
Report To:	Inverclyde Integration Joint Board	Date:	21 June 2021
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LS/056/21
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board Audit Committee – Membership and Chair and Vice-Chair Appointments		

1.0 PURPOSE

- 1.1 The purpose of this report is to agree revised membership arrangements and Chair and Vice-Chair appointments for the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”)

2.0 SUMMARY

- 2.1 The IJB has previously agreed the powers, remit and membership of the IJB Audit Committee. As a result of changes to the Chair and Vice-Chair arrangements for the IJB, it is necessary to change the membership and appoint a new Chair and Vice-Chair of the IJB Audit Committee.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-

1. Appoints one Greater Glasgow and Clyde NHS Board voting member to serve on the Inverclyde Integration Joint Board Audit Committee; and
2. appoints a Chair and a Vice-Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the Inverclyde Integration Joint Board Audit Committee Terms of Reference

with nominations and appointments being made at the meeting;

4.0 BACKGROUND

4.1 The IJB has previously agreed the powers, remit and membership of the IJB Audit Committee. As a result of changes to the Chair and Vice-Chair arrangements for the IJB, there is a voting member vacancy and the Chair and Vice-Chair appointments on the IJB Audit Committee require to be filled by voting members of the IJB.

5.0 AUDIT COMMITTEE – MEMBERSHIP AND CHAIR AND VICE-CHAIR APPOINTMENTS

5.1 The current membership of the IJB Audit Committee is set out at Appendix 1.

5.2 As the NHS Board is taking over the Chair of the IJB, Alan Cowan can no longer continue as Chair of the IJB Audit Committee. He is also unable to continue as a member of the IJB Audit Committee (see paragraph 5.4 below).

5.3 The IJB is therefore required to appoint one new NHS Board voting member to the IJB Audit Committee. The IJB also requires to appoint the Chair (from the Council members) and Vice-Chair (from the NHS Board members) of the IJB Audit Committee.

5.4 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 2), the Chair of the IJB should not be a member of the IJB Audit Committee and this will require to be taken into account when agreeing the new Chair and Vice-Chair appointments.

6.0 PROPOSALS

6.1 It is proposed that the IJB agrees the revised membership and the Chair and Vice-Chair appointments of the IJB Audit Committee.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Legal

7.2 Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

Clinical or Care Governance

7.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing	None

health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

8.0 DIRECTIONS

8.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	X
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

9.0 CONSULTATIONS

9.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 N/A

**Inverclyde Integration Joint Board
Audit Committee Membership – as at 21 June 2021**

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Elizabeth Robertson*	Councillor John Crowther
	Councillor Luciano Rebecchi	Councillor Gerry Dorrian
	*Chair is vacant	
Greater Glasgow and Clyde NHS Board	Vacancy** Ms Paula Speirs **Vice Chair is also vacant	
SECTION B. NON-VOTING MEMBERS		
A staff representative (Inverclyde Council)	Ms Diana McCrone	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

**INVERCLYDE INTEGRATION JOINT BOARD
AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Audit Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. Membership must comprise an equal number of voting members from both NHS GCC and the Council. The Audit Committee shall comprise 2 voting members from NHS GGC, 2 voting members from the Council and 2 non-voting members from the IJB (excluding professional advisers).
2.2	The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to code of conduct and declaration of interest will be those which apply to the IJB.
3	Chair
3.1	The Chair and Vice Chair of the Audit Committee will be voting members nominated by the IJB but will not be the Chair of the IJB. The Chair and Vice Chair of the Audit Committee should be selected from the voting members nominated by the organisation which does not currently chair the IJB. For example, if the Chair of the IJB is a voting member nominated by the Council then the Chair of the Audit Committee should be a voting member nominated by NHS GCC and vice versa.
4	Quorum
4.1	Three Members of the Audit Committee will constitute a quorum. At least two members present at a meeting of the Audit Committee shall be IJB voting members.
5	Attendance at meetings
5.1	In addition to Audit Committee members the Chief Officer, Chief Financial Officer, Chief Internal Auditor and other professional advisors and senior officers will attend as required as a matter of course. External audit or other persons shall attend meetings at the invitation of the Audit Committee.

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
6	Meeting Frequency
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
7	Authority
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	Duties
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;

	10. The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	11. Promoting the highest standards of conduct by Board Members;
	12. Monitoring and keeping under review the Codes of Conduct maintained by the IJB, and.
	13. Will have oversight of Information Governance arrangements as part of the performance and audit process.
	14. Monitoring progress on the delivery of Directions on a six monthly basis and escalating key delivery issues to the IJB.
9	Conduct of Meetings
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.