

**Minute of Meeting of the  
East Renfrewshire Integration Joint Board  
Clinical and Care Governance Committee  
held at 10.00am on 30 November 2016 in the  
Eastwood Health and Care Centre, Drumby Crescent, Clarkston**

**PRESENT**

Councillor Alan Lafferty	East Renfrewshire Council (Chair)
Susan Brimelow	NHS Greater Glasgow and Clyde Board
Dr Alan Mitchell	Clinical Director
Rosaleen Reilly	Service Users Representative
Julie Murray	Chief Officer, HSCP
Stephen McGuinness	Professional Nurse Adviser
Nanette Paterson	Independent Sector Representative
Kate Rocks	Head of Children's Services and Criminal Justice (Chief Social Work Officer)
Dr Omer Ahmed	Local GP
Susan Galbraith	Prescribing Lead
David Craig	NHSGGC Clinical Effectiveness Representative

**IN ATTENDANCE**

Dr John Dudgeon	Clinical Director designate
Frank White	Head of Health and Community Care
Candy Millard	Head of Strategic Services
Stuart McMinigal	Business Support Manager
Jennifer Graham	Committee Services Officer

**APOLOGIES**

Gerry O'Hear	Optometry Lead
Kim Campbell	Acting Performance and Improvement Manager

**MINUTE OF PREVIOUS MEETING**

1. The committee considered and approved the Minute of the meeting of the held on 13 September 2016.

**MINUTE OF PARTNERSHIP CLINICAL GOVERNANCE FORUM MEETING**

2. The committee considered and noted the Minute of the meeting of the Partnership Care Governance Forum held on 29 September 2016.

**CHIEF SOCIAL WORK OFFICER'S REPORT**

3. 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 2015/16.

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 the living wage; the impetus to redesign services to ensure that savings were delivered over 2016/17 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.

Having heard the Chief Social Work Officer further on the report, in the course of which she praised children's services staff for their commitment and creativity during the service redesign, the committee noted the report.

**HEALTH & COMMUNITY CARE QUALITY ASSURANCE (FIT FOR THE FUTURE PROGRAMME)**

4. The Head of Health and Community Care gave a presentation on the "Fit for the Future Programme" relating to Adult Services. He advised that the process would be led by Kim Campbell and Mhairi Claire Armstrong who would look at what each team did, the processes currently in place and the obstacles faced by teams. He advised that the first service review would take place in November 2016 and the final review would be held in April 2017. Thereafter, a recommendation would be made to the programme sponsor and the process would be concluded by September 2017.

The programme would ensure that the needs of East Renfrewshire residents were being met by having the correct staff in place to carry out tasks and all staff had been encouraged to become involved in the process. The feedback from staff so far had been mainly positive and changes had already been made to the assessment process as a result. A progress report would be submitted to the committee in Spring 2017.

The Chief Officer, HSCP added that this was a very ambitious review which would lead to improved practices and streamlined processes within Adult Services.

The committee noted the presentation.

**GENERAL MEDICAL SERVICES CONTRACT 2016/17**

5. The committee took up consideration of a report by the Clinical Director providing an update on changes to the General Medical Services Contract for 2016/17 with a particular focus on the development of the quality agenda and cluster working for GPs within East Renfrewshire HSCP.

The report explained that the Quality and Outcomes Framework (QOF) embedded within the 2004 contract had ended. It further explained that the 2016/17 interim contract that had been developed would continue to rely on GPs and practice staff to provide all elements of quality care considered by them to be clinically appropriate.

The report highlighted that developing a framework for quality and leadership for the new contract to take effect from April 2017 was an early priority, and that a group, chaired by the Deputy Chief Medical Officer, was working to develop the framework. However in the interim, transitional quality arrangements were to be developed across each HSCP. Details of the requirements on practices under the transitional arrangements were outlined, including the designation of a quality lead in each practice and participation in a cluster quality peer review process.

It was reported that three clusters had now been established in East Renfrewshire and initial meetings had taken place involving practice quality leads from each GP practice together with practice managers and HSCP colleagues. Cluster quality leads had also been identified and would be supported by the Clinical Director. Further work was taking place on how the roles and expectations of both practice quality leads and cluster quality leads would be developed, and an induction course was being developed to support cluster quality leads in this new role. Further information on local quality issues which may be considered by GP practices in the future would be submitted as required.

Commenting on the report, Dr Dudgeon advised that the establishment of clusters had been a very positive experience and he was delighted with the progress which had been made so far. He reported that a number of projects had already started and good practice was being shared between the clusters.

In response to questions, Dr Dudgeon clarified that a Quality Leadership Framework had been established in East Renfrewshire but no national framework had been agreed; monitoring of new processes would take place as outlined in GP contracts; and, at present, there were no plans to include patient/public representation at cluster meetings. Further discussion took place on GP access in the course of which it was highlighted that, in order to reach access targets, other areas of care may be overlooked. However, it was reported that additional input from community pharmacists could ease the burden of care for local GPs and this would be discussed further in due course. It was proposed that a report on how the community pharmacy contract had developed be submitted to a future meeting.

The committee agreed:-

- (a) that a report on how the community pharmacy contract had developed be submitted to a future meeting;
- (b) that further updates on the development of GP clusters and associated quality development within East Renfrewshire would be provided in due course; and
- (c) otherwise, to note the report.

## **MENTAL HEALTH LEARNING DISABILITY ADDICTION SERVICE PROFESSIONAL NURSE ASSURANCE FRAMEWORK**

6. The committee took up consideration of a report by the Chief Officer, HSCP, setting out the context, rationale and local arrangements for provision of a Nursing and Midwifery Assurance Framework in line with governance arrangements for professional practice with mental health, learning disabilities and addictions.

Reference was made to the three key documents which were particularly relevant in setting the context for the Assurance Framework. It was highlighted that the framework covered the key areas of practice which confirmed that a system of safeguarding was in place for nursing staff working within mental health, learning disability and addictions services.

Commenting on the report, Mr McGuiness advised that the process for revalidation had been introduced in April 2016 and was currently being completed by the first set of nurses within East Renfrewshire. He advised that Professional Nurse Advisors would be available to give advice and guidance to nurses during the process and revalidation would take place every three years.

The committee agreed:-

- (a) that updates be submitted annually; and
- (b) otherwise, to note the report.

### **CLINICAL EFFECTIVENESS UPDATE**

7. 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; NHSGGC Clinical Guidelines Framework; Impact Assessment of National Guidance; and circulation of Clinical Governance related guidance newsletters, amongst other things.

Commenting on the report, Mr Craig provided further information on two projects in East Renfrewshire currently being supported by the Clinical Governance Support Unit and provided updates on three projects which were reported on previously.

The committee noted the report.

### **HSCP COMPLAINTS**

8. The committee took up consideration of a report by the Chief Officer, HSCP providing an overview of the complaints reported to the HSCP for the period April to September 2016.

The report explained that a total of 27 complaints had been received by the HSCP. 56% of complaints had been responded to within the target time of 20 days. The nature of complaints received by the HSCP ranged across 7 headings with most being in respect of policy and procedure. 16 complaints had been raised by the local MP, MSP and councillors on behalf of constituents across a range of issues including access to services; complaints about service and staff; requests for more information; or as a result of a disagreement with a policy or its application. Two suggestions/comments, in respect of baby clinics and signage at Barrhead Health and Care Centre, and seventeen compliments had been received.

The Business Support Manager reported that one complaint had been submitted to the Social Work Complaints Review Committee (SWCRC) during this period, as set out in stage 3 of the social work complaints process. The complaint was not upheld by the SWCRC and this decision was subsequently accepted by East Renfrewshire Council's Social Work Committee. Following a recent review of social work complaint procedures, it had been agreed nationally that, from April 2017, stage 3 social work complaints would be dealt with by the Ombudsman in line with council complaints procedures and Social Work Complaints Review Committees would cease to exist.

Having heard the Mrs Brimelow propose that the reasons for deteriorating response times should be referred to in future reports, the committee agreed:-

- (a) that future reports include reasons for deteriorating response times; and
- (b) otherwise, to note the report.

### **CHILD PROTECTION UPDATE**

9. 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 key areas of activity in the last six months were outlined including implementation of a new Interim Initial Referral Discussion (IRD) Protocol; consultation on child protection systems across Scotland; Serious/Significant Case Reviews; Quality Assurance/Audit activity; and National Priorities/Local Implications. Responses to the consultations on Child Protection systems had now been collated and it was anticipated that a formal focus for the Review would be announced before the end of 2016.

The CSWO referred to the conclusion of a recent Significant Case Review within East Renfrewshire, advising that the findings and subsequent action plan had been endorsed at the Chief Officers Public Protection meeting in November 2016. Discussions were ongoing with the Care Commission regarding possible publication of the findings of the case review and an update would be provided in due course. In the meantime, a copy of the action plan would be submitted as an exempt item to the next meeting.

The committee agreed to note the report.

### **ADULT PROTECTION UPDATE**

10. The committee took up consideration of a report by the Chief Officer, HSCP providing an update in respect of the Adult Support and Protection Committees progress in relation to its duties and responsibilities.

The report referred to key areas of activity in the last six months including public information events held in Auchenback Community Centre and The Foundry; publication of forced marriage information for managers and practitioners in adult services; and publication of and associated briefing sessions for the interim guidance on conducting significant case reviews, amongst other things.

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**

11. The Committee took up consideration of a report by the Chief Officer, HSCP providing information on a significant clinical incident which had recently taken place.

Following discussion the committee noted the report.

**VALEDICTORY REMARKS – DR ALAN MITCHELL, CLINICAL DIRECTOR**

12. Councillor Lafferty explained that this would be the last meeting of the committee attended by Dr Mitchell. He went on to thank Dr Mitchell for his contribution to this committee, and other committees of the HSCP and CHCP, and, on behalf of the committee, wished him well for the future. Dr Mitchell responded in appropriate terms advising that Dr John Dudgeon would take on the role of Clinical Director from January 2017.

**DATE OF NEXT MEETING**

13. The committee noted that the next meeting would be held on Wednesday 22 February 2017 at 10.00am in Eastwood Health and Care Centre, Drumby Crescent, Clarkston.

**CHAIR**