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**To: Renfrewshire Integration Joint Board**

**On: 25 January 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 (Fol) and Complaints. This report covers the 6 month period 1 April to 30 September 2018.
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**2. Recommendation**

It is recommended that the IJB:

- Note the content of this Report, specially around:
    - Freedom of Information (Fol) 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**

Background

- 3.1. 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 requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme.

- 3.2. 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)

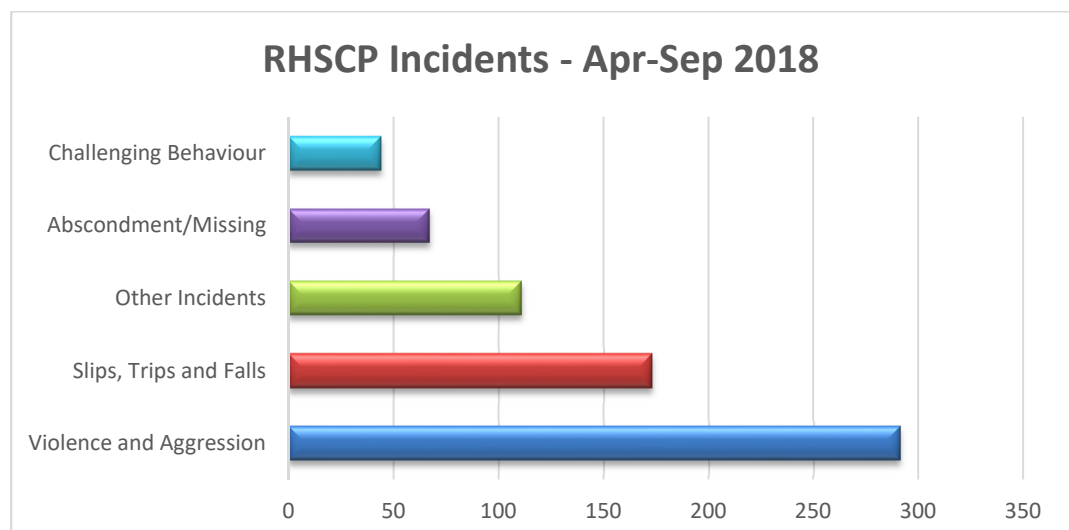
#### Requests Received

- 3.3 During the period 1 April to 30 September 2018, the IJB received one request for information. Statistical information regarding IJB Fols continues to be uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis, including nil returns.
- 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 timeframe, Renfrewshire Council received 60 FoI requests specifically regarding adult social care. The main issues and themes raised included:
- Community Meals
  - Mental Health Services
  - Carers
  - Care Homes / Day Centres
  - Community Alarms
  - Funding
- 3.6 During the specified timeframe, no FOI requests were received specifically for information regarding health services within Renfrewshire. However, Renfrewshire contributed to 3 NHS Greater Glasgow & Clyde board wide requests in relation to:
- Public Participation
  - Obesity Crisis
  - Staff / Agency Spend

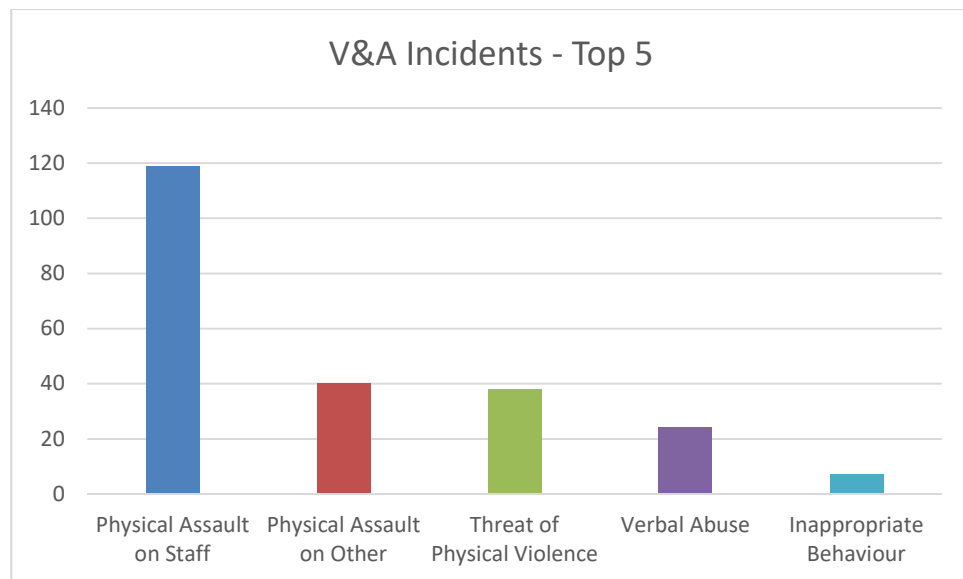
## 4. Health & Safety

### 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 Area Partnership Forum (APF).
- 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. The HSCP Health & Safety Committee meets on a quarterly basis and has service representation from health, council staff and partnership representation. The Terms of Reference have been updated.
- 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 table below provides an NHS snapshot view of health and safety category percentages over the six month period 1 April 2018 to 30 September 2018.



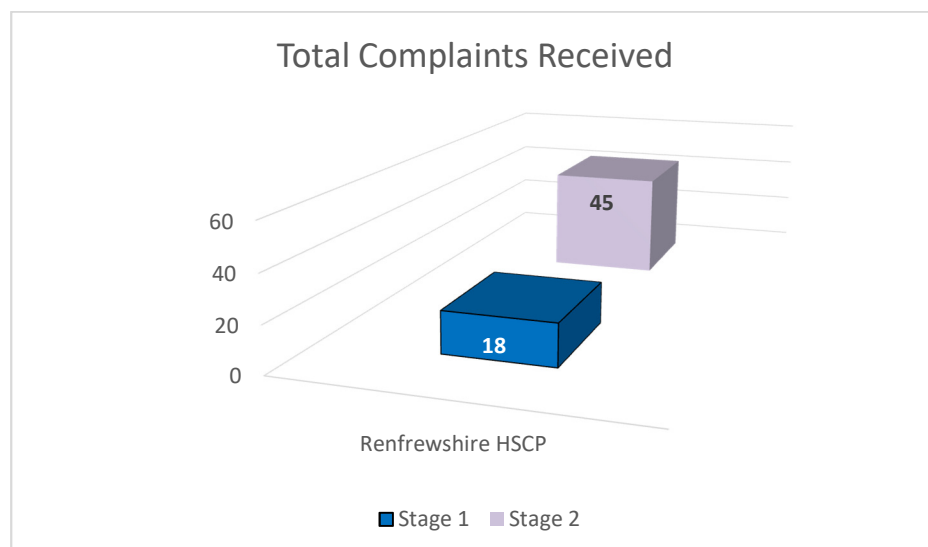
- 4.7. The table below now provides a further breakdown of the highest category, Violence and Aggression Incidents, by sub-category over the twelve month period 1 April 2018 to 30 September 2018.



## 5. Complaints

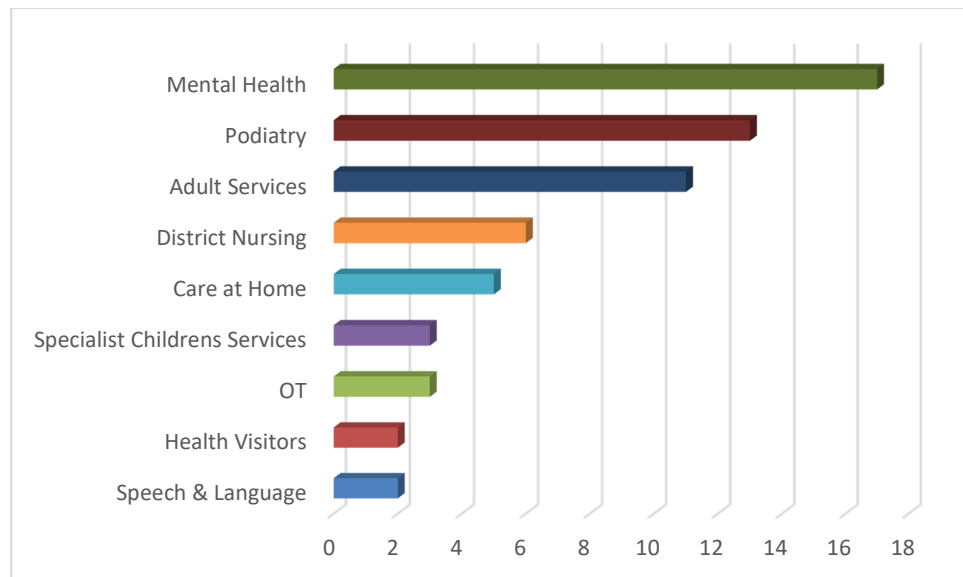
- 5.1. This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2018 to 30 September 2018. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

- 5.2. The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2018 to 30 September 2018. One complaint was withdrawn at Stage 2 at the complainant's request.

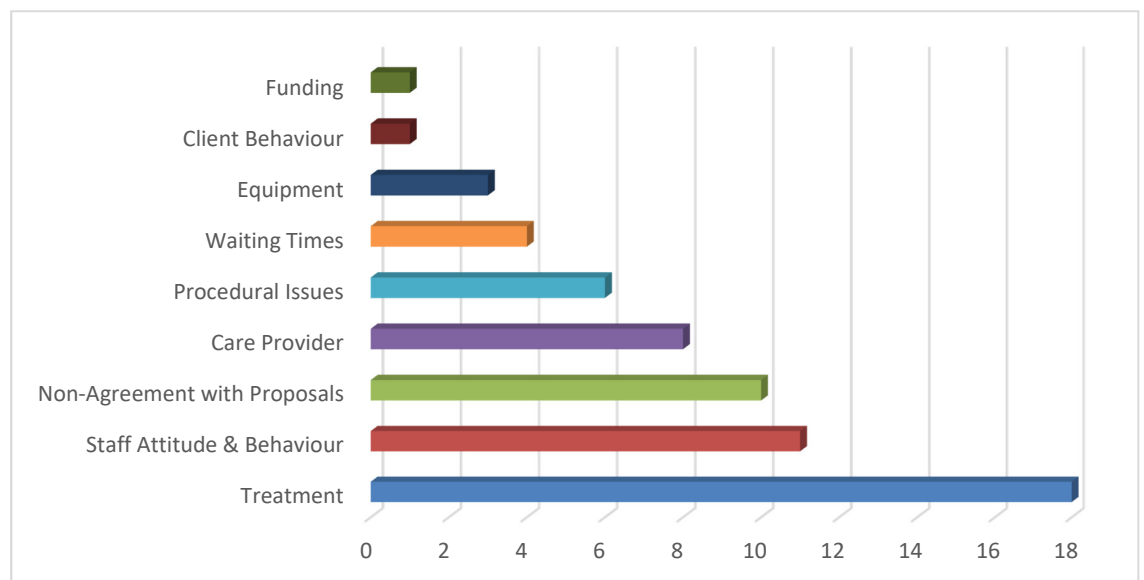


5.3. During the period 1 April 2018 to 30 September 2018 the HSCP received **94** enquiries from Councillors, MPs, MSPs, members of the public and other third party organisations.

5.4. The graph below shows the breakdown of complaints by service area for the period 1 April 2018 to 30 September 2018.



5.5. The issues and themes identified from health and social work complaints are shown in the table below. The treatment numbers relate to service changes, including the Podiatry service.



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). There is **1** complaint currently being investigated by the SPSO.

### 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, where appropriate, an action plan is prepared by Service Managers and these are reviewed at locality governance meetings. Treatment/Quality of Care and Staff Attitude & Behaviour are key issues for complaints and steps are being taken by services to improve these.
- 5.9. During the summer, due to the number of complaints received that were of a more complex nature, it was agreed to progress all health and social work complaints under the same process, which has seen a more stringent approach in receiving responses. The September 2018 Performance Report noted the percentage of complaints responded to within 20 days had been shown as a decrease to 53%. However, we can now report that due to this change in process, the HSCP performance level, as at 31 December 2018, has increased to 76%, which is above the 70% standard target.

### Policies & Procedures

- 5.10. Under health and social care integration, there are two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 5.11. 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.
- 5.12. 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.
- 5.13. 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.
- 5.14. 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.

## Compliments

- 5.15. We have started to collate compliments received across the HSCP and some examples of the compliments received are:

### **OT**

- *Thank you for making my life easier with the equipment you have provided to me*

### **District Nursing**

- *Thank you for the wonderful care given to our mother and making life easier for her (and me)*
- *Thank you so much for your care and attention – I am so very grateful*
- *I know you will say you are just doing your job, but thank you for your kindness with Mr X's illness – you have carried it out with so much care.*

### **Social Care**

- *Thank you to (staff member) who has shown great passion and care in how she undertakes her role – her caring attitude just shines through*

### **Podiatry**

- *I cannot express how much of a credit (staff member) is to the Podiatry Team and NHS. He put me at ease throughout my visit and was clearly very knowledgeable in his field. As I hear a lot of negative feedback around the accessibility of NHS services, I would love to spread some positivity where due.*

### **West Ren Locality**

- *Could you pass on our thanks to the two colleagues who visited my father. Their time, patience and expertise was certainly welcomed and have left my sister and I with a far clearer view of what can be done in the future.*

### **Complaints Headquarters**

- *I would like to thank you for your prompt response and assistance when receiving my complaint. Thank you for meeting with me, even though the building was closed over the festive period, it certainly helped to lower my stress levels.*
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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 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 is in place and a Business Continuity Planning event was held on 11 December 2018.
- 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.
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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 The purpose of this report is to remind 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 has been 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.

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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.

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**List of Background Papers – None.**

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**Author:** Jean Still, Head of Administration

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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