

**Minute of Meeting of the  
East Renfrewshire Integration Joint Board  
Clinical and Care Governance Committee  
held at 10.00am on 22 February 2017 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 John Dudgeon	Clinic Director
Rosaleen Reilly	Service Users Representative
Linda McCullagh	Third Sector Representative
Janice Cameron	Independent Sector Representative
Elizabeth Roddick	Local Pharmacist
Brenda Muirhead	Clinical Risk Co-ordinator
Val Tierney	Professional Nurse Adviser
Gerry O'Hear	Optometry Lead
David Craig	NHSGGC Clinical Effectiveness Representative
Kate Rocks	Head of Children's Service and Criminal Justice (Chief Social Work Officer)
Julie Murray	Chief Officer, HSCP
Marie Freedman	AHP Lead

**IN ATTENDANCE**

Frank White	Head of Health and Community Care
Candy Millard	Head of Strategic Services
Stuart McMinigal	Business Support Manager
Edmund McKay	Principal Commissioning Officer
Jennifer Graham	Committee Services Officer

**APOLOGIES**

Dr Omer Ahmed	Local GP
Andrew McCready	Trade Union Representative
Susan Galbraith	Prescribing and Clinical Pharmacy Lead
Cindy Wallace	Lead Officer, Mental Health

**MINUTE OF PREVIOUS MEETING**

1. The committee considered and approved the Minute of the meeting held on 30 November 2016 subject to Elizabeth Roddick's name being added to the list of those present.

**MINUTE OF PARTNERSHIP CARE GOVERNANCE MEETING**

2. Dr Dudgeon provided an oral update on the Partnership Care Governance meeting which was held on 17 November 2016. He had attended the meeting and it was expected that a new Chair would be appointed soon. Discussion had taken place on how the HSCP could provide support to the GP Forum in future in a number of areas including ombudsman cases, key success/risks and progress on key issues. Advice would be sought from HSCP on how to progress this.

It was reported that significant clinical incidents had been introduced as a pilot for GPs and it was hoped that this would be rolled out to all GP practices in the near future. Clinical Risk staff would add information to Datix. Although self-reporting would be encouraged, it was highlighted that incidents identified so far had come via complaints. It was proposed that Dr Dudgeon would meet with appropriate officers from HSCP to discuss future support for the GP Forum.

The committee noted the update provided.

**ANNUAL CLINICAL GOVERNANCE REPORT**

3. The committee took up consideration of a report by the Clinical Director providing a copy of the Annual Clinical Governance Report Guidance.

NHS Greater Glasgow and Clyde required that each sector and Directorate of Acute Services and each Health and Social Care Partnership would provide an Annual Clinical Governance Report by no later than 31 May each year. This report would include a short overview and a copy of the current work plan, and further information on the narrative of the report was provided.

Dr Dudgeon advised that he would be grateful for any feedback on how to contribute to the report, following which the Chief Officer, HSCP advised that discussions on the Annual Clinical Governance Report would take place outwith this meeting with relevant officers, and a draft report would be submitted to a future meeting of the Clinical and Care Governance Committee.

The committee noted the report.

**CONSENT TO TREATMENT**

4. The committee took up consideration of a report by the Clinical Director referring to circulation of the *Consent to Treatment Policy* for comment by 10 March 2017, as the policy was due for review and renewal in April 2017. A feedback template was appended to the policy.

It was reported that, generally, the policy would remain as it currently stood with additional guidance for staff around the Montgomery Ruling in 2015. The additional guidance would include highlighting that a practitioner had a duty to take reasonable care to ensure that a patient was aware of any material risks involved in any recommended treatment. The doctor should highlight material risks and alternatives in relation to proposed treatment that a reasonable patient would expect to be told. Any discussions and agreements with patients and/or their families should be fully documented in the patient's notes.

The committee agreed that any comments on the Consent to Treatment Policy consultation would be forwarded to the Board using the template provided.

### **CHANGES TO COMPLAINT HANDLING PROCESS**

5. The committee took up consideration of a report by the Chief Officer, HSCP setting out the procedure for handling complaints about social work services from 1 April 2017.

It was reported that the Scottish Public Services Ombudsman had published the social work model complaints handling procedure in December 2016 which set out how complaints about social work services would be handled from 1 April 2017 bringing social work complaints in line with complaints handling arrangements in place across the wider public sector. It was reported that the process provided two opportunities to resolve complaints internally and the timescales for dealing with these. Stage 1 was a front line resolution and it was expected that these would be resolved within five working days unless an extension was agreed with the customer. If a complaint was not suitable for front line resolution or could not be satisfactorily resolved at that stage, they would proceed to Stage 2, the investigation stage, which should be responded to within twenty working days unless an extension was agreed by the customer. If a customer was still unhappy with any decision made at Stage 2 they would now contact the Scottish Public Services Ombudsman for a review of the case as a replacement for the current process where appeals were considered by the Social Work Complaints Review Committee (SWCRC). However, it was reported that any complaints about the social work service received before 1 April 2017 would still be considered under the current complaints handling process including the opportunity for a dissatisfied client to have their appeal heard by the SWCRC.

In order to support introduction of the new complaints handling procedure, an implementation plan was produced which included changes to complaint management systems and reporting tools; staff training on the systems; communication with staff and partners; and creation of a complaints information hub, amongst other things. The Scottish Public Services Ombudsman training section would also carry out training for managers to support them in responding to complaints.

The committee noted the report.

### **CLINICAL EFFECTIVENESS UPDATE**

6. 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, Mr Craig provided further information on the merger of the two Community Mental Health Teams and how they would manage monitoring of anti-psychotic medication in future. He provided an update on a quality improvement project which was now at the action plan stage and further information on impact assessments which were ongoing.

The committee noted the report.

**GP COMPLAINTS**

7. The committee took up consideration of a report by the Chief Officer, HSCP providing an overview of the complaints reported by East Renfrewshire GP Practices during quarter 1 and quarter 2 of 2016/17.

The report explained that during quarter 1 and quarter 2, fourteen of the fifteen practices had returned surveys and a total of 28 complaints had been received in quarter 1 and thirty five complaints during quarter 2. Four practices had received no complaints in quarter 1 and 3 practices in quarter 2 and one practice had recorded no complaints during both quarters. It was further reported that one complaint was responded to outwith the expected timeframe of twenty days in quarter 1 but all complaints received in quarter 2 were responded to within twenty days. The largest number of complaints related to access issues and staff conduct, in response to which staff training had been provided by practices. A total of 48% of complaints were fully upheld, 14% partially upheld and 38% were not upheld.

Following discussion, the Head of Strategic Services advised that she would have a discussion with GPs regarding capturing better information on the service improvements/lessons learned from complaints received to allow this information to be included in future reports to the committee. It was also highlighted that many people had expressed difficulty in getting through to the Eastwood Health and Social Care Centre by telephone, following which the Business Support Manager advised that he would investigate this issue and report back in due course.

The committee agreed:-

- (a) that the Head of Strategic Services discuss with GPs the information provided by them relating to service improvements/lessons learned following complaints, to allow more detailed information to be recorded in future;
- (b) that the Business Support Manager investigate complaints relating to telephone enquiries to the Eastwood Health and Care Centre and report back in due course; and
- (c) otherwise, to note the report.

**CHILD PROTECTION UPDATE**

8. 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 referred to a new interim Initial Referral Discussion (IRD) Protocol which had been implemented and reported that a review of outcomes following an audit and review of IRD practice in East Renfrewshire would be available in due course. It was further reported that there would be a Ministerial announcement on recommendations from the Child Protection Improvement Programme in the very near future.

Further information was provided on other significant areas of work within Child Protection including Serious/Significant Case Reviews; Quality Assurance/Audit activity; and National Priorities with local implications. An update was provided on the Scottish Child Abuse Enquiry and it was confirmed that no enquiries had yet been made within East Renfrewshire in respect of this enquiry. It was reported that meetings and discussions had taken place within East Renfrewshire to plan support for Unaccompanied Asylum Seeking Children in East Renfrewshire, with further multi-agency work being planned for late February.

## NOT YET ENDORSED AS A CORRECT RECORD

In response to questions, the Chief Social Work Officer confirmed that a review of IRD processes across health and social work in East Renfrewshire was currently underway and discussions were ongoing with colleagues from Police Scotland to clarify the process. She further advised that secondary legislation on Unaccompanied Asylum Seeking Children was expected to be considered by Parliament in April and a decision on how many children would be looked after in this area would be considered by East Renfrewshire Council in due course.

The committee noted the report and comments made.

**ADULT PROTECTION UPDATE**

9. 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 last six months including completion of the Adult Support and Protection Convener's biennial report; National Adult Protection Day; consultations on Human Trafficking and Criminal Justice; and information on national priorities, amongst other things.

The Chief Social Work Officer referred to a Universal Credit consultation, the outcome of which could have a major impact on the future of social services, and it was anticipated that a separate report on this would be submitted to a future meeting for consideration. It was further clarified that employees from the independent sector were encouraged to, and did attend, Adult Protection training offered by the HSCP.

The committee agreed:-

- (a) that a copy of the Adult Support and Protection Convener's biennial report be circulated to members of the committee for information; and
- (b) otherwise, to note the report and comments made.

**MAPPA UPDATE**

10. 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 in East Renfrewshire.

The report referred to key areas of activity in the last six months including MAPPA Extension; MAPPA level 1 review process; VISOR; and quality assurance/audit activity, amongst other things. A number of national priorities/local implications were also outlined including the MAPPA Annual Report which was published on 28 October 2016; the Annual MAPPA Development Day in December 2016; and short life working groups which had taken place.

Having heard the Chief Social Work Officer provide an update on staff training for VISOR, the committee noted the report.

**ADOPTION SERVICE INSPECTION**

11. The committee took up consideration of a report by the Chief Officer, HSCP providing information on the outcome and action points following an inspection of the Adoption Service.

It was reported that an inspection of the East Renfrewshire Council Adoption Service took place in October 2016 covering all themes and inspection criteria vested in the National Care Standards and the Regulation of Care (Scotland) Act 2001. The inspection noted a number of positive aspects of the Adoption Service including that the assessment of adoptive families was robust; all professionals worked well alongside birth families and adoptive families; and children and young people remained central to the decision making process. No requirements were made as part of the inspection and one recommendation was made.

Having heard Ms Brimelow commend staff for an excellent report, the committee noted the report.

**FOSTERING SERVICE INSPECTION**

12. The committee took up consideration of a report by the Chief Officer, HSCP providing information on the outcome and action points following an inspection of the Fostering Service.

It was reported that an inspection of the East Renfrewshire Council Fostering Service took place in October 2016 covering all themes and inspection criteria vested in the National Care Standards and the Regulation of Care (Scotland) Act 2001. The inspection noted a number of positive aspects of the Adoption Service outlining that recruitment and assessments for new foster carers was robust; foster carers had been provided with robust training; and there was a strong commitment from staff to place children and young people at the centre of all care planning. There were no requirements but some areas for improvement were noted and one recommendation was made.

The committee noted the report.

**COMMISSIONING AND CONTRACTING MANAGEMENT OVERVIEW**

13. The committee took up consideration of a report by the Chief Officer, HSCP providing an overview of Commissioning and Contract Management activity carried out.

The report provided information on the current number of services contracted; an overview of the key themes identified during quarter 3; the number of monitoring visits undertaken by the Commissioning Team during quarter 3; and sources of service user feedback and suspensions.

The Chair introduced Edmund McKay, Principal Commissioning Officer, who gave a presentation highlighting the quality themes identified in the current care market and providing feedback on how these were being addressed. The Principal Commissioning Officer referred to the process for carrying out assessments and the risk assessment process used to evaluate whether a service was low, medium or high risk which would have a bearing on the frequency/method of assessments being carried out. He outlined a number of key facts including the total number of people using purchased services within East Renfrewshire; the total number of front line staff working in all services; the percentage of providers with Care Inspectorate Grades of 5 or better; and the number of compliments received in the quarter. Information was also provided on staff turnover, vacant posts and absence rates.

**NOT YET ENDORSED AS A CORRECT RECORD**

In response to questions, the Principal Commissioning Officer advised that most visits to services were prearranged and officers would talk to front line staff and families, if possible. Referring to a service which had been monitored on eight occasions, he advised that concerns had been expressed by the fire service in December 2016 but these concerns had been remedied to the satisfaction of the fire service very quickly and the standard of care and management was reported to be good. He advised that the service would continue to be monitored regularly to ensure long term improvement.

Further discussion took place on medication errors, following which Ms Brimelow suggested that it would be useful for the committee to receive a more detailed report on medication in due course.

The committee noted the report and comments made.

**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 INCIDENTS**

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

Following discussion the committee noted the report.

**DATE OF NEXT MEETING**

**15.** It was proposed that the next two meetings be held on Wednesday 21 June and Wednesday 25 October 2017 and confirmation would be provided to members in due course.

BLANK PAGE