

**Stephen Brown (Chief Officer)**

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Agenda Item: 9.

## **Integration Joint Board**

**Date of Meeting: 22 March 2022.**

**Subject: Review of Sub-committees.**

### **1. Purpose**

1.1. To provide the Integration Joint Board with an update on work done to assess the role and function of its sub-committees and to seek approval for changes to the Strategic Planning Group and the Audit Committee.

### **2. Recommendations**

The Integration Joint Board is invited to note:

2.1. That the Board currently has four sub-committees, namely:

- Strategic Planning Group.
- Audit Committee.
- Joint Staff Forum.
- Joint Clinical and Care Governance Committee (shared committee with the NHS).

2.2. That, with the appointment of a new Chief Officer in May 2021, the opportunity arose to revisit the function, purpose and effectiveness of each of the sub-committees.

2.3. That work has been undertaken with members of all the sub-committees to explore how the various groups can maximise their contribution to the business of the Board.

2.4. That, as a result of the review, no changes are currently proposed in respect of the Joint Staff Forum and the Joint Clinical and Care Governance Committee.

#### **It is recommended:**

2.5. That the revised Terms of Reference for the Strategic Planning Group, attached as Appendix 1 to this report, be approved.

2.6. That the remit of the Audit Committee be expanded to include performance.

2.7. That the Terms of Reference for the Performance and Audit Committee, attached as Appendix 2 to this report, be approved.

### **3. Background**

3.1. The purpose of the sub-committees is to consider key areas of Board business, explore these in detail, apply appropriate levels of scrutiny and provide the Board with assurance.

3.2. The Strategic Planning Group has been meeting more regularly than quarterly as it has been focused on the recently produced Joint Strategic Needs Assessment. It has also been considering feedback from various community engagements and considering the priorities for the new three-year strategic plan. In consultation with the Chair of the Strategic Planning Group, the Terms of Reference have been updated to better reflect the purpose and nature of the Group. These have subsequently been discussed and agreed by the Strategic Planning Group and are attached as Appendix 1. The changes are highlighted in red for ease of reference.

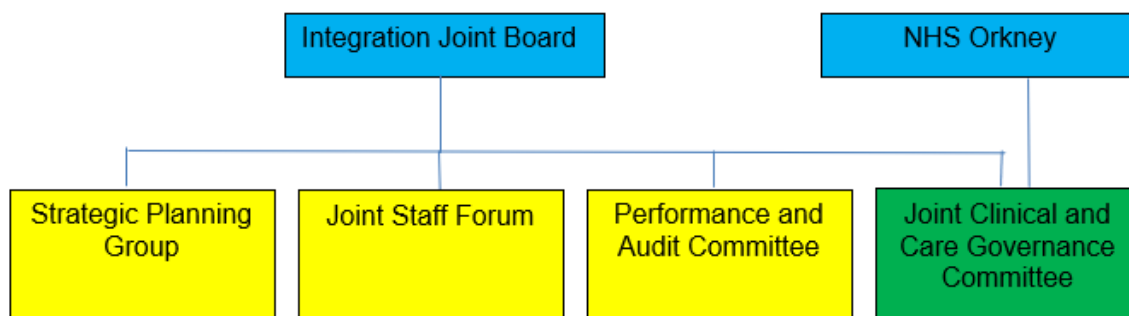
3.3. A current gap for the Board relates to performance information and regular reporting that enables exploration of the effectiveness of service delivery. Part of the challenge is that in many areas of service, information systems do not lend themselves to producing this information easily and regularly. Work is underway to look at the systems being used and how best to optimise the data production that will better facilitate performance reporting. The appointment of a Planning and Performance Officer in 2021, and the plan to appoint a Data Analyst/Systems Officer, further increases the capacity to focus on performance more routinely.

3.3.1. At present, the Board has no natural home for routine performance reporting. Having looked at the sub-structures of other Integration Joint Boards and discussed with the members of the Audit Committee, it is recommended that the remit of this committee is now expanded to include performance. A new Terms of Reference for a Performance and Audit Committee is attached as Appendix 2 to this report. The proposed changes, created with input from the Chair of the Audit Committee and the wider members, are highlighted in red for ease of reference.

3.4. Following discussion with the Board's Staff Side representative and Local Authority Trade Union representative, a decision has been taken to re-establish the Joint Staff Forum and this sub-committee is scheduled to meet on 3 March 2022. Given the time that has elapsed since this committee met on a regular basis, it would be premature to assess the effectiveness of the Terms of Reference, attached as Appendix 3, and, as such, it is recommended that these remain unchanged meantime.

3.5. The Joint Clinical and Care Governance Committee has continued to evolve since becoming a joint committee with the NHS Orkney. Work is ongoing to hone the agendas to ensure that the committee has appropriate focus on safety, standards and learning. The current Terms of Reference enable this work to continue, and at present, there is no requirement to alter the Terms of Reference, attached as Appendix 4. It should be noted that any future changes to this committee would require approval of both the NHS Orkney Board and the Integration Joint Board.

3.6. If the recommended changes are approved by the Integration Joint Board, the structure below would reflect the sub-committees.



## 4. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	No.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	No.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 5. Resource and financial implications

5.1. There are no resource or financial implications associated with the recommendations in this report.

## 6. Risk and equality implications

6.1. There are no equality implications from this report, however, the proposed change to a Performance and Audit Committee will help address the ongoing risk of having no routine focus on performance information.

## 7. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 8. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Author and contact information

9.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: [stephen.brown3@nhs.scot](mailto:stephen.brown3@nhs.scot), telephone: 01856873535 extension 2601.

## 10. Supporting documents

- 10.1. Appendix 1: Terms of Reference – Strategic Planning Group.
- 10.2. Appendix 2: Terms of Reference – Performance and Audit Committee.
- 10.3. Appendix 3: Terms of Reference – Joint Staff Forum.
- 10.4. Appendix 4: Terms of Reference – Joint Clinical and Care Governance Committee.

# Strategic Planning Group – Terms of Reference

## 1. Context

The Regulations for the Public Bodies (Joint Working) (Scotland) 2014 Act set out the need for each Integration Joint Boards to establish a Strategic Planning Group containing a set of key stakeholders. **The Strategic Planning Group will assist in identifying local need and advising the IJB on its strategic priorities. (NEW)**

## 2. Name

The name of the group will be the Strategic Planning Group (SPG).

## 3. Remit

The SPG will be concerned primarily with:

- Supporting and informing the development of the Partnership's Strategic Plan, together with ongoing iterative review.
- Providing stakeholder advice to the Integration Joint Board (IJB).
- **Ensuring and facilitating wide engagement across the islands in the design and delivery of health and care services. (NEW)**
- **Facilitating an environment that engenders creativity and integrated thinking across health and care and the wider community planning partnership. (NEW)**

The SPG will:

- **Contribute to the strategic planning process for the IJB and contribute to the production of a new plan every three years. (Reworded)**
- **Review annually the strategic priorities and ensure that the IJB is made aware of any significant changes required to the plan or any new and emerging needs. (NEW)**
- Ensure a clear link across the 'whole system' including membership from other agencies, if required.
- Provide a check and balance process between the stakeholder aspirations and the financial realities. **This will involve looking to evidence-based interventions and ensuring a focus on outcomes. (NEW)**
- Develop and plan for the implementation of further integrated and co-produced approaches. This will also include discussions in relation to workforce planning and **ensuring that developments relating to workforce are appropriately channelled via the Joint Staff Forum and the Area Partnership Forum. (NEW)**
- Display positive behaviours which support the integration agenda to peers and other stakeholders.
- Provide advice to the IJB when developing responses to emerging Scottish Government policy and regulations.

- Provide an effective conduit and feedback loop to the IJB members on key proposals and service changes by linking effectively to wide groups of staff, users, carers, clinical and care professionals, locality representatives and communities.
- Through robust and engaged membership, the SPG will bring forward key issues of concern expressed in the locality planning arrangements from the communities.
- Receive updates on the progress of operational developments designed to meet the strategic priorities. (NEW)

#### 4. Membership and Related Matters

Stakeholder Group.	Numbers.
Vice Chair of IJB (Chair of the SPG).	1.
Chief Officer of the IJB.	1.
Head of Strategic Planning and Performance (NEW)	1.
GPs.	1.
Community Pharmacy.	1.
Optometry.	1.
Dentistry.	1.
Nurses.	1.
Allied Health Professionals.	1.
Mental Health and Learning Disability Services.	1.
Public Health Services.	1.
Children's Services.	1.
Social Work Services.	1.
Housing Services.	1.
Third Sector.	1.
Carers.	1.
A person who uses Health and Care Services.	1.
Staff Side – NHS.	1.
Local Authority Unions.	1.
Acute Hospital Services Representative.	1.
Scottish Ambulance Service.	1.
Locality Planning Leads (Reworded)	2.

<b>Stakeholder Group.</b>	<b>Numbers.</b>
Police Scotland	1
<b>Total</b>	<b>24.</b>

The group will be quorate when there is at least one third of the overall membership in attendance, as long as there is representation from more than one statutory service, and at least one representative from another agency or interest area e.g. service user rep, carer rep, third sector representative. In addition, in order to be quorate the Chair, or a proxy identified by the Chair to undertake the Chairing role in his/her absence, must be present.

Meetings will take place on a quarterly basis, and more frequently if required, at the direction of the Chair of the meeting, or on request of the IJB. **By its very nature, the Strategic Planning Group will be less formal in format than other committees of the IJB, with the focus being on exploring issues and generating ideas and solutions. This will mean that there will be fewer formal reports to the Committee, with many items of business being introduced verbally or through presentation, and discussion being round table or in break-out groups as appropriate. (RED)**

## **5. Terms of Office**

Generally, members will be nominated from organisations and groups and it will be their prerogative in the first instance who their nominated representative is and how long they should serve. As a matter of good practice, it can be helpful to have the insights of new members, notwithstanding the need for continuity. Consequently, it may be helpful for organisations and groups putting forward representatives to allow for a regular refresh of the membership and to ensure representatives are not implicated as members for very long periods unnecessarily.

## **6. Chair**

The Chair for the group will be the Vice-chair of the IJB.

## **7. Role and Remit of Individual Members**

Individual members will be representing stakeholder groups, constituent groups organisations, professions or localities. **It will be the responsibility of members to ensure they have appropriate mechanisms in place to hear the views of their constituent groups and reflect and represent these appropriately.**

**Group members will be encouraged and expected to contribute to discussion on all aspects of the health and social care agenda, not simply those aspects relating to their own organisation, profession or stakeholder perspective. (NEW)**

Group members will ensure good communication between the SPG and the area, organisation, profession, locality represented.

Group members will table issues arising from their own 'constituency' discussions at the SPG and will bring appropriate issues from the SPG to their own groups.

## **8. Deputies**

Each SPG member will have a nominated deputy who will attend meetings in their absence.

## **9. Link to IJB**

The SPG is a formal Committee of the IJB. The Chair of the SPG will ensure regular reporting into the IJB.

## **10. Co-option**

The SPG will co-opt additional members for particular pieces of work, or for specific periods of time, as appropriate.

## **11. Reporting**

The minutes of SPG will be provided to IJB Board meetings, accompanied by a verbal highlight update from the Chair of the SPG. (NEW) The IJB may request a particular view from the SPG for specific work areas and developments as required.

## **12. Link to Locality Planning**

Following adoption of the strategic plan and associated locality plans by the IJB, the SPG, from within its membership or through its networks, will identify an appropriate lead for each of the localities. This will ideally be someone who lives and/or works in the locality, is passionate about that locality and has a good knowledge of the resources, issues and challenges. If the locality lead is not already a member of the SPG, then the identified leads should be co-opted as additional members of the Group.

The lead will be expected to convene a Locality Forum at least annually, bringing together key officers, partners and community members, as appropriate, to review the progress of the plan and identify any changes that may be required or new needs that may be emerging. The lead will update the SPG on progress or challenges relating to the locality and seek support from the wider group as appropriate.

A Health and Social Care Partnership officer will be identified to support each of the leads in this role. (NEW)

## **13. Link to Other Strategic Planning Groups**

The SPG will ensure live linkage with other strategic planning groups such as the Community Planning Partnership and other key groups.



These groups may table draft planning and policy documents at the SPG before they are tabled at the IJB, ensuring that a stakeholder perspective is present. **The SPG will also table business at the Community Planning Partnership or any of its associated sub-groups as appropriate.**

#### **14. Joint Meetings with IJB**

On occasions the IJB and the SPG may hold joint meetings. This would normally be at the request of the IJB. **(REMOVE)**

#### **15. Support for the Group**

The Chief Officer of the IJB will ensure adequate officer support for the group in addition to appropriate secretarial support.

## Performance and Audit Committee – Terms of Reference

### 1. Introduction

The Integration Joint Board **Performance and Audit Committee** is identified as a Committee of the Integration Joint Board (IJB).

The Committee will be known as the **Performance and Audit Committee (PAC)** of the IJB and will be a Standing Committee of the Board.

### 2. Constitution

The IJB shall appoint the Committee.

The Chair and Vice Chair of the IJB will not be eligible to be Audit Committee members.

The **Performance and Audit Committee** will consist of six members in total, of which four will be voting members of the IJB, two drawn from the NHS membership and two drawn from the Orkney Islands Council membership.

The remaining two places are open to any member of the IJB and the IJB will appoint these members through a process of expressions of interest followed, if required, by a voting process by the IJB voting members.

### Current Performance and Audit Committee Membership

Organisation	Name
Orkney Islands Council.	Councillor Steve Sankey (Chair). Councillor John Richards.
NHS Orkney.	Davie Campbell. Joanna Kenny.
Members:	Jim Lyon – Head of Children and Families, Criminal Justice and Chief Social Work Officer. Frances Troup – Head of Housing, Homelessness and Schoolcare Accommodation Service, OIC.
Professional Advisors	Chief Officer. Chief Finance Officer. <b>IJB Chief Internal Auditor.</b> <b>Head of Strategic Planning and Performance.</b> <b>(Newly added as previous iteration suggests CO etc will attend as required. Given the performance elements now added it will be important that officers are in attendance to provide context and help the committee explore the issues)</b>

### 3. Chair

The Chair of the Committee will be a voting member of the IJB drawn from the partner agency not currently holding the Chair of the IJB. **As per the Standing Orders, the Integration Joint Board will appoint the Chairperson of the Committee.**

### 4. Quorum

Three Members of the Committee will constitute a quorum, provided that there is at least one IJB voting representative from the Health Board and one from the Council.

### 5. Attendance at Meetings

The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.

The Committee may **invite** additional members as required.

### 6. Meeting Frequency

The Committee will meet quarterly. **(this is a change as previous ToR was 'at least twice yearly')**. There should be at least one meeting a year, or part thereof, where the Committee meets the external auditor and the Chief Internal Auditor without other seniors officers present. A clerk may still attend for the purpose of recording the meeting. **Remove yellow text and replace with the following -**

**The Chief Internal Auditor will establish effective communication with, and have unfettered access to, the Chief Officer and the Chair and Vice Chair of the Committee in between times as required. The Chief Internal Auditor may meet with the Chair and Vice Chair of the Committee without other officers present, if that is felt necessary and appropriate. Administration support may still attend for the purpose of recording the informal meeting.**

### 7. Authority

The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference. Where doing so would incur an additional cost to the IJB, **for example**, in terms of a requirement to purchase additional audit capacity **or commission an independent review**, the Committee must provide a report to the IJB on the reasoning behind the need for further investigation and request that the IJB identify funding to fulfil the activity.

### 8. Duties

The Committee will review the overall Internal Control arrangements of the Board and scrutinise the performance of services, ensuring effectiveness and Best Value.

Specifically, it will be responsible for the following duties:

- To receive and review quarterly performance reports on activity and outcomes. **(NEW)**

- To receive and review the findings of external Inspection reports related to registered services and monitor the progress of associated improvement plans. (NEW)
- To assure the IJB of progress and to highlight any service or delivery areas that may be causing concern. (NEW)
- To consider and approve self-evaluation priorities and scrutinise the outcome of these. (NEW)
- To receive and review the annual external audit plan on behalf of the IJB.
- To receive, review and approve the annual internal audit plan on behalf of the IJB.
- To agree and monitor the annual work programme of Internal Audit.
- To receive an annual report from the Chief Internal Auditor on the IJB's internal control environment.
- To consider matters arising from Internal and External Audit reports and actions taken on recommendations made.
- To monitor the adequacy and effectiveness of liaison between External and Internal Audit.
- To review on a regular basis action planned and taken by management to address improvement areas identified by Internal or External Audit.
- To consider national audit findings and recommendations and to review actions taken on recommendations made.
- To review risk management arrangements, receive annual risk management updates and reports, setting out the approach to risk management and the risk profile of the IJB.
- To ensure existence of and compliance with an appropriate Risk Management Strategy.
- To receive and approve the Annual Governance Statement for inclusion in the Annual Accounts.
- To receive and approve the Annual Accounts.
- To promote the highest standards of conduct by Board Members.
- To monitor and keep under review the Codes of Conduct maintained by the IJB.

# Joint Staff Forum – Terms of Reference

## 1. Introduction

It is recognised that staff, through their recognised Trade Unions and Professional Organisations, and Management are employed directly by Orkney Islands Council and NHS Orkney and it is therefore in the interests of all stakeholders that these groups work closely together within a partnership process.

The purpose of this Agreement is to provide a framework for partnership working between the Integration Joint Board (IJB), the Trade Unions and Professional Organisations recognised within the Health Board, and the recognised Trade Unions within the Council that will secure the best possible measure of co-operation and agreement on matters of mutual concern, and which will promote the best interests of the IJB and the staff of both organisations in the partnership.

It is not the intention of this agreement to cut across existing joint trade union and management structures that belong to staff as a result of being an employee of either the Council or the Health Board.

## 2. Partnership Values

All parties to this Agreement are committed to ensuring that the following values, jointly agreed, are demonstrated in their day-to-day work and integrated into their partnership arrangements:

- Mutual trust, honesty and respect.
- Openness and transparency in communication.
- Consensus, co-operation and inclusion.
- Recognising and valuing the contribution of all parties.
- Recognising and valuing diversity within the workforce and the wider community.
- Recognising the right of stakeholders to be involved, informed included in any consultation.
- Recognising and respecting the responsibility of individuals to represent their organisation and membership.
- Recognising the value in keeping language as simple as possible and avoiding the use of acronyms, foul or abusive language.
- The timely access and sharing of information.

## 3. Roles and Responsibilities

Trade Unions/Professional Organisations recognise the IJB's responsibility to take action to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The IJB recognises the Trade Unions/Professional Organisations' role in representing the interests of their members within society and the wider community; and in improving terms/conditions of service, promoting health and safety at work, and employment security.

The success of partnership working must be measured against the improvements in decision making via the Strategic Plan to produce enhanced outcomes. The signatories to this Agreement will demonstrate commitment to partnership working by ensuring involvement of all parties in all processes regarding change.

#### **4. Staff Partnership Forum Remit**

The Staff Partnership Forum will be the forum where the Chief Officer and the recognised trade unions and professional organisations work together to inform Strategic Plan decisions to improve the wellbeing of the people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Staff Partnership Forum will be a powerful enabling force to:

- Inform thinking around priorities on health and social care issues.
- Inform and test delivery and the implementation in relation to strategic plans.
- Advise on workforce planning and development, delivery of workforce governance and how they link to the Strategic Plan and Strategic Plan decisions e.g. promote equality and diversity across the Partnership.

The Staff Partnership Forum will therefore participate in the wider strategic organisational objectives of the IJB and the three key areas of accountability (i.e. corporate governance, clinical and care governance, and staff governance).

The Forum will provide formal reports to the IJB via the Chief Officer, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

The Forum will not, in conduct of its business, seek to cut across existing joint trade union and management structures that belong to staff as a result of them being an employee of either the Council or Health Board. The Forum must ensure that nothing it does will impinge on the terms and conditions of staff as employees of either the Council or the Health Board.

#### **5. Membership**

The Forum will be a tripartite body composed of Chief Officer, the recognised trade unions of the Council, and the recognised trade unions and professional organisations of the Health Board.

##### **Employer Representation**

IJB Chief Officer and other senior managers from Orkney Islands Council and NHS Orkney at the discretion of the Chief Officer.

Human Resources – An HR representative from both NHS Orkney and Orkney Islands Council.

Staff Side Delegates.

Council Trade Unions – Unison, GMB and Unite.

Health Trade Unions - Unison, Royal College of Nursing (RCN), British Medical Association (BMA), British Dental Association (BDA), British Dietetic Association (BDA), Chartered Society of Physiotherapy (CSP), Royal College of Midwives (RCM), Society of Radiographers (SOR) and UNITE.

Delegates of the staff side will be appropriately accredited representatives of a recognised trade union or professional organisation within either the Council or the Health Board. Time off with pay shall be granted to representatives for attendance at Forum and associated meetings as per employing organisations Facilities Time Arrangements.

If a representative ceases to be a member of his/her trade union/professional organisation, then he/she will immediately cease to be a member of the forum, and an appropriate replacement will be appointed by the relevant organisation.

### **Substitute**

In the event of a member of the Forum being unable to attend any meeting, the Trade Union/professional organisation represented by the member will be entitled to appoint a substitute to attend the meeting. As a matter of principle, any substitute attending the Forum should be fully briefed by their before attending the meeting.

### **Vacancies**

If a vacancy arises, a new member will be appointed by the organisation which the previous member represented.

### **Full Time Officers**

Full time officers of the recognised organisations shall be able to attend as 'ex-officio' members of the Forum.

### **Joint Chairs**

In accordance with the principles of partnership working the Forum will appoint three Joint Chairs: one being the IJB Chief Officer, one being a representative of the Council Trade Unions, and one being a representative of the Health Trade Unions and Professional Organisations.

The two trade union chairs will be the staff representatives respectively from the Council and the Health Board that sit on the Integration Joint Board.

The three Joint Chairs will be supported by a Secretary to be agreed by the Chairs.

### **Staff Side Elections**

The election of staff side officers of the Forum (Chairs and Secretaries) will be the sole responsibility of members of those trade union/professional organisations, or their substitutes, directly appointed to the Forum.

### **Invitees**

With the agreement of the Joint Chairs, the Forum may invite any persons whose special knowledge would be of assistance to attend and speak at its meetings.

## **6. Frequency of Meetings, Notice, and Papers**

The Forum will meet at least quarterly with the option to call extra meetings where required.

Notice will be given at least seven working days prior to any meeting with an agenda of the meeting and any supporting papers being circulated with the notice.

The Forum will be supported by a secretariat, comprising the Joint Chairs and the Secretaries, who will be responsible for agreeing meeting agendas and ensuring the production of any appropriate supporting papers.

Papers for the meetings shall be issued no later than 7 days prior to the date of the scheduled meeting, where possible. In the event where papers are late, the Chair of the scheduled meeting should approve late distribution.

The Forum may form issue-specific short-life working groups to discuss and analyse evidence, and/or issues with significant implications for staff or a particular group of staff aligned within the Integration Joint Board.

## **7. Quorum**

The quorum for the Forum will be three management and four staff and Trade Union representatives. The four staff and Trade Union representatives should at a minimum comprise two different organisations with at least one being from the Council and one from the Health Board.

In circumstances where the Partnership Forum is inquorate the option will be given to proceed or defer the whole agenda or specific items on the basis that any decision would be subject to ratification at the next quorate meeting.

## **8. Reaching Agreement**

Decisions of the Forum will be reached by agreement between Chief Officer, HR Representative(s), the Trade Unions and Professional Organisations representing Health Staff, and the Trade Unions representing Council Staff. The Forum should reach such an agreement based on consensus through a process of discussion, exchange of information, and consultation.

## **9. Failure to Reach Agreement**

The Parties will endeavour, as far as possible, to reach decisions by consensus and agreement. However where there are differences the Parties to the Partnership Agreement will make every effort to resolve any such differences or disputes internally.

In the event of the Forum concluding that it is not able to reach an agreement on a major issue then they may seek to make a joint approach to both the joint trade union and management bodies of each of the employers (i.e. the Council and the Health Board) to use their good offices to mediate a resolution to the issue that is in dispute between the parties.



Irrespective of mediation, staff and their representatives will maintain the right to pursue through procedure any related grievance as an employee(s) of either the Council or the Health Board. However, it is hoped that this will be a last course of action when all other avenues have been explored.

## **10. Reporting Relationships**

The Forum will report its minutes and decisions to the partnerships organisations and the Integration Joint Board. In addition, the Forum will link with the trade union forums of both the Health Board and the Council.

## **11. Communication**

The issue of communication in securing participation in partnership working and of its outcomes achieved is crucial. In addition to the joint development of a communication strategy around partnership, the Forum, through the Secretariat, will be responsible for communications on all issues considered in partnership to be conveyed jointly on a partnership basis.

## **12. Review**

The Agreement will be subject to review **annually** on 1 April of each year.

# Joint Clinical and Care Governance Committee

## Terms of Reference 2021/22

### 1 Purpose

The Joint Clinical and Care Governance Committee fulfils several purposes as follows:

- It fulfils the function of the Non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- It fulfils the function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- It fulfils the requirements set out in MEL (1998)75, MEL(2000)29 and HDL(2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

### 2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

- Three Non-Executive Members of NHS Orkney, one of whom must be the Area Clinical Forum Chair and one of whom must be a voting member of the Integration Joint Board.
- Three Orkney Islands Council voting members of the Integration Joint Board, excluding the Chair of the IJB when this is an Orkney Islands Council appointment, in which case a substitute will be appointed.
- A public representative.
- A third sector representative.

All members shall have decision-making authority and all decisions must be reached by consensus. In the absence of a consensus, the status quo shall be maintained until a consensus is reached.

Committee membership will be reviewed annually.

## 3 Chair and Vice Chairs

The Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board. The appointment of the Chair will be reviewed biennially in line with current legislation.

There will be two vice chairs, one from NHS Orkney and one Orkney Islands Council voting member of the Integration Joint Board.

In the absence of the Chair, either Vice Chair may Chair the meeting.

For items relating solely to non-delegated NHS functions, only the NHS Orkney Vice Chair may Chair that item.

## 4 Attendance

In addition, there will be in attendance:

- Medical Director (lead officer for clinical governance)
- Director of Public Health
- Chief Executive, NHS Orkney
- Chief Officer, Integration Joint Board (lead officer for care governance)
- Director of Nursing, Midwifery and Allied Health Professions
- Director of Pharmacy
- Chief Social Work Officer
- Head of Assurance and Improvement
- Associate Medical Directors
- Interim Director of Acute Services
- Head of Corporate Administration
- Alcohol and Drugs Partnership Representative

The Committee shall invite others to attend, as required, for specific agenda items.

Where an officer is unable to attend a particular meeting, a named representative shall attend in their place.

## 5 Quorum

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two voting members of the Integration Joint Board.

Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Social Work Officer, or nominated depute, is present.

It will be expected that another Non-Executive Board Member or Integration Joint Board proxy member will deputise for a member of the Committee at a meeting if required.

For the avoidance of doubt, advisors in attendance at the meeting, shall not count towards a quorum.

## 6 Meetings

The Committee will meet at least quarterly.

The Chair may, at any time, convene additional meetings of the Committee.

Two development workshops/activities will be held each year. These may be attended by both members and advisors.

## 7 Conduct of Meetings

A calendar of Committee meetings, for each year, shall be approved by the members and distributed to members.

The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.

Notice of each meeting will confirm the venue, time and date together with an agenda and shall be made available to each member of the committee.

All JCCGC meetings shall be minuted, including the names of all those present or absent. Administrative support shall be provided by NHS Orkney.

Draft minutes shall be circulated promptly to the Chair of the JCCGC, normally within 10 days.

The approved minutes of the JCCGC will be made publicly available.

A rolling work plan will be developed and maintained which will be reviewed and approved annually. The approved work plan will be submitted to NHS Orkney's Audit and Risk Committee and the Integration Joint Board.

The JCCGC shall, at least once per year, review its own performance. This shall be by means of a Self-Evaluation Form which will be sent to all members in attendance at any meeting during the relevant year.

## 8 Remit

### Person-Centred

To provide assurance regarding participation, patient and service users' rights and feedback:

- To provide assurance that there are effective systems and processes in place across NHS Orkney and in the functions delegated to the Integration Joint Board to support participation with patients, service users, carers and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign.
- To monitor complaints response performance on behalf of the Board of NHS Orkney and the Integration Joint Board for functions delegated, and promote positive complaints handling including learning from complaints and feedback.
- To provide assurance that there are effective system and governance processes for:
  - Equality and Diversity
  - Spiritual care
  - Volunteering.
- To monitor performance of all services commissioned by / or with direct links to NHS Orkney and the Integration Joint Board, including:
  - Patient Advisory and Support Service
  - Advocacy Services
  - Carers
  - Veterans.

### Safe (Clinical and Care Governance and Risk Management)

To provide assurance in respect of clinical and care governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.
- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on

child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.

- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

## **Effective (Clinical and Care Performance and Public Health Performance and Evaluation)**

To provide assurance that clinical and care effectiveness and quality improvement arrangements are in place:

- To ensure that recommendations from any inspections have appropriate action plans developed and are monitored and reported through an appropriate Committee.
- Where performance improvement is necessary within the non-delegated functions of NHS Orkney or the functions delegated to the Integration Joint Board, to seek assurance regarding the reliability of the improvement intervention.
- To ensure that clinical dashboards and other data and measurement systems underpin the delivery of care.
- To ensure that the healthcare and social care provided is informed by evidence based clinical and professional practice guidelines.
- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical and care governance mechanisms and effective training and development is in place for all staff.

## **Population Health**

To provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health-related activities incorporate the key components of population health governance, namely:

- Quality and clinical/professional effectiveness

- Public information and involvement
- Population health research
- Risk management

## **Social Work and Social Care Advisory Committees and Chief Social Work Officer's Report and Updates**

To provide assurance in respect of social work and social care governance by seeking assurance that there are adequate systems and processes in place to ensure:

- Promotion of values and standards of professional practice, including all relevant National Standards and Guidance, and ensure local adherence with the Codes of Practice issued by the Scottish Social Services Council (SSSC) for social services workers and employers.
- That all social service workers' practice is in line with the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body.
- Maintenance and development of high standards of practice and supervision in line with relevant guidance.
- Effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- The promotion of continuous improvement and the identification of areas for professional development, workforce planning and quality assurance of services.
- Consideration of requirements for significant case reviews and/or serious incident reviews to be undertaken into critical incidents either resulting in – or which may have resulted in – death or serious harm.
- That only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance.
- The application of evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and carers.

## **9 Best Value**

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

- vision and leadership;
- governance and accountability;
- effective use of resources;
- partnerships and collaborative working;



- working with communities;
- sustainability;
- fairness; and
- equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney and the Integration Joint Board have systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

## 10 Authority

The Committee is authorised by the Board of NHS Orkney and the Integration Joint Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee through appropriate staff governance standards / policies held by NHSO and OIC.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney, the Chief Officer of the Integration Joint Board or officers of Orkney Islands Council (in terms of the functions that are delegated by Orkney Islands Council to the Integration Joint Board) to attend whole or part of any meetings.

The External Auditors and Chief Internal Auditors shall have the right of direct access to the Chair of the Committee for audit purposes.

## 11 Reporting Arrangements

The Joint Clinical and Care Governance Committee reports to Orkney NHS Board for non-delegated matters and the Integration Joint Board for delegated matters.

The Chair of each meeting will be responsible for producing a Chair's Report, to be presented, along with the approved minute, to the next Board meeting of NHS Orkney and the next meeting of the Integration Joint Board immediately following the JCCGC.

The Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitored throughout the year.

The Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint



Board. The Annual Report will describe the outcomes from the committee during the year and provide assurance to the Audit and Risk Committee of Orkney NHS Board and the Audit Committee of the Integration Joint Board that the Committee has met its remit during the year.

The Committee will prepare an action log which will be monitored and updated at each meeting.

The Committee will review the Terms of Reference annually.

<i>Updated</i>	<i>15 April 2021</i>
<i>Annual Development Session Review</i>	<i>15 March 2021</i>
<i>Committee Approved</i>	<i>TBC</i>
<i>Next Formal Review</i>	<i>March 2022</i>