

SCHEME OF DELEGATION TO COMMITTEES

1. Purpose of Report

This report provides the Board with a Scheme of Delegation to Committees for agreement which meets both what is required in legislation and what is set out in the Integration Scheme.

2. Recommendations

Board Members are asked to:-

2.1 note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, apply equally to committees,

2.2 consider and agree the Scheme of Delegation to Committees as attached at the **Appendix**,

2.3 dependent on the decision at 2.2 agree to appoint chairs, vice-chairs and members for the Audit and Risk Management Committee and the Clinical and Care Governance Committee.

2.4 delegate arrangements for the first meetings of the committees to the Chief Officer, in consultation with the Chair and Vice-Chair of the respective committees, noting that a calendar of meetings for each committee will be agreed at that first meeting; and

2.5 note that the Standing Orders of the Board will be administratively updated by the Governance Officer to include a reference to the Scheme of Delegation to Committees.

3. Considerations

3.1 The Standing Orders of the Board which set out how the Board conducts its proceedings were agreed on 17 March 2016.

3.2 The legislation governing Integration Joint Boards requires that its standing orders must contain certain provisions, and those must apply to all committees as they do to the Board itself. The Standing Orders agreed on 17 March 2016, therefore apply to any committee set up by the Board.

3.3 The most significant provisions in terms of committees and membership are that:-

- A committee must be comprised of Board Members (voting and non-voting)
- It must have an equal number of voting members from the Council and the Health Board
- Quorum is half of all voting members
- There is no casting vote in event of an equity of votes
- It is for the Board to determine membership and to appoint the committee's chairs, vice-chairs and members

3.4 The Scheme of Delegation to Committees attached at the **Appendix** is intended to be read in conjunction with the Standing Orders. It sets out the committees that the board is

required to set up both as stipulated in the Integration Scheme and to comply with legislation.

3.5 In the attached Scheme an indication has been given regarding membership numbers and frequency of meetings but these are matters for the board to discuss and agree.

3.6 If agreed, it is proposed that the board delegate arrangements to the Chief Officer in consultation with the Chair and Vice-Chair of the respective committees, for the first meeting of the committees. If agreeable to the Board, a schedule of meeting dates would then be agreed at the committee itself.

3.7 The Board's Standing Orders at Section 14 will be administratively updated by the Governance Officer to include a reference to the Scheme of Delegation to Committees, and thereafter be made available on the Board's website.

4. Governance Assurance

4.1 The Health and Social Care Management Team, including the Chief Finance Officer has been consulted and are in agreement with the terms of the report.

4.2 The Council Chief Social Work Officer has been consulted and is in agreement with the terms of the report

4.3 The Council's Proper Officer (Director Corporate Services) and Monitoring Officer(Head of Legal and Democratic Services) have been consulted and are in agreement with the contents of this report.

5. Impact Assessment

As this report does not propose a change in policy/strategy/plan/project, it is not necessary to complete an Impact Assessment.

Author(s)

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Approved by

| NAME | DESIGNATION |
|-------------|---------------|
| Julie White | Chief Officer |

Appendices – one -Scheme of Delegation to Committees

Background Papers

Minute - Integration Joint Board –17 March 2016 – Item 13 - Governance Arrangements
<http://egenda.dumgal.gov.uk/aksdumgal/users/public/admin/kab12.pl?cmte=IJB&meet=3&arc=71>

Dumfries and Galloway Integration Joint Board

Scheme of Delegation to Committees

Version 1 – 31 May 2015

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1. General

1.1 The Standing Orders as adopted by the Board on 17 March 2016, as amended if applicable, shall apply to the meetings of committees.

1.2 The quorum for any meeting of a committee shall be half of its voting members.

1.3 Substitutes are permitted from the membership of the Integration Joint Board, but a voting member may not attend as a substitute for a non-voting member.

1.4 A substitute voting member of the Integration Joint Board may be a committee member.

1.5 Minutes of the committee are to be reported and approved at the next meeting of the committee, or at the next meeting of the Integration Joint Board whichever comes first.

1.6 Approved minutes of committee meetings will also be reported to the Integration Joint Board for noting.

2. Committees

2.1 The Integration Scheme sets out two committees that the Board would delegate authority to – these being a Clinical and Care Governance Committee and the Risk Management Sub Group.

2.2 Given that there is also a statutory requirement for an Audit Committee to be established to ensure compliance with relevant legislation it is proposed that 2 committees are established being:-

- Audit and Risk Management Committee
- Clinical and Care Governance Committee

2.3 The committee remits in the sections that follow reflect what we said we would do in the Integration Scheme for each committee.

2.4 Dependent on the business need for further committees, this Scheme may be amended as required by the Board.

3. Audit and Risk Management Committee

Remit and Powers

1. To appoint an Internal Auditor
2. To review the effectiveness of the Board's framework of governance, risk management and internal control.
3. To approve the annual risk based internal audit plan and monitor internal audit work against the plan
4. To consider the annual external audit plan
5. To approve the internal audit charter and monitor the independence and effectiveness of the internal audit function.
6. To consider internal and external audit reports and receive assurance that agreed recommendations have been timeously and effectively implemented.
7. Consider the unaudited accounts and governance statement
8. To redirect internal audit resources as and when deemed appropriate
9. To make recommendations to the Board on any matters within its remit which are otherwise referred to it by the Board
10. To develop a risk management strategy for approval by the Board.
11. To advise on the appropriate risk appetite for the Board
12. To advise on any subsequent changes to the risk management strategy and risk appetite for approval by the Board
13. To consider the effectiveness of the risk management process, ensuring that significant risks are being adequately managed.
14. To monitor implementation on improvement action plans

Membership

- 1, Six Members of the Board comprising two voting members appointed by NHS Dumfries and Galloway and two voting members appointed by Dumfries and Galloway Council, and two non-voting members **(for discussion and agreement)**
2. The Chair and Vice-Chair of the Committee are to be appointed by the Board.
3. The Chair and Vice-Chair of the Board may not be members of the Committee **(for discussion and agreement)**

In Attendance - Lead audit and risk officers from both parties

Frequency of Meetings – quarterly **(for discussion and agreement)**

4. Clinical and Care Governance Committee

Remit

1. To provide an effective overview of the clinical and care governance agenda across integrated services.
2. To ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Dumfries and Galloway and will include as a minimum these elements listed below:-
 - Service user/ patient experience of integrated delivery, including complaints raised by service users, carers and families;
 - Achievement of Personal outcomes
 - Risk management, including adverse event reporting and learning systems
 - Inspection activity and associated improvement plans
 - Research and development
 - Quality and safety of care, including continuous improvement
 - Statutory and legal requirements
 - Quality assurance in commissioned services
 - Workforce development and regulation

Membership

1. Four voting members comprising 2 from Dumfries and Galloway Council and 2 from Dumfries and Galloway NHS Board **(for discussion and agreement)**
2. Four non-voting Board Members being:
 - the Chief Officer,
 - the Chief Social Work Officer,
 - the Medical Director (Registered Medical Practitioner (not Primary Medical Services) representative) ; and
 - the Director of Nursing (Registered Nurse Representative)

3. The Chair and Vice-Chair are to be appointed by the Board

Frequency of Meetings – quarterly (**for discussion and agreement**)

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