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**To: Renfrewshire Integration Joint Board**

**On: 25 November 2016**

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**Report by: Chief Officer**

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**Heading: Update on Non-financial Governance Arrangements**

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## **1. Summary**

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place from 1 April 2016. The report also provides performance information regarding FOI and Complaints. The period of this report covers the six month period from 1 April 2016 – 30 September 2016.
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## **2. Recommendation**

- 2.1. It is recommended that the Integration Joint Board (IJB):
- Note the content of this Report and the progress made with regards to the implementation arrangements, specifically around:
    - Freedom of Information (FOI) and Publication Scheme
    - Health and Safety
    - Complaints
    - Business Continuity
    - Insurance and Claims
    - Risk Management
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## **3. Freedom of Information**

- 3.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB. Although the IJB will only hold a very limited amount of information, it must respond to FOI requests made directly to the IJB for information which it holds.

### Background

- 3.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore

subject to FOISA as a public authority within its own right. Although the IJB itself will hold a very limited amount of information, it has a responsibility to respond to requests for information within the statutory timescale and have its own Publication Scheme.

#### Requests Received

- 3.3. During the specified time-frame, the IJB received 0 (zero) requests for information.
- 3.4. It was agreed that any FOI relating to the operational delivery of health and adult social care serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the HSCP.
- 3.5. During the specified time-frame, Renfrewshire Council received 30 FOI requests specifically regarding adult social care.
- 3.6. During the specified time-frame, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 7 NHS Greater Glasgow & Clyde board wide requests.

#### Recommendation

- 3.7. The IJB is asked to note the FOI Monitoring Report for the period 1 April 2016 – 30 September 2016.

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## **4. Health & Safety**

### Background

- 4.1. The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 4.2. The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum
- 4.3. The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHSAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 4.4. An HSCP Health & Safety Committee has been formed and has service representation from both health and council staff.

- 4.5. The Health & Safety Committee's role within the Partnership is to co-ordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 4.6. The NHSGG&C strategy and action plan is being developed for local use.

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## 5. Complaints

### Health

- 5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2016 – 30 September 2016. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development. No complaints were escalated to the Scottish Public Services Ombudsman (SPSO) during this period.
- 5.2. The Patient Rights (Scotland) Act 2011 was introduced from 1 April 2012 with the aim of improving a patient's experience of using health services. It also ensures that patient's feedback, comments, concerns and complaints are more actively monitored and used to improve services. The report also includes complaints made about primary care contractors.

### Local Resolution: 1 April 2016 – 30 September 2016

- 5.3. A total of **30** formal complaints were received during this time of which 1 was withdrawn and 1 did not receive consent to proceed. Table 1 shows the number of complaints investigated during the above period.

Table 1

Number of complaints investigated	28
Number of complaints received and completed within 20 working days (National Target 70%)	26
Number of complaints completed	27
Number of completed complaints:	
Upheld	6
Upheld in Part	10
Not Upheld	11
Outstanding	1

For the 6 month period, this gives an overall NHS Greater Glasgow & Clyde complaints handling performance of 93%. The outstanding complaint is of a very complex nature further delayed by the family involved taking an extended holiday during the investigation period.

5.4. Table 2, below, shows the breakdown of complaints by Service Area.

Table 2

<b>Service Area</b>	
District Nursing	3 (10.75%)
Hosted Services (Podiatry)	6 (21.5%)
Specialist Children's Services	3 (10.75%)
Health Visiting	1 (3.50%)
Mental Health Services	12 (43%)
Planning & Health Improvement	2 (7%)
Administration Services	1 (3.50%)
<b>Total</b>	<b>28</b>

5.5. Table 3, below, shows the breakdown of issues attracting complaints.

Table 3

<b>Service Area</b>	<b>Key Themes</b>
H&SC (District Nursing)	<ul style="list-style-type: none"> <li>Disagreement with treatment plan</li> </ul>
H&SC – Podiatry (Hosted)	<ul style="list-style-type: none"> <li>Staff attitude</li> <li>Discharge to personal foot care</li> <li>Poor communication</li> </ul>
Specialist Children's Services	<ul style="list-style-type: none"> <li>Disagreement with treatment plan</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>Waiting too long in reception to be seen</li> <li>Staff behaviour/attitudes/interactions</li> <li>Poor communication</li> </ul>
Planning & Health Improvement	<ul style="list-style-type: none"> <li>Reduction in Service Provision</li> </ul>

### Social Work

5.6. Table 4, overleaf, shows the number of complaints received by Social Work and breakdown of issues attracting complaints.

Table 4

Service Area	April 16	May 16	Jun 16	Jul 16	Aug 16	Sep t 16	Issues Raised
Care at Home		3	2		2	1	3 - Quality of Care 1 - Staff behaviour 1 - Care Package 1 - Community meals 1 - Responder Service 1 - SDS
Mental Health			1	1			2 - Communication
Locality Service	1						1 - Communication
OT			1				1 - Suitable bathing facilities x 3
Care Home				1			1 - Guardianship

5.7. The Patient Rights (Scotland) Act 2011 requires more detailed reporting about complaints made about primary care contractors in that they are now required to provide their complaints information to the NHS Board.

5.8. Practices are sent an e-mail informing them that the information will be collected via Survey Monkey. Once the survey is closed, the information is collated and a copy is sent to the HSCP for review.

#### SPSO 1 April 2016 – 30 September 2016

5.9. Where a complainant remains dissatisfied with a Local Resolution response, they may write to the SPSO. No complaints investigated by the HSCP during the above period have been referred to the SPSO.

#### Service Improvements

5.10. One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.

Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Communication and waiting times remain key issues for complaints and steps are being taken by services to improve these.

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## **6. Civil Contingencies and Business Continuity**

- 6.1. The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts:
- Local Arrangements for Civil Protection (Part 1)
  - Emergency Powers (Part 2)
- 6.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
  - Put in place emergency plans.
  - Put in place business continuity management arrangements.
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 6.3. Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee, the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
  - Sharing information across the internal services
  - Co-ordinating the plans and procedures to be adopted across the organisation
  - Identifying training and exercise requirements and delivery method
  - Develop a work plan to deliver the resilience agenda
  - Share best practice and lessons identified.
- 6.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 6.5. It is proposed that a Renfrewshire Health & Social Care Partnership Resilience Group is created with appropriate representation from within the Partnership, which will meet quarterly to cover the resilience agenda. A joint Business Continuity Plan has been developed and will be tested before 31 March 2017.

- 6.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow & Clyde Civil Contingencies Unit.
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## **7. Insurance & Claims**

- 7.1. The Clinical Negligence & Other Risk Indemnity Scheme (CNORIS) Scotland Regulations 2000 was established with effect from 1 April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland for delivering patient care. Private contractors, including General Medical Practitioners, are outwith the scheme.
- 7.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 7.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 7.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 7.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.
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## **8. Risk Management**

- 8.1. A Risk Management update has been previously presented to the IJB. The arrangements for monitoring and managing risk within the HSCL are as follows:
- The Risk Register is reviewed by the SMT on a monthly basis and summarised reports will be submitted to IJB twice yearly.
  - A Risk Management development session for Heads of Service, Service Managers and Team Leads will be held on 1 February 2017.
- 8.2. An Audit Committee has been established to put in place adequate and proportionate internal audit arrangements and is a key component of the IJB's governance framework. The core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and in the integrity of the financial reporting and annual governance processes.
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## **Implications of the Report**

1. **Financial** – sound financial governance arrangements are being put in place to support the work of the Partnership

2. **HR & Organisational Development** – Clinical and Care Governance arrangements are being put in place
3. **Community Planning** - n/a
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – An agreed information sharing protocol and supporting agreements are being developed for the Partnership
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

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**List of Background Papers** – none

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