

SUPPLEMENTARY PACK 1

INTEGRATION JOINT BOARD (IJB) - VIA SKYPE on WEDNESDAY, 27 MAY 2020 at 1:00 PM

I enclose herewith **items 4a and 4c (MINUTES OF COMMITTEES)** which were marked to follow on the Agenda for the above meeting. I also enclose **additional item 13 (COMMITTEE TERMS OF REFERENCE)** which was not previously included on the agenda for the above meeting.

ITEMS TO FOLLOW

4. MINUTES OF COMMITTEES

- (a) Clinical and Care Governance Committee held on 23 January 2020
(Pages 3 - 8)
- (c) Clinical and Care Governance Committee held on 26 March 2020
(Pages 9 - 10)

ADDITIONAL ITEM

13. COMMITTEE TERMS OF REFERENCE (Pages 11 - 30)

Report by Business Improvement Manager

Integration Joint Board (IJB)

Contact: Hazel MacInnes Tel: 01546 604269

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Clinical and Care Governance Committee
 A01, Dunoon / Multi Site VC
 Thursday 30th January 11am-1.30pm

MINUTE

No	Item	Actions
1.	<p>WELCOME</p> <p>PRESENT</p> <p>Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair) Rebecca Helliwell (RH) – Associate Medical Director Liz Higgins (LH)– A&B Lead Nurse Fiona Campbell (FC)-Clinical Governance Manager Kieron Green (KG)– IJB Chair Sandy Taylor (ST)– IJB Member Jean Boardman (JB)– IJB Member Nicola Gillespie (NG)- LAM MH Brian Reid (BR)- Locality Manager Fiona Broderick (FB) – Staff Side Joy Daniels (JD) – Children & Families Locality Manager Caroline Cherry (CC)– Head of Service (Older People) Kevin McIntosh (KMc— Staffside Rep Linda Skrastin – (LS) – Local Area Manager, Helensburgh & Lomond Jim Littlejohn (JL) – Locality Manager, Helensburgh & Lomond Claire Higgins (CHg) – PA to Lead Nurse</p> <p>APOLOGIES</p> <p>Joanna Macdonald (JMcD) – Chief Officer Alex Taylor (AT)– Head of Service C&F Michael Roberts (MR) – Non Executive Dawn MacDonald (DMCD) – Staff side rep Catriona Dreghorn (CD) – Interim Lead Midwife Argyll & Bute Alison Hunter (AH) – LAM Kate Macaulay (KM) – LAM Julian Gascoigne (JG) Risk, Health and Safety Manger Fiona Thomson (FT) – Lead Pharmacist Mark Middleton (MM) – Risk, Health and Safety Manager Donald Watt (DW) – Locality Manager MAKI Charlotte Morbey (CM) – Clinical Risk Midwife Caroline Henderson (CHd) – Local Area Manager – Oban Jane Williams (JW) – Acting Locality Manager Cowal/Bute Nicola Schinaia – Associate Director of Public Health Donald McFarlane - Assistant Clinical Dental Director</p>	

[illegible]

4.	<p>QUALITY AND EFFECTIVENESS OF CARE</p> <p>4.1 Children's Inspection Report Action Plan</p> <ul style="list-style-type: none"> - The majority of the actions are on track. - CAMHS action is flagged red. - A paper re CAMHS to come to next meeting & flag to IJB - Children & Young People's group –work required to ensure communication and dissemination of information is robust. 	BR
5.	<p>SAFETY</p> <p>5.1 Quality and Patient Safety Dashboard (Selected items)</p> <p>-Complaints Performance and Actions</p> <ul style="list-style-type: none"> - FC talks to tabled Complaints Performance SBAR - A&B HSCP is not meeting the 28 day timescales for stage 2 complaints. Report details background information and processes. - SPSO training has been arranged for Friday 13th March. - Local complaints training is being arranged with localities. - Christina West to undertake review and recommendations will come to this committee. - Discussion around issues and risks <p>5.2 Weekly Stage 2 Complaints Report (17.01.20)</p> <ul style="list-style-type: none"> - Covered in 5.1 <p>5.3 HSCP Health and Safety Group Action log (06.11.19)</p> <ul style="list-style-type: none"> - Fiona spoke to tabled action log <p>5.4 SAERs / Incident Reviews / SAER Scrutiny Group</p> <ul style="list-style-type: none"> - Number of ongoing cases being reviewed by the group. New processes and improvements being implemented to ensure timescales for reporting is met <p>5.5 SAER / Complaints learning (selected incident)</p> <ul style="list-style-type: none"> - Redacted learning summary tabled. - Actions are put onto DATIX with timescales and monitored via that system. - RH explained the role and remit of the SAER Scrutiny group. <p>5.6 New National Adverse Event National Notification System</p> <ul style="list-style-type: none"> - Guidance paper tabled. - In order to meet the timescales our procedures need to be improved. - Reporting should be sent to NHH by 4th of each month. <p>5.7 Risk Register / Staffing Risks</p>	CW

	<ul style="list-style-type: none"> - LH spoke to tabled papers. Staffing is one of the main organisational risks. - Understanding from the group re difficulties of recruiting in A&B, discussion on ideas to help this. - Housing is an issue. - Work continuing to improve recruitment and retention 	
6.	<p>EXPERIENCE</p> <p>6.1 Culture Fit for the Future</p> <ul style="list-style-type: none"> - Recognition this needs more resource. Significant amount of work still to be done. - Chair and CEO of NHSH have agreed this and are working on getting more support. - JB is a member of Culture Board and has made an offer to take any issues to the board. <p>6.2 Care Opinion</p> <ul style="list-style-type: none"> - Good to read positive comments - 2 points highlighted for further learning. <p>6.3 LIH Inpatient Survey Action Plan</p> <ul style="list-style-type: none"> - For information. This is a National survey for acute hospitals. <p>6.4 Care Experience Survey Programme</p> <ul style="list-style-type: none"> - Survey tabled - Any comments to next meeting. 	
7.	<p>OTHER WORK IN PROGRESS</p> <p>7.1 Review of HSCP Clinical and Care Governance Framework</p> <ul style="list-style-type: none"> - Ongoing. HoS are planning to look at it. Initially it was envisaged minor changes required however will now be a full review. First^t draft to come to March meeting. National C&CG conference informative in moving this forward. Draft input from LH, HoS & FC <p>7.2 Clinical and Care Governance Committee Membership and Terms of Reference</p> <ul style="list-style-type: none"> - Paper to come back to the next meeting. <p>7.3 Health and Care (Staffing) (Scotland) Act 2019 paper</p> <ul style="list-style-type: none"> - LH updated meeting on current progress. - Fiona Hogg to Chair the Programme Board - LH is chair of NMAHP Implementation Group - Regular updates on work to this Committee 	<p>CC</p> <p>LH</p>
8.	<p>AOB</p> <ul style="list-style-type: none"> - Discussion required regarding future agenda and items for Committee. - Minutes to be included in next IJB pack 	SCB/LH/FC/RH

	- Plan required of what this committee will report to IJB	
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Argyll and Bute HSCP
Clinical and Care Governance Committee
Thursday 26th March – 3pm- 4pm – by VC

	Item	Agreement / action
1.0	<p>WELCOME AND APOLOGIES *all participation over VC</p> <p>Sarah Compton-Bishop (Chair)</p> <p>Kieron Green</p> <p>Jean Boardman</p> <p>Joanna MacDonald</p> <p>Rebecca Helliwell</p> <p>Nicola Shinaia</p> <p>Charlotte Craig</p> <p>Apologies from Liz Higgins.</p> <p>No admin support was present for the meeting, minutes prepared by Sarah with support from Jean.</p>	
2.0	<p>COVID -19</p> <p>RH and JM outlined the governance structures which have been established to deal with the COVID outbreak as follows:</p> <ul style="list-style-type: none"> ○ National guidance is being rolled out and updated as appropriate. It is recognised that staff are working at pace, with critical decisions required at very short notice. ○ Gold, Silver and Bronze meetings are taking place daily within NHS, with Bronze linking to localities. ○ Brief minutes are taken which show decisions and accountability and will facilitate learning when it is time to reflect. ○ These meetings have good representation across the whole board area and allow for sense checking and ensuring there is equity of access and support across all areas. ○ The focus is on delivering the best care possible, despite services being stretched. ○ Plans and procedures are being drafted and revised as appropriate. It is recognised that there is and will be significantly more pressure on all systems and staff, with our normal structures being stretched through necessity. With this will come increased risk. ○ Attendance at the various meetings will be reviewed to ensure minimal duplication. ○ From tomorrow our Bronze meetings will be divided into 2, making them more manageable. These will be headed by Julie Lusk and Caroline Cherry (Head of Service) ○ Julie Lusk and Nicola Shinaia are attending the council's equivalent COVID meetings to ensure that information is shared between the two organisations as necessary. 	<p>JM to review attendance at Gold, Silver, Bronze to avoid duplication.</p>

	<ul style="list-style-type: none"> ○ The Caring for People group has been established, led by Julie Lusk. ○ The on-call rota is being moved to a 48-hour pattern and is currently being pulled together. ○ A stand-by rota for Social Work is also being established, led by Alex Taylor. ○ From today, daily comms will be issued from the Bronze meetings to ensure that staff and communities are kept up to date. J Dreghorn is leading on this aspect. ○ HSCP comms are liaising daily with NHS comms to ensure up to date and accurate information is distributed. ○ RH currently facilitates a weekly debrief with clinicians on a Wednesday to look at learning from the past week and agree priorities for the week ahead. This is something that should be replicated more widely to ensure that learning is disseminated quickly. ○ It was felt that there was no need for additional activity for this group at present, and that the structures in place provided the necessary levels of governance and support. <p>The significant pressures the pandemic will have on our systems, staff and services were recognised, and the associated increased risks were highlighted.</p> <p>JM and RH both commended staff on the excellent and collaborate work taking place within and between teams in all areas.</p>	<p>JM to set up weekly debrief / week ahead meetings as appropriate</p>
3.0	<p>COMPLAINTS</p> <ul style="list-style-type: none"> ○ JM advised that we are expected to continue responding to complaints in line with the guidance during this time. ○ This will be a challenge, with staff under extreme pressure, but it was made clear by the CEO that work here must continue. ○ It was recognised that pulling staff together for existing fortnightly meetings will be a challenge. ○ CC will look at a reporting mechanism that will allow work to continue in this area without the need for physical meetings. 	<p>CC to look at complaint reporting without current meeting structure</p>
4.0	<p>DATE, TIME AND VENUE FOR NEXT MEETINGS</p> <p>Thursday 21st May.</p> <ul style="list-style-type: none"> ○ It was agreed, given the length of time until the next meeting, that this remain in diaries as planned. ○ Nearer the time, the Chair will liaise with Officers to determine what the priorities will be for the group at the next meeting. ○ In light of the COVID-19 pandemic, and associated consequences, it was agreed that an extra-ordinary meeting could be called ahead of this date, should it be felt necessary 	<p>Thursday 21st May to continue as planned.</p> <p>Additional / earlier meetings to be called if necessary.</p>

**Integration Joint Board****Date of Meeting: 27 May****Title of Report: Committee Terms of Reference****Presented by: Charlotte Craig****The Committee is asked to:**

- Acknowledge that Committee Terms of Reference have now been considered by all committees and referred back to the IJB for approval.
- Approve Committee Terms of Reference

1. EXECUTIVE SUMMARY

- 1.1 In conclusion of the review of the committee terms of reference, each committee has reviewed proposed terms and provides recommendation to the IJB for final approval.
- 1.2 Pertinent to this committee is the Clinical and Care Governance Terms of Reference but can be seen in the context of the other committees undertaking the business of the IJB.

2. INTRODUCTION

The proposed terms of reference have now been reviewed at committee and we seek to present them to the IJB with minor amendments for final approval.

3. DETAIL OF REPORT

- 3.1 Appendix 1 contains the General Provisions and Terms of Reference as reviewed by the Audit and Risk, Finance and Policy and Clinical and Care Governance Committees.
- 3.2 The Committee Terms of Reference were reviewed to ensure that the Argyll & Bute Integration Joint Board had effective governance and to eliminate any duplication between Committee's.
- 3.3 A Finance and Policy Committee was established, developing the governance previously in place with the Quality and Finance Board. Finance and Policy will consider the reporting of the Transformation Board and policy/financial implications of proposed work.

- 3.4 Audit Committee has become Audit and Risk and added a short paragraph to allow for scrutiny on behalf of the IJB.
- 3.5 Clinical and Care Governance while being a direct committee of the IJB also acts as a sub-committee of the NHS Clinical Governance Committee. It seeks to strengthen its partner relationships on both clinical and care governance and subsequent activity will be undertaken to work with NHS Highland with its developing Clinical & Care Strategy and with the Council in ensuring strong Care representation.
- 3.6 Subsequent to this activity the Strategic Planning Group Terms of Reference are now in review to reflect consistent approach to membership and approach to developing and delivering Strategic Planning.

4. RELEVANT DATA AND INDICATORS

Provision of committee minutes on a bi-monthly basis to the IJB

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Committees support the business of the IJB to deliver the Strategic Plan undertaking work on behalf of the IJB and supporting recommendation.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Improved financial governance through the establishment of the Finance and Policy Committee

6.2 Staff Governance

Seek to improve communication with staff governance through improved planning processes

6.3 Clinical Governance

Robust clinical governance through the Clinical and Care Governance Committee with a defined relationship between the IJB and with partners.

7. PROFESSIONAL ADVISORY

Professional advisory from the standards officer and through the professional advisory of senior staff.

8. EQUALITY & DIVERSITY IMPLICATIONS

No requirement for EQIA.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Risk management is highlighted within relevant terms of reference seeking to improve the embed of risk management within the committee structure. This will allow committees to provide advice and recommendation to the IJB.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Each terms of reference has been submitted to the committee involved and recommended back to the IJB at each committee.

12. CONCLUSIONS

The terms of reference for the committee level of governance have now been reviewed and are supplied by the committees as recommended for approval by the IJB.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Appendix 1

Current Committee Membership

Audit & Risk Committee		
Role	Current	Membership
Chair IJB Member	Cllr Sandy Taylor	Member
Vice Chair IJB Member	Dr Gaener Rodger	Member
IJB Member	Cllr Kieron Green	Member
IJB Member	Sarah Compton Bishop	Member
IJB Member	Vacant	Member
IJB Member	Vacant	Member
Chief Officer	Joanna Macdonald	Attendee (required)
Chief Finance Officer	Judy Orr	Attendee (required)
External Auditor	Audit Scotland	Attendee (required)
Internal Auditor	Scott- Moncrieff	Attendee (required)
Officers attend as required		Attendee

Clinical & Care Governance Committee		
Role	Current	Membership
Chair IJB Member (Council or NHS)	Sarah Compton-Bishop	Member
Vice Chair IJB Member (Council or NHS)	Kieron Green	Member
IJB Member	Jean Boardman	Member
IJB Member	Cllr Sandy Taylor	Member
Chief Officer	Joanna Macdonald	Member
Associate Medical Director	Dr Rebecca Helliwell	Member
Associate Director Public Health	Dr Nicola Schinaia	Member
Associate Clinical Dental Director	Donald MacFarlane	Attendee (required)
Lead Nurse	Elizabeth Higgins	Member
Chief Social Worker/Head of Children & Families	Alex Taylor	Member
Lead AHP	Linda Currie	Attendee (required)
Lead Pharmacist	Fiona Thomson	Attendee (required)
Head(s) of Adult Services	Caroline Cherry/Julie Lusk	Attendee (required)
Clinical Governance Manager	Fiona Campbell	Attendee (required)
Staffside Representative	Fiona Broderick/Kevin McIntosh	Member
Staff attend as required		Attendee
Public Representative		

Finance & Policy Committee		
Role	Current	Membership
Chair	Cllr Kieron Green	Member
Vice Chair	Sarah Compton-Bishop	Member
IJB Member	Cllr Sandy Taylor	Member
IJB Member	Cllr Gary Mulvaney	Member
IJB Member	Prof Boyd Robertson	Member
IJB Member	Vacant	Member
Professional Advisory Group Representative	Elizabeth Higgins	Member
Chief Officer	Joanna Macdonald	Attendee (required)
Chief Finance Officer	Judy Orr	Attendee (required)
Staffside	Fiona Broderick/Kevin McIntosh	Attendee (required)
Officers attend as directed		Attendee

Strategic Planning Group		
Role	Current	Membership
Chair	Head of Strategy & Planning	Member
Co-Chair (IJB Member)	Jean Boardman	Member
IJB Member (carers)	Vacant	Member
IJB Member	Cllr Kieron Green	Member
IJB Member	Sarah Compton Bishop	Member
Chief Officer	Joanna Macdonald	Member
Chief Financial Officer	Judy Orr	Member
Associate Medical Director	Dr Rebecca Helliwell	Member
Associate Director Public Health	Dr Nicola Schinaia	Member
Associate Clinical Dental Director	Donald MacFarlane	Member
Lead Nurse	Elizabeth Higgins	Member
Chief Social Worker/Head of Children & Families	Alex Taylor	Member
Lead AHP	Linda Currie	Member
Lead Pharmacist	Fiona Thomson	Member
Head(s) of Adult Services	Caroline Cherry/Julie Lusk	Member
Staffside Representative	Fiona Broderick/Kevin McIntosh	Member
Senior Service Planning Manager	Kristin Gillies	Member
Housing (Council and other)	Douglas Whyte/	Member
Third Sector (TSI CEO + 1)	Kirsteen Murray/	Member
Carers Act Implementation Officer	Vacant	Member

Independent Sector	Denis McGlennon	Member
Officers attend as required		Attendee

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	Locality Manager	Member
Co-Chair	Other than HSCP staff	Member
Community Members (2)	Various based on Locality	Member
Carers (2)	To be recruited	Member
Third Sector	Various based on Locality	Member
Independent Sector	Various based on Locality	Member
Primary Care	Various based on Locality	Member
Housing	Various based on Locality	Member
Education	Various based on Locality	Member
Community Council (2)	To be recruited	Additional Members Argyll & Bute (not statutory)
Elected members	Various based on Locality	Additional Members Argyll & Bute (not statutory)

IJB Membership

The role and constitution of IJB is established through legislation. The voting membership is:

- a. NHS Highland : 4 members of the NHS Highland Health Board
- b. Council: 4 Elected members of the Council nominated by the Council

The term of office of the Chair and the Vice Chair will be a period of two years. NHS Highland and the Council will appoint one of their four representatives to act as Chair/Vice Chair on a two year rotating basis.

The Chief Officer and Chief Financial Officer shall attend Committee meetings in their capacity of advisers and not as members of the Committees.

The decision making structure whereby the committees of the IJB have Terms of Reference agreed by the IJB include the Clinical and Care Governance Committee, Audit and Risk Committee and Finance and Policy Committee.

The act makes provision for a Strategic Planning Group for the development and delivery of the Strategic Plan. Argyll & Bute IJB have approved a Locality Planning Group model to engage on local planning.

1.1. Clinical and Care Governance Committee Membership

The Committee will consist of not less than 6 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair IJB Member (Council or NHS)	Member
Vice Chair IJB Member (Council or NHS)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Associate Medical Director	Member
Associate Director Public Health	Member
Associate Clinical Dental Director	Member
Lead Nurse	Member
Chief Social Worker/Head of Children & Families	Member
Lead AHP	Member
Lead Pharmacist	Member
Head(s) of Adult Services	Attendee (required)
Clinical Governance	Attendee (required)

Manager	
Staffside Representative	Member
Locality Staff attend as required	Attendee
Carer/public representatives	Member

1.2. Audit and Risk Committee Membership

Audit and Risk Committee consists of six members of the IJB (minimum two voting members - one from NHS Highland and one from the Council)

The Chair and Vice-Chair of the IJB Audit and Risk Committee will be appointed by the IJB for a two-year term. Neither may be Chair or Vice-Chair of the IJB.

Other persons may participate in meetings by invitation of the Chair.

Role	Membership
Chair IJB Member	Member
Vice Chair IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
External Auditor	Attendee (required)
Internal Auditor	Attendee (required)
Officers attend as required	Attendee

1.3. Finance and Policy Committee Membership

The Committee will consist of not less than 8 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair, Integrated Joint Board	Member
Vice - Chair, Integrated Joint Board	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Professional Advisory Group Representative	Member
Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
Staffside	Attendee

	(required)
Officers attend as directed	Attendee

1.4. Strategic Planning Group Membership

The Strategic Planning Group is established according to Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 and will report to the full IJB Board as required.

Role	Membership
Chair	Member
Co-Chair (IJB Member)	Member
IJB Member (carers)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Chief Financial Officer	Member
Associate Medical Director	Member
Associate Director Public Health	Member
Associate Clinical Dental Director	Member
Lead Nurse	Member
Chief Social Worker/Head of Children & Families	Member
Lead AHP	Member
Lead Pharmacist	Member
Head(s) of Adult Services	Member
Staffside Representative	Member
Senior Service Planning Manager	Member
Housing (Council and other)	Member
Third Sector (TSI CEO + 1)	Member
Carers Act Implementation Officer	Member
Independent Sector	Member
Officers attend as required	Attendee

Locality Planning Groups Membership

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	<ul style="list-style-type: none"> Locality Manager 	<ul style="list-style-type: none"> Member
Co-Chair	<ul style="list-style-type: none"> Other than HSCP staff 	<ul style="list-style-type: none"> Member
Community Members (2)	<ul style="list-style-type: none"> Various based on 	<ul style="list-style-type: none"> Member

	Locality	
Carers (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Member
Third Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Independent Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Primary Care	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Housing	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Education	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Community Council (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)
Elected members	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)

2. GENERAL PROVISIONS REGULATING MEMBERSHIP

Members of the IJB subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.

The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within the Integration Scheme, Standing Orders and Financial Regulations; these are subject to regular review.

The Committees will report directly to IJB and will provide clear, robust, accurate and timely information on the quality of service performance.

2.1. Appointments

The IJB will make all appointments to the Committees including the appointment of the Chair and Vice-Chair of the Committees.

2.2. Chair and Vice-Chair

2.2.1. The Chair and Vice-Chair of the Committees will be members of the IJB appointed from those members appointed to the Committees;

2.2.2. The appointment of Chair and Vice-Chair will be for a two year term.

2.3. Quorum

2.3.1. Three members of the Audit & Risk Committee and the Finance & Policy Committee, one from each partner body and one other,

shall constitute a quorum, with at least one of the members being Chair or Vice-Chair.

2.3.2. The Clinical & Governance Committee and Strategic Planning Group will require one third of their membership with at least one member from each partner body.

2.3.3. Ordinary Committee members (i.e. other than the Chair/Vice-Chair) may nominate deputies to attend meetings to ensure meetings are quorate, this will only be permitted with prior agreement by the Chair.

2.3.4. No business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by video or audio link will be determined to be in attendance.

2.4. Frequency of Meetings

2.4.1. The Committees will meet on a frequency to be determined by IJB, on dates to be specified in an annual programme of meetings, with meetings normally held at least quarterly in each financial year at a place and time as determined by each Committee.

2.4.2. The Chair of each Committee may at any time convene additional meetings or increase frequency of meetings to consider business, which may require urgent consideration.

2.5. In Attendance

2.5.1 Agendas will follow standard template which will cover all elements of the Committee's framework.

2.6. Sub-groups

2.6.1. The Committees may at their discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the Committees consider will be able to assist in the task assigned. The working groups will report their findings and any recommendations to each Committee.

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. REMIT

The Committee's framework will encompass the following responsibilities as detailed in paragraph 5.8 of the Integration Scheme.

Each of the four elements, listed below, will be

- 1.1. underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.
- 1.2. Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers;
- 1.3. Professional regulation and workforce development;
- 1.4. Information governance
- 1.5. Safety of integrated service delivery and personal outcomes and quality of registered services

The Committee will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:-

- 1.6 Compliance with professional codes, legislation, standards, guidance. Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- 1.7 Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 1.8 Systems to support the structured, systematic monitoring, assessment and management of risk's-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.

- 1.9 Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 1.10 Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- 1.11 Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- 1.12 To provide assurance to the Integrated Joint Board that systems, processes and procedures are in place and are delivering effective clinical and care governance throughout Argyll and Bute.

This will include the following:

- 1.13 To develop and monitor clinical and care assurance systems to regulate the quality and safety of health and care services
- 1.14 To monitor implementation of Care Inspectorate and NHS Healthcare Improvement Scotland clinical standards and other external review body standards and guidelines – such as Mental Welfare Commission, SPSO etc.
- 1.15 To oversee self-evaluation and preparation for joint inspections and to oversee local implementation of recommendations following review
- 1.16 To oversee the review all incidents to identify trends, to take appropriate action and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)
- 1.17 To oversee the review of all feedback, including complaints and compliments, to ensure proper management, identify trends and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)
- 1.18 To review Significant Adverse Event Review findings and ensure completion of resulting action plans Overseeing the development, agreement and review of clinical and care procedures, guidelines and protocols for delegated functions of the HSCP.

- 1.19 The NHS Board governance structures should be utilised to ratify clinical policies, guidelines and protocols (e.g. the Area Drugs and Therapeutics Committee for policies relating to medicines, similarly the Council structures should be utilised for care procedures, guidelines and protocols where necessary to meet legal requirements).
- 1.20 To oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute to oversee the development of local risk registers and action plans.
- 1.21 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.22 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute to oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute
- 1.23 To oversee the development of local risk registers and action plans.
- 1.24 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.25 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

REMIT

- 1.1. To agree the internal audit strategic plan, oversee and review action taken on internal audit recommendations.
- 1.2. To consider the External Auditor's Annual Audit Plan, Annual Letter, relevant reports, and the report to those charged with governance and other specific External Audit reports.
- 1.3. To comment on the scope and depth of External Audit work and to ensure it gives value for money.
- 1.4. To commission work from Internal, External Audit and third parties where appropriate.
- 1.5. To consider the performance of Internal and External Audit.
- 1.6. To facilitate training to support the role of Audit and Risk Committee Members.
- 1.7. To promote a culture of compliance within the IJB to ensure the highest standards of probity and public accountability.
- 1.8. To support best practice in the financial administration of the IJB.
- 1.9. To review the IJB's financial performance as contained in the Annual Performance Report, and to report annually to the IJB on the internal control environment.
- 1.10. There should be a least one meeting a year, or part thereof, where the Audit Committee meets the Internal and External Auditors separately from management.
- 1.11. The Committee will prepare an annual work plan setting out meeting dates for the financial year and anticipated internal audit, external audit, management reports and scrutiny topics expected to be covered at each meeting.
- 1.12. The Committee shall prepare an annual report to the IJB covering its activities and key findings each year. This report will be considered at the IJB meeting that agrees the External Auditor's annual audit letter.
- 1.13. To consider performance and inspection reports from internal audit, external audit and other relevant scrutiny bodies.

2 Regulatory Framework and Risk Management

- 2.1 To monitor and seek assurance with regard to risk management systems through the review of the effectiveness of risk control measures and corporate governance in the IJB.
- 2.2. To consider the IJB's compliance with its own and other published standards and controls.
- 2.3. To monitor the IJB's compliance with the Public Interest Disclosure Act and the Bribery Act in the discharge of its functions.

3 Financial Accounts and Governance

- 3.1 To examine the activities and accounts of the IJB and exercise a governance role over management efforts to ensure that:
 - (a) The expenditure approved by the IJB has been incurred for the purposes intended;
 - (b) Services are being provided efficiently and effectively;

- (c) Value for money is being obtained, all in accordance with Best Value requirements; and
 - (d) The IJB has appropriate information and advice available to them to make decisions.
- 3.2. To review the annual statement of accounts. Specifically to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB;
- 3.3. To oversee the production of the IJB's Governance and Internal Control Statement; and support the approach to Best Value.
- 3.4. To consider the External Auditor's report to those charged with governance on issues arising from the audit of the accounts.

4 Performance Monitoring

- 4.1 To assess the effectiveness of the IJB's Performance Management Regime;
- 4.2 To commission specific reviews to be carried out where necessary;
- 4.3 To review Best Value arrangements and outcomes, with consideration of both external and internal Best Value reports, strategy/plans and outcomes from Best Value reviews; and
- 4.4 To review the impact of national performance reports from external bodies and consider their impact.

5 Scrutiny

In respect of its scrutiny function:

- 5.1 The committee defines scrutiny as the process of 'close and critical inquiry' and 'methodical examination' holding others to account through monitoring examination and questioning of decisions actions and performance for the purposes of improvement.
- 5.2 The committee shall undertake scrutiny reviews at the request of IJB;
- 5.3 The committee shall receive and undertake requests for scrutiny reviews submitted by any member of the IJB;
- 5.4 The committee shall itself determine how and when to exercise this function;
- 5.5 In exercising this function, the committee may call for any inquiry that it considers necessary and may call any individual or for any document or documents it considers relevant to any such investigation;

FINANCE AND POLICY COMMITTEE TERMS OF REFERENCE

REMIT

1. Financial Resources

- 1.1. To develop policy strategic objectives and priorities for recommendation to the IJB unless such matters are otherwise delegated.
- 1.2. To oversee the management of financial resources on a bi-monthly or as otherwise arranged by the IJB within general provisions before reporting to the Integration Joint Board.
- 1.3. To advise the Integration Joint Board on the Revenue Budget and requirements in Capital Planning from the partner bodies.
- 1.4. To review adjustments to Management budgets in so far as not delegated to officers within the terms of the financial regulations of the partner bodies and make recommendation to the Integration Joint Board for approval.
- 1.5. To consider and advise the Integration Joint Board on the monthly financial monitoring reports
- 1.6. To consider and advise the IJB on the medium term financial strategy
- 1.7. To advise the IJB on any financial recovery plan required as a result of an overspend.

2. Corporate Asset Management

To liaise with the Council and NHS Highland to ensure that the IJB's future corporate asset management requirements as determined by the Strategic Plan form part of the asset management plans for those parties.

3. Continuous Improvement

- a) To determine and implement the IJB's policies in relation to the achievement of Best Value.
- b) To consider Best Value Reviews from Services as appropriate.

Without prejudice to the duties and responsibilities and delegated authority of other Committees, to review the performance and effectiveness of all the Integration Joint Board's work and the standards and level of service provided, to review the need to retain existing services, and to co-ordinate where necessary all the matters referred to in this sub-paragraph in respect of the Committees and Services of the Integration Joint Board.

4. Transformation

- a) To review financial and policy impacts of Transformational proposals
- b) Oversight of the Service Transformation Board and formal reporting from workstreams

Appendix 1 FOR INFORMATION

Locality Planning Group Terms of Reference

ROLE OF MEMBERS

- Contribute to relevant local, regional and national consultation responses or events, sharing local experience
- Link local engagement mechanisms with wider stakeholders within their locality to be assured that the community voice can influence locality and strategic planning,
- Share experiences and learning with other locality planning groups in order to shape locality plans and improve joined up working across the wider HSCP.
- Participate in required learning opportunities to maximise individual member contributions
- Develop mechanisms to better understand local need including inequalities, making use of all relevant and available quantitative and qualitative data in relation to their local priorities.

Each member will preside for a 2 year period. If neither chair or vice chair are present the full group will appoint a temporary replacement

FREQUENCY

A minimum of 4 times per year.

QUORUM

Fifty percent of all members should be in attendance.

AGENDA & PAPERS

The agenda and papers for meetings will be issued one week prior to each meeting.

ADMINISTRATION

Recording of meeting activity will be in action note format, disseminated to attendees for agreement and ratification within 2 weeks following the meeting date.

LOCATION

Whenever possible meetings will be held in venues which support video or telephone conferencing.

TRANSPORT COSTS

Volunteer members will have transport costs reimbursed. Please see the NHS Highland volunteer policy for more information.

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