

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

Yes

No

2. If no, what other groups should be included within the draft Regulations?

We do not believe that the GMC, NMC or the Royal Pharmaceutical Society have been involved adequately in the drafting of the guidelines and feel that this should be addressed as a matter of urgency. These bodies will retain their respective professional regulatory responsibilities under the new legislation, which goes beyond any individual health board. As such, these groups perform an essential function and their endorsement is crucial to ensuring the success of the new landscape for health and social care.

For illustration, under current legislation, a Medical Director is able to designate training status to a NHS body where this is deemed appropriate. However, it is not within a Board Medical Director's endorse training status to a body, including new entities such as Integrated Joint Boards (IJB). This is a function retained by the GMC alone. Should the IJB wish to provide or influence allocation of resources regarding education, it would need to apply for and receive endorsement from the GMC. Further clarity therefore needs to be provided on the position of the new legislation against the background of existing retained responsibilities for the professional bodies and how this may affect the governance of training provision in health service in the future.

3. Are there further comments you would like to offer on these draft Regulations?

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes

No

2. If you answered 'yes', please list those you feel should be included:

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

Yes

No

4. Are there any further comments you would like to offer on this draft Order?

Yes

No

Medical Directors and Nurse Directors are ministerial appointments made through boards to oversee systems of professional and clinical governance within the Health Board. Their professional responsibilities supersede their responsibilities to their employer. For illustration, this function enables Medical Directors to take action to prevent unsafe care by directing and enforcing spend where it is most required to address an immediate clinical issue. Within the new arrangements there appears to be no clear line of clinical control back to these directors, and it is therefore not possible to hold them accountable for issues that occur in the newly formed IJBs. Further clarity is required with regards to the hierarchy of decision making within the IJB from a clinical perspective to take into account both local determination and consistency of approach. We do not believe that the proposal that Medical and Nursing Directors will simply give advice to the IJBs is strong enough, and propose the full voting membership is required in order to effectively perform this function.

There needs to be clarity about the governance processes; e.g. there is legal accountability of the board medical and nurse director which may be very difficult to discharge if the IJB has complete autonomy from the board and can directly over rule the board. The MD/Nurse director would have legal accountability but no authority to discharge this function.

Furthermore, the role of 'Responsible Officer', as defined in current legislation, is not an employer based role, but rather a GMC-mandated role that is exercised through the office of the CMO to oversee systems of governance, training, revalidation, etc. As such, it is not currently possible to devolve this role to another individual or organisation. In this sense, the Responsible Officer role is different from the Medical Director role, though is currently likely to be a function of that role. The role holder needs to be in a position to have influence over policy and procedures in order to retain their line of professional accountability. This is a professional regulatory function that differs in an important sense from a general managerial function and, as the regulations stand, Medical and/or Nursing Directors will be unable to retain this authority where they are only advisory members of partnership boards.

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes

No

2. If you answered 'no', please list those you feel should be included:

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

4. Are there any further comments you would like to offer on this draft Order?

**PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS
ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND)
ACT 2014**

CONSULTATION QUESTIONS

- 1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?**

Yes

No

- 2. If no, what changes would you propose?**

- 3. Are there any further comments you would like to offer on these draft Regulations?**

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

- 1. Do you agree with the prescribed matters to be included in the performance report?**

Yes

No

- 2. If no, please explain why:**

It is not clear if many of the programmes which have been successful will become fragmented with lack of clarity about how they are being taken forward coherently e.g. the SPSP programme. In addition, it is not clear if HEAT targets will be disaggregated to various bodies: for example CDI/SAB rates and prescribing.

- 3. Are there any additional matters you think should be prescribed in the performance report?**

Yes

No

- 4. If yes, please tell us which additional matters should be prescribed and why:**

There needs to be an assurance that the same rigour is being applied in both sides of the partnership to measurement, evaluation and review of clinical practice. We do not believe that this is adequately addressed as the regulations currently stand and it is unclear exactly who will be responsible for the performance review of the IJBs and individuals directed by them.

- 5. Should Scottish Ministers prescribe the form that annual performance reports should take?**

Yes

No

- 6. If you answered yes, what form should Scottish Ministers prescribe?**

- 7. Are there any further comments you would like to offer on these draft Regulations?**