

Stephen Brown (Chief Officer)

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Agenda Item: 10.

Integration Joint Board

Date of Meeting: 22 April 2026.

Subject: Governance.

1. Purpose

1.1. To present Members with three updated governance documents for approval.

2. Recommendations

It is recommended:

2.1. That the updated Members' Role Descriptor, attached as Appendix 1 to this report, be approved.

2.2. That the updated Induction Pack for Integration Joint Board Members, attached as Appendix 2 to this report, be approved.

2.3. That the updated Terms of Reference for Sub-committees of the Integration Joint Board, attached as Appendix 3 to this report, be approved.

3. Background

3.1. Integration Joint Boards are legal entities that bind Health Boards and Local Authorities together in a joint arrangement.

3.2. The Orkney Integration Joint Board is a legal entity (Body Corporate) established through a formal partnership between NHS Orkney and Orkney Islands Council (the Parties), as described in the Orkney Integration Scheme.

3.3. Membership of the Orkney Integration Joint Board is made up of six voting members of which three are Elected Members of the Local Authority and three are Non-Executive Directors of the Health Board. There are also a number of non-voting members which are:

- The Chief Officer of the IJB.
- The Chief Finance Officer of the IJB.
- The Local Authority's Chief Social Work Officer.

- Senior clinicians including:
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978.
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
 - A registered medical practitioner employed by the Health Board and not providing primary medical services.
- Patient/service user representatives.
- Carer's representatives.
- A representative of the third sector.
- A staff representative from each of the Parties.
- A housing representative.

4. Integration Joint Board Members' Role Descriptor

4.1. The Members' Role Descriptor was developed in 2016 following the formal establishment of the Integration Joint Board and was reviewed and updated in 2020.

4.2. There have been no significant changes to the Members' Role Descriptor, attached as Appendix 1, however some wording and hyperlinks have been updated for accuracy such as:

- Frequency and length of Integration Joint Board and the Sub-committee meetings changed to better reflect the current arrangements.
- Amendment from Video Conference to Microsoft Teams for those unable to join meetings in person.
- The Expenses section has been updated with the inclusion of a hyperlink to the Policy.
- The appendices have been replaced with hyperlinks to ensure updated information available.
- A review period has been added to the document.

5. Induction Pack for Integration Joint Board Members

5.1. The aim of the Induction Pack is to give an overview of the Orkney Integration Joint Board and where to find out more detailed information to enable all Members to fulfil their role and the different elements of the Integration Joint Board.

5.2. The original Induction Pack was approved on 29 June 2022. The Induction Pack, attached as Appendix 2 to this report, has been reviewed and updated.

5.3. The main changes are summarised as:

- Some minor wording and hyperlinks have been updated.
- The Non Voting Members section has been updated to reflect the changes to the number of Carer Representatives who sit on the Integration Joint Board.
- The Time Commitment section has been updated to reflect the current arrangements.
- Information on the Sub-committees has been updated.
- Information on the Strategic Plan Delivery Plan has been added.
- Health and Social Care Partnership Senior Management Team names and email addresses have been updated.
- The Key Document section has been revised to be easier to read.
- The Glossary section has been updated to also include some acronyms. It is important to note that this is not an exhaustive list.
- A review period has been added to the document.

6. Sub-committees of the Integration Joint Board

6.1. The Integration Joint Board currently has four Sub-committees, namely:

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

6.2. 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.

6.3. The document attached as Appendix 3 to this report details each of the Sub-committees, their membership and Terms of Reference.

6.4. Performance and Audit Committee

6.4.1. Members will recall that, following discussion at the meeting of the Integration Joint Board on 18 February 2026, it was agreed that it would be beneficial for the remit of the Performance and Audit Committee to be extended to include the provision of additional scrutiny, and assurance on financial activities.

6.4.2. The main changes on the Terms of Reference are summarised as:

- Membership: Details have been updated to include changes since the last review of the Terms of Reference.
- Chair/Vice Chair: This section has been updated to include details of appointment of a Vice Chair.
- Duties: An additional bullet point has been added to include financial activities in response to the request outlined at section 6.4.1 above.

- Review: A new section has been added to detail the review period of the Terms of Reference.

6.4.3. On 18 March 2026, the Performance and Audit Committee considered the revised Terms of Reference and recommended that these be submitted to the Board for consideration.

6.5. Joint Clinical and Care Governance Committee

6.5.1. Section 11 of the Terms of Reference of the Joint Clinical and Care Governance Committee states that these will be reviewed on an annual basis.

6.5.2. The main amendments to the Terms of Reference, attached as Appendix 1 to this report, include the following:

- Inclusion of comments previously made by the Integration Joint Board for inclusion.
- The last bullet point within the Purpose section has been updated.
- The Attendance section has been revised, and some additional roles have been added, including the Head of Health and Community Care and the Head of Primary Care Services.
- The quoracy of the meeting has been updated to amend the role of Chief Social Work Officer to the Chief Officer in the third paragraph.
- The meetings section has been updated to include the dates of the future meetings.

7. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	No.
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.	No.
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.	No.

8. Resource and financial implications

8.1. There are no resource or financial implications directly arising as a result of this report.

9. Risk, equality and climate change implications

9.1. Approval of the updated governance documents will help ensure that the IJB maintains good governance arrangements, which in turn will help mitigate any risks to the IJB.

9.2. There are no risk, equality or climate change implication directly arising as a result of this report.

10. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

12. Authors and contact information

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13. Supporting documents

13.1. Appendix 1: IJB Members Role Descriptors.

13.2. Appendix 2: Induction Pack for IJB Members.

13.3. Appendix 3: Sub-committees of the IJB.



Members' Role Descriptor

Integration Joint Board

Version	Members' Role Descriptor.
Owner.	Chief Officer.
Date Approved.	
Date for Review.	May 2032.

	Integration Joint Board (IJB).
Personal Role.	Being a member of the Orkney IJB with a term of two years for members, which may be extended, who are not appointed by merit of holding a post designated as required membership. For members who are appointed by merit of holding a post designated as required membership the term of appointment to the IJB will run concurrently with the term of time holding the post.
Personal Responsibilities.	<p>Attend and participate in formal meetings of the IJB. These will usually take place five times a year.</p> <p>Prepare for the formal meetings of the IJB by reading the meeting papers in advance of the meeting and considering the matters set out in these papers.</p> <p>Attend and participate in development sessions for members of the IJB as required.</p> <p>Attend and participate in Sub-committees, or working groups, of the IJB. Frequency of such activity will be dependent on</p>

	<p>the specific Sub-committee or piece of work agreed. The current Sub-committees are:</p> <ul style="list-style-type: none"> • Performance and Audit Committee. • Joint Clinical and Care Governance Committee. • Strategic Planning Group. • Joint Staff Forum. <p>Interface and communicate with the relevant groups, networks or representatives within the specific role undertaken to bring an informed and objective view and analysis of issues to support the Board's governance role.</p> <p>If you are an IJB member by merit of holding an employed role or post, you will also have a job description/role descriptor related to that role or post. This job description/role descriptor should be read alongside any other relevant descriptor.</p>
<p>Main Tasks.</p>	<p>To always act in the interests of patients, service users, carers, the workforce and the public.</p> <p>To participate actively and constructively in all IJB meetings, and in associated pieces of work.</p> <p>To embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.</p> <p>To be part of the leadership of the IJB by demonstrating the following leadership qualities in relation to your IJB work:</p> <ul style="list-style-type: none"> • Creating and sharing the vision - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations. • Working with others - effective leadership requires individuals to work with others in teams and networks to deliver continually improving services. • Being person focussed - this is about truly engaging and involving patients, service users, carers and communities in planning and ensuring the delivery of services. • Strategic Planning - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve. • Demonstrating positive personal qualities - effective leadership requires individuals to draw upon their values, strengths and abilities and to be respectful, interested and understanding of the views of others.

	<p>Where membership arises from a position as a non voting professional advisor, bring the appropriate professional perspective to the matters being discussed by the IJB. Membership of the IJB can be found here.</p> <p>Where membership arises from a position as a non voting stakeholder, bring the perspective of that stakeholder group to the matter being discussed by the IJB.</p> <p>Maintain a focus within the IJB on planning and delivering services that support and improve performance against the nine National Health and Wellbeing Outcomes as established by the Scottish Government and addressing the health inequalities of the population.</p> <p>Demonstrate commitment to delivering best value in the use of public funds.</p> <p>Take a corporate and supportive approach as a full member of the IJB and respect the Code of Conduct of the IJB.</p>
<p>Time Commitment.</p>	<p>You will be asked to commit to a series of dates throughout the year.</p> <p>The IJB will usually meet five times a year and meetings will last approximately three hours, although this will vary depending on the weight of the agenda.</p> <p>There will be a development session between each formal Board meeting and these will be for 90 minutes. There are also regularly informal catch ups which last one hour.</p> <p>Sub-committee and working group meetings will be of various frequencies depending on the sub-committee itself. Sub-committee meetings will be approximately two hours in length, depending on the weight of the agenda.</p> <p>You may also be asked to attend, or support, various meetings or events within your remit as a Board member.</p> <p>The length of time a person can be appointed to the Board is for two years in the first instance which may be extended, with the exception of those members appointed by virtue of their post.</p>
<p>Location.</p>	<p>The Board meetings and development sessions will be held at different venues, with the option for blended meetings (in person and remote attendance). Some meetings are audio-cast, with the recording available for up to 12 months after the date of the meeting.</p>

	<p>Microsoft Teams will be available as a virtual alternative to physical meetings, including a mix of video and in-person attendance.</p> <p>Sub-committee meetings, and working group meetings, will be held at various venues in Orkney. Microsoft Teams will be available as a virtual alternative to physical meetings, including a mix of video and in-person attendance.</p>
Expenses.	<p>If travel expenses are incurred in relation to attendance these will be met in line with IJB Stakeholder Representative Expenses Policy or the respective policies at NHS Orkney and Orkney Islands Council.</p>
Required Skills and Experience.	<p>You are required to have an active interest in health and social care services in Orkney and a commitment to partnership working.</p> <p>You are required to have a positive approach, and a commitment, to principles of integration and joint working, as well as a willingness to work towards the success of the IJB and overcome barriers and difficulties that may be faced.</p> <p>You must have good communication skills, and the ability to communicate on behalf of those you represent, even if you do not personally share all their views.</p> <p>You must be able to receive and assimilate the information provided in advance of, and at, meetings and consider and reflect on it.</p> <p>You must have the ability to work in a constructive way, with Board members who represent a wide range of interests and experience.</p> <p>You must have the confidence to put forward your views, in an appropriate and respectful manner, and to receive and discuss, and where appropriate challenge, the views of others in the same manner.</p> <p>For those who are IJB members in a professional advisory capacity you must be able to communicate and have regard to the interests of the IJB whilst discharging your duties as a professional employed or contracted by NHS Orkney or Orkney Islands Council. Likewise, you must be able to communicate and have regard to your duties to NHS Orkney or Orkney Islands Council whilst discharging your role as a member of the IJB.</p>



Induction Pack for Members

Integration Joint Board

Version.	Induction Pack for Members.
Strategic Lead.	Chief Officer
Date Approved by IJB.	
Date for Review.	May 2032.

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Introduction

Integration Joint Boards were established in Scotland under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#).

The aim of the Act is to integrate health and social care in Scotland, to improve services for people who use them.

The Act required Health Board and Local Authority partners to enter into arrangements (the Integration Scheme) to delegate functions and appropriate resources to ensure the effective delivery of those functions.

Orkney Integration Joint Board

The Orkney Integration Joint Board (IJB) is a legal entity (body corporate) established through a formal partnership between NHS Orkney and Orkney Islands Council (the Parties), as described in the [Orkney Integration Scheme](#).

The Orkney IJB has overall governance responsibility for the Integration Authority and services commissioned to the NHS and the Local Authority. The Orkney IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the Directions issued by it under section 25 of the Act.

The Orkney IJB also has an operational role as described in the locally agreed operational arrangements set out within the Integration Scheme.

The Orkney IJB commissions community health services, 'set aside' services, social care and justice services for children and adults from the Parties, for the population of the Orkney Islands, which is in the region of 22,400 people.

Integration Scheme

The [Integration Scheme](#) is a legally binding contract between the Parties. It sets out the make up of the Integration Authority and how it will work.

Section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Local Authority and the Health Board to carry out a review of the Scheme within a five year period for the purpose of identifying whether any changes to the Scheme are required.

Standing Orders

The [Standing Orders](#) regulate the proceedings and business of the Orkney IJB and apply equally to its Committees and Sub-committees. Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the local Standing Orders.

Membership

The [membership](#) of the Orkney IJB is made up of voting and non voting members.

Voting Members

- Three Non-Executive Directors of the Health Board although article 3(5) of the IJB Order permits otherwise if necessary.
- Three Elected Members of the Local Authority.

If a voting member is unable to attend a meeting of the Orkney IJB the constituent authority which appointed the member is to use its best endeavours to arrange for a suitably experienced proxy, who is either a member of the Health Board or, as the case may be, a Councillor to attend the meeting in place of the voting member.

Non Voting Members

- The Chief Officer of the IJB.
- The Chief Finance Officer of the IJB.
- Senior clinicians including:
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the [National Health Service \(Scotland\) Act 1978](#).
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
 - A registered medical practitioner employed by the Health Board and not providing primary medical services.
- The Local Authority's Chief Social Work Officer.
- Patient/service user representatives.
- Carer's representatives.
- A representative of the third sector.
- A staff representative from each of the Parties.
- A housing representative.

Chair and Vice Chair

The Chair and Vice Chair rotate every two years in May, to enable the appointments of Chair and Vice Chair to rotate equally between the Health Board and the Local Authority. The Chair does not have a casting vote.

Term of Appointment

All appointments, with the exception of the Chief Officer, the Chief Finance Officer and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

In addition, individual Board appointments will be made as required when a position becomes vacant for any reason. Any member of the Board can be appointed for a further term.

Where a member resigns or otherwise ceases to hold office, the person appointed in their place shall be appointed for the unexpired term of the member they replace.

At the end of a term of office, a member may be reappointed for a further term of office provided that they remain eligible and are not otherwise disqualified from appointment.

Code of Conduct

The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

The [Code of Conduct](#) for the Orkney IJB has been specifically developed using the Model Code of Conduct for Members of Devolved Public Bodies issued by the Standards Commission for Scotland. As a member it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of the Code of Conduct.

The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

- **Duty** – To uphold the law and act in accordance with the law and the public trust placed in you. Act in the interests of name of the IJB and in accordance with the core functions and duties of the IJB.
- **Selflessness** – To take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
- **Integrity** – Not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.
- **Objectivity** – Make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.
- **Accountability and Stewardship** – Accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the IJB uses its resources prudently and in accordance with the law.
- **Openness** – To be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.
- **Honesty** – To act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** – To promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

- **Respect** – To respect fellow members of the IJB and employees of related organisations supporting the operation of the IJB and the role they play, always treating them with courtesy. Similarly, you must respect members of the public when performing duties as a member of the IJB.

You must comply with any rules applying to the Orkney IJB regarding remuneration, allowances and expenses.

Register of Interests

After appointment, the Standards Officer issues all Board members forms to complete to enable them to register any interests described at Section 4 of the Code of Conduct. A record of these are held by the Standards Officer and are available on request. Should your circumstances change then you must register any new interests with the Standards Officer. Where an interest no longer exists, it is equally important that this is notified so that it may be removed from the register.

The Standards Officer will write to members not less than once per year inviting you to update interests already registered.

Further information on the appointment of the Standards Officer can be found [here](#).

Register of Gifts and Hospitality

You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation.

You must register the details of any gifts or hospitality received (unless it is within the exceptions described within the Code of Conduct) within your current term of office.

More detailed information can be found [here](#).

Roles and Responsibilities

Skills and Experience

You are required to have an active interest in health and social care services in Orkney and a commitment to partnership working.

You are required to have a positive approach, and a commitment, to the principles of integration and joint working, as well as a willingness to work towards the success of the IJB and overcome barriers and difficulties that may be faced.

You must have good communication skills, and the ability to communicate on behalf of those you represent, even if you do not personally share all their views.

You must be able to receive and assimilate the information provided in advance of, and at, meetings and consider and reflect on it.

You must have the ability to work in a constructive way, with Board members who represent a wide range of interests and experience.

You must have the confidence to put forward your views, in an appropriate and respectful manner, and to receive and discuss, and where appropriate challenge, the views of others in the same manner.

For those who are IJB members in a professional advisory capacity you must be able to communicate and have regard to the interests of the IJB whilst discharging your duties as a professional employed or contracted by NHS Orkney or Orkney Islands Council. Likewise, you must be able to communicate and have regard to your duties to NHS Orkney or Orkney Islands Council whilst discharging your role as a member of the IJB.

Main Tasks

To always act in the interests of patients, service users, carers, the workforce and the public.

To participate actively and constructively in all IJB meetings, and in associated pieces of work, in agreement with the IJB Chair.

To embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.

To be part of the leadership role of the IJB by demonstrating the following leadership qualities in relation to your IJB work:

- **Creating and sharing the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations.
- **Working with others** - effective leadership requires individuals to work with others in teams and networks to deliver continually improving services.
- **Being person focussed** - this is about truly engaging and involving patients, service users, carers and communities in planning and ensuring the delivery of services.
- **Strategic Planning** - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve.
- **Demonstrating positive personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities and to be respectful, interested and understanding of the views of others.

Where membership arises from a position as a non voting professional advisor, bring the appropriate professional perspective to the matters being discussed by the IJB. Membership of the IJB can be found [here](#).

Where membership arises from a position as a non voting stakeholder, bring the perspective of that stakeholder group to the matter being discussed by the IJB.

Maintain a focus within the IJB on planning and delivering services that support and improve performance against the [nine National Health and Wellbeing Outcomes](#) as established by the Scottish Government and addressing the health inequalities of the population.

Demonstrate commitment to delivering the best value for money for the use of public funds.

Take a corporate and supportive approach as a full member of the IJB and respect the code of conduct of the IJB.

Time Commitment

To commit to a series of dates throughout the year. The Orkney IJB usually meets five times a year and meetings will last approximately three hours, although this will vary depending on the weight of the agenda.

There will be a development session between each formal Board meeting and these will be for 90 minutes. There are also regular informal catch ups which last one hour.

Sub-committee, and working group meetings, will be of various frequencies depending on the sub-committee itself. Sub-committee meetings will be approximately two hours in length, depending on the weight of the agenda.

You may also be asked to attend, or support, various meetings or events within your remit as a Board member.

The length of time a person can be appointed to the Board is for two years in the first instance which may be extended, with the exception of those appointed by virtue of their post (the Chief Officer, the Chief Finance Officer and the Chief Social Work Officer).

What the role does not involve ...

- **You are not expected to be an expert on all the services covered by the IJB.** There are too many for any individual to know in detail. Your Chief Officer and other managers are experts in their areas and can provide you with information and briefings.
- **You are not expected to manage service delivery.** Your Chief Officer and managers will do this. You have to be satisfied that the right arrangements are in place to deliver services efficiently and effectively. You must also ensure that priorities are clearly decided and that the Chief Officer understands these priorities.

Chair and Vice Chair

The Chair and Vice Chair will be drawn from the Health Board and the Local Authority voting members of the Orkney IJB. If a Councillor is to serve as Chair then the Vice Chair will be a member appointed by the NHS Board and vice versa.

The Health Board and Local Authority alternate which of them is to appoint the Chair and Vice Chair in respect of successive two year periods.

The role of the Chair is to preside at and regulate Board meetings by ensuring that proceedings are properly conducted according to the law and according to the Board's Standing Orders. If the Chair is absent, the Vice Chair will preside. In the

absence of both, a voting member chosen at the meeting by the other voting members attending the meeting will preside.

The Chair shall:

- Open and close the meeting.
- Welcome Members and the public to the meeting.
- Introduce each agenda item or ask officers to introduce the item.
- Preserve order and ensure that every member has a fair hearing.
- Invite Members to speak when they have indicated they wish to do so.
- Decide on matters of relevancy, competency and order, and including a recess during the meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the meeting.
- Determine the order in which speakers will be heard.
- Ensure that due and sufficient opportunity is given to members who wish to express their views on any subject under discussion.
- If requested by any Member, ask the mover of a motion, or an amendment, to state its terms.
- At their discretion, order the exclusion of any member of the public or press/media who is deemed to have caused disruption/hindered the business being conducted in the meeting.
- Summarise at the end of each item.
- Indicate when and if voting should take place.
- Determine all matters of procedure not expressly covered in the Board's Standing Orders.

The decision of the Chair on all matters within their jurisdiction shall be final.

Deference shall, at all times, be paid to the authority of the Chair. When they speak, the Chair shall be heard without interruption and members shall address the Chair while speaking.

Proxy Members

It is for the Health Board and Local Authority to identify a suitably experienced proxy member for their voting members to ensure that business is not disrupted by lack of attendance by any individual. A proxy member for a voting member may vote but may not chair a Board meeting.

Non voting members, dependent on their role, may not all have deputies but where necessary they may arrange for someone else who is suitably experienced to attend on their behalf if notified in advance of the meeting.

Strategic Planning Group

The Orkney IJB is required, under the Public Bodies (Joint Working) Act 2014, to establish a Strategic Planning Group (SPG) for the area covered by their Integration Scheme for the purposes of preparing the Strategic Plan for that area. It is for the

Orkney IJB to determine the number of members of the SPG, the processes for appointment, removal and replacement of members. although the group must involve members nominated by NHS Orkney and Orkney Islands Council. The IJB is required to seek the views of the SPG on its proposals for the content of the Strategic Plan.

The Terms of Reference of the Strategic Planning Group can be found within the Sub-Committees of the Integration Joint Board [here](#).

Performance and Audit Committee

The Orkney IJB has a Performance and Audit Committee which meets four times each financial year. The Committee has eight members, of which four will be voting members of the IJB, two drawn from the NHS Orkney membership and two drawn from the Orkney Islands Council membership (the Chair and Vice Chair of the Orkney IJB cannot be members of the Performance and Audit Committee).

The Committee will review the overall Internal Control arrangements of the Board.

The Chair of the Committee, who is appointed by the IJB, will be a voting member of the IJB not currently holding the Chair of the IJB. A Vice Chair is appointed from within the Performance and Audit Committee's membership. All meetings are open to the public.

The Terms of Reference of the Performance and Audit Committee can be found within the Sub-Committees of the Integration Joint Board [here](#).

Joint Clinical and Care Governance Committee

The Orkney IJB and NHS Orkney have had in place, since the inception of the Orkney IJB, a Joint Clinical and Care Governance Committee (JCCGC). Its purpose is 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.

As set out in the JCCGC Terms of Reference, the purposes are as follows:

- The function of providing 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.
- The function of providing assurance regarding participation, patient and service users' rights, experience and feedback.
- 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.
- 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.

- The requirements set out in documents known as MEL (1998)75, MEL (2000)29 and HDL (2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland and the requirements for Integration Joint Boards clinical governance as detailed in the Public Bodies (Joint Working) (Scotland) Act 2014.

The following list of officers form the membership:

- 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 Orkney Integration Joint Board.
- Two Orkney Islands Council voting members of the Orkney Integration Joint Board, excluding the Chair of the Orkney IJB when this is an Orkney Islands Council appointment.
- A public representative.
- A third sector representative.

The Terms of Reference of the Joint Clinical and Care Governance Committee can be found within the Sub-Committees of the Integration Joint Board [here](#).

Joint Staff Forum

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

The Joint Staff Forum is 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 Forum will:

- 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 Terms of Reference of the Joint Staff Forum can be found within the Sub-Committees of the Integration Joint Board [here](#).

Strategic Plan

The Act places a number of duties on the Orkney IJB, one of which is in relation to creating a Strategic Plan for the integrated functions and budgets that they control.

The [Strategic Plan](#) is the output of what is more commonly referred to as the "strategic commissioning" process. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

The Orkney IJB can include such material as it thinks fit in the Strategic Plan. There are nonetheless two matters that must be covered:

- It must set out the arrangements for carrying out the integration functions in the Local Authority area over the period of the Plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.
- It must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the [national health and wellbeing outcomes](#).

The Orkney IJB is required to take into account the integration planning and delivery principles set out in the Act, and the national health and wellbeing outcomes set out in Regulations. This is to ensure the principles and national outcomes are at the heart of planning for the population and to embed a person-centred approach, alongside anticipatory and preventative care planning.

The Strategic Planning Group is required under the Act to be involved in the development of the Strategic Plan. This Plan sets out how the Orkney IJB will plan and deliver community health and social care services, a list of services delegated to the Orkney IJB is available [here](#), for Orkney over the medium term (three years) and, through this, how they will meet the national health and wellbeing outcomes and achieve the core aims of integration:

- To improve the quality and consistency of services for patients, unpaid carers, service users and their families.
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so.
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The process itself does not start, or end, with the publication of the Strategic Plan. Engagement with stakeholders and the involvement of the Strategic Planning Group are all part of a continual, iterative cycle.

The Orkney IJB is required to review its Strategic Plan at least every three years and may carry out additional reviews from time to time. In carrying out a review, the Orkney IJB must consider:

- The national health and wellbeing outcomes.
- The indicators associated with the national outcomes.
- The integration delivery principles.

- The views of the Strategic Planning Group.

Further information on the guidance can be found [here](#) and the Orkney IJB's Strategic Plan, and the associated Delivery Plan, can be found [here](#).

Directions

The Orkney IJB requires a mechanism to action its Strategic Plan. This mechanism takes the form of Directions from the Orkney IJB to one or both of the Health Board and the Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

The Orkney IJB must give a Direction in respect of every function that has been delegated to the Orkney IJB. A Direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Put simply, directions are the means by which an IJB tells the Health Board and the Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan.

Further information on directions can be found [here](#).

Diversity And Equalities

The public sector General Duty set out in the [Equality Act 2010](#), places an obligation on the Orkney IJB to take action to eliminate discrimination and to proactively advance equality of opportunity and foster good relations.

The General Duty is supplemented by further [Specific Duties](#) set out in Regulations made by Scottish Ministers:

Mainstreaming is an approach to delivering equality within an organisation. It is primarily a long term strategy aimed at ensuring that equal opportunity principles and practices are integrated into every aspect of an institution from the outset. The focus should not only be internal (mainstreaming equality principles into procedures and systems) but also external (mainstreaming equality principles into policies and service delivery). Mainstreaming provides a framework that facilitates and complements equal opportunities legislation and other equality measures. The Orkney IJB must report periodically on progress towards mainstreaming.

Training is also integral to mainstreaming equalities. Members and staff all need to have an awareness of equalities issues as well as an understanding of their responsibilities under legislation and in terms of any adopted strategy.

Support For Members

Support for voting members of the Orkney IJB will be provided by the partners that they represent and by the Chief Officer.

Service User and Unpaid Carer Representatives

The Orkney IJB will be responsible for providing loan equipment to meet the IT needs of the role if required. Equipment will be returned once the representative steps down from the Orkney IJB.

Stakeholder Representatives' Expenses

Stakeholder representatives on the IJB will, from time to time, incur expenses in performing their duties. This is to ensure that the stakeholder representatives are fairly reimbursed for expenditure necessarily incurred in performing their duties.

This applies only to members who are not already covered by the expenses policies of NHS Orkney or Orkney Islands Council. Anyone on the Board who is an NHS Board Non-Executive, an Orkney Islands Council Elected Member or an employee of either organisation will continue to claim business expenses in accordance with the policy of their respective organisations.

To qualify for reimbursement, expenses must be incurred wholly, exclusively and necessarily in the performance of the duties and must be supported by receipts, an expenses claim form or other evidence before payment can be made. Further details on the allowances can be found [here](#).

Development sessions

Development sessions will be regularly offered to Members. These will be discussed with members who will be given choices on areas in which they would like to learn more about a specific service or subject.

Health and Social Care Partnership Senior Management Team

- Stephen Brown, Chief Officer, (stephen.brown3@nhs.scot or 01856873535 extension 2601).
- Lynda Bradford, Head of Health and Community Care, (lynda.bradford@orkney.gov.uk or 01856873535 extension 2601).
- Darren Morrow, Head of Children, Families and Justice Services and Chief Social Work Officer, (darren.morrow@orkney.gov.uk or 01856873535 extension 2611).
- John Daniels, Head of Primary Care Services, (john.daniels@nhs.scot or 01856888066).
- Deborah Langan, Chief Finance Officer (deborah.langan@orkney.gov.uk or 01856873535 extension 2601). Note: From December 2025 to November 2026 the role of Chief Finance Officer will be covered by Mohammed Sohail (mohammed.sohail@orkney.gov.uk).
- Wendy Lycett, Principal Pharmacist (wendy.lycett2@nhs.scot or 01856888015).
- Vacant, Associate Director of Allied Health Professions.

Should Members wish an introduction with any of the Senior Management Team, please contact Stephanie Johnston, stephanie.johnston@orkney.gov.uk, who will arrange for suitable dates/times.

Key Documents

The IJB have a range of key documents available.

The Strategic Plan and Strategic Plan Delivery Plans can be found [here](#). You can also find copies of the Annual Performance Reports on this page.

IJB Finance documents can be found [here](#), some key documents include:

- Medium Term Financial Plan.
- Financial Regulations.
- Financial Assurance.
- Reserves Policy.
- Stakeholder Representative Expenses.

IJB Governance documents can be found, some key documents include:

- Risk Management Strategy.
- Codes of Conduct.
- Orkney Integration Scheme.
- Records Management Plan.
- Stading Orders.
- Equalities Outcomes and Mainstreaming.
- Freedom of Information Policy.
- Publication Scheme.

Other Strategies and Plans can be found [here](#), some key documents include:

- Market Facilitation Statement.
- Communication and Engagement Strategy.
- IJB Complaints Handling Procedure.
- Performance Management Framework.

Should you wish to discuss the content of this induction pack or any of the guidance referred to please contact Stephanie Johnston, stephanie.johnston@orkney.gov.uk, who can direct you to the most relevant service within the Orkney Health and Social Care Partnership.

More information about the Orkney IJB and Orkney Health and Social Care Partnership can be found [here](#).

Glossary/Acronyms

The below table gives some additional information which might be useful. This list is not comprehensive, should you have a query please get in touch with Stephanie Johnston, stephanie.johnston@orkney.gov.uk, who will assist.

AHP.	Allied Health Professions.
ANP.	Advance Nurse Practitioner.
APR.	Annual Performance Report.
Common Services Agency.	National Services Scotland (NSS) is the common name for the Common Services Agency for NHS Scotland. NSS provides advice and services to the rest of NHSScotland. NSS is accountable to the Scottish Government and provides national strategic support services and expert advice to NHS Scotland. It also plays an active role in the delivery of effective healthcare to patients and the public.
COSLA.	The Convention of Scottish Local Authorities is the national association of Scottish councils and acts as an employers' association for its 32 member authorities
CNORIS.	The Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) has been in operation since 2000. NHS National Services Scotland (NSS) is the Scheme Manager, with the Central Legal Office (CLO) providing legal advice and guidance to members.
CPP.	Community Planning Partnership.
CSWO.	Chief Social Work Officer.
EqlA.	Equality Impact Assessment.
FOI.	Freedom of Information.
GDC.	General Dental Council.
GDS.	General Dental Services.
GMS.	General Medical Services.
HIS.	Healthcare Improvement Scotland.
HSCP.	Health and Social Care Partnership.
ICIA.	Island Communities Impact Assessment.
IJB.	Integration Joint Board.
JCCGC.	Joint Clinical and Care Governance Committee.
JSF.	Joint Staff Forum.
Localities.	Section 29(3) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish at least two localities within its area. Further information is contained within Localities Guidance .

LTC.	Long Term Conditions.
MHO.	Mental Health Officer.
MWC.	Mental Welfare Commission.
NHSO.	NHS Orkney.
NMC.	Nursing and Midwifery Council.
OIC.	Orkney Islands Council.
PAC.	Performance and Audit Committee.
PCIP.	Primary Care Improvement Plan.
PDS.	Public Dental Services.
SPG.	Strategic Planning Group.
SSSC.	Scottish Social Services Council.

Review

The Induction Pack for Members will be reviewed every five years.



Sub-committees

Integration Joint Board

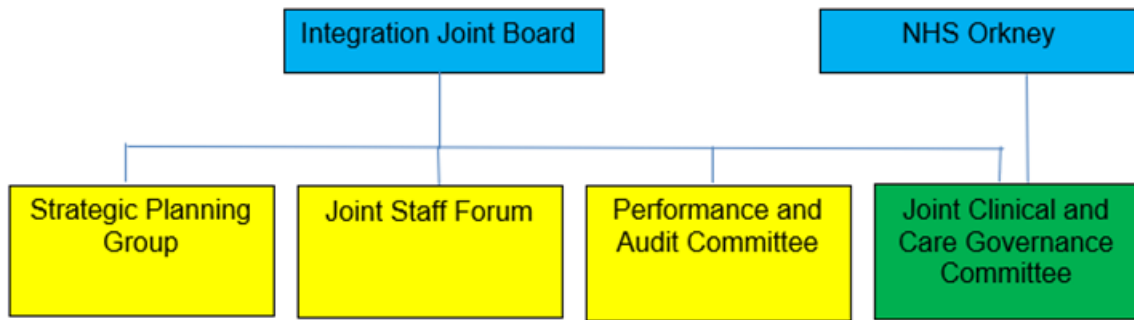
April 2026.

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Structure of the Integration Joint Board (IJB)



The Memberships of the above are shown below in the following tables.

IJB Membership

This group is administered by committees@orkney.gov.uk and meets five times a year.

Membership as at 1 April 2026:

Section A – Voting Members and Deputies:

Organisation.	Voting Member.	Deputies.
NHS Orkney (NHSO).	<ul style="list-style-type: none"> • Issy Grieve. • Joanna Kenny (Chair). • Rona Gold. 	<ul style="list-style-type: none"> • Davie Campbell. • Fiona MacKay.
Orkney Islands Council (OIC).	<ul style="list-style-type: none"> • Councillor Lindsay Hall. • Councillor Rachael King (Vice Chair). • Councillor Jean Stevenson. 	<ul style="list-style-type: none"> • Councillor Ivan Taylor. • Councillor Mel Thomson. • Councillor Heather Woodbridge.

Section B – Non Voting Members (Professional Advisors):

Post.	Name.
Chief Officer of the IJB.	Stephen Brown
Chief Social Work Officer.	Darren Morrow.
Chief Finance Officer of the IJB – Proper Officer appointed under s95.	Mohammed Sohail (temporary).
Registered Medical Practitioner who is a GP.	Dr Kirsty Cole.
Registered Medical Practitioner who is not a GP.	Dr Louise Wilson.
Registered Nurse.	Sam Thomas.

Section C – Non Voting Members (Stakeholder Members):

Post.	Name.
Staff Representatives.	Ryan McLaughlin (NHSO). Danny Oliver (OIC).
Third Sector Representative.	Morven Brooks – VAO.
Unpaid Carer Representatives.	Sarah Kennedy. Willie Neish.
Service User Representatives.	Vacant.

Section D – Additional Non-Voting Members (Locally Agreed in Addition to Requirements):

Post.	Name.
Housing Representative.	Frances Troup – Head of Strategic Housing, Housing Operations and Homelessness.

Performance and Audit Committee (PAC) Membership

This group is administered by committees@orkney.gov.uk and meets quarterly. The terms of reference for this group is attached at Appendix 1.

Membership as at 1 April 2026:

Organisation.	Name.
NHSO.	<ul style="list-style-type: none"> • Issy Grieve. • Rona Gold.
OIC.	<ul style="list-style-type: none"> • Councillor Lindsay Hall (Chair). • Councillor Jean Stevenson.
Other Members.	<ul style="list-style-type: none"> • Danny Oliver. • Sam Thomas. • Willie Neish • Vacant.

Strategic Planning Group (SPG) Membership

This group is administered by OHACfeedback@orkney.gov.uk and meets eight weekly. The terms of reference for this group is attached at Appendix 2.

Membership as at 1 April 2026:

Post.	Name.
Vice Chair of the IJB.	Councillor Rachael King (Chair).
Chief Officer of the IJB.	Stephen Brown.
GP.	Vacant.
Community Pharmacy.	Wendy Lycett.
Optometry.	Vacant.
Nurses.	Michelle Mackie. Louise Byrne.
Allied Health Professionals.	Ruth Lea.

Post.	Name.
Mental Health and Learning Disability Services.	Diane Young. Cathy Martin.
Public Health Services.	Dr Louise Wilson.
Children's Services.	Louise Willis.
Social Work Services.	Darren Morrow.
Housing Services.	Frances Troup.
Third Sector.	Morven Brooks.
Carers.	Willie Neish.
A person who uses Health and Care Services.	Vacant.
Staff Side – NHS Orkney.	Ryan McLaughlin.
Local Authority Unions.	Danny Oliver.
Acute Hospital Services Representative.	Sam Thomas.
Scottish Ambulance Services.	Donald MacAulay. Carolyn Henderson. Drew Mayhew. Pippa Easener.
Locality Planning Leads.	Lynda Bradford. John Daniels.
Police Scotland.	Scott Robertson. David Hall.
Identified Other Professionals.	Helen Sievwright. Shaun Hourston-Wells. Garry Burton. Garry Reid. Graham Lindsay Mohammed Sohail. Lorraine Hunter-Curtis. Callan Hunter-Curtis. Daniel Aubery. Katie Spence.

Joint Staff Forum (JSF) Membership

This group is administered by OHACfeedback@orkney.gov.uk and quarterly. The terms of reference for this group is attached at Appendix 3.

Membership as at 1 April 2026:

Post.	Name.
Chief Officer of the IJB.	Stephen Brown (Joint Chair).
NHSO Staff Representative.	Ryan McLaughlin (Joint Chair).
OIC Staff Representative.	Danny Oliver (Joint Chair).
Senior Management Team, Orkney Health and Social Care Partnership.	Lynda Bradford. Darren Morrow. John Daniels. Wendy Lycett.
Human Resources and Organisational Development, OIC.	Andrew Groundwater. Craig Walker. Thomas Richards.
People and Culture, NHSO.	Steven Phillips. Vacant.
GMB Representative.	Mark Vincent (OIC).
Unite Representative.	Vacant.
Unison Representative.	Sharon Drysdale (OIC). Linda Halford (OIC). Ryan McLaughlan (NHSO). Wendy Norquoy (NHSO). Danny Oliver (OIC).
BDA Representative – Dietetics.	Caitriana McCallum (NHSO).
BDA Representative – Dental.	Kathleen McKinnon (NHSO).
RCN Representative.	Amanda Manson (NHSO). Margaret MacRae (NHSO).
BMA Representative.	Vacant.

Joint Clinical and Care Governance Committee (JCCGC) Membership

This group is administered by ork.corporategovernance@nhs.scot and meets quarterly. The terms of reference for this group is attached at Appendix 4.

Membership as at 9 April 2026:

Post.	Name.
Non Executive Director, NHSO.	Rona Gold (Chair).
Non Executive Director, NHSO.	Fiona MacKay (Joint Vice Chair).
Integration Joint Board – Elected Member.	Councillor Jean Stevenson (Joint Vice Chair).
Chair, Area Clinical Forum, NHSO.	Dr Kirsty Cole.
Integration Joint Board – Elected Member.	Councillor Lindsay Hall.
Third Sector Representative.	Morven Brooks.
Public Representative.	Vacant.
Chief Officer (Care Governance Lead and Chair of Orkney Alcohol and Drugs Partnership).	Stephen Brown.
Medical Director.	Dr Anna Lamont.
Director of Public Health.	Dr Louise Wilson.
Director of Nursing, Midwifery and Allied Health Professionals and Chief Officer Acute (Clinical Lead).	Sam Thomas.
Director of Pharmacy.	Wendy Lycett (Interim).
Associate Medical and Clinical Directors.	Vacant.
Chief Social Work Officer.	Darren Morrow
Head of Safety, Quality and Risk.	Kat Jenkins.
Head of Health and Community Care.	Lynda Bradford.
Head of Primary Care Services.	John Daniels.
Associate Director of Allied Health Professions.	Vacant.
Lead Midwife.	Michelle Mackie.

Appendix 1 – PAC Terms of Reference

1. Introduction

The 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 Performance and Audit Committee members.

The Performance and Audit Committee will consist of eight members in total, of which four will be voting members of the IJB, two drawn from the NHS Orkney (NHSO) membership and two drawn from the Orkney Islands Council (OIC) membership.

The remaining four 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 (May 2025 to May 2027)

Organisation.	Name.
NHSO.	<ul style="list-style-type: none">• Issy Grieve.• Rona Gold.
OIC.	<ul style="list-style-type: none">• Councillor Lindsay Hall (Chair).• Councillor Jean Stevenson.
Other Members.	<ul style="list-style-type: none">• Danny Oliver.• Sam Thomas.• Willie Neish.• Vacant.

3. Chair/Vice 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 IJB will appoint the Chair of the Committee.

The Vice Chair will be nominated from the full membership of the Committee for a two-year period commencing in May 2027.

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 and all members of the Orkney Health and Social Care Partnership Senior Management Team 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. 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.
- To scrutinise regular reports on financial activity, including deeper dives into particular aspects of budgetary pressures in order to provide additional assurance to the IJB.
- To receive and review the findings of external Inspection reports related to registered services and monitor the progress of associated improvement plans.
- To assure the IJB of progress and to highlight any service or delivery areas that may be causing concern.
- To consider and approve self-evaluation priorities and scrutinise the outcome of these.
- 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.

9. Review

These Terms of Reference will be reviewed every three years.

Appendix 2 – SPG 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.

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.
- Facilitating an environment that engenders creativity and integrated thinking across health and care and the wider community planning partnership.

The SPG will:

- Contribute to the strategic planning process for the IJB and contribute to the production of a new plan every three years.
- 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.
- 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.
- 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.
- 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.

4. Membership and Related Matters

Post.	Numbers.
Vice Chair of the IJB (Chair of SPG)	1.
Chief Officer of the IJB.	1.
GP.	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 Orkney.	1.
Local Authority Unions.	1.
Acute Hospital Services Representative.	1.
Scottish Ambulance Services.	1.
Locality Planning Leads.	2.
Police Scotland.	1.
Total.	24.

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.

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.

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 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 highlight update from the Chair of the SPG. 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.

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. Support for the Group

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

Appendix 3 – JSF Terms of Reference

1. Introduction

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

This is 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 Local Authority 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 to cut across existing joint trade union and management structures that belong to staff as a result of being an employee of either the Health Board or Local Authority.

2. Partnership Values

All parties 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 Joint Staff Forum will demonstrate commitment to partnership working by ensuring involvement of all parties in all processes regarding change.

4. Joint Staff Forum Remit

The Joint Staff 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 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 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 Chairs of the Forum, and be empowered to initiate and sponsor work, in addition to receiving reports from work initiated elsewhere.

The Forum must ensure that nothing it does will impinge on the terms and conditions of staff as employees of either the Health Board or Local Authority.

5. Membership

The Forum will be a tripartite body composed of Chief Officer, the recognised Trade Unions and Professional Organisations of the Health Board and the recognised Trade Unions of the Local Authority.

Employer Representation

Chief Officer, members of the Orkney Health and Social Care Partnership's Senior Management Team and other senior managers from NHS Orkney and Orkney Islands Council at the discretion of the Chief Officer.

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

Staff Side Delegates

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), and UNITE.

Council Trade Unions – Unison, GMB and UNITE.

Delegates of the staff side will be appropriately accredited representatives of a recognised Trade Union or Professional Organisation within either the Health Board or Local Authority. Time off with pay shall be granted to representatives for attendance at the 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, an appropriate replacement will be appointed by the relevant organisation, and the administrator of the Forum advised accordingly.

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 that meeting. As a matter of principle, any substitute attending the Forum should be fully briefed by the substantive member 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 Chief Officer, one being a representative of the Health Trade Unions and Professional Organisations and one being a representative of the Council Trade Unions.

The two Trade Union Chairs will be the staff representatives respectively from the Health Board and Local Authority that sit on the IJB.

The three joint Chairs will be supported by an administrator to be agreed by the Chairs.

Staff Side Elections

The election of staff side officers of the Forum 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 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 administrator, 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 seven days prior to the date of the scheduled meeting, where possible. In the event where papers are late, the joint Chairs 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 four management, two of which will be Heads of Service within the Orkney Health and Social Care Partnership, 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 Health Board and one from the Local Authority.

In circumstances where the 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 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 Health Board and Local Authority) 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 IJB. In addition, the Forum will link with the trade union forums of both the Health Board and the Local Authority.

11. Communication

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

10. Review of Terms of Reference

The joint Chairs will ensure that the Terms of Reference are reviewed every three years.

Appendix 4 – JCCGC Terms of Reference

1. Purpose

The Joint Clinical and Care Governance Committee (JCCGC) ('the Committee') provides assurance through oversight of NHS Orkney and the Integration Joint Board. The scope of the Committee's oversight is consistent with the Healthcare Quality Strategy for NHS Scotland of safe, effective, and person-centred care:

- The function of providing 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.
- The function of providing assurance regarding participation, patient and service users' rights, experience and feedback.
- 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.
- 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.
- The requirements set out in documents known as MEL (1998)75, MEL (2000)29 and HDL (2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland and the requirements for Integration Joint Boards clinical governance as detailed in the Public Bodies (Joint Working) (Scotland) Act 2014.

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.
- Two Orkney Islands Council voting members of the Integration Joint Board, excluding the Chair of the IJB when this is an Orkney Islands Council appointment.
- A public representative.
- A third sector representative.

All members shall have authority to make decisions on recommendations and all decisions must be reached by consensus. The committee will seek to reach consensus on matters under discussion on agenda, and will seek input from the NHSO Board, IJB and Orkney Island Council (OIC), should the group be unable to agree a consensus position.

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 OIC 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:

- Executive Director of Nursing, Midwifery and Allied Health Professions and Chief Officer Acute (NHS Orkney Executive Lead for Committee).
- Medical Director.
- 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 Pharmacy.
- Chief Social Work Officer.
- Head of Patient Safety, Quality and Risk.
- Associate Director of Allied Health Professionals (AHPs)
- Head of Primary Care Services.
- Head of Health and Community Care.
- Lead Midwife.
- Associate and Interim Clinical Directors as indicated by the agenda.

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

Where a core 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 three 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 one OIC voting members of the IJB.

It will be expected that another Non-Executive Board Member or IJB 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 Officer of the IJB, or nominated depute, is present.

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

6. Meetings

Meeting dates for 2026/27 are as follows:

Date	Time
8 April 2026	14:00-17:00
2 July 2026	14:00-17:00
30 September 2026	14:00-17:00
3 November 2026 (Annual Review of core documents)	14:00-17:00
3 February 2026	14:00-17:00
24 March 2027 (Annual Development Session)	14:00-17:00

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 five days. Chair's Assurance Report will be produced by the Chair and the Executive Leads directly after the meeting.

Attendance and delegates should normally be confirmed at least five working days prior to the meeting.

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

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 Islands Council (Integration Joint Board-delegated), independent sector and third sector services.

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.

Person-Centred

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

- 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 systems and governance processes for all areas of patient and service user's rights, wellbeing and feedback.
- To provide assurances that there are effective system and governance process in place across Infection, Prevention and Control.

Safe (Clinical and Care Governance and Risk Management)

To provide assurance:

- 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's annual plans and efficiency programmes.

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.

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 relating to services delegated to it from Orkney NHS Board and Orkney Islands Council in line with Local Government in Scotland Act 2003 and 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 Council) and Chief Officer, as accountable officers, that NHS Orkney, Orkney Islands Council 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 Islands 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.

Authority to require information to be provided sufficient to satisfy the functions of assurance as set out above.

11. Reporting Arrangements

The Joint Clinical and Care Governance Committee reports to Orkney NHS Board and the Integration Joint Board within their defined functions.

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 be appointed as a voting member of the Integration Joint Board by the Health Board.

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 monitor progress 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 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.

Groups that report to the committee are:

1. Infection Prevention Committee.
2. Clinical Governance Group.
3. Social Work and Social Care Governance Board.
4. Area Drugs and Therapeutics Committee.
5. Improving Together Programme Board – Clinical Services Review.

Updated 4 November 2025.

Annual Development Session Review 4 November 2025.

Committee Approved:

NHS Orkney Board Approved

IJB Board Approved

Next Formal Review 3 November 2026