Chief Nurse, Clinical Director and Chief Social Work Officer prior to a final decision being made.

The committee noted the report.

SIGNIFICANT CASE REVIEW PRESENTATION AND UPDATED ACTION PLAN

4. Councillor Bamforth introduced Angela Latta, Team Leader, who gave a presentation on the outcome of a recent Significant Case Review (SCR).

The Team Leader advised that reports on the SCR for Child 3 had been published on the Child Protection website at the end of 2017. Further information was provided on the SCR process which would establish whether lessons required to be learned about how to better protect children and young people and would consider how any findings, recommended actions and learning would be implemented. The SCR was carried out using the Social Care Institute of Excellence (SCIE) Learning Together model. Further information was provided on the family and the circumstances surrounding the referral which had led to the SCR being implemented.

Following the SCR, several "shaken baby" briefings were rolled out to staff and nine findings had emerged. However, it was highlighted that the death of Child 2 could not have been prevented as there was no evidence to support child protection procedures at that time. A separate independent review was undertaken by NHS Greater Glasgow and Clyde at the same time as the SCR.

Further information on the findings of the SCR and subsequent action plan were provided.

The committee noted the presentation and associated action plan.

PROFESSIONAL ASSURANCE FRAMEWORK FOR NURSING

5. The committee took up consideration of a report by the Chief Nurse presenting members with the Professional Assurance Framework for Nursing.

The report explained that the Professional Assurance Framework for Nursing was underpinned by the Joint Declaration on Nursing, Midwifery and AHP Leadership; the Chief Nursing Officer's Paper on Professionalism in the NMAHP Professions in Scotland; and the Care Governance Framework. In order to meet the aims of the framework, a series of primary drivers were required and these were explained further within the report. They included ensuring practitioners were equipped, supervised and supported according to regulatory requirements; and encouraging clear accountability for standards and professionalism at each level and upwards to the NHS Board. The Professional Assurance Framework would be used within East Renfrewshire HSCP to confirm there was a system of safeguarding in place; to review and strengthen what was already in place in relation to nursing roles; and would highlight where improvements were required, amongst other things.

Further information was provided on the Professional Assurance Framework Plan, including secondary drivers, current position, planned activity and timescales for completion. The Chief Nurse highlighted that the majority of the plan was on target; a few timescales had slipped which could impact on delivery; and none of the areas had encountered significant blockages or pressures.

The Chief Nurse was heard in explanation of the report, advising that workforce levels required to be monitored closely to ensure that staffing levels were adequate and the correct people were in post.

In response to questions, the Chief Nurse advised that there were capacity issues within the District Nursing Service and a review of the service was currently underway. She expected a report on the review to be available for the next meeting. In addition, she expressed confidence that there would be no further lapses in nursing registration to report as the system of checks had been revised.

The committee noted the report.

GP CLUSTER ACTIVITIES

6. The committee took up consideration of a report by the Clinical Director providing an update on GP cluster activities.

The report referred to work undertaken in each cluster including audited work handed over from secondary care which had led to the creation of new Community Health Care Assistant posts from April 2018. Further work included sharing of diabetes outcomes data to learn from good practice; auditing ambulance waiting time to feed back to the Scottish Ambulance Service; sharing of repeat prescribing processes to streamline services; and sharing and streamlining methotrexate protocols across the cluster.

In response to questions, the Clinical Director advised that the Community Health Care Assistants would be graded as band 3 nurses and would carry out nursing activities at a patient's home if they were unable to attend the GP practice. The posts would be funded by the HSCP.

The committee noted the report.

DOMESTIC ABUSE PATHWAY/SAFE AND TOGETHER IN EAST RENFREWSHIRE

7. The committee took up consideration of a report by the Chief Officer – HSCP presenting members with the outcome of the review of Domestic Abuse Pathways and the associated action plan for improvement.

The report highlighted the number of domestic abuse cases reported within East Renfrewshire each year and the subsequent risk assessments carried out by Women's Aid and Police Scotland. Details of the areas which were working well were provided, together with areas for action to improve services. Areas for improvement included introduction of a single risk assessment tool to be used by all agencies; a review of the domestic abuse resource group terms of reference; improved training for staff; and introduction of the Safe and Together Model which had been positively evaluated in other local authority areas.

Following discussion, the committee noted the report.

SIGNS OF SAFETY

8. The committee took up consideration of a report by the Chief Officer – HSCP providing a basic outline of the Signs of Safety Model which would soon be implemented within East Renfrewshire.

Further information was provided on the model highlighting that it would involve a strengths-based and safety-focussed approach to child protection work and work with vulnerable children, and would be grounded in partnership and collaboration, amongst other things.

A five year implementation plan would be developed within East Renfrewshire providing an opportunity to work collaboratively across all services to allow work with families to be more focussed. There would be investment in staff training and changes would be made to paperwork; design, writing and production of plans; supervision practice; and measurement/audit of practices.

The committee noted the report.

CLINICAL EFFECTIVENESS UPDATE

9. 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 reported that a new programme of Children & Families record-keeping audits had begun. He also referred to quality improvement training which had been scheduled and advised that he would distribute the training dates to members for information.

The committee noted the report and that the Clinical Effectiveness Co-ordinator would distribute information on quality improvement training to members.

HSCP COMPLAINTS

10. 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 2 of 2017/18.

The report explained that during quarter 2 a total of 15 complaints had been received. It was further reported 100% of frontline complaints were responded to within 5 working days and 89% of investigation complaints were responded to within the expected timeframe of 20 days. The largest number of complaints related to standard/quality issues. A total of 7 of complaints were fully upheld, 3 partially upheld and 5 were not upheld.

The committee noted the report.

GP AND OPTOMETRY COMPLAINTS

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 2017/18.

The report explained that 14 out of the 15 GP practices had responded and a total of 48 GP complaints had been received. Of the complaints received, 36 were responded to within 5 working days and 7 within 20 working days. Only two complaints remained unresolved at the end of the reporting period and the largest number of complaints related to communications issues.

It was further explained that 12 out of the 15 Optometry practices had submitted responses and no complaints had been received during the reporting period.

Following discussion on the bulleted and very brief level of information being provided by practices regarding the nature of complaints, the committee agreed:-

- (a) that the Performance and Improvement Manager (Acting) write to practices, and raise at cluster meetings, issues which had arisen regarding how to improve the quality of complaints information provided; and
- (b) otherwise, to note the report.

EAST RENFREWSHIRE CITIZENS' PANEL AUTUMN 2017 SURVEY

12. The committee took up consideration of a report by the Chief Officer – HSCP providing an overview of the citizens' panel survey results relevant to the HSCP.

It was reported that the recent survey took place in Autumn 2017 and a total of 702 responses were received, which was the highest response rate during the preceding 10 years. Health and healthcare continued to be the main issue for respondents and their families and 76% of respondents rated health and social care for adults as good/very good. Although the majority of respondents felt that they lived in communities that supported older people, only a minority felt that their community supported vulnerable adults.

The committee noted the report.

CHILD PROTECTION INITIAL REFERRAL DISCUSSION (IRD) AUDIT

13. The committee took up consideration of a report by the Chief Officer – HSCP updating members on the outcomes of the Child Protection Initial Referral Discussion (IRD) Audit.

The audit team consisted of colleagues from health, police and social work and IRDs undertaken between May and August 2017 were considered. A number of strengths were highlighted and areas for improvement identified including, the need for clearer understanding of the use of IRDs at the point of referral or investigation; uncertainty regarding the requirement for an IRD when the concern related to an unborn child; and disagreement as to when an IRD should be initiated, amongst other things.

A number of recommendations were made following the audit including convening a meeting with partnership authorities to review the IRD paperwork and arranging briefing sessions with staff.

The Chief Officer – HSCP reported that approximately 80% of the IRDs were considered good or above and information was now routinely shared between child protection and adult protection as a result of the audit. She added that an action plan had been developed to take forward the recommendations from the audit.

The committee noted the report and comments made.

CHILD PROTECTION UPDATE

14. 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 child protection 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.

The committee noted the report.

ADULT PROTECTION UPDATE

15. 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 streamlined ASP procedures; a review of data collection systems; and a review of ASP Committee sub-committees, amongst other things.

The Chief Social Work Officer reported that structured evaluation sessions had taken place with HSCP staff involved in Adult Support and Protection and a number of areas for improvement were identified as part of the process. Further work on the areas for improvement would take place and an update provided at the next meeting.

The committee agreed to note the report and comments made.

MAPPA UPDATE

16. 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; Application of MAPPA level 2 documents; VISOR; Initial/Significant Case Reviews; and Quality Assurance/Audit Activity, amongst other things.

The committee agreed to note the report.

GREENLAW GROVE CARE HOME UPDATE

17. The committee considered a report by the Chief Officer, HSCP, providing an update in relation to issues and ongoing concerns at Greenlaw Grove Care Home.

The report referred to a number of meetings which had taken place with the provider to discuss a range of complaints which had been received about the practice of the care home, following which a voluntary moratorium on admission was put in place in August 2017. A Large Scale Investigation (LSI) meeting was arranged which led to the moratorium on admissions being made compulsory and this moratorium remained in place.

A further unannounced inspection had been carried out by the Care Inspectorate and formal feedback was awaited in relation to the home's inspection and grading. A small team of officers from HSCP had been established to consider any response to the inspection and liaise with families and residents as appropriate.

The committee noted the report.

Resolution to Exclude Press and Public

At this point in the meeting, on the motion of the Chair, the committee unanimously resolved that in accordance with the provisions of Section 50A(4) of the Local Government (Scotland) Act 1973, as amended, the press and public be excluded from the meeting for the following item on the grounds that it involved the likely disclosure of exempt information as defined in Paragraphs 3 and 7 of Part 1 of Schedule 7A to the Act.

SIGNIFICANT CLINICAL INCIDENT

18. The Committee took up consideration of a report by the Chief Officer – HSCP providing information on a recent significant clinical incident.

Following discussion the committee noted the report.

DATE OF NEXT MEETING

19. It was proposed that the next meeting be held on Wednesday 20 June 2018 at 10.00am within Eastwood Health and Care Centre.

CHAIR

BLANK PAGE