

**NHS Greater Glasgow and Clyde****NHS Board Meeting****21 February 2017****Board Paper No: 17/12****Head of Administration****Review of Governance Arrangements – Revised Membership of Standing Committees and Glasgow HSCP****1. Recommendation**

The NHS Board is asked to:

- 1.1 Approve the revised memberships of the NHS Board's Standing Committees and the Non-Executive membership of Glasgow Health & Social Care Partnership with immediate effect (Appendix A 1 & 2).
- 1.2 Approve the updated remits of the Finance and Planning Committee, Clinical and Care Governance Committee, Acute Services Committee and the Public Health Committee (Appendix B, C, D and E).
- 1.3 Note the structure of committees at management level (Appendix F).

**2. Background**

The NHS Board at its meeting on 20 December 2016 had approved the establishment of a Public Health Committee and agreed to populate it with five Non-Executive Members and a number of internal and external officers. In addition, the NHS Board also agreed to pick up concerns raised by some Members about the time commitment required to conduct the business of the Board. It was agreed therefore to undertake a full review of the total number of Members required per Standing Committee of the NHS Board and steps taken to try and reduce this where possible.

The Board Chair had conducted a review of the number of Standing Committees of the NHS Board in June 2016 and as a result the Board agreed to establish two new Standing Committees - the Finance & Planning Committee and the Clinical & Care Governance Committee.

With three new Standing Committees to populate this had proven a challenge on Members time, especially with the emergence of Health & Social Care Partnerships (HSCPs) and their subcommittee structures. The Head of Administration's paper to the December 2016 NHS Board meeting had therefore provided suggestions for revised numbers of Members for each Standing Committee for discussion. This was accepted and thereafter the Head of Administration spoke to each the affected Members and agreement has been reached on Member's individual commitments to the Standing Committees and HSCPs.

## **2.1 Revised Membership of Standing Committees of the NHS Board and Glasgow HSCP (Appendix A)**

Attached therefore is the revised membership of the Standing Committees of the NHS Board and the Non Executive membership of the Health & Social Care Partnership (Appendix A 1 & 2). It is intended that these new arrangements take effect with immediate effect, unless stated otherwise.

The intention will be to again review the membership of the Standing Committees of the NHS Board and the Non Executive membership of the six Integrated Joint Boards after the Local Authority elections and when the allocation of Councillors to the NHS Board is known. This will lead therefore to a further paper to be submitted to the August 2017 NHS Board meeting.

In addition, as part of the Annual Review of Corporate Governance the remits of the other Standing Committees of the NHS Board are now to be reviewed by each Committee before being submitted to the NHS Board for approval.

Lastly, It is suggested that each Standing Committee sets up its own arrangements for reviewing its draft agenda with the Chair of the Committee a month before the meeting and thereafter all approved agendas and papers are issued one week before the meeting.

## **2.2 Approval of the Terms of Reference of the newly Formed Standing Committees of the NHS Board**

The draft Terms of Reference for the two new Committees, Finance & Planning Committee and the Clinical & Care Governance Committee had been submitted for consideration to the October 2016 NHS Board meeting. The NHS Board agreed to ask each new Committee to review their Terms of Reference and have them submitted back to the NHS Board for formal approval. In addition it had been agreed to review the impact on the remit of the Acute Services Committee to ensure there was no duplication and clear areas of responsibilities between the Committees.

Appendix B - the Finance & Planning Committee reviewed their Remit at the Committee meetings held on 28 November 2016 and 14 February 2017.

Appendix C - the Clinical & Care Governance Committee Remit was considered at the first meeting of the Committee, on 12 January 2017.

Appendix D - the impact on the remit of the Acute Services Committee has been reflected in the attached updated Remit, which was discussed at the Committee meetings held on 15 November 2016 and 17 January 2017, and is also submitted to the NHS Board for approval.

Appendix E - the new Public Health Committee had its draft Terms of Reference considered by the NHS Board meeting in December 2016 and is now submitted with minor changes for NHS Board formal approval.

## **2.3 Committee structures**

A series of organisational diagrams have been produced at the Board Chair's request showing the structure of Groups/Committees at Board, Advisory and Management levels and these attached for information (Appendix F).

**3. Conclusion**

The NHS Board is asked to give consideration to the recommendations on Page 1 of this report.

**John C Hamilton  
Head of Administration  
February 2017  
0141 201 4608**

## NHS GREATER GLASGOW AND CLYDE

## Membership of Main Standing Committees of the NHS Board – effective from 1 March 2017

	Acute Services Committee	Audit	Clinical & Care Governance Committee	Endowments - Reports to the Endowment Trustees	Finance & Planning Committee	Remuneration Committee - Subcommittee of the Staff Governance Committee	Staff Governance Committee	Pharmacy Practices Committee	Public Health Committee
Frequency	Bi-Monthly	Quarterly	Quarterly	Quarterly	Quarterly	2 per annum	Quarterly	As required	Quarterly
No. of Non Exec Members	13	9	8	7	16	8	8	3	5
Chair	R Finnie	A MacLeod	S Brimelow	I Ritchie	J Brown	J Brown	D McErlean & M Brown	R Finnie	J Matthews
Vice Chair	S Carr	R Finnie	I Ritchie	R Finnie	I Fraser	R Finnie		I Fraser	A Cowan
Membership	S Brimelow M Brown H Cameron G Casey J Clocherty M Kerr T McAuley D McErlean M Macmillan A M Monaghan I Ritchie	S Carr J Forbes D Lyons J Matthews A M Monaghan D McErlean M O'Donnell	H Cameron A Dominiczak I Fraser D Lyons M O'Donnell D McErlean	S Carr J Forbes A Lafferty A MacLeod D McErlean	S Brimelow M Brown S Carr A Dominiczak R Finnie J Forbes M Kerr D Lyons J Matthews T McAuley A MacLeod M Macmillan D McErlean R Sweeney	S Brimelow A Cowan M Devlin I Fraser J Matthews D McErlean	M Devlin J Donnelly A Lafferty J Legg T McAuley R Sweeney	A Cowan	M Brown J Legg D Lyons  Plus 8 Professional Advisors

Revisions:

April, 2009 & August 2009  
 April 2010 & September 2010  
 April 2011 & July 2011  
 August 2012 & April 2013  
 April 2014 & April 2015  
 August 2016 & February 2017

## NHS GREATER GLASGOW AND CLYDE

### Membership of HSCP Integrated Joint Boards - effective from 1 March 2017

	<b>Glasgow City</b>	<b>Renfrewshire</b>	<b>East Renfrewshire</b>	<b>Inverclyde</b>	<b>East Dunbartonshire</b>	<b>West Dunbartonshire</b>
Frequency	Bi-Monthly	Bi-Monthly	Bi-Monthly	Bi-Monthly	Bi-Monthly	Bi-Monthly
No. of Members	8	4	4	4	3	3
Lead	Trisha McAuley	Donny Lyons	Morag Brown	Simon Carr	Ian Fraser	Allan MacLeod
Deputy Lead	Simon Carr	Morag Brown	Susan Brimelow	Donny Lyons	John Legg	Heather Cameron
Membership	Jeanette Donnelly Ross Finnie Jacqueline Forbes John Matthews Annmarie Monaghan Rona Sweeney	John Legg Dorothy McErlean	John Matthews Annmarie Monaghan	Alan Cowan Dorothy McErlean	Ian Ritchie	Rona Sweeney

Revisions:

- April, 2009 & August 2009
- April 2010 & September 2010
- April 2011 & July 2011
- August 2012
- April 2013
- April 2014
- April 2015
- August 2016
- Feb 2017

**NHS GREATER GLASGOW & CLYDE**

**FINANCE & PLANNING COMMITTEE**

## **Terms of Reference**

### **1. Introduction**

1.1 The Finance & Planning Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.

1.2 The Finance & Planning Committee is a Standing Committee of the NHS Board.

### **2.0 Membership**

2.1 The Committee shall be appointed by the NHS Board and will consist of 16 Non Executive Directors, and will be supported by the Chief Executive, and Executive Directors. Other Non Executives will also receive a set of papers separately, for their information.

2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3.0 Arrangements for the Conduct of Business**

#### 3.1 Chairing the Committee

The NHS Board shall appoint a Chairperson and Vice Chairperson. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

#### 3.2 Quorum

Meetings will be considered quorate when 9 Members are present.

#### 3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

#### 3.4 Frequency of meetings

The Finance & Planning Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chairperson after consulting with the Vice Chairperson and the NHS Board Chairman and Chief Executive.

### 3.5 Declaration of Interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the committee.

### 3.9 Administrative Support

3.10 Administrative support for the Committee will be provided by a member of the Corporate Affairs Team.

3.11 The Administrative support to the Committee will attend to take the minutes of the meeting and provide appropriate support to the Chairperson and Committee members.

Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within 10 working days.
- Keeping an accurate record of attendance.
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.

### **4.0 Remit of the Committee**

4.1 The remit of the Finance & Planning Committee is to oversee the financial and planning strategies of the Board, oversee the Board's Property and Asset Management and Strategic Capital Projects and provide a forum for discussion of common issues arising from the 6 Integrated Joint Boards.

### **5.0 The Key Duties of the Finance & Planning Committee are as follows:**

#### **Finance and Planning**

- To consider the Board's Strategic and Integrated Business Planning activities, ensuring that strategic planning objectives are aligned with the Board's overall objectives, strategic vision and direction.

- To review the development of the Board's Strategic Plans and supporting Operational Plans.
- To approve the Board's required formal responses to consultation by Integration Joint Board's (IJBs) on their Strategic Commissioning Plans, recognising the corporate autonomy of the respective IJBs.
- To review the development of the Board's Financial Strategy and Annual Financial Plan and recommend approval to the Board.
- To undertake scrutiny of individual topics/ projects / work-streams that may have a material impact on the Board's financial performance and overall strategy.
- To oversee the Board's use of non-recurrent funds and reserves to ensure the medium to long term sustainability of the Board. In service and financial terms with due regard to changes in population, the demand for healthcare services, and the trends in the Board's income and expenditure.
- The Committee shall have oversight of the development of shared services and will have an interest in the wider integration agenda.
- To consider the Board's Local Delivery Plan and submit this to the full Board for approval

### **Property and Asset Management**

To ensure that the Property & Asset Management Strategy is aligned with the Clinical Strategy, and is:

- supported by affordable and deliverable Business Cases;
- supported by detailed Project Plans;
- delivered within agreed timescales and resources to secure modern, well designed, patient-focussed services and facilities;
- To ensure that the Board's Property and Asset Management Strategy is developed and supported and maintained and that it meets the strategic service plans needs;
- To ensure that the Board's property and asset base is effectively utilised in support of the clinical strategy;
- To ensure that the property portfolio of NHSGGC and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework;



- To ensure that all aspects of major property and land issues are dealt with in accordance with due process;
- To ensure there is a robust approach to property rationalisation; and
- To oversee the management of risk associated with individual projects.

### **Strategic/Capital Projects**

- To review and submit to the Board for approval the Capital Plan and oversee overall development of major schemes (including HI&T) over £5m including approval of capital investment business cases and consider the implications of time slippage and / or cost overrun. Instruct and review the outcome of the post project evaluation.
- To inform the Acute Services Committee and IJB/Chief Officers Group respectively of the approval of major capital schemes.
- To ensure appropriate governance in respect of risks associated with major Capital Projects.
- To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.
- Whilst addressing the above three core elements of its remit, the Committee shall require assurance that relevant legal requirements are satisfied in the conduct of business. These requirements include:
  - Equality Act 2010;
  - Climate Change (Scotland) Act 2009;
  - Public Services Reform Act 2010;
  - Public Contracts (Scotland) Regulations 2012;
  - NHS (Charges to Overseas Visitors) Regulations 2011 (as amended);
  - Ancient Monuments and Archaeological Areas Act 1979.

To receive minutes from the

- Capital Planning Group; and the
- Property Committee

## **6.0 Authority**

6.1 The Finance & Planning Committee is a Standing Committee of the NHS Board.

## **7.0 Reporting Arrangements**

7.1 The Finance & Planning Committee will report to the NHS Board.

7.2 The approved minutes of the Finance & Planning Committee will be presented to the NHS Board.

7.3 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

### **8.0 Conduct of the committee**

8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

February 2017

## NHS GREATER GLASGOW & CLYDE

### CARE & CLINICAL GOVERNANCE COMMITTEE

#### Terms of Reference

##### 1. Introduction

1.1 The Care & Clinical Governance Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.

1.2 The Care & Clinical Governance Committee is a Standing Committee of the NHS Board.

##### 2.0 Membership

2.1 The Committee shall be appointed by the NHS Board and will consist of 8 Non Executive Members, and will be supported by the Chief Executive, and Executive Directors. Other Non Executives will also receive a set of papers separately, for their information.

2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

##### 3.0 Arrangements for the Conduct of Business

###### 3.1 Chairing the Committee

The NHS Board shall appoint a Chairperson and Vice Chairperson. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

###### 3.2 Quorum

Meetings will be considered quorate when 5 Members are present.

###### 3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

###### 3.4 Frequency of meetings

The Care & Clinical Governance Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chairperson after consulting with the Vice Chairperson and the NHS Board Chairman and Chief Executive.

### 3.5 Declaration of Interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the committee.

### 3.9 Administrative Support

3.10 Administrative support for the Committee will be provided by a member of the Corporate Affairs Team.

3.11 The Administrative support to the Committee will attend to take the minutes of the meeting and provide appropriate support to the Chairperson and Committee members.

Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within 10 working days.
- Keeping an accurate record of attendance.
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.

## **4.0 Remit of the Committee**

The remit of the Care & Clinical Governance Committee is to

- ensure clinical care and services provided by NHSGGC, including those provided in partnership with other organisations, is of an appropriate quality.
- To ensure the clinical and care governance arrangements are effective, including interactions with other organisational arrangements, in improving and monitoring the quality of clinical care.
- To provide assurance to the Board that NHSGGC meetings its statutory and mandatory obligations relating the NHS Duty of Quality.

- To provide advice and assurance to the board that clinical service proposals are consistent with the continued provision of safe and effective care

## **5.0 The Key Duties of the Care & Clinical Governance Committee are as follows:**

In furtherance of achieving its remit, the particular duties of the Clinical and Care Governance Committee are to receive and review reports concerning:

- The development and implementation of the NHSGGC –
  - Clinical Governance Policy and associated guidance;
  - Clinical Services Strategy; and
  - Clinical Quality Strategy and Priorities.
- Relevant data and trends in patient safety, experience and outcomes to provide assurance to the NHS Board on standards of quality in clinical care;
- The operation of the NHSGGC clinical governance arrangements and systems at a corporate and operational level to –
  - promote high quality patient care;
  - identify, prioritise and manage clinical risk and risks to clinical quality;
  - ensure the effective and efficient use of resources through evidence-based clinical practice; and
  - promote clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care.
- The controls assurance environment for clinical quality including the progress against actions to mitigate quality and safety risks on the Corporate Risk Register (in line with agreed risk tolerances);
- Compliance with relevant regulatory requirements and national clinical standards;
- The processes within NHSGGC to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care;
- Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans; and
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may threaten the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour.

## **6.0 Authority**

6.1 The Care & Clinical Governance Committee is a Standing Committee of the NHS Board.

## **7.0 Reporting Arrangements**

7.1 The Care & Clinical Governance Committee will report to the NHS Board.

7.2 The approved minutes of the Care & Clinical Governance Committee will be presented to the NHS Board.

7.3 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

## **8.0 Conduct of the committee**

8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

February 2017

**NHS GREATER GLASGOW & CLYDE****ACUTE SERVICES COMMITTEE****Terms of Reference****1. Introduction**

1.1 The Acute Services Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.

1.2 The Acute Services Committee is a Standing Committee of the NHS Board.

**2.0 Membership**

2.1 The Committee shall be appointed by the NHS Board and will consist of 13 Non Executive Members, and will be supported by the Chief Executive, and Executive Directors. Other Non Executives will also receive a set of papers separately, for their information.

2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

**3.0 Arrangements for the Conduct of Business****3.1 Chairing the Committee**

The NHS Board shall appoint a Chairperson and Vice Chairperson. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

**3.2 Quorum**

Meetings will be considered quorate when 7 Members are present.

**3.3 Voting**

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

**3.4 Frequency of meetings**

The Acute Services Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chairperson after consulting with the Vice Chairperson and the NHS Board Chairman and Chief Executive.

**3.5 Declaration of Interests**

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that

interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the committee.

### 3.9 Administrative Support

3.10 Administrative support for the Committee will be provided by a member of the Corporate Affairs Team.

3.11 The Administrative support to the Committee will attend to take the minutes of the meeting and provide appropriate support to the Chairperson and Committee members.

Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within 10 working days.
- Keeping an accurate record of attendance.
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.

### **4.0 Remit of the Committee**

4.1 The remit of the Acute Services Committee shall encompass the role and functions of scrutiny, governance and strategic direction for Acute Services; covering the areas below -

- The quality of services delivered to patients;
- Effective patient safety and governance systems; (in conjunction with the Care & Clinical Governance Committee);
- Delivery of Corporate Objectives, including those set out in the Local Development Plan as agreed with Scottish Government Health Directorates;
- Financial Planning and Management; (in conjunction with the Finance & Planning Committee);
- Staff and patient focused public involvement; and
- Ensuring that learning from performance issues drives improvement.



## **5.0 The Key Duties of the Acute Services Committee are as follows:**

### **Quality**

- Taking an integrated approach to the key responsibilities within Acute Services of quality, patient safety, patient experience and financial planning and decisions.
- Endorsing system-wide guidance on the Policy Framework for quality and reviewing the performance measures for quality within Acute Services in line with the National Quality Strategy and locally agreed priorities.
- Being satisfied that quality improvement is carried out within Acute Services in a way which promotes equality, tackles discrimination and addresses health inequalities.
- Providing assurance on the actions taken within Acute Services to conform to the Participation Standard Self-Assessment and Action Plans.

### **Clinical**

- To receive assurance from the Care & Clinical Governance Committee that systems for monitoring and development are in place within Acute Services and which ensures that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care.
- The establishment of clear lines of responsibility and accountability within Acute Services and via the Framework for Service Delivery for HSCPs for the overall quality of care and all reasonable steps are in place to prevent, detect and rectify irregularities or deficiencies in the quality of care provided.
- Endorsing the Clinical Governance Strategy and Development Plan and Annual Clinical Governance Assurance Statement to the NHS Board as part of the Internal Control Statement, as per the Duty of Quality set by The Health Act, 1999.
- Ensuring that the recommendations made by the Scottish Public Services Ombudsman for Acute Services are implemented.
- The minutes of the Board Governance Forum will be submitted to the Acute Services Committee (and IJBs) for noting.

### **Organisational Performance**

- Ensuring a co-ordinated approach to the management of performance improvement across all aspects of the Acute Service's responsibilities and activities consistent with Corporate Objectives, HEAT targets, locally-based targets and priorities.
- Development of the Acute Services aspects of the Local Delivery Plan for NHS Board approval and oversight of implementation.

## **Resources**

- Monitor in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Monitor in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Reflect the role of the Finance & Planning Committee in the overall monitoring of the Board's Financial position.

## **Involving People**

- Monitor through the receipt of Reports from Acute Services activities in connection with the person-centeredness approach and oversee the patient's experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations within Acute Services.
- Monitor and evaluate the implementation of the Spiritual Care Policy within Acute Services through the receipt of an Annual Report.
- Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.

## **Capital Projects**

- By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes.
- Approval of individual IM&T schemes covering the value over £1.5m: an Initial Agreement followed by a full business case would be required to be submitted for approval. Where approval is over £2m an outline business case will also be required for approval;
- The above approval stages in implementing agreed NHS Board Strategies include where business cases are required to be submitted to SGHD for approval (usually above £5m).

## **Property Matters**

Delegate to the Finance & Planning Committee the responsibility to manage the NHS Board's and Endowments property holdings to include:

- Maintenance of a Property Strategy;
- Appointment of property agents and property advisers/consultants;
- Approval of NHS Board's Strategy for investment in GP practices.

Approval of all property transactions (acquisitions, disposals – including leases) as follows:

- a) Annual lease/rentals;
- b) Property disposals/acquisitions.

The Capital Planning Group and Property Committee Minutes will be submitted to the Finance & Planning Committee for noting.

## **6.0 Authority**

6.1 The Acute Services Committee is a Standing Committee of the NHS Board.

## **7.0 Reporting Arrangements**

7.1 The Acute Services Committee will report to the NHS Board.

7.2 The approved minutes of the Acute Services Committee will be presented to the NHS Board.

7.3 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

## **8.0 Conduct of the committee**

8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

February 2017

## NHS GREATER GLASGOW & CLYDE

### PUBLIC HEALTH COMMITTEE

#### Terms of Reference

##### 1. Introduction

1.1 The Public Health Committee is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation.

1.2 The Public Health Committee is a Standing Committee of the NHS Board.

##### 2.0 Membership

2.1 The Committee shall be appointed by the NHS Board and will consist of 5 Non Executive Members, and 8 Professional Advisors including

- Director of Public Health
- Head of Health Improvement
- 2 Consultants in Public Health Medicine
- 2 IJB Chief Officers
- Director - Glasgow Centre for Population Health
- Representative of Health Scotland

and will be supported by the Chief Executive, and Executive Directors. Other Non Executives will also receive a set of papers separately, for their information.

2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

##### 3.0 Arrangements for the Conduct of Business

###### 3.1 Chairing the Committee

The NHS Board shall appoint a Chairperson and Vice Chairperson. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chairperson.

###### 3.2 Quorum

Meetings will be considered quorate when 7 Members are present.

###### 3.3 Voting

Should a vote need to be taken, only the Members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

### 3.4 Frequency of meetings

The Public Health Committee shall meet four times per year. Additional meetings may be arranged at the discretion of the Committee Chairperson after consulting with the Vice Chairperson and the NHS Board Chairman and Chief Executive.

### 3.5 Declaration of Interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

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- Keeping an accurate record of attendance.
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.

## **4.0 Remit of the Committee**

4.1 The remit of the Public Health Committee is to promote public health and oversee population health activities with regular feedback to the full Board to ensure that the Board develops a long term vision and strategy for public health.

## **5.0 The Key Duties of the Public Health Committee are as follows:**

- To consider the public health priorities for NHS Greater Glasgow and Clyde;
- To review the development of a Strategic Plan for Public Health and monitor its implementation through regular progress reports and review of intermediate measures and long term outcomes
- To ensure that public health strategic planning objectives are part of the Board's overall objectives, strategic vision and direction;
- To support the Board in taking a long term strategic approach to the health of the population;
- To review the development of the Board's Public Health Directorate's Annual Work-plan across the 3 domains of Health Protection, Health Improvement and improving the quality of Health Services;
- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff;
- To oversee the funding allocated to public health activities by the Board;
- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- To provide the Board members who are part of IJBs with information and evidence to promote public health; and
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical Services Strategy and Child Health Services

## **6.0 Authority**

6.1 The Public Health Committee is a Standing Committee of the NHS Board.

## **7.0 Reporting Arrangements**

7.1 The Public Health Committee will report to the NHS Board.

7.2 The approved minutes of the Public Health Committee will be presented to the NHS Board.

7.3 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

## **8.0 Conduct of the committee**

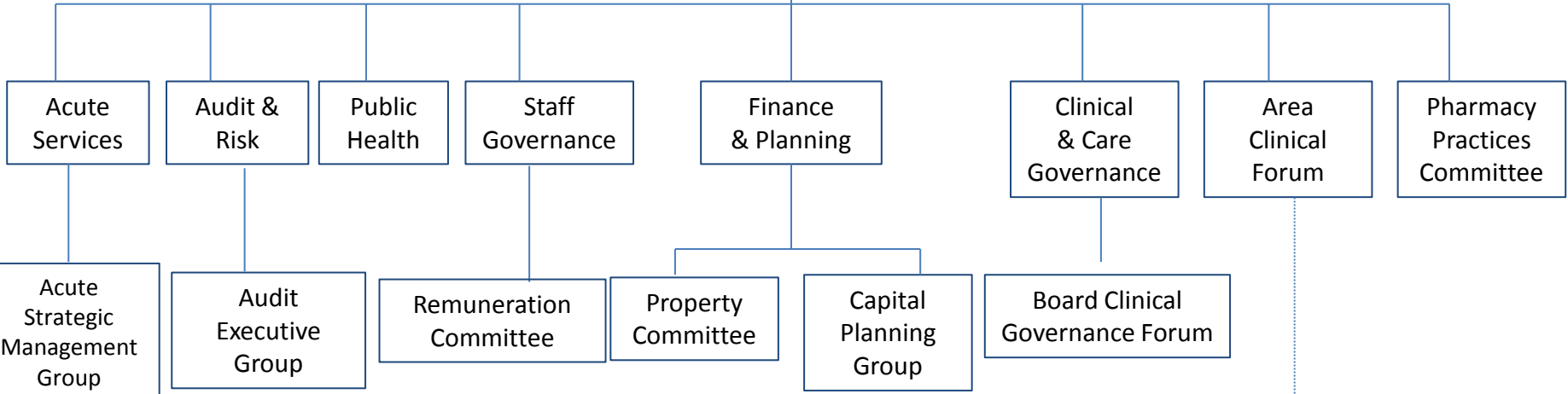
8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

February 2017

# NHS Board

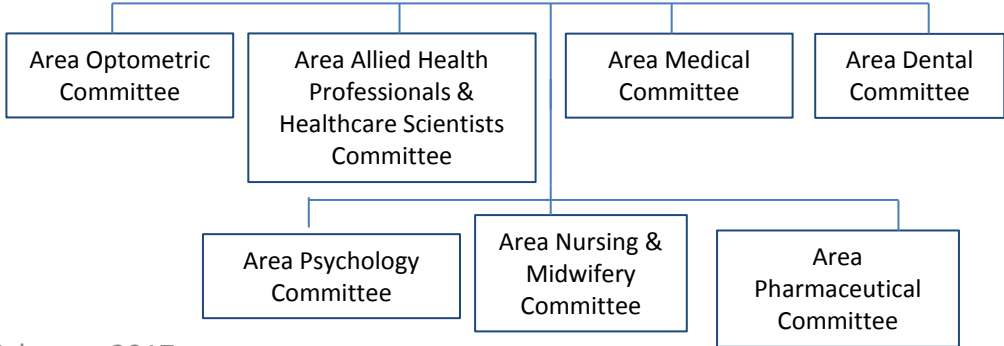
## STANDING COMMITTEES

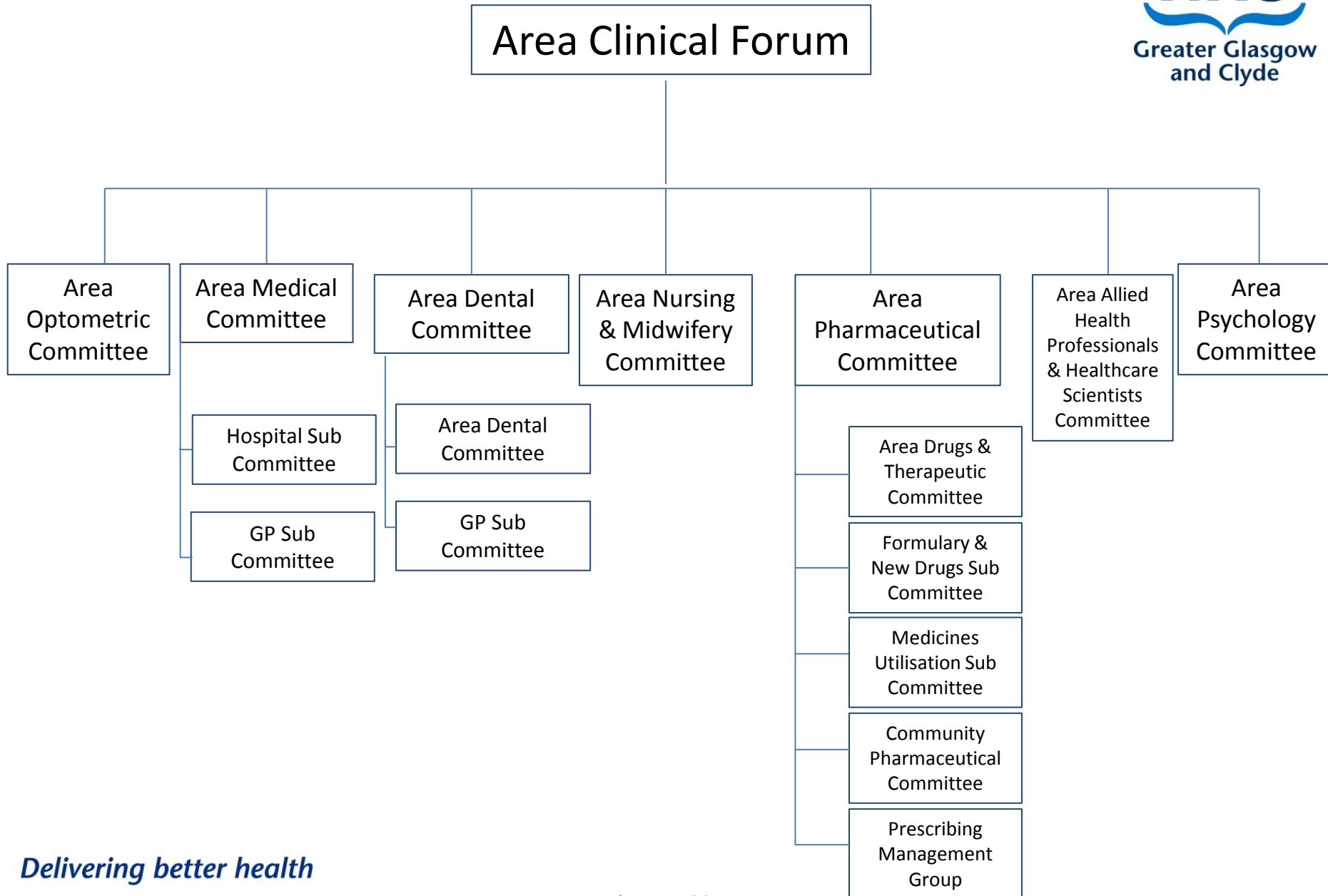


## MANAGEMENT



## ADVISORY COMMITTEES







CEO / Whole Systems Directors Group

