

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00am on 20 June 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
Janice Cameron	Independent Sector Representative
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
Fraser Sloan	Clinical Risk Analyst
Cindy Wallis	Senior Manager, Recovery Services

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager, East Renfrewshire Council
Stuart McMinigal	Business Support Manager
Andrew Millar	Clinical Effectiveness Coordinator
Candy Millard	Head of Adult Health and Social Care Localities
Joan Reade	Practice Assurance and Development Manager

APOLOGIES

Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Linda McCullagh	Third Sector Representative
Gerry O'Hear	Lead Optometrist
Rosaleen Reilly	Service Users' Representative

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 items 1 and 2 below on the grounds that they 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

1. The committee took up consideration of a report by the Chief Officer providing information on a recent significant clinical incident.

Having heard the Chief Nurse in full explanation and following discussion the committee noted the report.

GREENLAW GROVE

2. The committee took up consideration of a tabled report by the Chief Officer, providing an update in respect of Greenlaw Grove Care Home.

Following discussion the committee noted the report.

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The meeting was opened to the public at this point.

MINUTE OF PREVIOUS MEETING

1. The committee considered the Minute of the meeting held on 21 February 2018.

The committee agreed that the Minute be approved, subject to the following amendments:-

Item 17 – Greenlaw Grove Care Home Update.

Paragraph 1 – that before the word “report” there be inserted the word “tabled”.

Paragraph 4 – That before the words “the committee noted the report” there be inserted “Having heard the Head of Health and Community Care in response to questions on the key issues of care,”.

MINUTE OF PRIMARY CARE AND COMMUNITY CLINICAL GOVERNANCE FORUM

2. The committee considered the Minute of the meeting of the Primary Care and Community Clinical Governance Forum held on 1 February 2018.

Discussion took place about the appropriateness of the Minutes being submitted to the committee and it was noted that in terms of governance it was appropriate, and that in the event there were any matters from the forum which needed to be specifically reported to the committee, this would be done by the Clinical Director on a by exception basis.

The committee noted the Minute.

CHILD PROTECTION UPDATE

3. The committee took up consideration of a report by the Chief 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 child protection during the previous 6 months including progress on the development of a national minimum statistical dataset for Child Protection; the production of updated guidance for Child Protection Committees and Chief Officer Groups; work on proposed revised inspection frameworks; Serious/Significant Case Reviews; Quality Assurance/Audit Activity; and the local implications of national priorities.

Having heard the Head of Children's Service and Public Protection (Chief Social Work Officer) confirm that a new joint inspection model had now been introduced, and that East Renfrewshire HSCP would not be involved in the first round of inspections, scheduled from September 2018, the committee noted the report.

UPDATED ACTION PLAN ON SCR CHILD 3

4. The committee took up consideration of a report by the Chief Officer providing an update on the review and progress of the findings identified within the SCR Child 3 Action Plan.

The report provided details of the various findings, the actions in respect of each, the response, the officer(s) responsible for carrying out the action, and the current status.

The Head of Children's Service and Public Protection (Chief Social Work Officer) was heard further on the actions that already had and continued to be taken, following which Mrs Brimelow welcomed the assurances provided by the report. However, she highlighted that the column headed "HSCP response" was incorrectly named and, referring to a number of the findings, stated that the language used in some of the associated responses suggested that these were actually incomplete, although they were shown as complete in the report. Furthermore, she suggested that it would be helpful if the designations of the responsible officers could be included.

Acknowledging that the responses should be from the Child Protection Committee (CPC) and NHSGGC, and confirming that the officer designations could be added in future, the Head of Children's Service and Public Protection (Chief Social Work Officer) explained that the CPC had written to NHSGGC seeking assurances in respect of those matters in the report for which they were responsible, and the wording reflected the assurances that had been received. She further highlighted that the CPC had no locus in terms of the work of NHSGGC, this being a matter for that organisation's Clinical Governance Committee, and that she needed to operate in an environment of trust and take at face value the assurances that were received.

The committee noted the report.

VIOLENCE AGAINST WOMEN AND GIRLS PARTNERSHIP – UPDATE

5. The committee took up consideration of a report by the Chief Officer providing an update on key activity areas for the East Renfrewshire Violence Against Women and Girls Partnership. In particular the committee's support was sought for the implementation of the improvement to the Domestic Abuse Pathway.

Having heard the Head of Children's Service and Public Protection (Chief Social Work Officer) further, the committee noted the report and agreed to support the implementation of the improvement to the Domestic Abuse Pathway.

ADULT SUPPORT AND PROTECTION COMMITTEE UPDATE

6. The committee took up consideration of a report by the Chief Officer providing an update in respect of the Adult Support and Protection Committee's progress in relation to its duties and responsibilities arising from the Adult Support and Protection (Scotland) Act 2007.

The report referred to key areas of activity in the previous six months including the new ASP processes that had been introduced, a review of ASP sub-committees; quality assurance and training; and the local implications of national priorities.

Referring to quality assurance and training matters, the Head of Children's Service and Public Protection (Chief Social Work Officer) explained that an independent audit of adult protection activity had been commissioned and that the findings would be presented to the Adult Protection Committee with a corresponding action plan to address any recommendations made.

The Chief Officer having highlighted that as part of the ongoing service review ASP management was being strengthened, the committee noted the report.

MAPPA UPDATE

7. 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.

BARRHEAD CENTRE FOR ADULTS WITH A LEARNING DISABILITY - INSPECTION REPORT

8. The committee took up consideration of a report by the Chief Officer advising of the outcome of the inspection by the Care Inspectorate of the Barrhead Centre for Adults with a Learning Disability, the Inspectorate's findings and the subsequent action plan that had been prepared. A copy of the Care Inspectorate's report accompanied the report.

It was noted that the inspection had focussed on 2 quality themes – Care and Support; and Management and Leadership, with both themes being graded as "excellent" by the inspector.

The Head of Adult Health and Social Care Localities was heard further in the course of which she paid tribute to the work of the staff involved in achieving such positive results

The committee noted the report.

BONNYTON HOUSE - INSPECTION REPORT

9. The committee took up consideration of a report by the Chief Officer advising of the outcome of the inspection by the Care Inspectorate of Bonnyton House, the Inspectorate's findings and the subsequent action plan that had been prepared. A copy of the Care Inspectorate's report accompanied the report.

It was noted that the inspection had focussed on all 4 quality themes – Care and Support; Environment; Staffing; and Management and Leadership, with all 4 themes being graded as “adequate” by the inspector, these grades being poorer than those achieved on previous inspections.

The report acknowledged that the most recent grades achieved had been affected by the pressures associated with the future of the service. It highlighted that the future of the service was now secure and that the development of the team had been reviewed in the light of the Care Inspectorate report. These developments were taking place between April and October 2018 in addition to which a development plan would be developed for 2018/19 to reflect staff training needs identified in the Performance Review and Development (PRD) Scheme and mandatory training.

The Head of Adult Health and Social Care Localities having been heard further on some of the challenges that had faced the service at the time of the inspection, not least the uncertainty over the future of Bonnyton House, Mrs Brimelow expressed disappointment at the results of the inspection, that the report now included requirements as well as recommendations, and sought assurances that any ongoing concerns would be brought to the attention of the committee and that with the ongoing restructuring of the HSCP there were adequate staff to deliver the requirements and recommendations in the report.

In reply, the Head of Adult Health and Social Care Localities explained that an Intensive Services Manager was being appointed who would have oversight of Bonnyton House and the Care at Home service and would have responsibility for driving forward improvements, that it was possible that the staff responses to the inspectorate were affected by the uncertainty at that time around the future of Bonnyton House, and that she had every confidence in the staff to deliver the improvements that were being sought.

The committee noted the report.

HEMOCARE SERVICE - INSPECTION REPORT

10. The committee took up consideration of a report by the Chief Officer advising of the outcome of the inspection by the Care Inspectorate of the HSCP's Homecare Service, the Inspectorate's findings, and the subsequent action plan that had been prepared. A copy of the Care Inspectorate's report accompanied the report.

It was noted that the inspection had focussed on 3 quality themes – Care and Support; Staffing; and Management and Leadership, with all 3 themes being graded as “adequate” by the inspector, these grades being poorer than those achieved on previous inspections.

The report explained that the redesign of the service and the “Fit for the Future” programme currently under way would address the weaknesses noted within the report to meet the Care Inspectorate requirements.

The Chief Officer expressed disappointment with the grades that had been awarded and referred to earlier comments about new staff being taken on to have oversight of services and to drive improvements.

Mrs Brimelow also expressed disappointment with the results of the inspection but welcomed the additional information provided about refocussed management teams, suggesting that this could possibly have been included in the reports.

Notwithstanding, she welcomed the assurances given and asked that the committee be kept up to date with developments.

The committee noted the report.

CLINICAL AND CARE GOVERNANCE ANNUAL REPORT/GP COMPLAINTS

11. The committee took up consideration of a report by the Clinical Director submitting the HSCP's Annual Clinical Governance Report. A copy of the Annual Report was appended to the report.

Dr Masson was heard further on the report in the course of which he acknowledged and input of colleagues in the report's compilation.

He summarised some of the key highlights contained in the report, referring in particular to the introduction of community link workers in a number of GP practices, the intention being to extend the service to all practices in East Renfrewshire.

He also commented on work on Anticipatory Care Planning which was showing patient benefits; to increased breastfeeding rates; and the Medication Support Service, amongst others.

Thereafter Dr Masson provided some summary information in relation to Quarter 3 GP complaints, confirming that a Q3/Q4 report would be submitted to the next meeting.

The committee noted the report.

MULTI-AGENCY CHILD PROTECTION CASE FILE AUDIT

12. The committee took up consideration of a report by the Chief Officer summarising the key findings and areas for improvement arising from the recent Multi-Agency Child Protection Case File Audit.

Commenting on the report, the Head of Children's Service and Public Protection (Chief Social Work Officer) explained the background to the audit taking place. She highlighted that the audit findings had been very positive but that a number of actions had been identified. She commented in particular on the implementation of the new Signs of Safety model which it was anticipated would deliver all the actions that had been identified from the audit.

Mrs Brimelow welcomed the report stating that in her view it gave complete assurance about the steps that were taken in this area, welcoming in particular the focus on managers, manager effectiveness having a significant impact in terms of service delivery.

The committee noted the report.

MULTI-AGENCY RISK ASSESSMENT CONFERENCE

13. The committee took up consideration of a report by the Chief Officer advising of the development of a Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire

Having provided statistical information in relation to the occurrence of domestic abuse, and outlined the current arrangements within East Renfrewshire for dealing with domestic abuse, the report explained that at the request of the Chief Social Work Officer, a review of the domestic abuse pathway and associated Domestic Abuse Resources Group was undertaken in December 2017. This review had identified a number of areas for development, these being the need for the introduction of a singular risk assessment tool to ensure that all domestic abuse incidents were treated equally by all agencies allowing for a common understanding of risk across the workforce and a consistent approach to safety planning; the establishment of a MARAC to replace the current Domestic Abuse Referral Group pathway; and the establishment of a multi-agency implementation group to be chaired by an HSCP senior manager.

The report then provided further information in relation to the proposals including the implementation, as well as providing information on how performance management and improvement planning would be taken forward.

The committee noted the report and supported the development of MARAC in East Renfrewshire.

HEALTH AND CARE EXPERIENCE SURVEY 2017/18

14. The committee took up consideration of a report by the Chief Officer summarising the results of the Health and Care Experience survey completed by a random sample of patients between November 2017 and January 2018, registered with a GP in Scotland. Questionnaires had been sent to 9,407 people with 2,019 being returned, a response rate of 21% compared to the Scotland-wide rate of 22%.

The report set out the aims of the survey and provided summarised results information across a range of headings relating to services provided by GPs.

Commenting on the results, the Chief Officer expressed disappointment at some of the responses in relation to service integration and the work of the HSCP. She highlighted the relatively lower satisfaction levels expressed in responses from patients in the Eastwood area compared to the Levern Valley area, despite the levels of service offered being the same in both areas. She had asked staff to investigate this further.

Mrs Roddick having expressed surprise at the low levels of treatment or advice being provided by pharmacists, the committee noted the report.

CLINICAL INCIDENT REPORTS – JANUARY-MARCH 2018

15. The committee took up consideration of a report by the Chief Officer providing details of the nature and range of patient clinical incidents that had been reported through the DATIX system across all services for the period 1 January to 31 March 2018. It was noted that a total of 244 patient-related clinical incidents recorded, this being 1 fewer than the preceding quarter.

Reference was made to the 8 significant clinical incidents (SCIs), 7 of which were in respect of community mental health, it being noted that all 8 currently breached the 3 month deadline for completion.

The Senior Manager, Recovery Services, explained that mental health related SCIs were not investigated locally to provide objectivity to the investigation process and this often led to a delay in completion.

Commenting on the report, Mrs Brimelow highlighted that it simply provided statistical information about the number and type of incidents when the committee's focus should be on any subsequent improvements and actions taken following the investigation of the SCIs.

The Chief Nurse having confirmed that there would be an action plan prepared in relation to each SCI the Chief Officer acknowledged that further work was required to allow the committee to ensure that any action plans arising from SCIs were being implemented.

The committee noted the report and that the Chief Officer would look at ways to enable the committee to ensure that and SCI action plans were being implemented.

PATIENT SAFETY BULLETIN

16. The committee took up consideration of "Partnerships", the patient safety bulletin produced by the Clinical Risk Team, the purpose of which was to raise awareness across the organisation of adverse events, enable lessons learned to be shared, and raise awareness of clinical risk/patient safety issues or alerts.

The committee noted the bulletin.

CLINICAL EFFECTIVENESS UPDATE

17. The committee considered and noted a report by the Lead Clinical Improvement Co-ordinator providing an overview of key clinical effectiveness issues.

ADDICTIONS CLINICAL AND CARE GOVERNANCE ARRANGEMENTS.

18. The committee agreed that consideration of this item be continued to the next meeting.

PROFESSIONAL LEADERSHIP/STANDARDS

19. The Chief Nurse provided an update in the course of which she referred to the launch on 22 May of new nursing standards. These new standards, which were based on 7 platforms, would set out the skill set for nursing in the future.

She referred to the SCIs discussed earlier in the meeting and to the productive meetings that had taken place with District Nurses in relation to how the issues that had arisen from the SCIs were to be addressed.

The committee noted the information.

PATIENT/SERVICE USER VIEWS – HSCP COMPLAINTS

20. 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 October to December 2017.

It was noted that 16 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 no cases had been reviewed by the Ombudsman; that 12 contacts had been received by MP/MSP/Councillors; 2 suggestions/comments 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 Business Manager having been heard further on response rates and report that he had now issued a template to managers which required them to provide information on any learning from a complaint, the committee noted the report.

DATE OF NEXT MEETING

21. It was proposed that the next meeting be held on Wednesday 31 October 2018 at 10.00am within Eastwood Health and Care Centre.

CHAIR

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