
To: Renfrewshire Integration Joint Board

On: 23 June 2017

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 2016. The report also provides performance information regarding FOI and Complaints. This report covers the period 1 April 2016 – 31 March 2017.
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2. Recommendation

- 2.1. It is recommended that the Integration Joint Board (IJB):
- Note the content of this Report, specifically around:
 - Freedom of Information (FOI) and Publication Scheme
 - Health and Safety
 - Complaints
 - Business Continuity
 - Insurance and Claims
 - Risk Management arrangements
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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 (Fol) 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-IJB-Publication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf

Requests Received

- 3.3. During the period 1 April 2016 – 31 March 2017, the IJB received 1 request for information regarding the Health & Social Care Partnership's budget and projected outturn for 2016/17. 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 serviced received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 3.5. During the specified time-frame, Renfrewshire Council received 113 FOI requests specifically regarding adult social care. The main issues and themes raised included:
- care at home (domiciliary care);
 - external contracts;
 - self directed support (SDS);
 - waiting times for assessments.
- 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 in relation to:
- Dementia post diagnosis support;
 - Rehabilitation Service Patient Pathway;
 - Palliative Care;
 - Memory Clinics;
 - Autism Assessments;
 - Learning Disabilities Structure;
 - Psychiatry Structure.

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 health council staff and partnership representation.
- 4.5. The 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 NHS Greater Glasgow & Clyde strategy and action plan has been developed and adapted for local use. The Committee meets four times per annum.

5. Complaints

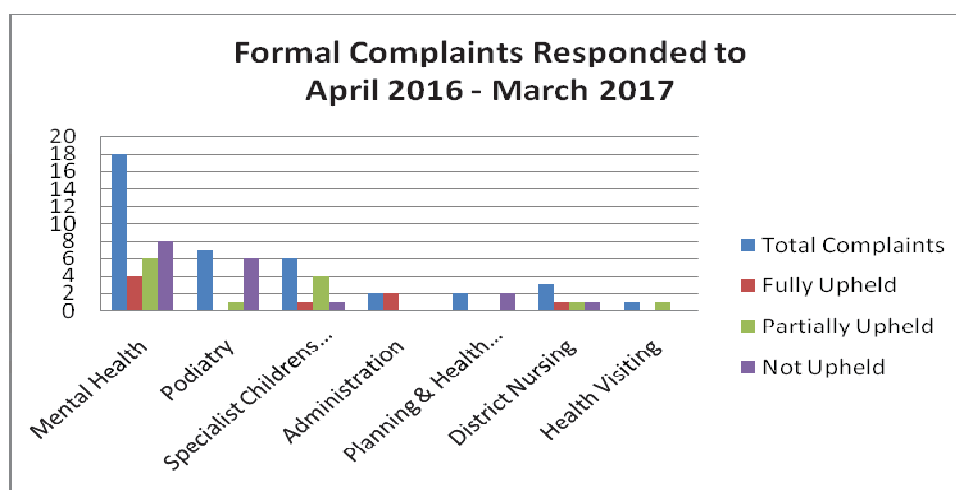
- 5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2016 – 31 March 2017. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

Health Complaints

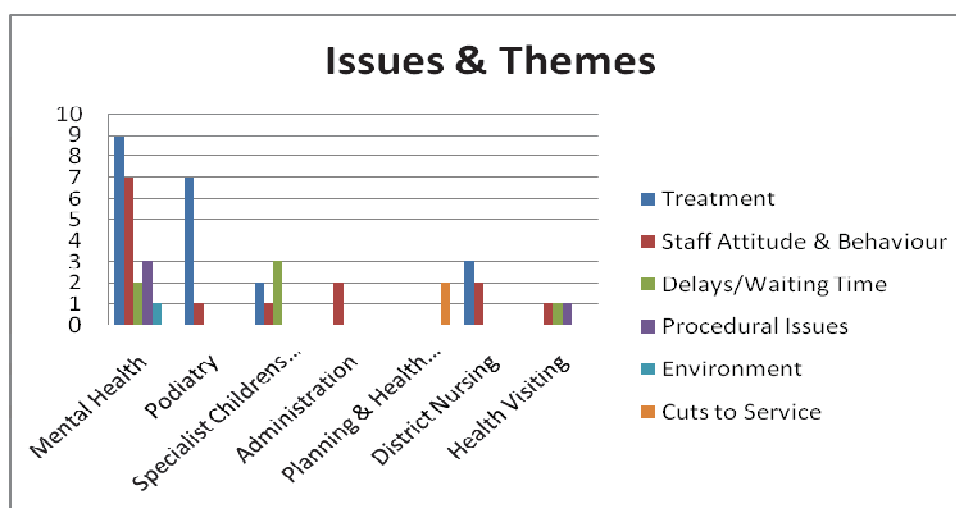
- 5.2. The Patient Rights (Scotland) Act 2011 was introduced from 1 April 2012 with the aim of improving a patient's experience of using health services. It also ensures that patient's feedback, comments, concerns and complaints are more actively monitored and used to improve services.

Local Resolution: 1 April 2016 – 31 March 2017

- 5.3. A total of **42** formal health complaints (+3 from previous year) were received during the above period of which 1 was withdrawn (-1) and 2 did not receive consent to proceed (+2).
- 5.4. Of the **39** completed formal complaints, 8 were fully upheld, 14 were partially upheld and 17 were not upheld. The following table shows the outcome of the complaints investigated by services during the above period.



- 5.5. 36 of the 39 complaints investigated were responded to within the target of 20 working days and 3 responses exceeded that target. Holding letters were sent out to the complainants who did not receive a response within 20 days explaining the reasons for the delay. This gives an overall health complaints handling performance of 92% (down 8% from last year).
- 5.6. Issues & Themes raised in the 39 formal health complaints investigated are detailed, by service, below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.

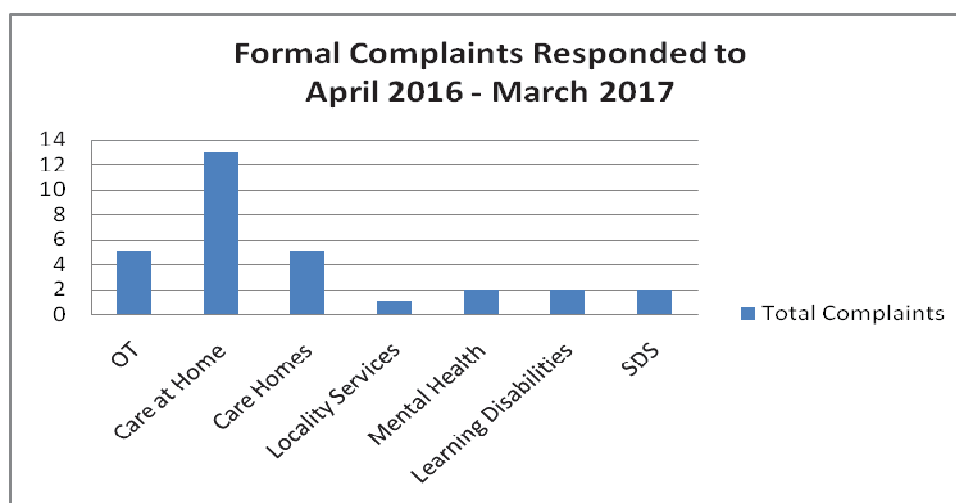


SPSO 1 April 2016 – 31 March 2017

- 5.7. Where a complainant remains dissatisfied with a Local Resolution response provided by health services, the complainant may write to the Scottish Public Services Ombudsman (SPSO). No health complaints investigated by the HSCP during the above period have been referred to the SPSO.

Social Work Complaints

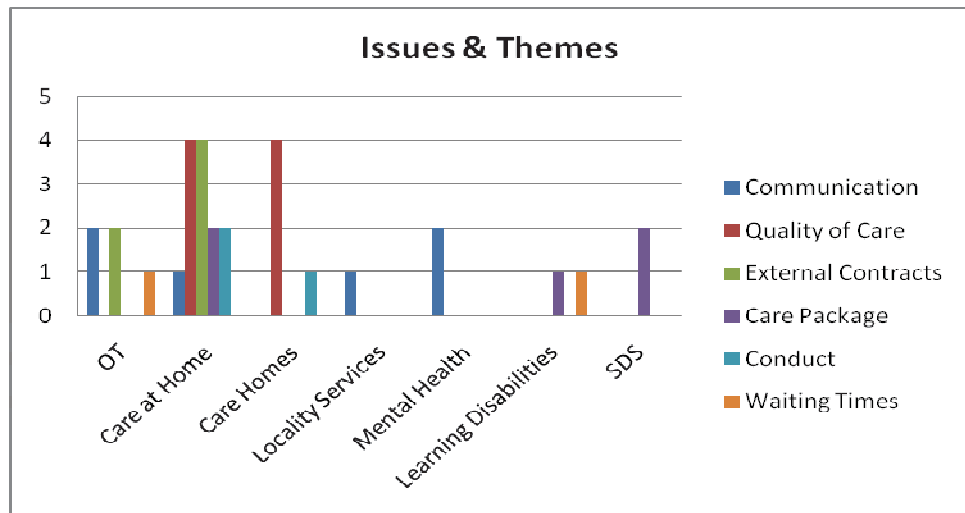
- 5.8. A total of **30** formal SW complaints (= to previous year) were received during the specified period. The table below shows the breakdown by service area. Social Work services do not record the outcome of a complaint.



- 5.9. All 30 complaints were progressed as formal complaints of which 20 were responded to within the target of 20 working days. 10 responses exceeded this target. This gives an overall social work complaints handling performance in the HSCP of 66% (down 7% from last year).

Issues & Themes

- 5.10. The issues and themes identified from social work complaints are detailed in the graph overleaf. The main issues raised being quality of care and issues with external contracts (meals, responders, etc).



Service Improvements

- 5.11. One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 5.12. 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 Care Packages are key issues for complaints and steps are being taken by services to improve these.

Policies & Procedures

- 5.13. 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.
- 5.14. Whilst NHS Greater Glasgow and 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.
- 5.15. The NHS Scotland model Complaints Handling Procedure (CHP) came into effect on 1 April 2017. The NHS CHP has been developed by NHS complaints handlers working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS, 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.

- 5.16. The new social work CHP also came into effect on 1 April 2017 requiring all councils to comply with the new CHP from that date. The social work procedure has been developed by social work experts and third sector organisations working closely with the SPSO. As far as possible a standard approach to handling complaints across local government and the NHS has been produced to comply with the SPSO's guidance on a model complaints handling procedure.
- 5.17. 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.
- 5.18. 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.
- 5.19. The SPSO has issued guidance for a Complaints Handling Procedure for Integration Authorities in Scotland. Confirmation that we have developed a CHP in relation to the IJB functions must be in place for 3 July 2017, with a completed compliance statement and self-assessment form sent to the SPSO by that date.

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
- 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 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 & 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 register is 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 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.
 - 8.8. The Risk Management Policy and Strategy will be updated to reflect these changes.
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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** - 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** – there are no ICT implications arising from the submission of this paper.
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.
8. **Health & Safety** – health and safety processes and procedures are being reviewed to in order to support safe and effective joint working
9. **Procurement** – there are no procurement implications arising from the submission of this paper.
10. **Privacy Impact** – there are no privacy implications arising from the submission of this paper.
11. **Risk** – none.
12. **Risk Implications** – as per the subject content of the risk section of this paper.

List of Background Papers – None.

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