

**Stephen Brown (Chief Officer)**

Orkney Health and Social Care Partnership

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Agenda Item: 12

## **Integration Joint Board**

**Date of Meeting: 30 April 2025.**

### **Subject: Joint Clinical and Care Governance Committee – Terms of Reference and Work Plan.**

#### **1. Purpose**

1.1. To present the revised Joint Clinical and Care Governance Committee's (JCCGC) Terms of Reference and Annual Work Plan for Members' approval.

#### **2. Recommendations**

**It is recommended:**

2.1. That the JCCGC be requested to approve the proposed amendments shown as track changes within the Terms of Reference, attached as Appendix 1 to this report.

2.2. That, subject to approval of 2.1 above, the revised Terms of Reference, attached as Appendix 1 to this report, be approved.

2.3. That, the JCCGC Workplan for 2025/26, attached as Appendix 2 to this report, be approved.

#### **3. Background**

3.1. The Orkney Integration Joint Board (IJB) is required to have a Clinical and Care Governance Committee which provides the Orkney IJB with assurance that robust clinical and care governance controls and management systems are in place and are effective for the functions that NHS Orkney and Orkney Islands Council have delegated to the Orkney IJB.

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

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

## 4. Terms of Reference

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

- The purpose section has been updated with two additional bullet points.
- There are some amendments within the composition section in relation to the number of Elected Members as well as an additional reference to ensuring input from NHS Orkney, IJB and Orkney Islands Council should a consensus be unable to be agreed.
- There are some updates within the remit section in particular the safe and the social work and social care areas.

4.2. There are some minor amendments shown as track changes within the Terms of Reference. Should the amendments be agreed by the Integration Joint Board, a request will be made to the Committee.

## 5. Amended Workplan

5.1. Section 7 of the Terms of Reference of the JCCGC states that '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'.

5.2. The Work Plan, attached as Appendix 2, to this report, details the business cycle for 2025/26.

## 6. 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):

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

<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	Yes.

## 7. Resource and financial implications

7.1. There are no resource or financial implications arising directly from this report. Any actions arising from this report will be met from within existing approved budgets.

## 8. Risk, equality and climate change implications

8.1. The proposed amendments to the JCCGC's Terms of Reference are designed to enhance the robustness of the Board's governance structures.

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

8.3. There are no equality or climate change implications arising directly from this report.

## 9. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 11. Authors and contact information

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11.2. Rona Gold, (Chair), Joint Clinical and Care Governance Committee. Email: [rona.gold@nhs.scot](mailto:rona.gold@nhs.scot), telephone: 01856888000.

## **12. Supporting documents**

12.1. Appendix 1: Terms of Reference.

12.2. Appendix 2: Workplan 2025/26.



# Joint Clinical and Care Governance Committee



## Terms of Reference 2025/26

### 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 NHSScotland of safe, effective, and person-centered care and includes:

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- 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.

### 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.

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## Joint Clinical and Care Governance Committee

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 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 Orkney Islands Council voting member of the Integration Joint Board.

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

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

### 4 Attendance

In addition, there will be in attendance:

- Director of Nursing, Midwifery, AHPs and Chief Officer Acute Services ([NHS Orkney](#) lead officer for Joint Clinical Care and Governance)
- Medical Director (lead officer for Clinical Governance)
- Director of Public Health
- Chief Executive, NHS Orkney
- Chief Officer, Integration Joint Board ([IJB](#) 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 and Interim Clinical Directors as indicated by the agenda
- Associate Director of AHPs

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

# Joint Clinical and Care Governance Committee

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 Orkney Islands Council voting member of the Integration Joint Board.

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

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

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

## 6 Meetings

The Committee will meet at least quarterly.

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

A minimum of two development workshops/activities will be held each year. These may be attended by both members and advisors.

## 7 Conduct of Meetings

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

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

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

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

## Joint Clinical and Care Governance Committee

Draft minutes shall be circulated promptly to the Chair of the JCCGC, normally within 5 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 5 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.

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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-centered, safe and effective and we take account of the population as a whole, in an integrated manner. The remit spans NHS Orkney, Orkney Island Council (Integration Joint Board-delegated), independent sector and third sector services.

#### 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-Centered

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



## Joint Clinical and Care Governance Committee

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 in place across all areas of patient and service user's rights, wellbeing and feedback.
- To provide assurance that there are effective systems and governance processes 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.

## Joint Clinical and Care Governance 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

### 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-centered services that are focused 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

## Joint Clinical and Care Governance Committee

Islands Council in line with [the Local Government in Scotland Act 2003](#) and [Best Value: Revised Statutory Guidance 2020](#). The key themes are:

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- 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



## Joint Clinical and Care Governance Committee



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 monitored throughout the year.

The Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint Board. The Annual Report will describe the outcomes from the committee during the year and provide assurance to the Audit and Risk Committee of Orkney NHS Board and the Integration Joint Board that the Committee has met its remit during the year.

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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

<i>Updated</i>	5 November 2024
<i>Annual Development Session Review</i>	5 November 2024
<i>Committee Approved</i>	2 December 2024
<i>NHS Orkney Board Approved</i>	
<i>IJB Board Approved</i>	
<i>Next Formal Review</i>	2025

## Appendix 2 - Joint Care and Clinical Governance Committee Business Cycle 2025/26

Date	Items of Business	Lead Officer
APRIL 2025	Committee Annual Report	Chair
	Safety/Quality/Experience Report Quarterly	Medical Director
	Patient Experience/Engagement/Planning with People Update	Director NMAHP Medical Director
	Mental Health Assurance Update	Head of Health & Community Care
	Allied Health Professionals Annual Review	Associate Director AHP's
	Public Health Report - Burden of Disease	Director Public Health
	Public Health Report - Sexual Health and Blood Borne Viruses Report	Director Public Health
	Clinical Strategy Update	Medical Director, Director NMAHP, Director Public Health
	Children's Health Assurance Update	Service Manager Children's Health
	Primary Care – Dental Services Update	Director of Dentistry
	Primary Care Improvement Programme Update	Head Primary Care Services
	Quality Impact Assessment Update	Director NMAHP
	Peer and Centre for Sustainable Delivery Reviews & Commissioning	MD/ND/DPH/CO-IJB
JULY 2025	Safety/Quality/Experience Report Quarterly	Medical Director
	Patient Experience/Engagement/Planning with People Update	Director NMAHP Medical Director
	Safety/Quality/Experience Annual Report	Medical Director
	Duty of Candour Annual Report	Medical Director
	Infection Prevention Annual Report	Director NMAHP
	Care Homes Annual Report	Director NMAHP
	UNICEF Baby Friendly Standards – Accreditation Annual	Lead Midwife
	Child Protection Annual Report	Chief Social Work Officer
	Primary Care Update	Head Primary Care Services
	Public Health Report - Burden of Disease	Director Public Health
	Public Health Report - Sexual Health and Blood Borne Viruses Report	Director Public Health
	Social Work and Social Care Service Annual User Experience Report	Chief Officer - IJB
	Quality Impact Assessment Update	Director NMAHP

OCTOBER 2025	Safety/Quality/Experience Report Quarterly	Medical Director
	Mental Health Assurance Update	Head of Health & Community Care
	Patient Experience/Engagement/Planning with People Update	Director NMAHP Medical Director
	Clinical Strategy Update	Medical Director, Director NMAHP, Director Public Health
	Public Health Report - Burden of Disease	Director Public Health
	Public Health Report - Sexual Health and Blood Borne Viruses Report	Director Public Health
	Maternity Services/Best Start Annual Report	Lead Midwife
	Public Health – Annual Report	Director Public Health
	Children’s Health Assurance Update	Service Manager Children’s Health
	Chief Social Work Officer Annual Report	Chief Social Work Officer
	Winter/System Planning	Chief Officer Acute/ Chief Officer IJB
	Annual Suicide Review Report	Chief Officer - IJB
	Primary Care – Optometry Update	Head of Primary Care Services
	Quality Impact Assessment Update	Director NMAHP
NOVEMBER 2025	<b>Annual Review</b> <ul style="list-style-type: none"><li>• Approval of Core Documentation and Amendments:</li><li>• Terms of Reference</li><li>• Business Cycle / Work plan</li><li>• Nature and format / frequency of reporting</li></ul>	Chair, Director NMAHP
FEBRUARY 2026	Safety/Quality/Experience Report Quarterly	Medical Director
	Patient Experience/Engagement/Planning with People Update	Director NMAHP Medical Director
	Realistic Medicine 6 monthly review report	Medical Director
	Public Health Report - Burden of Disease	Director Public Health
	Public Health Report - Sexual Health and Blood Borne Viruses Report	Director Public Health
	Care Homes Update	Director NMAHP
	Primary Care Improvement Programme Update	Head of Primary Care Services
	Community Services Report	Head of Health & Community Care
	Acute Services Report	Chief Officer Acute
	Quality Impact Assessment Update	Director NMAHP
	Peer and CfSD Review Update / Action Plan Review	ND/MD/DPH/CO-IJB

<b>MARCH 2026</b>	<b>Committee Effectiveness Self Evaluation Committee Members Development Sessions</b> <ul style="list-style-type: none"> <li>• Review effectiveness of committee processes</li> <li>• Consider successes of committee and any concerns as part of annual assurance report</li> <li>• Agree development plan for the future</li> </ul>	Chair, Director NMAHP
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### JCCGC Meeting Agenda

1. **Welcome and Apologies**
2. **Declarations of Interest – Agenda items**
3. **Minutes of Previous Meeting held on XXXXX**
4. **Action Log**
5. **Chairs Assurance Report from previous meeting**
6. **Chairs Assurance Reports**
7.
  - 7.1 Area Drugs and Therapeutics Committee Chair's Assurance Report
  - 7.2 Infection, Prevention Committee Chair's Assurance Report
  - 7.3 Social Work and Social Care Governance Board Chairs Assurance Report
  - 7.4 Clinical Governance Group Chair's Assurance Report
8. **Patient Safety, Quality and Experience**
  - 8.1.1 - Corporate Risks Aligned to the JCCGC
  - 8.1.2 - Patient Safety, Quality, Experience and Place Corporate Strategy Strategic Objectives are overseen by JCCGC
9. **Performance**
  - 9.1 a - Integrated Performance Report Patient Safety Quality and Experience Chapter - agree Key Performance Indicator's for escalation to Board
  - a. **3-minute Briefs**
    - 9.1.1 - Public Protection – Adult Support Protection/Child Protection/Public Protection
    - 9.1.2 - Healthcare Improvement Scotland Reports – recommendations and NHSO/IJB actions
    - 9.1.3 - Significant reports from external bodies (HSE/CI/MWC/National)- recommendations and NHSO/IJB actions
    - 9.1.4 - High level brief on significant service changes which have patient, service user implications
10. **People**
11. **Place**
12. **Potential**
13. **Emerging issues not already addressed**
14. **Business Cycle items**
15. **Agree items to be included in Chair's Assurance Report to Board**
16. **Agree items to be raised at other governance committees**
17. **AOCB**
18. **Items for Information or Noting Only**
19. **Schedule of Meetings 2025/26**
20. **Record of attendance**