

**Minute of Meeting of the
East Renfrewshire Integration Joint Board
Clinical and Care Governance Committee
held at 10.00 am on 17 May 2016 in the
Council Offices, Main Street, Barrhead**

PRESENT

Rosaleen Reilly	Service Users Representative
Councillor Alan Lafferty	East Renfrewshire IJB (Chair)
Susan Brimelow	East Renfrewshire IJB
Cathy Roarty	Professional Nurse Adviser
Mantej Chahal	Prescribing Lead
Linda McCullagh	Third Sector Representative
David Craig	NHS GGC Clinical Effectiveness Representative
Dr Alan Mitchell	Clinical Director
Julie Murray	Chief Officer, HSCP

IN ATTENDANCE

Eamonn Daly	Democratic Services Manager
Jennifer Graham	Committee Services Officer
Frank White	Head of Health and Community Care
Kim Campbell	Acting Performance and Improvement Manager
Caren McLean	Lead Officer, Child Protection
Brenda Muirhead	Clinical Risk Co-ordinator
Gerry Tougher	Liaison Officer

APOLOGIES

Nanette Paterson	Independent Sector Representative
Elizabeth Roddick	Pharmacy Lead
Dr Omer Ahmed	Local GP
Kate Rocks	Chief Social Work Officer

INTRODUCTION AND WELCOME

1. Councillor Lafferty welcomed those present to the first meeting of the IJB Clinical and Care Governance Committee.

CLINICAL AND CARE GOVERNANCE

2. The committee took up consideration of a report by the Head of Children & Families and Criminal Justice (Chief Social Work Officer) providing a brief overview of the review of the former CHCP Care Governance arrangements and informing the Committee of the proposed composition and draft remit of the new Clinical and Care Governance Committee.

It was reported that Clinical and Care Governance was the process by which the quality of health and social care was monitored and assured and reference was made to national guidance on the establishment of integrated clinical and care governance which set out five key principles to be taken into account locally. It was reported that a review of the CHCP care governance arrangements and the former Care Governance Sub-Committee, which had brought together both clinical and care governance functions for the first time, had taken place to inform clinical and care governance arrangements for the Health and Social Care Partnership. A review workshop was held with members of the former Care Governance Sub-Committee which recognised the pioneering work that the Care Governance Sub-Committee had carried out but recognising that a more focussed agenda should allow the IJB to have an overview of assurance, improvement and risk. Thereafter, a remit for the proposed Clinical and Care Governance Committee had been developed.

It was reported that the Clinical and Care Governance Committee would consider matters relating to strategic planned development; governance; risk management; service user feedback and complaints; standards, education; professional registration and validation; learning; continuous improvement; and inspection activity. Details of the proposed membership were outlined. It was further reported that the Committee may wish to invite appropriately qualified individuals from other sectors to join its membership as it determined or as required to discuss a matter under consideration.

The Clinical Director advised that a copy of the membership list would be circulated to members in due course and Cindy Wallis would be added to the membership as lead officer for mental health. It was noted that frequency of meetings would be considered at Item 13 below and a draft agenda, highlighting relevant issues to be considered at the committee (Item 3 refers), would be circulated to members for information.

The committee noted the report.

COMMITTEE REMIT AND FUTURE AGENDAS

3. The Primary Care Development Manager provided information on the remit of the committee and a draft agenda which would be used as a structure for future meetings.

Following discussion on the proposed agenda items and the provision of Datix information. It was proposed that Datix trend information would be provided to the committee on a six monthly basis.

Noting the information, the committee agreed that Datix trend information be provided on a six-monthly basis.

ADULT PROTECTION UPDATE

4. The committee took up consideration of a report by the Head of Children & Families and Criminal Justice (Chief Social Work Officer) providing an update in respect of the Adult Support and Protection Committee's progress in relation to duties and responsibilities arising from the Adult Support and Protection (Scotland) Act 2007.

The key areas of activity in the last six months were provided including, development and delivery of training and update of websites; reference to quality assurance/audit activity; and management/performance information. Further information was also provided on national priorities and local implications.

The Head of Health and Community Care provided further information on the report advising that all training was now up to date and the ASP Audit and Action Plan, which should have been attached to the report, would be issued to members separately. The biannual report would be drafted in October and a copy would be submitted to the Committee thereafter. In addition, a copy of the improvement plan would be submitted to the next meeting.

The committee noted the report.

CHILD PROTECTION UPDATE

5. The committee took up consideration of a report by the Head of Children & Families and Criminal Justice (Chief Social Work Officer) providing an update on key areas of activity for the East Renfrewshire Child Protection Committee relating to national agendas and local activity.

It was reported that work had been ongoing to agree a practice standard for initial referral discussions (IRD) across the West of Scotland; a reform of child protection in Scotland was ongoing and would be considered by the Child Protection Committee; and a risk and concern project team had been established and an update on progress would be provided to the Child Protection Committee. Information was also provided on serious/significant case reviews and quality assurance/audit activity in the last six months.

Following a recent inspection which raised concerns about joint recording, discussions had taken place with neighbouring local authorities, NHS Greater Glasgow and Clyde and Police Scotland to improve Initial Referral Discussions (IDS). A pilot began in January 2016 and self-evaluation activity highlighted four main desired outcomes from the action plan in respect of IDS. It was hoped that a protocol could be standardised for all agencies involved.

Key areas which had been highlighted as part of Child Protection Reform would form part of a development day in June 2016.

The committee noted the report.

MAPPA UPDATE

6. The Sub-Committee took up consideration of a report by the Head of Children & Families and Criminal Justice (Chief Social Work Officer) providing an update on key areas of activity for multi-agency public protection arrangements (MAPPA) in East Renfrewshire.

The Clinical Director provided an update on MAPPA reporting that he was now Chair of the Independent Prison Monitoring Advisory Group Scotland. He advised that MAPPA national guidance had been published in April 2016 and incorporated the new extension category which extended the MAPPA arrangements to serious and violent offenders who were at risk of serious harm to the public. It was thought that this would have a very small impact in East Renfrewshire with only a few cases being added to current workloads. He advised that there had been no serious or significant case reviews during this period relating to MAPPA.

The committee noted the report.

VIOLENCE AGAINST WOMEN AND GIRLS PARTNERSHIP

7. The Committee took up consideration of a report by the Head of Children & Families and Criminal Justice (Chief Social Work Officer) providing an update on key areas of activity for the East Renfrewshire Violence against Women and Girls Partnership including management and performance information.

It was reported that three delivery planning sessions had been arranged in East Renfrewshire to consider key areas for improvement and development across each of the national priority outcomes in Equally Safe. A further series of four workshops were delivered to address the stretch aim to reduce serious and common assault by 15% by 2017, and additional awareness-raising regarding women's aid services had taken place with two articles featured in the Council's employee magazine. Information was provided on the Request for Assistance Team which provided early engagement to prevent children being referred to the Domestic Abuse Referral Group (DARG). Officers continued to work to support early intervention and promote the best use of this sector resource to support families at an earlier stage.

Further information was provided on the role of Police Scotland and the East Renfrewshire Domestic Abuse Project and it was reported that no significant case reviews had been held during this period. The Chief Officer advised that a national joint strategic board had been established and East Renfrewshire Councillor Mary Montague was the COSLA representative on the Board.

The committee noted the report.

CLINICAL GOVERNANCE SUPPORT UNIT UPDATE

8. The Committee took up consideration of reports presented at the NHS Clinical Governance Forum to provide guidance and support to HSCPs. Ms Muirhead advised that a toolkit had been prepared setting out what matters should be covered by HSCPs including guidance notes for the Chair, proposed terms of reference for clinical governance meetings, and sample reports files. However, she added that use of the toolkit was not mandatory. Following discussion it was proposed that the Primary Care Development Manager and Clinical Risk Co-ordinator should further discuss the contents of the draft agenda provided at Item 3 above and make any changes required to improve future committee agendas.

Following discussion it was agreed that:-

- (a) the Acting Performance and Improvement Manager and Clinical Risk Co-ordinator should further discuss the contents of the draft agenda provided at Item 3 above and make any changes required; and
- (b) further discussions would take place between appropriate members of the Committee to establish a template for the Clinical Governance Group.

CLINICAL GOVERNANCE WORK PLAN

9. The Committee considered an outline of current activity supported by the NHS Greater Glasgow and Clyde Clinical Effectiveness Team.

Information was provided on current projects which were active across East Renfrewshire HSCP but it was recognised that, as some of these projects covered all HSCP areas, they may not be relevant to the Clinical and Care Governance Committee. It was proposed that only projects of relevance to East Renfrewshire should be submitted to the Committee in future.

The committee noted the report.

CLINICAL DIRECTOR'S REPORT

10. Dr Mitchell referred to the GP appraisal/revalidation/performance process advising that all GPs recommended for revalidation within East Renfrewshire had now been approved for revalidation by the General Medical Council (GMC). He advised that there were currently no open cases being considered by the GMC or other agencies within East Renfrewshire. He further advised that Gerry O'Hear had been appointed as Lead Optometrist for the HSCP and would become a member of the Clinical and Care Governance Committee in that capacity. He referred to education meetings which had been convened locally with GPs, community pharmacists, and opticians to discuss common pathways.

One GP practice had self-referred an incident for a significant clinical incident review as they felt that their procedures could have been improved. Overall their processes were very good but a couple of areas for improvement had been identified and a report would be submitted to a future meeting for information.

Dr Mitchell also referred to a report which would be issued to a future meeting of the Integration Joint Board regarding changes to GP contracts, as part of which GP practices would be asked to identify quality issues for their cluster and work with HSCP to consider quality issues. It was anticipated that there might be three clusters within East Renfrewshire. Each GP practice would be asked to identify a practice quality lead and each cluster would identify a cluster quality lead. Some expressions of interest had already been received for the cluster quality lead role and local GP practices were felt to be welcoming of the changes being made. He further advised that learning points would be discussed at the East Renfrewshire GP Forum in relation to record keeping and patient appointments.

The committee noted the information.

CHIEF SOCIAL WORK OFFICER'S REPORT

11. Members noted that as Ms Rocks was unavailable a report would be provided at the next Committee meeting.

PROFESSIONAL NURSE ADVISER REPORT

12. Ms Roarty advised that a revised revalidation process was being undertaken within East Renfrewshire which would monitor the way in which nurses/midwives adhered to the nursing code of practice. All nurses in East Renfrewshire who had applied for revalidation had been successful so far and awareness/training sessions had been provided for all staff on the revalidation process, including nursing staff within care homes. A presentation had also been delivered to the Local Care Home Forum. The

Chief Officer, HSCP, advised that Ms Roarty was retiring in October and a replacement member of staff would be sought between now and then.

The committee noted the information.

DATES OF FUTURE MEETINGS

13. The Committee took up consideration of a report by the Chief Officer, HSCP, presenting proposed meeting dates for the Committee for the remainder of the 2016/17 financial year.

Following discussion it was agreed that the Democratic Services Manager would liaise with the Clinical Director regarding future meeting dates and the number of meetings required annually.

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 Paragraph 12 of Part 1 of Schedule 7A to the Act.

SIGNIFICANT CASE REVIEW

14. The Committee took up consideration of a report providing information on a significant case review which had recently taken place.

Following discussion the committee noted the report.

CHAIR