



Sub-committees

Integration Joint Board

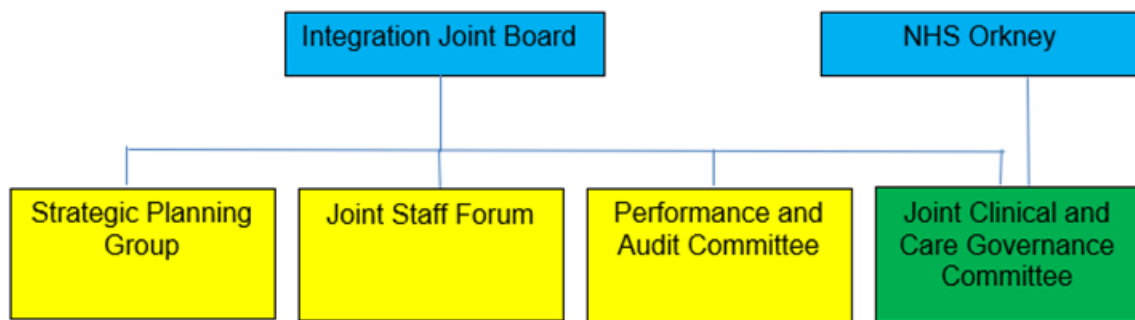
April 2026.

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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