

NHS Greater Glasgow and Clyde	Paper No. 21/68
Meeting:	Board Meeting
Meeting Date:	26 October 2021
Title:	Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Phase Three Update
Sponsoring Director/Manager	Professor John Brown CBE, Chair of NHS Greater Glasgow and Clyde
Report Author:	Ms Elaine Vanhegan, Head of Corporate Governance and Administration

1. Purpose

The purpose of the attached paper is to:

- Provide an update on the Implementation of the Active Governance approach in NHS Greater Glasgow and Clyde (NHSGGC).

2. Executive Summary

The paper can be summarised as follows:

- Providing an update against the Phase Three actions within the Active Governance Programme April 2021 to March 2022;
- Identifying next steps and future activities;
- Seeking approval on key aspects of Board business and providing assurance as to progress against plan.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme - Appendix A;
- Approve the Scheme of Delegation – Appendix B acknowledging any revisions to supporting documentation will be undertaken;
- Approve the Calendar dates for 2022/2023 Appendix D;

BOARD OFFICIAL

- Approve updated version of Board Member Responsibilities Appendix E;
- Be aware of the Board's Annual Cycle of Business for 2021/22 – Appendix F;
- Approve the approach to the development of a Board visiting programme;
- Approve the revised approach the Board Agenda format;
- Be aware of the rationale behind the changes to the Scheme of Delegation in relation to Whistleblowing.

4. Response Required

This paper is presented for assurance and approval.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|-----------------|
| • Better Health | <u>Positive</u> |
| • Better Care | <u>Positive</u> |
| • Better Value | <u>Positive</u> |
| • Better Workplace | <u>Positive</u> |
| • Equality & Diversity | <u>Positive</u> |
| • Environment | <u>Neutral</u> |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

The issues described within the paper were approved by the Board in April 2021 with senior team engagement across the phases of implementation.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

This paper has built on that presented to the Board in April 2021. Appendix A '*The Active Governance Programme April 2021 to March 2022*' has been regularly considered by the Corporate Directors and also the Corporate Management Team.

8. Date Prepared & Issued

Date Prepared: 19/10/21

Date Issued: 22/10/21

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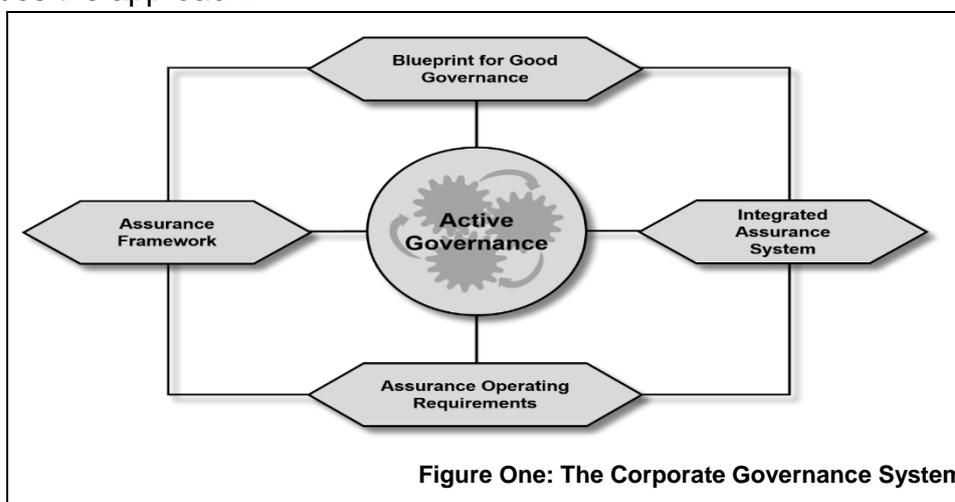
1.0 Introduction

1.1 The Board approved ‘The Active Governance Programme April 2021 – March 2022’ to be delivered over six Phases. At the Board meeting in June 2021, members received a paper describing progress with Phase One actions. This paper provides an update against phased delivery.

2.0 Background

2.1 As described previously to the Board, active governance is a key element of the implementation arrangements for the NHS Scotland Blueprint for Good Governance (‘the Blueprint’) issued under DL (2019) 02 on 1 February 2019.

2.2 To adopt and embed an active approach to governance and deliver good governance, NHS GGC is developing a corporate governance system that applies the active governance approach to the implementation of the NHS Scotland Blueprint for Good Governance. This requires having a cohesive corporate governance system that is specifically designed to facilitate an active approach to corporate governance at Board level. Figure one below, describes the approach.



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2.3 The actions to develop the corporate governance system form the basis of the NHS GGC Active Governance Programme April 2021 – March 2022 – Appendix A. The implementation phases match the Board meetings from April 2021 and March 2022. Key headings are noted below.

<p style="text-align: center;"><i>The Corporate Governance System in NHS GGC</i></p> <p style="text-align: center;">The Assurance Framework The Integrated Assurance System The Assurance Operating Requirements</p> <p style="text-align: center;">Supporting Board Members Evaluation and Review Communication and Engagement</p>
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3.0 Active Governance Programme - Phase Three Update

The following detail provides an update against the phased approach to delivery of the Active Governance Programme April 2021 – March 2022.

3.1 The Assurance Framework – Phase One – Three Actions – Update	Comment
1.1.4 Approve Corporate Risks	See below

Board members will be aware of the work undertaken in recent months to review and update the Corporate Risk Register (CRR). Risks have been aligned to the 2021/22 Corporate Objectives and allocated to a Standing Committee for monitoring and oversight. The Audit and Risk Committee (ARC) approved the approach that the relevant risks from the refreshed CRR should be reviewed and approved by the relevant Standing Committee to ensure adequate oversight, with decisions recorded in the minutes of the meeting reviewing;

- Is the risk still active?
- Are the mitigations working?
- Are further actions required?
- Is the risk score accurate?
- Are there other risks that need to be included in the register?

The CRR was considered by the ARC on the 14th September 2021. The Committee were content to note the update to the CRR and took assurance that an appropriate system of risk review was in place with the subcommittees. The CRR is being presented to the Board as agreed under a separate agenda item.

3.2 The Assurance Framework – Phase Three Actions	Comment
1.1.6 Approve performance indicators	See 3.3 below - Information Assurance - 1.2.8/1.2.9
1.1.7 Allocate oversight of performance indicators to Standing Committees	See 3.3 below - Information Assurance - 1.2.8/1.2.9

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1.1.8 Allocate oversight of strategic & commissioning plans to Standing Committees	See 3.3 below - Strategic Planning and Commissioning - 1.2.1/1.2.4
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3.3 The Integrated Assurance System – Phase Three Actions	Comments
Strategic Planning and Commissioning	
1.2.1 Identify & map links between achievement of corporate objectives & existing strategic & commissioning plans	See update below
1.2.2 Identify requirements for new strategic plans to support corporate objectives	See update below
1.2.3 Ensure alignment between Health Board & IJB planning & reporting processes	See update below
1.2.4 Confirm arrangements for Strategic Planning Groups to review IJB Strategic Commissioning Plans	See update below

Azets continue to work on this suite of actions under the Integrated Assurance System – Strategic Planning and Commissioning. It is proposed that the outputs are presented to the Finance Planning and Performance Committee and to update the Board in December 2021 moving these actions to Phase 4. This will include action as above under 1.1.8.

3.3 The Integrated Assurance System – Phase Three Actions	Comments
Risk Management	
1.2.5 Confirm Board’s Risk Appetite	See update below
1.2.6 Identify current corporate risks and update CRR	As above under action 1.1.4
1.2.7 Identify operational risks to delivery 2021/22 RMP 3 update operational registers.(now RMP4)	See update below

The Board’s draft Risk Appetite Statement was presented to the 14th September 2021 meeting for awareness of the Committee. The Board considered an earlier draft of the Statement in July 2021 which resulted in a range of feedback. A number of amendments were made to the Statement which were reviewed by the ARC. To ensure readiness for presentation to the October 2021 Board meeting, a working group was convened to ensure all feedback has been correctly interpreted and reflected in the Statement. The Board’s Risk Appetite Statement is being considered for approval under a separate agenda item.

The ARC also considered the Risk Management Strategy and Risk Register Policy & Guidance at the meeting on the 14th September 2021. Both documents were approved acknowledging amendments previously requested by the Committee and Internal Audit. These documents clearly set out requirements for operational registers with the RMP4 Risk Register updated.

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3.3 The Integrated Assurance System – Phase Three Actions	Comments
Assurance Information	Note; Links to actions 1.1.6-1.1.7
1.2.8 Define requirements for information flows to Board & Standing Committees	See update below
1.2.9 Provide guidance on the format, presentation & timing of performance & financial reports.	See update below

Work is underway to define information flows focussing on Standing Committees in the first instance. A series of meetings are being held with Committee Chairs, Vice Chairs with the Executive Lead and the Director of Finance to consider measures (linked to Corporate Objectives and Operational Priorities), frequency and presentation formats for reporting. It is anticipated that this process will be rolled out from December 2021, and fully implemented by April 2022 for the Board and all Standing Committees.

3.4 The Assurance Operating Requirements – Phase Three Update	Comment
1.3.3 Review Scheme of Delegation	See update below

The Board approved the suite of documents comprising the Operating Requirements of the Active Governance Framework at the special Board meeting on 21st September 2021; Standing Orders, Standing Financial Instructions; Terms of Reference of Standing Committees, however, the Chair requested further consideration of the Scheme of Delegation to ensure better alignment with the Assurance Framework. This has been revised and is being presented to the October 2021 Board for approval. Any revisions to supporting documentation, including Standing Committee terms of reference, will be considered and updated accordingly.

The Board is asked to approve the Scheme of Delegation which can be seen at Appendix B, delegating any consequential revisions to supporting documentation to the Board Secretary.

3.4 The Assurance Operating Requirements – Phase Three Update	Comment
1.3.8 Review governance arrangements for the ACF & APF	See update below

Initial discussions have taken place regarding reviewing and aligning the governance arrangements for the ACF & APF, however acknowledging that the Chair of the ACF is new into the role and the Employee Director / Chair of the APF is retiring, this action has been moved to Phase 5.

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3.5 Supporting Board Members	Comment
4.1.2 Evaluate RCPE Fellowship pathfinder initiative & determine requirement for 2022/23	See update below

Due to the most recent wave of COVID19, the RCPE Fellowship has been postponed so evaluation will be moved into Phase 6.

3.6 Communications and Engagement – Update	Comment
4.1.2 Develop & commence a NHSGGC Board Visiting Programme	See update below
4.1.3 Develop approach to ensuring visibility of Corporate Statements	See update below

4.1.2 In terms of facilitating Board visits, continuing waves of the COVID -19 pandemic have impacted on the ability for Board members to visit service areas, acknowledging the limitations placed of families and carers over recent months. However, in order to ensure there is a framework from which to undertake Board visits when able, an approach is being developed linking to Standing Committees. It is proposed that Chairs and Vice Chairs of Standing Committees shape a series of visits working together with the Executive Lead supported by the Director of Communications and Engagement and co-ordinated by the Board Secretary (Corporate Service Manager – Governance). Visit areas will link directly to the relevant objectives of the Committee and will include both frontline staff, backroom staff and staff wellbeing perspectives.

If the Board are comfortable with this approach work will begin on establishing and outline programme for roll out when appropriate.

The Board is asked to consider and approve this approach.

4.1.3 Further to the development and approval of the Board’s ‘Corporate Statements’ at the Board meeting in April 2021 (as detailed in Appendix C), work has been undertaken to ensure greater visibility and understanding across the organisation as the content, purpose and approach, the Board’s website has been updated to promote the new corporate statements and it is planned to promote the new statements internally through messages from the Chief Executive and the daily Core Brief.

3.7 The Active Governance Programme Next Steps

3.6.1 Progress continues across the first 3 phases of the Active Governance Programme. Any deviation in terms of milestones have been presented with the rationale for the rephrasing. A further update will be provided to the Board in December.

4.0 Additional Operating Business

Some additional updates in respect of the operating requirements of the Board require consideration.

4.1 The current approach to agenda setting has been questioned by Board Members and it is proposed that the agenda headings of the Board meeting revert to Better Health, Better Care, Better Value and Better Workforce. This will better align the Board agenda with the assurance framework that supports the Board's governance processes. It is also considered that this will enable the work of the Standing Committees to be considered throughout the course of the meeting at the same time as the other papers linked to their Committee. It has been suggested that this is preferred to all the Chairs' updates being considered as a package at the end of the meeting.

The Board is asked to approve this approach.

4.2 The dates for Board meetings, Standing Committee meetings the 2022/2023 and Board Development Seminars is presented in Appendix D for approval. Work continues with Integration Joint Boards to prevent diary clashes however dates across the 6 IJBs have not been confirmed. IJB Leads are asked to ensure this is prioritised by their Boards.

The Board is asked to approve proposed dates.

4.3 The template recording Board Member responsibilities has been updated and can be seen at Appendix E. Key changes are noted as follows; removal of the Chair and Chief Executive as members of the ARC and re-instating Mr Charles Vincent in the membership, and also noting Mr Ian Ritchie as Chair of the Remuneration Committee (Appendix E).

The Board is asked to approve the changes to the Board Member responsibilities.

4.4 The Annual Cycle of Business is detailed in Appendix F

A further update will be provided to the Board in December

The Board is asked to be aware of the update.

4.5 Following discussions with the Whistleblowing Champion, the Co-Chairs of the Staff Governance Committee, the Chair of the ARC and the NHS Board Chair, the latest version of the Scheme of Delegation (being considered by the Board on 28 October) proposes that oversight of compliance with the NHS Scotland Whistleblowing Standards moves from the Staff Governance Committee to the ARC. This acknowledges that whistleblowing in the NHS primary focusses on the quality of the services delivered, rather than the staff responsible for the delivery and covers a wide range of activities, including patient safety, health and safety, and internal fraud. Oversight of the whistleblowing system will continue to be the responsibility of the Board Secretary (Corporate Service Manager – Governance), who will ensure that the Whistleblowing Champion, ARC Chair, NHS Board Chair and Chief Executive are made aware of any major issues or concerns as they arise. The formal quarterly and annual reports will continue to be produced and submitted to the ARC in line with the current arrangements approved by the Staff Governance Committee.

BOARD OFFICIAL

The Board is asked to be aware of the rationale behind the changes to the Scheme of Delegation in relation to Whistleblowing.

3. Conclusions

Good progress has been made with the implementation of the NHSGGC Active Governance programme. Appendix A provides the Board with an updated version of the programme plan.

Overall the risk to successful delivery of the programme and the implementation of the active governance approach by the end of the financial year in NHSGGC is considered low.

The Board is asked to be assured as to the position with the Active Governance Programme.

4. Recommendations

It is recommended that the Board:

- Be assured as to the position with the Active Governance Programme - Appendix A.
- Approve the Scheme of Delegation – Appendix B acknowledging any revisions to supporting documentation will be undertaken.
- Approve the Calendar dates for 2022/2023 Appendix D.
- Approve updated version of Board Member Responsibilities Appendix E.
- Be aware of the Board's Annual Cycle of Business for 2021/22 – Appendix F.
- Approve the approach to the development of a Board visiting programme
- Approve the revised approach the Board Agenda format
- Be aware of the rationale behind the changes to the Scheme of Delegation in relation to Whistleblowing.

5. Implementation

This paper presents a detailed update on the implementation over the 6 Phases described in the plan that is attached at Appendix One.

6. Evaluation

The evaluation of the success of the Active Governance Programme will be considered in Phase 6 of the programme.

7. Appendices

Appendix A – The Active Governance Programme April 2020 – March 2022

Appendix B – The Scheme of Delegation

Appendix C – The Corporate Statements - 2021/22

Appendix D – Board Calendar dates for 2022/2023

Appendix E – Board Member responsibility Template - October 2021

Appendix F – The Board's Annual Cycle of Business – 2021/22

The Active Governance Programme - April 2021 to March 2022 – Update August 2021

1	The Corporate Governance System	Phase	Executive Lead	Sponsor	Oversight Committee
1.1	The Assurance Framework				
1.1.1	Reaffirm purpose, aims & values	Completed	JG	JB	Board
1.1.2	Approve corporate objectives	Completed	JG	JB	Board
1.1.3	Allocate oversight of corporate objectives to Standing Committees	Completed	JG	JB	Board
1.1.4	Approve corporate risks	Completed	MW	MK	ARC
1.1.5	Allocate oversight of corporate risks to Standing Committees	Completed	MW	MK	ARC
1.1.6	Approve performance indicators	4	MW	SC	FP&P
1.1.7	Allocate oversight of performance indicators to Standing Committees	4	MW	SC	FP&P
1.1.8	Allocate oversight of strategic & commissioning plans to Standing Committees	4	JA	SC	FP&P
1.1.9	Approve operational objectives & targets for 2021/22 Remobilisation & Operating Plans	Completed	JG	JB	Board
1.1.10	Allocate oversight of operational objectives, operational risks & targets to Standing Committees	Completed	JG	JB	Board
1.1.11	Approve 2021/22 Remobilisation Plan	Completed	JG	JB	Board
1.2	The Integrated Assurance System				
	Strategic Planning & Commissioning				
1.2.1	Identify & map links between achievement of corporate objectives & existing strategic & commissioning plans	4	JA	SC	FP&P
1.2.2	Identify requirements for new strategic plans to support corporate objectives	4	JA	SC	FP&P
1.2.3	Ensure alignment between Health Board & IJB planning & reporting processes	4	JA	SC	FP&P
1.2.4	Confirm arrangements for Strategic Planning Groups to review IJB Strategic Commissioning Plans.	4	JA	SC	FP&P
	Risk Management				
1.2.5	Confirm the Board's risk appetite	Completed	MW	MK	Board
1.2.6	Identify current corporate risks & update corporate risk register	Completed	MW	MK	ARC
1.2.7	Identify operational risks to delivery of 2021/22 Remobilisation Plan & update operational risk registers	Completed	MW	MK	Board
	Assurance Information				
1.2.8	Define requirements for information flows to Board & Standing Committees	4	MW	SC	FP&P
1.2.9	Provide guidance on the format, presentation & timing of performance & financial reports.	4	MW	SC	FP&P
	Audit Programme				
1.2.10	Agree the 2021/22 Internal Audit Programme with Azets	Completed	MW	MK	ARC
1.2.11	Agree the 2021/22 External Audit Programme with Audit Scotland	Completed	MW	MK	ARC
1.2.12	Commission an external review of audit arrangements	6	MW	MK	ARC
	NHS Scotland Performance Management Framework				
1.2.13	Agree the ongoing arrangements for the Oversight Boards	Completed	JG	JB	Board
1.2.14	Deliver the Oversight Board requirements	5	JG	JB	Board
1.2.15	Contribute to the CGSC review of the Performance Management Framework	6	JG	JB	Board
1.3	The Assurance Operating Requirements				
	Operating Instructions				

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1.3.1	Review Standing Orders	Completed	EVH	JB	Board
1.3.2	Review Standing Financial Instructions	Completed	EVH	MK	ARC
1.3.3	Review Scheme of Delegation	Completed	EVH	JB	Board
1.3.4	Review Integration Schemes	5	EVH	JB	Board
1.3.5	Review Policy Framework	6	EVH	JB	Board
	Board & Standing Committees Operating Arrangements				
1.3.6	Agree Board Members' responsibilities for 2021/22	Completed	EVH	JB	Board
1.3.7	Confirm Terms of Reference of Standing Committees	Completed	EVH	JB	Board
1.3.8	Review governance arrangements for the ACF & APF	5	EVH	JB	Board
1.3.9	Review Standing Committee work programme for 2021/22	Completed	LX	SCC	Board
1.3.10	Review Board work programme for 2021/22	Completed	EVH	JB	Board
1.3.11	Introduce template for Standing Committee Chairs' reports to Board meetings	Completed	EVH	JB	Board
1.3.12	Agree Terms of Reference of MFT Advisory Group	Completed	JG	JB	Board
2	Supporting Board Members	Phase	Executive Lead	Sponsor	Oversight Committee
2.1	Confirm Induction programme for new Board Members	Completed	EVH	JB	Board
2.2	All Board Members to consider registering on the TURAS system	Completed	EVH	JB	Board
2.3	Board Members to attend NES Active Governance Workshop	Completed	EVH	JB	Board
2.4	Evaluate RCPE Fellowship pathfinder initiative & determine requirement for 2022/23	6	AMCP	AC & DMcE	SGC
2.5	Review requirements & roles of Board level Champions	Completed	EVH	JB	Board
2.6	Confirm Terms of Reference for informal networks of Board Members	Completed	EVH	JB	Board
2.7	Arrange Board Appraisal programme for 2021/22	Completed	EVH	JB	Board
2.8	Review RCPE Governance Review findings & recommendations	Completed	EVH	JB	Board
3	Evaluation & Review	Phase	Executive Lead	Sponsor	Oversight Committee
3.1	Prepare the Annual Governance Statement	3 Completed	EVH	MK	ARC
3.2	Draft the governance report for the Annual Review	4	EVH	JJ	Board
3.3	Complete the self-assessment of Board effectiveness	6	EVH	JB	Board
3.4	Confirm an external provider for the Active Governance Evaluation Report	6	EVH	MK	ARC
4	Communications & Engagement	Phase	Executive Lead	Sponsor	Oversight Committee
4.1	Encourage public & media virtual attendance at Board meetings.	Completed	SB	JB	Board
4.2	Develop & commence a NHSGGC Board Visiting Programme	Framework proposed	SB	JB	Board
4.3	Develop approach to ensuring visibility of Corporate Statements – as per June Board paper.	Completed	SB	JB	Board

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Key	Phase 1	May/June 2021	JA	Jennifer Armstrong
	Phase 2	July/August 2021	JB	John Brown
	Phase 3	September/October 2021	SC	Simon Carr
	Phase 4	November/December 2021	AC	Alan Cowan
	Phase 5	January/February 2022	JG	Jane Grant
	Phase 6	March/April 2022	DMcE	Dorothy McErlean
			AMaL	Allan MacLeod
	ARC	Audit & Risk Committee	EVH	Elaine Vanhegan
	FP&P	Finance, Planning and Performance Committee	MW	Mark White
	LX	Lead Executive		
	SCC	Standing Committee Chairs		
	SGC	Staff Governance Committee		



NHS Greater Glasgow and Clyde Scheme of Delegation

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	For consideration by NHS Board on 26 October 2021
Date for Review	April 2022
Replaces Previous Version	Scheme of Delegation – 6 th Revision, approved 29 th September 2020

BOARD OFFICIAL

Contents

<u>Section</u>		<u>Page</u>
1	Matters Reserved for Board Agreement	3
2	Matters Delegated to Officers of the Board	4
3	Scheme of Delegation arising from Board Standing Orders	4
4	Scheme of Delegation arising from Board Standing Financial Instructions	5
5	Scheme of Delegation arising from other areas of Corporate Governance	20

1. MATTERS RESERVED FOR THE BOARD

Background

As defined in the NHS Circular HDL(2003) 11 "Moving Towards Single System Working", Greater Glasgow and Clyde NHS Board is a board of governance, delivering a corporate approach to collective decision making based on the principles of partnership working and devolution of powers. Local leadership will be supported by delegating financial and management responsibility as far as is possible consistent with the Board's own responsibility for governance.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Board to delegate some of its functions to an Integration Joint Board in order to create a single system for local joint strategic commissioning of health and social care services. The Integration Joint Board may, by direction, require the Board to carry out a function delegated to the integrated authority. These functions, which the Board is directed to carry out by the Integration Joint Board, are subject to the Board's Scheme of Delegation.

The Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs and that of its operating sectors and partnerships, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Board has an ongoing responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The Board is required to ensure that it conducts a review of its systems of internal control, including in particular its arrangements for risk management, at least annually, and to report publicly on its compliance with the principles of corporate governance codes.

The following matters shall be reserved for agreement by the Board: -

1. Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
2. Setting the organisation's strategic direction and development goals;
3. Approval of the organisation's Corporate Strategies
4. Development and Implementation of the Annual Operating Plan;
5. Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;
6. Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register;
7. Allocating financial resources for both Capital and Revenue resource allocation;
8. Approval of Annual Accounts;
9. Scrutiny of Public Private Partnerships;
10. NHS Statutory Approvals;
11. Approval of the Corporate governance framework including
 - Standing Orders
 - Establishment, remit, and reporting arrangements of all Board Standing Committees
 - Scheme of Delegation
 - Standing Financial Instructions

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2. MATTERS DELEGATED TO OFFICERS OF THE BOARD

The Corporate Management Team (CMT) is the senior management decision-making body for NHSGGC and carries out an overview of the Board's responsibilities in developing strategy, policy and assessing performance against agreed objectives.

It also manages the business of the NHS Board by reviewing and endorsing Board-wide strategies, policies and actions to ensure a corporate position is achieved prior to submission to the NHS Board and its Standing Committees for consideration and approval.

Any reference in this scheme to a statutory or other provision shall be interpreted as a reference to that provision as amended from time to time by any subsequent legislation.

Any power delegated to an officer in terms of this scheme may be exercised by such an officer or officers of his or her department as the officer may authorise in writing.

3. SCHEME OF DELEGATION ARISING FROM BOARD STANDING ORDERS

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Maintenance of Register of Board Members interests		Board Secretary
2	Maintenance of a Register of gifts/hospitality for Board members		Board Secretary
3	Document or Proceeding requiring authentication by the Board		One Non-Executive Board Member, the Head of Corporate Governance and Administration and the Director of Finance
4	Execution of Documents on behalf of Scottish Ministers relating to Property transactions		Chief Executive/ Director of Finance/ Medical Director / Chief Operating Officer / Director of Estates and Facilities.

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4. SCHEME OF DELEGATION ARISING FROM BOARD STANDING FINANCIAL INSTRUCTIONS

A scheme of delegation operates for various Standing Financial Instructions (SFIs), each of which is described in the tables that follow the list below. The list below therefore includes a cross reference to the relevant section of the standing financial instructions.

Table	Title	SFI section
4.1	Allocations, Business Planning, Budgets, Budgetary Control and Monitoring	2
4.2	Annual Accounts and Reports	3
4.3	Audit	4
4.4	Banking Arrangements	5
4.5	Healthcare Service Provision	7
4.6	Pay Expenditure	8
4.7	Non-Pay Expenditure	9
4.8	Orders, Quotations and Tenders	10
4.9	Management and Control of Stock	11
4.10	Capital Investment	12
4.11	Endowment Funds	15
4.12	Family Health Services	16
4.13	Health and Social Care Partnerships	17
4.14	Fraud, Losses and Legal Claims	18
4.15	Patients' Private Funds and Property	19

BOARD OFFICIAL

Table 4.1 Allocations and Budgets

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit
3	Preparation and submission of Budgets - Acute Division		Director of Finance	Limit as per Financial Plan
4	Establishment and maintenance of Budgetary Control System		Director of Finance	
5	Delegation of Budgets		Chief Executive/Director of Finance	Limit as per Financial Plan
6	Authority to use N/R budget to fund recurring expenditure		Chief Executive	Within available resources
7	Virement of budget – Acute Services		Chief Operating Officer /Director of Finance	Within available budget.
8	Virement of budget – HSCP		HSCP Chief Officers / Board Director of Finance / Local Authority Finance Officer	Within available budget
9	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	FP&P above £2m– within available resources Chief Executive up to £2m Director of Finance up to £250k

Table 4.2 Annual Accounts and Reports

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Submission of monitoring returns to Scottish Government Health and Social care Directorate (SGHSCD)		Director of Finance	In accordance with SGHSCD requirements
2	Approval of Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual

BOARD OFFICIAL

3	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance	In accordance with Accounts Manual
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Table 4.3 Audit

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Conduct of Business and Stewardship of Funds under Board control	Audit and Risk Committee	Chief Executive	In accordance with SGHSCD requirements
2	Provision of Internal Audit Service	Audit and Risk Committee	Director of Finance	In accordance with the Public Sector Internal Audit Standards
3	Appointment of external auditors	Scottish Ministers	Director of Finance	In accordance with the Audit Scotland Code of Audit Practice

Table 4.4 Banking Arrangements

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Opening of Bank accounts in the Board's name	Audit and Risk Committee	Director of Finance	N/A
2	Notification to bankers of authorised signatories on bank accounts	Audit and Risk Committee	Director of Finance	N/A
3	Transfers to/ from GBS Account; to/ from Bank Accounts		2 signatories from panel authorised by the Board	N/A
4	BACS/CHAPS/SWIFT /Faster Payments/ cheque/ Payable Order payments		2 signatories from panel authorised by the Board	N/A
5	Direct Debit/Standing Order mandates		2 signatory from panel authorised by the Board	N/A

*BACS – Bankers Automated Clearing System; CHAPS – Clearing Houses Automated Payment System;

SWIFT – Society for World-wide Interbank Financial Telecommunication;

GBS – Government Banking Service

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Table 4.5 Contracts/Service Level Agreements

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Contracts/ Service Level Agreements over £1.5m	CMT to review and onwards to Finance, Planning and Performance Committee for approval	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all agreements over £1.5m
2	Resource Transfer	Finance, Planning and Performance Committee	Director of Finance and HSCP Chief Officers	Within approved budget
3	Setting of Fees and Charges: income generation - Board		Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ Assistant Director of Finance - Financial Services	Where not determined by SGHSCD or statute
4	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services – Acute Services		Director of Finance/ Assistant Director of Finance – Acute Services/ Directorate Heads of Finance	Where not determined by SGHSCD or statute
5	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services - Health and Social Care Partnerships		Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ HSCP Chief Financial Officers	Where not determined by SGHSCD or statute

Table 4.6 Pay expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of Human Resource policies in respect of pay.	Staff Governance Committee	Director of Human Resources and Organisational Development	
2	Responsibility for implementing changes to terms and conditions of service	CMT	Director of Human Resources and Organisational Development	Within national guidance
3	Preparation of contracts of employment		Director of Human Resources and Organisational Development	Compliance with current legislation and agreed terms and conditions

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4	Oversight of Severance agreements –Executive cohort	Remuneration Committee	Chief Executive (Chairman where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding
6	Oversight of employment litigation claims	Audit and Risk Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally agreed terms and conditions
8	Engagement, termination, re-engagement, re-grading of staff		Budget Holder	Within approved budget and funded establishment and in accordance with approved HR policies
9	Approval of hours worked		Budget Holder	Within approved budget
10	Approval of Leave		Budget Holder	In accordance with agreed Terms and Conditions
11	External contractors		Budget Holder	Within approved budget

Table 4.7 Non-Pay Expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	Finance, Planning and Performance Committee	Director of Estates and Facilities	N/A

BOARD OFFICIAL

2	Oversight of Procurement Strategy	Procurement Steering Group	Director of Estates and Facilities	N/A
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Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Request for tender/purchase (including specification) revenue - Health supplies/ services revenue - other supplies/ services expenses		Budget holder	In accordance with approved strategy/ Business Case/ Project Authorisation Checklist
2	Approval of Non Pay revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors HSCP Chief Officers	Finance, Planning and Performance Committee over £5m; Chief Executive up to £5m; Director of Finance up to £4m; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £1m; HSCP Chief Officers up to £1m.
3	Approval of Non IM&T Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities Senior General Managers - Capital Planning	Finance, Planning and Performance Committee over £5m; Chief Executive up to £5m; Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m Property and Asset Strategy Group up to £2m Capital Planning Group up to £1m Senior General Managers - Capital Planning up to £1m
4	Approval of IM&T Capital expenditure (Within limits of approved scheme)	Finance Planning & Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning & Performance Committee over £2m; CMT up to £2m; Capital Planning Group up to £1m

BOARD OFFICIAL

5	Placing external commitments/ contract awards	Finance, Planning & Performance Committee	Chief Executive Director of Finance Head of Procurement	Finance, Planning & Performance Committee over £5m Chief Executive up to £5m; Director of Finance up to £4m Head of Procurement up to £2m
6	Maintenance of Contract Register		Head of Procurement	
7	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
8	Waivers to Tender	Audit and Risk Committee	Relevant Director and Head of Procurement; Director of Finance when >£250k or >£50k	Required >£10k. Additional requirements for DoF sign off when >£250k (urgent or no competition) or >£50k when tender process not followed

Table 4.9 Management and Control of Stock

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Issue of Stores recording and operating procedures		Director of Estates and Facilities	All stocks
2	Day to day management and security arrangements		Director of Pharmacy	Pharmacy stock
3	Day to day management and security arrangements		Director of eHealth	IM&T stock
4	Day to day management and security arrangements		Director of Estates and Facilities	All other stocks

BOARD OFFICIAL

Table 4.10 Capital Investment

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non IM&T	<p>Capital Investment Group (SG)</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>SGHSCD CIG approval required over £10m (note that Business Cases between £5m and £10m will be submitted to CIG for scrutiny after provisional approval by the FP&P)</p> <p>Finance, Planning & Performance Committee over £3m</p> <p>CMT up to £3m</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m (where expenditure not included in approved Capital Plan)</p>
2	Approval of Business Cases -IM&T	<p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Capital Planning Group</p>	Director of eHealth	<p>SGHSCD eHealth Programme approval required over £10m (note that Business Cases between £5m and £10m will be submitted to the SG eHealth Programme Board for scrutiny after provisional approval by the FP&P)</p> <p>Finance, Planning and Performance Committee over £3m;</p> <p>CMT up to £3m;</p> <p>Property and Asset Strategy Group up to £2m</p> <p>Capital Planning Group up to £1m</p>
3	Property acquisitions/ disposals	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £1.5m</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required</p>

BOARD OFFICIAL

4	Lease/rental agreements	<p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	<p>Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer</p>	<p>Finance, Planning and Performance Committee over £1.5m.</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m.</p>
5	Strategy for Investment in Primary care	<p>Finance, Planning and Performance Committee</p>	<p>Director of Estates and Facilities</p>	<p>Business case limits as above</p>
6	Concessionary Leases (a lease at below market terms to voluntary/community/ social enterprise)	<p>Finance, Planning & Performance Committee</p> <p>CMT</p> <p>Property and Asset Strategy Group</p> <p>Property Management Group</p>	<p>Director of Estates and Facilities</p>	<p>Finance, Planning and Performance Committee over £1.5m.</p> <p>Property and Asset Strategy Group between £0.15m and £1.5m.</p> <p>Property Management Group up to £0.15m.</p>
7	Hub contracts (revenue funded)	<p>Finance Planning and Performance Committee for review and onward to Board for approval.</p>	<p>Director of Estates and Facilities</p>	<p>Within limits of agreed project budget</p>

Table 4.11 Management of Endowment Funds

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Endowment Management Committee	Director of Finance	
2	Approval of expenditure from Endowment Funds	Endowment Management Committee	<p>Fundholder/ authorised signatory to fund</p> <p>Fundholder/ authorised signatory plus two of the following: Chief Executive,</p>	<p>Up to £50,000</p> <p>Between £250,000 and £50,000</p>

BOARD OFFICIAL

			Director of Finance, Chief Operating Officer	
			Endowment Management Cttee approval plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Over £250,000
3	Appointment to endowment funded posts	Endowment Management Committee	Director of Finance	All Endowment funded posts
4	Maintenance of Accounts and Records		Director of Finance	
5	Access to share and stock certificates, property deeds		Director of Finance	
6	Opening of Bank accounts in the Endowment Fund name	Endowment Management Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Endowment Management Committee	Director of Finance	Funds may only be accepted where consistent with the charitable purpose of the Endowment Funds
8	Correspondence re legacies and giving good discharge to executors		Director of Finance	
9	Investment of Endowment Funds	Endowment Management Committee	Director of Finance	
10	Nominee for grants of probate or letters of administration		Director of Finance	

Table 4.12 Family Health Services

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Agreement of General Medical Services (GMS) budget	Board	Chief Executive/ Director of Finance	Within limits of Financial Plan
2	Preparation of local aspects of GMS Contracts		Interim Director of Primary Care	

BOARD OFFICIAL

3	Individual GP Practice Contract changes		Interim Director of Primary Care	
4	GMS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Medical Services Contracts) (Scotland) Regulations 2018 and subsequent amendments
5	Monitoring of contractors covered by GMS Contract		Interim Director of Primary Care	
6	General Pharmaceutical Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (Pharmaceutical Services) (Scotland) Regulations 2009 and subsequent amendments
7	Monitoring of contractors covered by GPS Contract		Director of Pharmacy	
8	General Dental Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Dental Services) (Scotland) Regulations 2010 and subsequent amendments
9	Monitoring of contractors covered by GDS Contract		Chief Officer East Dunbartonshire HSCP	
10	General Ophthalmic Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Ophthalmic Services) (Scotland) Regulations 2006 and subsequent amendments
11	Monitoring of contractors covered by GOS Contract		Interim Director of Primary Care	
12	Verification of FHS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with DL(2018) 19 and Partnership Agreement with Practitioner Services

Table 4.13 Health and Social Care Partnerships

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Delegation of functions to IJBs	Board	Chief Executive	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	Delegation of funds to IJBs	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
3	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Medical Director/Chief Executive	In accordance with Integration Scheme and within limits of Financial Plan
4	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	HSCP Chief Officers	In accordance with Integration Scheme

BOARD OFFICIAL

5	Review and response to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance	HSCP Chief Officers	In accordance with Integration Scheme
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Table 4.14 Fraud, losses and Legal

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Notification of discovered fraud/criminal offences to SGHSCD		Director of Finance	
2	Writing off of losses	Audit and Risk Committee SGHSCD	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Operating Officer/ HSCP Chief Officers/ Head of Corporate Governance and Administration	Over £20,000 other than losses relating to: - Stores/Procurement - Fixed Assets(other than equipment related fraud/ theft where the limit is over £20,000) - Abandoned RTA claims In these exceptions the limit is over £40,000
3	Ex-gratia payments	Audit and Risk Committee SGHSCD	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Head of Corporate Governance and Administration	Financial loss over £25,000; Extra contractual payments over £20,000; Other payments over £2,500
4	Maintenance of medical negligence claims register		Head of Corporate Governance and Administration	
5	Maintenance of legal claims register		Head of Corporate Governance and Administration	
6	Oversight of claims, liability and settlement status	Audit and Risk Committee	Head of Corporate Governance and Administration	
7	Oversight of settlement of legal claims and Compensation Payments	Audit and Risk Committee onwards to SGHSCD		Clinical claims Over £250,000; Non–Clinical claims over £100,000

BOARD OFFICIAL

8	Settlement of legal claims and Compensation payments		Nominated Directors and Head of Corporate Governance and Administration	Clinical claims up to £250,000; non-Clinical claims up to £100,000
9	Action to safeguard the Board's interests in bankruptcies and company liquidations.		Director of Finance	

BOARD OFFICIAL

Table 4.15 Patients Private Funds and Property

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Authorisation of Manager and Establishments to manage residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
2	Monitoring and reviewing arrangements for the management of residents affairs		Chief Officer – Operations, Glasgow City HSCP as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
3	Establishment of arrangements for the safe custody of patients' and residents' property		Chief Executive	Within the terms of the Mental Health Act 1984, Adults with Incapacity Act 2000 and guidance laid down by the Scottish Government.
4	Arrangements for the opening and management of bank accounts		Director of Finance	
5	Establishment of detailed procedures for the safe custody and management of patients' and residents' property		Director of Finance	
6	Provision of a receipts and payments statement in the approved format annually		Director of Finance	
7	Preparation for Approval of Annual Accounts	Board	Director of Finance	

5. SCHEME OF DELEGATION ARISING FROM OTHER AREAS OF CORPORATE GOVERNANCE

A Scheme of Delegation operates for the areas of non-financial corporate governance listed below.

Table	Title
5.1	Clinical Governance
5.2	Staff Governance
5.3	Risk Management
5.4	Health Planning
5.5	Performance Management
5.6	Information Governance
5.7	Communication
5.8	Emergency and Continuity Planning
5.9	Public Health
5.10	Other Areas

BOARD OFFICIAL

Table 5.1 Clinical Governance			
Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
2	Oversight of relevant Corporate Strategies as delegated by the Board	Clinical and Care Governance Committee	Medical Director and Nurse Director
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Clinical and Care Governance Committee	Medical Director and Nurse Director
4	Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies	Research and Ethics Committees with Annual Report to Clinical and Care Governance Committee	Medical Director
5	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
6	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director
7	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Interim Director of Infection Prevention and Control

BOARD OFFICIAL

Table 5.2 Staff Governance

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies as delegated by the Board	Staff Governance Committee	Medical Director and Nurse Director
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Approval of Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
6	Approval of Workforce Strategy/Workforce Plan and Culture Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
7	Staff elements of Equality Legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
9	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

BOARD OFFICIAL

Table 5.3 Risk Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Risk Appetite	Board	Director of Finance
2	Approval of Risk Management Strategy	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for approval.	Director of Finance
3	Approval of Risk Register Guidance	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for approval.	Director of Finance
4	Oversight of the Corporate Risk Register	Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee.	Director of Finance
5	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive

Table 5.4 Healthcare Services Planning

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Operational Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Medical Director/ Director of Finance
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Medical Director
3	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director

Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval of Performance Management Framework	Finance, Planning and Performance Committee	Director of Finance

BOARD OFFICIAL

Table 5.6 Information Governance

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Board Digital Strategy	Audit and Risk Committee with reference to Clinical and Care Governance Committee in terms of clinical impact	Medical Director/Director of eHealth
3	Data Protection Act	Audit and Risk Committee	Director of eHealth and Director of Finance as SIRO
4	Caldicott Guardian		Director of Public Health supported by the Deputy Director of Public Health
5	Freedom of Information Policy	Audit and Risk Committee	Head of Corporate Governance and Administration
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

Table 5.7 Communication

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Communication Strategy and Public Engagement Strategy	CMT to review and onwards to Board for approval	Director of Communications and Public Engagement
2	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

Table 5.8 Emergency and Continuity Planning

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Preparation and maintenance of comprehensive Civil Contingency Plan	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

BOARD OFFICIAL

2	Preparation and maintenance of Business Continuity Plan	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
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Table 5.9 Public Health

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
2	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate	Population Health and Wellbeing Committee	Director of Public Health
3	Oversight of relevant Corporate Strategies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Nurse Director
4	Strategy implementation and Public Health programme	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
6	Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health
7	Approval of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

BOARD OFFICIAL

Table 5.10 Other Key Areas

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
2	SFIs and Scheme of Delegation	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance
3	Public engagement		Director of Communications and Public Engagement
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee	Head of Corporate Governance and Administration
5	Safe Management of Controlled Drugs (Health Act - the Controlled Drugs (Supervision of Management and Use) Regulations 2006)	Annual report to Clinical Governance Forum and onward to Clinical Governance Committee for assurance	Controlled Drug Accountable Officer, Director of Pharmacy

The Corporate Statements

Purpose	To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service			
Values	Care & Compassion ↔ Dignity & Respect ↔ Openness, Honesty & Responsibility ↔ Quality & Teamwork			
Aims	Better Health	Better Care	Better Value	Better Workplace
	Improving the health and wellbeing of the population	Improving individual experience of care	Reducing the cost of delivering healthcare	Creating a great place to work
Corporate Objectives	<ul style="list-style-type: none"> To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment. To reduce health inequalities through advocacy and community planning. To reduce the premature mortality rate of the population and the variance in this between communities. To ensure the best start for children with a focus on developing good health and wellbeing in their early years. To promote and support good mental health and wellbeing at all ages. 	<ul style="list-style-type: none"> To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people. To ensure services are timely and accessible to all parts of the community we serve. To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community. 	<ul style="list-style-type: none"> To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management. To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. To utilise and improve our capital assets to support the reform of healthcare. 	<ul style="list-style-type: none"> To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. To ensure our people are well informed. To ensure our people are appropriately trained and developed. To ensure our people are involved in decisions that affect them. To promote the health and wellbeing of our people. To provide a continuously improving and safe working environment.

BOARD OFFICIAL

Board Members' Responsibilities from 1 November 2021

Appendix E

Board Members	Appointment		Board Standing Committees						Endowments Management Committee	Integration Joint Boards							
			Audit and Risk	Acute Services	Clinical and Care Governance	Finance, Planning and Performance	Population Health and Wellbeing	Remuneration		Staff Governance	East Dunbartonshire	East Renfrewshire	Glasgow City	Inverclyde	Renfrewshire	West Dunbartonshire	
Professor John Brown	From 01/12/15	To 30/11/23							Ex-officio								
Mrs Jane Grant	Chief Executive								Ex-officio								
Dr Jennifer Armstrong	Medical Director			1	1 LX	1											
Professor Linda de Caestecker	Director of Public Health				1		1 LX										
Dr Margaret McGuire	Nurse Director			1	1	1											
Mr Mark White	Director of Finance		1 LX	1		1 LX			1 LX								
Other Director				1 COO (LX)					1 DHRD (LX)	1 DHRD (LX)							
Ms Dorothy McErlan	From 01/10/16	To 31/12/21				1			1	1 CC				1	1		
Professor Iain McInnes	From 01/04/21	To 31/03/25			1	1											
Dr Lesley Rousselet	From 01/07/21	To 30/06/23		1	1										1		
Councillor Caroline Bamforth	From 14/06/17	To 30/04/22			1												
Councillor Jim Clocherty	From 14/06/17	To 30/04/22	1	1													
Councillor Mhairi Hunter	From 01/06/17	To 30/04/22					1	1									
Councillor Jonathan McColl	From 19/06/17	To 30/04/22	1														
Councillor Sheila Mechan	From 14/06/17	To 30/04/22				1				1							
Councillor Iain Nicolson	From 01/06/17	To 30/04/22					1	1									
Ms Susan Brimelow	From 01/04/15	To 31/03/23	1	1	1 C	1							1				
Mr Simon Carr	From 01/09/15	To 31/08/23		1 VC		1 C							1 L(VC)	1			
Mr Alan Cowan	From 01/07/16	To 30/06/24				1			1 VC	1 CC				1 L(C)			
Ms Jacqueline Forbes	From 01/07/16	To 30/06/24	1			1							1				
Ms Margaret Kerr	From 01/04/19	To 31/03/23	1 C			1									1		
Ms Amina Khan	From 01/04/19	To 31/03/23				1				1							
Rev John Matthews	From 01/07/16	To 30/06/24				1 VC	1 C	1						1 L(VC)			
Ms Ketki Miles	From 01/06/20	To 31/05/24	1														
Ms Anne-Marie Monaghan	From 01/07/16	To 30/06/24				1	1										
Mr Ian Ritchie	From 01/07/16	To 30/06/24		1 C	1 VC	1	1 VC	1 C					1 L(C)	1			
Dr Paul Ryan	From 01/06/21	To 31/05/25		1	1					1							
Mr Francis Shennan	From 01/06/20	To 31/05/24					1			1							
Ms Paula Speirs	From 01/06/20	To 31/05/24		1	1									1			
Ms Rona Sweeney	From 01/07/16	To 30/06/24				1											
Ms Flavia Tudoreanu	From 01/04/19	To 31/12/21					1	1							1 L(VC)		
Mr Charles Vincent	From 01/02/20	To 31/01/24	1							1			1				
Ms Michelle Waites	From 01/06/21	To 31/05/25	1 VC												1		
Total Non Executive Board Members			26	8	8	8	13	8	8	8	8	3	4	8	4	4	3
Total Membership Including Executive Board Members			31	9	13	12	18	10	10	10	10	3	4	8	4	4	3
No of Meetings			4	6	4	5	3	3	5	4	4	6	7	6	6	5	7
Quorum			4	4	4	6	4	3	4	**	**	**	**	**	**	**	**

** A meeting of the Trustees shall be deemed to have been held when a quorum of at least one third of the Trustees are present, of whom at least 2 of those present are non-executive members of the Health Board

Board	Board Standing Committees						Endowments Management Committee	Integration Joint Boards										
	Audit and Risk	Acute Services	Clinical and Care Governance	Finance, Planning and Performance	Public Health	Remuneration		Staff Governance	East Dunbartonshire	East Renfrewshire	Glasgow City	Inverclyde	Renfrewshire	West Dunbartonshire				
Frequency	Bi-Monthly																	
Board Members Required	30			18/05/21 (am)								20/05/21 (am)	12/05/21 (am)	05/05/21 (am)	17/05/21 (pm)		27/05/21 (pm)	
Quorum	10		22/06/21 (am)		08/06/21 (pm)	15/06/2021 (am)						24/06/21 (am)	23/06/21 (pm)	23/06/21 (am)	21/06/21 (am)	25/06/21 (am)	24/06/21 (pm)	
Chair/NHS Lead	John Brown			20/07/21 (am)														
Vice Chairs	John Matthews Ian Ritchie					10/08/21 (am)							11/08/21 (am)					19/08/21 (pm)
Membership	As above		14/09/21 (am)	21/09/21 (am)	14/06/21 (pm)							16/09/21 (am)	22/09/21 (am)	22/09/21 (pm)	20/9/21 (am)	17/09/21 (am)	23/09/21 (pm)	
2021/22 Board Dates	27/04/2021					12/10/21 (am)	13/10/21 (pm)					19/10/21 (am)						
	29/06/2021*			16/11/21 (am)				23/11/21 (am)	02/11/21 (pm)			18/11/21 (am)	24/11/21 (am)		1/11/21 (am)	19/11/21(am)	25/11/21 (pm)	
	17/08/2021		14/12/21 (am)		14/12/21 (pm)	07/12/21 (am)								01/12/21 (am)				
	21/09/2021 (Special Board)			18/01/22 (am)			19/01/22 (pm)					25/01/22 (am)	20/01/22 (am)	26/01/22 (am)	19/01/22 (am)	24/1/22 (am)	28/1/22(am)	
	26/10/2021*					15/02/22 (am)			01/02/21 (am)									24/02/22 (pm)
	21/12/2021		15/03/22 (pm)	22/03/22 (am)	01/03/22 (pm)			01/03/22 (am)				08/03/21 (am)	24/03/22 (am)	16/3/22 (am)*	23/03/22 (am)	21/03/22 (am)	25/3/22(am)	24/03/22 (pm)
	22/02/2022*																	
	* Followed by Endowments Board of Trustees																	
2021/22 Board Seminar Dates	25/05/21 (am)			DOF		DOF	HHI	DHROD	DHROD									
	27/07/21 (all day) - Development Session			DHROD		CO Acute	2 CPHM											
	28/09/21 (am)			CO Acute		DEF	2 IJB COs											
	15/09/21 (am) (Additional Session)			DEF		DHROD	GCPH Director											
	21/10/21 (am) (Additional Session)						Health Scotland											
	30/11/21 (all day) - Development Session																	
	25/01/22 (am)																	
	29/03/21 (all day) - Development Session																	

Updated on 22 October 2021

For Awareness

Corporate Objective alignment

Better Health

- COBH1 To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.
- COBH2 To reduce health inequalities through advocacy and community planning.
- COBH3 To reduce the premature mortality rate of the population and the variance in this between communities.
- COBH4 To ensure the best start for children with a focus on developing good health and wellbeing in their early years.
- COBH5 To promote and support good mental health and wellbeing at all ages.

Better Care

- COBC6 To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people.
- COBC7 To ensure services are timely and accessible to all parts of the community we serve.
- COBC8 To deliver person centre care through a partnership approach built on respect, compassion and shared decision making.
- COBC9 To continuously improve the quality of care, engaging with our patients and out people to ensure healthcare services meet their needs.
- COBC10 To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.

Better Value

- COBV11 To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.
- COBV12 To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management.
- COBV13 To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.
- COBV14 To utilise and improve our capital assets to support the reform of healthcare.

Better Workplace

- COBW15 To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.
- COBW16 To ensure our people are well informed.
- COBW17 To ensure our people are appropriately trained and developed.
- COBW18 To ensure our people are involved in decisions that affect them.
- COBW19 To promote the health and wellbeing of our people.
- COBW20 To provide a continuously improving and safe working environment.

Agenda Item/Topic	Lead	June 2021	August 2021	September 2021* (additional meeting)	October 2021	December 2021	February 2022	Corporate Objective Coverage
Standing Items								
Introductory Remarks, Welcome and Apologies	Chair	x	x	x	x	x	x	
Declarations of Interest	Chair	x	x	x	x	x	x	
Minutes of previous meeting	Chair	x	x		x	x	x	
Agenda Item/Topic	Lead	June 2021	August 2021	September 2021* (additional meeting)	October 2021	December 2021	February 2022	Corporate Objective Coverage
Matters Arising and Rolling Action List	Chair	x	x		x	x	x	
Urgent Items of Business	All	x	x		x	x	x	

BOARD OFFICIAL

Chairman Update	Chairman	x	x		x	x	x	
Chief Executive Update	CE	x	x		x	x	x	
Patient Story	DoN	x	x		x	x	x	
Service Delivery								
COVID-19 Update	CE	x	x		x	x	x	COBH1- COBC10
QEUH & RHC Update	CE	x	x		x	x	x	COBC6
Integrated Performance Report	DoF	x	x		x	x	x	COBC7
Revenue and Capital Report	DoF	x	x		x	x	x	COBV11
Healthcare Associated Infection Report	DoIPC	x	x		x	x	x	COBC6
GP Out of Hours Update	DoGPOOH					x		COBC7
Financial Plan 2021/22	DoF			x				COBV11
Winter Plan 2021/22	MD				x			COBC6-11
Transformational Change								
Remobilisation Plan Update	MD	x	x		x	x	x	All
MFT Update	MD						x	All
IJB Strategic Plans (TBC)	CO's							COBH5/COBC10
North East Hub (Parkhead) Final Business Case Approval	DoEF					x		COBC07, COBW14
Governance and Assurance								
Minutes and Chairs Reports of Board Governance Committee <ul style="list-style-type: none"> • Acute Services Committee • Area Clinical Forum • Audit and Risk Committee • Clinical and Care Governance Committee • Finance, Planning and Performance Committee • Public Health Committee • Staff Governance Committee 	Chairs of Governance Committees	x	x		x	x	x	All
Pharmacy Practices Committee (as required)								
Implementing Active Governance	HoCG	x	x	x	x	x	x	COBC6/COBC8
Risk Management Strategy/Corporate Risk Register/Risk Appetite Statement	DoF				x			COBC6
Review of Governance Committee and Integration Joint Board Membership	HoCG	x						
IJB Annual Reports (TBC)	CO							COBH5/COBC10
Public Health Screening Programme Annual Report 2020/21	DoPH		x					COBH3
Annual Review of Governance	HoCG			x				COBC6/COBC8
Governance Statement 2020/21	Chair of ARC			x				COBV11
Annual Report and Consolidated Accounts for 2020/21	DoF			x				COBV11
Annual Report for the Board of NHS GGC and Auditor General for Scotland 2020/21	Auditor			x				COBV11
Endowments Funds Accounts to 31 March 2021	DoF			x				COBV11
Board and IJB Calendar of Meetings 2022/23	HoCG				x			All
Clinical & Care Governance Report	MD				x			COBC6
Research and Development Annual Report	MD					x		COBV13
FOI Annual Report	HoCG					x		All

BOARD OFFICIAL

Patient Private Funds 2020/21	DoF					x		COBV12
Staff Governance Annual Report	Chairs of SGC					x		COBW15-20
Whistleblowing Annual Report	HoCG				x			COBW15-20

Abbreviations	
DoF	Director of Finance
COO	Chief Operation Officer
CO, GCHSCP	Chief Officer, Glasgow City HSCP
MD	Medical Director
CE	Chief Executive
HoCG	Head of Corporate Governance and Administration
DoGPOOH	Director of GP Out of Hours
DoEF	Director of Estates and Facilities
DoHROD	Director of Human Resources and Organisational
DoPC	Director of Primary Care
DoPH	Director of Public Health
DoEH	Director of eHealth
DoIPC	Director of Infection Prevention and Control
Chair of ARC	Chair of Audit and Risk Committee
Chairs of SGC	Chairs of Staff Governance Committee