

**To: Renfrewshire Integration Joint Board**

**On: 2 October 2020**

**Report by: Chief Officer**

**Heading: Non-Financial Governance Arrangements**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	<b>X</b>
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

## 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 2019 to 31 March 2020.
- 1.2. The timetable for the annual and six monthly Non-Financial Governance Reports is not in line with the reporting cycle. We would like to propose that a change is made for the Annual Report to be presented in June and the six monthly update to be presented in November each year.

## 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
- Approve the change to the timetable for these Reports.

### 3. 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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# Non Financial Governance Arrangements 1 April 2019 to 31 March 2020



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.

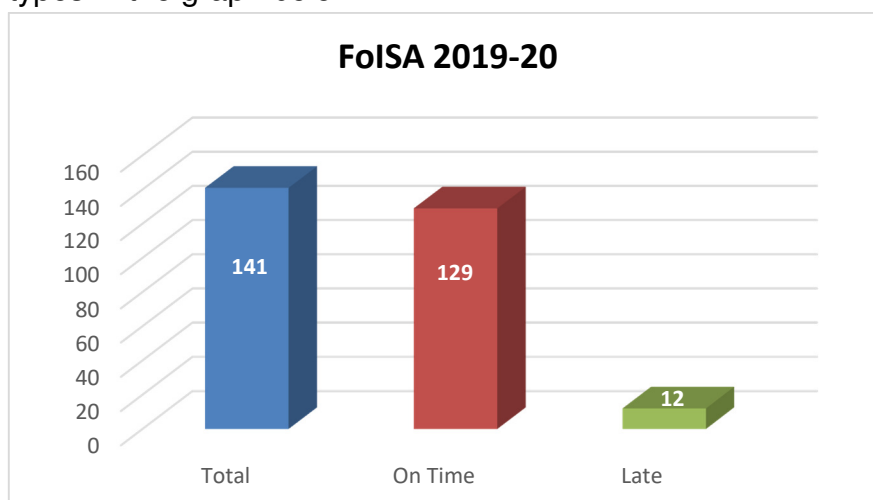
## Background

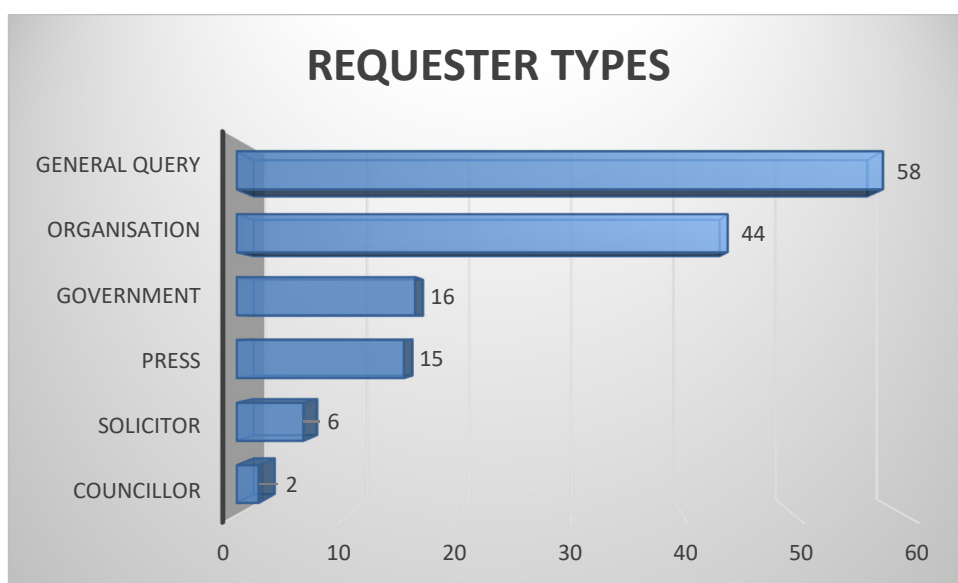
- 1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will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

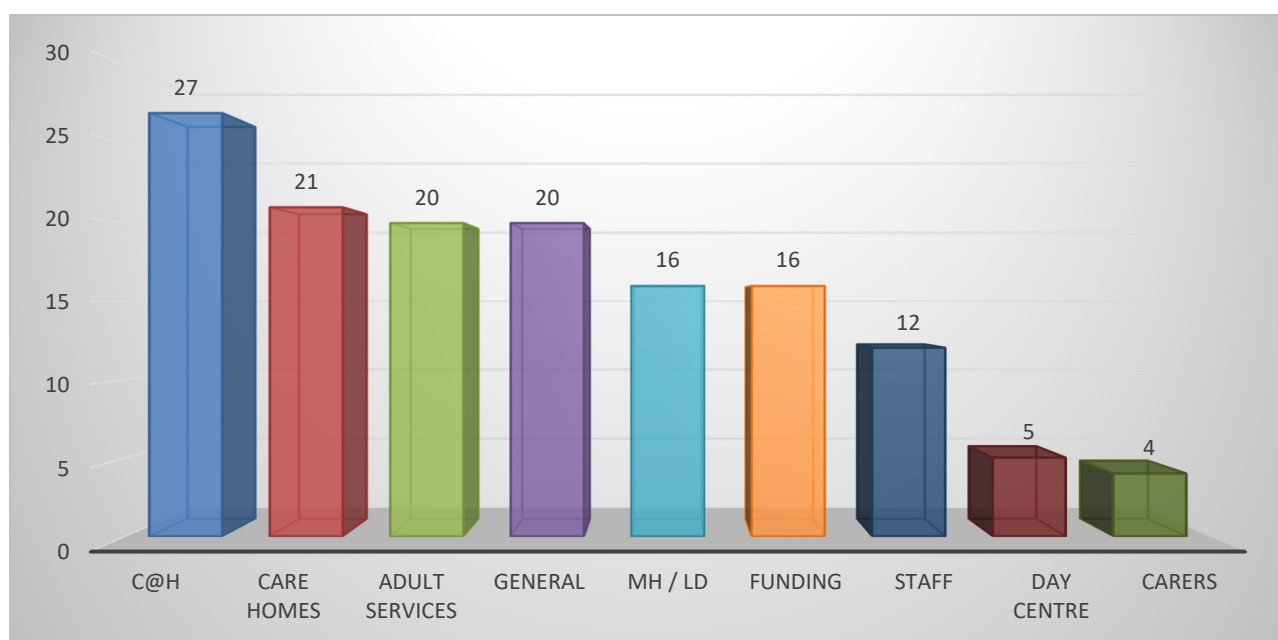
## Requests Received

- 1.3. During the period 1 April 2019 to 31 March 2020, the IJB received **1** request for information regarding the total salary costs of direct employees and expenses paid to the voting members of the Integration Joint Board. 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 141 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 if we do hold information about them, then they are entitled to have a copy.

During 1 April 2019 to 31 March 2020, the Partnership responded to **41** Subject Access Requests from patients, clients and staff.

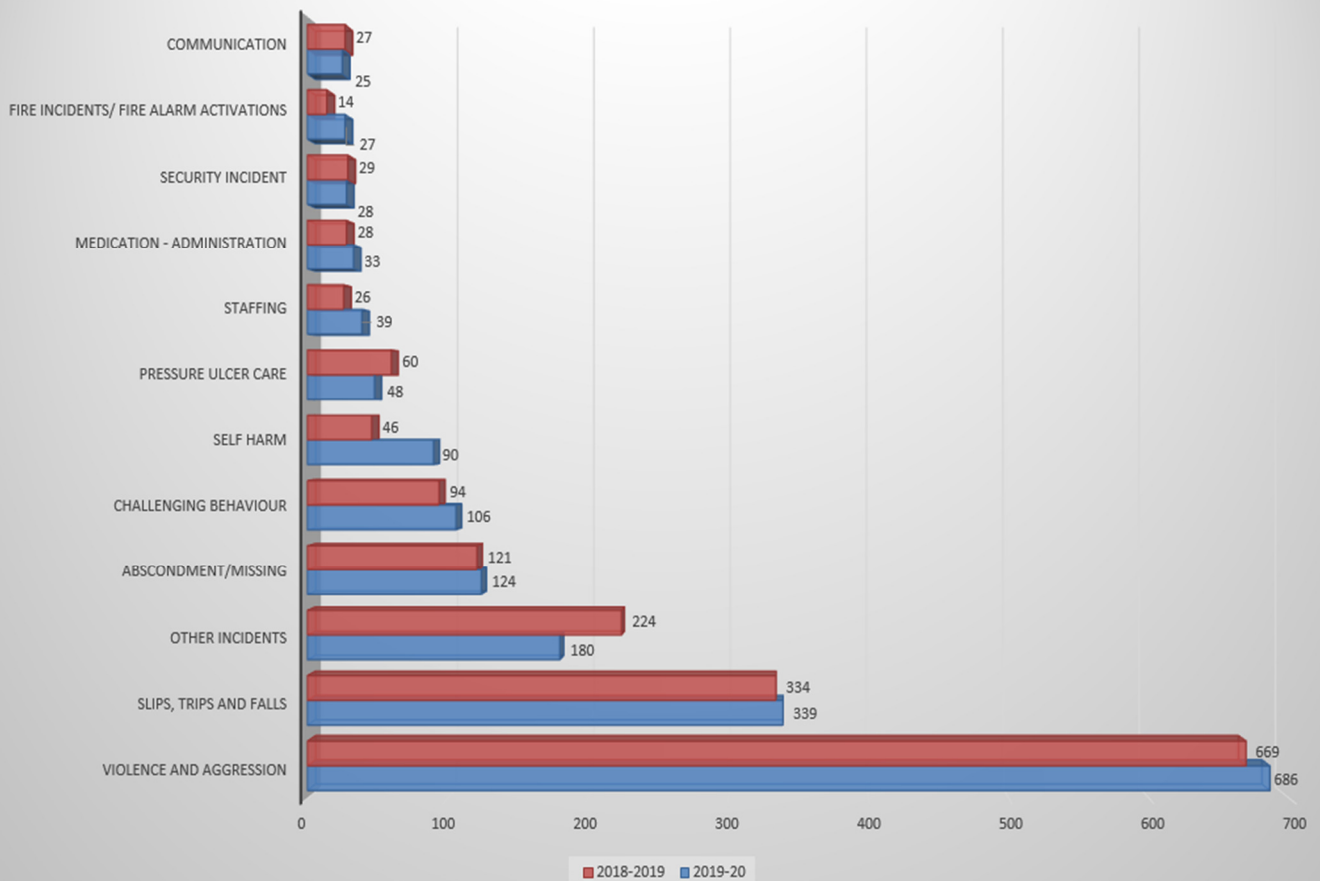


## 2.

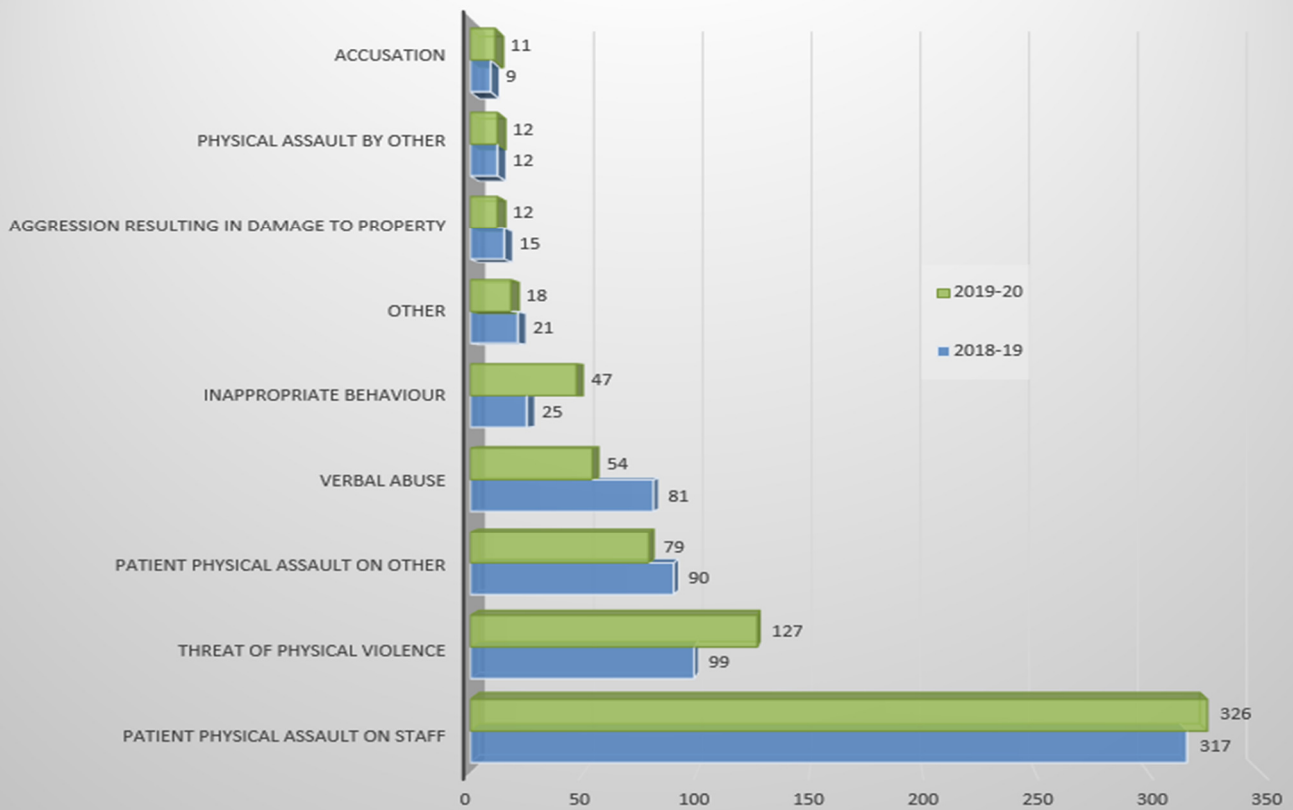
### Background

- 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 2019 to 31 March 2020. This includes patients, service users and staff.
- 2.7 A further breakdown of the top incidents by sub-category is noted below. We have also included the figures that were advised in our Annual Report 2018-19, as a comparison. A further breakdown of the Violence and Aggression sub-categories is also detailed below.

## Top 12 Incidents by Category



## Sub Category of Top Incident: Violence & Aggression





## 2.8 Health & Safety Alerts Report

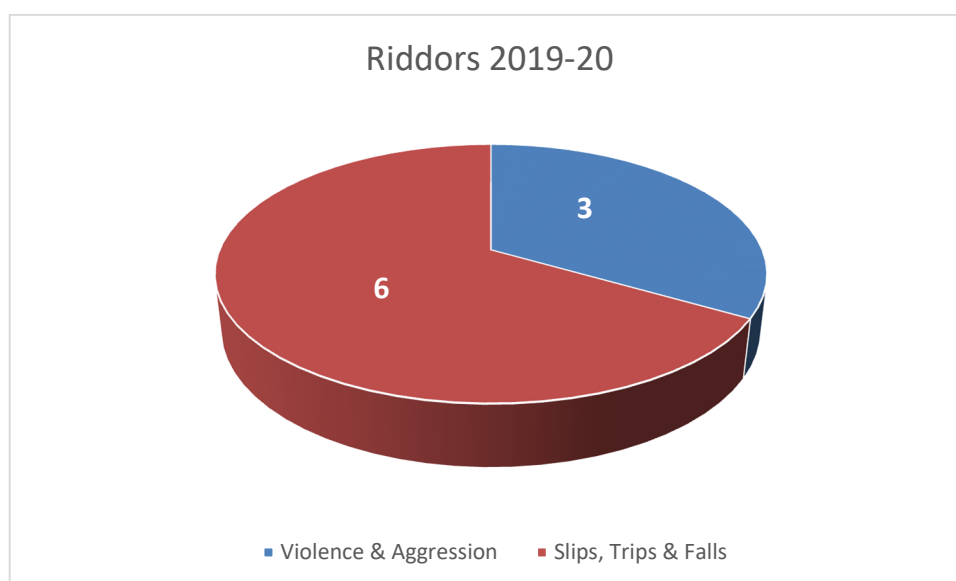
Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

There were 22 Health & Safety Alerts received over the twelve month period 1 April 2019 to 31 March 2020. The Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings and none required an action for this period.

## 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 RIDDOR reportable incidents to the Health & Safety Executive from 1 April 2019 to 31 March 2020 for the Health & Social Care Partnership. Five incidents within health and 4 incidents within the Council have been investigated with reports and actions plan in place. The table below highlights the categories for these 9 incidents.



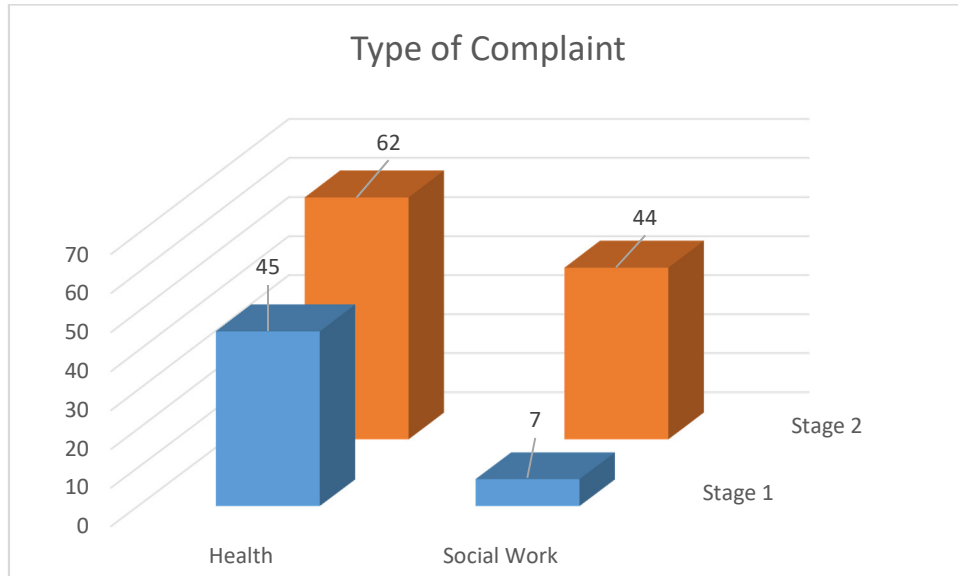


## Complaints

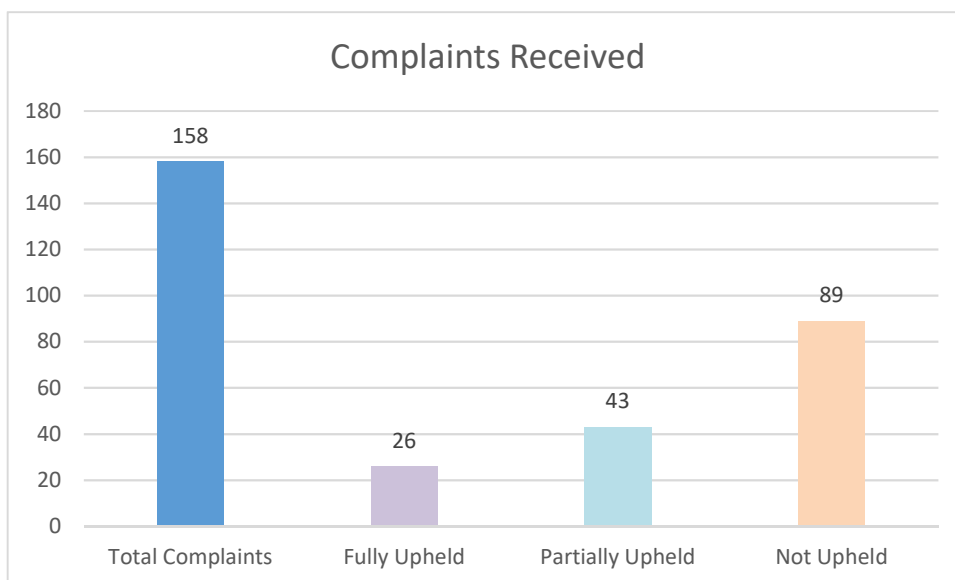
### 3.

3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2019 to 31 March 2020. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

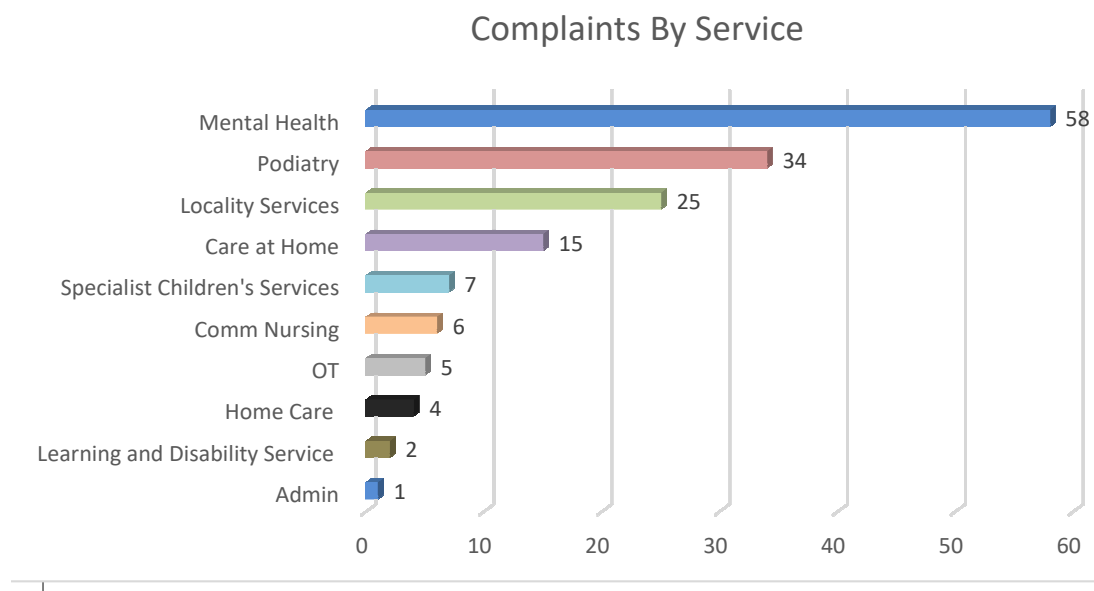
3.2 There were **107** formal and **51** informal complaints received across the HSCP from 1 April 2019 to 31 March 2020 as shown in the graph below.



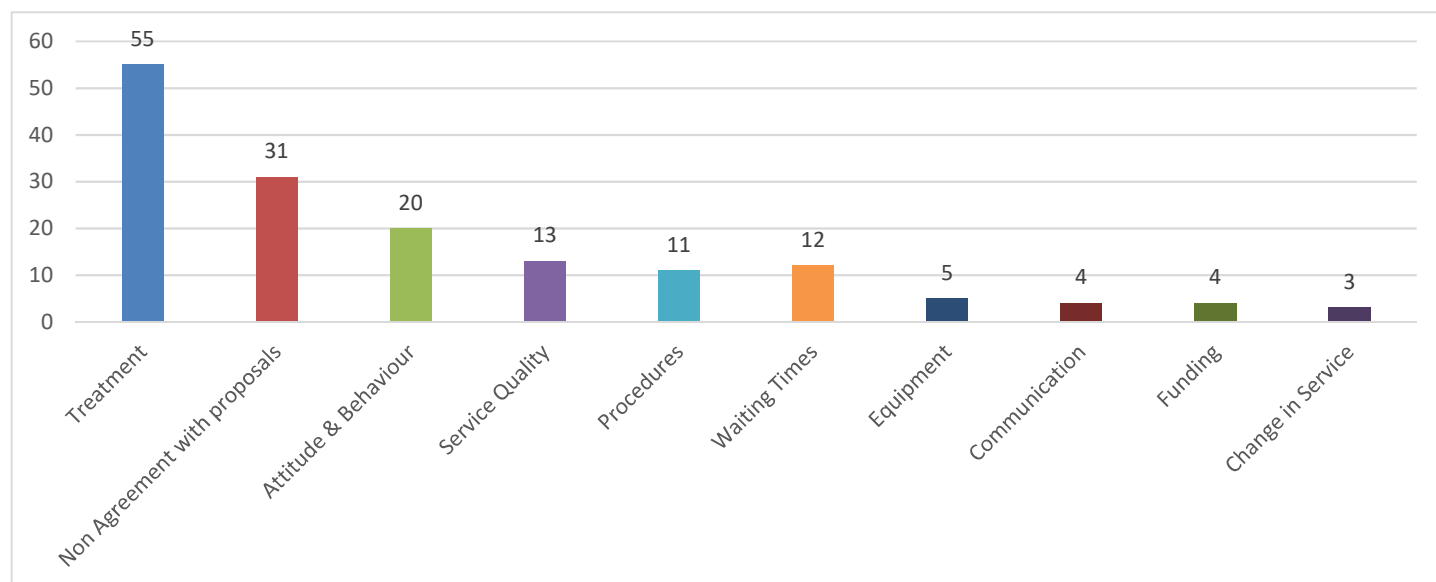
3.3 The graph below breaks these down into type of complaint.



3.4 The graph below shows the breakdown of complaints by service for the period 1 April 2019 to 31 March 2020.



**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** Learning from complaints - some of the actions taken in response of the above issues were as follows:

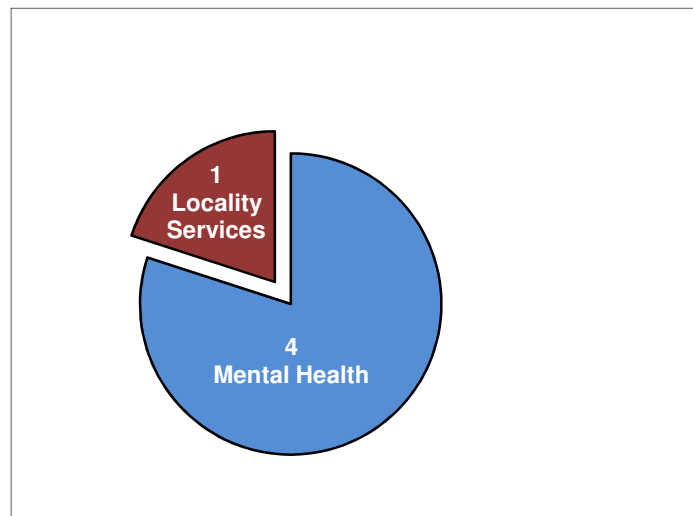
A podiatry complaint regarding the unsatisfactory treatment the patient had experienced has resulted in the following:

- A definitive management plan was agreed with the patient.
- A new process has been agreed to allow two clinicians to be in attendance for complex referrals.

A mother complaining that her son is unable to access the CAMHS service has resulted in the following:

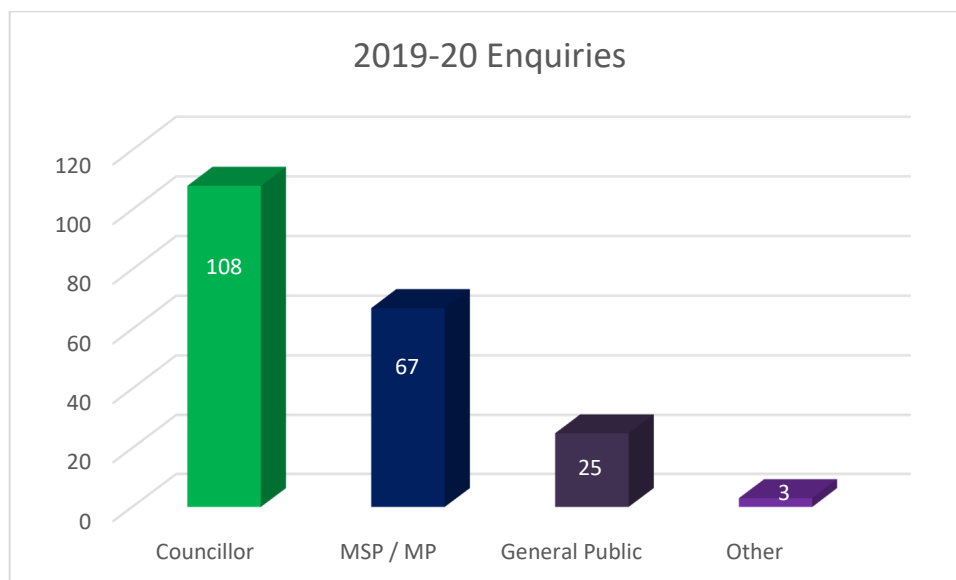
- Review referral acceptance notification process
- Ensure Standard Operating Procedure (SOP) for timescales acknowledging receipt of referral is adhered to.
- All CAMHS (clinical and admin) staff briefed and reminded to refer to SOP.

3.6 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.



- 3.6.1 The SPSO advised us in September 2019 that a complaint submitted by a complainant regarding the care and treatment received from the Mental Health Services did not require a formal investigation due to the passage of time that had passed being a significant factor in terms of what could be investigated.
- 3.6.2 The SPSO advised us in September 2019 that a complaint submitted regarding how the complainant was treated by the HSCP when trying to arrange respite care for a family member was not upheld. The SPSO informed that the actions taken by the HSCP in response to the complaint were in line with the kind of actions the SPSO would expect the HSCP to take.
- 3.6.3 The SPSO advised us in January 2020 that a complaint submitted by a complainant regarding charges for Community Meals did not require a formal investigation due to the lack of independent evidence or witnesses to provide corroboration.
- 3.6.4 A complaint submitted to the HSCP in May 2018 regarding an SDS assessment received from Social Work Locality services was submitted in May 2019. We await the outcome of this complaint.
- 3.6.5 A complaint submitted to the HSCP in May 2017 regarding the actions of Social Workers in relation to an Adult Protection investigation was submitted in May 2019. We await the outcome of this complaint.

3.7 During the period 1 April 2019 to 31 March 2020, the HSCP received 203 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



### 3.7 GP Complaints

There were 136 complaints made to the 29 General Practitioners within the first three quarters of the year.

### Service Improvements

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

3.9 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

3.10 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.

3.11 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.

3.12 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.

3.13 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.

- 3.14 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*

Health Centre Admin Staff  
"Please accept my thanks for all of the support you have given us to keep running our community SLT drop in clinics. The support of reception staff in all community clinics has been vital and is very much appreciated"



### Amazing Health Professionals

#### Podiatry

"The Podiatry Service have provided a very comprehensive report. Clearly they have invested in QI, and have the tools and data to show where the pressures are across the service"



*To say thank you is not enough*

Bishopston District Nurses  
"Thank you from the bottom of our hearts for everything you have done during this very worrying and difficult time. Your love, patient support and above all outstanding care has been very much appreciated by both of us and we will forever be thankful for everything"



*Thank you*

#### Doing Well Service

"Thank you for your support and patience over the past year, it was very much appreciated and invaluable to the both of us and our family. It has helped me cope and come to terms with my anxiety and panic attacks and made me realise I must take each day as it comes. Thank you"



### Covid-19 Testing

#### Care Home Testing Team

"We don't know where we would have been without you and your team!"

#### Impressed by Care Home Staff

"The Care Home Testing Team would like to thank the welcome from staff, the general presentation of the care home and overall describing them as warm and caring. The mentioned residents are all

"immaculate", with lovely clothes, hair being styled and nails painted. They recognised that the staff work very hard, taking pride in their work and how communicated with the residents. Well done and thank you to all the staff"



## 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*

*Wonderful caring  
Team*

"We would like to thank all the carers who came into our mother's home to take care of her. You all formed close relationships with mum and the family. It is so easy these days to complain quickly when things to wrong but not as quick to compliment when things go well.. Thank you"



### Excellent Care and Service

#### Mental Health Adult Services

"There was a little confusion with my mums appointment at elderly mental health services in RAH. Everything was taken control of by the wonderful Medical Secretary who along with the amazing doctor. saved the day. Both went more than the extra mile to help us and at my mum's appointment both were outstanding"



### A Wonderful Experience

#### Podiatry

"To visit the Podiatry Clinic as I was in and out within quarter of an hour and attended to at every juncture so efficiently. Thank you to all concerned"



*Can't thank you  
enough*

#### Community Mental Health

"Thank you for my CPN session this morning. The lady was superbly knowledgeable and kind. I felt a huge burden being lifted with every passing minute. What a professional! What perception! What rare empathy! Thank you Charleston Centre! Thank you CPN whose name I wish I could recall as such high calibre work should be sung of!!



### Covid-19 PPE

#### PPE Store

"Can I just take this opportunity to say a huge thanks on behalf of Key for both the communication and organisation around the Renfrewshire PPE supply"



*Great Collaborative Working  
Renfrew Health & Social Work Centre*

"I just wanted to say how amazing Pat was he made sure we were ok and is a great guy, and we are booked in again for next year and we made some connection with staff who work in the social work department."





## 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 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.
- 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 An updated version of the Risk Management Framework was approved by the IJB Audit Committee in November 2017. This revised framework updated the approach to reporting risks whereby the Risk Register was separated into an IJB Risk Register tracking strategic risks specifically relating to the Board and an HSCP Risk Register which tracked operational risks.
- 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.
- 7.8 During the Covid-19 response, the HSCP implemented additional risk management measures to identify and manage emerging risks. As recovery and renewal activity progresses, these interim measures will continue but will need to be adapted to align further with existing risk management arrangements. Consequently, the HSCP believes that a review and update of the Risk Management Framework is required to ensure that the IJB's approach to risk management addresses the complexity of the current and future environment.
- 7.9 For members' awareness, a report with this proposal was agreed by the Audit, Risk & Scrutiny Committee at its meeting on 11 September 2020. It is proposed that the revised Risk Management Framework will be implemented from April 2021 and further progress updates will be brought to the IJB.



### 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.



## 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: 1 April 2019 - 31 March 2020

### Website

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



**23,205**  
Users



**117,447**  
Page Views



**50.4%**  
Desktop Views



**49.6%**  
Mobile/Tablet Views

### User feedback

easy to navigate

very clear search function

easy to use 8 / 10

### Top visited pages

1.	<b>4,147</b>	Community Mental Health Team
2.	<b>2,628</b>	Adults & Older People Services
3.	<b>2,438</b>	Primary Care Mental Health Team
4.	<b>2,401</b>	About Us
5.	<b>1,902</b>	IJB

### Social Media



**1,637**  
Followers

**327,000**  
Reach



**785**  
Followers

**35,743**  
Reach

### Successful Campaigns

District Nursing  
SPOA

Flu Campaign  
2019

Smoke Free  
Renfrewshire

Clap for  
Carers