
To: Renfrewshire Integration Joint Board

On: 14 September 2018

Report by: Chief Officer

Heading: Non-Financial Governance Arrangements

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 2017. The report also provides performance information regarding Freedom of Information and Complaints. This report covers the period 1 April 2017 to 31 March 2018.
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2. Recommendation

It is recommended that the IJB:

- Note the content of this Report, specially around:
 - Freedom of Information (FoI) and Publication Scheme;
 - Health and Safety
 - Complaints
 - Civil Contingencies and Business Continuity
 - Insurance and Claims
 - Risk Management
 - General Data Protection Regulations
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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.

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 will only hold a very limited amount of

information, it must respond to Freedom of Information (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

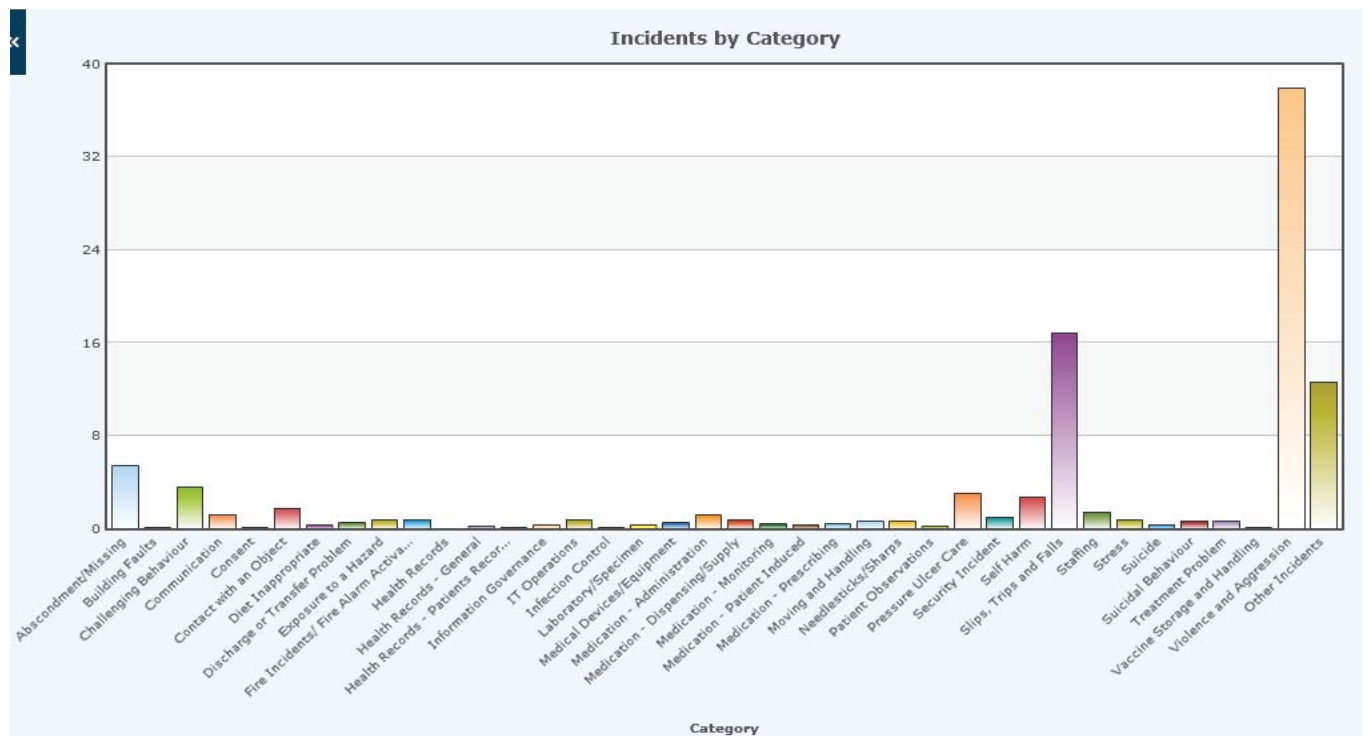
Requests Received

- 3.3. During the period 1 April 2017 to 31 March 2018, the IJB received no requests for information regarding the Health & Social Care Partnership's budget and projected outturn for 2017/18. Statistical information regarding IJB FOIs is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 3.4. 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.
- 3.5. During the specified timeframe, Renfrewshire Council received 105 FOI requests specifically regarding adult social care. The main issues and themes raised included:
- Staff (including 3 insurance claims)
 - Care at home (domiciliary care)
 - External Contracts
- 3.6. During the specified timeframe, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 10 NHS Greater Glasgow & Clyde board wide requests in relation to:
- Procurement
 - Carers Information
 - ADP Funding
 - Mental Health
 - Alcohol & Drugs

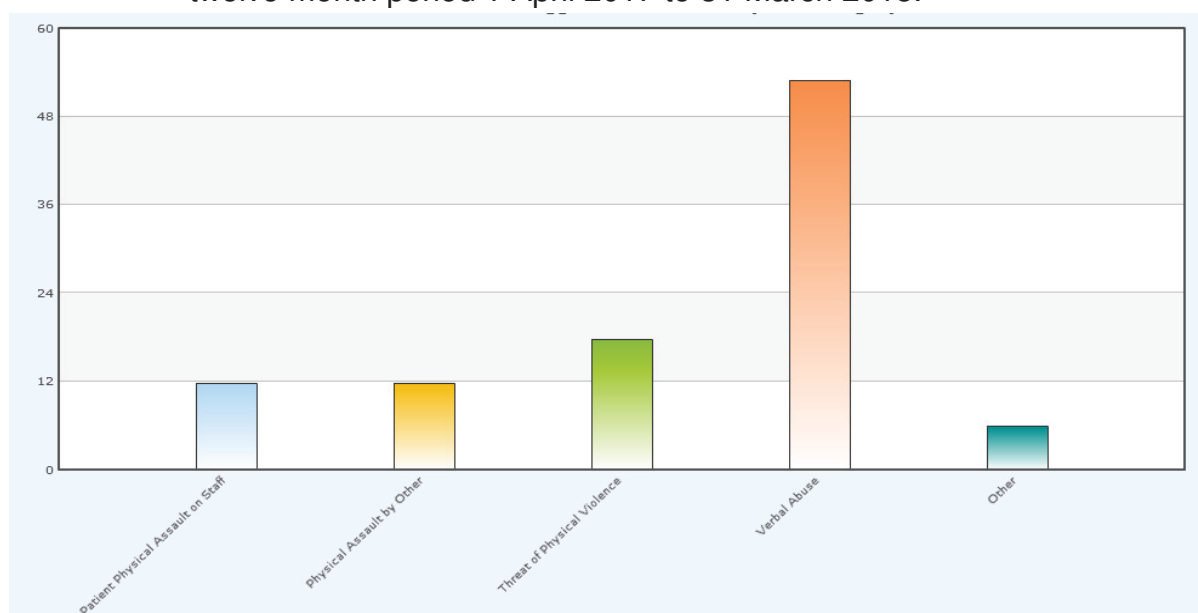
4. Health & Safety

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 OHAS 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 health, council and partnership.
- 4.5 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.
- 4.6 The table below provides an NHS snapshot view of the health and safety category percentages over the twelve month period 1 April 2017 to 31 March 2018.



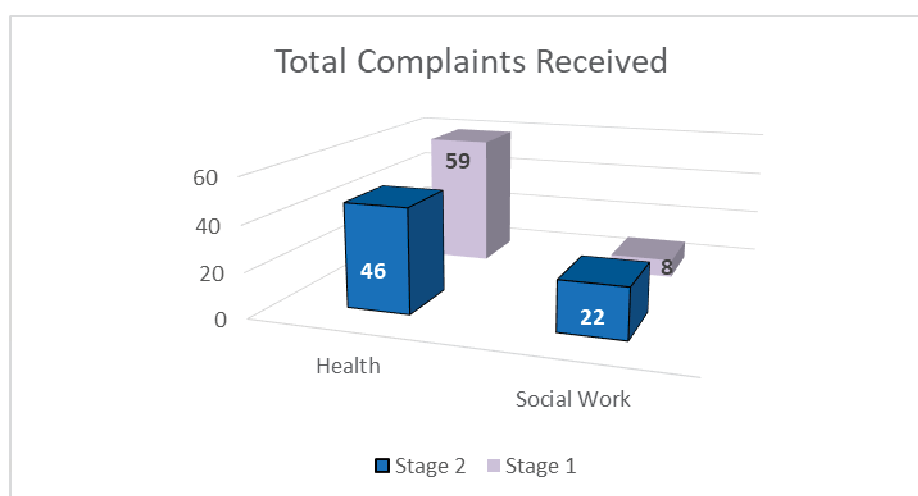
4.7 The table below now provides a further breakdown of the highest category, Violence and Aggression Incidents, by sub-category over the twelve month period 1 April 2017 to 31 March 2018.



5. Complaints

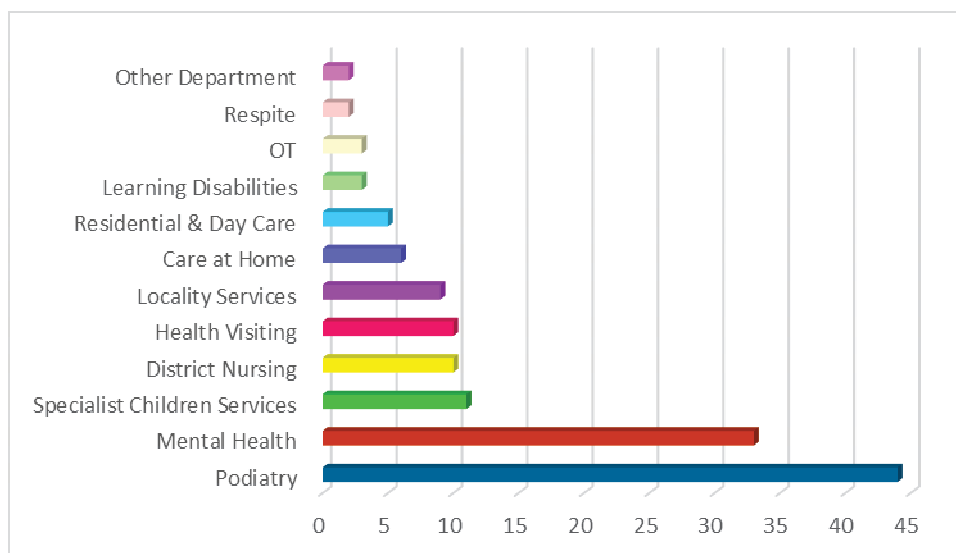
5.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2017 to 31 March 2018. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

5.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2017 to 31 March 2018.

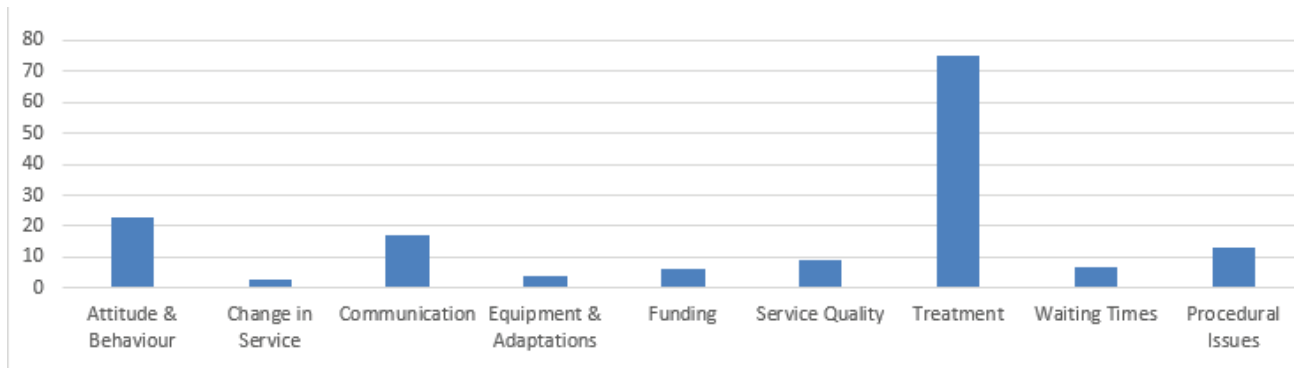


5.3 During the period 1 April 2017 to 31 March 2018, the HSCP received 170 enquiries from Councillors, MPs, MSPs, members of the public and other third party organisations.

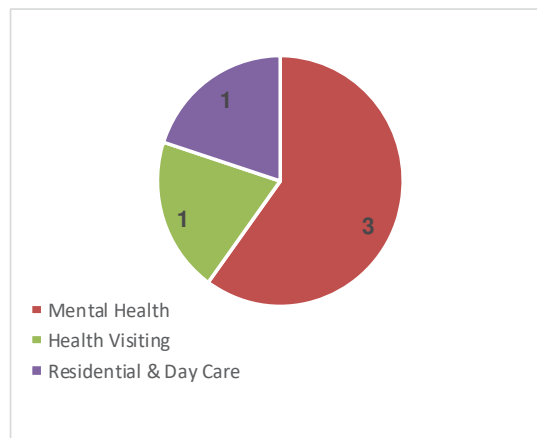
5.4 The graph below shows the breakdown of complaints by area for the period 1 April 2017 to 31 March 2018. The Podiatry high numbers relate to service changes around footcare.



5.5 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.



5.6 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.



Service Improvements

- 5.7 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 5.8 Following the completion of a complaint, an action plan is 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.
- 5.9 An example of an action taken from a number of complaints received in Podiatry has resulted in a new Business Card (shown below) being produced showing quieter times to call the call centre along with an information leaflet which is provided to service users.



Positively Podiatry
Protecting Limbs Prolonging Lives



NHS
Greater Glasgow
and Clyde

**Podiatry new patient appointments
can be made by contacting the Referral
Management Centre (RMC)**

Tel: 0141 347 8909

Monday - Friday 08.00 - 20.00

Saturday 09.00 - 13.00

Email: AHP.Appointments@ggc.scot.nhs.uk

mi • 294985 v2.0

	8:00am - 9:00am	9:00am - 1:00pm	1:00pm - 5:00pm	5:00pm - 8:00pm
Monday	Quieter	Busier	Moderate	Quieter
Tuesday	Quieter	Busier	Moderate	Quieter
Wednesday	Quieter	Busier	Moderate	Quieter
Thursday	Quieter	Moderate	Moderate	Quieter
Friday	Quieter	Moderate	Moderate	Quieter
Saturday	CLOSED	Moderate	CLOSED	CLOSED

Policies & Procedures

- 5.9 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.
- 5.10. 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.
- 5.11 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.
- 5.12 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.
- 5.13. 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.

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 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.

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 was tested on 8 February 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 and Clyde Civil Contingencies Unit.

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.

8. Risk Management

- 8.1 The purpose of this report is to inform the IJB of the arrangements in place for the management of risk within the HSCP.
- 8.2. 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.
- 8.3. 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.
- 8.4 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.

- 8.5. 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.
 - 8.6. 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.
 - 8.7. As such, this update is to provide assurance to IJB members that the Audit Committee have reviewed 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. This was discussed when the Audit Committee met on 24 November 2017.
 - 8.8. The Risk Management Policy and Strategy will be updated to reflect these changes.
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9. General Data Protection Regulations

- 9.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date.
 - 9.2. 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.
 - 9.3. 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.
 - 9.4. 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 impact on the IJB specifically, as opposed to the partner organisations, is anticipated to be limited.
 - 9.5. There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at operating suitable arrangements for these changes.
 - 9.6. A more limited range of activities will require to be progressed for the IJB to ensure compliance with the new legislation and future papers will be brought to the IJB to provide this awareness.
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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** - 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.

List of Background Papers – None.

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)
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