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**To: Renfrewshire Integration Joint Board**

**On: 20 September 2019**

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**Report by: Chief Officer**

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**Heading: 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. The report also provides performance information regarding Freedom of Information and Complaints and covers the period 1 April 2018 to 31 March 2019.
- 1.2. The report is attached at Appendix 1.
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**2. Recommendation**

It is recommended that the Integration Joint Board (IJB) note the content of this report, specifically around:

- Freedom of Information (Fol)
  - Health and Safety
  - Complaints
  - Compliments
  - Civil Contingencies & Business Continuity
  - Insurance and Claims
  - Risk Management
  - General Data Protection
  - Records Management Plan
  - Communication
- 

**Implications of the Report**

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and 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.
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of the risk section of this paper.

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**List of Background Papers – None.**

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Any enquiries regarding this paper should be directed to Jean Still, Head of Administration ( <a href="mailto:Jean.Still@ggc.scot.nhs.uk">Jean.Still@ggc.scot.nhs.uk</a> / 0141 618 7659)
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## Appendix 1

# Non Financial Governance Arrangements 1 April 2018 to 31 March 2019



Freedom of Information



Health & Safety



Complaints



Compliments



Civil Contingencies  
& Business Continuity



Insurance & Claims



Risk Management



General Data Protection Regulations



Records Management Plan



Communication



# 1.

- 1.1. 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.

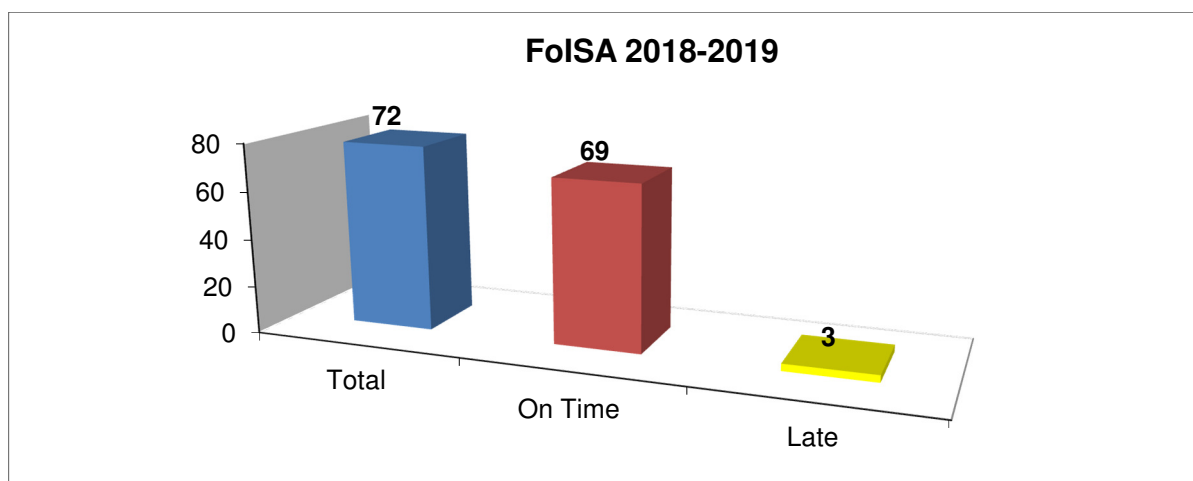
## Background

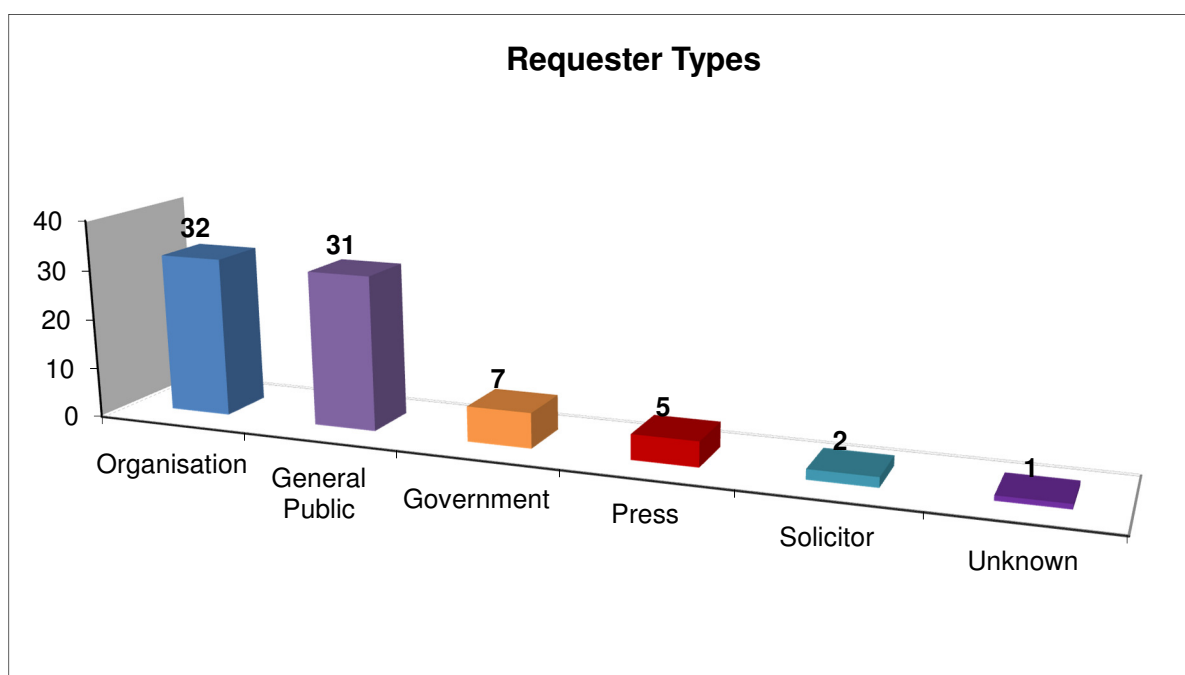
- 1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to FoI requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

[http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire\\_IJB\\_Publication\\_Scheme.pdf](http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf)

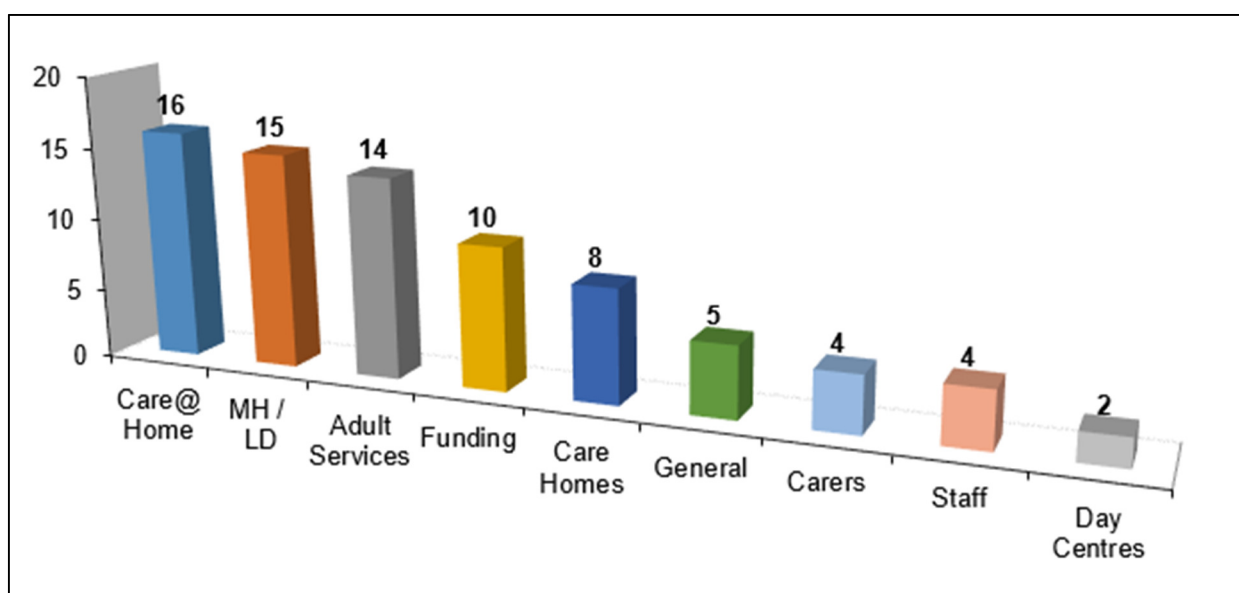
## Requests Received

- 1.3. During the period 1 April 2018 to 31 March 2019, the IJB received **1** request for information regarding the Health & Social Care Partnership's correspondence between the Scottish Government, Chief Officers and Chairs of Integration Joint Boards. Statistical information regarding IJB Fols is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 1.4. It was agreed that any FoI relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 1.5. During the specified timeframe 78 FOISA requests were received broken down by types in the graph below.





1.6. The main issues related to the following services:



## 1.7 Subject Access Requests

A Subject Access Request is a request for personal information that an organisation may hold about an individual. For the Partnership, this may mean that one of our patients or service users can ask what information we hold about them and what we do with it. If we do hold information about them, then they are entitled to have a copy.

During 1 April 2018 to 31 March 2019, the Partnership responded to **23** Subject Access Requests from patients, clients and staff.

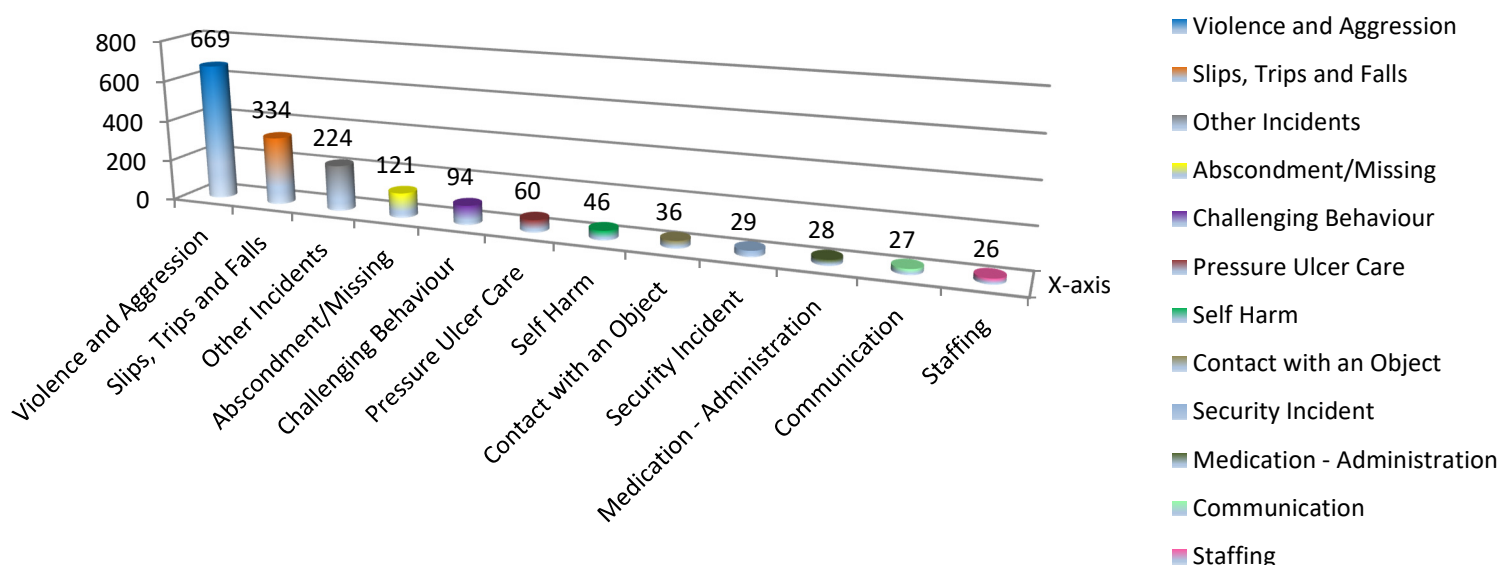


## 2.

### Background

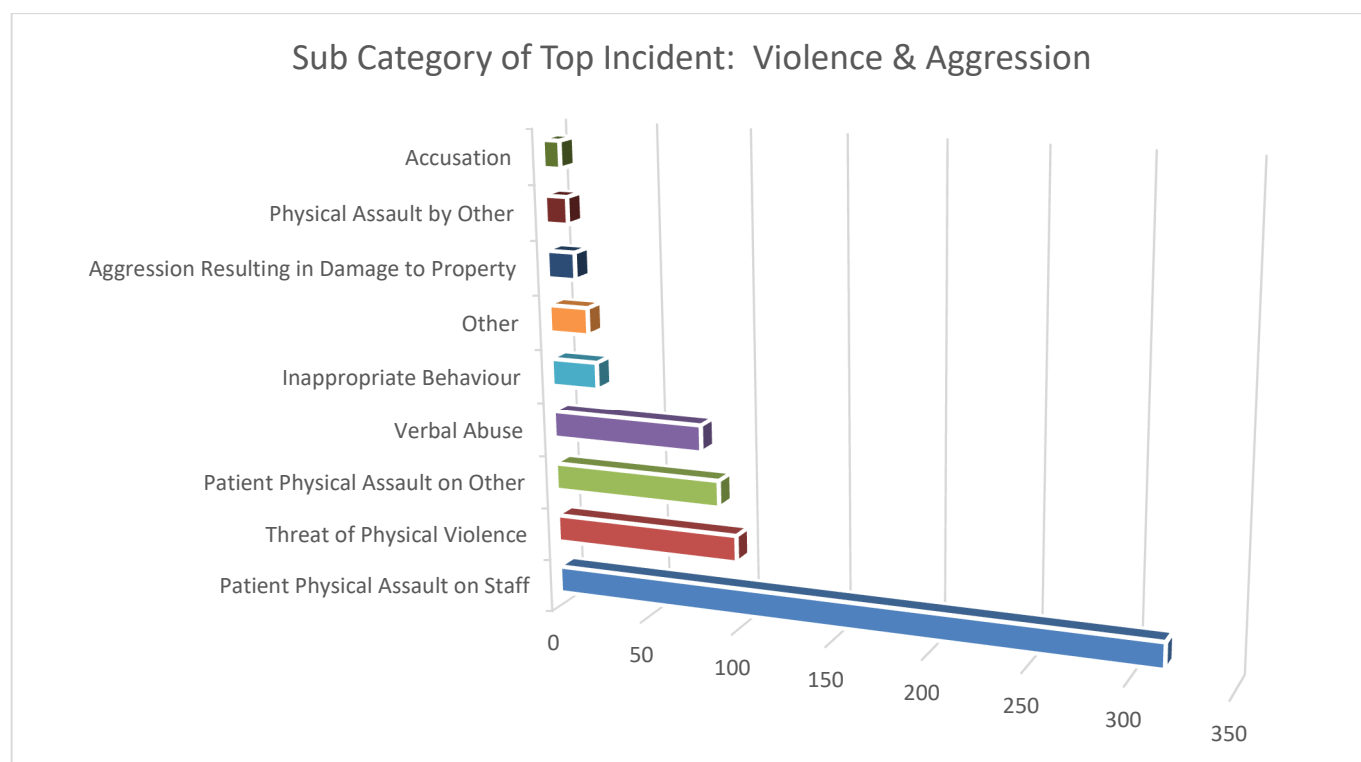
- 2.1 The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 2.2 The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum.
- 2.3 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 OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 2.4 A Joint HSCP Health & Safety Committee is in place and has service representation from health, council and partnership. The Committee meets quarterly.
- 2.5 The HSCP Health & Safety Committee's role within the Partnership is to coordinate 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.
- 2.6 The table below provides a snapshot view of the top 12 health and safety incident categories over the twelve month period 1 April 2018 to 31 March 2019. This includes patients, service users and staff.

Top 12 Incidents by Category



2.7

A further breakdown of the top incident by its sub-categories is noted below.



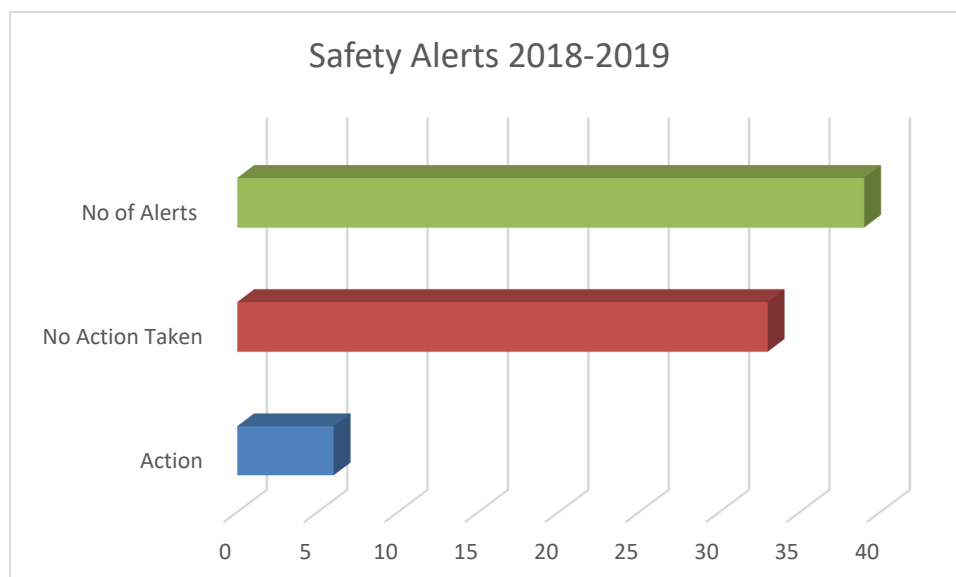
NHS Greater Glasgow & Clyde issued a press release on 25 July 2019 about the unacceptable number of verbal and physical assaults on their staff over a 12 month period. [Click here to read the full press release.](#)

2.8

### Health & Safety Alerts Report

Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

The table below provides a snapshot view of the number of Health & Safety Alerts received over the twelve month period 1 April 2018 to 31 March 2019. Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings.



The six alerts requiring action covered the following subjects:

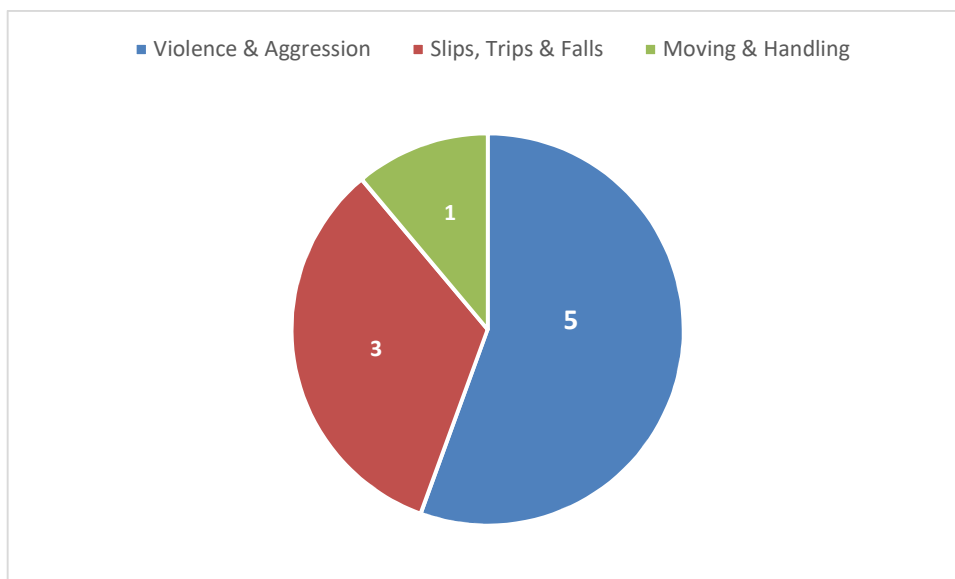
- Ingestion of Cleaning Chemicals
- Needlestick/Sharps Incidents
- Assessment of ligature points
- Clinical risk associated with changes to Nutilis Clear thickening powder
- Risk of Needlestick Injury Resulting from Failure to Activate Inhixa(r) Safety Needle Guard
- Tectex – R515 Clinitex Detergent Wipe

## 2.9

### **RIDDOR incidents**

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) puts duties on employers and staff working within an organisation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

There were 9 Health RIDDOR reportable incidents to the Health & Safety Executive from 1 April 2018 to 31 March 2019. These incidents have been investigated with reports and actions plan in place. The table below highlights the categories for these 9 incidents.



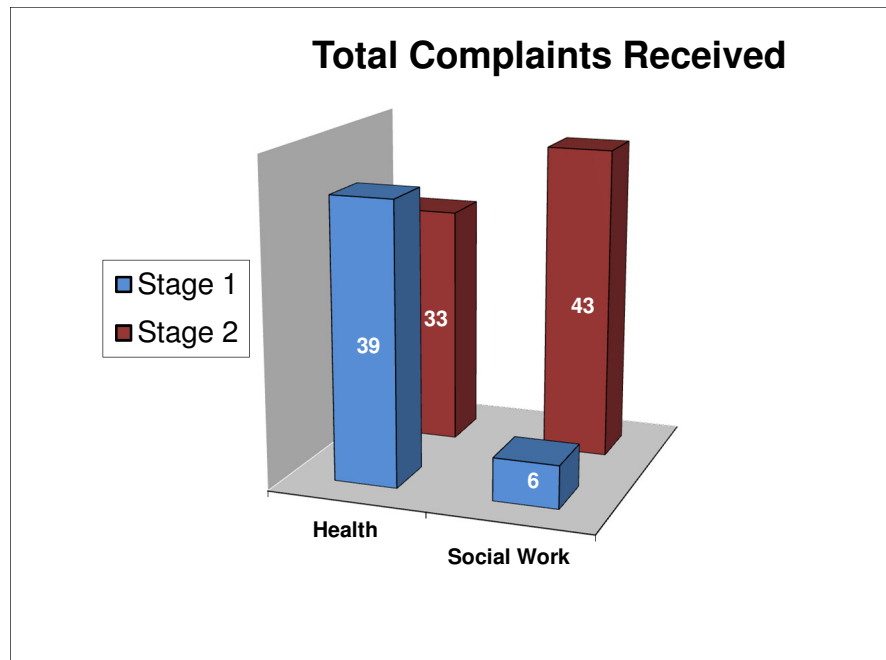




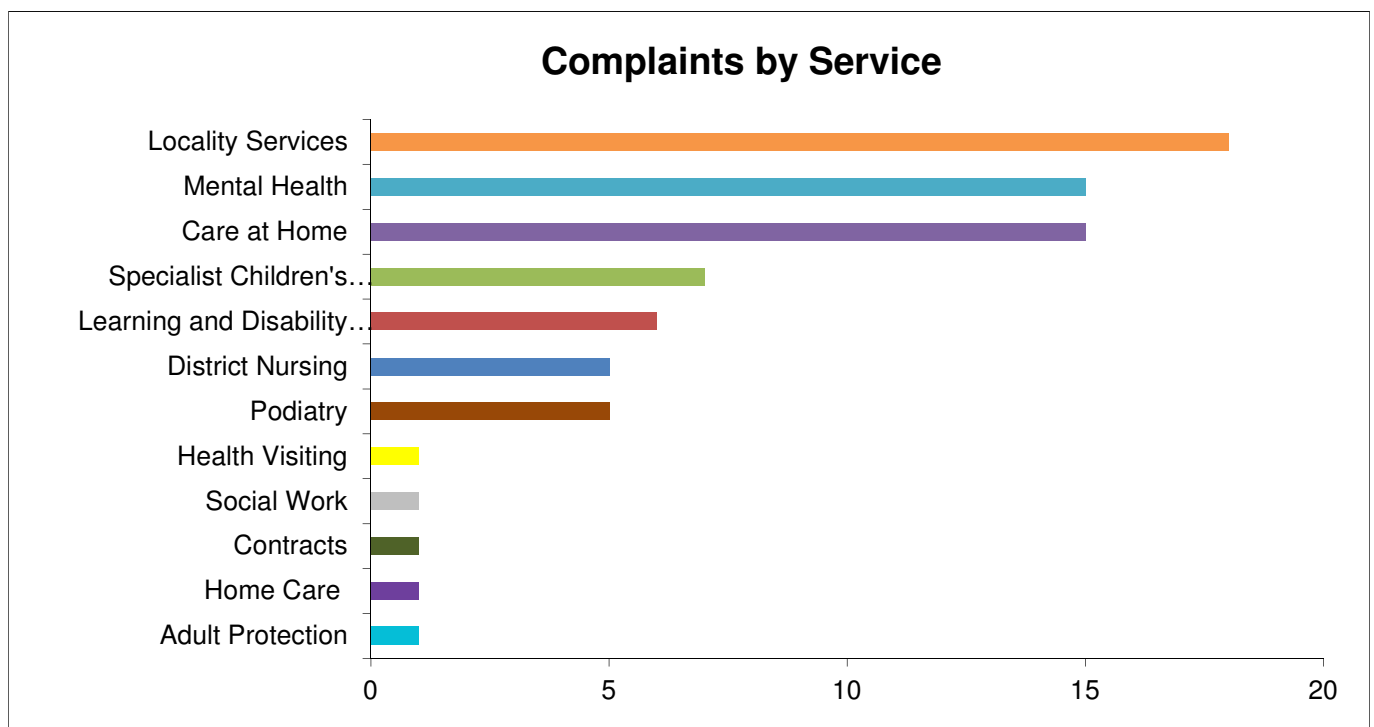
## Complaints

### 3.

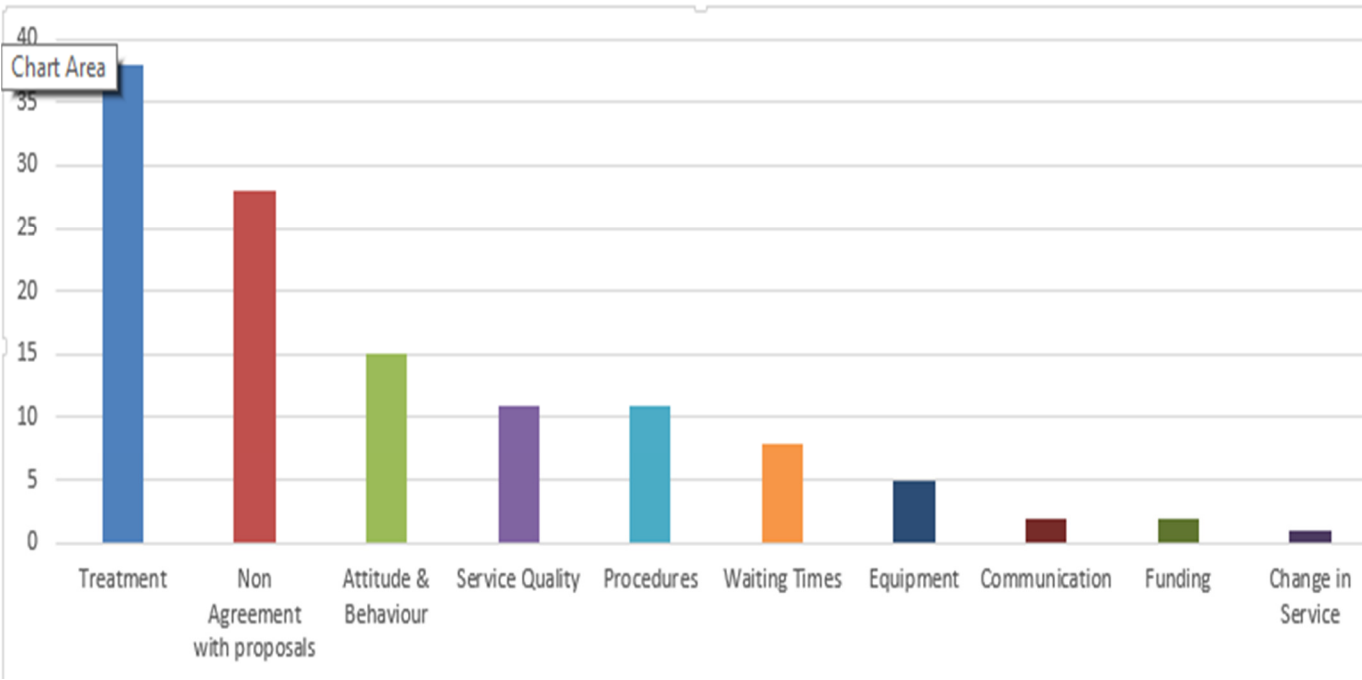
- 3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2018 to 31 March 2019. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.
- 3.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2018 to 31 March 2019.



- 3.3 The graph below shows the breakdown of complaints by service for the period 1 April 2018 to 31 March 2019.



3.4 The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.

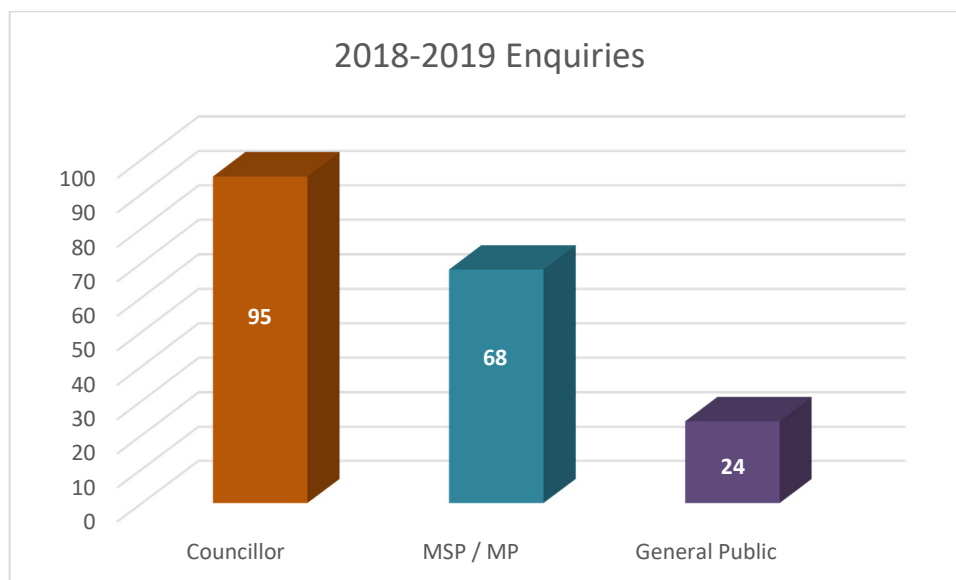


3.5 Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). The graph below shows the total number of complaints for health and social care.



3.6 The percentage of complaints dealt with within the national target of 20 working days is 81% and this figure is higher than achieved in 2017/18 (76%). Public holidays have been taken into account when response times were calculated.

3.7 During the period 1 April 2018 to 31 March 2018, the HSCP received 187 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



### 3.8 GP Complaints

There were 268 complaints made to the 30 General Practitioners within the HSCP partnership which averaged at 2.5 complaints per practice per month. This equates to a 10% increase on the previous year.

### Service Improvements

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

3.10 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.

### Policies & Procedures

3.11 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.

3.12 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.

3.13 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

3.14 If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.

- 3.15 Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.

4.



## Compliments

*You were wonderful*  
**Complaints & Enquiries**  
'Thank you for your help in getting the Care at Home sorted. Thank you for taking all the relevant information from a very upset and tearful family member. You were wonderful'

### **Amazing Health Professionals** **Podiatry**

'Your member of staff has done more for me in 25 minutes than anyone. I was sceptical going into this but your staff were professional and explained at every stage what they were doing. I now feel I can take charge of my health and feel reassured there are amazing Health Professionals in the NHS'

*To say thank you is not enough*

**Occupational Therapy**  
'Thank you all those involved in getting the stairlift for my mum. It was installed sooner than we were expecting and allows my mum and dad to sleep in their bedroom together again. This has made a big difference to the quality of their lives'

### *Can't thank you enough* **District Nursing**

'Thank you for your care, kindness, patience and listening skills. Nothing was too much for you and you always did everything you could for our family at this very difficult time'

'We are so lucky to have a team like you in our area - keep up the excellent work you do'

'Thank you for your care and attention following my operation at the end of December. I very much appreciated the good attitude, competence and professionalism of every member of the team - they are to be commended'

### *Great Collaborative Working*

#### **Specialist Children's Services**

'Everything has gone so well with the young patient, who has now settled over the weekend. I cannot thank you enough for all your help and support. All in all a great piece of collaborative working'

## COMPLIMENTS 2018-19

*Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you." -Eileen Caddy*

### *Thank you* **Mental Health**

'For dealing with my complaint efficiently, appropriate and professionally. I am very impressed with how you deal with the whole matter'

'Thank you for all the help you have given me, the time you have spent with me over the last months and supporting me to understand my own behaviour. I am stronger knowing that I can help myself and it is only my lack of belief in myself holding me back - your insight has been gratefully received'

'Ward 37 - I am writing to express thanks and admiration for all the staff of Ward 37 at the RAH, Although our mother passed away as an inpatient, the kindness and quality of care provided to our family was nothing short of exceptional. If I had been a millionaire I could not have bought what was provided to our family - so, well done Ward 37 staff and Thank You'



## 5.

- 5.1 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)
- 5.2. 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.
- 5.3 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 and 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
    - Coordinating 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.
- 5.4. 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.
- 5.5. A joint Business Continuity Plan has been developed and is routinely tested.
- 5.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.



## 6.

- 6.1. The Clinical Negligence & Other Risk Idemnity 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.
- 6.2. 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.
- 6.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 6.4. 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.
- 6.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.



# 7.

- 7.1 Regarding the arrangements in place for the management of risk within the HSCP, Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the Risk Register on a monthly basis.
- 7.2 The Risk Registers for the IJB and HSCP are maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.
- 7.3 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.
- 7.4 In November 2015, IJB members approved the establishment of an Audit Committee from 1 April 2016 and also agreed its Terms of Reference and Standing Orders.
- 7.5 The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.
- 7.6 As such, this update is to provide assurance to IJB members that the Audit Committee will review the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.
- 7.7 The Risk Management Policy and Strategy has been updated to reflect these changes.





# 8.

- 8.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date
- 8.2 The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 8.3 There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 8.4 As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.
- 8.5 There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at putting suitable arrangements in place for these changes.
- 8.6 A more limited range of activities will require to be progressed for IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.
- 8.7 **GDPR Staff Awareness Sessions**  
Over 75 presentation meetings were delivered across the HSPC on GDPR with just over 650 staff in attendance.

Changes made since these meetings:

- Information Asset Registers have been completed across all services in relation to personal/personal sensitive information the HSCP holds.
- Medical records that were stored outwith secure premises have now been brought back into NHS property.
- Whiteboards – removed and replaced with electronic ways of working.
- Patient/Staff files – all now kept behind locked drawers/cabinets/rooms.
- Destruction of confidential waste



## Records Management Plan

### 9.

- 9.1 The Public Records (Scotland) Act 2011 requires all public bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records.
- 9.2 NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 9.3 Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019, approval of the RMP is awaited.
- 9.4 The IJB submitted a Records Management Plan to the Keeper of the Records Scotland in January 2019. The RMP sets out how the IJB records are created and managed in line with national policy.
- 9.5 As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan.



## Communications Evaluation - 2018/19

### Website

[www.renfrewshire.hscp.scot](http://www.renfrewshire.hscp.scot)


**9,582**  
Users



**62,670**  
Page Views



**57.1%**  
Desktop Views



**42.9%**  
Mobile Views

### User feedback

easy to navigate

very clear search function

easy to use 8 / 10

### Top visited pages

1.	About Us	2,020
2.	Adults & Older People's Services	1,747
3.	Publications & Newsletters	1,692
4.	Integration Joint Board	1,186
5.	Know Who to Turn To	1,118



New staff section was introduced March 2018 - Team Brief is now published here

## Social Media



1,143

Followers

391,800

Reach



607

Followers

92,720

Reach

### Successful Campaigns

20,278

#16DaysOfAction

35,142

#NHS70

7,704

Emergency Dept  
Signposting

5,860

#FluFighters