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Agenda Item: 6.2

Integration Joint Board

Date of Meeting: 22 February 2023.

Subject: Joint Clinical and Care Governance Committee.

1. Purpose

- 1.1. To present the amended Terms of Reference for the Joint Clinical and Care Governance Committee (JCCGC) for Members' approval.
- 1.2. To present the JCCGC Workplan for Members' approval.

2. Recommendations

The Integration Joint Board is invited to note:

- 2.1. That the Orkney Integration Joint Board (IJB) is required to have a Clinical and Care Governance Committee which provides the Orkney IJB with assurance that robust clinical and care governance controls and management systems are in place and are effective for the functions that NHS Orkney and Orkney Islands Council have delegated to the Orkney IJB.
- 2.2. That, on 24 January 2023, the JCCGC approved the revised Terms of Reference, attached as Appendix 1 to this report, subject to approval by the Orkney IJB and the Board of NHS Orkney.
- 2.3. That section 11 of the Terms of Reference states 'that 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'.

It is recommended:

- 2.4. That the amended JCCGC Terms of Reference, attached as Appendix 1 to this report, be approved.
- 2.5. That the JCCGC Workplan for 2023/24, attached as Appendix 2 to this report, be approved.

3. Background

3.1. Following the establishment of Orkney's IJB in April 2016, the Clinical and Care Governance Committee was established to provide both the Orkney IJB and the Board of NHS Orkney with assurance regarding clinical and care systems of control and governance for the services for which they are responsible.

3.2. A review of the Terms of Reference of this original Clinical and Care Governance Committee took place in early 2021, taking account of the Scottish Government's [Clinical and Care Governance Framework Guidance, 2015](#). This sets out the key elements and principles to be reflected in local clinical and care governance of integrated health and social care arrangements.

3.3. On 30 June 2021, when considering draft Terms of Reference for the proposed Joint Clinical and Care Governance Committee (JCCGC), the Orkney IJB resolved:

- That the JCCGC Terms of Reference, attached as Appendix 1 to the report circulated, be approved.
- That Steven Johnston, Chair of the current Clinical and Care Governance Committee, be appointed as the Chair of the JCCGC.
- That Councillor Rachael King, being one of Orkney Islands Council's voting members on the IJB, be appointed as one of the two Vice Chairs of the JCCGC.
- That the third sector representative on the IJB, currently Gail Anderson, be appointed as the third sector representative on the JCCGC.

3.4. On 29 June 2022, when considering the annual review of the Terms of Reference of the JCCGC, the Orkney IJB resolved:

- That the amended JCCGC Terms of Reference be approved.
- That Councillor Jean Stevenson be appointed as one of the two Vice Chairs of the JCCGC.

4. Amended Terms of Reference and Workplan

4.1. Section 11 of the Terms of Reference of the JCCGC states that the Terms of Reference will be reviewed on an annual basis. The main amendments to the Terms of Reference, attached as Appendix 1 to this report, include the following:

- Updating Section 4 – Attendance to better reflect current roles and job titles.
- The inclusion of a summary of the JCCGC remit.
- Condensing the wording around person centred to ensure clarity and conciseness.
- Inclusion of findings of learning reviews that have implications for health and social care delivery.
- To include addressing and reducing health inequalities.
- Inclusion of specific quality of care reporting around Care Homes and Care at Home in addition to legislated responsibilities.

4.2. It was agreed that the Chair of the JCCGC would attend meetings of the Integration Joint Board as required.

4.3. Following the JCCGC Development Session, held in January 2023, there were amendments made to the Workplan to bring this in line with current reporting requirement, limit duplication and address the balance of both Clinical and Care reporting through the committee.

5. 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):

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

6. Resource and financial implications

6.1. There are no resource or financial implications arising directly from this report.

7. Risk and equality implications

7.1. The main risk is that failure to approve the revised Terms of Reference will result in less effective clinical and care governance scrutiny and assurance that robust clinical governance controls and management systems are in place.

8. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.

10. Authors and contact information

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11. Supporting documents

11.1. Appendix 1: Revised Terms of Reference.

11.2. Appendix 2: Workplan 2023/24.

Joint Clinical and Care Governance Committee

Terms of Reference 2023/24

1 Purpose

The Joint Clinical and Care Governance Committee (JCCGC) 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.

Views and engagement from unpaid carers would be positively encouraged where appropriate, in acknowledgement that there was not currently a carer representative on the committee

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 and Chair of the Orkney Alcohol and Drugs Partnership).
- Director of Nursing and Acute Services.
- Director of Pharmacy.
- Chief Social Work Officer.
- Clinical Governance and Quality Improvement Manager.
- Head of Strategic Planning and Performance.
- Associate Medical Directors.

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 Orkney Island Council voting members of the Integration Joint Board.

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.

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.

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.

A minimum of 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 Performance and Audit Committee of 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

In Broad terms, the remit of JCCGC is to seek assurance that our Health and Social Care services across Orkney are person-centred, safe and effective and we take account of the population as a whole, in an integrated manner. The remit spans NHS Orkney, Orkney Island Council (Integration Joint Board-delegated), independent sector and third sector services.

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 in place across all areas of patient and service user's rights, wellbeing and feedback.

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 including findings of learning reviews that have implications for health and social care delivery.

- 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 and the Integration Joint Board annual plans and efficiency programmes.
- 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

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.
- Addressing and reducing health inequalities.

Social Work and Social Care

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.
- Care Home and Care at Home reporting.

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.
- Equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands

Joint Clinical and Care Governance Committee

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 NHS Orkney and Orkney Island Council.

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 Chair of the JCCGC will attend meetings of the Integration Joint Board in this respect as required.

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 that the Committee has met its remit during the year. There will be dialogue between JCCGC and other sub-committees of each Board (the Audit and Risk Committee of Orkney NHS Board and the Performance and Audit Committee of the Integration Joint Board, in particular) for cross-committee assurance.

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>29 November 2022</i>
<i>Annual Development Session Review</i>	<i>29 November 2022</i>
<i>Committee Approved</i>	<i>24 January 2023</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2023</i>

Joint Clinical and Care Governance Committee

1 Business Cycle for 2023/24

Meeting	Items of Business	Lead Officer
4 April 2023	Committee Annual Report	Chair
	Quality Forum Annual Report	Quality Forum Chair
	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs
	Dementia Annual Report	Chief Officer
	Care Home Assurance Report	Chief Officer
	Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF)	Medical Director
4 July 2023	Health Complaints Performance Annual Report	Medical Director
	Social Work and Social Care Service Annual User Experience Report	Chief Officer
	Learning from Clinical Incidents Annual Report	Medical Director
	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs
	Care at Home Assurance Report	Chief Officer
	Report on Allied Health Professional/non-consultant services	Director of Nursing, Midwifery and AHPs
3 October 2023	Mental Health Assurance Report	Chief Officer
	Partnership Equality and Diversity Annual Report	Equality and Diversity Manager
	Winter Planning	Planning Performance and Risk Manager
	Pharmacy Annual Report	Director of Pharmacy
	Chief Social Work Officer Annual Report	Chief Social Work Officer
	Care Home Assurance Report	Chief Officer

Joint Clinical and Care Governance Committee

23 January 2024	Approval of Core documentation amendments: <ul style="list-style-type: none"> • Terms of Reference • Business Cycle / Work Plan 	Chair
	Care at Home Assurance Report	Chief Officer
	Annual Report on Learning from Suicide Reviews	Chief Officer
	Children’s Services Assurance Report	Chief Officer / Medical Director

2 Work Plan for 2023/24

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted (agenda headings in bold):

- Apologies for Absence
- Declarations of Interest
- Minutes of the previous meeting for approval
- Matters Arising
- Action Log
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- **Governance**
- Whistleblowing – Performance against Key Performance Indicators
- **Strategy**
- Reports as appropriate
- **Clinical Quality and Safety**
- Regional Clinical Services Update Report
- Quality Forum Chairs Report and minutes from meetings
- Care Home and Care at Home Assurance Report
- **Policies for Approval**
- Policies as appropriate
- **Medicines Management**
- Area Drugs and Therapeutics Committee Chair’s report and minutes
- **Person Centre Care**
- Annual Health Complaints Performance Report
- Annual Social Work and Social Care Service Users Experience Report

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Population Health

- Public health update report

Organisational Performance

- Planning and Delivery Report
- Performance Report

Risk and Assurance

- Corporate Risks Aligned to the Clinical and Care Governance Committee

Committee Chairs Reports and Minutes of Committee Meetings as required

- Ethical Advice Support Group
- Orkney Cancer Care Delivery Group
- Matters from other committees where cross-committee assurance is sought
Emerging Issues

AOCB

Agree items to be brought to board or Governance Committees Attention

2.2 Ad Hoc Business

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- High level reporting on significant service changes which have patient, service user implications
- Approving changes to the operational arrangements for sub groups that feed into the committee
- In times of active pandemic, the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

2.3 Annual Development Sessions

October

- Review of Terms of Reference
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective

Joint Clinical and Care Governance Committee

March

- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Consider the successes of the Committee and any concerns as part of the annual assurance report
- Agree development plan for future

<i>Updated</i>	<i>29 November 2022</i>
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<i>Committee Approved</i>	<i>24 January 2023</i>
<i>NHS Orkney Board Approved</i>	<i>Pending</i>
<i>IJB Board Approved</i>	<i>Pending</i>
<i>Next Formal Review</i>	<i>November 2023</i>