

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/65</b>
<b>Meeting:</b>	<b>NHSGGC Board</b>
<b>Meeting Date:</b>	<b>24 June 2025</b>
<b>Title:</b>	<b>Governance Framework Review</b>
<b>Sponsoring Director/Manager</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>
<b>Report Author:</b>	<b>Ms Kim Donald, Corporate Services Manager - Governance</b>

## 1. Purpose

The purpose of this paper is to present the annual review of the Governance Framework - Operating Requirements to the Committee for endorsement to go to the NHS Board for approval. This includes:

- The Model Code of Conduct for members of NHS Greater Glasgow and Clyde;
- The NHS Board Standing Orders, including Decisions Reserved for the NHS Board;
- The Standing Financial Instructions;
- The Scheme of Delegation drawn from the Standing Financial Instructions and other Board requirements in respect of specific roles and functions e.g. Clinical and Staff Governance;
- The Standing Committee Terms of Reference (ToRs);
- The Standards of Business Conduct for Staff
- The Standing Committee Annual Reports.

## 2. Executive Summary

Activity remains underway to ensure that the Board's governance programme continues to reflect the guidelines within the Blueprint for Good Governance (2<sup>nd</sup> edition). The Board has regularly considered the Board Development Action Plan 2024/25 with some activity approved as being business as usual. The one outstanding action in terms of stakeholder engagement and Board visibility, further to the work of the short life working group, will be approved at the June Board.

**The following are key issues for noting and consideration:**

**Code of Conduct**

The Model Code of Conduct for public bodies, (the Code) which was agreed and published on the NHSGGC website in June 2022 remains unchanged.

<https://www.standardscommissionscotland.org.uk/guidance/guidance-notes>.

<https://www.nhsggc.scot/wp-content/uploads/2022/06/Code-of-Conduct-NHSGGC-31-May-2022.pdf>

**Standing Orders**

The Standing Orders largely remain unchanged from June 2024.

**Standing Financial Instructions**

The Standing Financial Instructions have been reviewed and amendments made, where required and links to the Scheme of Delegation.

**Scheme of Delegation – including Matters reserved for the NHS Board**

In terms of updating for 2025/26, the Matters reserved for the Board now highlight the Board role in setting the culture of the organisation, previously not included.

The SoD has been updated to acknowledge the role of the Deputy Chief Executive, no longer in a Chief Operating Officer role. In addition, the SoD reflects the introduction and delegation in respect of Inquiries and Regulation, Transformation and Reform and the transitional year in regard to culture, equality, diversity and inclusion. The SoD notes the establishment of the Inquiries Oversight Sub-Committee, the People Committee and our Executive Oversight Groups.

**Committee Terms of Reference**

All Standing Committees have reviewed and ratified their respective ToRs. All ToRs have reference to the Inquiries Oversight Sub-Committee and its authority to escalate matters to Standing Committees.

**The Standards of Business Conduct for Staff**

The Standards remain unchanged from June 2024.

**Governance Committee Annual Reports**

The NHS Board will be aware of the requirement that Governance Committees provide an Annual Report for assurance purposes. These Reports are included within this paper.

### **3. Recommendations**

**The Board is asked to consider the following recommendations:**

- Note the work undertaken to review the Governance Framework – Operating Requirements across NHSGGC.
- Approve the Governance Framework.

### **4. Response Required**

This paper is presented for 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>Positive</u>

## 6. Engagement & Communications

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

- Standing Committees Reviewed and agreed updated TOR and Annual Reports.

## 7. Governance Route

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

- All Standing Committees have reviewed their respective ToRs and relevant sections of the Scheme of Delegation and approved their Annual Reports.
- Endorsed by Audit and Risk Committee 17<sup>th</sup> June 2025.

## 8. Date Prepared & Issued

Date prepared: 11 June 2025

Date issued: 19 June 2025



# **NHS Greater Glasgow and Clyde Annual Review of Governance – Operating Requirements**

**June 2025**

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## Section 1

# Model Code of Conduct for Members of NHS Greater Glasgow and Clyde

<b>Version Control</b>	xx June 2025
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Corporate Services and Governance
Approved by:	NHSGGC Board
Approved date:	June 2025
Date for review:	June 2026
Replaces previous version:	June 2024

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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the “Act”).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

### My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

### Enforcement

- 1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at **Annex A**.



## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

### **Duty**

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

### **Selflessness**

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

### **Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

### **Objectivity**

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

### **Openness**

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

### **Respect**

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

## **SECTION 3: GENERAL CONDUCT**

### **Respect and Courtesy**

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
  - a) a one-off incident,
  - b) part of a cumulative course of conduct; or
  - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I

know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
  - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

### **Remuneration, Allowances and Expenses**

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

### **Gifts and Hospitality**

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
  - b) a gift being offered to my public body;
  - c) hospitality which would reasonably be associated with my duties as a board member; or
  - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.
- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

### **Appointments to Outside Organisations**

- 3.22 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.
- 3.23 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body

## **SECTION 4: REGISTRATION OF INTERESTS**

- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

### **Category One: Remuneration**

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
  - b) self-employed;
  - c) the holder of an office;
  - d) a director of an undertaking;
  - e) a partner in a firm;
  - f) appointed or nominated by my public body to another body; or
  - g) engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.8 of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Other Roles**

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### **Category Three: Contracts**

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:
  - a) under which goods or services are to be provided, or works are to be executed; and
  - b) which has not been fully discharged.
- 4.16 I will register a description of the contract, including its duration, but excluding the value.

#### **Category Four: Election Expenses**

- 4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

#### **Category Five: Houses, Land and Buildings**

- 4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.
- 4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

#### **Category Six: Interest in Shares and Securities**

- 4.20 I have a registerable interest where:
- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
  - b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

#### **Category Seven: Gifts and Hospitality**

- 4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

#### **Category Eight: Non-Financial Interests**

- 4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

### **Category Nine: Close Family Members**

- 4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

## **SECTION 5: DECLARATION OF INTERESTS**

### **Stage 1: Connection**

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:
- a) The matter being considered by my public body is quasi-judicial or regulatory; or
  - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

### **Stage 2: Interest**

- 5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

### **Stage 3: Participation**

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

## **SECTION 6: LOBBYING AND ACCESS**

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
  - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
  - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in



connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

## **ANNEX A: BREACHES OF THE CODE**

### **Introduction**

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland (“Standards Commission”) and the post of Commissioner for Ethical Standards in Public Life in Scotland (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

### **Investigation of Complaints**

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

### **Hearings**

8. On receipt of a report from the ESC, the Standards Commission can choose to:
  - Do nothing;
  - Direct the ESC to carry out further investigations; or
  - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the

evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

## Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
  - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
  - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

## Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
  - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

## ANNEX B: DEFINITIONS

**“Bullying”** is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

**"Chair"** includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

**“Code”** is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

**"Cohabitee"** includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

**“Confidential Information”** includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

**"Election expenses"** means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

**“Employee”** includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

**“Gifts”** a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

**“Harassment”** is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

**“Hospitality”** includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

**“Relevant Date”** Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the

5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Remuneration”** includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

**“Securities”** a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



# Standing Orders for the Proceedings and Business of NHS Greater Glasgow and Clyde

<b>Version Control</b>	17 June 2025
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## 1. GENERAL

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Greater Glasgow and Clyde NHS Board, the common name for Greater Glasgow and Clyde Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance (second edition) (issued through DL (2022) 38) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website ([NHS Scotland - blueprint for good governance: second edition - gov.scot \(www.gov.scot\)](https://www.gov.scot/nhs-scotland-blueprint-for-good-governance-second-edition)).

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.
- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of

Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

## **Board Members – Ethical Conduct**

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Greater Glasgow and Clyde NHS Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however they may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, they must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

## **2. CHAIR**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

## **3. VICE-CHAIR**



- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Director of Corporate Services and Governance should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

#### **4. CALLING AND NOTICE OF BOARD MEETINGS**

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. This standardises the approach across NHS Scotland Boards. However, NHSGGC will continue to convene meetings of the Board by issuing to each Member, not less than 5 working days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- 4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.

The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

## **5. CONDUCT OF MEETINGS**

### **Authority of the Person Presiding at a Board Meeting**

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts themselves inappropriately, the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

### **Quorum**

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in

discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

### **Adjournment**

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

### **Business of the Meeting**

#### ***The Agenda***

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, they must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

### ***Decision-Making***

- 5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### ***Board Meeting in Private Session***

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### ***Minutes***

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.25 The Board Secretary (or their authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minutes.

## **6. MATTERS RESERVED FOR THE BOARD**

### **Introduction**

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

- Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
- Setting the organisation's strategic direction and development goals;
- Approval of the organisation's Corporate Strategies
- Development and Implementation of the Annual Delivery Plan and Medium Term Plan as per Scottish Government Guidance;
- Approval of the IJB Integration Schemes;
- Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;
- Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
- Allocating financial resources for both Capital and Revenue resource allocation;
- Scrutinise key data and information as per the Board's Assurance Information Framework.
- Approval of Annual Accounts;
- Scrutiny of Public Private Partnerships;

- NHS Statutory Approvals;
- 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
  - Code of Conduct for Board Members
  - Business Code of Conduct for Staff

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

## **7. DELEGATION OF AUTHORITY BY THE BOARD**

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## **8. EXECUTION OF DOCUMENTS**

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## **9. COMMITTEES**

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. ([NHS Scotland - blueprint for good governance: second edition - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/blueprint-for-good-governance/second-edition/pages/102.aspx))
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees annually.. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in



public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Greater Glasgow and Clyde NHS Board and is not to be counted when determining the committee's quorum.



## Section 3

# NHS Greater Glasgow and Clyde Standards of Business Conduct for Staff (Governance Framework)

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Responsible Executive Lead:	Director of Corporate Services and Governance
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## 1. Introduction

The NHSGGC Standards of Business Conduct forms part of the Board's standard contract of employment for all staff and is an integral part of the NHSGGC Governance Framework. It provides instructions on those issues or matters which staff are most likely to encounter in carrying out their day to day duties. These Standards build upon the Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] which set out accepted practice in the NHS Scotland as a whole. However, professionally registered staff should also ensure they do not breach the requirements in respect of their Professional Codes of Conduct.

## 2. Scope

All staff, including permanent post-holders, Bank staff, Agency staff, Locums, other temporary staff and Honorary Consultants are required to adhere to this Policy and Guidance. Any advice on its application should be sought from your Line Manager/Head of Department/Director.

It is the responsibility of staff to ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. This is of particular relevance to those who commit NHS resources directly (e.g. by the ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines). A comprehensive list of the types of interests covered by this Policy is provided in Section 5.

The NHS must be impartial and honest in the conduct of its business and its employees should remain beyond suspicion. Under the Bribery Act 2010, it is an offence to request, agree to receive or accept a bribe in return for improperly performing a function or activity.

Staff need to be aware that a breach of the provisions of this Act renders them liable to prosecution and may also lead to potential disciplinary action and the loss of their employment and superannuation rights in the NHS.

These Standards reflect the minimum standards of business conduct expected from all NHS staff. Any breaches of these Standards may lead to disciplinary action.

## 3. Key Principles

The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] provided guidance to staff in maintaining strict ethical standards in the conduct of NHS business: [1994\\_48.pdf \(scot.nhs.uk\)](#).

The NHSGGC Standards of Business Conduct aims to embed these well-established ethical standards into the organisation by ensuring that all staff:

1. Safeguard the interest of patients at all times;
2. Remain impartial and honest in the conduct of their business;
3. Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money;
4. Do not abuse their official position for personal gain or to benefit their family and/or friends;

5. Do not seek to advantage or further their private business or other interests, in the course of their official duties.

#### 4. Acceptance of Gifts and Hospitality

NHSGGC will comply with the Bribery Act 2010 ("the Act"). This commitment applies to every aspect of the Board's activity, including dealings with public and private sector organisations and the delivery of care to patients.

The Act recognises a number of offences including the following:-

- The offering, promising or giving of a bribe (active bribery)
- The requesting, agreeing to receive or accepting of a bribe (passive bribery)

Any employee who commits active or passive bribery will be subject to disciplinary action. In addition, the matter will be referred to relevant authorities for criminal investigation. The maximum sentence for any individual convicted of bribery is 10 years.

The Act also recognises a further offence of corporate liability for failing to prevent bribery on behalf of a commercial organisation. For the purposes of the Act, NHS Boards are considered commercial organisations.

##### Gifts

NHSGGC staff can accept items that are reasonable and proportionate, such as:

- Small gifts of a promotional or advertising nature such as calendars, pens and diaries, from suppliers or hosts.
- Small gifts from patients and their families, such as flowers and chocolates, following treatment.
- Low value gifts to be shared among colleagues such as confectionary, sweets or cakes.

These gifts do not need to be registered.

Where an unsolicited, inappropriate or high value gift is received and the individual is unable to return it or the donor refuses to accept its return, the employee should report the circumstances to their line manager/Head of Department/Director who will ensure that the donor is advised of the course of action.

All unsolicited, inappropriate or high value gifts, whether accepted or declined, must be entered in the online [Register of Interests, Gifts and Hospitality system](#).

**Under no circumstances should staff accept:**

- **Gifts of cash or gift vouchers, regardless of the amount.**
- **Gifts of alcohol, hampers of food, jewellery, event tickets or other mid to high value articles that could be misinterpreted by the public or assume a more serious importance in any form of future enquiry or investigation.**

Financial donations to a department fund (e.g. to support staff training) must be administered through the Board's Endowment Funds. Please refer to the Endowment Charter and Endowment Operating Instructions.

Gifts of equipment not for individual use *may* be accepted, provided that:-

- they are in no way related to purchasing decisions and do not commit NHSGGC to any obligations with the supplier or funder;
- they are entered in the on-line Register of Interests, Gifts and Hospitality;
- a risk assessment is carried out before acceptance of NHSGGC's potential liabilities of accepting the asset (e.g. recurring maintenance or support costs);
- the budget holder's approval to accepting the gift is sought, particularly if there are any recurrent or non-recurrent costs associated with accepting the gift;
- they are recorded under the procedures for accepting donated assets and details notified to the Board's asset accountant.

### Hospitality

Modest hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches in the course of a working visit. Any hospitality accepted should be similar in scale to that which NHSGGC as an employer would be likely to offer. **Hospitality in excess of this level should normally be declined.**

Should an individual wish to accept hospitality, then approval of the appropriate line manager/Head of Department/Director is required. All hospitality exceeding what the NHS would be likely to provide, whether accepted or declined, must be entered in the on-line Register of Interests, Gifts and Hospitality system.

It may not always be clear whether an employee is being invited to an event involving the provision of hospitality (e.g. a formal dinner) in a personal/private capacity or as a consequence of the position which they are employed by NHSGGC.

- If the invitation is the result of the employee's position within NHSGGC, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the employee should ensure that their line manager/Head of Department/Director is fully aware of the circumstances and approves their attendance. An example of such an event might be an awards ceremony involving a formal dinner. If the line manager/Head of Department/Director grants approval to attend, the employee should declare their attendance for registration in the on-line Register of Interests, Gifts and Hospitality.
- If the employee is invited to an event in a private capacity (e.g. as result of their qualification or membership of a professional body), they are at liberty to accept or decline the invitation without referring to their line manager/Head of Department/Director. The following matters should, however, be considered before an invitation to an individual in a private capacity is accepted:

- The employee should not do or say anything at the event that could be construed as representing the views and/or policies of NHSGGC.
- If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with NHSGGC, then it could be difficult for an employee to demonstrate that their attendance was in a private and not an official capacity. Attendance could create a perception that the employee's independence had been compromised, especially where the scale of hospitality is lavish. Employees should therefore exercise caution before accepting invitations from such bodies and must inform their line manager/Head of Department/Director.

Where suppliers of clinical products provide hospitality, it should only be accepted in association with scientific meetings, clinical educational meetings or equivalent, which must be modest, normal and reasonable in the circumstances and in line with what NHS would normally provide and held in appropriate venues conducive to the main purpose of the event

It is the responsibility of the recipients of gifts and hospitality to declare all items of excessive value received, whether accepted or declined, via the on-line Register of Interests, Gifts and Hospitality system.

**Where it is necessary to *provide* hospitality outside of an NHS facility, prior authorisation by the relevant Director is required. The hospitality provided should be on a modest scale. NHSGGC will not provide alcohol or tobacco as part of the hospitality.**

## 5. Register of Staff Interests

To avoid conflicts of interest and to maintain openness and accountability, employees are required to register all interests that may have any relevance to their duties/responsibilities within NHSGGC. These include any financial interest in a business or any other activity or pursuit that may compete for a contract to supply goods or services or in any other way could be perceived to conflict with the interests of NHSGGC. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest in question could potentially affect the employee's responsibilities to the organisation and/or influence their actions. If in doubt, the employee should register the interest or seek further guidance from their line manager/Head of Department/Director.

Interests that it may be appropriate to register include:

- **Financial interests** – where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interests** – where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career.
- **Non-financial personal interests** – where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

- **Indirect interests** – where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
- **Loyalty interests** - these relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however 'loyalty' interests can nevertheless influence decision making. In this context, a 'benefit' may be financial gain or avoidance of loss. Loyalty interests should be declared by staff involved in decision making where they:
  - Hold a position of authority in a commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
  - Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
  - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
  - Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Specific areas where staff may derive personal benefit from official expenditure would include:

- **Patents/Intellectual property** - Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- **Shareholdings/Other Ownership** - Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation. Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then management actions should be considered and applied to mitigate risks.

There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

The above list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interests upon the work of NHS GGC. Any interests of a spouse, partner or civil partner, close relative or associate, or persons living with the employee as part of a family unit, could also require registration if a potential conflict of interests exists.

All members of staff are responsible for entering their interests in the on-line Register of Interests, Gifts and Hospitality system.



**Declaration of an interest should be completed at the commencement of employment or on the acquisition of the interest. Any changes to interests should be notified at the earliest opportunity, or within 4 weeks of the change occurring.**

Entries in the online Register of Interests, Gifts and Hospitality will be retained in respect of any registration for a period of 6 years after the registration ceases or the member of staff leaves.

## **6. Purchase of Goods and Services**

NHSGGC operates a Central Procurement Department to purchase the goods and services required for service delivery. With the exception of certain staff within Estates & Facilities, Pharmacy and Prescribing Services and eHealth, no other member of staff is authorised to make a commitment to a third party for the purchase of goods or services. The Procurement Department should be contacted for advice on all aspects of the purchase of goods and services.

All staff who are in contact with suppliers and contractors (including external consultants), and, in particular, those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to professional procurement standards. They should also be aware of their responsibilities to comply with the Bribery Act 2010.

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of the NHSGGC Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) and of the Public Sector Procurement Regulations. This means that:

- No private or public company, firm or voluntary organisation which may bid for business should be given any advantage over its competitors, such as advance notice of NHSGGC requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
- Each new contract should be awarded solely on merit in accordance with the NHS Board SFIs and relevant Board procedures.
- No special favour should be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or managerial capacity. Contracts must be won in fair competition against other tenders and scrupulous care must be taken to ensure that the selection process was conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.
- All invitations to potential contractors to tender for business should include a notice warning tenderers of the consequences of engaging in any corrupt practices involving NHSGGC employees.

Staff should consult Sections 9 and 10 of the Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) for further information on the procedures to be followed to purchase goods and services.

## **7. Purchase, Sale and Lease of Property**

NHSGGC is authorised by the Scottish Government Health and Social Care Directorate to acquire, manage and dispose of property on behalf of Scottish Ministers, with appropriate officers being authorised in turn to execute instruments relating to these functions. The appropriate officers are the Chief Executive, Deputy Chief Executive, Director of Finance, Medical Director and the Director of Estates and Facilities.

No other member of staff is authorised to make any commitment in respect of the purchase, sale or lease of property. Any proposed transaction must be referred to the Director of Estates and Facilities in the first instance.

## **8. Benefits Accruing From Official Expenditure**

The underlying principle is to obtain best value from public expenditure and as such decisions should not be determined by private/personal benefit.

Employees as individuals must not derive personal benefit from public expenditure. Staff should not use their official position for personal gain or to benefit their family and friends.

Employees should not seek nor accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had or may have official dealings on behalf of the Board. This does not apply to concessionary agreements negotiated on behalf of NHS staff as a whole.

Staff should not collect air miles arising from official travel unless these are to be applied to future business travel.

A small number of staff might find their duties require them to make official purchases from retail outlets which promote loyalty schemes (e.g. loyalty cards). Staff should not make purchase decisions which allow them to benefit personally from such schemes when they are applied to official expenditure.

## **9. Contracts and Agreements**

Where it is proposed to enter into an agreement with a non-NHS body (for example, a Service Level Agreement or a Memorandum of Understanding with a University), the legal status of the agreement needs to be considered. It is very likely that, to safeguard the interests of NHSGGC, a formal, legally binding document will be required which, among other matters, will specify the service to be provided and the payment to be made by NHSGGC. Input from the NHS Central Legal Office will be required to prepare such a document unless a pre-existing CLO-drafted generic 'style' template is available.

Where the agreement is commercial in nature, the Procurement Department must be involved at the earliest stage to ensure that all contractual issues are fully addressed.

It is recognised that each agreement may be different and staff should therefore contact the Procurement Department for advice at an early stage.

In cases of doubt, individuals should contact their line manager/Head of Department/ Director or Head of Procurement for advice.

Staff should not enter or sign binding contractual agreements unless they have the authority to do so under the NHSGGC Scheme of Delegation: [Financial Governance \(sharepoint.com\)](https://sharepoint.com)

## **10. Secondary Employment**

Before taking up an offer of secondary employment outside of their NHSGGC contract, staff must obtain approval from their line manager/Head of Department/Director in the first instance. Any approval should be in writing and recorded on the employee's personal file. Approval is also required where the staff member is self-employed.

NHSGGC will require assurance that the secondary employment will not:

- Create a conflict of interest
- Interfere with or have a detrimental effect on the employee's duties
- Contravene the EU Working Time Directive
- Damage the reputation of NHSGGC

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake private practice in accordance with their respective Terms and Conditions of Service.

All staff should note that it may also be appropriate to declare secondary employment in the on-line Register of Interests, Gifts and Hospitality system (see Section 5).

## **11. Acceptance of Fees**

Where an employee, other than a member of Medical and Dental staff, is offered fees by outside agencies, including clinical suppliers, for undertaking work or engagements (e.g. radio or TV interviews, lectures, consultancy advice, membership of an advisory board etc.) which have a bearing on their official duties, or draw on their official experience, the employee's line manager must provide written approval before any commitment is given by the employee.

Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chair of the Board before committing to such work.

In all cases, an assurance will be required that:

- The employee is not making use of his/her NHS employment to further his/her private interests
- Any outside work does not interfere with the performance of their NHS duties
- Any outside work will not damage the reputation of NHSGGC

If the work carried out is part of the employee's normal duties, or could reasonably be regarded as falling within the normal duties of the post and is carried out in contracted hours, then any fee due is the property of NHSGGC and it should be NHSGGC (and not the employee) that issues any invoice required to obtain payment. The individual must not issue requests for payment in their own name and must pass the relevant details to the Directorate of Finance to allow the issue of an invoice and collection of the payment.

Employees should not commit themselves to any work which attracts a fee until they have obtained the required approval as described above. It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in question has been completed. The fact that the fee is unsolicited is not relevant and the process as set out above will apply.

It is also possible that an individual may be offered payment in kind e.g. book tokens. However, the principles set out in this section will still apply. If it is not appropriate for the individual to retain the payment in kind, then the gifts or tokens should be handed over to the individual's line manager/Head of Department/Director to be used for the benefit of the organisation as a whole.

A record in the on-line Register of Interests, Gifts and Hospitality should be made when a gift or token is handed over to a line manager/Head of Department/Director and the record should show how the gift or token is used.

A gift offered in respect of work undertaken as part of the employee's **normal** duties should be declined unless it is of minor in nature and of a low intrinsic value as per Section 4.

Certain other provisions apply specifically to the provision of lectures or interviews. A lecturer/interviewee should ensure that the audience is made aware of whether they are speaking on behalf of NHSGGC or in a private capacity.

It may not always be clear whether an individual is acting in a private capacity or as a representative of NHSGGC. An individual will be deemed to be acting in a private capacity where they are invited to speak because of their position within the organisation but is expected to express their personal thoughts and opinions on a subject. It is acknowledged that this may be a grey area and, in cases of doubt, employees should consult their line manager/Head of Department/Director. Directors in these circumstances should seek the endorsement of the Chief Executive.

Where an employee gives a lecture in a private capacity on a matter unrelated to the NHS and their job or profession (e.g. a hobby), they do not have to seek permission from his/her line manager/Head of Department/Director. In these circumstances, the individual should avoid referring to their official position with NHSGGC.

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake additional work and receive fees in accordance with their respective Grade Terms and Conditions of Service.

Consultant staff may only accept fees for lecturing or other activity whilst on paid study leave with approval from the Chief of Medicine or relevant Director. This would not normally be granted if the fee is being paid by a supplier of medical products. In this circumstance, annual leave would need to be taken and any fee declared in the online Register of Interests.

## **12. Work Undertaken for Professional Bodies**

Directors should obtain the written approval of the Chief Executive and if the Chief Executive wishes to fulfil such a role, they should obtain the written approval of the Chair of the Board.

Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service should refer to their Terms and Conditions of Service for advice on additional work undertaken.

NHSGGC will require assurance that the employee's duties as an office bearer with the professional body will not interfere with their duties or damage the reputation of NHSGGC. The following matters will be agreed in writing before the individual takes up their duties with the professional body:

- The time off to be granted to allow the individual to fulfil his duties with the professional body
- Whether this time off is to be paid or unpaid
- The extent to which expenses will be met by NHSGGC in respect of travel and subsistence relating to the employee's work for the professional body
- The nature and extent of any support to be provided by NHSGGC in terms of secretarial duties, access to ICT, photocopying and printing etc
- Whether the costs of this support are to be charged to the professional body or met by NHSGGC

In deciding whether to allow an individual to act as an office bearer for a professional body and the level of financial and administrative support to be provided, the following questions will be considered:

- Will the employee's activities as an office bearer of the professional organisation benefit the NHS in general and NHSGGC in particular?
- Will the employee's activities interfere significantly with their NHS duties and/or the duties of any support staff that may be required to assist the individual?

Provided that the employee's activities in respect of the professional organisation will not interfere unreasonably with his/her duties and the duties of any relevant support staff, permission to act as an office bearer for a professional organisation should not be unreasonably withheld.

NHSGGC will not pay or reimburse the costs of subscriptions to professional bodies. It is the responsibility of each employee to meet the cost of their membership of the relevant organisation(s).

If an employee wishes to apply for study leave to attend an event organised by a professional body of which they are a member or any other event as part of a programme of CPD, they should submit a formal application for study leave to their

line manager/Head of Department/Director. The HR Department can advise on the authorisation process. If the application for study leave is granted, it may be granted with or without reimbursement of travel expenses in respect of his/her attendance at the event at the discretion of their line manager.

Reimbursement of expenses associated with study leave taken by Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service will be in accordance with their respective Terms and Conditions of Service.

If any employee chooses to attend in an event organised by a professional body of which they are a member in their own time, any travel expenses will be met by the employee and not NHSGGC.

### **13. Working with Suppliers of Clinical Products**

#### **Declaring Interests**

Further to the universal principles set out in Section 5 of this Policy, this section should also be read and understood by staff working with suppliers of clinical products.

Should suppliers of clinical products approach NHS staff, including honorary contract holders, for advice, this may be construed as a commercial interest, in potential conflict with public duties. Therefore, all individuals providing comparable advice to the Board, for example through their participation in Advisory Committees, must declare any relevant interests and must withdraw or modify their participation, as necessary, in meetings, consultation exercises and other relevant fora.

This requirement to declare an interest also applies to any individuals, including patient and lay representatives, who provide advice and/or influence decisions made by Advisory Committees and other relevant bodies.

Staff should be aware that the requirements for declaration at meetings are also applicable to independent primary care contractors directly involved with NHS decision making on the procurement of medicines and other clinical products, those undertaking research and innovation and those participating in Board Committees, for example, on issues related to the General Pharmaceutical Services Regulations. Community pharmacists and other independent primary care contractors who have commercial relationships with a wide range of suppliers, will require to declare relevant interests if they are involved with Board committees where particular products are being considered for inclusion in local policies.

It is the responsibility of the employee to declare any relevant interest to the Chair of any Board Standing Committee/Professional Advisory Committee/decision making group that they sit on so that the Chair is aware of any conflict which may arise. These Declarations of Interest will be recorded in the Minutes of the meeting.

## Meeting with Suppliers

Interactions with suppliers of clinical products must follow the principles laid out in this document and, where appropriate, the Association of British Pharmaceutical Industry (ABPI) [Code \(pmcpa.org.uk\)](http://pmcpa.org.uk):

- Meetings should only involve those whose roles justify their participation.
- Individuals should obtain approval from their line manager/ clinical director or equivalent before participation. It is acceptable to arrange prior approval up to an agreed level of interaction, as part of the annual job planning, performance review or appraisal process, as appropriate for different professions.
- Only senior staff should participate in one to one meetings with representatives.
- Staff taking part in such meetings should ensure there is a clear understanding of the purpose of the meeting, including the aims and the potential outcomes which benefit the NHS and patients.
- No commercial commitments should be made during the course of such a meeting. Any appropriate recommendations should be referred to NHSGGC Procurement.

## Samples

This refers to pharmaceuticals or any other clinical product including dressings, sundries, products for wound care and stoma care, equipment and devices. Samples should **not** be accepted from suppliers at any time. The exceptions are medicines or devices/ medical technology provided as part of a clinical trial or clinical evaluation study which have received prior Research & Innovation Management Team approval to commence.

Any requirements for pre-packed medication, for example, to be used as starter packs in compliance with the Formulary, should normally be satisfied through NHS Manufacturing Units. Advice should be sought from local pharmacy departments.

Leased devices and equipment should be inspected, approved and regulated via normal NHS procedures.

## Partnership working at corporate level

In developing a joint working agreement at corporate level, consideration should be given to the following:

- The costs and benefits of any arrangement.
- Likely impact on purchasing decisions across the NHS structure, with such decisions being based on best clinical practice and value for money.
- Joint working linked to the purchase of particular products or services, or to supply from particular sources, is not permitted unless as a result of an open and transparent tendering process for a defined package of goods and services. In particular, no sponsorship, funding or resources should be accepted from a supplier who is actively engaged, or shortly to be engaged, in a potential supply to the Board unless it can clearly be demonstrated that the sponsorship has not influenced the procurement decision. It should be assumed that influence will be perceived unless it can be clearly demonstrated it was not.

- A requirement that all participants observe Data Protection legislation and respect patient confidentiality.
- The employment or seconding of any person as a result of the agreement is covered by Section 11 of this Policy.
- Participants are made fully aware of the duration of the project with a clear definition of (1) the 'exit strategy' and (2) the implications for both patients and the service once the project comes to an end.
- The need to declare the agreement on the online Register of Interests.

Any possible partnership should always be discussed with the relevant line manager/Head of Department/Director before proceeding beyond the initial stages.

Procurement teams (and in the case of medicines, Pharmacy teams) will work with suppliers to establish the best arrangements for the supply of clinical products, in line with the Board's Standing Financial Instructions (SFIs): [Financial Governance \(sharepoint.com\)](#) and Public Sector Procurement Regulations.

No commercial relationships can be entered into other than by staff with formal delegated authority. Any discussion on commercial matters should be referred to the relevant Procurement or Pharmacy teams.

### **Industry sponsored research & innovation**

NHSGGC, in collaboration with its academic partners, wishes to enhance patient care through advancement in clinical practice and acknowledges the support that companies who supply novel clinical products provides to research and innovation.

Research partnerships need to meet the rigorous requirements of clinical relevance and governance as set out in current guidelines and legislation. All projects must be formally approved by the relevant Research Ethics Committee(s), Medical Healthcare regulatory Authority (where relevant) and the Research & Innovation management team. All activity needs to be appropriately costed and invoiced through the Research & Innovation Finance.

All industry sponsored research/clinical trials and innovation projects are registered By the Department of research & innovation on behalf of the board.

If a product is subject to transfer from a research setting to commercial use, this should be planned through a formal agreement for service development, with an agreed funding stream. This should be progressed through NHSGGC managed entry processes for new products, procedures and services. Medicines are subject to an established process of 'managed introduction', given the role of (1) the regulatory authorities in marketing authorisation at a European or UK level; (2) the Scottish Medicines Consortium; and (3) the Area Drug and Therapeutics Committee.

Trial subjects/patients should be informed that NHSGGC cannot guarantee that a new medicine or device will be available in clinical practice following clinical trial activity, compassionate use prescribing or 'expanded access' programme (or equivalent). Such availability is dependent on marketing authorisation and national guidance (e.g. Scottish Medicines Consortium and/or National Institute for Health and Clinical Excellence), in addition to individual patient circumstances.



Market research activities, post marketing surveillance studies, clinical assessments and the like must be conducted with a primarily scientific or educational purpose and must not be disguised promotion. These may require approval from Research & Innovation and/or the Director if the relevant department. In the event that this activity involves a non-Formulary medicine, NHS prescribing should be conducted in line with accepted prescribing policies in acute services or primary care.

### **Intellectual Property Rights (IP)**

All activity relating to IP must comply with the NHSGGC Intellectual Property Policy.

## **14. Directorship and Membership of Companies**

As NHSGGC becomes increasingly involved in partnership working with other agencies, employees may be asked to hold a Directorship with a Company which has been established to progress a particular project. It is important that all staff are aware of the legal position.

NHSGGC has limited powers to become involved in the conduct of a Company as a subscriber to the Memorandum and Articles of Association or by being entitled to nominate Directors to the Board of Directors of a Company. While there is the power to form companies to provide facilities or services under the National Health Service (Scotland) Act 1978 as amended, such powers will only be exercised in very limited circumstances with the consent of Scottish Ministers. NHSGGC can, however, participate in a Company providing that it does not nominate a Director or take any steps which could be construed as entering into the day to day control and direction of a Company. NHSGGC could send a representative to Board meetings to act as an observer if this was acceptable to the Company and provided it is made explicit to the Company Secretary that the employee is not participating in the Company as a Director or Member of the Company.

Staff should be aware that as Members of a voluntary association there is a potential for unlimited liability on the part of individual employees and of NHSGGC as their employer. While this risk could be addressed by the Association granting an indemnity to the individuals and NHSGGC in respect of any claims arising, this indemnity would only be worthwhile if there was some significant financial backing to meet the claim, or related claims. If the voluntary association had little or no funds, such an indemnity could in fact be worthless. On balance, therefore, it is recommended that the Board and its officers normally take an advisory role in respect of a voluntary association rather than become a full member.

If an individual in a private capacity was appointed to the Board of a Company or becomes a member of a voluntary association, they must comply with NHSGGC's requirements in respect of secondary employment and declaration of interests. They should make it explicit to the body concerned that they are not representing the views of NHSGGC. Furthermore, they should also not act as an investigator in any trial of the company's product (e.g. medicine, devices, diagnostic tests) that may be active within NHSGGC.

Individuals should seek advice and also the written approval of the Chief Executive before responding to an invitation to join a Company or the controlling body of a voluntary organisation.

## **15. Conduct During Election Campaigns**

During election campaigns:

- NHSGGC will ensure even-handedness in meeting requests for factual information from individual candidates and those from different political parties
- Care will be taken over announcements of decisions made by NHSGGC to avoid accusations of political controversy or partisanship
- Care will be taken in respect of paid publicity campaigns to ensure they are not open to criticism of being undertaken for party political purposes
- Care will also be taken in relation to any publications planned by NHSGGC during the pre-election period for example, pieces of research which may be open to political interpretation
- NHSGGC will ensure that it does not do anything that could reasonably be construed as politically motivated
- Employees will not engage in activity that could reasonably be regarded as taking a political stance

The Freedom of Information (Scotland) Act 2002 remains in operation during the election period. NHSGGC will continue to respond to FOI requests in accordance with the legislation and associated FOI Policy: [Freedom Of Information Policy - NHSGGC](#)

## **16. Contact with the Media**

If an employee is contacted direct by the media they should not enter into any discussions or make any comment and instead refer the enquiry to the NHSGGC Press Office (0141-201- 4429 (24 hours), [Press.Office@ggc.scot.nhs.uk](mailto:Press.Office@ggc.scot.nhs.uk)). They should also inform their line manager/Director so they are aware of the approach.

Employees must not invite journalists, photographers or camera crews onto any NHSGGC premises without the prior agreement of the NHSGGC Press Office and the relevant line manager/Director.

Employees are also reminded that in dealings with the media they should never pass over any copies of NHSGGC-owned material (e.g. reports or data) which are obtained as part of their normal employment.

Where an employee exercises the right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including online), they should make it clear that they are acting in a private capacity and any opinions expressed are not necessarily those of NHSGGC.

Employees must not make initial contact the media on NHSGGC matters.

Staff are also reminded of their expected professional and personal behaviours in the use of social media as set out in the NHSGGC policies available here: [Social Media and Personal Workplace Relationships - NHSGGC](#)

## 17. Reporting Breaches

Should employees have concerns about potential non-compliance with these Standards, they can raise these in confidence via the NHSGGC Whistleblowing Procedures: [Speak Up! - NHSGGC](#)

Specific concerns of a financial nature, should be reported immediately in accordance with the NHS Fraud Policy: [Fraud \(sharepoint.com\)](#)

## **Bribery, Gifts & Hospitality and Conflicts of Interest Guidance for NHSGGC Staff**

### **Introduction**

**All NHSGGC staff must be aware of their responsibilities towards:**

- **Compliance with the Bribery Act 2010.**
- **The need to record any accepted or declined gifts or hospitality.**
- **The requirement to declare any potential conflict between external interests and Health Board business.**

**This is to ensure that all staff know what to do in each of the above situations.**

### **Section 1: What is Bribery?**

**Bribery is the improper performance of a duty/function in return for an advantage. An advantage will include a traditional cash bribe as well as non-cash bribes and may include gifts or hospitality.**

### **Section 2: What constitutes Gifts and Hospitality?**

**NHS staff can often be presented with gifts from patients or contractors/suppliers. This does not mean that you cannot accept gifts and hospitality, you *can*, as long as:**

- **They are of low value.**
- **They do not create any feeling of expectation for something in return.**

**Examples of generally acceptable gifts:**

- Small gifts of a promotional or advertising nature such as calendars, pens and diaries, from suppliers or hosts.
- Small gifts from patients and their families, such as flowers and chocolates, following treatment.
- Low value gifts to be shared among colleagues such as confectionary, sweets or cakes.

**The above do not need to be recorded.**

- Gifts of equipment
- Financial donations to departments

**The above do need to be recorded – see Section 8.**

**Example of unacceptable gifts:**

- Gifts of cash or gift vouchers, regardless of the amount.

- Gifts of alcohol, hampers of food, jewellery, event tickets or other mid to high value articles that could be misinterpreted by the public or assume a more serious importance in any form of future enquiry or investigation.

Examples of **acceptable hospitality**:

- A basic working lunch for business purposes.
- Attendance at a function in an official capacity, where lunch/meal is provided as part of the day.

Examples of **unacceptable hospitality**:

- The offer of a holiday or weekend hospitality.
- The use of a company flat or hotel suite.
- The use of a company vehicle.
- An invite to an event involving lavish hospitality.
- Repeat invitations by the same organisation or individual.
- Any offer of hospitality of any kind from an organisation seeking to do business with us or that is in a contractual dispute with us.
- Any offer of hospitality of any kind from an organisation seeking grant funding from us.
- **Any offer that creates a feeling of expectation in return.**

Please note that the above lists are not meant to be exhaustive and are provided as examples only. If you are in any doubt speak to your line manager.

**Section 3: The Bribery Act 2010 – rules and your responsibilities**

The Bribery Act 2010 details four offences:

- It is an offence to offer, promise or give a bribe.
- It is also an offence to request, agree to receive, or accept a bribe.
- The Act creates a separate offence of bribing a foreign public official with the intention of obtaining or retaining business or an advantage in the conduct of business.
- There is also a corporate offence under the Act of failure by an organisation to prevent bribery that is intended to obtain or retain business, or an advantage in the conduct of business, for the organisation.

Facilitation payments are unofficial payments to public officials in order to secure or expedite actions and are illegal. Similarly, the use of a third party as a conduit to channel bribes to others is a criminal offence.

**Section 4: Penalties**

Accepting or making a bribe constitutes gross misconduct under NHS Scotland's disciplinary procedures and could potentially result in **dismissal**.

Bribery is also a criminal offence and if convicted could result in up to 10 years **imprisonment** and an **unlimited fine**. Organisations that fail to prevent bribery also face unlimited fines.

In addition, individuals and companies who are convicted of a bribery offence will be **excluded from NHS tendering processes**.

## **Section 5: How might you be influenced or affected by bribery and / or coercion?**

Bribery or coercion will vary from service to service and seek different objectives. It may be attempted in order to gain advantage in the competition for business, bypass legal or regulatory processes, or gain preferential access to care and treatment for example.

Staff should consider what this might look like in their area of practice and managers should discuss relevant scenarios with their staff in order to build resilience to this threat.

**If it does not feel right and creates a feeling of expectation in return then stop, check and report.**

## **Section 6: Do's and Don'ts**

### **DO:**

- Read the NHSGGC Standard of Business Conduct for Staff.
- Be aware of your responsibilities with regards to the Bribery Act 2010: [Bribery Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- Familiarise yourself with the Association of British Pharmaceutical Industry (ABPI) Code if you work with suppliers of clinical products: [Code \(pmcpa.org.uk\)](https://www.abpi.org.uk)
- Speak to your line manager for further guidance.
- Ensure that mid to high value gifts or any hospitality offered, even if you have declined these, are recorded – see Section 8.

### **DO NOT:**

- Give or promise to give, or offer a payment, gift or hospitality with the expectation or hope that a personal, commercial, regulatory or contractual advantage will be received, or to reward any such advantage already given.
- Give or promise to give, or offer a payment, gift or hospitality to a government official, agent or representative to facilitate or speed up a procedure.
- Accept payment from a third party that you know or suspect is offered with the expectation that it will obtain a business advantage for them.
- Accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a business advantage will be provided by NHSGGC in return.
- Retaliate against, threaten or victimise anyone who has refused to be involved in bribery or corrupt practices, or who has raised concerns under NHS Counter-fraud or Whistleblowing procedures.

The list above is not exhaustive but is intended to provide examples of conduct likely to be in breach of the NHSGGC Standards of Business Conduct.

## **Section 7: What should you do if you have been offered a bribe?**

Specific concerns of a financial nature, should be reported immediately and in line with the NHSGGC Fraud Policy using the contact details here: [Fraud \(sharepoint.com\)](#)

If you have concerns about improper business conduct in general, these can be raised in confidence via the NHSGGC Whistleblowing Procedures:

[ggc.whistleblowing@ggc.scot.nhs.uk](mailto:ggc.whistleblowing@ggc.scot.nhs.uk).

## **Section 8: What should you do if you have been offered a gift or hospitality?**

Where an unsolicited, inappropriate or high value gift is received and the individual is unable to return it or the donor refuses to accept its return, the employee should report the circumstances to their line manager who will ensure that the donor is advised of the course of action.

All high value gifts or hospitality, whether accepted or declined, must be entered in the online [Register of Interests, Gifts and Hospitality system](#):

[NHS GGC Gifts & Declarations - My Declarations \(scot.nhs.uk\)](#)

## **Section 9: What if I want to offer a gift or hospitality to someone external?**

**Gifts on behalf of NHSGGC should not be offered under any circumstances.**

**Where it is necessary to *provide* hospitality outside of an NHS facility, prior authorisation by the relevant Director is required. The hospitality provided should be on a modest scale. NHSGGC will not provide alcohol or tobacco as part of the hospitality.**

## **Section 10: Conflicts of Interest**

The NHSGGC Standards of Business Conduct requires all staff to declare any private interests which might affect their work.

All Board Members are required to submit an annual Declaration of Interests form in line with their Code of Conduct. However, *any* member of staff who considers that their outside interests may potentially conflict with those of NHSGGC should also make a declaration.

All new staff should complete a Declaration of Interest as part of their on-boarding process, but should continue to declare interests as they may evolve throughout their career within NHSGGC.

Conflicts of interests are not simply financial or professional in nature, but also based on *loyalty* where staff:

- Hold a position of authority in a commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.

- Are aware that NHSGGC does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Declarations of Interest should be made via the same portal: [NHS GGC Gifts & Declarations - My Declarations \(scot.nhs.uk\)](https://scot.nhs.uk/nhs-ggc-gifts-declarations)

Further information on Conflicts of Interest is available in the NHSGGC Standards of Business Conduct.





## Section 4

# Standing Financial Instructions

Lead Manager	Fraud Liaison Officer
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	June 2025
Date for Review	April 2026
Replaces Previous Version	Standing Financial Instructions - 15th Revision, approved June 2024

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## SECTION 1

### **INTRODUCTION AND CODE OF CONDUCT FOR STAFF**

#### **1.1 GENERAL**

These Standing Financial Instructions (SFIs or Instructions) detail the financial responsibilities, policies and procedures to be adopted by NHS Greater Glasgow and Clyde (NHSGGC). They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

These Instructions are issued in accordance with the National Health Service (Financial Provisions) (Scotland) Regulations 1974, Regulation 4, together with the subsequent guidance and requirements contained in NHS Circular No. 1974 (GEN) 88 and annex, the Scotland Act 1998 and MEL (1994) 80, for the regulation of the conduct of the Board, its members and officers, in relation to financial matters. They also reflect the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

They will have effect as if incorporated in the Standing Orders for the Proceedings and Business of the Board.

The SFIs identify the financial responsibilities that apply to everyone working for NHSGGC and its constituent organisations. They do not provide detailed procedural advice. However, financial procedural notes will be prepared to reflect the requirement of these SFIs. These statements should therefore be read in conjunction with the relevant financial operating procedures.

Departmental heads with financial responsibilities will fulfil these responsibilities in a way that complies with the requirements of these Instructions, and will put in place, and maintain procedures that comply with the SFIs.

The SFIs are in themselves a component of a wider Risk Management Strategy that seeks to safeguard all of the processes of NHSGGC.

Failure to comply with SFIs is a disciplinary matter which could result in dismissal.

Nothing in these SFIs shall be held to override any legal requirement or SGHSCD directive.

#### **1.2 CODE OF CONDUCT FOR STAFF**

The Code of Conduct under the Ethical Standards in Public Life (Scotland) Act 2000 is issued to all NHSGGC Board Members on appointment and a condition of their appointment is acceptance of and compliance with the Code.

The NHSGGC Standards of Business Conduct for Staff embeds the strict ethical standards set out in the national Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48]. In doing so, it also aims to ensure professionally registered staff do not breach the requirements in respect of their Professional Codes of Conduct, and aligns with national NHS whistleblowing and counter-fraud arrangements.

The Standards of Business Conduct for Staff provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard contract of employment, and all staff are required to adhere to the Standards.

NHSGGC is committed to the three essential public values. The three public service values of conduct, accountability, and openness must therefore be at the heart of our activities and not only must we adhere to these principles we must also be seen to do so.

Conduct	An absolute standard of honesty and integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHSGGC duties; in dealing with the assets of NHSGGC.
Accountability	Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and meet professional codes of conduct.
Openness	The Board's activities should be sufficiently public and transparent to promote confidence between the Board and its patients, its staff and the public.

To achieve and hold these values, the following key principles should be followed by staff in all their official business.

- Staff should ensure that the interests of patients remain paramount at all times.
- Staff should be impartial and honest in the conduct of their business and should remain beyond suspicion at all times. The Bribery Act 2010 makes it an offence to:
  - a) Offer, promise or give a bribe or
  - b) Request, agree to receive or accept a bribe in return for improperly performing a function or activity.
- Staff should use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Staff should not abuse their official position for personal gain or to benefit their family and/or friends; or seek to advantage or further their private business or other interests in the course of their official duties.

In the first instance, employees should contact their line manager or Head of Department or Director for advice on the application of the Code.

### 1.3 **TERMINOLOGY**

Any expression to which a meaning is given in the Health Service Acts or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and

1. "NHS Greater Glasgow and Clyde" (NHSGGC) is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board.
2. "Board" means the Management Committee of NHSGGC/Greater Glasgow Health Board, or such other Committee of the Board to which powers have been delegated.
3. "Budget" means an allocation of resources by the Board, Chief Executive or other officer with delegated authority expressed in financial terms, for the purposes of carrying out, over a specific period, a function or group of functions of the NHSGGC Board.
4. "Chief Officer" means any officer who is directly accountable to the Chief Executive i.e. Directors, Chief Officers/Directors of Divisions/HSCPs and some Heads of Department.
5. "Budget Holder" means the Chief Officer or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

6. "SGHSCD" means Scottish Government Health and Social Care Directorates.
7. "Supervisory Body" means a committee established by the Board with delegated authority to discharge the Board's responsibilities under the Adults with Incapacity (Scotland) Act 2000.
8. "Integration Joint Board" or "Joint Board" means the body corporate established by Scottish Ministers as a consequence of an approved integration plan.
9. Health and Social Care Partnership (HSCP) is the common name for an Integration Joint Board.

#### **1.4 RESPONSIBILITIES AND DELEGATION**

The Board will exercise financial supervision and control by:-

1. formulating the financial strategy;
2. requiring the submission and approval of annual budgets within approved allocations;
3. approving SFIs;
4. defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation.

All directors and employees have a general responsibility for the security of the property of NHSGGC, for avoiding loss, for economy and efficiency in the use of resources and for complying with the requirements of these Instructions. Should any difficulty arise regarding their interpretation or application then the advice of the Director of Finance or authorised nominee must be sought before action is taken.

It is the duty of the Chief Executive, managers and heads of department, to ensure that existing staff and all new appointees are informed of their responsibilities within these Instructions. Breaches of these Instructions will be reported to the Director of Finance.

Within these SFIs it is acknowledged that the Chief Executive is personally responsible for the proper management of public funds and for ensuring the regularity, propriety and value for money in the management of the organisation. Accountability for this function is directly to the Scottish Parliament under section 15 of the Public Finance and Accountability (Scotland) Act 2000.

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they will remain accountable to the Board for financial control.

Without prejudice to the functioning of any other officer of NHSGGC, the Director of Finance will ensure:

1. the design, implementation and supervision of systems of financial control including the adoption of Standing Financial Instructions and the maintenance of effective internal audit arrangements;
2. the preparation, documentation, implementation and maintenance of NHSGGC's financial policies, procedures and systems in support of a comprehensive control environment;
3. the co-ordination of any corrective action necessary to further these policies, procedures and systems;
4. the preparation and maintenance of such accounts, costs, estimates etc. for the purposes of carrying out NHSGGC's duties and establishing with reasonable accuracy NHSGGC's financial position;

5. the provision of financial advice to NHSGGC's Board and its officers;
6. the accurate and timely submission to the Scottish Government Health and Social Care Directorates of Annual Accounts and such other reports, returns and monitoring information as may be required to allow the SGHSCD to discharge its responsibilities.

#### **1.5 MODIFICATION AND INTERPRETATION**

The Director of Finance may make minor changes to terminology contained in, or presentation of, these SFIs as required, without seeking approval. Any such changes will be reported to the NHS Board at the time of the annual review of these Instructions.

Wherever the title of Chief Executive or Chief Officer is used in these Instructions, it will be deemed to include such other directors or employees who have been duly authorised to represent them.

Whenever the term "employee" is used it shall be deemed to include directors or employees of third parties contracted to NHSGGC when acting on behalf of NHSGGC.

All references in these Instructions to the singular form will be read as equally applicable to the plural.

NHSGGC has adopted use of the non-gendered pronoun 'they' and this shall be read as being applicable and inclusive of all gender identities.

Any reference to any legislation, provision or guidance should be construed as applying equally to any amendment or later publication of that legislation, provision or guidance.

Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board without further intimation or action by the Board.

## SECTION 2

### **ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING**

#### **2.1 INTRODUCTION**

NHSGGC will perform its functions within the total of funds allocated by Scottish Ministers and any other source of recognised income. All plans, financial approvals and control systems will be designed to meet this obligation.

#### **2.2 ALLOCATIONS AND REVENUE PLAN**

The Director of Finance will:

1. at least once per year, review the bases and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure NHSGGC's entitlement to funds;
2. submit Financial Plans to the Board for approval, for both revenue and capital expenditure, detailing sources of income and the proposed application of those funds, including any sums to be held in reserve;
3. ensure that the proposed application of funds reconciles to the allocations received and other sources of income;
4. ensure that the Financial Plan states clearly the significant assumptions on which it is based and details any major changes in activity, delivery of service or resources required to achieve the Plan;
5. ensure that the financial contribution to the Health and Social Care Partnership (HSCP) integrated budget is in accordance with the Integration Plan;
6. ensure that the Financial Plan reflects the objectives set out in the Programme Initial Agreement, the Annual Operational Plan, the Strategic Commissioning Plans and the Annual Accountability Reports developed by HSCPs;
7. regularly report to the Board on significant changes to the initial allocation and the uses of such funds.

#### **2.3 PREPARATION AND APPROVAL OF BUDGETS**

The Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will predominantly cover allocations to Divisions and HSCPs to provide services for the delivery of healthcare and will also identify funding required for the operation of the corporate functions of NHSGGC. Such budgets will:

1. be in accordance with the aims and objectives set out in the 3 year Delivery Plan which is aligned with the 3 year Financial Plan, the Annual Operational Plan and the Strategic Plans developed by HSCPs;
2. accord with workload and manpower plans;

3. be produced following discussion with appropriate Divisional representatives and other budget holders;
4. be prepared within the limits of available funds; and
5. identify potential risks.

The Director of Finance will establish procedures to monitor financial performance against budget and the Financial Plan, periodically review them and report to the Board. This report will provide an explanation of significant variances from budget and the Financial Plan together with a forecast outturn for the year. It will detail any corrective action required to achieve the Board's financial targets for the year.

All budget holders, and managers, must provide information as required by the Director of Finance to enable budgets to be compiled and monitored, using appropriately defined reporting formats.

The Director of Finance has a responsibility to ensure that adequate financial advice is provided on an ongoing basis to budget holders to help them discharge their budgetary control responsibilities effectively and efficiently.

## **2.4 BUDGETARY DELEGATION**

The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities.

This reflects the nature of partnership working, both with other public sector organisations and private agencies providing healthcare services [See also Sections 7 and 17 of these Instructions].

This delegation must be in writing and be accompanied by a clear definition of:

1. the amount of the budget;
2. the purpose(s) of each budget heading;
3. individual and group responsibilities;
4. authority to exercise virement and limits applying;
5. achievement of planned levels of service; and
6. the provision of regular monitoring reports.

The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement and an HSCP's facility to carry forward an underspend through the Local Authority's General Reserve.

The Chief Officer of an HSCP may not vire between the Integrated Budget and those budgets which are out with the scope of the Strategic Plan without Board agreement (see also Section 17: Health and Social Care Partnerships).

Where the Board's financial contribution to an HSCP for delegated functions is underspent in year, and the underspend arises from specific management action, in line with the Integration Scheme and the IJB Reserves policy, this will be retained by the Integration Joint Board to



either, with the exception of ring fenced budgets, fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. The exception is where an unplanned underspend arises due to material differences in the assumptions used in setting the payment to the joint board. In these cases the underspend will be returned to the Board in year and the Board's financial contribution will be adjusted recurrently.

The Board shall contain any overspend on the non-integrated budgets within non-integrated resources. Only in exceptional circumstances shall the Board's financial contribution to the Joint Board be amended in order to redirect resources to non-integrated budgets. Any reduction must be approved by the Joint Board.

Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive. The Finance, Planning and Performance Committee will oversee the use of non-recurrent funds and reserves to ensure the medium to long term sustainability of the Board.

Any person committing NHSGGC to expenditure must have authority to do so in the Scheme of Delegation. Expenditure for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the Chief Executive, or the Director of Finance or the Board as appropriate in accordance with the Scheme of Delegation.

## **2.5 BUDGETARY CONTROL AND REPORTING**

The Director of Finance will devise and maintain systems of budgetary control. These will include:

1. financial reports available to the Board, in a form approved by the Board, containing:
  - income and expenditure to date showing trends and forecast year-end position;
  - movements in working capital materially affecting resource limits;
  - capital project spend and projected out-turn against plan;
  - explanations of any material variances from plan;
  - details of any corrective action where necessary;
  - an assessment of financial risk.
2. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering areas for which they are responsible;
3. investigation and reporting of variances from financial, workload and manpower budgets;
4. monitoring of management action to correct variances; and
5. arrangements for the authorisation of in-year budget transfers.

All budget holders are accountable for their budgetary performance. Budget Holders must ensure there is available budget in place before taking any decisions in line with their delegated authority. Each budget holder is responsible for ensuring that:

1. any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent as outlined in section 2.4 above;
2. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement.

The Chief Executive is responsible for identifying and implementing efficiency and rationalisation programmes together with income initiatives in accordance with the requirements of the Financial Plan and any other guidance received from the SGHSCD from time to time and to thereby ensure a balanced budget.

Chief Officers/Directors of each Division/HSCP must ensure that these budgetary control and reporting disciplines operate in their Division/HSCP. This supports NHSGGC's overarching budgetary control environment.

## **2.6 MONITORING RETURNS**

The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the SGHSCD and any other statutory organisation as required.

## **2.7 CAPITAL EXPENDITURE**

The general rules applying to delegation and reporting shall also apply to capital expenditure including the requirement to stay within the Capital Resource limit [See also Section 12 of these Instructions].

## **2.8 SCHEME OF DELEGATION**

The Board shall approve a Scheme of Delegation which will specify:

1. areas of responsibility;
2. nominated officers; and
3. the scope of the delegation in terms of financial value, time span etc.

The Scheme of Delegation will be reviewed and approved by the Board as part of the annual review of Corporate Governance arrangements.

## **2.9 APPROVAL OF CHANGE PROGRAMMES**

A Business Case for proposed changes to existing service provision must be submitted to the Finance, Planning and Performance Committee for approval where the proposal includes major service change, major workforce change or where the revenue implications are unfunded or greater than £1.5m. The proposal must be in accordance with the Board's clinical strategy and reflect the Delivery Plan, the Annual Operational Plan and the HSCP's Strategic Plan

The Business Case should cover the following sections in sufficient detail to explain the proposal:

1. description of proposal;
2. statement of strategic fit;
3. detailed option appraisal, explanation of alternative options reviewed against a set of pre-agreed criteria and scoring summary;
4. financial appraisal, including summary of capital and revenue cost implications of alternative options;
5. overview of preferred option;
6. summary of implementation plan for preferred option with key milestones;
7. summary of benefit of preferred option;

8. risk management - plan for management of implementation and financial risks associated with preferred option; and
9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

The sources of funding for the proposed development must be identified with confirmation from existing budget holder(s) that the funds will be available for the proposed purpose. The Director of Finance will certify that additional allocations from SGHSCD identified in the Business Case will be available for that purpose.

Where the revenue implications of a project are up to £1.5m and funded from available resources a Business Case will be submitted for approval by the Acute Strategic Management Group, the HSCP Board or the Director of Finance as appropriate.

Where an approved Business Case requires third party spend the budget owner will complete a Project Authorisation checklist which will be forwarded to the Head of Procurement or relevant Board Procurement Lead as authority to proceed to Procurement.

#### **2.10 REGIONAL PLANNING**

Regional Planning Groups simplify financial arrangements by reaching binding agreements on how regionally provided developments should be funded. The Board Chief Executive is a member of the West of Scotland Regional Planning Group and is responsible for agreeing developments on behalf of the Board. The principles adopted by the Regional Planning Group are that:

- The costs of regional services, suitably benchmarked and validated, should be agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement.
- The NHS Board hosting the regional service should be able to clearly demonstrate the level of costs which result from providing the regional service with independent cost audits available if appropriate.
- Costs of regional services should be divided between the participating Boards on a weighted capitation basis rather than on volume of use unless this is inappropriate or unwieldy.
- The NHS Board hosting the regional service shall charge Boards for the service through the Service Level Agreement process.

#### **2.11 PARTICIPATORY BUDGETS**

Where a participatory budget has been agreed which devolves decision making to local communities or service users expenditure must be compliant with these SFIs in particular Section 9: Non Pay Expenditure and Section 10: Orders, Quotations and Tenders.

**SECTION 3**

**ANNUAL ACCOUNTS AND REPORTS**

The Director of Finance, on behalf of the Board, will:

1. keep, in such form as the Scottish Ministers may direct, account of all monies received or paid out by NHSGGC;
2. prepare financial returns in accordance with the guidance issued and regulations laid down by the Scottish Ministers, NHSGGC's accounting policies and generally accepted accounting principles;
3. prepare, certify and submit Accounts in respect of each financial year as required by Section 19 of the Public Finance and Accountability (Scotland) Act 2000;
4. ensure that the Accounts comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM), as approved by the Financial Reporting Advisory Board (FRAB), which is in force for the financial year for which the accounts are prepared;;
5. ensure that the Accounts are produced in accordance with the timetable set down by the SGHSCD and by the Auditor General for Scotland; and
6. ensure that there is evidence of compliance with NHSGGC's Corporate Governance measures in accordance with extant guidance issued by the SGHSCD.

NHSGGC's Annual Accounts must be audited by an independent External Auditor (External Audit is dealt with at greater length in Section 4 of these Instructions).

The audited Annual Accounts must be presented to and approved by the Board at a Board meeting.

## SECTION 4

### AUDIT

#### 4.1 AUDIT AND RISK COMMITTEE

In accordance with Standing Orders and as set out in guidance issued under NHS MEL (1994) 80, the Board will establish an Audit Committee. This is known as the Audit and Risk Committee.

The purpose of the Audit and Risk Committee is to assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control and risk management is in place to ensure that:

1. business is conducted in accordance with the law and proper standards governing the NHS and its interface with partner organisations;
2. public money is safeguarded and properly accounted for;
3. financial statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and
4. reasonable steps are taken to prevent and detect fraud and other irregularities.

The Audit and Risk Committee will support the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of the Board and Accountable Officer. In this context, assurance is defined as an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework. The Audit and Risk Committee is subject to the guidance in the Audit Committee Handbook published by the Scottish Government.

The Terms of Reference of the Audit and Risk Committee will be reviewed and approved annually by the Board.

Where the Audit and Risk Committee suspects there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chairman of the Audit and Risk Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the SGHSCD (to the NHSS Director of Health and Social Care Finance, Digital and Governance in the first instance).

The Director of Finance will be responsible for ensuring that an adequate internal audit service is provided. The Audit and Risk committee has a key role in ensuring the effectiveness of the internal audit functions including:

- Overseeing the selection process for new internal auditors.
- Reviewing and agreeing the annual internal audit work plan.
- Ensuring recommendations are actioned by the Executive Leadership Team.
- Disseminating audit reports to the relevant Board Committees.
- Encouraging the use of audit reports as improvement tools.
- Monitoring and assessing the effectiveness of the audit team.
- Awarding and termination of the contract for internal audit services.

The Director of Finance will be responsible for arranging the resources required to carry out any review or investigation which is commissioned directly by the Audit and Risk Committee under its Terms of Reference.

#### **4.2 EXTERNAL AUDIT**

Responsibilities of external auditors are established by the Public Finance and Accountability (Scotland) Act 2000 and the Code of Audit Practice and their work is guided by Financial Reporting Council's Ethical Standard. NHSGGC's Accounts must be audited by auditors appointed by the Scottish Ministers. The Auditor General for Scotland will secure the audit of the Board's Accounts on behalf of the Scottish Ministers.

The external auditor will discharge his reporting responsibilities under the Audit Scotland Code of Audit Practice by providing the following outputs from the audit:-

1. an Audit Certificate on NHSGGC's Statement of Annual Accounts;
2. a Final Report to Board Members; and
3. Management Letters and other reports to management as required.

The Director of Finance will ensure that:-

1. the external auditors receive full co-operation in the conduct of the audit;
2. the Final Report to Board Members together with the audited Accounts are presented timeously to the Board for noting and adoption, and the adopted Accounts are subsequently forwarded to the SGHSCD; and
3. action is taken in respect of all recommendations contained in the external auditor's reports and letters in accordance with the timetable agreed with the external auditor.

The Audit and Risk Committee is responsible for the oversight of the Board's relations with the external auditors including reviewing the scope of the annual audit plan. The external auditor will normally be expected to attend Audit and Risk Committee meetings and has a right of access to the Chair of the Board, all Audit and Risk Committee Members and other Members of the Board. The external auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

#### **4.3 DIRECTOR OF FINANCE**

The Director of Finance is responsible for:

1. ensuring that there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an internal audit function headed by a Chief Internal Auditor/Audit Manager of sufficient status;
2. ensuring that the internal audit service is adequate and meets NHS mandatory standards;
3. agreeing with the Directors of Finance of partner local authorities which incumbent internal audit team shall undertake the internal audit of an HSCP;
4. ensuring that responses to internal audit reports are provided timeously and that internal audit recommendations are implemented as agreed; and
5. ensuring that, in cases of fraud, the NHS Counter Fraud Service is notified without delay, in accordance with NHSGGC's Fraud Policy, the Fraud Response Plan and the Partnership Agreement with NHS Counter Fraud Services.

The Director of Finance will ensure that cases of fraud, misappropriation or other irregularities are investigated in accordance with the Fraud Policy and the Fraud Response Plan approved by the Audit and Risk Committee.

The Director of Finance will ensure that there is adequate communication between the external and internal auditors to avoid unnecessary overlapping of work.

#### **4.4 INTERNAL AUDIT**

The role of internal audit will be based upon the guidance contained in the Public Sector Internal Audit Standards (PSIAs). These standards are mandatory and specifically it will be the responsibility of the Chief Internal Auditor/Audit Manager to effectively manage the internal audit activity to ensure it adds value to the organisation.

The role of the internal audit team should include:

1. Reviewing accounting and internal control systems;
2. Reviewing the economy, efficiency and effectiveness of operations;
3. Assisting with the identification of significant risks;
4. Examining financial and operating information;
5. Special investigations;
6. Reviewing compliance with legislation and other external regulations.

The Director of Finance or other officers, such as the Chief Internal Auditor/Audit Manager, Fraud Liaison Officer or NHS Counter Fraud Staff acting on the Director of Finance's behalf (including staff of third parties if the internal audit service is outsourced) will be entitled, without necessarily giving prior notice, to require and receive:

1. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case there will be a duty to safeguard that confidentiality);
2. access at all reasonable times to any premises or land of NHSGGC;
3. the production or identification by any employee of any Board cash, stores, or other property under the employee's control; and
4. explanations concerning any matter under investigation.

The Chief Internal Auditor/Audit Manager reports functionally to the Audit and Risk Committee and has a right of access to the Chair of the Audit and Risk Committee, the Chief Executive and the NHS Board Chair.

1. the timetable for completion of reports and provision of responses will be as agreed between the Chief Internal Auditor/Audit Manager and the Director of Finance.
2. the Director of Finance will ensure that appropriate responses are provided and action is taken in respect of all internal audit reports.
3. failure to take any necessary remedial action within a reasonable period will be reported to the Chief Executive.

The Chief Internal Auditor/Audit Manager will normally attend Audit and Risk Committee meetings. The internal auditor will meet on at least one occasion each year with the Audit and

Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

The Chief Internal Auditor/Audit Manager will prepare an annual audit report for consideration of the Audit and Risk Committee. The report must cover:

1. a statement on the adequacy and effectiveness of NHSGGC's internal controls based on the audit work undertaken during the year;
2. major internal control weaknesses identified;
3. progress on the implementation of internal audit recommendations; and
4. progress against the internal audit annual plan over the previous year.

The annual audit report prepared for an HSCP will be made available to the Audit and Risk Committee.

The Chief Internal Auditor/Audit Manager will prepare a strategic audit plan for consideration and approval of the Audit and Risk Committee. The plan will normally cover a period of three years and will be based on an assessment of the risks facing NHSGGC. Each year the Chief Internal Auditor/Audit Manager should update the plan and re-present it to the Audit and Risk Committee for approval.

The Strategic Audit Plan will be translated into an agreed Annual Plan which identifies the specific subjects to be audited in the coming year including any provision for contingencies and ad hoc work.



**SECTION 5**

**BANKING ARRANGEMENTS**

**5.1 GENERAL**

The Director of Finance is responsible for managing NHSGGC's banking arrangements and for advising the Board on the provision of banking services and the operation of accounts, including the levels of delegated authority.

**5.2 BANKING PROCEDURES**

All funds will be held in accounts in the name of NHSGGC, subject to para 5.5 on Project Bank Accounts, and accounts may only be opened by the Director of Finance. Bank accounts operated by members of staff in any capacity should not be addressed to Board premises without the approval of the Director of Finance. Similarly non-NHSGGC entities should not use Board premises as an address for correspondence as to do so may imply a relationship with the Board.

Only authorised signatories may draw on these accounts. The Director of Finance will approve and maintain a list of authorised signatories for this purpose.

All transactions relating to Board business must be reflected through these accounts.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

The Director of Finance is responsible for:

1. establishing bank accounts;
2. establishing separate bank accounts for NHSGGC's non-exchequer funds;
3. defining the use of each account; and
4. ensuring that payments made from bank accounts do not exceed the amount credited to the account except as detailed in section 5.3 below.

The Director of Finance will ensure that detailed written instructions on the operation of bank accounts will include:

1. the conditions under which each bank account is to be operated;
2. a list of those authorised to sign cheques or other orders drawn on NHSGGC's accounts, including specimen signatures and the level of authority delegated to each signatory;
3. a list of those authorised to authenticate electronic payments.

The Director of Finance must advise NHSGGC's bankers in writing of the conditions under which each bank account is to be operated. This will include a list of authorised signatories with specimen signatures and the level of authority delegated to each.

The Director of Finance will advise NHSGGC's bankers of the conditions under which any on-line banking service to which NHSGGC subscribes is to be operated, including lists of those authorised to approve transfers between accounts and BACS payments to other bodies, together with levels of authority.

**5.3 BANK ACCOUNTS**

The balances of accounts holding exchequer funds should not exceed any limits that may be set, from time to time, by the SGHSCD. All surplus funds must be maintained in accordance with the banking guidelines issued by SGHSCD.

Balances in commercial bank accounts should be kept to the minimum consistent with the principles of not providing funding in advance of need and avoiding accounts being overdrawn. Bank accounts will not be permitted to be overdrawn, pooling arrangements on bank accounts maintained in the same name and in the same right notwithstanding.

**5.4 TENDERING AND REVIEW**

The Director of Finance will review the banking arrangements of NHSGGC at regular intervals to ensure they reflect best practice and represent best value for money.

Banking services will be subject to the procurement procedures set out in Section 10 of these Instructions.

**5.5 PROJECT BANK ACCOUNTS**

A Project Bank Account (PBA) operates as a legal trust through the signing of a trust deed by the trustees (NHSGGC and the main contractor) which complies with the law of Scotland and which names the beneficiaries to be paid from the PBA (main contractor and sub-contractors). They will be set up by NHSGGC (the commissioning body) and opened in joint names with the main contractor. The Director of Finance will oversee the opening of the PBA which will operate the authorisation of payments for qualifying projects in the same way other construction assessments/interim certificates are made at present on construction schemes within NHSGGC.

**SECTION 6**

**INCOME, SECURITY OF CASH, CHEQUES  
AND OTHER NEGOTIABLE INSTRUMENTS**

**6.1 INCOME SYSTEMS**

The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

All staff charged with the responsibility of administering monies have a duty to ensure that these funds are safeguarded and that any monies received are banked promptly.

**6.2 INCOME FROM EXTERNAL BODIES**

Where services are provided to external bodies, and the fees or charges are not determined by SGHSCD or by Statute, those responsible for that service must ensure that an appropriate charge is made which recovers all relevant overheads. These charges should be reviewed annually. Independent professional advice on matters of valuation will be taken as necessary. Where income generation work is not undertaken as part of an NHS Body's function under the National Health Service (Scotland) Act 1978 appropriate insurance cover or indemnity must be obtained which covers the Board's legal liability arising from such work. Any additional cost incurred must be recovered by the fees charged.

Employees entering into arrangements whereby fees are charged to, or income received from, a third party must inform the relevant senior financial officer who will advise on an appropriate level of fee and authorise the arrangement. The relevant senior financial officers are:-

- Board:
- a) the Director of Finance
  - b) the Assistant Director of Finance – Financial Services, Capital and Payroll
- Acute:
- a) the Director of Finance
  - b) the Assistant Director of Finance – Acute and Access
  - c) the Directorate Heads of Finance

HSCPs: the CFO of the HSCP in conjunction with the Director of Finance or the Assistant Director of Finance – Financial Planning and Performance where appropriate.

Fees may be waived only on the authority of one of the aforementioned.

Advice should be obtained in relation to non-standard contracts and agreements. Prior approval will be required before contacting the NHS Scotland Central Legal Office.

Departments must maintain a register of all such contracts and agreements. The register will be reviewed by the relevant Head of Finance or Chief Financial Officer annually.

Intellectual Property and any income generated will be managed in accordance with NHS MEL (1998) 23, the Policy Framework for managing Intellectual Property in the NHS arising from Research and Development and HDL (2004) 09, Management of Intellectual Property in the NHS.

**6.3 GRANTS AWARDED BY OTHER PARTIES**

Where a grant is awarded to NHSGGC by a third party in respect of a specific project or piece of work, the Director of the department receiving the grant should discuss with the Director of Finance the accounting arrangements and any requirement for the grant to be audited.

#### **6.4 DEBT RECOVERY**

The Director of Finance is responsible for ensuring that appropriate recovery action on all outstanding debts is taken.

Income not received/bad debts should only be written-off with the appropriate authority and dealt with in accordance with the losses procedures detailed in section 18 "Fraud, Losses and Legal Claims".

Systems should be put in place to prevent overpayments, but where they do occur, overpayments should be detected and recovery initiated. Write-off of unrecovered amounts is also covered in section 18, as referred to above,

#### **6.5 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

The Director of Finance is responsible for ensuring:

1. the approval of the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
2. the appropriate ordering and secure control of any such stationery; and
3. that systems and procedures for handling cash and negotiable securities on behalf of NHSGGC are in place;

In addition the Director of Estates and Facilities is responsible for ensuring:

1. the provision of adequate facilities and systems for employees whose duties include collecting and holding of cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
2. that a system for the transportation of cash is in place.

The use of Board funds for making personal loans or for cashing personal cheques is not permitted.

Cash balances held on NHSGGC premises will be kept to the minimum required for the provision of NHSGGC services. Any increase or decrease in the level of funds held, whether temporary to cover exceptional periods or permanent, must be authorised by the Head Cashier.

All cheques, cash and other negotiable instruments should be banked intact promptly, to the credit of the prescribed income or debtors account. The makeup of cash banked may be altered where change is required by the site provided the total amount of cash banked is unchanged. Cheques may not be substituted for cash and disbursements may not be made from cash received.

The holders of safe keys should not accept unofficial funds for depositing in their safes.

Keys should be held on the keyholder's person or kept secure at all times. Keys should not be kept in, or on, desks (either hidden or otherwise). A spare safe/petty cash key should be held by a manager out with the Cash Office for instances where the keyholder has an unplanned absence. The manager will take adequate precautions surrounding the security of the spare key and will keep a record of any instances where it is issued.

During the absence (e.g. on holiday) of the holder of a safe or cash box key, the officer who acts in their place is subject to the same controls as the normal holder of the key. There

## BOARD OFFICIAL

should be a written discharge for the safe and/or cash box contents on the transfer of responsibilities and the handover certificate must be retained for inspection.

Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses (see SFI 18 – Fraud, Losses and Legal Claims).

## SECTION 7

### **HEALTHCARE SERVICE PROVISION**

#### **7.1 INTRODUCTION**

The Board will approve, within the context of the HSCP Strategic Plans and the Annual Operational Plan, the particular arrangements for healthcare services for the population on an annual basis. The Chief Executive is responsible for ensuring that

1. appropriate agreements are in place with healthcare service providers (both within and out with the NHS); and
2. agreements for healthcare are made with due regard to the guidance on planning and priorities issued by the SGHSCD, as well as the need to achieve value for money and to minimise risk. Agreements must ensure that the agreed activity levels are appropriate in terms of the demand for services and NHSGGC's allocation.

Appropriate agreements should be in place for:

1. the provision of healthcare services to NHSGGC by other NHS bodies and by bodies out with the NHS; and
2. the provision of healthcare services to other NHS bodies by the Board.

The Director of Public Health, in their capacity as the Board's Caldicott Guardian, will ensure that all systems operate in such a way as to maintain patient confidentiality in terms of the Data Protection Regulations and Caldicott guidance.

#### **NHS Bodies**

Where the healthcare services are provided to NHSGGC by another NHS Board, or where healthcare services are provided to another NHS body by NHSGGC, a Service Level Agreement (SLA) should be prepared specifying the level of activity expected of the provider and defining the funding arrangements.

In addition, the Director of Finance will ensure that:

1. there is a monitoring system in place to ensure the payment is related to satisfactory delivery of the required service, value for money is achieved and risks to the Board are eliminated or reduced ;
2. the total value of healthcare agreements placed are within the resources available to NHSGGC; and
3. procedures are in place for the handling of charges in respect of Unplanned Activity Contracts (UNPAC's) and Out of Area Placements (OAP's) in accordance with the guidance issued by the SGHSCD.

#### **Non-NHS Organisations**

Where services are provided by non-NHS organisations, the guidelines in Section 9, Non-pay Expenditure and Section 10, Orders, Quotations and Tenders should be followed.

#### **7.2 VOLUNTARY SECTOR ORGANISATIONS AND GRANT FUNDING**

Where the Board requires a specific service and/or specifies how that service will be delivered, grant funding is inappropriate and the service should be procured following the guidance in Section 9, Non-pay Expenditure and Section 10, Orders, Quotations and Tenders. Grant funding should not be used to deliver the Board's statutory obligations.

A Waiver to Tender should be completed for all grant awards and be signed by the relevant Director/Chief Officer. This should then be signed by the Head of Procurement who will arrange to issue a Condition of Grant Letter.

Where a grant is awarded by NHSGGC to a third party the Condition of Grant Letter formalises the arrangements for the award of funding. Formal offers of funding should be conditional on the acceptance of formal terms and conditions including:

- a requirement to demonstrate that funds have been spent on authorised activities; and
- clawback provisions.

As NHSGGC is a public body we must consider whether any funding which the Board provides may contravene subsidy control rules.

### **7.3 GRANTS AWARDED TO NHSGGC BY OTHER PARTIES**

Refer to Section 6 for grants awarded to NHSGGC by other parties.

### **7.4 JOINT FUNDING**

Where a project is to be jointly funded each partner will agree their level of contribution in advance.

Where the Board is the lead partner responsible for commissioning a service and monitoring delivery the procurement process will be undertaken in accordance with Section 10 – Orders, Quotations and Tenders.

**SECTION 8**

**PAY EXPENDITURE**

**8.1 REMUNERATION**

The Board will establish a NHSGGC Staff Governance Committee whose composition and remit will be approved by the Board.

The NHSGGC Staff Governance Committee will establish a Remuneration Sub Committee to consider the remuneration of the senior managers on the Executive Pay Arrangements within the NHSGGC area, to ensure consistent application of the methods of objective setting, appraisal of performance and remuneration decisions.

NHSGGC will remunerate the Chair and Non-executive Directors in accordance with the instructions issued by Scottish Ministers.

**8.2 STAFF APPOINTMENTS, CHANGES AND TERMINATIONS**

Directors or employees authorised to do so may engage, re-engage or regrade employees, or hire agency staff, only within the limit of their approved budget and financial establishment. All appointments must be in accordance with approved Human Resources and Staff Governance Policies. In order to comply with the Board's Standards of Business Conduct for Staff staff members should take no part in the appointment of family and friends and should declare any such interests to their line manager.

All appointment forms should be sent to the eESS Support Team for processing. Managers must ensure that terminations and changes are processed using the eESS Manager Self Service system. It is essential that a termination is processed immediately upon the effective date of an employee's resignation, retirement or termination being known. Where an employee fails to report for duty in circumstances that suggest that they have left without notice, the Payroll Department must be informed immediately.

Where contractors are used (as opposed to directly employed staff), any contract awarded must demonstrate value for money and comply with procurement procedure in respect of SFI's on Orders, Quotations and Tenders. For the avoidance of doubt, the value to be considered, in this respect, is the total value of payments over the duration of the contract.

**8.3 PROCESSING OF PAYROLL**

The Director of Finance is responsible for ensuring:

1. that appropriate payroll services are provided to meet NHSGGC's needs;
2. that there are appropriate operating policies and procedures in place to control all pay expenditure;
3. that appropriate authority to approve pay expenditure and changes is embedded within the eESS system; and
4. that only approved time records, pay sheets and other pay records and notifications are used.

Regardless of the arrangements for providing the payroll service, the Director of Finance will ensure that the chosen method is supported by appropriate management arrangements,



adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to the appropriate bodies.

#### **8.4 PROCESSING OF EXPENSES**

The Director of Finance will ensure that all expenses claimed by employees of NHSGGC or outside parties are reimbursed in line with the relevant regulations. Claim forms for expenses will be in an approved format, and will be completed and authorised by an officer approved by the Director of Finance. Such forms will be accompanied by supporting vouchers (or supporting vouchers will be forwarded where claims are submitted electronically). These will be submitted timeously and/or in accordance with the agreed timetable.

#### **8.5 AUTHORISATION**

All payments to staff will be subject to authorisation by a budget holder or other officer with delegated authority to approve payroll expenditure in that area. Such authorisation should be based on adequate review and, where reliance is placed on the work of others to carry out this review, must, as a minimum, include a specific review of any entries relating to officers whose work is being relied on.

Wherever possible, officers should not compile their own payroll input. Where it is unavoidable that the compiler of the payroll input is included on that input, then the entry in respect of the compiler must be initialled by the authorising officer.

Under no circumstance should officers authorise/approve their own payroll input or expenses.

Where overtime is to be paid, the authorising officer must ensure that it has been properly approved by the budget holder in advance and that they are satisfied that the additional time has been worked and is in addition to the staff member's normal duties.

Once authorised, all payroll documents should be submitted directly to the Payroll department by the authorising officer. If this task is delegated, then steps should be taken to ensure that there are no amendments made following authorisation.

#### **8.6 RESPONSIBILITIES OF EMPLOYEES**

All staff have a responsibility to check their payslip/e-payslip in order to ensure that they are being paid correctly. If an employee believes that they are being paid incorrectly – either being underpaid or overpaid – they should report the matter to their line manager or alternatively to the Payroll Department using the contact information contained on their payslip. A failure to check that salary is being paid correctly will not in itself provide an employee with justification for refusing to repay any amount overpaid.

#### **8.7 CONTRACT OF EMPLOYMENT**

The Director of Human Resources and Organisational Development is responsible for;

1. ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
2. ensuring that variations to, or termination of, contracts of employment are dealt with by the appropriate officer, in line with the procedure in place for such instances.

#### **8.8 SUPPLEMENTARY STAFFING – AGENCY CONTROLS**

Under DL (2024)22 all agency nursing staff use must be by exception only. This includes agency nursing staff accessed via the relevant National Procurement Framework NP51023 or

through any other route. Any Nurse Agency use should be approved by the Director of Nursing. These arrangements must be adhered to except where it is clear that not accessing staff via an agency will result in either a clinical safety breach or suspension of a service or, otherwise, a breach of a Board's legal obligations.

Under no circumstances should current NHSGGC employees or NHSGGC Staff Bank workers be placed on shifts via an agency. A 6 month cooling off period applies from the date of termination of contract.

All agency workers must only be registered with the Health Board under one agency and new agency workers registering with the Health Board must be from a National Procurement Framework Agency.

Any off-framework agency worker must provide evidence of personal indemnity insurance cover.

**SECTION 9****NON-PAY EXPENDITURE****9.1 INTRODUCTION**

All non-pay expenditure will be authorised, purchased and paid in accordance with these Standing Financial Instructions and the Board's Scheme of Delegation, ensuring that NHSGGC achieves financial balance, procures best value for money goods and services, meets commercial best practice and complies with Procurement legislation.

**9.2 STAFF RESPONSIBILITIES**

The Director of Finance will ensure that:

1. all accounts and claims are properly paid;
2. the Board is advised on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained;
3. these thresholds are regularly reviewed; and
4. that NHSGGC has a Construction Procurement Policy that is consistent with national policy and guidelines.

The Head of Procurement is responsible for ensuring the preparation, maintenance and issue of procedural instructions on the procurement of goods, works and services incorporating these thresholds.

All non-medicine procurements will be administered by the Procurement Department unless specific delegated purchasing authority has been granted by the Chief Executive. In some cases Procurement delegates purchase order responsibility to other "expert" departments whilst maintaining overall responsibility for commercial arrangements.

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
Pharmacy Services	All medicines
Infrastructure Planning and Delivery	Capital Investment Infrastructure and management of revenue funded Infrastructure Agreements
Operational Estates	Minor building and building repair projects
eHealth	All IT projects, software, hardware and desktop. Innovation Projects/ Partnerships
Procurement	Medical / Surgical Products, Medical / Imaging Equipment and associated maintenance, Estates, Facilities, Corporate (HSCP/Public Health and other corporate requirements) and all other 'in-scope' non-pay expenditure

The Director of Pharmacy is responsible for the ordering of, the safe storage and distribution of medicines in accordance with the Human Medicines Regulations 2012 and subsequent amendments.

The Director of Finance and Head of Procurement will ensure that appropriate segregation is in place at all times. There must normally be segregation of duties between the activities of

requisitioning, order approval, receipting and paying of goods and services. Exceptions are where:-

- a requisitioner's access permissions within PECOS are restricted by value, or, to specific catalogue items or suppliers. In this case a purchase order will be automatically generated by the system;
- where an order is placed with the National Distribution Centre it is regarded as a stock issue with no requirement for separate receipting of the goods;
- desktop delivery orders will be automatically marked as not eligible for receipt by the system.

All officers must comply with the Standards of Business Conduct for Staff and register any personal interest. Where an officer has an interest which relates, directly or indirectly, to any proposed purchase or contract, they must not take part in any aspect of the purchasing and procurement processes for that purchase or contract.

Any officer who is involved in any part of the contracting or purchasing process is responsible, as far as they are able, for ensuring that NHSGGC is only committed to contracts or purchases which are in accordance with NHSGGC's policies and which give NHSGGC maximum value for money when compared with any known alternatives.

No staff should make a binding commitment on behalf of NHSGGC unless they have the delegated authority to do so. Any authorised commitments must be in writing. Staff should be aware that the terms of the Requirements of Writing (Scotland) Act 1995 states that NHSGGC can be bound by a verbal undertaking given by an officer of NHSGGC in the course of business.

### **9.3 NON-PAY EXPENDITURE APPROVAL PROCESS**

#### **Budgetary Control**

No order will be placed or contract let for goods or services where there is no budget provision, unless authorised by the Director of Finance or the Chief Executive.

Contracts or orders will not be placed in a manner devised to avoid the financial limits specified by the Board.

#### **Tendering and Quotations**

Unless a requirement is already covered by a local or national framework agreement, all contracts and purchases will be tendered in accordance with SFI10 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates

The Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act are applicable to all public sector organisations. These regulations are prescriptive in their requirements for public sector organisations and these SFI's are designed to ensure NHSGGC's full compliance.

The Freedom of Information (Scotland) Act 2002 (and any subsequent amendments) is applicable to public sector procurements where specific provisions and requirements with regard to disclosure of information apply and may override commercial sensitivities in some circumstances if deemed in the public interest. Given the potential for commercial prejudice therefore, and the risks to NHSGGC associated with compliance or non-compliance with the FOI Act, a structured and disciplined tender and contract award process taking into account FOI requirements shall apply in most circumstances. These SFIs set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the provisions and requirements of this regulation.

The Equality Act 2010 outlaws any discrimination, including any potential discrimination through the provision of goods and services. All public authorities therefore have a duty to take equality

into account when procuring goods, works, or services from external providers. These SFI's set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the legal provisions and requirements and that suppliers and contractors adhere to the equality and diversity legislation and principles.

### **Contracts**

By definition a contract is any agreement between NHSGGC and other party/parties that is enforceable by the law. Contracts can be formed orally, in writing or even by conduct.

The Board complies with [CEL 05 \(2012\)](#) – Key Procurement Principles, which states that where national, regional or local contracts exist (including framework agreements) the overriding principle is that use of these contracts is mandatory. Only in exceptional circumstances and with the authority of the Head of Procurement or the Director of Finance shall goods or services be ordered out-with such contracts. The Head of Procurement will maintain a record of any contracts placed out-with such contracts.

All contracts will have a sound basis in law and appropriate commercial contract conditions must be chosen to minimise the risk of any adverse litigation. For local contracting activity, the Health Board standard terms and conditions should be used. Where contracts are not of a standard form, the Central Legal Office should be consulted. Note that prior approval is required before consulting CLO. The Health Board Standard Terms and Conditions can be found online at: <https://www.nhsggc.scot/about-us/procurement/standard-terms-and-conditions>

All non-standard form contracts shall be approved and issued only by the Head of Procurement unless specific delegated authority has been granted by the Chief Executive or the Board.

### **Requisitions**

Unless agreed otherwise, prior to any official purchase order being raised a requisition (formerly known as a non-stock requisition or 'indent') must be submitted and approved in accordance with the Scheme of Delegation.

### **Authorisation**

Another Key Procurement Principle contained with CEL 05 (2012) is 'No Purchase Order / No Payment. All requisitions and associated orders for the purchase of items must be properly authorised in accordance with these SFI's. The ordering/authorising officer are responsible for satisfying themselves that NHSGGC's contracting and ordering instructions have been properly complied with before they authorise an order and that the order does not commit NHSGGC to expenditure in excess of the budgeted amount. Committing expenditure with suppliers without first raising an official purchase order is therefore a breach of these SFIs.

The Director of Finance has responsibility, acting on behalf of the Chief Executive, for the setting of financial limits as defined in the Scheme of Delegation.

### **Delegation of Authority**

The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

Each operating unit will maintain a Scheme of Delegation and all employees must comply with the limits set in all aspects of non-pay expenditure. Delegated limits will be reviewed annually by the relevant Head of Finance/Chief Financial Officer.

Requisitions for supplies can only be authorised by the budget holder of the directorate or department (or someone formally delegated with that authority) where the expenditure is

planned and covered by available funds. The Director of Finance will ensure that there is a list of authorised signatories maintained for this purpose. Such delegated authority will be embedded in any electronic purchasing systems.

### **Purchase Orders**

Only NHSGGC's authorised ordering officers, as approved by the Director of Finance, shall sign purchase orders. This includes authorised ordering officers where Procurement has delegated authority to other "expert" departments (section 9.2).

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted to make commitments out-with the official requisitioning and ordering processes unless the goods or services being procured have been generally or specifically exempted from these processes by the Chief Executive or Director of Finance.

The Head of Procurement will be responsible for ensuring that suppliers are made aware of the official ordering process.

### **Construction Procurement**

All construction procurement will be made in accordance with SGHSCD guidance including relevant Construction Policy Notes (CPNs) and NHSGGC's Construction Procurement policy.

### **Trial/Loan Products**

Products e.g. medical equipment, shall not be taken on trial or loan from suppliers or contractors unless authorised in accordance with these SFI's and the Scheme of Delegation and/or approved by the appropriate procurement department to ensure any arrangements are consistent with purchasing policy and do not commit the Board to a future uncompetitive purchase. The Board's Standards of Business Conduct for Staff should be followed in these instances.

## **9.4 PAYMENT OF ACCOUNTS**

The Director of Finance will ensure that there are adequate systems and procedural instructions covering the procurement process and the procedures for the verification, recording and payment of accounts and claims payable. These procedures will ensure that:

1. properly authorised accounts and claims are paid promptly in accordance with the terms of the Late Payment of Commercial Debt (Interest) Act 1998 (and any subsequent amendments) and payment of contract invoices is in accordance with contract terms, or otherwise in accordance with national guidance;
2. payment shall only be made for goods and services that have a corresponding official purchase order; and
3. payment for goods and services is only made when goods and services are received and accepted (excepting exceptional circumstances).

Specifically the system will include checks that:

1. goods received are in accordance with those ordered and that prices are correct or within tolerances approved by the Director of Finance.
2. work done or services rendered have been carried out satisfactorily and are in accordance with the order and the agreed contract terms.

3. in the case of contracts for measured time, materials or expenses, time is verified, rates are in accordance with those quoted, and materials or expenses are verified for quantity, quality and price.
4. expenditure is in accordance with regulations and authorisations.
5. the account is arithmetically correct.
6. VAT and other taxation is recovered where permitted by legislation.
7. the account is in order for payment.

Payments should not normally be made in advance of need i.e. before the liability to pay has matured. However, there may be certain exceptional circumstances where it is in NHSGGC's interests to make such a payment. Under no circumstances should any advance payment be made where there is a risk to public funds.

The approval of the Director of Finance is required in any instances where payment for goods or services in advance is deemed to be required.

Where a manager certifying accounts relies upon other managers to do preliminary checking, they shall ensure that those officers are competent to do so and, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms.

In the case of contracts for building or engineering works that require payment to be made on account during progress of the works, NHSGGC will make payment based on receipt of a certificate from the appropriate technical consultant or manager. Certificates will be subject to such examination as may be considered necessary before authorisation by the Director of Estates and Facilities (or other Director responsible) or their nominated deputy.

The Director of Finance may authorise advances on an imprest system for petty cash and other purposes as required. Individual payments must be restricted to the amounts authorised by the Director of Finance and must only be used for purposes where it is not appropriate to use the normal payment or payroll systems.

**SECTION 10**

**ORDERS, QUOTATIONS AND TENDERS**

**10.1 BUDGET PROVISION**

No order will be placed or contract let for goods or services where there is no provision in the Financial Plan unless authorised by the Director of Finance or the Chief Executive. Where contracts cover periods falling out-with the current financial year budget provision is deemed to mean recurring budget.

**10.2 SPECIFICATION OF NEED**

All locally tendered contracts will have a formal specification of need developed in conjunction with NHSGGC expert users. The Board Procurement Leads will provide best practice advice and guidance in the development of the specifications. Approval of the specifications for externally sourced products or services requirements and the approval of charges against specified budgets for all externally purchased products or services shall be the responsibility of budget holders and limits on budget holder's individual approval levels shall be specified in the Scheme of Delegation.

Budget holder approval of specifications for certain externally supplied products or services shall be delegated to Clinical Heads of Service or Managers of designated specialist support departments. Clinical Heads of Service or designated specialist support managers will be responsible for providing specification criteria under national contract, where required, and for ensuring that products meet required specifications.

Preliminary market engagement with suppliers and expert bodies may be undertaken to seek advice in the planning and conduct of the procurement procedure however care must be taken to ensure such contact does not distort competition or violate the principles of transparency and non-discrimination. Officers must follow the ***Pre Market Engagement Procedure*** here: [COM001 Pre-Market Engagement Procedure.pdf](#)

Budget holders' approval of charges against specified budgets for externally purchased products or services may also be delegated to nominated Project or other Health Board executive or senior managers as specified in Capital or Revenue budget setting and approval processes.

**10.3 OFFICIAL ORDERS**

No goods, services or works, other than purchases from petty cash, purchase cards or where particular supplies have been exempted by the Chief Executive or Director of Finance, will be ordered, except on an official order, and contractors will be notified that they should not accept orders unless on an official form.

The Procurement Lead/ Head of Capital Planning will prescribe standard conditions of contract appropriate to each class of supplies and services and for the execution of all works. All contracts and orders entered into will incorporate these conditions.

**10.4 ORDERING PROCEDURE**

Official orders will be generated by the Board's electronic procurement system, in a form approved by the Head of Procurement and shall include information concerning prices or costs as they may require. The order shall incorporate an obligation on the supplier or contractor to comply with the Board's conditions of contract detailed on the website as regards delivery, carriage, documentation, variations etc.



Orders/requisitions shall only be authorised by those officers specified within the Scheme of Delegation. A database of authorised officers shall be maintained and made available to the Director of Finance on request.

Only Post Holders delegated by the Board shall be authorised to commit NHSGGC to commitments with external parties. The Post Holders limit of authority is defined by the Scheme of Delegation. **Orders shall not be placed in a manner devised to avoid the financial thresholds specified in this Instruction.**

## 10.5 **CONTRACTS**

A key principle to ensure that a public body is obtaining best value is to expose the requirement to competition. In addition, for contracts over particular value thresholds, this is also a legal requirement under relevant procurement regulations. The regulations that apply are the Procurement Reform (Scotland) Act 2014 (PRSA) and Public Contracts (Scotland) Regulations 2015 (PCSR)

The table below sets out the thresholds at which there is a legal requirement to expose a contract to a competitive process. Note that these values refer to the lifetime value of the contract including any extensions. Also note that these values do not apply to further competitions (also known as mini competitions) from framework contracts or direct call-offs from frameworks (where this option exists). In those cases, any maximum values and framework call off methodology will be set out in the framework documents and call-off contracts must be awarded in accordance with Regulation 34 of the Public Contracts (Scotland) Regulations 2015.

Table 1: Procurement Thresholds

Category	Un-regulated (no VAT applied)	Regulated Procurement	
		PRSA (VAT applied to upper threshold)	PCSR (VAT applied to lower threshold)
Goods	£0 - £50k	£50k - £116,407	Over £116,407
Services	£0 - £50k	£50k - £116,407	Over £116,407
Social & Other Specific Services*	£0 - £50k	£50k - £552,950	Over £552,950
Works	£0 - £2m	£2m - £4,477,174	Over £4,477,174

\*Social and Other Specific Services (also known as the Light Touch regime) represent a more narrowly defined form of service contract within the Procurement Regulations. Guidance on how to tender for these type of contracts is available here: [COM004 Social and Other Specific Services Guidance.pdf](#)

Where supplies and services of the type and quantity required are available on National, Regional or Local Contract, the order must be placed with a supplier designated in that contract. Only in exceptional circumstances and only with the authority of the Director of Estates and Facilities shall supplies and services available on contract be ordered out-with contract. Such exception will be recorded and reported to the Director of Finance. Use should also be made of other UK Public Sector available contracts where they provide best value of money.

Where approved Contracts exist for the same product or services, with more than one supplier, then the contracted supplier offering best value for money must be selected. Where a framework contract exists (either nationally or locally), this contract must be used. Where a sole supplier or multi supplier ranked framework is available the contract would be awarded to the sole supplier or awarded in order of ranking. A Waiver to Tender is not required in these circumstances as a tender has already taken place however where a contract is not placed with the first ranked supplier a standard award report should specify the rationale.

Where there is a multi-supplier unranked framework the terms and conditions of the Framework Call Off mechanism must be complied with and a Call Off Award Report completed to show how best value for money is achieved. Care must be taken to ensure that frameworks used meet the requirements of Scottish Procurement Policy Note SPPN 03/2017:

<https://www.gov.scot/publications/speculative-framework-agreements-sppn-032017/>

## 10.6 **TRANSACTIONS INVOLVING PROPERTY**

All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Expenditure.

## 10.7 **QUOTATIONS**

When not 'calling off' a framework contract, where the supply of goods or services is estimated to be less than £50,000, the following applies, subject to the provisions of sections 10.8 and 10.9 (the limits quoted are exclusive of VAT).

- **Expenditure less than £10,000:** The ordering officer must be able to demonstrate that value for money is being obtained and will be supported in doing so by the relevant Board Procurement Lead.
- **Expenditure is equal to or more than £10,000 but less than £50,000:** At least three competitive quotations shall be obtained from different companies. Quotations must be in writing and retained for inspection. For complex or higher value items a specification should be prepared as appropriate. The **Competitive Quotations Procedure** should be followed in these cases available here: [PS002 Competitive Quotations Procedure.pdf](#)

Where quotes are obtained on the basis that the value of the supply was genuinely believed to be less than £50,000, but satisfactory quotes are returned marginally in excess of this amount, then the purchase may proceed subject to the completion of a waiver to tender form. In cases where it is anticipated that the cost may exceed £50,000, then formal tenders should be sought in accordance with section 10.8. Supporting documents should be attached to the internal comments area of the purchase order to provide an audit trail.

Competitive Quotations can be used for works contracts up to a value of £2m, given the higher threshold for this category of contract. The **Competitive Quotations Procedure** should also be followed in these circumstances.

When calling off a framework contract (via assessment of need or mini competition), the thresholds do not apply. The rules governing how to call off the framework will be set out in the framework documents and any associated Buyers Guide.

## 10.8 **COMPETITIVE TENDERING**

Where the supply of goods or services is estimated to be **£50,000** (ex VAT) or above, or over **£2m** (ex VAT) for a Works contract officers should comply with the **Regulated Procurements Procedure** available here: [COM003 Regulated Procurements Procedure.pdf](#)

This procedure also covers the conduct of framework further competitions (also known as mini competitions).

## 10.9 **WAIVING OF TENDER/QUOTATION PROCEDURE**

In exceptional circumstances a Director, as specified in the Scheme of Delegation, supported with approval from the Head of Procurement and/or Director of Finance, can approve the waiving of the above requirements. In such circumstances, the **SFI Waiver Procedure** should be followed: [PS001 SFI Waiver Procedure.pdf](#)

#### **10.10 CONTRACT REGISTER / RECORDS**

The head of the relevant Board Procurement Lead's department or their authorised nominee shall maintain a register of all contracts awarded by virtue of the circumstances detailed at sections 10.8 and 10.9 above. Such a register shall be open to audit on an annual basis under the direction of the Director of Finance or Chief Executive. Under the Procurement Reform (Scotland) Act a contracts register detailing all contracts with a value in excess of £50k shall be made available to the public.

The agreed mechanism to achieve this to use the Contracts Register function embedded within the Public Contracts Scotland portal. Upon award of a Tender or Quick Quote, the details will automatically drop into the register. It can also be used to make manual entries if necessary.

Retained files, of all authorised requisitions, purchase orders and contracts, either in paper or in electronic form shall be kept by each designated procurement department in accordance with audit and HMRC requirements.

#### **10.11 STANDARDS OF BUSINESS CONDUCT**

The NHSGGC Standards of Business Conduct for Staff, has specific guidance on the acceptance of gifts and hospitality in relation to NHSGGC's commercial dealings. This Standard has been incorporated into the contract of employment of each member of staff. A copy of the relevant NHS Circular should be enclosed with each employee's contract of employment.

It is a long established principle that public sector bodies which include the NHS, must be impartial and honest in the conduct of their business and that their employees must remain beyond suspicion. The Bribery Act 2010 makes it an offence to:

1. Offer, promise or give a bribe or
2. Request, agree to receive or accept a bribe in return for improperly performing a function or activity.

Suppliers should be made aware of the Standards of Business Conduct which apply to NHS staff and not attempt to contravene these standards.

#### **10.12 CONCESSIONS CONTRACTS**

Concessions Contracts are defined within the Concessions Contracts (Scotland) Regulations 2016. Where the Board have a requirement to enter into a Concessions Contract, it must do so in accordance with these regulations where the value of the contract is over the specified threshold. Concessions contracts with a value under the regulated threshold should still be awarded in accordance with the principle of Best Value, therefore a competitive quotations process should be undertaken in these circumstances.

**SECTION 11**

**MANAGEMENT AND CONTROL OF STOCK**

The Head of Procurement is responsible for the control of stores, except for:

1. pharmaceutical stock, which is the responsibility of the Director of Pharmacy ; and
2. laboratories, radiography, occupational therapy and IM&T equipment, which are the responsibility of the senior manager in each of those departments.

The Head of Procurement will ensure that there are adequate arrangements in place to monitor and control the performance of any third party supplying storage and distribution services for stock owned by the Board.

Responsibility for security arrangements and the custody of keys for all stores locations should be clearly defined in writing and agreed with the designated manager, as referred to above or the Head of Procurement.

All stores systems and records should be in a form specified by the Head of Procurement or Director of Finance. Where practicable, stocks should be marked as Board property.

Records should be maintained of all goods received and a delivery note should be obtained from the supplier at the time of delivery and should be signed by the person receiving the goods. The acceptance and recording of goods received should be independent of those that requisitioned/ordered the goods. Instructions should be issued to staff covering the procedure to be adopted in respect of:

1. where the quantity delivered does not agree with that ordered;
2. where the quality/specification is unsatisfactory or not in accordance with the order;
3. where no delivery note is available; and
4. notification of suppliers of unsatisfactory deliveries.

All issue of stores must be supported by a requisition, authorised by the appropriate Budget-holding manager (or delegated officer). The Head of Procurement must be notified of all authorised signatories and their delegated authorities. The receiving department should acknowledge receipt of stores, this must be returned to the Stores Department independent of the storekeeper.

All transfers and returns should be recorded in a form approved by the Head of Procurement.

Breakages, obsolete stock and other losses of goods in stores should be recorded as they occur and a summary presented to the managers identified as responsible on a regular basis.

Stocktaking arrangements should be agreed with the Director of Finance or the Assistant Director of Finance - Financial Services, Capital and Payroll and a physical check covering all items in store performed at least once a year. The physical check should involve at least one officer other than the storekeeper. The stocktaking records should be numerically controlled and signed by the officers undertaking the check. Any surpluses or shortages revealed in stocktaking should be reported immediately to the Head of Procurement, who will investigate as appropriate. Known losses of stock items not on stores control should also be reported to the Head of Procurement. The Head of Procurement will report all losses to the Director of Finance on an annual basis, or immediately if significant or caused by fraud or theft.

Where continuous stocktaking is performed, with all stock items having been covered at least once during the year (and higher value items more frequently) and the results of these checks have proved satisfactory, it may not be necessary to carry out a full stock count. Where it is proposed not to carry out a full stock count, the permission of the Director of Finance and the agreement of the external auditors must be sought in advance.

Where a complete system of stores control is not justified, e.g. family planning stock, alternative arrangements shall require the approval of the Assistant Director of Finance - Financial Services, Capital and Payroll.

The designated manager shall be responsible for ensuring there is an effective system for a review of slow moving and obsolete items and for condemnations, disposal and replacement of all unserviceable articles. These should be reported to the Director of Finance for recording in the Register of Losses (see SFR 18 – Frauds, Losses, and Legal Claims) and written down to their net realisable value.

## SECTION 12

### **CAPITAL INVESTMENT**

#### **12.1 GENERAL**

Capital Planning and Approval Processes were delegated to Health Boards by HDL (2002)40. These Instructions reflect the inherent responsibility of Boards to manage their capital needs from within available capital funds.

These Instructions should be read in conjunction with the Scottish Capital Investment Manual, the Scottish Government Construction Procurement Handbook and NHSGGC's Construction Procurement Policy. For property transactions, the relevant guidance is contained in the NHS Property Transaction Handbook.

The Board's Chief Executive Officer is responsible for ensuring compliance with mandatory policy and guidance.

#### **12.2 CAPITAL INVESTMENT PROCESS**

##### **Programme Initial Agreement**

DL (2024)02 requires NHSGGC to prepare and submit to the Scottish Government, a Programme Initial Agreement (PIA) which sets out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Individual capital projects will not be considered for investment by the Scottish Government until a PIA has been approved by the Board and the Scottish Government. This replaces the requirement for Initial Agreements to be submitted for individual capital investment projects.

The full Programme Initial Agreement will require to be updated and resubmitted every 5 years from the anniversary of first submission, or sooner if requested by Scottish Government.

An annual Capital Plan will be developed by the Capital Planning Group (CPG). This will be submitted to the Finance, Planning and Performance Committee for review prior to submission to the Board for approval.

The Capital Plan must be in line with the Board's strategic direction as set out in the Programme Initial Agreement and reflect the objectives set out in the Annual Operational Plan. The Capital Plan will detail specific ring fenced allocations plus the national formula capital allocation.

The Finance, Planning and Performance Committee will approve the Boards strategy for investment in GP practices.

The Director of Finance and/or the Director of Estates and Facilities/Director of Digital Services (as appropriate) will ensure that a Business Case is produced in accordance with the SCIM guidance for all new major capital expenditure proposals.

The requirements for each level of expenditure are:

- up to £3m a Summary Business Case
- Between £3m and £10m a Standard Business Case
- Over £10m an Outline Business Case and Full Business Case

The Director of Finance will ensure that for every capital expenditure proposal, the CPG will be provided with assurance that the financial consequences, both capital and revenue, of the proposal have been fully identified, and are within the constraints of the Financial Plan.

The delegated limits to approve Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £20m. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board where the proposal is between £5m and £20m. Proposals over £20m must be approved by the Board prior to submission to CIG.
- b) Business Cases for capital expenditure proposals between £3m and £10m will be reviewed by the CMT prior to submission to the Finance, Planning and Performance Committee for approval.
- c) Authority to approve capital proposals, including unfunded proposals, up to £5m is delegated to the Chief Executive.
- d) Authority to approve capital proposals, including unfunded proposals, up to £4m is delegated to the Director of Finance and the Director of Estates and Facilities.
- e) Authority to approve capital proposals, including unfunded proposals, between £3m-£5m is delegated to the Corporate Management Team (CMT).
- f) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to the Capital Planning Group.

A Business Case will be required for each proposal commensurate with the size and complexity of the project.

In addition for IM&T proposals the Director of Digital Services has authority to approve proposals up to £0.5m from national formula capital allocation.

In the Acute Division Business Cases will be countersigned by the Chief Officer and the Assistant Director of Finance – Acute and Access prior to review by the Strategic Management Group. Business Cases will then be submitted to the CPG for approval.

HSCP Business Cases will be countersigned by the relevant Chief Officer and the Chief Financial Officer. After approval by the HSCP Management Team it will be submitted to the CPG for approval.

On approval of a capital expenditure scheme the Head of Finance – Capital and Planning will issue a capital scheme number and update the Capital Plan.

### **12.3 NATIONAL FORMULA ALLOCATION**

The Board receives a national formula allocation for minor works each year. The CPG allocates this funding to the Acute Capital Planning Forum, the Capital Equipment Group, and to the eHealth Senior Management Team. Each committee has responsibility to manage expenditure within their allocation. Capital expenditure proposals less than £1m will normally be funded from the minor works allocation however where a proposal has Board wide implications a Business Case should be submitted to CPG for approval with no de minimis value. Estates minor works will usually be used to reduce backlog maintenance and for statutory compliance and condition improvement projects under the direction of the Director of Estates and Facilities.

### **12.4 REVENUE FUNDING**

Revenue funding made available by SGHSCD for a specific purpose may require minor capital expenditure to implement the service change. In these circumstances a capital scheme number will be issued by the Head of Finance – Capital and Planning and the Capital Plan updated accordingly.

### **12.5 CAPITAL EXPENDITURE APPROVAL PROCESS**

Where a capital expenditure proposal is approved and a capital scheme number is issued by the Head of Finance – Capital and Planning, the Director of Finance or the Director of Estates and Facilities in accordance with the Board's Scheme of Delegation, will ensure that authority to proceed to procurement is issued to the manager responsible for the capital expenditure proposal.

The Property Management Group will approve the following property transactions:

- a) acquisitions and disposals where the value is up to £0.150m,
- b) leases up to £1.5m over entire lease term or £0.150m per annum, whichever is lesser

CPG will approve property lease/rentals and property acquisitions and disposals between £0.015m and £1.5m.

CMT will approve property lease and rental agreements between £1.5m and £5m, either per annum or over the term of the lease.

The Finance, Planning and Performance Committee will approve all property lease/rentals and acquisitions and disposals above £3m.

Procurement of all capital items will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

#### **12.6 MAJOR CAPITAL PROGRAMMES**

Where CIG approval is given for major capital schemes the Board may delegate authority for managing the approved allocation to a Project Board. The management of any such projects will be structured in accordance with the Scottish Government Construction Procurement Handbook issued by the SGHSCD and NHSGGC's Construction Procurement Policy. The Project Director will provide progress reports to the Board on a regular basis.

#### **12.7 REGIONAL PLANNING**

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure included in any regional planning business case where it will become a Board asset.

#### **12.8 PRIVATE FINANCE**

Where any additional capital works are considered as a variation to an existing PPP/PFI contract the capital investment process detailed above should be applied.

#### **12.9 THIRD PARTY DEVELOPER SCHEMES /HUB**

Third party developer schemes such as hub are used to support infrastructure developments particularly within primary care settings. All projects funded by third party developers and other ways of providing new premises for independent contractors such as GPs and GDPs are subject to the same business case approvals process as any other proposed development.

The Director of Finance shall demonstrate that the capital procurement route represents value for money and genuinely transfers risk to the private sector.

The CPG will continually review the potential for approved capital schemes to be delivered through SGHSCD revenue financial models such as the hub initiative.

#### **12.10 HSCP CAPITAL PLANNING**

Each HSCP will prepare a 3 year capital plan in tandem with the annual capital planning process operated by each parent organisation. This will be submitted to a HSCP Steering Group for review by senior HSCP, Board and Local Authority officers. Following this review it will be taken forward within the Board or Local Authority planning process as appropriate.

Each HSCP will update and formally approve its three-year capital plan annually.

The nominated HSCP Chief Officer and Chief Financial Officer will be a full member of the CPG.



**12.11 JOINT DEVELOPMENTS WITH LOCAL AUTHORITIES/ OTHER PARTNERS**

Where a joint project is led by a Local Authority or other partner the Board must seek to ensure that NHSGGC contributions to such schemes represent value for money and are affordable. The approvals process detailed above should be applied to such schemes.

**12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA ensures that subcontractors get paid promptly for work done and that those payments are ring fenced if the main contractor ceases trading. A PBA will be a condition of tender for all such projects.

A PBA operates as a legal trust and a trust deed must be agreed for each project that uses a PBA. A template is provided in the SG guidance on Implementing Project Bank Accounts in Construction Projects. Any arrangement for a trust deed to cover more than one main contract, from the commissioning body's perspective, is not recommended. Further information on PBAs is provided in the SG guidance Implementing Project Bank Accounts in Construction Projects.

## SECTION 13

### ASSETS

#### 13.1 ASSETS

Assets include all property of NHSGGC including physical assets, such as buildings, equipment, vehicles, stores, cash, and intangibles such as intellectual property or goodwill. All staff have a duty to protect and safeguard the assets of NHSGGC in the performance of their duties and it is the responsibility of the Chief Executive to ensure that there are adequate systems in place to maintain satisfactory control of fixed assets. All transactions involving property will be conducted in accordance with the procedures set out in the NHS Property Transaction Handbook and SFI 12 Capital Investment.

#### 13.2 ASSET REGISTERS

For the purposes of these Instructions, Fixed Assets will be defined in accordance with the guidance contained in the Capital Accounting Manual produced by the SGHSCD.

The Director of Finance will ensure that an Asset Register is maintained, and that all Fixed Assets are accurately and timeously recorded in the Register in accordance with the guidance contained in the Capital Accounting Manual.

The Director of Finance will ensure that procedural instructions are prepared and implemented to ensure that:-

1. additions to the fixed asset register are clearly identified to an appropriate budget holder and validated by reference to:
  - a. properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
  - b. stores, requisitions and wages records for own materials and labour including appropriate overheads; and
  - c. lease agreements in respect of capitalised assets;
2. where capital assets are sold, scrapped, lost or otherwise disposed of, their value is removed from the accounting records and each disposal validated by reference to authorisation documents and invoices (where appropriate);
3. balances on fixed assets accounts in ledgers are reconciled to balances on the fixed asset register;
4. the value of each asset is indexed to current values in accordance with methods as specified in the Capital Accounting Manual;
5. the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of NHSGGC; and
6. capital charges are calculated and paid as specified in the Capital Accounting Manual.

A joint operational sub-group representing each HSCP will be responsible for maintaining:

1. a joint property database incorporating all local authority and NHS Community properties.
2. a register of jointly occupied properties recording details of joint funding agreements.

### **13.3 SECURITY OF ASSETS**

The Director of Finance will ensure that procedures for the control of assets are prepared and implemented. These procedures will make provision for the:

1. recording of managerial responsibility for each asset;
2. identification of additions and disposals;
3. identification of all repairs and maintenance expenses;
4. physical security of assets;
5. periodic verification of the existence of, condition of, and title to, assets recorded; and
6. identification and reporting of all costs associated with the retention of an asset.

The Director of Finance will ensure all discrepancies revealed by verification of physical assets to the fixed asset register are investigated in accordance with the procedures set out in Section 18 of these Instructions.

Whilst each employee has a responsibility for the security of property of NHSGGC, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

Any damage to NHSGGC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses (Section 18 of these Instructions).

Where practical, assets should be marked as NHSGGC property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal. (See Section 6 of these Instructions for security of cash cheques and other negotiable instruments)

### **13.4 DISPOSAL OF ASSETS**

All disposals of assets should secure maximum income for NHSGGC (or minimise the cost where the disposal has no proceeds) other than when donated to a charitable organisation (refer to section 13.5). Assets with an estimated value greater than £1,000 should be disposed of on the open market with arrangements commensurate with the value of the disposal. Under this level, the responsible manager must record and demonstrate that the best outcome for NHSGGC has been obtained. Where the disposal incurs a cost to NHSGGC, it should be dealt with in accordance with SFI 10 Orders Quotations and Tenders.

Where a disposal is made to a related party (i.e. other than at "arm's length") the circumstances should be reported to the Head of Procurement for approval and entry in the register of Waivers to Tender.

The above does not apply to the disposal of heritable property, which must be disposed of in accordance with the relevant guidance contained in the NHS Property Transaction Handbook.

All property disposals must be in accordance with the Board's clinical strategy and the approved Property Strategy. Where a service change requires disposal of a property the Directorate General Manager or HSCP Chief Officer as appropriate will notify the Director of Estates and Facilities.

It is the responsibility of CPG to identify properties that are surplus to requirements. The Property Management Group will ensure that disposal of the property is in line with the Board's Property and Asset Management Strategy when it has been declared surplus.

A list of properties which have been declared surplus by CPG is maintained by the Property Management Group. Where it is proposed to dispose of a surplus property and the disposal is greater than £1.5m the disposal must be approved by the Finance, Planning and Performance Committee. Disposals up to £0.150m must be approved by the Property Management Group and disposals between £0.150m and £1.5m must be approved by CPG. Where the sales proceeds or Net Book Value of the disposal is greater than £500,000 additional approval must be obtained from the Chief Executive.

Any ongoing maintenance and security of the surplus property prior to disposal will be the responsibility of the Director of Estates and Facilities.

### **13.5 DONATION OF SURPLUS ASSETS**

Surplus assets will only be donated to charitable organisations which are registered with the Office of the Scottish Charity Regulator (OSCR), or an equivalent organisation, unless a request from an unregistered organisation is approved by the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy).

A summary of any assets donated to charitable organisations will be provided to CPG.

Where the disposal proceeds of the asset are likely to be in excess of £5,000 or the net book value is £5,000 or more the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy) will approve the donation of the asset.

**SECTION 14**

**FINANCIAL INFORMATION MANAGEMENT**

**14.1 CODE OF PRACTICE ON OPENNESS AND FREEDOM OF INFORMATION**

The Code of Practice on Openness was originally produced by the NHS in Scotland Management Executive and sets out the basic principles underlying public access to information about the NHS in Scotland. All staff have a duty to comply with the Code.

The Freedom of Information (Scotland) Act 2002 (FOISA) places an obligation on public bodies to provide information, subject to certain exemptions (such as personal information etc.), to anyone who asks for it. Any request for information in permanent form (i.e. nonverbal) is a FOISA request and must be responded to, within 20 working days. All requests should be received via the Board's FOI mailbox. Staff receiving FOI requests, or any request for business information that qualifies as an FOI request directly, should email it to the FOI mailbox immediately.

Staff should continue to respond timeously to general requests for information, where it has been customary to do so, without reference to FOISA officers.

**14.2 CONFIDENTIALITY AND SECURITY**

All employees have a responsibility to treat as confidential information which may be available to them, obtained by them or derived by them whilst employed by NHSGGC. They should not breach this duty of confidence by disclosing confidential information, using it in an unauthorised manner, or providing access to such information to unauthorised individuals or organisations.

The complexity of delivering healthcare services means there is a need to facilitate appropriate access in a seamless manner to patients' information throughout the patient journey. Information sharing between organisations should be in accordance with the Intra-NHS Scotland Information Sharing Accord (2023).

Executive Directors and Heads of Department are responsible for the security and accuracy of data relating to their area of responsibility. In particular, the Director of Finance is responsible for the security of NHSGGC data processed and stored by information systems designed or procured under his responsibility. They are responsible for ensuring the accuracy and security of NHSGGC's financial data, including that held on and processed by computer.

Directors should discharge these responsibilities in accordance with the Scottish public sector cyber resilience framework v2.0 These instructions should be read in conjunction with:-

1. the Computer Misuse Act 1990 (as amended by the Serious Crime Act 2015);
2. the Data Protection Regulations;
3. NHS CEL (2011) 25 – Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors;
4. NHS CEL (2012) 25 – NHS Scotland Mobile Data Protection Standard ;
5. The Network and Information Systems Regulations 2018; and
6. NHS Scotland Code of Practice - Protecting Patient Confidentiality.

**14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION**

Under the terms of NHS MEL (1999) 19 and subsequent guidance issued by the SGHSCD, NHSGGC has nominated the Director of Public Health as the Caldicott Guardian to “safeguard and govern the uses made within NHSGGC of patient identifiable information including both clinical and non-clinical information.”

**14.4 RESOLUTION OF CONFLICT**

The Director of Finance or the Director of Public Health must be consulted in the event of a conflict arising between NHSGGC's obligations under the Code of Practice on Openness/FOISA and the need to maintain confidentiality.

**14.5 COMPUTERISED FINANCIAL SYSTEMS**

The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of NHSGGC, will ensure that:

1. procedures are devised and implemented to ensure adequate protection of NHSGGC's data, programs and computer hardware, for which he is responsible, from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Regulations;
2. adequate controls exist over data entry, processing, storage, transmission and output, to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
3. adequate controls exist such that the computer operation is separated from systems development, maintenance and amendment;
4. an adequate audit trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

The Director of Finance will ensure that contracts for computer services for financial applications with another health organisation, other agency or external supplier shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract will also ensure the rights of access for audit purposes and the Director of Finance will periodically seek assurances that adequate controls are in operation.

Where computer systems have an impact on corporate financial systems, the Director of Finance must be satisfied that:

1. the acquisition, development and maintenance of such systems are in line with corporate policies including NHSGGC's Digital Strategy;
2. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management audit trail exists;
3. finance staff have access to such data; and
4. such computer audit reviews as are considered necessary are being carried out.

#### **14.6    RETENTION OF RECORDS**

The Scottish Government Records Management Code of Practice for Health and Social Care and the NHSGGC Corporate Records Policy provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice applies to data, information, and records, in any format, or stage of processing in the delivery of health care functions and associated supporting business services. This includes those handled by third parties on behalf of NHSGGC in connection with health care and associated administrative purposes.

The Code of Practice encompasses the requirements of:

- Public Records (Scotland) Act 1937; as amended by the
- Public Records (Scotland) Act 2011;
- Data Protection Regulations;
- Freedom of Information (Scotland) Act 2002;
- NHS Scotland Code of Practice on Protecting Patient Confidentiality; and
- Environmental Information (Scotland) Regulations 2004;

Any other relevant laws or regulations and subsequent instructions/guidance issued by the SGHSCD must also be complied with when considering retention of records.

The Director of eHealth and the Head of Records will issue guidance on this matter as required and in cases of doubt their advice should be obtained.

#### **14.7    INFORMATION SHARING WITH LOCAL AUTHORITIES**

Section 49 of the Public Bodies (Joint Working) (Scotland) Act 2014 allows the Board to disclose information to one or more local authorities which they may reasonably require for, or in relation to, the preparation of a strategic plan.

**SECTION 15**

**ENDOWMENT FUNDS**

**15.1 GENERAL**

Endowment funds are defined as money or property donated to the Board and held on trust for such purposes relating to services provided under the National Health Service (Scotland) Act 1978 or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit. The Board is appointed as a corporate trustee to hold the funds and property attributable to the endowment funds and Board members are appointed as Trustees of the endowment funds.

The endowments are constituted under the National Health Service (Scotland) Act 1978. As the NHSGGC Endowment Funds are registered with the Office of the Scottish Charities Regulator (OSCR) the Trustees must also comply with the Charities and Trustee Investment (Scotland) Act 2005.

The legally registered name of the charity is the Greater Glasgow Health Board Endowment Funds. "NHS Greater Glasgow and Clyde Healthcare Charity" is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board Endowment Funds.

The endowment Trustees are all the members of the Health Board. They are responsible for the general control and management of the charity in accordance with the NHS Greater Glasgow and Clyde Endowment Funds Charter and operating policies and procedures. Fundholders must comply with the Endowment Operating Instructions which are available on Staffnet.

**15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS**

The purpose of the Board's endowment funds is the advancement of health through;

- (a) improvement in the physical and mental health of the local population;
- (b) the prevention, diagnosis and treatment of illness;
- (c) the provision of services and facilities in connection to the above; and
- (d) the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.
- (e) education and development in connection to the above.

Charitable donations should only be accepted by the Trustees where they are consistent with these charitable objectives.

The receipt of a charitable donation can attract substantial media interest, particularly where it represents a considerable amount of money. The Trustees must consider whether there are reasons why a donation might be inappropriate and should therefore be refused. While the following list is not exhaustive, it sets out circumstances where a donation should be refused.

- It specifies further requirements that the Board cannot meet.
- It specifies conditions which are incompatible with the purpose of the Board's endowments.
- Onerous conditions are attached to the donation, which are not acceptable or cannot be met. For example, where the donation is for the provision of particular equipment or facilities, and the running of which would not be cost-effective or would be unaffordable.



- The acceptance of a donation places the Board under any inappropriate obligation. For example to provide any preferential NHS treatment to parties specified by the donor.
- It would be wrong to accept the donation on ethical grounds. Acceptance of a gift from a particular source may be incompatible with the ethos of the Health Service, or be likely to alienate beneficiaries or other potential donors.
- The acceptance of the donation could result in unacceptable controversy or adverse publicity. For example, the charitable donation should not benefit the person or organisation making the charitable donation at the expense of NHS patients as a whole.
- The donation is made payable to individual members of staff.

Rather than having to refuse a potential donation, it may be possible to discuss with the donor or their legal adviser in the case of a draft will, a change to the terms of the proposal. The Board should, however, encourage people to make a general donation for Health Service purposes as this gives the greatest flexibility in the application of donations.

### **15.3 ACCEPTANCE OF NON-CHARITABLE DONATIONS**

Donations should only be accepted where they are compatible with the “advancement of health” as this is the purpose applicable to the Board’s endowment funds. Other donations should not be accepted by Endowments. Commercial Research funds or any income received in payment for services provided by the Board should be treated as exchequer rather than endowment income and administered by the Board. This guidance does not cover patients’ monies or staff funds.

### **15.4 APPROVAL OF EXPENDITURE**

Expenditure from Endowment Funds is restricted to the purpose(s) of the appropriate Fund and can only be made with the approval of the Trustees. Such approval will be delegated to the Director of Finance to authorise expenditure from General Funds against approved budgets.

Designated fundholders will be responsible for authorising/controlling expenditure incurred on those accounts for which they have designated fundholder responsibilities. They will be able to approve individual items of expenditure of up to £50,000 or such other amount as the Trustees may agree from time to time. For individual expenditure items in excess of £50,000 (or other agreed amount) up to a ceiling of £250,000, it will be necessary to obtain additional authorisation from two of the following:

- Chief Executive
- Deputy Chief Executive
- Director of Finance,

Individual expenditure items in excess of £250,000 must be authorised by the Trustees.

Any expenditure incurred from Endowment Funds must comply with SFI 10 – Orders, Quotations and Tenders.

### **15.5 CUSTODY AND SECURITY OF ASSETS**

All gifts must be held in NHSGGC's name in bank accounts specified for Endowments and withdrawals may only be sanctioned by authorised signatories. The Trustees can only accept gifts for purposes relating to the advancement of health. In cases of doubt, the Director of Finance should be consulted.

All share and stock certificates and other assets relating to Endowment Funds will be held in the name of Nominees approved by the Trustees and will be deposited with the Endowment Funds' bankers or in some other secure facilities as determined acceptable to the Director of

Finance. The Director of Finance will ensure a record is kept of all share and stock certificates on behalf of the Trustees. Property deeds will be held by the Central Legal Office.

Assets in the ownership of, or used by, NHSGGC as corporate trustee shall be maintained along with the general estate and inventory of assets of NHSGGC.

#### **15.6 INVESTMENT**

Endowment Funds will be invested by the investment managers appointed by the Trustees. The investment managers will have full discretionary powers but subject to any restrictions that the Trustees may impose from time to time.

The Trustees, via the Endowment Funds Management Committee, will be responsible for reviewing proposals and making recommendations to the Trustees with respect to:

1. the investment strategy including policy on investment risks;
2. the appointment of investment managers and advisers;
3. receiving reports from the investment managers; and
4. reviewing performance of the portfolio against relevant benchmarks and investment objectives.

The Director of Finance will be responsible for all aspects of the management of the investment of funds held on trust, and will advise the Trustees on the following:

1. participation in common investment funds; and
2. authorisation for the use of trust assets.

#### **15.7 CONTROL OF ENDOWMENT FUNDS**

The Director of Finance will prepare and issue procedures in respect of NHSGGC funds. These procedures should cover the following matters:

1. governing instruments for every fund;
2. controls and authorisation to open new funds;
3. treatment of offers of new funds;
4. legacies and bequests;
5. controls over and authorisation of expenditure including lists of authorised signatories;
6. the accounts and records necessary to account for all transactions;
7. fund-raising;
8. trading income;
9. investment income; and
10. periodic reporting of balances.

The Director of Finance must ensure that:

1. the Trustees are advised on banking arrangements and with Board approval, securing the appropriate banking services;
2. the Trustees receive reports on receipt of funds, investment and any other matters agreed by the Board of Trustees;
3. annual accounts are prepared in the required manner within the agreed time-scales;
4. internal and external audit services are in place;
5. the Trustees receive reports on the outcome of the annual audit;
6. the Funds' liability to taxation and excise duty is managed appropriately; and
7. legal advice is obtained where necessary.

**SECTION 16**

**FAMILY HEALTH SERVICES**

**16.1 INTRODUCTION**

NHSGGC has a responsibility under Part II of the NHS (Scotland) Act 1978 to provide Family Health Services (FHS). The Public Bodies (Joint Working) (Scotland) Act 2014 delegates this responsibility to Integration Joint Boards (HSCPs). The Health Board transfers the funding for FHS to the HSCPs. This funding is ring-fenced for FHS services. Each HSCP gives direction and makes payment to the Health Board which contracts the provision of FHS services to doctors, dentists, pharmacists and optometrists who are independent contractors.

**16.2 INDEPENDENT CONTRACTORS**

NHSGGC will maintain lists of approved contractors, and will make additions to and deletions from those lists, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received will be dealt with equitably, within any time limits laid down in the contractors' NHS terms of service.

NHSGGC will ensure that:

1. lists of all contractors, for which NHSGGC is responsible, are maintained and kept up to date;
2. systems are in place to deal with applications, resignations, and inspection of premises, etc., within the appropriate contractor's terms of service;
3. there are mechanisms to monitor the quality of services provided by contractors and where this is found to be unsatisfactory that appropriate remedial action is taken; and
4. where a contractor is in breach of regulations, or whose service provision raises serious concerns, a report is submitted to the Reference Committee to consider disciplinary action;

**16.3 PAYMENTS PROCEDURE**

The Director of Finance will ensure:

1. that appropriate arrangements exist for payments to be made on behalf of NHSGGC by National Services Scotland;
2. payments are subject to controls which include checks that:
  - (a) the Statement of Financial Entitlement issued by SGHSCD has been correctly and consistently applied;
  - (b) overpayments are prevented (or if not prevented, recovery measures are initiated); and
  - (c) fraud is detected;

This will involve a combination of pre and post payment verification in line with nationally agreed protocols.

3. that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and

4. that a prompt response is made to any query raised by National Services Scotland – Practitioner and Counter Fraud Services Division regarding claims from contractors submitted directly to them.
5. that controls and checks are in place to cover patients claiming exemption from NHS charges.
6. that any cases of contractor or patient fraud are investigated and criminal/civil/disciplinary action is taken where appropriate.

#### **16.4 FRAUD**

Any instances of suspected fraud or other financial irregularity must be reported in accordance with SFR 18, Fraud, Losses and Legal Claims.

#### **16.5 ENHANCED SERVICES**

##### **Directed Enhanced Services**

Under the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2018 (“DES Directions 2018”) and subsequent amendments the Board must provide primary medical services within its area or secure their provision within its area, by establishing and operating the following services:

- Childhood Immunisation
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation
- Shingles (Herpes Zoster) Immunisation
- Meningitis B Immunisation
- Preschool Boosters
- Rotavirus
- Coronavirus Vaccination
- Pneumococcal Vaccination

The Board must, where necessary, vary the contractor’s primary medical services contract so that the plan setting out these arrangements comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract. Prior to issuing payments for enhanced services not funded in the Global Sum the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018.

##### **National Enhanced Services**

The Board will determine which National Enhanced Services it wishes to implement.

The GMS Operational Group will authorise implementation of the National Enhanced Service ensuring that the financial impact is within available resources.

The national specification and guidelines for the National Enhanced Service will be applied.

##### **Local Enhanced Services**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The enhanced service specifications outline the more specialised services to be provided. The specification of these services is designed to cover the enhanced

aspects of clinical care of the patient, all of which are beyond scope of essential services. No part of these specifications by commission, omission or implication defines or redefines essential or additional services.

The GMS Operational Group will authorise implementation of the Local Enhanced Service ensuring that the financial impact is within available resources.

The specifications for the Local Enhanced Services will be agreed by the GMS Operational Group in consultation with the local Medical Committee.

#### **16.6 PAYMENT VERIFICATION**

Accountability for carrying out payment verification ultimately rests with the Board. Whilst the majority of payment verification will be undertaken by Practitioner Services (in accordance with the Partnership Agreement between Practitioner Services and the NHS Boards) there may be instances where it is more appropriate for payment verification to be undertaken by the NHS Board. Consequently, there is an onus on Practitioner Services and NHS Boards to agree the annual payment verification programme. Payment verification will be undertaken in accordance with the payment verification protocols issued in DL ((2023)24.

**SECTION 17**

**HEALTH AND SOCIAL CARE PARTNERSHIPS**

**17.1 INTRODUCTION**

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the Board has delegated functions and resources to Health and Social Care Partnerships (HSCPs). The functions to be delegated to the HSCPs are prescribed in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Each HSCP will be responsible for managing expenditure within allocated budgets.

**17.2 HSCP STRATEGIC PLAN**

HSCPs will produce a Strategic Plan which will incorporate a financial plan for the resources within scope of the HSCP. The Strategic Plan will set out the level of capacity required each year in all of the sectors in the care pathway and the allocation of resource within scope of the plan across the sectors. The HSCP Chief Officer, supported by the Chief Finance Officer, will develop a case for an Integrated Budget based on a Strategic Plan which has been approved by both the Health Board and the Local Authority.

The allocations made from the HSCP to the parent bodies for operational delivery of services will be set out in the financial plan that underpins the Strategic Plan.

**17.3 BUDGETS DELEGATED TO AN HSCP**

The management responsibility for a budget delegated to an HSCP will be determined by the category of budget. The categories are described below.

- 1. Directly Managed Budgets**  
Budgets such as District Nursing where there are no specific conditions attached due to the nature of the funding source.
- 2. Directly Managed Ringfenced**  
Budgets where the HSCP has been allocated budget management responsibility but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of the funding is ring fenced for specific purposes.
- 3. Managed on Behalf (MOB)**  
Service budgets where one HSCP is responsible for managing the service on behalf of one or more other HSCPs. Where such hosted arrangements apply the responsible HSCP will be expected to manage the overall service expenditure within available funds.
- 4. Centrally Managed with Spend/Consumption Targets (CMT)**  
The budget will remain centrally managed but the HSCPs will actively participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets.
- 5. Centrally Managed**  
Budgets will continue to be managed centrally on account of their nature and/or scale.
- 6. Set Aside (including Acute)**  
The hospital services to be included in the set aside budget are listed in Schedule 3 Part 2 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Only clinical service budgets will be included.

**7. Other (including Notional Budgets)**

FHS Non Cash Limited and other budgets where HSCPs are unable to influence expenditure levels but where they have a monitoring role. Such budgets are regarded as notional allocations.

Where a Local Authority employee is to be either a budget holder or is to be delegated authority to approve expenditure of any type it is the responsibility of the relevant Chief Officer to ensure that the individual has the necessary access to the Board's policies and procedures and the relevant IT systems (e.g. procurement) and the capability to competently implement the Board's policies and procedures.

Local Authority Employees will remain employees of the relevant Local Authority and will not become employees of the Board unless expressly agreed otherwise. Nonetheless, it is anticipated that for the limited purpose of delivering the relevant Directed Functions, such Local Authority Employees will require to comply with certain relevant Board policies, including these SFIs.

Directed Functions means a function of which an Integrated Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014. Local Authority Employee means an employee of a Local Authority which is party to an Integration Scheme with NHS GGC, in circumstances where that employee carries out Delegated Functions.

**17.4 VIREMENT**

An HSCP may vire resources across partners to enable implementation of strategic plans. Virement proposals will require the support and commitment of the HSCP Chief Financial Officer, the Board Director of Finance and the Local Authority Finance Officer. Agreed virements will be paid to partner authorities through the resource transfer mechanism.

Where virement of funds may have an impact on service provision by another HSCP, area wide partnership or Board wide managed service, the proposal must be supported by the head of that service and by the relevant Chief Financial Officers.

**17.5 NON RECURRING FUNDING**

HSCPs may receive non-recurring funding in any one year from the Board which relates to a specific activity. HSCPs must account for such funding as required and must not utilise it for purposes other than funded activity. HSCPs should not plan for a recurrence of such funding.

**17.6 RESERVES**

HSCPs may hold reserves subject to the agreed reserves policy.

**17.7 CAPITAL PLANNING**

Each HSCP will undertake a strategic review of service priorities in order to develop a 3 year Capital Plan. This will be reviewed annually in tandem with a review of its premises needs, including existing owned and leased clinical and office premises.

**17.8 BUSINESS CASES**

Where NHS GGC funding is the sole targeted source of finance the Business Case guidance in Section 2 of these SFIs should be followed.



**SECTION 18**

**FRAUD, LOSSES AND LEGAL CLAIMS**

**18.1 FRAUD, OTHER CRIMINAL OFFENCES AND FINANCIAL IRREGULARITIES**

The Chief Executive, as Accountable Officer, is responsible for ensuring that all suspected fraud, theft, bribery, corruption and other financial irregularities are investigated and appropriate action taken. Operational responsibility for this is delegated to the Director of Finance and/or NHSGGC's Fraud Liaison Officer, who will take/instruct the necessary action and keep the Chief Executive informed of any salient issues, or where controversy may arise.

NHSGGC has a formal Partnership Agreement with NHS Counter Fraud Service which details the action to be taken when fraud, theft, corruption or other financial irregularities are suspected (ensuring compliance with circular DL (2022)06. This requires NHSGGC to adopt the Counter Fraud Standard which is a best practice approach to countering fraud. NHSGGC has a formal Fraud Policy and a Fraud Response Plan which set out the Board's policy and individuals' responsibilities. The following paragraphs provide an outline of the requirements but the Fraud Policy and Fraud Response Plan should be referred to for further detail.

The definitions of fraud, corruption and embezzlement (generally referred to as "fraud") and the related activity of theft are contained in the Fraud Policy, and are as follows:-

**Fraud**

A false pretence – a false pretence by word of mouth, writing or conduct, and an inducement – induce someone to pay over monies/hand over goods, and

A practical result – that the cheat designed had been successful to the extent of gaining benefit of advantage, or of prejudicing, or tending to prejudice, the interests of another person).

**Embezzlement** (is the felonious appropriation of property (i.e. a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control).

**Forgery and uttering** (is the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document).

**Bribery and Corruption** The Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation.

**Theft** (the felonious taking or appropriating of property without the consent of the rightful owner or other lawful authority) of NHS property or funds with a high value or where a series of thefts has been identified.

NHSGGC will take appropriate legal and/or disciplinary action against any employee, director, contractor or other third party if any of the above offences are found to be proven. In instances where there is sufficient evidence to support a criminal prosecution there is a presumption that a referral will be made to the Procurator Fiscal for consideration.

Every officer has a duty to report, without delay, any instances of fraud, corruption, embezzlement, theft or other financial irregularities that they discover. This also includes any reasonably held suspicions that such circumstances have occurred (or are about to occur). This should normally be reported to the officer's line manager, in the first instance, but may be directly to the Fraud Liaison Officer if there are concerns about reporting to the line manager. NHSGGC encourages anyone having reasonably held suspicions of fraud, or other irregularity, to report it. Individuals will be offered protection under the Whistleblowing Policy and should

have no fear of reporting such matters unless they know their allegations to be groundless and/or raised maliciously.

In cases where fraud, bribery, corruption or embezzlement is suspected, all investigations must be carried out by staff from NHS Counter Fraud Service. Line managers must therefore immediately contact the Fraud Liaison Officer who will arrange preliminary discussions with NHS Counter Fraud Service. No action should be taken, that may prejudice the outcome of any potential criminal prosecution, prior to consultation with the Fraud Liaison Officer and NHS Counter Fraud Service. This does not however prevent immediate action being taken where there are issues regarding safety and/or suspicions that evidence may be destroyed. Further guidance is available from the Fraud Liaison Officer.

In cases of theft, line managers should contact the police. Local managers should assume that they have delegated authority to investigate minor thefts (subject to the approval of their service head) but should still contact the Fraud Liaison Officer in cases of doubt and where they may require specialist assistance. Any major thefts, a series of thefts or theft involving some form of deception should be discussed immediately with the Fraud Liaison Officer as these may require investigation by NHS Counter Fraud Service. There is a presumption that all thefts should be reported to the police and that the crime reference should be entered on the Datix Report and Loss Report. Managers must submit a copy of their formal investigation report (which will be satisfied by a Datix Report or Loss Report in simple cases) to NHSGGC's Fraud Liaison Officer.

NHSGGC is not authorised to carry out any form of covert surveillance. If any manager considers that such a measure is necessary to detect or prevent a crime then they should contact the Fraud Liaison Officer to arrange assistance from the NHS Counter Fraud Service.

It is possible that any instance of fraud or other financial irregularity, may attract enquiries from the media or other outside sources. Staff should not make statements to the media regarding any financial irregularity, as this could prejudice the outcome of any criminal enquiry or proceedings. Any enquiries from the media or third parties should, in line with normal NHSGGC policy, be referred to NHSGGC's Communications Office, which will provide an appropriate response after consultation with the NHS Counter Fraud Service and/or the Fraud Liaison Officer.

## **18.2 LOSSES AND SPECIAL PAYMENTS**

The Director of Finance will ensure that procedural instructions on the recording of, and accounting for, condemnations, losses and special payments are prepared and issued.

Any officer discovering or suspecting a loss of any kind will immediately inform their local manager. The manager will complete a loss form which will be signed by a budget holder and submitted to Financial Services. Losses in excess of the Budget Holder's delegated authority to write off losses should also be authorised by the appropriate Chief Officer. Where the loss is due to fraud or theft, the manager will immediately act as detailed at section 18.1 above.

The Director of Finance will ensure that a losses register in which details of all losses and compensations will be recorded as they are known is maintained.

The Board will approve the writing off of losses, within the limits delegated to it from time to time by the SGHSCD, except that delegated responsibility may be given by the Board to the Chief Executive or other officers. Any significant losses written off under this delegated authority will be reported to the Audit and Risk Committee of NHSGGC. Details of the delegated levels of authority are given in the Scheme of Delegation.

No losses or special payments that exceed the limits delegated to NHSGGC by the SGHSCD will be made without their prior approval.

The Director of Finance is authorised to take any necessary steps to safeguard NHSGGC's interest in bankruptcies and company liquidations.

For any loss, the Director of Finance will consider whether

1. any insurance claim can be made against insurers; or
2. legal action can be taken to recover all or part of the amount of the loss.

All changes to securities will require the approval of the Director of Finance since they affect the Board's financial exposure and risk of bad debts

**18.3 CLAIMS FOR MEDICAL/CLINICAL NEGLIGENCE**

The Director of Corporate Governance and Administration will arrange for the Acute Services Division and HSCPs to hold a register of claims for medical and clinical negligence including details of payments made.

**18.4 OTHER LEGAL CLAIMS**

The Director of Corporate Governance and Administration will arrange for the Acute Services Division and HSCPs to hold a register of other legal claims e.g. under Health and Safety legislation.

**18.5 DISPOSALS AND CONDEMNATIONS**

The procedures for the disposal of assets are set out in these instructions at Section 13 - Assets.

The Director of Finance will ensure that procedures for the recording and condemnation of all unserviceable items are prepared and issued.

**18.6 REPORTING**

The Audit and Risk Committee will maintain an oversight of the settlement of legal claims and claims for compensation. Where a settlement is above the Board's delegated limit and is forwarded to SGHSCD the Board, the Chief Executive Officer, the Deputy Chief Executive, and the Director of Finance will be notified in accordance with the Scheme of Delegation.

**SECTION 19**

**PATIENTS' PRIVATE FUNDS AND PROPERTY**

**19.1 PROCEDURE**

NHSGGC has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, found in the possession of unconscious or confused patients, found in the possession of mentally disordered patients, or found in the possession of patients dying in hospital. Such property shall be dealt with as provided below and in accordance with the Adults with Incapacity (Scotland) Act 2000.

Patients or their guardians, as appropriate, shall be informed before or at admission by:

- notice and information booklets;
- hospital admission documentation and property records;
- the oral advice of administrative and/or nursing staff responsible for admissions;

that NHSGGC will not accept responsibility or liability for patients' property brought into Board premises, unless it is handed in for safe custody and a receipt is obtained acknowledging property handed over.

The Director of Finance will ensure that there are detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer, in any way, the property of patients. These instructions will incorporate the guidance on this subject issued from time to time by the SGHSCD and will be in a form approved by the Supervisory Body.

Any money or property handed over for safekeeping will be evidenced by the issue of an official receipt.

Records of patients' property shall be completed by a member of the hospital staff in the presence of a second member of staff and in the presence of the patient or the personal representative, where practicable. It should be signed by the member of staff and by the patient, except where the latter is restricted by physical or mental incapacity, in which case it should be witnessed by the signature of a second staff member.

Patients' income, including pensions and allowances, shall be dealt with in accordance with current SGHSCD guidelines and Department of Work and Pensions regulations.

Where monies or valuables are handed in other than to the Patients' Funds Cashier then they will be held securely and transferred to the Patients' Funds Cashier at the first reasonable opportunity.

Patients' funds will be banked and administered in accordance with instructions provided by the Director of Finance. Any funds not required for immediate use will be lodged in an interest bearing account with interest being credited to individual patients based on the level of funds held by each patient. Bank and funds reconciliations should be prepared on a monthly basis and reviewed by a more senior officer not involved in the day to day operation of the funds.

In the case of patients incapable of handling their own affairs, and unless their affairs are managed under legal authority by some other party, their affairs will be managed in accordance with the Adults with Incapacity (Scotland) Act 2000 and the associated policies approved by the Board's Supervisory Body.

In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £36,000 (or such other amount as may be prescribed by legislation and

advised by the SGHSCD), production of a Confirmation of Estate will be required before any of the property is released. Where the total value of the property is less than £36,000 forms of indemnity will be obtained (although confirmation of estate should still be obtained in instances where dispute is likely).

In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests in the Crown, and particulars will, therefore, be notified to the Queen's and Lord Treasurer's Remembrancer.

Staff should be informed on appointment, by the appropriate departmental or senior manager, of their responsibilities and duties for the administration of the property of patients.

Staff should not benefit directly or indirectly from the management of patients' private funds or property. Where it could be perceived that a member of staff may benefit, directly or indirectly (e.g. through accompanying a patient on holiday), then the expenditure and activity should be approved by the Multi-disciplinary Review Team.

The Board is not authorised to hold funds or valuables on behalf of patients in a community setting. Staff should decline requests to do so otherwise they could become personally liable in the event of loss.

## **19.2 OUTSIDE CONTRACTORS**

Where NHSGGC contracts with a private, voluntary sector or non NHS body for the provision of NHS patient care, the Director of Finance will ensure that the relevant contract specifies standards to be adopted for the administration and management of patients' private funds and property.

Detailed instructions, equivalent to those adopted by the Health Board, will be required and will form the basis of the standards required contractually of health care providers in respect of the administration and control of patients' funds and property. The Director of Finance will ensure the performance of partnership providers is monitored and measured against these procedures.

**SECTION 20**

**USE OF CONSULTANCY SERVICES (NON-MEDICAL)**

**20.1 DEFINITION**

An external consultancy service is defined as:

- a) an ongoing exchange of intellectual or professional information; where
- b) the commission ends on completion of a defined output; and
- c) the day to day management of the consultant remains with the supplier.

External consultants should only be used where the required skills and expertise to deliver the project cannot be provided internally.

**20.2 MANAGEMENT CONSULTANTS**

Where use of management consultants is being considered, the guidance contained in Circular NHS MEL (1994) 4 must be observed. This guidance covers the engagement, control and reimbursement of fees to management consultants.

**20.3 CAPITAL PROJECTS**

Where external consultants such as architects, design consultants, surveyors etc. are engaged on capital projects, including IM&T projects, the Board should follow the guidance contained in SCIM including the requirement for a post project evaluation.

**20.4 REVENUE FUNDED PROJECTS**

External consultants for revenue funded projects should only be engaged where it is considered to be the best way to deliver an outcome of value to the Board.

All engagements must have a clearly defined remit and outcome which will enable the Board to deliver its approved clinical strategy.

Any internal resources required to support the external consultant should be identified prior to engaging the external consultant.

A post project evaluation should be undertaken to assess whether the required outcome has been achieved.

**20.5 PROCUREMENT**

Engagement of all external consultants will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

All legal services will be obtained through NHS Central Legal Services (CLO) other than where the Board has appointed external legal advisers to a specific project. Note that prior approval will be required before consulting CLO.



## **Section 5**

# **NHS Greater Glasgow and Clyde Scheme of Delegation**

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## 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
2. Setting the organisation’s culture, strategic direction and development goals;
3. Approval of the organisation’s Corporate Strategies
4. Development and Implementation of the Delivery Plan;
5. Approval of the IJB Integration Schemes;
6. Monitoring of aggregated/exception reports from the Board’s Standing Committees, any sub-committees, and the Integration Joint Boards on key performance indicators;
7. Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
8. Allocating financial resources for both Capital and Revenue resource allocation;
9. Scrutinise key data and information as per the Board’s Assurance Information Framework.
10. Approval of Annual Accounts;
11. Scrutiny of Public Private Partnerships;

12. NHS Statutory Approvals;
13. Approval of the Corporate governance framework including:
  - Standing Orders
  - Establishment, remit, and reporting arrangements of all Board Standing Committees/sub-committees
  - Scheme of Delegation
  - Standing Financial Instructions
  - Model Code of Conduct

## 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. A number of sub-groups report into CMT across the range of Board activities and improvement plans.

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/interest		Corporate Services Manager - Compliance
3	Document or Proceeding requiring authentication by the Board		One Non-Executive Board Member, the Director of Corporate Services and Governance 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 / Deputy Chief Executive /Director of Estates and Facilities.

#### 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. Where a Director post is referenced this will also cover any Interim appointments to that post.

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
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**Table 4.1 Allocations and Budgets**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board CMT	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit and per the Financial Plan
3	Oversight of strategic direction for IJB Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Officers Chief Executive	Resources within scope of Integration Scheme
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	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
7	Authority to use N/R budget to fund recurring expenditure		Chief Executive	Within available resources
8	Virement of budget		Director of Finance	Up to £50,000 Head of Finance £50,000-£500,000 Asst DOFs Above £500,000 within available budget.

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9	Virement of budget – HSCP		IJB Chief Officers / Board Director of Finance / Local Authority Finance Officer	Within available budget and local financial regulations/scheme of delegation regarding virement
10	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance CMT	Chief Executive/ Director of Finance	FP&P above £5m– within available resources CMT between £3-5m Chief Executive or Director of Finance up to £5m

**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 NHSGGC Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
3	Approval of Endowment Fund Annual Accounts	Endowment Management Committee to review and onwards to Board of Trustees for approval	Director of Finance	In accordance with The Charity Accounts (Scotland) Regulations 2006
4	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance	In accordance with Accounts Manual

**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 for the NHSGGC accounts	Scottish Ministers	Director of Finance	In accordance with the Audit Scotland Code of Audit Practice
4	Appointment of internal auditors	Audit and Risk Committee	Director of Finance	
5	Appointment of external auditors for the Endowment Fund accounts	Board of Trustees Endowment Management Committee	Director of Finance	

**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/S WIFT/Faster Payments/ cheque/ Payable Order payments		2 signatories from panel authorised by the Board	N/A

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5	Direct Debit/Standing Order mandates		2 signatories from panel authorised by the Board	N/A
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\*BACS – Bankers Automated Clearing System; CHAPS – Clearing Houses Automated Payment System; SWIFT – Society for World-wide Interbank Financial Telecommunication; GBS – Government Banking Service

**Table 4.5 Contracts/Service Level Agreements**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m  CMT approval for all new contracts with an annual value between £1.5-5m
2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee  CMT	Relevant members of the CMT	<u>Substantive Service Changes</u>  CMT and as appropriate Finance, Planning and Performance Committee  <u>Financial Changes</u> CMT between £3-5m Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m
3	Resource Transfer		Director of Finance and IJB Chief Officers	Within approved budget
4	Setting of Fees and Charges: income generation - Board		Director 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 – Acute Services		Director of Finance	Where not determined by SGHSCD or statute

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6	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
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**Table 4.6 Pay Expenditure**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of any workforce related strategy	Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance
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
4	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Board Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Chief Executive or where appropriate Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding



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6	Oversight of Senior Management and high end employment litigation claims	Remuneration Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions and process in 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 Human Resources 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	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

**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 Deputy Chief Executive Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) CMT between £3-5m Chief Executive or Director of Finance up to £5m; Deputy Chief Executive up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee  CMT  Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Capital Planning Group up to £3m Deputy Director of Estates and Facilities - Capital Planning up to £2m

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4	Approval of Information Management & Technology (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 £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m
5	Maintenance of Contract Register		Head of Procurement	
6	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>IJB - Chief Officer</li> <li>Acute Division – Deputy Chief Executive or Directors who report to the Deputy Chief Executive</li> <li>Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director and Head of Procurement</li> </ul>	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>Waivers which are urgent or have no competition and are in excess of £250k</li> <li>(Waivers where the tender process was not followed the threshold for DOF approval is over £50k</li> </ul>

**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 Finance	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

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4	Day to day management and security arrangements		Director of Estates and Facilities	All other stocks
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**Table 4.10 Capital Investment**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non Information Management & Technology (IM&T)	<p>Board (in line with limit)</p> <p>Capital Investment Group ( SG)</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Capital Planning Group</p>	Director of Estates and Facilities	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board)</p> <p>Chief Executive up to £5m;</p> <p>Director of Finance up to £4m</p> <p>Director of Estates and Facilities up to £4m</p> <p>CMT between £3-£5m</p> <p>Capital Planning Group up to £3m</p> <p>Deputy Director facilities and Corporate - Capital Planning up to £2m</p>
2	Approval of Business Cases - Information Management & Technology (IM&T)	<p>Board (in line with limit)</p> <p>SG eHealth Programme</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Capital Planning Group</p>	Director of eHealth	<p>Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;</p> <p>Director of Finance up to £4m;</p> <p>Director of Estates and Facilities up to £4m;</p> <p>CMT between £3-£5m;</p> <p>Capital Planning Group up to £3m</p>

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3	Property acquisitions/ disposals	Board (in line with limit) Finance, Planning and Performance Committee CMT Property Management Group	Director of Estates and Facilities	The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated  Finance, Planning and Performance Committee over £3m (limited to £20m; above £20m approval required by Board)  CMT between £1.5m-3m  Property Management Group up to £0.15m  Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required
4	Property Lease/rental agreements	Board (in line with limit) Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Deputy Chief Executive	The values below relate to value for the full period of the lease not just the annual value  FP&P over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board)  CMT between £1.5mm and £5m either per annum or in total over the lease term  PMG up to £1.5m over entire lease term or £150k per annum, whichever is lesser
5	Strategy for Investment in Primary care	Board Finance Planning and Performance Committee CMT	Director of Estates and Facilities  Director of Primary Care	Business case limits as above
6	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget

**Table 4.11 Management of Endowment Funds**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Expenditure budget for general funds	Healthcare Charity Committee	Director of Finance	
2	Approval of expenditure from Endowment Funds	Healthcare Charity Committee	Block Funding Grants  Fundholder/ authorised signatory to fund  Fundholder/ authorised signatory plus two of the following: Chief Executive, Director of Finance, Deputy Chief Executive  Healthcare Charity Committee approval plus two of the following: Chief Executive, Director of Finance, Deputy Chief Executive	Healthcare Charity Committee  Relevant Director up to £50,000  Between £50,000 and £250,000  Over £250,000
3	Creation of new endowment funded posts	Healthcare Charity 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	Healthcare Charity Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Healthcare Charity Committee	Director of Finance	Funds may only be accepted where consistent with the charitable purpose of the Endowment Funds

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8	Correspondence re legacies and giving good discharge to executors		Director of Finance	
9	Investment of Endowment Funds	Healthcare Charity Committee	Director of Finance	
10	Nominee for grants of probate or letters of administration		Director of Finance	
11	Approval of endowment related policies	Endowment Trustees	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		Director of Primary Care	
3	Individual GP Practice Contract changes		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		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	

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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 IJB	
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		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
13	Awards of new Pharmacy Contracts/ amendment of a Pharmacy Contract	Pharmacy Practices Committee	Director of Pharmacy	

**Table 4.13 Health and Social Care Partnerships**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/Director of Finance/IJB Chief Officers	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	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



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3	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
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

**Table 4.14 Fraud, Losses and Legal Claims**

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	SGHSCD  Audit and Risk Committee	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 / Deputy Chief Executive/ HSCP Chief Officers/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval  With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>

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3	Maintenance of medical negligence and legal claims register		Director of Corporate Services and Governance Medical Director	
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers and HOF Management Accounts - Claims up to £6,000 Corporate Services Manager and Asst DOF - Claims £6,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Deputy Chief Executive, Chief Executive, SGHSCD - Claims £250,000 to £500,000
6	Oversight of settlement of legal claims and compensation payments – (non-clinical and employee claims)	Audit and Risk Committee CMT	Director of Corporate Services and Governance Director of HR and Organisational Development	Heads of Health and Safety/Depute Director of HR and HOF Management Accounts - Claims up to £10,000 Director of HR and Organisational Development and Director of Finance - Claims £10,000-£100,000 Director of Finance, Deputy Chief Executive, Chief Executive, SGHSCD - Claims £100,000 to £500,000

**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 – Within the terms of the Adults with Incapacity (Scotland) Act 2000.	Within the terms of the Adults with Incapacity (Scotland) Act 2000.

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2	Monitoring and reviewing arrangements for the management of residents' affairs		Chief Officer – Operations, Glasgow City IJB 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	Approval of Patient Private Funds Annual Accounts	Audit and Risk Committee	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 <ul style="list-style-type: none"> <li>• Inquiries and Regulation</li> <li>• Transformation</li> <li>• Culture/Equality, Diversity and Inclusion</li> </ul>

**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 and relevant Policies as delegated by the Board	Clinical and Care Governance Committee	Medical Director and Nurse Director

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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	Oversight and reporting of shared learning from legal claims, FAIs and SAERs	EOG L&R Inquiries Oversight Sub Committee Clinical and Care Governance Committee	Medical Director and Nurse Director
5	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
6	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
7	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director
8	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical and Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Nurse Director
9.	Oversight and monitoring of Organ Donation and Transplantation Committee activity	Clinical and Care Governance Committee	Medical Director

**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

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2	Oversight of relevant Corporate Strategies and relevant Policies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
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 Board	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 Plan and Workforce Strategy	Staff Governance Committee for endorsement and Board for approval.	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 and People Committee (during transitional year) re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance and People Committee (during transitional year) regarding staffing elements e.g. Equal Pay	Director of Public Health
9	Safe Staffing Legislation	Staff Governance Committee with reference Finance Planning and Performance Committee  Annual Report to Board for approval	Nurse Director

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10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director Director of Estates and Facilities
11	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
12	Oversight of Organisational Culture	Staff Governance Committee with reference to the People Committee (during transitional year)	Director of Human Resources and Organisational Development

**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 endorsement and Board 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	Approval of the Corporate Risk Register	Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee – onward to the Board for approval twice annually.	Director of Finance
5	Risk Appetite Annual Update	Audit and Risk Committee and Board	Director of Finance
6	Oversight of the system for the management of operational risk	Audit and Risk Committee	Director of Finance

**Table 5.4 Strategic Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Director of Planning
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Director of Planning
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Director of Planning
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Director of Planning
5	Maintenance of the Strategic Planning Framework	EOG GGC Transforming Together Finance, Planning and Performance Committee	Director of Planning

**Table 5.5 Performance Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Approval and implementation of Performance Management Framework aligned to Board Assurance and Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors



**Table 5.6 Information Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of the delivery of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Scrutiny and oversight of the delivery and implementation of the 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 and Annual Report	Audit and Risk Committee	Director of Corporate Services and Governance
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

**Table 5.7 Communication**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Communication and Public Engagement Strategy	Board	Director of Communications and Public Engagement
2	Internal Communication and Staff Engagement Strategy	Staff Governance Committee with reference to the People Committee (during transitional year) Board	Director of Communications and Public Engagement and Director of Human Resources and Organisational Development
3	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

**Table 5.8 Emergency and Continuity Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan(s)	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Annual report on the preparation and maintenance of Business Continuity Plan processes for the Board	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

**Table 5.9 Public Health**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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 and relevant Policies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Director of Public Health
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
6	Oversight and reporting of performance against the Equalities Act, Public Sector Duty and Fairer NHSGGC	Population Health and Wellbeing Committee with reference to the People Committee (during transitional year)	Director of Public Health
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

**Table 5.10 Other Key Areas**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of Inquiries and Regulation	Inquiries Oversight Sub-Committee Board	Director of Corporate Services and Governance
2	Standing Orders, SFIs, Scheme of Delegation, Code of Business Conduct for Staff and Non Exec Code of Conduct	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance Director of Corporate Services and Governance
3	Stakeholder engagement	People Committee	Director of Communications and Public Engagement
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee Board	Director of Corporate Services and Governance
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 and Care Governance Committee	Controlled Drug Accountable Officer, Director of Pharmacy
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities
7	Child and Adult Public Protection Annual Report and regular updates	Clinical and Care Governance Committee	Director of Nursing
8	Oversight of Estates, Environmental and Sustainability compliance within national legislative requirements for Board activities	Finance Planning & Performance Committee – CMT Sustainability Governance Group	Director of Estates and Facilities Head of Sustainability
9	Inquiries and Regulations (eg, FAIs, Public Inquiries, etc)	EOG Legal and Regulatory Inquiries Oversight Sub Committee Relevant Committees	Director of Corporate Services and Governance

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10	Transformation and Renewal, Way Forward 2025 and Transforming Together	Board  Finance, Planning and Performance Committee  Corporate Management Team  EOG Transforming Together  EOG Way Forward	Chief Executive  Deputy Chief Executive
11	Culture and Equality, Diversity and Inclusion	People Committee  <b>Note</b> , transitional year and reference to Population Health and Wellbeing Committee and Staff Governance Committee	Director of Human Resources and Organisational Development  Director of Public Health



## **Section 6**

# **NHS Greater Glasgow and Clyde Governance Committee Terms of Reference**

## **NHS Greater Glasgow and Clyde Area Clinical Forum**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Area Clinical Forum is constituted under "Rebuilding our National Health Service" - A Change Programme for Implementing "Our National Health, Plan for Action, A Plan for Change", which emphasised that NHS Boards should both:-
  - Draw on the full range of professional skills and expertise in their area for advice on clinical matters both locally and on national policy issues;
  - Promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process to support the NHS Board in the conduct of its business.
- 1.3 The Forum will be called NHS Greater Glasgow and Clyde Area Clinical Forum.

#### **2. Membership**

- 2.1 The Area Clinical Forum will comprise the Chairs and Vice Chairs (or relevant Deputy) of the *statutory* Area Professional Committees as follows:-
  - Medical
  - Dental
  - Nursing and Midwifery
  - Pharmaceutical
  - Optometric
  - Area Allied Professionals and Healthcare Scientists
  - Psychology

#### **2.2 Persons in Attendance**

Persons other than Members may be invited to attend a meeting(s) for discussion of specific items at the request of the Chair or Secretary. That person will be allowed to take part in the discussion but will not have a vote. NHS Greater Glasgow and Clyde Board's Chief Executive, Medical Director, Nurse Director, Director of Public Health, Pharmaceutical Adviser, and Consultant in Dental Public Health shall be regular attenders at meetings of

the Area Clinical Forum.

A Chief Officer of a Health and Social Care Partnership will be invited to attend meetings of the Forum.

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

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Forum**

3.2 The Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. The Forum's choice of Chair will be notified to the NHS Board Chair. Selection of the Chair will be an open process, and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

3.3 The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health and Wellbeing, serve as a Non-Executive Director of NHS Greater Glasgow and Clyde Board.

3.4 Membership of NHS Greater Glasgow and Clyde Board is specific to the office rather than to the person. The normal term of appointment for Board Members is for a period up to four years. Appointments may be renewed, subject to Ministerial approval.

3.5 Where the Members of the Area Clinical Forum choose to replace the Chair before the expiry of their term of appointment as a Member of NHS Greater Glasgow and Clyde Board, the new Chair will have to be formally nominated to the Cabinet Secretary as a Member of NHS Greater Glasgow and Clyde Board for a decision of formal appoint to the Board.

3.6 In the same way, if Board Membership expires and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a Member of the Forum.

#### **3.7 Vice Chair**

3.8 A Vice Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process and all Members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

3.9 The Vice Chair will deputise, as appropriate, for the Chair, but where this involves participation in the business of NHS Greater Glasgow and Clyde Board, they will not be functioning as a Non-Executive Director of NHS Greater Glasgow and Clyde Board.

3.10 The Vice Chair will serve for a period of up to four years.

**3.11 Officers of the Forum**

The Term of Office for Members will normally be up to four years. Individuals shall cease to be Members of the Area Clinical Forum on ceasing to be Chair/Vice Chair of their Professional Committee. Members will serve for a maximum of 4 consecutive years however in exceptional circumstances, ACF can agree to extend the maximum term by one year however succession planning for membership of the ACF is a key aspect of the role of Advisory Committees. If a member resigns or retires, the appropriate Area Professional Committee will choose a replacement. The replacement will hold office for the remainder of the period for which the member they replace would have held office.

**3.12 Quorum**

Meetings of the Forum will be considered quorate when there is representation from at least four of the constituent subcommittees. In the event that the Chair and Vice Chair are both absent, the Members present shall elect from those in attendance, a person to act as Chair for the meeting.

**3.13 Frequency of Meetings**

3.14 The Area Clinical Forum will meet at least four times each year. Additional meetings may be arranged at the discretion of the Forum Chair.

3.15 The Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.

**3.16 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.17 All declarations of interest will be minuted.

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

**3.19 Administrative Support**

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

3.20 The administrative support to the Forum will attend to take the minutes of the meeting, maintain a log of actions and an Annual Cycle of Business, providing appropriate support to the Chair and Forum members, and support



preparation of an Annual Report on the work of the Forum for presentation to the Board.

### **3.21 Alterations to the Constitution and Standing Orders**

- 3.22 Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Forum provided a Notice of the proposed alteration is circulated with the Notice of the Meeting and that the proposal is seconded and supported by two thirds of the Members present and voting at the meeting.

Any alterations must be submitted to NHS Greater Glasgow and Clyde Board for approval as part of the Annual Review of Corporate Governance before the change is enforceable.

### **3.23 Guest Speakers**

The Forum may invite guest speakers who it considers may have particular contribution to the work of the Forum to attend meetings.

## **4. Remit of the Forum**

- 4.1 To represent the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology and health and social care partnerships to NHS Greater Glasgow and Clyde ensuring the involvement of all the professions across the local NHS system in the decision-making process.

## **5. Key Duties of the Forum**

- 5.1 The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow and Clyde by:-
- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of strategic plans and the Board's strategic objectives by, through the ACF Chair, being fully engaged in NHS Board business.
  - Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde, regular updates should be sought;
  - Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement;
  - Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement;

- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery;

5.2 At the request of NHS Greater Glasgow and Clyde, the Area Clinical Forum may also be called upon to perform one or more of the following functions:-

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board where there is particular need for multi-disciplinary advice.
- Advise NHS Greater Glasgow and Clyde of the impact of national policies on the integration of services, both within the local NHS systems and across health and social care.

5.3 The Area Clinical Forum will review its functions periodically, in collaboration with NHS Greater Glasgow and Clyde to ensure that they continue to fit local priorities and developments.

## **6. Authority**

6.1 The Area Clinical Forum is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

7.1 The Area Clinical Forum will report to the NHS Board and submit an Annual Report on its activities to the NHS Board.

7.2 The draft minutes of the ACF will be cleared by the Chair of the Forum prior to distribution to the Area Clinical Forum for ratification at the next Forum meeting. The ratified minutes of the Area Clinical Forum will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.

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

## **8. Conduct of the Forum**

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 Forum will participate in an annual review of the Forum'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.

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Responsible Executive Lead:	Nurse Director
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## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee

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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



## **NHS Greater Glasgow and Clyde Audit and Risk Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Audit and Risk Committee (ARC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The purpose of the ARC is the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
  - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations
  - Public money is safeguarded and properly accounted for
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question
  - Reasonable steps are taken to prevent and detect fraud and other irregularities
  - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC will support the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of the Board and Accountable Officer. In this context, assurance is defined as an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework.

- 1.5 Following approval of the establishment of the Inquiries Oversight Subcommittee (IOSC) by the Board in April 2025, the Committee will ensure that appropriate governance and any action is in place in respect of items escalated to the ARC by the IOSC.

## **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.
- 2.3 The Chair of the Board shall not be a member of the Committee, but shall have the right to attend meetings. As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow and Clyde, other Board Members shall also have the right to attend. A schedule of meetings will be published, and those NHS Board members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.4 At least one member of the ARC should have recent and relevant financial experience.

## **3. Arrangement for Conduct of Business**

### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

### **3.2 Quorum**

There are 6 Non-Executive Board Members on the Committee. Meetings will be considered quorate when 3 Non-Executive Members are present.

### **3.3 Voting**

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

### **3.4 Frequency of Meetings**

The Audit and Risk Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair, Director of Finance, and Chief Executive.

### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. 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, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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

### **3.6 Administrative Support**

The Director of Finance shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit and Risk Committee. This will be by way of an Executive Group which shall provide support to the Audit and Risk Committee by ensuring that reports and relevant matters are being actioned at local level by management. It will also agree which responsible officers should be instructed to attend the Audit and Risk Committee to be responsible for an audit report. These arrangements shall be subject to review, evaluation and approval on an annual basis by the Audit and Risk Committee.

- 3.7 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.8 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.
- 3.9 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.10 The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.11 The external auditor and internal auditor shall meet on at least one occasion each year with the Committee without the Director of Finance, other Executive Directors or Board staff being present. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such meeting.
- 3.12 The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of specific matters. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such discussions.



- 3.13 The Audit and Risk Committee will provide the Board and the Accountable Officer with an annual report on the Board's system of internal control, timed to support finalisation of the Annual Report and Accounts, including the Governance Statement. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

#### **4. Remit**

- 4.1 The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control. This will include the following specific responsibilities.
- (i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud
1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
  2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
  3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
    - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer
    - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence
  4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
  5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
  6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
  7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
  8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
  9. Oversight and monitoring of the Board's system for Information Governance (IG), receiving minutes and updates from the IG Steering Group and annual reports on IG, Data Protection and FOI; approving relevant policy.
  10. Oversight of claims against the Board, including Public Inquiries, Fatal Accident Inquiries and any police investigations.

11. Monitoring and scrutinising key data and information as per the Board's Assurance Information Framework as part of Active Governance.
12. Oversight of Civil Contingencies, with the Committee receiving reports and updates on Business Continuity arrangements.
13. Oversight of eHealth, Digital and Cyber Security receiving updates on strategy implementation and reports on compliance and IT Security actions

(ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation

1. As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Code of Conduct for Staff and recommend changes for Board approval.
2. Reviewing annually (or as required) the Scheme of Delegation.
3. Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.

(iii) Internal and External Audit

1. Approving the arrangements for securing an internal audit service, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
2. Monitoring the delivery of internal audit and the annual performance of external audit.
3. Approving and reviewing internal audit plans, and receiving reports on their subsequent achievement.
4. Reviewing external audit plans, and receiving reports on their subsequent achievement.
5. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
6. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
7. Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
8. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chair of the Committee.
9. Ensuring co-ordination between internal and external audit.
10. Receiving and approving the internal auditor's report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Government Health Directorates in accordance with the NHS Scotland Property Transactions Handbook.

(iv) Annual Accounts

1. Approving changes to accounting policies and reviewing the Board's Annual Report and Accounts prior to their adoption by the full Board. This includes:
  - Reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts

- Reporting in the Directors' report on the role and responsibilities of the Audit and Risk Committee and the actions taken to discharge those
  - Reviewing unadjusted errors arising from the external audit
  - Reviewing the schedules of losses and compensations
2. The Chair of the Audit and Risk Committee (or nominated deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

This includes approval of the delivery of the Board's objectives and areas as outlined in the Scheme of Delegation (Appendix 1) as approved and allocated to the Committee by the NHS Board, and objectives, as required.

## 5. Authority

- 5.1 The Audit and Risk Committee is a Standing Committee of the NHS Board.

## 6. Reporting Arrangements

- 6.1 The Audit and Risk will report to the NHS Board.
- 6.2 The draft minutes of the ARC will be cleared by the Chair of the ARC and the nominated Director of Finance prior to distribution to the ARC for ratification at the next Committee meeting. The ratified minutes of the ARC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 6.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 6.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

## 7. Conduct of the Committee

- 7.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 7.2 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.

<b>Version Control</b>	<b>June 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	3 June 2025
Date for review:	June 2026
Replaces previous version:	June 2024

## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee

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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

Table 4.2 Annual Accounts and Reports

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of NHSGGC Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
4	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance	In accordance with Accounts Manual

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
4	Appointment of internal auditors	Audit and Risk Committee	Director of Finance	

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

**Table 4.8 Orders, Quotations and Tenders**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>IJB - Chief Officer</li> <li>Acute Division – Deputy Chief Executive or Directors who report to the Deputy Chief Executive</li> <li>Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director and Head of Procurement</li> </ul>	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>Waivers which are urgent or have no competition and are in excess of £250k</li> <li>(Waivers where the tender process was not followed the threshold for DOF approval is over £50k)</li> </ul>

**Table 4.14 Fraud, Losses and Legal**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Writing off of losses	SGHSCD  Audit and Risk Committee	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 / Deputy Chief Executive/ HSCP Chief Officers/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval  With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> <li>Stores/ Procurement</li> <li>Fixed Assets (other than losses due to fraud/ theft)</li> <li>Abandoned Road Traffic Accident claims</li> </ul>
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	

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5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	<p>Corporate Legal Managers and HOF Management Accounts - Claims up to £6,000</p> <p>Corporate Services Manager and Asst DOF - Claims £6,000 to £150,000</p> <p>Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000</p> <p>Director of Finance, Deputy Chief Executive, Chief Executive, SGHSCD - Claims £250,000 to £500,000</p>
6	Oversight of settlement of legal claims and compensation payments – (non-clinical and employee claims)	Audit and Risk Committee CMT	<p>Director of Corporate Services and Governance</p> <p>Director of HR and Organisational Development</p>	<p>Heads of Health and Safety/Depute Director of HR and HOF Management Accounts - Claims up to £10,000</p> <p>Director of HR and Organisational Development and Director of Finance - Claims £10,000-£100,000</p> <p>Director of Finance, Deputy Chief Executive, Chief Executive, SGHSCD - Claims £100,000 to £500,000</p>

**Table 4.15 Patients Private Funds and Property**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Approval of Patient Private Funds Annual Accounts	Audit and Risk Committee	Director of Finance	



**Table 5.3 Risk Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Approval of Risk Management Strategy	Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for endorsement and Board 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	Approval of the Corporate Risk Register	Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee – onward to the Board for approval twice annually.	Director of Finance
5	Risk Appetite Annual Update	Audit and Risk Committee and Board	Director of Finance
6	Oversight of the system for the management of operational risk	Audit and Risk Committee	Director of Finance

**Table 5.5 Performance Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.6 Information Governance**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Oversight of the delivery of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Scrutiny and oversight of the delivery and implementation of the 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
5	Freedom of Information Policy and Annual Report	Audit and Risk Committee	Director of Corporate Services and Governance
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

**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(s)	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Annual report on the preparation and maintenance of Business Continuity Plan processes for the Board	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Standing Orders, SFIs, Scheme of Delegation, Code of Business Conduct for Staff and Non Exec Code of Conduct	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance Director of Corporate Services and Governance

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4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee Board	Director of Corporate Services and Governance
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## **NHS Greater Glasgow and Clyde Clinical and Care Governance Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Clinical & Care Governance Committee (C&CGC) is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Clinical & Care Governance Committee is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS Board.
- 1.5 Following approval of the establishment of the Inquiries Oversight Subcommittee (IOSC) by the Board in April 2025, the Committee will ensure that appropriate governance and any action is in place in respect of items escalated to the Committee by the IOSC.

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

There are 6 Non-Executive Board Members on the Committee. Meetings will be considered quorate when 3 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of meetings**

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

#### **3.5 Declaration of Interests**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority 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.

#### **3.8 Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## 4. Remit

- 4.1 The remit of the C&CGC is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of the Board's objectives and areas as outlined in the Scheme of Delegation (Appendix 1) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
- Oversight of the development and implementation of the Board's Clinical Governance Policy and Quality NHS Strategy
  - Oversight of the development and implementation of the Nursing and Midwifery Strategy
  - Oversight of the development and implementation of the Maternity and Neonatal Strategy
  - Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care
  - Ensure oversight of person-centred care and feedback reflecting learning
  - That NHSGGC fulfils its statutory obligations relating the Board's Duty of Quality - including Duty of Candour
  - Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care
  - That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated
  - Appropriate governance in respect of risks, as allocated to the C&CGC by the Audit and Risk Committee relating to *clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation
  - Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care

## 5. Key Duties of the Committee

- 5.1 The key duties of the C&CGC are to receive and review reports and, as appropriate, seek direct feedback from staff concerning:
- Implementation of a Clinical Governance Policy ensuring a robust system assurance is in place across the whole system
  - Implementation of the Quality Strategy and monitoring delivery of the agreed priorities
  - Ensure learning is shared and best practice highlighted
  - Relevant data and trends in patient safety, experience and outcomes, including feedback from patient safety walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care
  - 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, infection control, complaints, feedback from patients, carers and families, and SPSO feedback*, 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
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour
- Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required
- 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.
- Seek assurance regarding executive and professional oversight of NHSGGC Child Protection and Adult Support and Protection arrangements, taking into account the other public protection agendas identified in National policy including Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS)
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

The C&CGC will receive minutes/reports from the:

- Board Clinical Governance Forum
- Board Infection Control Meeting
- Public Protection Forum

## **6. Authority**

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

## **7. Reporting Arrangements**

- 7.1 The C&CGC will report to the NHS Board.
- 7.2 The draft minutes will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the C&CGC and distribution to the C&CGC for ratification at the next Committee meeting. The ratified minutes of the C&CGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the Committee shall routinely draw to the attention of the NHS Board any issues that require escalation or noting.

## 8. 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 for approval.

<b>Version Control</b>	<b>April 2025</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	June 2025
Date for review:	April 2026
Replaces previous version:	June 2024



## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee

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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

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 and relevant Policies 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	Oversight and reporting of shared learning from legal claims, FAIs and SAERs	EOG L&R Inquiries Oversight Sub Committee Clinical and Care Governance Committee	Medical Director and Nurse Director
5	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
6	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
7	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director
8	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical and Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Nurse Director

9.	Oversight and monitoring of Organ Donation and Transplantation Committee activity	Clinical and Care Governance Committee	Medical Director
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**Table 5.5 Performance Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
7	Child and Adult Public Protection Annual Report and regular updates	Clinical and Care Governance Committee	Director of Nursing



## **NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Finance, Planning and Performance Committee (FP&PC) is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.5 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset and Infrastructure Management, Scottish Government strategic planning, NHS GGC strategies and plans and Health and Social Care Partnership strategic plans.
- 1.6 The Committee will oversee whole system performance, receiving reports ensuring appropriate scrutiny and support for any remedial action required.
- 1.7 Following approval of the establishment of the Inquiries Oversight Subcommittee (IOSC) by the Board in April 2025, the Committee will ensure that appropriate governance and any action is in place in respect of items escalated to the Committee by the IOSC.

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility

template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

- 2.2 The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board's standing committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.3 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in June or at a meeting to be held as soon as convenient thereafter. 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 Chair.

#### **3.2 Quorum**

There are 11 Non-Executive Board Members on the Committee. Meetings will be considered quorate when 6 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of Meetings**

The Finance, Planning and Performance Committee shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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

### 3.6 Administrative Support

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## 4. Remit of the Committee

4.1 The remit of the Finance, Planning and Performance Committee is to scrutinise and provide assurance to the NHS Board on the following key areas for healthcare services:

- Financial Management
- Property and Asset Infrastructure
- Strategic Planning
- Performance Monitoring
- Risk Management
- Stakeholder Engagement.

4.2 The Committee's remit includes those specific areas of NHS GGC business outlined in the Scheme of Delegation. The relevant section of the Scheme of Delegation can be found in Appendix 1. This includes the following responsibilities:

- Promoting active and collaborative governance across the healthcare system
- Monitoring progress towards the achievement of NHS GGC aims and objectives.
- Oversight of the management of the specific corporate risks allocated to FP&PC by the Audit Committee relating to finance, planning, performance and property.

## 5. Key Duties of the Committee

5.1 The Key Duties of the Finance, Planning and Performance Committee are as follows:

### Financial Management

- **Financial Strategy:** approve the NHS Board's three year Financial Strategy and receive regular updates on its progress, advising the NHS Board as appropriate. This includes approval of the any property and infrastructure plans and recommending approval of Capital Plans to the NHS Board
- **Annual Financial Plan:** approve the NHS Board's Annual Financial Plan, advising the NHS Board as appropriate

### Property and Asset Infrastructure

- **Property & Asset Infrastructure:** ensure that the overall strategy reflects the NHS Board's purpose, aims and corporate objectives and that the NHS Board's property and assets are developed and maintained to meet the needs of service

models in line with the NHS Transformation and Renewal agenda.

- **Developments:** oversee developments within the parameters set by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery, on budget, and to agreed standards. This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per limits indicated by the Scheme of Delegation) and recommend to the NHS Board as appropriate
- **Acquisitions and Disposals:** ensure that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook
- **Capital Strategy:** review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FP&PC will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation. By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes
- **Continuous Improvement:** receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual, audit reports and other Scottish Government Guidance.

### Strategic Planning

- **NHS Board's Strategic Plans:** ensure that strategic planning objectives are aligned with the NHS Board's overall purpose, aims, and corporate objectives and make recommendations to the NHS Board
- **NHS Board's Annual Delivery Plan:** ensure that the Delivery Plan is fit to deliver key local and national operational priorities (including Regional Planning requirements), and make recommendations to the NHS Board
- **NHS Board's Medium Term Plan:** ensure the Medium Term Plan is aligned to the Board's strategic plans and direction within annual plans, and make recommendation to the Board.
- **Integration Joint Boards' Strategic Plans:** ensure NHSGGC input, at an appropriate level, to the draft IJB Strategic Plans and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims, corporate objectives and operational priorities
- **Board Strategies:** Receive annual updates of relevant Strategies of which the Committee has oversight of as per the Terms of Reference and Scheme of Delegation e.g. Digital, Stakeholder Communication and Engagement Strategy

### Performance Management

- **Performance Monitoring:** ensure assurance information flows are in place to support an active and collaborative governance approach to performance monitoring and reporting across the healthcare system (including acute services) to enable well-informed and evidence-based discussions to take place at the NHS Board and IJBs.
- **Financial Performance:** have oversight and receive analysis of financial performance of capital resources across the whole system, including HSCP hosted services. This analysis includes all financial resources delegated to NHS GGC Directorates and IJBs, including the use of non-recurrent funds and reserves.



- **Governance:** Utilise all assurance information available to the FP&PC, including the HSCP Annual Performance Reports, to oversee and scrutinise the delivery of healthcare services provided by the NHS GGC Directorates and HSCPs.
- **Service Delivery:** review and approve the NHS Board's Performance Management Framework ensuring that it is aligned to the Board's Assurance Framework and provides assurance on the effectiveness of the policies and systems in place to ensure progress on delivering the Board's purpose, aims, corporate objectives and operational priorities. This includes all healthcare services delivered by the NHS GGC Directorates and HSCPs
- **Continuous Improvement:** ensure that the NHS GGC Directorates and HSCPs encourage a quality improvement culture that promotes innovation and sharing of best practice across the healthcare system. Highlight positive performance and sharing learning on improvement

### **Risk Management**

- **Governance Arrangements:** ensure appropriate governance arrangements are in place in respect of those corporate risks allocated to the Committee by the Audit and Risk Committee
- **Assurance:** review the appropriate risk registers to obtain assurance on risk identification, assessment and mitigation that is in line with the NHS Board's risk appetite, agreeing escalation as appropriate. This includes considering risks to service delivery by the GGC Directorates and HSCPs on a whole system basis.
- **QEUH Legal Claim:** Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.

### **Stakeholder Engagement**

- **Stakeholder Communication and Engagement Strategy:** focussing on external stakeholders. Recommend strategy to the Board, oversee implementation ensuring the elements are reflected in the developing strategic plans and activities.
- **Integration Joint Boards:** ensure that collaborative governance is promoted through open exchanges of information on the challenges, opportunities and risks being identified and managed across the whole healthcare system. This involves paying particular attention to the interdependencies between the work of the NHS GGC Directorates and HSCPs and the relationship between health and social care service delivery
- **Scottish Government:** provide Board level assurance of active and collaborative good governance of finance, strategic planning and performance across the healthcare system in Greater Glasgow and Clyde.

## **6. Authority**

The Finance, Planning and Performance Committee is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The FP&PC will report to the NHS Board.

- 7.2 The draft minute of the FP&PC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the FP&P Committee and distribution to the FP&PC for ratification at the next Committee meeting. The ratified minutes of the FP&PC will be presented to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The FP&PC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

## **8. Conduct of the Committee**

- 8.1 All members will have due regard to and operate within the NHS 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.

<b>Version Control</b>	<b>1 April 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	8 April 2025
Date for review:	April 2026
Replaces previous version:	June 2024

## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee

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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

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 CMT	Director of Finance	Revenue Resource Limit/Capital Resource Limit
3	Oversight of strategic direction for IJB Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Officers Chief Executive	Resources within scope of Integration Scheme
6	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
10	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance CMT	Chief Executive/ Director of Finance	FP&P above £5m– within available resources CMT between £3-5m Chief Executive or Director of Finance up to £5m

Table 4.5 Contracts/Service Level Agreements

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m CMT approval for all new contracts with an annual value between £1.5-5m

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2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee  CMT	Relevant members of the CMT	<u>Substantive Service Changes</u> CMT and as appropriate Finance, Planning and Performance Committee  <u>Financial Changes</u> CMT between £3-5m Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m
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**Table 4.7 Non-Pay Expenditure**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

Table 4.8 Orders, Quotations and Tenders

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of Non Pay Revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Deputy Chief Executive Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) CMT between £3-5m Chief Executive or Director of Finance up to £5m; Deputy Chief Executive up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee  CMT  Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Capital Planning Group up to £3m Deputy Director of Estates and Facilities - Capital Planning up to £2m
4	Approval of Information Management & Technology (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 £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m

**Table 4.10 Capital Investment**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of Business Cases - non Information Management & Technology (IM&T)	Board (in line with limit) Capital Investment Group ( SG) Finance, Planning and Performance Committee CMT  Capital Planning Group	Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT between £3-£5m  Capital Planning Group up to £3m Deputy Director facilities and Corporate - Capital Planning up to £2m
2	Approval of Business Cases - Information Management & Technology (IM&T)	Board (in line with limit) SG eHealth Programme Finance, Planning and Performance Committee CMT Capital Planning Group	Director of eHealth	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT between £3-£5m  Capital Planning Group up to £3m



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3	Property acquisitions/ disposals	<p>Board (in line with limit)</p> <p>Finance, Planning and Performance Committee</p> <p>CMT</p> <p>Property Management Group</p>	<p>Director of Estates and Facilities</p>	<p>The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated</p> <p>Finance, Planning and Performance Committee over £3m (limited to £20m; above £20m approval required by Board)</p> <p>CMT between £1.5m-3m</p> <p>Property Management Group up to £0.15m</p> <p>Where sale proceeds or NBV of a disposal is &gt;£500k additional Chief Executive approval required</p>
4	Property Lease/rental agreements	<p>Board (in line with limit)</p> <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/ Deputy Chief Executive</p>	<p>The values below relate to value for the full period of the lease not just the annual value</p> <p>FP&amp;P over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board)</p> <p>CMT between £1.5mm and £5m either per annum or in total over the lease term</p> <p>PMG up to £1.5m over entire lease term or £150k per annum, whichever is lesser</p>
5	Strategy for Investment in Primary care	<p>Board</p> <p>Finance Planning and Performance Committee</p> <p>CMT</p>	<p>Director of Estates and Facilities</p> <p>Director of Primary Care</p>	<p>Business case limits as above</p>

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6	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget
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**Table 4.13 Health and Social Care Partnerships**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/Director of Finance/IJB Chief Officers	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
3	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
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

**Table 5.4 Strategic Planning**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Director of Planning
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Director of Planning
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Director of Planning
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Director of Planning
5	Maintenance of the Strategic Planning Framework	EOG GGC Transforming Together Finance, Planning and Performance Committee	Director of Planning

**Table 5.5 Performance Management**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Approval and implementation of Performance Management Framework aligned to Board Assurance and Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.10 Other Key Areas**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities
8	Oversight of Estates, Environmental and Sustainability compliance within national legislative requirements for Board activities	Finance Planning & Performance Committee – CMT Sustainability Governance Group	Director of Estates and Facilities Head of Sustainability
10	Transformation and Renewal, Way Forward 2025 and Transforming Together	Board Finance, Planning and Performance Committee Corporate Management Team EOG Transforming Together EOG Way Forward	Chief Executive Deputy Chief Executive

## NHS Greater Glasgow and Clyde Inquiry Oversight – Sub Committee

### Terms of Reference

#### 1. Introduction

These Terms of Reference are created in line with the NHS Greater Glasgow and Clyde (NHSGGC) approach to Active Governance ensuring effective Operating Requirements throughout the Board including the NHSGGC Standing Orders.

The purpose of the Inquiry Oversight Sub Committee is to ensure that, Board, are sighted on a range of interrelated issues which may arise that necessitate NHSGGC's involvement in legal or regulatory inquiries, potentially affecting the reputation of the Board. This is supported by the Executive Oversight Group – Legal and Regulatory( EOG L-R).

The subcommittee will redirect issues for action, learning and feedback to relevant Standing Committees of the Board.

The subcommittee is not a decision-making body.

#### 2. Scope

The Inquiry Oversight Sub Committee will provide strategic oversight on legal / regulatory investigations and inquiries and the surrounding process.

##### Activity

- Strategic oversight of Public Inquiries under the Inquiries Act (2005), specifically:
  - Scottish Hospitals Inquiry (SHI)
  - Scottish COVID-19 Inquiry (SCI)
  - UK COVID-19 Inquiry (UKI)
  - Scottish Child Abuse Inquiry (SCAI)
- Oversight of Fatal Accident Inquiries under the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016
- Charges brought against the Board under Section 3 of the Health and Safety activity and potential at Work etc Act 1973
- Significant Civil claims (Staff and Clinical) raised against the Board
- The claim against Multiplex, Capita and Currie and Brown through MFMac LLP in respect of the QEUH
- Significant Adverse Events – high risk
- Any regulatory issues not noted above e.g. HIS, MWC

- Individual issues causing serious concern to the Board

### **3. Membership**

The membership of the IOG will include:

- Chair
- Vice Chair
- 2 x Non Executive Directors
- Deputy Chief Executive

Attendees

- Director of Corporate Services & Governance
- Programme Manager - Inquiries

Directors or senior managers may be asked to join for specific items.

### **4. Arrangements for Conduct of Business**

#### **Frequency of Meetings**

The Inquiry Oversight Sub Committee will meet on a fortnightly basis initially and then potentially less frequently once a rhythm of reporting governance and escalation has been established. The Chair can request a meeting at any time in response to the requirements of the business.

#### **Administrative Support**

- Administrative support for the Inquiry Oversight Sub Committee will be provided by the PMO Office and Secretariat.
- An agenda and papers will be circulated 3-5 working days in advance of each meeting.
- A Minute of matters under consideration by the sub committee will be maintained along with an Action Tracker to both monitor escalation and seek feedback from Standing Committees and EOG L-R
- Templates will be created to allow referral on from the IOSC to Standing Committees and feedback
- Highlight reports will be presented in the first instance. As more complex issues arise then more detailed papers for decisions may be required. Verbal updates will be acceptable for urgent items.
- Deep dives will be undertaken per topic e.g. HSE, SAERs, civil claim

### **5. Remit**

The remit of the Inquiries Oversight Sub Committee will be to:

- Ensure appropriate oversight of topic areas described in Section 2 and that required actions are being taken timeously.
- Ensure all Board members are sighted on relevant aspects of legal and regulatory issues that may impact on Board business
- Consider key decision-making points and requirements for onward escalation, ensuring agile governance and timely information sharing with the Board or one of the Standing Committees.
- Seek feedback on any recommendations and learning approaches undertaken

- Seek more detailed updates in the form of deep dives on key topics.
- Seek assurance of robust staff welfare and support for any witnesses involved in any proceedings
- Consider the impact of the corporate risk on Public Inquiries and Investigations

## 6. Reporting Arrangements

The Inquiries Oversight Sub Committee will report to the NHSGGC Board. Elements of learning events and adverse outcomes and decision making in respect of any aspect, will be overseen by the relevant Standing Committee of the Board. The Board will receive a report from the Inquiries Oversight Sub Committee at each Board meeting.

<b>Version: 1.0 DRAFT</b>	<b>Date approved: 22/4/25</b>
<b>Approved by: IOSC</b>	<b>Review date:</b>

## APPENDIX 1

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

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee



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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**APPENDIX 2 – SCHEME OF DELEGATION****Table 5.1 Clinical Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
4	Oversight and reporting of shared learning from legal claims, FAIs and SAERs	EOG L&R Inquiries Oversight Sub Committee Clinical and Care Governance Committee	Medical Director and Nurse Director

**Table 5.10 Other Key Areas**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of Inquiries and Regulation	Inquiries Oversight Sub-Committee Board	Director of Corporate Services and Governance
9	Inquiries and Regulations (eg, FAIs, Public Inquiries, etc)	EOG Legal and Regulatory Inquiries Oversight Sub Committee Relevant Committees	Director of Corporate Services and Governance



## **NHS Greater Glasgow and Clyde Population Health and Wellbeing Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Population Health and Wellbeing Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy - Turning the Tide Through Prevention - August 2018, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

#### **2. Membership**

- 2.1 There are 7 Non-Executives on the Committee. The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

The Committee will be supported by a number of professional advisors including:

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

The Committee will be supported by the Director of Public Health, and other Executive Directors as appropriate. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the

membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.

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

### **3. Arrangements for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of the Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when four Non-Executive Members are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of meetings**

The Population Health and Wellbeing Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declaration of Interests**

Declarations of Interest will be a standing agenda item. 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, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority 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.

#### **3.8 Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

#### **4. Remit**

- 4.1 The remit of the Population Health and Wellbeing 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.

This includes approval of delivery of the Corporate Objectives (Appendix 1) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

#### **5. Key Duties of the Committee**

The Key Duties of the Population Health and Wellbeing Committee are as follows:

##### **5.1 Planning**

- To support the Board in taking a long-term strategic approach to the health of the population
- To review the application and monitor the Strategic Plan for Public Health - Turning the Tide Through Prevention – 2018-2028, through regular progress reports and review of intermediate measures and long-term outcomes making recommendations to the NHS Board
- To develop a whole system approach to support population wellbeing, working with partners to deliver improved services for people living with mental illness.
- To ensure that public health strategic planning objectives are part of the Board's overall objectives, strategic vision and direction
- To provide oversight and scrutiny of delivery of the Board's Public Health objectives
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical service changes and Child Health Services

##### **5.2 Performance**

- 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
- To oversee the adherence to Equality legislation referring specific staffing elements e.g. Equal Pay to the Staff Governance Committee\*\*
- To note the development of the Equality, Diversity and Inclusion Committee and oversee the transition of equality scrutiny from PHWB to EDI\*\*

- To oversee the requirements of legislation in respect of child poverty making recommendations to the NHS Board
- To monitor and scrutinise implementation of key strategies in line with the Board's Assurance Information Framework
- To oversee and monitor delivery of Action Plan developed at the Population Health and Wellbeing focussed Seminar in March 2024.

### **5.3 Risk Management**

- To ensure appropriate governance in respect of risks, as allocated to the Population Health and Wellbeing Committee by the Audit and Risk Committee relating to *public and population health* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

## **6. Authority**

- 6.1 The Population Health and Wellbeing Committee is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The Population Health and Wellbeing Committee will report to the NHS Board.
- 7.2 The draft minute will be reviewed by the nominated Executive Lead, prior to clearance by the Chair of the Population Health and Wellbeing Committee and distribution to the Population Health and Wellbeing Committee for ratification at the next Committee meeting. The ratified minutes of the Population Health and Wellbeing Committee will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
- 7.5 The Population Health and Wellbeing Committee will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

## **8. 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.

# BOARD OFFICIAL

<b>Version Control</b>	<b>1 April 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	15 April 2025
Date for review:	April 2026
Replaces previous version:	June 2024

## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee



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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

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 and relevant Policies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Director of Public Health
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
6	Oversight and reporting of performance against the Equalities Act, Public Sector Duty and Fairer NHSGGC	Population Health and Wellbeing Committee with reference to the People Committee (during transitional year)	Director of Public Health

# BOARD OFFICIAL

7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health
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**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
11	Culture and Equality, Diversity and Inclusion	People Committee <b>Note</b> , transitional year and reference to Population Health and Wellbeing Committee and Staff Governance Committee	Director of Human Resources and Organisational Development Director of Public Health



## **NHS Greater Glasgow and Clyde Remuneration Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Remuneration Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a subcommittee of the Staff Governance Committee.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The Remuneration Committee will ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health Directorate.

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

#### **3. Arrangement for Conduct of Business**

##### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. 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 Chair.

### **3.2 Quorum**

Meetings will be considered quorate when three Non Executive Members are present (one of whom may be the Chair).

### **3.3 Voting**

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

### **3.4 Frequency of Meetings**

The Committee shall meet a minimum of twice per annum. Additional meetings may be arranged at the discretion of the Committee Chair.

### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

### **3.6 Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, and provide support to the Chair and Committee members, as required.

## **4. Remit of the Committee**

- 4.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments. This includes approval of the areas as outlined in the Scheme of Delegation (**Appendix 1**) and any operational objectives, as required.
- 4.2 The Remuneration Committee shall provide assurance that systems and procedures are in place to manage senior manager pay as set out in [MEL\(2000\)25](#) – and any subsequent amendments, ensuring overarching staff governance responsibilities can be discharged.

## **5. Key Duties of the Committee**

- 5.1 The remit of the Remuneration Committee is to scrutinise the following key areas and provide assurance to the Staff Governance Committee regarding:
- 5.2 In accordance with Scottish Government Health Directorate (SGHD) guidance, determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades – D to I) and Senior Management Cohort (national pay grades – A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 5.3 Seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, including job descriptions, job evaluation, terms of employment, basic pay and performance related pay increases.
- 5.4 Seek assurance of the implementation and maintenance of the electronic performance management system - Turas Appraisal for Executive and Senior Management Cohorts for the forthcoming year.
- 5.5 Ensure that the performance process of the Chief Executive, Executive Directors, Directors and Senior Management Cohorts is rigorously assessed against objectives agreed by the relevant line manager, and seek assurance from the Chair and Chief Executive as respective grandparent reviewers.
- 5.6 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 5.7 Receive updates on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.8 Agree any severance Processes/Policies/Procedures in respect of all staff including Executive and Senior Managers, e.g. premature retirements under the NHS Superannuation Scheme.
- 5.9 Agree any salary placing, responsibility allowances, severance packages for the Executive Directors Cohort recommended by the Accountable Officer as per DL(2019)15 as amended.
- 5.10 Receive updates on any severance packages awarded to Senior Managers (Grades A to C) and other Directors (Grades D to I) approved by the Accountable Officer.
- 5.11 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.
- 5.12 Seek assurance on the application of the national system for the annual process for the awarding of Discretionary Points to relevant clinical staff and receive an update on annual outcomes.

- 5.13 Undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and seek assurance of their application and implementation within NHSGGC.

## **6. Authority**

- 6.1 The Remuneration Committee is a Sub Committee of the Staff Governance Committee, which is a formal Standing Committee of the Board.

## **7. Reporting Arrangements**

- 7.1 To ensure that the Staff Governance Committee is fully apprised of the work of the Remuneration Committee, the Employee Director will present a summary of key issues discussed and processes applied, the terms of which shall be agreed with the Committee.

## **8. Conduct of the Committee**

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

<b>Version Control</b>	<b>13 February 2024 - Approved</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Remuneration Committee
Approved date:	13 February 2024
Date for review:	February 2025
Replaces previous version:	June 2023 (Board Approved)

## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee



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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

Table 4.6 Pay Expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
4	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Board Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
6	Oversight of Senior Management and high end employment litigation claims	Remuneration Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions and process in respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally agreed terms and conditions

Table 5.5 Performance Management

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

## **NHS Greater Glasgow and Clyde Staff Governance Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHS GGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Staff Governance Committee (SGC) is established in accordance with NHS Greater Glasgow & Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.2 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.3 The overall purpose of the SGC is to provide assurance to the NHS Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'). The Staff Governance Committee is a Standing Committee of the NHS Board.
- 1.4 In particular, the SGC will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.
- 1.5 Following approval of the establishment of the Inquiries Oversight Subcommittee (IOSC) by the Board in April 2025, the Committee will ensure that appropriate governance and any action is in place in respect of items escalated to the Committee by the IOSC.

#### **2. Membership**

- 2.1 The Committee will have 7 Non-Executive Board Members. The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board

Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

- 2.2 The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board's statutory committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.3 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

- 3.2 The Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. The NHS Board Chair shall appoint two co-chairs, one of whom will be the Employee Director. In the event of a co-chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired solely by the other co-chair. In the absence of both co-chairs, the meeting shall be chaired by another voting member of the committee as agreed by the voting membership present.

#### **3.3 Quorum**

- 3.4 Meetings will be considered quorate when at least four Non-Executive Members of the Committee are present.

#### **3.5 Voting**

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

#### **3.7 Frequency of Meetings**

- 3.8 The SCG shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Co-Chairs after consulting with the NHS Board Chair and Chief Executive.

#### **3.9 Declarations of Interest**

- 3.10 Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

- 3.11 All declarations of interest will be minuted.
- 3.12 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.
- 3.13 **Administrative Support**
- 3.14 Administrative support for the Committee will be provided by a member of the HR Team supported by the Corporate Services Team.
- 3.15 The administrative support to the SGC will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide support to the Co-Chairs and Committee, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

#### **4. Remit of the Committee**

- 4.1 The SGC shall support the creation of a culture within the health system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde and this is built upon partnership and co-operation. This includes approval of the areas as outlined in the Scheme of Delegation (Appendix 1), delivery of the Board's objectives as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

#### **5. Key Duties of the Committee**

- 5.1 The Committee shall act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:
- Well informed;
  - Appropriately trained and developed;
  - Involved in decisions;
  - Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
- 5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.
- 5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc

groups as agreed by the NHS Board.

- 5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(1993\)114 \(amended\)](#).
- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer Staffing Regulations.
- 5.11 The SGC will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

## **6. Authority**

- 6.1 The SGC is a Standing Committee of the NHS Board.

## **7. Reporting Arrangements**

- 7.1 The SGC will report to the NHS Board and will submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minute will be reviewed by the Director of Human Resources and Organisational Development before being agreed by the Co-Chairs prior to distribution to the Staff Governance Committee for ratification at the next Committee meeting. The ratified minutes of the SGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting receives a Co-Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.3 The Co-Chairs of the SGC shall draw to the attention of the NHS Board any

issues that require escalation.

## **8. 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 SGC 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. Note, this is in addition to the annual report noted above in paragraph 3.15 which fulfils a separate function.

<b>Version Control</b>	<b>Approved May 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	21 May 2025
Date for review:	May 2026
Replaces previous version:	May 2024

## APPENDIX 1

**Corporate Objectives**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical & Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	Finance, Planning and Performance Committee /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Clinical & Care Governance Committee /Acute Services Committee
COBC9	To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs.	Clinical & Care Governance Committee /Acute Services Committee
COBC10	To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	Finance, Planning & Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning & Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning & Performance Committee



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COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning & Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning & Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2 – SCHEME OF DELEGATION

Table 4.6 Pay Expenditure

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight and approval of any workforce related strategy	Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance

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 and relevant Policies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
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 Board	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 Plan and Workforce Strategy	Staff Governance Committee for endorsement and Board for approval.	Director of Human Resources and Organisational Development

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7	Staff elements of Equality Legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee and People Committee (during transitional year) re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance and People Committee (during transitional year) regarding staffing elements e.g. Equal Pay	Director of Public Health
9	Safe Staffing Legislation	Staff Governance Committee with reference Finance Planning and Performance Committee Annual Report to Board for approval	Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director Director of Estates and Facilities
11	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
12	Oversight of Organisational Culture	Staff Governance Committee with reference to the People Committee (during transitional year)	Director of Human Resources and Organisational Development

**Table 5.5 Performance Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.7 Communication**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
2	Internal Communication and Staff Engagement Strategy	Staff Governance Committee with reference to the People Committee (during transitional year) Board	Director of Communications and Public Engagement and Director of Human Resources and Organisational Development

**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
11	Culture and Equality, Diversity and Inclusion	People Committee <b>Note</b> , transitional year and reference to Population Health and Wellbeing Committee and Staff Governance Committee	Director of Human Resources and Organisational Development Director of Public Health



## **Section 7**

# **NHS Greater Glasgow and Clyde Governance Committee Annual Reports**

## **Greater Glasgow and Clyde NHS Board**

### **Annual Report of the Acute Services Committee 2024/5**

#### **1. Introduction**

The year 2024/5 saw the Committee meet on five occasions. The meetings continued to be held in a hybrid model.

#### **2. Purpose**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. Acute Services Committee**

##### **3.1 Purpose of the Committee**

The remit of the Acute Services Committee is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services, efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute services Committee. This includes approval of the delivery of Corporate Objectives as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

##### **3.2 Composition**

During the financial year ending 31 March 2025 membership of the Acute Services Committee comprised:

- Chair – Mr David Gould (from 1 July 2024)  
Mr Ian Ritchie (until 30 June 2024)
- Vice Chair – Dr Paul Ryan (until 7 May 2024)  
Mr Graham Haddock OBE (from 10 September 2024)

##### **Membership**

- Cllr Chris Cunningham, Non Executive Board Member
- Professor Jann Gardner (from 1 March 2025)

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- Mrs Jane Grant, Chief Executive (to 28 February 2025)
- Mr Graham Haddock OBE, Non Executive Board Member
- Councillor Colette McDiarmid, Non Executive Board Member
- Dr Becky Metcalfe, Non Executive Board Member
- Mr Colin Neil, Director of Finance
- Dr Lesley Rousselet, Non Executive Board Member
- Dr Paul Ryan, Non Executive Board Member
- Dr Lesley Thomson KC, Board Chair

### **In Attendance**

- Dr Jennifer Armstrong, Medical Director (to 19 November 2024)
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access
- Mr Daniel Connelly, Deputy Director, Public Engagement
- Ms Mandy Crawford, Corporate Services Manager - Complaints
- Dr Scott Davidson, Deputy Medical Director, Acute (then Medical Director from 7 October 2024)
- Ms Kim Donald, Corporate Services Manager, Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Mr William Edwards, Chief Operating Officer
- Ms Morag Gardener, Deputy Nurse Director - Acute Services
- Ms Susan Groom, Director of Regional Services
- Dr Claire Harrow, Deputy Medical Director, Acute
- Ms Katrina Heenan, Chief Risk Officer
- Ms Natalie Kerr, Secretariat
- Ms Claire MacDonald, Business Manager, Acute Division
- Ms Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Susan McFadyen, Director of Access
- Ms Ali Marshall, Depute Director of Planning
- Professor Kevin Rooney, Clinical Lead in Organ Donation
- Ms Louise Russell, Secretariat
- Ms Natalie Smith, Depute Director of Human Resources
- Mr Scott Wilson, Senior Business and Delivery Manager to CEO
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Professor Angela Wallace, Nurse Director

### **3.3 Meetings**

The Committee met on five occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 7 May 2024
- 9 July 2024 (cancelled)
- 10 September 2024
- 12 November 2024
- 14 January 2025
- 11 March 2025

The attendance schedule is attached at Appendix 1. As agreed at the NHS Board meeting on 25 June 2024, due to NHS GGC's statutory duty in servicing both public inquiries and the importance and significant work required to ensure all information requested was provided and the significant pressures this placed on the senior team, two governance Committees were stood down over the summer of 2024 – one of which was the Acute Services Committee that had been scheduled to take place on 9 July 2024. There were no time critical items due to be discussed at that meeting and the Committee's Annual Cycle of Business was adjusted to ensure that all items due to be considered at that meeting were Incorporated later in the year.

All meetings of the Acute Services Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2024/25. Areas considered included:

- Acute Update
- RHC Front Door Visit
- Acute Services Integrated Performance Report
- Financial Monitoring Report
- Financial Overview of Medical and Nursing Controls
- Committee Annual Report
- Update on the Corporate Risk Register and Review of Acute Services Risks
- Annual Cycle of Business
- Cancer Performance Update and USOC Referral Review
- Acute Nursing and Midwifery Update
- Extract from Corporate Risk Register
- Junior Doctor Workforce/Educational Review
- Organ Donation Update
- Acute Services Committee Governance Approach
- Planned Care Update
- Cancer Performance Review and USOC Referral Review
- A&E Survey Update
- Winter Update
- Review of Medical and Nursing Pay Controls
- Theatres and Planned Care Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## **4. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:



#### **4.1 Financial Position**

During 2024/25, the Committee received Financial Monitoring Reports to update on the financial position, including the progress and position of the Sustainability and Value Programme. The Committee were assured by the information provided that significant work was underway to achieve financial balance.

#### **4.2 Acute Services Integrated Performance Reports**

During 2024/25, the Committee received regular Integrated Performance Reports which provided members with a summary of performance against the respective KPI's outlined in the Acute Performance Assurance Framework and based on the key Acute Services' priorities outlined in the 2024-25 Annual Delivery Plan, the planned care reduction targets approved by the Scottish Government alongside key national and local targets. The Committee were assured by the updates provided on performance against the targets, noting the work that was underway in those areas that required improvement.

#### **4.3 Extract from the Corporate Risk Register**

The Committee received regular updates on the Corporate Risk Register and proposed changes, all of which were approved.

#### **4.4 RHC Front Door Visit**

The Committee were provided with an update on the site visit by members of the Committee to front door services at the Royal Hospital for Children in March 2024. The Committee noted the visit was positive and the staff were commended for the compassionate care provided.

#### **4.5 Financial Overview of Medical and Nursing Controls**

The Committee received a presentation to provide an update on Medical and Nursing Salary spend, noting the position across Medical and Nursing Salaries remained challenging and were assured by the that had been taken to address this.

#### **4.6 Cancer Performance Update and USOC Referral Review**

The Committee received updates on cancer performance and noted the increase in Urgent Suspicion of Cancer referrals that were impacting capacity, noting the areas that were most challenged, particularly urology and colorectal cancer. The Committee noted that this was in line with the national position and these challenges were recognised by all Boards. The Committee were assured by the actions that were underway to improve the position and the ongoing work nationally to learn from best practice in other Boards.

#### **4.7 Junior Doctor Workforce/Educational Review**

The Committee noted that resident doctors and clinical fellows accounted for around 40% of the medical workforce and that training was an essential core function of the organisation. The work of the Directorate of Medical Education to ensure that the standards of medical education and training set by the GMC were

achieved in NHSGGC was described as was the function and work of the Scotland Deanery. The Committee also noted the actions underway across the Acute Division to further enhance and support the Directorate of Medical Education. The Committee were assured by the update provided.

#### **4.8 Organ Donation Update**

The Committee acknowledged the continued progress, effort and improvements made by NHSGGC staff in facilitating organ/tissue donation. The Committee recognised that NHSGGC continued to support the Organ Donation and Transplantation Committee and the Clinical Leads for Organ Donation in promoting best practice as we seek to minimise missed donation opportunities. The Committee were assured that communication and raising awareness of organ and tissue donation was improving noting that this was key in improving donor numbers and were advised of the various initiatives that were underway

#### **4.9 Acute Services Committee Governance Approach**

The Committee were advised that additional focus around Equalities, Diversity and Inclusion (EDI) had been identified as an area requiring development by NHSGGC and following a review of the Standing Committee structure it had been proposed to discontinue the Acute Services Committee and migrating its responsibilities to the Finance, Planning and Performance Committee (FPPC), the Clinical and Care Governance Committee (CCCG) and the Staff Governance Committee (SGC). The Committee were content with the proposal to discontinue the Acute Services Committee and were assured that all responsibilities would be transferred to the other Committees.

#### **4.10 Planned Care Update**

The Committee received a presentation on planned care noting the current outpatient waiting list position and were provided with an overview of those specialties that were particularly challenged including gynaecology, general surgery, urology and ENT. The Committee were assured by the actions that were being taken to make improvements these areas.

#### **4.11 A&E Survey Update**

The Committee noted the key findings from the recent survey of patients attending A&E and were advised that the findings suggested that patients had an increased awareness of the alternatives to attending A&E, however, some patients were being advised to attend ED when they could be treated elsewhere and further work on this was required. The Committee noted the work that was also underway to translate the ABC campaign into other languages and support patients where English was not their first language and that the equalities team was also engaging with communities around patterns of access and supporting their use of services.

#### **4.12 Winter Update**

The Committee received an update on progress to date against the 27 actions, noting that all of these had been assessed as either complete or on track to be delivered within the timescale. The Committee also noted the key highlights from this as well as progress on communications and public messaging.

#### **4.13 Theatres and Planned Care Update**

The Committee were provided with an overview of the year end position on new outpatients, TTG, scopes and radiology against the Annual Delivery Plan targets, noting that these were above the planned position with the exception of scopes. The Committee were also presented with information about theatre nursing which highlighted the challenges as well as the positive changes that had been made to the theatre nursing workforce and model.

### **5. Conclusion**

#### **5.1 Statement of Assurance**

As Chair of the Acute Services Committee during year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

**David Gould**  
**Chairperson**  
**On behalf of the Acute Services Committee**

**Attendance at Acute Services Committee 2024/25****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>7 May 2024</b>	<b>10 Sep 2024</b>	<b>12 Nov 2024</b>	<b>14 Jan 2025</b>	<b>11 Mar 2025</b>
CLlr Chris Cunningham	Non Executive Board Member	NHSGGC	P	P	P	P	P
Mr David Gould	Non Executive Board Member	NHSGGC	P	P	P	P	P
Ms Jane Grant	Non Executive Board Member	NHSGGC	P	P	P	AA	-
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	P	P	P	P	P
CLlr Colette McDiarmid	Non Executive Board Member	NHSGGC	P	AA	P	P	P
Dr Becky Metcalfe	Non Executive Board Member	NHSGGC	P	P	P	P	P
Mr Colin Neil	Non Executive Board Member	NHSGGC	P	P	P	P	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	P	-	-	-	-
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	P	P	P	AA
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	-	-	-	-
Dr Lesley Thomson KC	Non Executive Board Member	NHSGGC	P	P	P	P	P

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**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>7 May 2024</b>	<b>10 Sep 2024</b>	<b>12 Nov 2024</b>	<b>14 Jan 2025</b>	<b>11 Mar 2025</b>
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	AA	-	-	-
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	AA	P	P	P
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access	NHSGGC	P	P	P	P	P
Mr Daniel Connelly	Deputy Director, Public Engagement	NHSGGC	-	-	-	P	P
Ms Mandy Crawford	Corporate Services Manager - Complaints	NHSGGC	P	-	-	-	-
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	P	P		P	
Ms Kim Donald	Corporate Services Manager, Governance	NHSGGC	P	P	P	P	P
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC			P	P	P
Mr William Edwards	Chief Operating Officer	NHSGGC	P	P	P	P	P
Ms Morag Gardener	Deputy Nurse Director - Acute Services	NHSGGC	P	P	P	P	P
Ms Susan Groom	Director of Regional Services	NHSGGC	P	P	P	P	P
Dr Claire Harrow	Deputy Medical Director, Acute	NHSGGC	-	-	P	AA	P
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P	P	P
Ms Natalie Kerr	Secretariat	NHSGGC	-	P	-	-	-
Ms Claire MacDonald	Business Manager, Acute Division	NHSGGC			P	P	P
Ms Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P	P	P	P
Ms Susan McFadyen	Director of Access	NHSGGC	AA	P	P	P	P
Ms Ali Marshall	Depute Director of Planning	NHSGGC	-	-	-	P	P
Professor Kevin Rooney	Clinical Lead in Organ Donation	NHSGGC	-	-	P	-	-
Ms Louise Russell	Secretariat	NHSGGC	P	P			
Ms Natalie Smith	Depute Director of Human Resources	NHSGGC		P	P	P	P
Mr Scott Wilson	Senior Business and Delivery Manager to CEO	NHSGGC	P	-	P	-	-

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Name	Position	Organisation	7 May 2024	10 Sep 2024	12 Nov 2024	14 Jan 2025	11 Mar 2025
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	AA	AA	AA	AA	AA
Professor Angela Wallace	Nurse Director	NHSGGC	P	AA	P	P	P

P Present  
 A Absent - no apologies received  
 AA Absent - apologies received  
 - Attendance not required

## Acute Services Committee Schedule of Business Considered 2024/25

Date of meeting	Title of Business Discussed
7 May 2024	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• RHC Front Door Visit</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Financial Overview of Medical and Nursing Controls</li> <li>• Committee Annual Report</li> <li>• Update on the Corporate Risk Register and Review of Acute Services Risks</li> <li>• Annual Cycle of Busine</li> </ul>
10 September 2024	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Cancer Performance Update and USOC Referral Review</li> <li>• Acute Nursing and Midwifery Update</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Cycle of Business</li> </ul>
12 November 2024	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Junior Doctor Workforce/Educational Review</li> <li>• Organ Donation Update</li> <li>• Extract from Corporate Risk Register</li> </ul>
14 January 2025	<ul style="list-style-type: none"> <li>• Acute Services Committee Governance Approach</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Planned Care Update</li> <li>• Cancer Performance Review and USOC Referral Review</li> <li>• A&amp;E Survey Update</li> <li>• Winter Update</li> </ul>
11 March 2025	<ul style="list-style-type: none"> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Review of Medical and Nursing Pay Controls</li> <li>• Theatres and Planned Care Update</li> <li>• Extract from Corporate Risk Register</li> </ul>

BOARD OFFICIAL

<b>Version Control</b>	<b>June 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer, Acute Services
Approved by:	Acute Services Committee
Approved date:	June 2025
Date for review:	N/A
Replaces previous version:	June 2024



## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF AREA CLINICAL FORUM**

#### **1. INTRODUCTION**

The year 2023/24 saw the Committee meet on five occasions. The meetings continued to be held in a hybrid model.

#### **2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. AREA CLINICAL FORUM**

##### **3.1 Purpose of Committee**

The purpose of the Area Clinical Forum is to provide the NHS Board with the assurance that the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology and health and social care partnerships to NHS Greater Glasgow and Clyde ensure the involvement of all the professions across the local NHS system in the decision-making process.

The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow and Clyde by:

- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives through the Area Clinical Forum Chair, whilst being fully engaged in NHS Board business
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement

- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery

### **3.2 Composition**

During the financial year ended 31 March 2024 membership of the **Area Clinical Forum** comprised:

Chairperson - Dr Lesley Rousselet

Vice Chair - Ms Julie Thomson (to 11 October 2023)

Vice Chair – Dr Anita Belbin (from 12 October 2023)

#### **MEMBERSHIP**

- Dr Anita Belbin, Chair of the Area Dental Committee
- Ms Karen Brazier, Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee
- Dr Jane Burns, Chair of the Area Psychology Committee
- Ms Margaret Doherty, Chair of Area Nursing and Midwifery Committee
- Dr Mark Fawcett, Vice Chair of Area Medical Committee
- Ms Sarah Freel, Chair of Area Optometric Committee
- Dr Lucy Gamble, Vice Chair of the Area Psychology Committee
- Ms Helen Little, Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Dr Morven McElroy, Chair of the Area Medical Committee
- Ms Kathy McFall, Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Mr Josh Miller, Chair of the Area Pharmaceutical Committee
- Dr Lesley Rousselet, Chair of the Area Optometric Committee
- Ms Fiona Smith, Area Allied Health Professions and Healthcare Scientists Committee
- Ms Anne Thomson, Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy
- Ms Julie Tomlinson, Chair of the Area Nursing and Midwifery Committee
- Ms Denise Wilkinson, Vice Chair of Area Nursing and Midwifery Committee

#### **IN ATTENDANCE**

- Ms Megan Anderson, ST6 Plastic Surgery
- Dr Jennifer Armstrong, Medical Director
- Ms Denise Brown, Director of Digital Services
- Ms Gail Caldwell, Director of Pharmacy and Prescribing
- Dr Emilia Crighton, Director of Public Health
- Ms Kim Donald, Corporate Services Manager - Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Ms Alison Hardie, Secretariat Manager
- Ms Helena Jackson, Head of Health and Social Care Staffing

- Mr Martin Johnston, Head of Sustainability
- Ms Karen Lamb, Head of Specialist Services
- Ms Alison Lim, ST4 Otolaryngology
- Ms Anne MacPherson, Director of Human Resources & Organisational Development
- Ms Judith Marshall, Realistic Medicine Lead
- Ms Deirdre McCormack, Chief Nurse – Head of Service – Public Protection
- Ms Fiona McKay, Director of Planning
- Mr Neil McSeveney, Deputy Director of Communications
- Ms Pamela Metcalfe, Secretariat
- Ms Joyce Robertson, Secretariat
- Ms Elaine Vanhegan, Director of Corporate Services and Governance, Board Administration
- Prof Angela Wallace, Director of Nursing
- Dr Malcolm Watson - Realistic Medicine Lead and Anaesthesia Consultant

### **3.3 Meetings**

The Committee met on five occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

- 08 June 2023
- 17 August 2023
- 12 October 2023
- 14 December 2023
- 08 February 2024

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate, however, there was a meeting scheduled for 13 April 2023 which was cancelled due to the number of apologies received as this was during the Easter holiday period.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2023/2024. Areas considered included:

- Executive Update on Ongoing Board Business
- Public Protection Update
- Sustainability Update
- Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note
- Review of Terms of Reference
- Winter Planning Update
- Flu Vaccination Update
- Care Homes Update
- Staffing Programme Board Update
- Staff Wellbeing Update
- CAHMS Update
- National Area Clinical Forum Chairs Group Update

- Annual Review 2022/2023
- Healthcare Staffing Act Update
- OD Session
- Realistic Medicine Update
- Digital Strategy Update
- Winter Communications Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the Board for its information.

## **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

### **4.1 Public Protection Update**

The Committee received an update on newly established mechanisms for open Significant Adverse Event Reviews (SAER) and were advised of the Short Life Working Group established to develop core principles and expectations in response to identification of neglect.

### **4.2 Sustainability Update**

The Committee received an update on the Annual Delivery Plan and Medium Term plan for implementation of sustainable practices and the associated targets for reduction in greenhouse gas emissions and efficient recycling, Implementation tactics included a growing alternative fuel fleet, as well as sustainable waste management and Green Theatres.

### **4.3 Annual Review of Terms of Reference**

The Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.

### **4.4 Flu Vaccination Update**

The Committee received updates on the Flu and COVID-19 Vaccination Programme, including start dates and eligible cohorts. The forum was advised that COVID-19 testing would be limited to clinical purposes, outbreak control and discharge from hospitals to care homes. Front-line workers would be invited to self-register for vaccinations online.

### **4.5 Care Homes Update**

The Committee received updates on progress made over the last 12 months regarding support provided to 184 Care Homes and details of achievements made by the Care Homes Collaborative Team, which was set up to provide support during recovery from the pandemic.

#### **4.6 Staff Wellbeing Update**

The Committee received an update which outlined the priorities addressed with regard to maintaining staff wellbeing including: mental health; promotion of a fair and healthy workplace and in-work poverty. Supportive resources were signposted for both management and staff.

#### **4.7 CAHMS Update**

The Committee received updates on Scottish Government funding of £7.2m, intended to assist clear the CAMHS waiting list backlog. The Committee were advised that CAMHS workforce had significantly increased and that they were initiating new strategies in order to achieve specified outcomes.

#### **4.8 Healthcare Staffing Act Update**

The committee received a presentation outlining the activities and preparation for enactment in April 2024 with details of the aims, timescales and governance/reporting structures involved.

#### **4.9 Realistic Medicine Update**

The Committee received a presentation highlighting ongoing work in realistic medicine and value-based healthcare which included visions, delivery principles, progress to date, future care plans and priorities for the coming year.

#### **4.10 Digital Strategy Update**

The Committee received an update on planned projects within an approved 5-year digital strategy. The Committee were notified of potential uses for robot software, a tech-cloud base for strategy/reporting and advanced implementation of remote practices.

#### **4.11 Winter Communications Update**

The Committee received a presentation on ongoing Winter Campaigns implemented by the Communications Team with the goal of easing pressure on Emergency Departments by providing public information on alternative healthcare provision, including the ABC Campaign, Men's Campaign and Student Campaign.

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Area Clinical Forum during year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed the Forum to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHS GGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. This past year has seen many changes to the Area Clinical Forum. I would thank all those members of staff who have prepared reports and attended meetings of the Forum and NHSGGC for their excellent support of the Committee.

Dr Lesley Rousselet

**Chairperson**

**On behalf of the Area Clinical Forum**

**APPENDIX 1****Area Clinical Forum 2023-24****PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>08.06.23</b>	<b>17.08.23</b>	<b>12.10.23</b>	<b>14.12.23</b>	<b>08.02.24</b>
Dr Anita Belbin	Chair of the Area Dental Committee	NHSGGC	P	P	P	P	P
Ms Karen Brazier	Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	-/A	-/A	P	P	P
Dr Jane Burns	Chair of the Area Psychology Committee	NHSGGC	P	P	AA	P	P
Ms Margaret Doherty	Chair of Area Nursing and Midwifery Committee	NHSGGC	A	P	A	A	AA
Dr Mark Fawcett	Vice Chair of Area Medical Committee	NHSGGC	A	A	P	P	AA
Ms Sarah Freel	Vice Chair of the Area Optometric Committee	NHSGGC	P	P	AA	P	P
Dr Lucy Gamble	Vice Chair of the Area Psychology Committee	NHSGGC	A	A	P	P	A
Ms Helen Little	Vice Chair of the Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	A	AA	P	P
Dr Morven McElroy	Chair of the Area Medical Committee	NHSGGC	P	P	P	P	P
Ms Kathy McFall	Chair of the Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	AA	P	P	P
Josh Millar	Chair of the Area Pharmaceutical Committee	NHSGGC	A	P	AA	P	AA

**BOARD OFFICIAL**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>08.06.23</b>	<b>17.08.23</b>	<b>12.10.23</b>	<b>14.12.23</b>	<b>08.02.24</b>
Dr Lesley Rousselet	Chair of the Area Optometric Committee	NHSGGC	P	P	P	P	P
Ms Fiona Smith	Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	P	P	P	-/A
Ms Julie Tomlinson	Chair of the Area Nursing and Midwifery Committee	NHSGGC	AA	P	A	A	A
Ms Anne Thomson	Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy	NHSGGC	A	A	P	P	P
Ms Denise Wilkinson	Vice Chair of the Area Nursing and Midwifery Committee	NHSGGC	P	A	P	P	P

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>08.06.23</b>	<b>17.08.23</b>	<b>12.10.23</b>	<b>14.12.23</b>	<b>08.02.24</b>
Ms Megan Anderson	ST6 Plastic Surgery	NHSGGC	-	-	-	-	P
Dr Jennifer Armstrong	Medical Director	NHSGGC	AA	P	P	AA	AA
Ms Denise Brown	Director of Digital Services	NHSGGC	-	-	-	-	P
Ms Gail Caldwell	Director of Pharmacy and Prescribing	NHSGGC	-/A	-/A	P	P	-/A
Dr Emilia Crighton	Director of Public Health	NHSGGC	-	P	-	-	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	-	P	P	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	-	P	-	-	-
Ms Alison Hardie	Secretariat Manager	NHSGGC	P	-	-	-	-
Ms Helena Jackson	Head of Health and Social Care Staffing	NHSGGC	-	-	-	P	-
Mr Martin Johnston	Head of Sustainability	NHSGGC	P	-	-	-	-
Ms Karen Lamb	Head of Specialist Services	NHSGGC	-	-	P	P	-



# BOARD OFFICIAL

NAME	POSITION	ORGANISATION	08.06.23	17.08.23	12.10.23	14.12.23	08.02.24
Ms Alison Lim	ST4 Otolaryngology	NHSGGC	-	-	-	-	P
Ms Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	-	-	P	-	-
Dr Judith Marshall	Realistic Medicine Lead	NHSGGC	-	-	-	-	P
Ms Deirdre McCormack	Chief Nurse – Head of Service – Public Protection	NHSGGC	P	-	P	AA	-
Ms Fiona MacKay	Director of Planning	NHSGGC	-	P	-	-	-
Mr Neil McSeveney	Deputy Director of Communications	NHSGGC	-	-	-	-	P
Ms Pamela Metcalfe	Secretariat	NHSGGC	P	P	P	-	-
Ms Joyce Robertson	Secretariat	NHSGGC	-	-	-	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance – Board Administration	NHSGGC	P	-	-	-	-
Prof Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P	P
Dr Malcolm Watson	Realistic Medicine Lead	NHSGGC	-	-	-	-	P

## Key

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

## APPENDIX 2

**Area Clinical Forum  
Schedule of Business Considered 2023-24**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
08 June 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting on 09 February 2023</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• Public Protection Update</li> <li>• Sustainability Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Area Clinical Forum Annual Report</li> <li>• Appointment of New Chair</li> <li>• Review of Terms of Reference</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
17 August 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting on 08 June 2023</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• Winter Planning Update</li> <li>• Flu Vaccination Update</li> <li>• Care Homes Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Vice Chair Nominations</li> <li>• Staffing Programme Board Update</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
12 October 2023	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 17 August 2023</li> <li>• Matters Arising</li> <li>• Executive Update on On-going Board Business</li> <li>• Staff Wellbeing Update</li> <li>• CAHMS Update</li> <li>• Public Protection Update</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Annual Review 2022/2023</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
14 December 2023	<ul style="list-style-type: none"> <li>• Minutes of previous meeting of 12 October 2023</li> <li>• Matters Arising</li> <li>• Executive Update on On-going Board Business</li> <li>• Healthcare Staffing Act Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• OD Session</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>

# BOARD OFFICIAL

Date of meeting	Title of Business Discussed
08 February 2024	<ul style="list-style-type: none"> <li>Minutes of the previous meeting of 14 December 2023</li> <li>Matters Arising</li> <li>Executive Update on Ongoing Board Business</li> <li>Realistic Medicine Update</li> <li>Digital Strategy Update</li> <li>Winter Communications Update</li> <li>Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>Closing Remarks and Key Messages to the Board</li> </ul>

Version Control	April 2024
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
Approved date:	
Date for review:	March 2024
Replaces previous version:	June 2023

## **Greater Glasgow and Clyde NHS Board**

### **Annual Report of the Audit & Risk Committee 2024/25**

#### **1. Introduction**

The year 2024/25 saw the Committee meet on five occasions. The meetings continued to be held in a hybrid model.

#### **2. Purpose**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. Audit & Risk Committee**

##### **3.1 Purpose of the Committee**

The remit of the Audit & Risk Committee is to provide the NHS Board with the assurance about the conduct of public business and the stewardship of funds under its control. In particular, the Committee seeks to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations.
- Public money is safeguarded and properly accounted for.
- Financial Statements are prepared timeously and give a true and fair view of the financial position of the Board for the period in question.
- Reasonable steps are taken to prevent and detect fraud and other irregularities
- The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC supports the Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of the Board and Accountable Officer. In this context, assurance is defined as an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework.

##### **3.2 Composition**

During the financial year ending 31 March 2025 membership of the Audit & Risk Committee comprised:

Chairperson – Ms Michelle Wailes

Vice Chair - Ms Margaret Kerr

Executive Lead – Mr Colin Neil, Director of Finance

### **Membership**

- Mr Brian Auld, Non Executive Board Member (from August 2024)
- Ms Jacqueline Cameron, Non Executive Board Member (from September 2024)
- Mr Alan Cowan, Non Executive Board Member (to June 2024)
- Ms Jacqueline Forbes, Non Executive Board Member (to June 2024)
- Ms Margaret Kerr, Non Executive Board Member
- Mr John Matthews, Non Executive Board Member (to June 2024)
- Ms Michelle McGinty, Non Executive Board Member (to June 2024)
- Dr Becky Metcalfe, Non Executive Board Member (from August 2024)
- Mr Colin Neil, Director of Finance
- Mr Ian Ritchie, Non Executive Board Member (to June 2024)
- Ms Rona Sweeney, Non Executive Board Member (to June 2024)
- Ms Michelle Wailes, Non Executive Board Member
- Mr Charles Vincent, Non Executive Board Member

### **In Attendance**

- Ms Denise Brown, Director of Digital Services
- Ms Kim Donald, Corporate Services Manager – Governance
- Dr Scott Davidson, Board Medical Director (from October 2024)
- Mr William Edwards, Chief Operating Officer, Acute Services
- Professor Jann Gardner (from February 2025)
- Mr Martin Gill, BDO
- Mrs Jane Grant, Chief Executive (to January 2025)
- Ms Katrina Heenan, Chief Risk Officer
- Mr Paul Kelly, Head of Cyber Services, Azets
- Ms Rachel King, Internal Auditor, Azets
- Mr Rob Jones, External Auditor, Ernest & Young
- Mr Colin MacKay, Deputy Medical Director
- Ms Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Fiona McEwan, Assistant Director of Finance
- Mr Iain Paterson, Corporate Services Manager (Compliance)
- Mr Stephen Reid, External Auditor, Ernst and Young
- Ms Janet Richardson, Fraud Liaison Officer
- Ms Louise Russell, Secretariat Manager
- Mr Michael Shiels, Head of Financial Services
- Mr John Thomson, Assistant Director of Finance
- Dr Lesley Thomson KC, Board Chair
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Professor Angela Wallace, Nurse Director
- Ms Rachael Weir, Internal Auditor, Azets
- Ms Rachel Wynne, External Auditor, Ernst and Young
- Mr Scott Wilson, Senior Business and Delivery Manager

- Ms Elizabeth Young, Internal Auditor, Azets

### **3.3 Meetings**

The Committee met on five occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 4 June 2024
- 18 June 2024
- 17 September 2024
- 3 December 2024
- 18 March 2025

The attendance schedule is attached at Appendix 1.

All meetings of the Audit & Risk Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2024/25. Areas considered included:

- 2023-24 Annual Audit Report from Ernst & Young
- 2023-24 Annual Consolidated Accounts
- Annual Fraud Report
- Annual Review of Governance – Operating Requirements
- Bad Debt Write Off
- Best Value Statement
- Business Continuity Planning Overview
- Committee Annual Cycle of Business 2024/25
- Committee Annual Cycle of Business 2025/26
- Committee Annual Report
- Committee Terms of Reference
- Corporate Risk Register
- Corporate Risk Register – New Corporate Governance Risk
- D&G Cyber Incident
- Internal Control and Draft Governance Statement
- External Audit Plan 24/25
- External Audit Action Tracker
- Fraud Report and Counter Fraud Services Update
- Freedom of Information Quarter 2 Report
- Information Governance Annual Report 2023/24
- Information Governance Steering Group Summary Update
- Internal Audit Annual Report
- Internal Audit Follow Up Reports
- Internal Audit Plan 25/26
- Internal Audit Progress Report
- Internal Audit Reports:
  - Performance Monitoring
  - Financial Management and Reporting

- Waiting List Management
- Digital Health and Care Strategy
- Discharge Planning
- Hospital Discharges
- Property Transaction Monitoring
- Sustainability and Value Programme
- Succession Planning
- Hospital Discharges Update
- Cyber Security
- Waiting List Management – Mental Health
- eHealth Project and Programme Management
- Legal Update Quarterly Update and Annual Report
- Losses and Compensation Payments
- NIS Audit Report 2024
- Patient Private Funds Annual Report and Audit to 31 March 2024
- Risk Appetite Statement
- Risk Management Annual Report
- Whistleblowing Quarterly Update and Annual Report

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## **4. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

### **4.1 2023-24 Annual Consolidated Accounts**

The Committee received regular updates on the Board's financial position throughout the year. The Committee noted that the Board had achieved the three key financial targets, including balance in revenue, capital resource, and cash and noted seven new recommendations from the 2023/24 audit. The challenges faced by NHSGGC in the coming years regarding savings and the wider impact on areas like property, capital, and remuneration were noted. The Audit and Risk Committee noted that under the Scheme of Delegation the Finance, Planning and Performance Committee monitored and scrutinised the financial position throughout the year.

### **4.2 Losses and Compensation Payments**

The Committee received an update on the losses, compensations and special payments incurred by the Board during 2023-24, as included on the Board's SFR 18.

### **4.3 Extract from the Corporate Risk Register**

The Committee received regular updates on the Corporate Risk Register and were advised that regular reviews of risks had taken place.

### **4.4 Patient Private Funds Annual Report and Audit to 31 March 2024**

The Committee approved the 2023/24 accounts. The accounts were prepared, in all material respects, in accordance with the 2023/24 NHS Board Accounts Manual and there were no changes to final materiality and triviality from the levels determined at planning.

#### **4.5 Fraud Reports and Annual Fraud Report**

The Committee received regular updates on current fraud cases and on the actions which had been undertaken within NHSGGC to prevent, detect and investigate fraud as well as receiving quarterly patient exemption statistics. The Committee also received quarterly Counter Fraud Service (CFS) reports and reviewed the CFS Annual Report for 2023-24 which described the arrangements in place during 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024. The Committee also noted the NHSGGC Fraud Annual Action Plan which had been updated to show progress against NHS Board actions. The Committee also reviewed the Counter Fraud Strategy 2023-26.

#### **4.6 Annual Review of Governance – Operational Requirements**

The Committee were assured that the operating requirements were as described in Blueprint for Good Governance (2<sup>nd</sup> edition). The Committee noted that the Standards of Business Conduct for Staff was a new insertion approved through partnership and the Corporate Management Team, with ongoing work to support further implementation moving forward.

#### **4.7 External Audit Actions Progress Update**

The Committee received regular updates on progress in delivering the audit recommendations made as part of the Annual Accounts audit.

#### **4.8 External Audit Plan 24/25**

The Committee noted the proposed audit approach for the audit of the financial statements for the year ending 31 March 2025.

#### **4.9 Internal Audit**

The Committee were presented with a number of Internal Audit reports during the year:

- Performance Monitoring
- Financial Management and Reporting
- Waiting List Management
- Digital Health and Care Strategy
- Discharge Planning
- Hospital Discharges
- Property Transaction Monitoring
- Sustainability and Value Programme
- Succession Planning
- Hospital Discharges Update
- Cyber Security
- Waiting List Management – Mental Health



- eHealth Project and Programme Management

The Committee received regular progress reports and updates on management actions.

#### **4.10 Legal Claims**

The Committee noted the quarterly summary of legal activity. The Committee were also assured by the Legal Claims Annual Report.

#### **4.11 Best Value Statement**

The Committee approved the Best Value Statement which was aligned to the work undertaken against the Blueprint for Good Governance (2nd edition). The statement was updated to incorporate partnership working with the third sector.

#### **4.12 Risk Appetite Statement**

The Committee noted the process that had been undertaken to review the Risk Appetite Statement for NHSGGC. The proposal included developing Risk Appetite and Tolerance Statements in line with the consequence (impact) of the risk. The Committee noted changes in the category of Risk Appetite from Cause to Impact, enabling clear identification of Risk Appetite and Tolerance across NHSGGC. The Committee endorsed the Risk Appetite Statement, noting that the Statement would be approved by the Board.

#### **4.13 Whistleblowing**

The Committee noted the overview of whistleblowing activity for each quarter of 2024/25 and were assured that whistleblowing investigations were conducted in line with the National Whistleblowing Standards and Whistleblowing Policy. The Committee were also assured by the Whistleblowing Annual Report.

#### **4.14 Information Governance Steering Group Minutes**

The Committee were presented with a summary of the key discussions and decisions at the Information Governance Steering Group meetings throughout the year.

#### **4.15 Bad Debt Write Off**

The Committee received an update on the bad debts that had been written off and approved the write-off of four debts in line with the limits set out within the Scheme of Delegation.

#### **4.16 Committee Annual Report and Committee Terms of Reference**

The Committee noted the activity of the Committee during 2023/24. As part of the annual review process, the Committee reviewed and approved minor amendments to the Committee Terms of Reference in relation to the remit of the Committee.

#### **4.17 Dumfries & Galloway Cyber Incident**

The Committee received an update on the Cyber Attack incident that occurred in NHS Dumfries & Galloway and noted an update on the NHSGGC position, and the actions taken to mitigate risk. It was noted that the Digital Strategy implementation was overseen by the Finance, Planning & Performance Committee.

#### **4.18 Risk Management Annual Report**

The Committee received the Risk Management Annual Report to provide an overview and key highlights of the annual performance for Risk Management in NHSGGC for the period between January 2023 and December 2023. KPI reporting was well established, and actions were being tracked.

### **5. Conclusion**

#### **5.1 Statement of Assurance**

As Chair of the Audit & Risk Committee during year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

**Michelle Wailes**  
**Chairperson**  
**On behalf of the Audit & Risk Committee**

**Attendance at Audit & Risk Committee 2024/25****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>04-Jun-24</b>	<b>18-Jun-24</b>	<b>17-Sept-24</b>	<b>3-Dec-24</b>	<b>18-Mar-25</b>
Mr Brian Auld	Non Executive Board Member	NHSGGC	-	-	AA	P	AA
Ms Jacqueline Cameron	Non Executive Board Member	NHSGGC	-	-	P	P	P
Mr Alan Cowan	Non Executive Board Member	NHSGGC	AA	P	-	-	-
Ms Jacqueline Forbes	Non Executive Board Member	NHSGGC	AA	P	-	-	-
Prof Jann Gardner	Chief Executive	NHSGGC	-	-	-	-	P
Ms Margaret Kerr	Non Executive Board Member	NHSGGC	P	P	P	P	P
Mr John Matthews	Non Executive Board Member	NHSGGC	P	-	-	-	-
Cllr Michelle McGinty	Non Executive Board Member	NHSGGC	AA	AA	-	-	-
Dr Becky Metcalfe	Non Executive Board Member	NHSGGC	-	-	P	P	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	P	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	P	-	-	-	-
Ms Rona Sweeney	Non Executive Board Member	NHSGGC	AA	P	-	-	-
Ms Michelle Wailes	Non Executive Board Member	NHSGGC	P	P	P	P	P
Mr Charles Vincent	Non Executive Board Member	NHSGGC	P	P	P	P	P

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>04-Jun-24</b>	<b>18-Jun-24</b>	<b>17-Sept-24</b>	<b>3-Dec-24</b>	<b>18-Mar-25</b>
Ms Denise Brown	Director of Digital Services	NHSGGC	P	-	-	P	P
Mr Euan Cronin	Assistant Head of Financial Services	NHSGGC	-	-	-	-	P
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P	P

## BOARD OFFICIAL

Name	Position	Organisation	04-Jun-24	18-Jun-24	17-Sept-24	3-Dec-24	18-Mar-25
Dr Scott Davidson	Board Medical Director	NHSGGC	-	-	-	-	-
Mr William Edwards	Chief Operating Officer	NHSGGC	P	P	P	-	P
Mr Martin Gill	BDO LLP	BDO	-	-	-	P	-
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P	P	P
Mr Paul Kelly	Head of Cyber Services	Azets	P	A	A	P	-
Ms Rachel King	Internal Auditor	Azets	-	-	-	P	-
Mr Rob Jones	External Auditor	Ernst & Young	-	-	-	-	-
Mrs Anne MacPherson	Director of Human Resources	NHSGGC	-	-	P	-	-
Ms Fiona McEwan	Assistant Director of Finance	NHSGGC	-	P	P	-	-
Mr Iain Paterson	Corporate Service Manager - Compliance	NHSGGC	-	-	P	P	P
Mr Stephen Reid	External Auditor	Ernst & Young	-	P	-	P	-
Ms Janet Richardson	Head of Financial Governance	NHSGGC	P	A	P	P	-
Ms Louise Russell	Secretariat Manager (Minutes)	NHSGGC	-	-	-	P	P
Mr Michael Shiels	Head of Financial Services	NHSGGC	P	P	P	P	P
Mr John Thomson	Assistant Director of Finance	NHSGGC	P	P	P	P	P
Dr Lesley Thomson KC	Board Chair	NHSGGC	P	P	P	AA	P
Professor Angela Wallace	Executive Nurse Director	NHSGGC	-	P	P	-	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	-	-	P
Ms Rachael Weir	Internal Auditor	Azets	P	P	-	P	P
Mr Scott Wilson	Business Manager	NHSGGC	P	P	P	P	P
Ms Rachel Wynne	External Auditor	Ernst & Young	P	P	P	P	P

# BOARD OFFICIAL

Name	Position	Organisation	04-Jun-24	18-Jun-24	17-Sept-24	3-Dec-24	18-Mar-25
Ms Elizabeth Young	Internal Auditor	Azets	P	P	P	AA	P

P Present  
 A Absent - no apologies received  
 AA Absent - apologies received  
 - Attendance not required

**Audit & Risk Committee**  
**Schedule of Business Considered 2024/25**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
4 June 2024	<ul style="list-style-type: none"> <li>• Information Governance Steering Group Update</li> <li>• D&amp;G Cyber Incident</li> <li>• NHSGGC Annual Accounts               <ul style="list-style-type: none"> <li>- Draft Governance Statement</li> <li>- Losses and Compensation Payments</li> </ul> </li> <li>• Annual Fraud Report and Counter Fraud Services Update</li> <li>• External Audit Update</li> <li>• External Audit Action Tracker</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Progress Report</li> <li>- Performance Monitoring</li> <li>- Financial Management and Reporting</li> <li>- Waiting List Management</li> <li>- Digital Health and Care Strategy</li> <li>- Follow up – Q12024/25</li> </ul> </li> <li>• Corporate Risk Register</li> <li>• Committee Annual Report</li> <li>• Committee Terms of Reference</li> </ul>
18 June 2024	<ul style="list-style-type: none"> <li>• Update from the Healthcare Charity Committee</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Discharge Planning</li> <li>- Hospital Discharges</li> <li>- Annual Report</li> </ul> </li> <li>• Internal Control and Draft Governance Statement</li> <li>• Annual Audit and Consolidated Accounts for 2023/24</li> <li>• External Audit Tracker</li> <li>• Best Value Statement</li> <li>• Annual Review of Governance – Operational Requirements</li> <li>• Legal Update Annual Report</li> <li>• Whistleblowing Quarter 4 and Annual Report</li> <li>• Freedom of Information Annual Report</li> <li>• Information Governance Annual Report 2023/24</li> <li>• Corporate Risk Register – New Corporate Governance Risk</li> </ul>
17 September 2024	<ul style="list-style-type: none"> <li>• Committee Vice Chair</li> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• External Audit Action Tracker</li> <li>• Internal Audit Reports               <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Property Transaction Monitoring</li> <li>- Sustainability and Value Programme</li> <li>- Succession Planning</li> <li>- Hospital Discharges Update</li> <li>- Management Action Follow Up Q2 2024/25</li> </ul> </li> <li>• Corporate Risk Register</li> </ul>

# BOARD OFFICIAL

	<ul style="list-style-type: none"> <li>• Risk Management Annual Report</li> <li>• Whistleblowing Quarter 1</li> <li>• Information Governance Steering Group Minutes</li> <li>• Committee Annual Cycle of Business 2024/25</li> </ul>
3 December 2024	<ul style="list-style-type: none"> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• Patient Private Funds Annual Report and Audit to 31 March 2024</li> <li>• Draft External Audit Plan</li> <li>• External Audit Action Tracker</li> <li>• Internal Audit Reports <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Follow Up Report</li> <li>- Draft Internal Audit Plan 25/26</li> <li>- Internal Audit Report – Cyber Security</li> </ul> </li> <li>• NIS (Network and Information System) Report 2024</li> <li>• Risk Appetite Statement</li> <li>• Corporate Risk Register</li> <li>• Freedom of Information Quarter 2 Report</li> <li>• Legal Update Quarter 2 Report</li> <li>• Whistleblowing Quarter 2 Report</li> <li>• Information Governance Steering Group Minutes</li> <li>• Committee Annual Cycle of Business 2024/25</li> </ul>
18 March 2025	<ul style="list-style-type: none"> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• Bad Debt Write Off</li> <li>• External Audit Plan 24/25</li> <li>• External Audit Action Tracker</li> <li>• Internal Audit Reports <ul style="list-style-type: none"> <li>- Internal Audit Progress Report</li> <li>- Internal Audit Follow Up Report</li> <li>- Waiting List Management – Mental Health</li> <li>- eHealth Project and Programme Management</li> <li>- Internal Audit Plan 25/26</li> </ul> </li> <li>• Business Continuity Planning Overview</li> <li>• Corporate Risk Register</li> <li>• Risk Management Plan</li> <li>• Freedom of Information Quarter 3 Report</li> <li>• Legal Update Quarter 3 Report</li> <li>• Whistleblowing Quarter 3 Report</li> <li>• Information Governance Steering Group Update</li> <li>• Committee Annual Cycle of Business 2025/26</li> </ul>

<b>Version Control</b>	<b>17 March 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit & Risk Committee
Approved date:	
Date for review:	April 2026
Replaces previous version:	June 2024



## Greater Glasgow and Clyde NHS Board Annual Report of the Clinical and Care Governance Committee 2024/25

### 1. Introduction

The year 2024/25 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

### 2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

### 3. Clinical and Care Governance Committee

#### 3.1 Purpose of the Committee

The purpose of the Clinical and Care Governance Committee (CCCG) is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of Corporate Objectives and areas as outlined in the Scheme of Delegation as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy and Quality Strategy
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care
- Ensure oversight of person centred care and feedback reflecting learning
- That NHSGGC fulfils its statutory obligations relating the Board's Duty of Quality - including Duty of Candour
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated
- Appropriate governance in respect of risks, as allocated to the C&CGC by the Audit and Risk Committee relating to *clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care



### 3.2 Composition

During the financial year ending 31 March 2025 membership of the Clinical and Care Governance Committee comprised:

Chairperson – Dr Paul Ryan

Vice Chair – Mr Ian Ritchie (until June 2024)

Vice Chair – Ms Cath Cooney (from September 2024)

Executive Lead – Dr Jennifer Armstrong, Medical Director (until September 2024)

Executive Lead – Dr Scott Davidson, Medical Director (from December 2024)

#### Membership

- Dr Jennifer Armstrong, Medical Director (to 19 November 2024)
- Ms Mehvish Ashraf, Non Executive Board Member
- Ms Cath Cooney, Non Executive Board Member
- Dr Scott Davidson, Medical Director (from 7 October 2024)
- Ms Dianne Foy, Non Executive Board Member
- Professor Jann Gardner, Chief Executive (From 1 March 2025)
- Mrs Jane Grant, Chief Executive (to 28 February 2025)
- Professor Iain McInnes, Non Executive Board Member
- Dr Becky Metcalfe, Non Executive Board Member
- Cllr Katie Pragnell, Non Executive Board Member
- Mr Ian Ritchie, Non Executive Board Member (to 30 June 2024)
- Dr Lesley Rousselet, Non Executive Board Member
- Dr Paul Ryan, Non Executive Board Member
- Dr Lesley Thomson KC, Chair
- Professor Angela Wallace, Nurse Director

#### In Attendance

- Ms Gail Caldwell, Director of Pharmacy
- Ms Leanne Connell, Chief Nurse, East Dunbartonshire
- Ms Chloe Cowan, Interim Acting R&I Director
- Ms Mandy Crawford, Corporate Services Manager – Complaints
- Professor Jesse Dawson, Director of Research and Innovation
- Ms Sandra Devine, Director Infection Prevention and Control, Infection Prevention & Control
- Dr David Dodds, Chief of Medicine – Regional Services
- Ms Kim Donald, Board Secretary, Corporate
- Ms Gillian Duncan, Corporate Executive Business Manager
- Ms Morag Gardner, Deputy Director of Nursing
- Dr Una Graham, Deputy Medical Director – Mental Health and Learning Disabilities
- Dr Claire Harrow, Deputy Medical Director, Acute Services
- Ms Judith Godden, Manager of WoS Research Ethics
- Ms Katrina Heenan, Chief Risk Officer
- Ms Rhoda Macleod, Head of Adult Services (Sexual Health, Police Custody and Prison Healthcare)

- Dr Deirdre McCormack, Chief Nurse – Public Protection
- Professor Colin McKay, Deputy Medical Director - Corporate
- Mr Jamie Redfern, Director Women and Children's Services
- Dr Jennifer Rodgers, Deputy Nurse Director
- Dr Mary Ross-Davie, Director of Midwifery
- Ms Paula Spaven, Acting Director of Clinical Governance
- Dr Stuart Sutton, Clinical Director, Renfrewshire HSCP
- Ms Elaine Vanhegan, Director of Corporate Governance

### **3.3 Meetings**

The Committee met on four occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 4 June 2024
- 3 September 2024
- 3 December 2024
- 4 March 2025

The attendance schedule is attached at Appendix 1.

All meetings of the Clinical and Care Governance Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2024/25. Areas considered included:

- Quality Strategy and Implementation Plan
- Gynaecology-Oncology Services - Update
- Best Start and Neonatal Care - Update
- Care Homes
- Prison Healthcare
- Clinical Risk Management
- Hospital Standardised Mortality Ratio (HSMR)
- Public Protection Update
- Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme Quarterly Reports
- Healthcare Associated Infection Report and Annual Report
- Controlled Drugs Annual Report
- Extract from Corporate Risk Register
- Public Protection Forum – Minutes of the meeting
- Board Infection Control Committee – Minutes of the meeting
- Board Clinical Governance Forum Minutes
- Acute Services Clinical Governance Update
- Primary Care and Community Clinical Governance Update
- Clinical and Care Governance KPIs Update
- Clinical Governance Annual Report
- Duty of Candour Annual Report
- Extract from Corporate Risk Register

- Maternity and Neonatal Strategy 2024-2029
- Mental Health Clinical Governance Update
- Healthcare Improvement Scotland (HIS) – Unannounced Safe Delivery of Care Inspections
- Public Protection Strategy Annual Report and Delivery Plan
- Annual Scottish National Audit Programme (SNAP) Update
- West of Scotland Cancer Network QPI Report
- Moving Pharmacy Forward Progress Report
- Safe and Effective Use of Medicines in NHS GGC
- West of Scotland Research Ethics Service Annual Report
- Young Persons' Gender Service Status Update
- "Leading the Way" – NHS GGC Nursing and Midwifery Strategy 2024-29
- Proposal for an Updated Approach to Managing Significant Adverse Events (SAEs) in NHS GGC
- Department of Research and Innovation Annual Report 2024
- Infection Prevention and Control Annual Report 2023/24

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

#### **4. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

##### **4.1 Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Quarterly Reports and Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2023/24**

The Committee received quarterly overviews of complaints performance, wider patient and family feedback mechanisms and how these translated into improvement. The Committee also received the annual report on Feedback, Comments, Concerns, Compliments and Complaints which set out NHS GGC's performance against Stage 1 and Stage 2 complaints

##### **4.2 NHS GGC Quality Strategy: Quality Everyone, Everywhere and Quality Strategy Implementation Plan Proposal**

The Committee were presented with the new Quality Strategy which was approved at the June Board. The Committee noted the wide engagement undertaken by the team in developing the strategy. The Committee were assured that all local areas would have their own implementation plans and the evaluation of impact would be consistently reviewed.

##### **4.3 Update on Gynaecology-Oncology Services**

The Committee received an update on gynaecology oncology services and were advised of the ongoing multidisciplinary approach to reducing waiting times and

were assured by the significant reduction with the majority of patients meeting the target.

#### **4.4 Best Start and Neonatal Care Programme**

The Committee received noted that the Best Start report had been submitted to the Scottish Government with the majority of the recommendations having been implemented, alongside excellent feedback from both staff and users of the service.

#### **4.5 Prison Healthcare**

The Committee noted the health profile of patients within prison setting was complex and presented significant challenges. The Committee also noted the position across the prison sites with regards to the building quality and were advised that there were plans to replace HMP Barlinnie with HMP Glasgow with the trajectory of completion being in 2028.

#### **4.6 Clinical Risk Report**

The Committee were assured by the improvement work underway to reduce the overdue SAERs and noted the progress on reducing the overall number and those waiting on a decision.

#### **4.7 Hospital Standardised Mortality Ratio (HSMR) Update Report**

The Committee received an update on the HSMR and were assured that NHSGGC were statistically stable and continue to utilise crude mortality to review mortality over time.

#### **4.8 Public Protection Update and Public Protection Strategy Annual Report and Delivery Plan**

The Committee received an update on Public Protection governance and activity and were advised that there had been a number of policy and guidance documents developed since the last update to the Committee. The Committee noted the work with eHealth to deliver learning and education dashboards and better reporting data and were assured that there were strong partnerships with the HSCPs and direct links with the Chief Officers group to ensure collaborative working.

#### **4.9 Healthcare Associated Infection Reporting Template (HAIRT) and Annual Report**

The Committee received regular updates on performance against the Healthcare Associated targets for *Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other Healthcare Associated Infections' (HCAI) activities across NHSGGC. The Committee also noted the published ARHAI reports. The Committee were assured by NHSGGC's performance.

#### **4.10 Controlled Drugs Annual Report**

The Committee received the report which provided an update on the number of incidents involving Controlled Drugs across healthcare providers within NHSGGC and noted that work was underway to ensure the service was proactive in problem areas.

#### **4.11 Extract from Corporate Risk Register**

The Committee received regular updates on the risks aligned to the Committee and were assured that these were reviewed by risk owners and approved any proposed changes throughout the year.

#### **4.12 Acute Services Clinical Governance Update**

The Committee noted the governance arrangements and reporting structure within Acute Services as well as the function, meeting arrangements, work plan, and priorities of the Acute Clinical Governance Forum.

#### **4.13 Mental Health Governance Update**

The Committee received the report of the Mental Health Services Clinical Governance Group noting the key updates which included mental health clinical governance arrangements within the Health and Social Care Partnerships; the function of the Mental Health Services Clinical Governance Group; ongoing monitoring and assurance arrangements for key quality indicators; and an oversight of issues affecting mental health services, such as cross system learning, key successes, and key risks.

#### **4.14 Primary Care and Community Clinical Governance Update**

The Committee noted the governance arrangements and reporting structure within Primary Care and Community Care as well as the function, meeting arrangements, work plan, and priorities of the Primary Care and Community Clinical Governance Forum.

#### **4.15 Clinical and Care Governance KPIs Update**

The Committee noted the current position against the 5 Key Performance Indicators which were reported through this update as agreed following the Blueprint for Good Governance to develop the Active Governance Programme (the remaining 5 were assessed via IPC and Complaints reports) and noted improvement programs for each of the KPIs were included within the report in particular the decrease in number of falls with harm.

#### **4.16 Clinical Governance Annual Report**

The Committee were presented with the Clinical Governance Annual Report for the period April 2023 – March 2024 noting the achievements, challenges and priority areas for the year ahead. The Committee were advised of the focussed work against SAER performance and breach guidelines and the SAER policy review.

#### **4.17 Duty of Candour Annual Report**

The Committee were presented with the Duty of Candour Annual Report noting the overview of incidents which triggered duty of candour between 1 April 2023 and 31 March 2024 and had a SAER commissioned. The Committee were advised that there had been good compliance with the regulations.

#### **4.18 Annual Scottish National Audit Programme (SNAP) Update**

The Committee noted the summary position for NHSGGC in relation to the Scottish National Audit Programme (SNAP) annual governance process. The Committee noted that each outlier had been reviewed and responded to as required and were assured by the robust processes in place across the Board.

#### **4.19 West of Scotland Cancer Network QPI Report**

The Committee received an annual update on NHSGGC Cancer Quality Performance Indicator Action Plans. The Committee noted a summary of the established governance structures the QPI Repots and Action Plans, as well as, the key reporting figures from the QPI reports. The Committee noted HIS oversight and the reporting structures that were in place.

#### **4.20 Moving Pharmacy Forward Progress Report**

The Committee noted the framework that had been initially approved in 2021 and were advised that from 2026 all newly qualified pharmacists will be able to prescribe and the positive impact this could have on healthcare demands.

#### **4.21 West of Scotland Research Ethics Service Annual Report**

The Committee noted a summary of the activities of the four West of Scotland Research Ethics Committees (WoSRES) during the previous reporting year and were assured by the key updates provided in the report which included an overview of the role and workload of the volunteers who made up the four committees. The Committee were pleased to note that the timeframes were consistently met despite the demand on the service.

#### **4.22 Young Persons' Gender Service Status Update**

The Committee received an update on the national work underway following the Scottish Government's acceptance of the findings in the Cass Report in July 2024 including actions and next steps regarding service management, governance and development.

#### **4.23 "Leading the Way" – NHSGGC Nursing and Midwifery Strategy 2024-29**

The Committee were presented with the NHSGGC Nursing and Midwifery Strategy entitled 'Leading the Way' and received an overview of the core components of the Strategy including the vision and aims, the strategic priorities and deliverables and the implementation plan and governance structure. A summary of the approach to engagement undertaken with patients, carers, and staff was also provided.

#### **4.24 Proposal for an Updated Approach to Managing Significant Adverse Events (SAEs) in NHSGGC**

The Committee were presented with a proposal for an updated approach to managing Significant Adverse Events (SAEs) in NHSGGC for consideration and endorsement, prior to full Board approval. This approach would enhance the quality and timeliness of adverse event investigations in NHSGGC and help to streamline resources, speeding up the process of investigation and feedback to patients and families as well as learning for the organisation.

#### **4.25 Healthcare Improvement Scotland (HIS) – Update on Unannounced Safe Delivery of Care Inspections**

The Committee received a comprehensive update on the three unannounced Healthcare Improvement Scotland (HIS) inspections conducted across NHSGGC Acute Sites during 2024. The Committee were advised that following each inspection, an improvement action plan was developed which was submitted to HIS. These action plans had been implemented and progress was being made in addressing the identified requirements and recommendations. The Committee were informed that the majority of requirements were fully completed with the remainder on track for completion within the stipulated timelines.

#### **4.26 Department of Research and Innovation Annual Report 2024**

The Committee were advised of the key achievements in research and innovation activity in 2024 as well as the key priority areas for 2025 including the ongoing efforts to address challenges and maximise opportunities within research and innovation in NHSGGC.

#### **4.27 Infection Prevention and Control Annual Report 2023/24**

The Committee were informed that the annual report presented a summary of the work programme, outcomes and impacts for infection prevention and control (IPC) across the organisation for the period from 1 April 2023 until 31 March 2024. It described the overall work programme as well as detailing some of the areas of improvement, success and where challenges remained.

### **5. Conclusion**

#### **5.1 Statement of Assurance**

As Chair of the Clinical and Care Governance Committee during year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

**Dr Paul Ryan**  
**Chairperson**  
**On behalf of the Clinical and Care Governance Committee**



**Attendance at Clinical and Care Governance Committee 2023/24****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>4-Jun-24</b>	<b>3-Sep-24</b>	<b>3-Dec-24</b>	<b>4-Mar-25</b>
Dr Jennifer Armstrong	Medical Director (to 19 November 2024)	NHSGGC	P	P	-	-
Ms Mehvish Ashraf	Non Executive Board Member	NHSGGC	P	-	-	-
Ms Cath Cooney	Non Executive Board Member	NHSGGC	-	P	P	P
Dr Scott Davidson	Medical Director (from 7 October 2024)	NHSGGC	-	-	P	P
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	AA	P	AA
Professor Jann Gardner	Chief Executive (From 1 March 2025)	NHSGGC	-	-	-	AA
Mrs Jane Grant	Chief Executive (to 28 February 2025)	NHSGGC	P	P	P	-
Professor Iain McInnes	Non Executive Board Member	NHSGGC	P	P	AA	A
Dr Becky Metcalfe	Non Executive Board Member	NHSGGC	P	-	-	-
Cllr Katie Pragnell	Non Executive Board Member	NHSGGC	P	P	AA	A
Mr Ian Ritchie	Non Executive Board Member (to 30 June 2024)	NHSGGC	P	-	-	-
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	AA	AA	P
Dr Paul Ryan	Non Executive Board Member	NHSGGC	AA	P	P	P
Dr Lesley Thomson KC	Chair	NHSGGC	P	P	AA	AA
Professor Angela Wallace	Nurse Director	NHSGGC	P	P	P	P

## BOARD OFFICIAL

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>4-Jun-24</b>	<b>3-Sep-24</b>	<b>3-Dec-24</b>	<b>4-Mar-25</b>
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	P	-	P	-
Ms Leanne Connell	Chief Nurse, East Dunbartonshire	NHSGGC	-	-	-	P
Ms Chloe Cowan	Interim Acting R&I Director	NHSGGC			P	
Ms Mandy Crawford	Corporate Services Manager – Complaints	NHSGGC	P	P	P	P
Professor Jesse Dawson	Director of Research and Innovation	NHSGGC	-	-	-	P
Ms Sandra Devine	Director Infection Prevention and Control, Infection Prevention & Control	NHSGGC	P	P	P	P
Dr David Dodds	Chief of Medicine – Regional Services	NHSGGC			P	
Ms Kim Donald	Board Secretary, Corporate	NHSGGC	P	P	P	P
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	-	-	-	P
Ms Morag Gardner	Deputy Director of Nursing	NHSGGC	-	-	P	P
Dr Una Graham	Deputy Medical Director – Mental Health and Learning Disabilities	NHSGGC	-	-	P	-
Dr Claire Harrow	Deputy Medical Director, Acute Services	NHSGGC	-	-	-	P
Ms Judith Godden	Manager of WoS Research Ethics	NHSGGC	-	-	P	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P	P
Ms Rhoda Macleod	Head of Adult Services (Sexual Health, Police Custody and Prison Healthcare)	NHSGGC	-	-	-	P
Dr Deirdre McCormack	Chief Nurse – Public Protection	NHSGGC	-	-	P	-
Professor Colin McKay	Deputy Medical Director - Corporate	NHSGGC	P	P	-	-
Mr Jamie Redfern	Director Women and Children's Services	NHSGGC	P	-	P	-
Dr Jennifer Rodgers	Deputy Nurse Director	NHSGGC	P	-	-	-
Dr Mary Ross-Davie	Director of Midwifery	NHSGGC	-	-	P	-
Ms Paula Spaven	Acting Director of Clinical Governance	NHSGGC	P	-	-	-
Dr Stuart Sutton	Clinical Director, Renfrewshire HSCP	NHSGGC	-	P	-	-
Ms Elaine Vanhegan	Director of Corporate Governance	NHSGGC	P	AA	AA	P

## BOARD OFFICIAL

P	Present
A	Absent - no apologies received
AA	Absent - apologies received
-	Attendance not required

## Clinical and Care Governance Committee Schedule of Business Considered 2024/25

Date of meeting	Title of Business Discussed
4 June 2024	<ul style="list-style-type: none"> <li>• Quality Strategy</li> <li>• Gynaecology-Oncology Services - Update</li> <li>• Best Start and Neonatal Care - Update</li> <li>• Care Homes</li> <li>• Prison Healthcare</li> <li>• Clinical Risk Management</li> <li>• Hospital Standardised Mortality Ratio (HSMR)</li> <li>• Public Protection Update</li> <li>• Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</li> <li>• Healthcare Associated Infection Report and Annual Report</li> <li>• Controlled Drugs Annual Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Committee Annual Report</li> <li>• Public Protection Forum – Minutes of the meeting</li> <li>• BICC – Minutes of the meeting</li> </ul>
3 September 2024	<ul style="list-style-type: none"> <li>• Acute Services Clinical Governance Update</li> <li>• Primary Care and Community Clinical Governance Update</li> <li>• Clinical and Care Governance KPIs Update</li> <li>• Healthcare Associated Infection Report</li> <li>• Patient Experience Report – Quarter 1</li> <li>• Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2023/2024</li> <li>• Clinical Governance Annual Report</li> <li>• Duty of Candour Annual Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Public Protection Forum – Minutes of the Meeting held on 10 April 2024</li> <li>• Board Infection Control Committee – Minutes of the Meeting held on 17 June 2024</li> </ul>
3 December 2024	<ul style="list-style-type: none"> <li>• Maternity and Neonatal Strategy 2024-2029</li> <li>• Mental Health Clinical Governance Update</li> <li>• Clinical Risk Report January – June 2024</li> <li>• Hospital Standardised Mortality Ratio (HSMR) Update Report</li> <li>• Healthcare Improvement Scotland (HIS) – Unannounced Safe Delivery of Care Inspections</li> <li>• Public Protection Strategy Annual Report and Delivery Plan</li> <li>• Patient Experience Report – Quarter 2</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Annual Scottish National Audit Programme (SNAP) Update</li> <li>• West of Scotland Cancer Network QPI Report</li> <li>• Moving Pharmacy Forward Progress Report</li> <li>• Safe and Effective Use of Medicines in NHSGGC</li> </ul>

**BOARD OFFICIAL**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Quality Strategy Implementation Plan Proposal</li> <li>• West of Scotland Research Ethics Service Annual Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Cycle of Business</li> <li>• Public Protection Forum – Minutes of the Meeting held on 4 September 2024</li> <li>• Board Infection Control Committee – Minutes of the Meeting held on 20 August 2024</li> <li>• Board Clinical Governance Forum – Minutes of the Meetings held on 5 August and 23 September 2024</li> </ul>
4 March 2025	<ul style="list-style-type: none"> <li>• Acute Services Clinical Governance Update</li> <li>• Primary Care Clinical Governance Update</li> <li>• Young Persons' Gender Service Status Update</li> <li>• "Leading the Way" – NHSGGC Nursing and Midwifery Strategy 2024-29</li> <li>• Assurance Information Framework KPIs - Safety and Quality Programmes</li> <li>• Patient Experience Report Quarter 3</li> <li>• Healthcare Associated Infection Reporting Template (HAIRT)</li> <li>• Proposal for an Updated Approach to Managing Significant Adverse Events (SAEs) in NHSGGC</li> <li>• Healthcare Improvement Scotland (HIS) – Update on Unannounced Safe Delivery of Care Inspections</li> <li>• Department of Research and Innovation Annual Report 2024</li> <li>• Infection Prevention and Control Annual Report 2023/24</li> <li>• Acute Services Committee Governance Approach</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Cycle of Business 2025/26</li> <li>• Public Protection Forum – Minute of the Meeting held on 26 November 2024</li> <li>• Board Infection Control Committee – Minute of the Meeting held on 11 December 2024</li> <li>• Board Clinical Governance Forum – Minute of the Meetings held on 18 November 2024</li> </ul>

# BOARD OFFICIAL

<b>Version Control</b>	<b>27 May 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	
Date for review:	June 2026
Replaces previous version:	June 2024

## Greater Glasgow and Clyde NHS Board

### Annual Report of the Finance Planning and Performance Committee 2024/25

#### 1. Introduction

The year 2024/25 saw the Committee meet on seven occasions. The meetings continued to be held in a hybrid model.

#### 2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### 3. Finance Planning and Performance Committee

##### 3.1 Purpose of the Committee

The remit of the Finance Planning and Performance 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 six Integrated Joint Boards.

##### 3.2 Composition

During the financial year ending 31 March 2025 membership of the Finance Planning and Performance Committee comprised:

Chairperson – Ms Margaret Kerr  
 Vice Chair – Rev John Matthews (to June 2024)  
 Vice Chair - Mr Paul Ryan (from August 2024)  
 Executive Lead – Mr Colin Neil, Director of Finance

##### Membership

- Dr Jennifer Armstrong, Board Medical Director (to October 2024)
- Ms Mehvish Ashraf, Non Executive Board Member (from August 2024)
- Ms Ann Cameron Burns, Employee Director
- Mr Martin Cawley, Non Executive Board Member (from August 2024)
- Mr Alan Cowan, Non Executive Board Member (to June 2024)
- Dr Emilia Crighton, Director of Public Health
- Cllr Chris Cunningham, Non Executive Board Member
- Dr Scott Davidson, Board Medical Director (from October 2024)
- Ms Jacqueline Forbes, Non Executive Board Member (to June 2024)
- Professor Jann Gardner, Chief Executive (from February 2025)

## BOARD OFFICIAL

- Mr David Gould, Non Executive Board Member (from August 2024)
- Mrs Jane Grant, Chief Executive (to January 2025)
- Rev John Matthews OBE, Non Executive Board Member (to June 2024)
- Ms Lesley-Ann McDonald, Non Executive Board Member (from August 2024)
- Prof Iain McInnes, Non Executive Board Member (to June 2024)
- Ms Ketki Miles, Non Executive Board Member
- Ms Anne Marie Monaghan, Non Executive Board Member (to June 2024)
- Mr Colin Neil, Director of Finance
- Mr Ian Ritchie, Non Executive Board Member (to June 2024)
- Dr Paul Ryan, Non Executive Board Member
- Mr Francis Shennan, Non Executive Board Member (to June 2024)
- Ms Caroline Sinclair, Chief Officer (to October 2024)
- Ms Rona Sweeney, Non Executive Board Member (to June 2024)
- Dr Lesley Thomson KC, Board Chair
- Mr Charles Vincent, Non Executive Board Member (from August 2024)
- Ms Michelle Wailes, Non Executive Board Member
- Prof Angela Wallace, Board Nurse Director

### **In Attendance**

- Mr Andrew Baillie, Assistant Head of Capital Planning
- Ms Denise Brown, Director of Digital Services
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Chloe Cowan, Senior Research & Innovation Manager
- Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
- Ms Kim Donald, Corporate Services Manager - Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Mr William Edwards, Chief Operating Officer, Acute Services
- Ms Ann Forsyth, Head of Primary Care Support
- Ms Katrina Heenan, Chief Risk Officer
- Mr James Huddleston, Head of Capital Projects
- Mr Martin Johnston, Head of Sustainability
- Ms Jacqueline Kerr, Assistant Chief Officer, Glasgow City HSCP
- Ms Christine Laverty, Chief Officer, Renfrewshire HSCP
- Mrs Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Ali Marshall, Depute Director of Planning
- Ms Claire McArthur, Director of Planning
- Cllr Martin McCluskey, Non Executive Board Member (observed April 2024)
- Ms Fiona McEwan, Assistant Director of Finance - Financial Planning & Performance
- Ms Susan McFadyen, Director of Access
- Ms Susanne Millar, Chief Officer, Glasgow City HSCP
- Ms Julie Murray, Chief Officer, East Renfrewshire HSCP
- Dr Kerri Neylon, Deputy Medical Director for Primary Care
- Ms Antionette Parr, General Manager, Medical Illustration / DCPB
- Ms Louise Russell, Secretariat Manager
- Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP
- Prof Tom Steele, Director of Estates and Facilities



- Mr Allen Stevenson, Interim Director of Primary Care/GP Out of Hours
- Mr Scott Wilson, Senior Business and Delivery Manager, Chief Executive's Office
- Mr Arwel Williams, Director – Diagnostic and Regional Services
- Ms Elaine Vanhegan, Director of Corporate Services and Governance

### **3.3 Meetings**

The Committee met on seven occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 9 April 2024
- 11 June 2024
- 6 August 2024
- 8 October 2024
- 10 December 2024
- 23 January 2025
- 11 February 2025

The attendance schedule is attached at Appendix 1.

All meetings of the Finance Planning and Performance Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2024/25. Areas considered included:

- Access and Waiting Time Policy
- Acute Services Committee Governance Approach
- Annual Cycle of Business
- Annual Delivery Plan and Medium-Term Plan
- Business Case QEUH Rectification Programme QEUH/RHC Heating Manifold
- Business Continuity & Essential Investment Infrastructure Plan (BCEIIP)
- Climate and Sustainability Strategy Annual Update
- Corporate Risk Register
- Corporate Objectives 24/27 & Operational Priorities 24/25
- Delayed Discharges – Update
- Delivery Plan 2024/25 Progress Summary Report
- Digital Strategy Update
- Dykebar Hospital Disposal
- Finance, Planning and Performance Committee:
  - Annual Report 2023-24
  - Terms of Reference
- Financial Monitoring:
  - Finance Report
  - Finance Plan 2024-25 Update and Draft Financial Plan 2025/26 and 2027/28
  - Draft Capital Plan 2024/25 and Draft Capital Plan 2025/26-2027/28

- GP IT System Update
- Implementation of the next phase of Mental Health Strategy – Enhancing Community Services
- Integration Joint Boards:
  - IJB Annual Performance Reports:
    - East Dunbartonshire
    - East Renfrewshire
    - Glasgow City
    - Inverclyde
    - Renfrewshire
    - West Dunbartonshire
  - HSCP Strategic Plans:
    - East Dunbartonshire
    - East Renfrewshire
  - Integration Schemes
  - IJB Financial Plan 2024/25 Summary
- Laboratory Managed Service Contract Legal Case - Update
- Moving Forward Together Implementation Strategy
- Performance Report
- Draft Primary Care Strategy
- Primary Care Improvement Plan Update
- Radionuclide Full Business Case
- Research and Innovation Strategy 2024-2029
- Stakeholder Communication and Engagement Strategy – Draft
- Supporting the Delivery of GP Out of Hours in NHSGGC
- Winter Plan

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## **4. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

### **4.1 Financial Position**

The Committee received regular updates on the Board's financial position throughout the year. The Committee also approved the Draft Financial Plan 2025/26 - 2027/28 noting that this draft had to be submitted to the Scottish Government by March 2025 and would then be developed further as required.

### **4.2 Performance Reports**

The Committee received a regular summary of performance against the respective Key Performance Indicators (KPIs) outlined in the Performance Assurance Information Framework and based on the measures contained in the 2024-25 Annual Delivery Plan alongside key local and national performance measures.

#### **4.3 Extract from the Corporate Risk Register**

The Committee received regular updates on the Corporate Risk Register and proposed changes, all of which were approved.

#### **4.4 Delayed Discharges**

The Committee received an update on the outcomes of the delayed discharge 'reset' seminars and subsequent action plan that was approved by the Corporate Management Team to commence a series of actions and tests of change as part of a board-wide 'Delayed Discharge Reset Programme'.

#### **4.5 Climate and Sustainability Strategy Annual Update**

The Committee were informed of the key highlights since the launch of the Climate and Sustainability Strategy in September 2023 including details of the progress made on greenspace, environmental management, green theatres and transport.

#### **4.6 Primary Care Improvement Plans**

There had been significant progress in implementation of the PCIPs and received updates on General Practice and the Primary Care Improvement Plans (PCIPs) for the six HSCPs within NHSGGC which formed part of the regular reporting requested by the Board on implementation of the PCIPs and related contract requirements. The Committee were advised on the key challenges within Primary Care.

#### **4.7 IJB Annual Performance Reports**

The Committee received the IJB Annual Performance Reports which now combined the 6 IJB reports to allow members of IJBs to discuss areas of challenge and best practice and generate deep dives.

#### **4.8 Draft Business Continuity & Essential Investment Infrastructure Plan (BCEIIP)**

The Committee were advised of the process which had been undertaken to identify the highest priority infrastructure and capital investment needs in NHSGGC and noted that the draft plan would be submitted to the Scottish Government in January 2025.

#### **4.9 Annual Delivery Plan and Medium-Term Plan**

The Committee approved both the Annual Delivery Plan and Medium-Term Plan noting that both plans were created subject to guidance received from the Scottish Government and had been aligned to the corporate objectives, priorities and local strategies and monitoring requirements.

#### **4.10 Winter Plan**

The Committee received an update on the Winter Plan for onward approval by the Board noting the priorities and lessons learned from the 2023/24 Winter Plan.

#### **4.11 Capital Plan 2025/26**

The Committee approved the Draft Capital Plan which detailed the estimated available capital resources for 2025/26. The Committee were advised on progress with allocation of capital in the initial plan.

#### **4.12 Radionuclide Full Business Case**

The Committee approved the Radionuclide Full Business Case paper which gave an overview of the work carried out in relation to the relocation of the Radionuclide Dispensary Unit to Gartnavel General Hospital.

#### **4.13 Research and Innovation Strategy 2024-2029**

The Committee approved the Research and Innovation Strategy 2024 – 2029 which provided an update on the five strategic objectives, priorities and actions for research and innovation and how the implementation plan would be monitored through Governance Structures

#### **4.14 HSCP Annual Performance reports**

The Committee were advised that IJBs were required to publish an Annual Performance Report (APR) by the end of July each year. The Committee noted the Annual Performance reports from all six IJBs which outlined the key achievements over 2023/24.

#### **4.15 GP IT System Update**

The Committee were given an update on the short terms risks to 19 NHSGGC GP Practices plus 4 prison facilities resulting from one NHS Scotland's GP IT System providers entering administration.

#### **4.16 Digital Strategy Update**

The Committee noted the progression of a number of major programmes over the past year following the approval of the NHSGGC Digital Strategy "Digital on Demand" by the NHSGGC Board in December 2022 and were advised that the strategy had been aligned to the NHSGGC Board Annual Delivery Plan as well as the Winter Plan.

#### **4.17 Implementation of the next phase of Mental Health Strategy – Enhancing Community Services**

The Committee approved the implantation plan for the next phase of the Mental Health Strategy.

#### **4.18 Moving Forward Together Implementation Strategy**

The Committee were given an update on the vast amount of work and activity that has been carried out to the implementthe strategy.

#### **4.19 Draft Primary Care Strategy**

The Committee approved the draft Primary Care Strategy and commended the work which had been carried out in developing the strategy in order to strengthen primary care across NHSGGC.

#### **4.20 Supporting the Delivery of GP Out of Hours in NHSGGC**

The Committee approved the paper following some amendments to the document which provided an overview of the significant improvements within the service had made for staff and patients and noted that the service had continued to stabilise over the past 12 months.

#### **4.21 Dykebar Disposal**

The Committee considered a paper for the disposal of Dykebar Hospital. Following a service review in 2017, the majority of the site was declared surplus to operational requirements. Following consideration of the impact and risks of going back to market against accepting the guaranteed amount, the Committee were content to approve the paper.

#### **4.22 Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland - Pre OBC - Economic Case**

The Committee considered a paper to identify a preferred option for the re-provision of the Institute of Neurological Sciences on the Queen Elizabeth University Hospital Campus. The Committee discussed the implications going forward and considered the serious clinical risks if the neurosciences facility was not developed. The Committee approved the paper for submission to the NHSGGC Board.

### **5. Conclusion**

#### **5.1 Statement of Assurance**

As Chair of the Finance Planning and Performance Committee during year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

**Margaret Kerr**  
**Chairperson**

**On behalf of the Finance, Planning and Performance Committee**

**Attendance at Finance, Planning and Performance Committee 2024/25****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>09- Apr-24</b>	<b>11- Jun-24</b>	<b>06- Aug- 24</b>	<b>08- Oct- 24</b>	<b>10- Dec- 24</b>	<b>23- Jan- 25</b>	<b>11- Feb-25</b>
Dr Jennifer Armstrong	Board Medical Director (to October 2024)	NHSGGC	P	P	P	-	-	-	-
Ms Mehvish Ashraf	Non Executive Board Member	NHSGGC	-	-	P	P	P	P	P
Mr Martin Cawley	Non Executive Board Member	NHSGGC	-	-	P	P	P	P	P
Ms Ann Cameron Burns	Employee Director	NHSGGC	AA	P	P	P	P	-	P
Mr Alan Cowan	Non Executive Board Member	NHSGGC	AA	P	-	-	-	-	-
Dr Emilia Crighton	Director of Public Health	NHSGGC	P	P	AA	AA	AA	-	P
Cllr Chris Cunningham	Non Executive Board Member	NHSGGC	AA	P	P	P	P	P	P
Mr Scott Davidson	Medical Director(from October 2024)	NHSGGC	-	-	-	P	P	P	P
Ms Jacqueline Forbes	Non Executive Board Member	NHSGGC	P	P	-	-	-	-	-
Professor Jann Gardner	Chief Executive (from January 2025)	NHSGGC	-	-	-	-	P	-	P
Mr David Gould	Non Executive Board Member	NHSGGC	-	-	AA	AA	P	P	AA
Mrs Jane Grant	Chief Executive (to January 2025)	NHSGGC	P	P	P	P	P	-	-
Ms Margaret Kerr	Non Executive Board Member	NHSGGC	P	P	P	P	P	P	P
Rev John Matthews OBE	Non Executive Board Member	NHSGGC	AA	P	-	-	-	-	-
Prof Iain McInnes	Non Executive Board Member	NHSGGC	AA	AA	-	-	-	-	-
Ms Ketki Miles	Non Executive Board Member	NHSGGC	AA	P	P	P	P	AA	AA

**BOARD OFFICIAL**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>09-Apr-24</b>	<b>11-Jun-24</b>	<b>06-Aug-24</b>	<b>08-Oct-24</b>	<b>10-Dec-24</b>	<b>23-Jan-25</b>	<b>11-Feb-25</b>
Ms Anne Marie Monaghan	Non Executive Board Member	NHSGGC	AA	P	-	-	-	-	-
Ms Lesley-Ann McDonald	Non Executive Board Member	NHSGGC	-	-	P	P	P	P	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	P	P	P	P
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	P	P	-	-	-	-	-
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	AA	P	P	P	P	P
Ms Rona Sweeney	Non Executive Board Member	NHSGGC	AA	P	-	-	-	-	-
Dr Lesley Thomson KC	Board Chair (from 1 December 2023)	NHSGGC	P	P	P	P	P	AA	P
Mr Charles Vincent	Non-Executive Board Member	NHSGGC	-	-	P	P	P	P	P
Ms Michelle Wailes	Non Executive Board Member	NHSGGC	P	P	P	P	P	AA	P
Prof Angela Wallace	Board Nurse Director	NHSGGC	P	P	P	P	P	P	AA

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>09-Apr-24</b>	<b>11-Jun-24</b>	<b>06-Aug-24</b>	<b>08-Oct-24</b>	<b>10-Dec-24</b>	<b>23-Jan-25</b>	<b>11-Feb-25</b>
Mr Andrew Baillie	Assistant Head of Capital Planning	NHSGGC	-	-	P	-	-	-	-
Mr Alan Bell	Property Disposals Manager	NHSGGC	-	-	-	-	-	P	-
Ms Denise Brown	Director of Digital Services	NHSGGC	P	P	P	P	P	P	P
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P	P	P	P	P	P
Ms Chloe Cowan	Senior Research & Innovation Manager	NHSGGC	-	-	P	-	-	-	-
Ms Beth Culshaw	Chief Officer	WD HSCP	-	P	P	P	P	-	P
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P	P	P	P

BOARD OFFICIAL

Name	Position	Organisation	09-Apr-24	11-Jun-24	06-Aug-24	08-Oct-24	10-Dec-24	23-Jan-25	11-Feb-25
Mr John Donnelly	Programme Director, Major Projects	NHSGGC	-	-	P	-	-	-	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	-	P	-	-	P	-	-
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	AA	P	P	P	-	P
Ms Ann Forsyth	Head of Primary Care Support	NHSGGC	P	-	-	-	-	-	P
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P	P	P	-	P
Mr James Huddleston	Head of Capital Projects	NHSGGC	-	-	-	-	-	-	P
Mr Martin Johnston	Head of Sustainability	NHSGGC	-	-	-	-	P	-	-
Ms Jacqueline Kerr	Assistant Chief Officer, Glasgow City HSCP	GC HSCP	P	AA	-	-	P	-	-
Ms Christine Laverty	Chief Officer	Ren HSCP	P	-	P	-	P	P	P
Mrs Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P	P	P	P	P	P
Ms Ali Marshall	Depute Director of Planning	NHSGGC	-	-	-	P	P	-	P
Ms Claire McArthur	Director of Planning (from November 23)	NHSGGC	P	P	P	-	P	-	P
Cllr Martin McCluskey	Non Executive Board Member	NHSGGC	P	-	-	-	-	-	-
Ms Fiona McEwan	Assistant Director of Finance - Financial Planning & Performance	NHSGGC	AA	P	P	P	P	P	P
Ms Susan McFadyen	Director of Access	NHSGGC	P	-	-	-	-	-	-
Ms Julie Murray	Chief Officer	ER HSCP	-	-	-	-	P	-	-
Dr Kerri Neylon	Deputy Medical Director for Primary Care	NHSGGC	P	-	-	-	-	-	-
Ms Antoinette Parr	General Manager, Medical Illustration / DCPB	NHSGGC	-	-	P	-	-	-	-
Mr Derrick Pearce	Chief Officer	ED HSCP	-	-	-	-	P	-	-
Ms Louise Russell	Secretariat Manager	NHSGGC	P	-	P	-	-	P	P



BOARD OFFICIAL

Name	Position	Organisation	09- Apr-24	11- Jun-24	06- Aug- 24	08- Oct- 24	10- Dec- 24	23- Jan- 25	11- Feb-25
Ms Caroline Sinclair	Chief Officer	ED HSCP	P	P	-	-	-	-	-
Prof Tom Steele	Director of Estates and Facilities	NHSGGC	P	P	P	P	P	P	P
Mr Allen Stevenson	Interim Director of Primary Care/GP Out of Hours	NHSGGC	P	-	-	-	-	-	-
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office	NHSGGC	P	-	P	P	-	-	P
Mr Arwel Williams	Director – Diagnostic and Regional Services	NHSGGC	-	-	P	-	-	-	-
Dr Bea Von Wissmann	Deputy Director of Public Health	NHSGGC	-	-	-	-	P	-	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	AA	AA	AA	-	P

P Present  
 A Absent - no apologies received  
 AA Absent - apologies received  
 - Attendance not required

## Finance, Planning and Performance Committee

### Schedule of Business Considered 2024/25

Date of meeting	Title of Business Discussed
09 April 2024	<ul style="list-style-type: none"> <li>• Committee Visit – Glasgow City HSCP and MSK Service</li> <li>• Annual Delivery Plan</li> <li>• Moving Forward Together Implementation Strategy</li> <li>• Draft Primary Care Strategy</li> <li>• Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde</li> <li>• Implementation of the next phase of Mental Health Strategy – Enhancing Community Services</li> <li>• Draft Stakeholder Communication and Engagement Strategy</li> <li>• Financial Monitoring Report</li> <li>• Draft Financial Plan 2024/25</li> <li>• IJB Financial Plan 2024/25 Summary</li> <li>• Draft Capital Plan 2024/25</li> <li>• Performance Report</li> <li>• NHSGGC Access and Waiting Time Policy</li> <li>• Corporate Risk Register</li> <li>• Finance, Planning and Performance Committee Terms of Reference</li> <li>• Finance, Planning and Performance Committee Annual Report</li> <li>• Finance, Planning and Performance Committee Annual Cycle of Business 24/25</li> </ul>
11 June 2024	<ul style="list-style-type: none"> <li>• Annual Delivery Plan</li> <li>• Corporate Objectives 24/27 &amp; Operational Priorities 24/25</li> <li>• Integration Schemes</li> <li>• Financial Monitoring Report: Month 12</li> <li>• Performance Reports</li> <li>• Corporate Risk Register</li> <li>• Finance, Planning and Performance Committee Terms of Reference</li> <li>• Finance, Planning and Performance Committee Annual Cycle of Business 24/25</li> </ul>
06 August 2024	<ul style="list-style-type: none"> <li>• Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland - Pre OBC - Economic Case</li> <li>• Radionuclide Full Business Case</li> <li>• Research and Innovation Strategy 2024-2029</li> <li>• Medium Term Plan</li> <li>• Delivery Plan – Quarter 1 Summary Report</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• Corporate Risk Register</li> </ul>
08 October 2024	<ul style="list-style-type: none"> <li>• Winter Plan</li> <li>• Financial Monitoring</li> <li>• Performance Report</li> <li>• IJB Annual Performance Reports</li> <li>• Laboratory Managed Service Contract Legal Case – Update</li> </ul>

# BOARD OFFICIAL

	<ul style="list-style-type: none"> <li>• Corporate Risk Register</li> </ul>
10 December 2024	<ul style="list-style-type: none"> <li>• Financial Monitoring Report</li> <li>• Initial Draft – Financial Plan 2025-26 and 2027-28</li> <li>• Performance Report</li> <li>• Delayed Discharges – Update</li> <li>• Dykebar Hospital Disposal</li> <li>• Draft Business Continuity &amp; Essential Investment Infrastructure Plan (BCEIIP)</li> <li>• Winter Plan – Update</li> <li>• Annual Delivery Plan – Quarter 2 Summary Report</li> <li>• NHSGGC Climate and Sustainability Strategy Annual Update</li> <li>• HSCP Strategic Plans               <ul style="list-style-type: none"> <li>a) East Dunbartonshire HSCP</li> <li>b) East Renfrewshire HSCP</li> </ul> </li> <li>• Corporate Risk Register</li> <li>• Annual Cycle of Business</li> </ul>
23 January 2025	<ul style="list-style-type: none"> <li>• Dykebar Hospital Disposal</li> <li>• Business Case QEUH Rectification Programme QEUH/RHC Heating Manifold</li> </ul>
11 February 2025	<ul style="list-style-type: none"> <li>• Financial Monitoring Report</li> <li>• Draft Financial Plan 2025/26</li> <li>• Draft Capital Plan 2025/26</li> <li>• Performance Report</li> <li>• Business Case QEUH Rectification Programme QEUH/RHC Heating Manifold</li> <li>• Winter Plan – Update</li> <li>• Delivery Plan 2024/25 Q3 Progress Summary Report</li> <li>• Digital Strategy Update</li> <li>• GP IT System Update</li> <li>• Primary Care Improvement Plan Update Report</li> <li>• IJB Integration Schemes Update</li> <li>• Corporate Risk Register</li> <li>• Acute Services Committee Governance Approach</li> </ul>

<b>Version Control</b>	<b>01 April 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance Planning and Performance Committee
Approved date:	
Date for review:	April 2026
Replaces previous version:	June 2024

## Annual Report of the Population Health and Wellbeing Committee 2024/25

### 1. Introduction

The year 2024/25 saw the Committee meet on three occasions. The meetings continued to be held in a hybrid model.

### 2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

### 3. Population Health and Wellbeing Committee

#### 3.1 Purpose of Committee

The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy - Turning the Tide Through Prevention - 2018-2028, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

#### 3.2 Composition

During the financial year ending 31 March 2025 membership of the Population Health and Wellbeing Committee comprised:

Chair	–	Mr Charles Vincent (from 1 July 2024) Rev John Matthews (until 30 June 2024)
Vice Chair	–	Ms Karen Turner (from 21 January 2025) Mr Ian Ritchie (until 30 June 2024)

#### MEMBERSHIP

- Cllr Jacqueline Cameron, Non Executive Board Member, NHSGGC
- Ms Libby Cairns, Non Executive Board Member, NHSGGC
- Professor Chik Collins, Director, Glasgow Centre for Population Health
- Dr Emilia Crighton, Director of Public Health, NHSGGC
- Ms Dianne Foy, Non Executive Board Member, NHSGGC
- Professor Jann Gardner, Chief Executive, NHSGGC
- Mrs Jane Grant, Chief Executive, NHSGGC

- Mr Graham Haddock OBE, Non Executive Board Member, NHSGGC
- Ms Christine Lavery, Chief Officer, Renfrewshire HSCP
- Rev John Matthews OBE, Non Executive Board Member, NHSGGC
- Cllr Martin McCluskey, Non Executive Board Member, NHSGGC
- Ms Anne-Marie Monaghan, Non Executive Board Member, NHSGGC
- Cllr Robert Moran, Non Executive Board Member, NHSGGC
- Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP
- Mr Ian Ritchie, Non Executive Board Member, NHSGGC
- Mr Frank Shennan, Non Executive Board Member, NHSGGC
- Dr Lesley Thomson KC, Chair, NHSGGC
- Ms Karen Turner, Non Executive Board Member, NHSGGC
- Mr Charles Vincent, Non Executive Board Member, NHSGGC

### **IN ATTENDANCE**

- Ms Anna Baxendale, Head of Health Improvement, Public Health
- Dr Helen Benson, Consultant in Public Health
- Dr Daniel Carter, Consultant in Public Health
- Mr John Dawson, Head of Strategy and Transformation, Public Health Scotland
- Ms Kim Donald, Corporate Services Manager – Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Catherine Flanigan, Public Health
- Ms Katrina Heenan, Chief Risk Officer
- Mr Neil Irwin, Service Lead, Public Health
- Heather Jarvie, Public Health Programme Manager
- Dr Iain Kennedy, Consultant in Public Health Medicine
- Mr Trevor Lakey, Health Improvement and Inequalities Manager, Glasgow City HSCP
- Ms Katie Levin, Senior Researcher
- Dr Michael McGrady, Consultant in Dental Public Health
- Ms Margaret McGranachan, Public Health Researcher
- Dr Catriona Milosevic, Consultant in Public Health Medicine
- Ms Linda Morris, Public Health Programme Manager
- Ms Fiona Moss, Head of Health Improvement & Inequality
- Ms Marion O'Neil, General Manager, Public Health
- Dr Alison Potts, Consultant in Public Health
- Ms Uzma Rehman, Public Health Programme Manager
- Ms Jac Ross, Equality and Human Rights Manager
- Ms Val Tierney, Chief Nurse, West Dunbartonshire HSCP
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Dr Beatrix Von Wissmann, Consultant in Public Health

### **3.3 Meetings**

The Committee met on three occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 16 April 2024
- 16 July 2024 (Cancelled)
- 22 October 2024

- 21 January 2025

The attendance schedule is attached at Appendix 1. As agreed at the NHS Board meeting on 25 June 2024, due to NHSGGC's statutory duty in servicing both public inquiries and the importance and significant work required to ensure all information requested was provided and the significant pressures this placed on the senior team, two governance Committees were stood down over the summer of 2024 – one of which was the Population Health and Wellbeing Committee that had been scheduled to take place on 16 July 2024. There were no time critical items due to be discussed at that meeting and the Committee's Annual Cycle of Business was adjusted to ensure that all items due to be considered at that meeting were Incorporated later in the year.

All meetings of the Population Health and Wellbeing Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2024/25. Areas considered included:

- Epidemiology and Vaccination Winter Update
- NHSGGC Vaccination Programme
- Working Together to Stem the Tide (Director of Public Health Report 2024)
- A Fairer NHSGGC – Interim Monitoring Report
- Quarter 3 Public Health Assurance Information Progress Report
- Extract from the Corporate Risk Register
- Annual Report of the Population Health and Wellbeing Committee 2023/24
- Review of Terms of Reference
- Measles Elimination Plan
- Vaccination and Immunisation Annual Report
- Local Child Poverty Action Reports – East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire, West Dunbartonshire
- Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde
- Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC)
- Assurance Information Quarterly Report
- Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2023/24
- Five Year Mental Health Strategy Prevention Progress Report
- Child Health Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## **4. Outcomes**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

#### **4.1 Epidemiology Update**

The Committee received regular epidemiology updates noting the latest figures on the prevalence of COVID-19, Influenza, Respiratory Syncytial Virus (RSV), Norovirus, Pertussis and Measles. There had been a resurgence in pertussis cases in 2024 but this had returned to manageable levels by the start of 2025. There had also been a significant flu season over the 2024/25 winter period.

#### **4.2 Vaccination and Immunisation Annual Report**

The Committee received an update on the Vaccination and Immunisation programme which highlighted the successful delivery of over 750,000 vaccines annually for both children and adults, which had been recognised by Public Health Scotland following their assurance visit to NHSGGC in June 2024. The Committee noted the ongoing efforts to promote COVID and flu vaccinations among staff.

#### **4.3 A Fairer NHSGGC – Interim Monitoring Report**

The Committee were presented with “A Fairer NHSGGC 2022-2024 Monitoring Report” which set out the work that had been delivered to meet the needs of those with protected characteristics across all NHSGGC functions. The Committee were also presented with “Meeting the Requirements of the Equality Act: A Fairer NHSGGC 2024-25” and noted that this was a one year set of actions in preparation for the review of the Public Sector Equality Duty which was due to be launched in April 2025.

#### **4.4 Working Together to Stem the Tide (Director of Public Health Report 2024)**

The Committee received the Working Together to Stem the Tide report which provided an update on the health and wellbeing of the population and refreshed the strategic direction for public health in NHSGGC (originally outlined in the Turning the Tide through Prevention Strategy 2018-28). The report also contained a refreshed set of calls to action for the Board and its partners to improve public health outcomes through collaboration.

#### **4.5 Public Health Assurance Information Progress Report**

The Committee were presented with quarterly progress reports against the key priorities set out in the Assurance Framework. The Committee noted the detailed summary of progress against each of the priorities and that mitigating actions had been detailed where required.

#### **4.6 Extract from the Corporate Risk Register**

The Committee received regular updates on the Corporate Risk Register and were advised that the risks continued to be updated monthly with the risk owners.

#### **4.7 Review of the Terms of Reference**

The Committee approved the updated Terms of Reference noting that a new Equality, Diversity and Inclusion Committee was being proposed.

#### **4.8 Measles Elimination Plan**

The Committee were advised that measles was an extremely infectious diseases and while there had been nearly 2,500 cases in the UK this year so far, there had only been 17 cases in Scotland during the same period. It was reported that there was a higher MMR uptake rate in Scotland and, because of the low number of cases, the response to any new cases was more comprehensive. All territorial NHS Boards in Scotland had a Measles Elimination Plan and the NHSGGC Plan was due to be reviewed and updated in February 2025. The NHSGGC Measles Elimination Group met quarterly reporting into the Strategic Immunisation Group.

#### **4.9 Local Child Poverty Action Reports**

The Committee approved the Local Child Poverty Action Reports which were produced annually for each HSCP area and set out the actions undertaken by the NHS Board and Local Authority partners to mitigate child poverty. Successes were reported across all areas with a wide range of activities maximising support to children and families living in poverty. The reports also set out the priorities for 2024/25. The Committee asked for further discussions to take place on developing more consistency in the format of the reports in future years.

#### **4.10 Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde**

The Committee received an update on Drug-Related Deaths and Harms in NHSGGC and highlighted the ongoing public health issue of drug-related deaths and harms, noting a rise in deaths in 2023 despite a decrease in 2021 and 2022. The Committee noted the measures in place to address this and received an update on NHSGGC's Framework for Addressing the Health Harms Associated with Drug Use in Greater Glasgow and Clyde, recognising the role of the six Alcohol and Drug Partnerships (ADPs) in developing these services.

#### **4.11 Obesity and Prevention and Early Intervention of Type 2 Diabetes (T2DM) Update**

The Committee were advised that reducing obesity in the population was critical in reducing the impact of long term conditions such as Type 2 Diabetes, the rates of which continued to increase. The five priorities to address this were highlighted, including the HENRY programme for under 5s and the different weight management services that were in place to support young people and adults.

#### **4.12 United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC)**

The Committee received an update on the United Nations Convention on the Rights of the Child Bill which had come into effect in July 2024 which mandated compliance requirements for public bodies on children's rights. Work had been undertaken to provide an overview of the compliance already in place and an action



plan had been developed identifying further actions required in NHSGGC to ensure compliance.

#### **4.13 Child Oral Health Indicators: Update Following Publication of National Dental Inspection Programme Report 22/23**

The Committee received an update on the data contained in the most recent National Dental Inspection Programme (NDIP) noting an overview of dental registration data, the Childsmile programme, and the impact of COVID-19 on dental services, highlighting recent improvements in registration rates for young children and stability in tooth decay levels among Primary 1 populations.

#### **4.14 Assurance Information Quarterly Report**

The Committee were assured by quarterly updates on progress regarding key priorities outlined in the Public Health Assurance Information Framework and noted that these priorities, previously endorsed by the Committee, aligned with Board objectives and include impact assessments and improvement plans.

#### **4.15 Five Year Mental Health Strategy Prevention Progress Report**

The Committee were advised that there had been a significant deterioration in mental health and wellbeing and four priority areas had been identified to focus on improving population mental health – promoting social connection; improving wellbeing and self-care; tackling distress; and tackling inequalities and discrimination. The Committee were advised of the actions and governance proposed to make improvements in each of these areas.

#### **4.16 Child Health Update**

The Committee were given an update on Child Health which discussed the importance of child health and the various initiatives aimed at improving maternal and infant health. It highlighted the critical role of early intervention and collaboration among health services.

### **5. Conclusion**

#### **Statement of Assurance**

As Chair of the Population Health and Wellbeing Committee during financial year 2024/2025, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Mr Charles Vincent

**Chair**

**on behalf of Population Health and Wellbeing Committee**

**Population Health and Wellbeing Committee 2024/25****Present**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>16-Apr-24</b>	<b>22-Oct-24</b>	<b>21-Jan-25</b>
Cllr Jacqueline Cameron	Non Executive Board Member	NHSGGC	P	P	AA
Ms Libby Cairns	Non Executive Board Member	NHSGGC	-	P	P
Professor Chik Collins	Director	Glasgow Centre for Population Health	A	AA	AA
Dr Emilia Crichton	Director of Public Health	NHSGGC	P	AA	AA
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	P	P
Professor Jann Gardner	Chief Executive	NHSGGC	-	-	AA
Mrs Jane Grant	Chief Executive	NHSGGC	AA	P	AA
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	P	P	AA
Ms Christine Laverty	Chief Officer	Renfrewshire HSCP	A	P	P
Rev John Matthews OBE	Non Executive Board Member	NHSGGC	P	-	-
Cllr Martin McCluskey	Non Executive Board Member	NHSGGC	P	-	-
Ms Anne-Marie Monaghan	Non Executive Board Member	NHSGGC	AA	-	-
Cllr Robert Moran	Non Executive Board Member	NHSGGC	-	P	P
Mr Derrick Pearce	Chief Officer	East Dunbartonshire HSCP	-	P	AA
Mr Ian Ritchie	Non Executive Board Member	NHSGGC	P	-	-
Mr Frank Shennan	Non Executive Board Member	NHSGGC	AA	-	-
Dr Lesley Thomson KC	Chair	NHSGGC	P	AA	P
Ms Karen Turner	Non Executive Board Member	NHSGGC	-	P	P
Mr Charles Vincent	Non Executive Board Member	NHSGGC	-	P	P

## BOARD OFFICIAL

**In Attendance**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>16-Apr-24</b>	<b>22-Oct-24</b>	<b>21-Jan-25</b>
Ms Anna Baxendale	Head of Health Improvement, Public Health	NHSGGC	P	P	-
Dr Helen Benson	Consultant in Public Health	NHSGGC	-	-	-
Dr Rebecca Campbell	Consultant in Public Health	NHSGGC	-	-	P
Dr Daniel Carter	Consultant in Public Health	NHSGGC	-	P	-
Mr John Dawson	Head of Strategy and Transformation	Public Health Scotland	P	P	P
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	P	P	P
Mr Euan Fisher	Public Health	NHSGGC	P	-	-
Mr Bryan Forbes	Public Health	NHSGGC	-	P	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P
Mr Neil Irwin	Service Lead	NHSGGC	P	-	P
Ms Heather Jarvie	Public Health Programme Manager	NHSGGC	-	-	P
Dr Iain Kennedy	Consultant Public Health Medicine	NHSGGC	P	P	P
Mr Trevor Lakey	Health Improvement and Inequalities Manager	Glasgow City HSCP	-	-	P
Ms Katie Levin	Senior Researcher	NHSGGC	-	-	-
Dr Michael McGrady	Consultant in Dental Public Health	NHSGGC	-	-	P
Ms Margaret McGranachan	Public Health Researcher	NHSGGC	-	-	-
Dr Catriona Milosevic	Consultant in Public Health Medicine	NHSGGC	-	P	P
Ms Linda Morris	Public Health Programme Manager	NHSGGC	-	P	-
Ms Fiona Moss	Head of Health Improvement & Inequality	Glasgow City HSCP	A	P	P
Ms Marion O'Neil	General Manager, Public Health	NHSGGC	-	P	P
Dr Nicholas Phin	Director of Public Health Science	Public Health Scotland	A	-	-
Dr Alison Potts	Consultant in Public Health	NHSGGC	P	P	P
Ms Uzma Rehman	Public Health Programme Manager	NHSGGC	-	-	-

# BOARD OFFICIAL

Name	Position	Organisation	16-Apr-24	22-Oct-24	21-Jan-25
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate and Community	NHSGGC	-	-	-
Ms Jac Ross	Equality and Human Rights Manager	NHSGGC	P	-	-
Mr Pete Seaman	Associate Director	Glasgow Centre for Population Health	P	-	-
Ms Val Tierney	Chief Nurse	West Dunbartonshire HSCP	-	-	P
Ms Julie Thomlinson	Chief Nurse East Renfrewshire HSCP	East Renfrewshire HSCP	-	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	AA	A
Dr Beatrix Von Wissmann	Consultant in Public Health	NHSGGC	P	P	P

## Key

P - Present

A - Absent - no apologies received

AA - Absent - apologies received

- Attendance not required

## Appendix 2

**Population Health and Wellbeing Committee  
Schedule of Business Considered 2024/25**

Date of Meeting	Title of Business Discussed
16 April 2024	<ul style="list-style-type: none"> <li>• Epidemiology Update</li> <li>• NHSGGC Vaccination Programme</li> <li>• Working Together to Stem the Tide (Director of Public Health Report 2024)</li> <li>• A Fairer NHSGGC -Interim Monitoring Report</li> <li>• Quarter 3 Public Health Assurance Information Progress Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Annual Report of the Population Health and Wellbeing Committee 2023/24</li> <li>• Review of Terms of Reference</li> </ul>
22 October 2024	<ul style="list-style-type: none"> <li>• Measles Elimination Plan</li> <li>• Vaccination and Immunisation Annual Report</li> <li>• Local Child Poverty Action Reports               <ul style="list-style-type: none"> <li>a) East Renfrewshire</li> <li>b) Glasgow City</li> <li>c) Inverclyde</li> <li>d) Renfrewshire</li> </ul> </li> <li>• Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde</li> <li>• Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update</li> <li>• United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC)</li> <li>• Assurance Information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Committee Annual Cycle of Business</li> </ul>
21 January 2025	<ul style="list-style-type: none"> <li>• Epidemiology and Vaccination Winter Update</li> <li>• Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2023/24</li> <li>• Five Year Mental Health Strategy Prevention Progress Report</li> <li>• Local Child Poverty Action Plans:               <ul style="list-style-type: none"> <li>a) West Dunbartonshire</li> </ul> </li> <li>• Child Health Update</li> <li>• Assurance Information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Committee Annual Cycle of Business</li> </ul>

# BOARD OFFICIAL

<b>Version Control</b>	<b>April 2025</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	
Date for review:	April 2025
Replaces previous version:	June 2024

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF REMUNERATION COMMITTEE**

#### **1. INTRODUCTION**

- 1.1 The year 2024/25 saw meetings continued to be held in a hybrid model, with the Committee's Cycle of Business covered.
- 1.2 Whilst as per the agreed Cycle of Business for 2024/25, a meeting did not take place in November 2024, an update on the Chief Executive recruitment and selection process and revised Terms of Reference were circulated to Committee members in November 2024.

#### **2. PURPOSE**

- 2.1 To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. REMUNERATION COMMITTEE**

##### **3.1 Purpose of Committee**

- 3.1.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL(1993)114 and subsequent amendments. This includes approval of delivery of the Corporate Objectives and areas as outlined in the Scheme of Delegation as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
- 3.1.2 The Committee will determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades - D to I) and Senior Management Cohort (national pay grades - A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 3.1.3 The Committee seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, terms of employment, basic pay and performance related pay increases.



- 3.1.4 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 3.1.5 The Committee will agree any severance Processes / Policies / Procedures in respect of all staff including Executive and Senior Managers e.g. premature retirements under the NHS Superannuation Scheme.
- 3.1.6 The Committee will undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and seek assurance of their application and implementation within NHSGGC.
- 3.1.7 The Committee will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

### **3.2 Composition**

- 3.2.1 During the financial year ending 31 March 2025 membership of the **Remuneration Committee** comprised:

#### **Chair:**

Dr Lesley Thomson KC (Chair of 10 February 2025 meeting only)\*  
Margaret Kerr (from 1 July 2024 to 24 October 2024)  
Ian Ritchie (until 30 June 2024)

*\*Cabinet Secretary appointed Mr David Gould as Vice Chair of the Board on 10 January 2025 and this was highlighted at the 25 February Board Meeting. During this interim period the Board Chair, Dr Lesley Thomson KC, chaired the 10 February Remuneration Committee and Mr David Gould joined as an observer. It was agreed that Mr Gould would take over as Chair of Remuneration Committee on 3 April 2025.*

#### **Vice Chair:**

Keki Miles (from 24 October 2024)

### **MEMBERSHIP**

- Cllr Jacqueline Cameron (until 30 June 2024)
- Ann Cameron-Burns, Employee Director
- Professor Jann Gardner, Chief Executive (from 1 February 2025)
- Jane Grant, Chief Executive (until 31 January 2025)
- Reverend John Matthews OBE (until 30 June 2024)
- Keki Miles
- Dr Lesley Thomson KC, Board Chair
- Karen Turner (from 1 July 2024)

### **IN ATTENDANCE**

- Kim Donald, Corporate Services Manager - Governance
- Anne MacPherson – Director of Human Resources and Organisational Development

- David Gould – Non-Executive Board Member (10 February 2025)

### **3.3 Meetings**

3.3.1 The Committee met on three occasions during the period from 1 April 2024 to 31 March 2025 on the undernoted dates:

- 28 June 2024
- 25 July 2024
- 10 February 2025

3.3.2 The attendance schedule is attached at Appendix 1.

3.3.3 All meetings of the Remuneration Committee were quorate.

### **3.4 Business Outcomes**

3.4.1 The Committee considered both routine and specific work areas during the financial year 2024/25.

3.4.2 Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at Appendix 2.

### **3.5 Update on Executive and Senior Manager Appointments, Leavers, Interim Arrangements and Changes**

3.5.1 The Committee received a written update from the Chief Executive regarding the appointment to Executive Director positions across 2024/25. The Committee was provided with verbal assurance that coaching and mentoring were available, along with succession planning.

### **3.6 Executive and Senior Manager Performance Appraisals Outcomes**

3.6.1 The Committee received assurance from the Chief Executive and Board Chair as Grandparent, regarding the performance outcome of the Executive Directors and Other Corporate Directors including those members of staff who were given a 'Superior' performance outcome and outlining the reasoning behind the performance ratings.

### **3.7 Staff Governance Committee**

3.7.1 As detailed within the Terms of Reference, the Staff Governance Committee is provided with assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

3.7.2 During 2024/25, verbal updates on the business of the Remuneration Committee were provided at the Staff Governance Committee through the Employee Director. These updates highlighted that the Staff Governance Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers/Interim Arrangements and Changes
- Noted Consultants' Discretionary Points Outcomes

- Noted an update on ESM Pay Arrangements for 2024/25
- Approved the Chief Executives 2023/24 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts

#### **4. CONCLUSION AND STATEMENT OF ASSURANCE**

- 4.1 As a member of the Remuneration Committee throughout 2024/25 and as Vice-Chair from 24 October 2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.
- 4.2 I pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

Ketki Miles

Vice Chair

**On behalf of the NHSGGC Remuneration Committee**

**APPENDIX 1 – Staff Governance Committee 2024-25****PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>28/06/2024</b>	<b>25/07/2024</b>	<b>10/02/2025</b>
Ian Ritchie	Chair	NHSGGC	P	-	-
Rev John Matthews OBE	Vice Chair	NHSGGC	P	-	-
Ann Cameron Burns	Member	NHSGGC	P	P	P
Cllr Jacqueline Cameron	Member	NHSGGC	A	-	-
Professor Jann Gardner	Member/Chief Executive	NHSGGC	-	-	P
Jane Grant	Member/Chief Executive	NHSGGC	P	-	-
Margaret Kerr	Member	NHSGGC	P	P	-
Ketki Miles	Member	NHSGGC	P	P	P
Dr Lesley Thomson KC	Member/Board Chair/Interim Chair	NHSGGC	P	P	P
Karen Turner	Member	NHSGGC	-	A	A

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>28/06/2024</b>	<b>25/07/2024</b>	<b>10/02/2025</b>
Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P
David Gould	Board Vice Chair	NHSGGC	-	-	P
Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P

**Key**

P - Present

A - Absent - apologies received

- Attendance not required

## APPENDIX 2

**Remuneration Committee  
Schedule of Business Considered 2024-25**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
28 June 2024	<b>Minutes of Meeting held on 06 March 2024</b>  <b>Matters Arising</b> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <b>Urgent Items of Business</b> <ul style="list-style-type: none"> <li>• None</li> </ul> <b>Update on Chief Executive Recruitment Process</b>  <b>Performance Appraisal</b> Chief Executive Direct Reports Performance Outcomes Remaining Executive Cohort Performance Outcomes Senior Manager Performance Outcomes  <b>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</b>  <b>Employee Director's Report of Staff Governance Committee</b>
<b>Date of meeting</b>	<b>Title of Business Discussed</b>
25 July 2024	<b>Minutes of Meeting held on 28 June 2024</b>  <b>Matters Arising</b> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <b>Urgent Items of Business</b> <ul style="list-style-type: none"> <li>• None</li> </ul> <b>Performance Appraisal</b> Chief Executive Performance Outcome 2023/24  The Committee as the Grandparent Reviewers agreed with the Chairs report on the outcome of the Chief Executives Performance Appraisal.
10 February 2025	<b>Minutes of Meeting held on 25 July 2024</b>  <b>Matters Arising</b> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <b>Urgent Items of Business</b> <ul style="list-style-type: none"> <li>• None</li> </ul>

Date of meeting	Title of Business Discussed
	<p><b>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</b></p> <p><b>Update on Executive and Senior Manager Pay Arrangements</b></p> <p><b>Consultants' Discretionary Points Process and Outcomes</b></p> <p><b>Remuneration Arrangements for Non-Executive Members of the NHS Board Update</b></p> <p><b>Remuneration Committee Terms of Reference</b></p> <p><b>Remuneration Committee Cycle of Business 2024/2025</b></p> <p><b>Employee Director's Report of Staff Governance Committee</b></p>

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE 2024/25**

#### **1. PURPOSE**

- 1.1** To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that all Standing Committees submit an annual report to the Board. This report is submitted in fulfilment of this requirement for the Staff Governance Committee.

#### **2. STAFF GOVERNANCE COMMITTEE**

##### **2.1 Purpose of the Staff Governance Committee**

- 2.1.1** The purpose of the Staff Governance Committee (the Committee) is to provide assurance to the Board that NHS Greater Glasgow and Clyde (NHSGGC) meets its obligations in relation to Staff Governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'). The Staff Governance Committee is a Standing Committee of the NHS Board.

- 2.1.2** The Committee seeks to ensure that Staff Governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

- 2.1.3** The Committee ensures that structures and policies are in place to provide assurance that, as set out in the NHS Scotland Staff Governance Standard, all staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Reflecting NHSGGC's commitment to partnership working, the Staff Governance Committee is co-chaired by the Employee Director.

- 2.1.4** Each Health and Social Care Partnership (HSCP), Acute Service and Corporate Directorate have their own Staff Governance arrangements

and structure. Compliance with the Standard is monitored through the outputs on the workforce performance reports and through presentations, on a rotational basis, from the relevant Chief Officer / Director for each area to the Staff Governance Committee.

- 2.1.5** In addition to the above, NHSGGC compliance with the Staff Governance Standard is reviewed through a series of implementation plans and strategies, service presentations, policy review and regular NHSGGC Workforce Strategy implementation plan updates.

## **2.2 Composition**

- 2.2.1** During the financial year ending 31 March 2025, membership of the **Staff Governance Committee** comprised:

### **Joint Chairs:**

A Cameron-Burns, Employee Director (Joint Chair)  
K Miles, Non-Executive Director (Joint Chair)

### **MEMBERSHIP**

Dr L Thomson KC, Board Chair  
Prof J Gardner, Chief Executive (from 1 February 2025)  
J Grant, Chief Executive (until 31 January 2025)  
M Ashraf, Non-Executive Director  
B Auld, Non-Executive Director (from 1 July 2024)  
Cllr R Moran, Non-Executive Director (from 22 July 2024)  
Cllr C McDiarmid, Non-Executive Director  
Cllr M McGinty, Non-Executive Director  
Dr P Ryan, Non-Executive Director  
F Shennan, Non-Executive Director (until 31 May 2024)  
C Vincent, Non-Executive Director (until 21 July 2024)

### **IN ATTENDANCE (DETAIL AS PER APPENDIX 1)**

M Allen, Senior Administrator  
R Anderson, Partnership Representative – UNISON  
Dr J Armstrong, Medical Director  
S Bustillo, Director of Communications and Public Engagement  
F Carmichael, Staff Side Lead, Acute Partnership Forum  
T Carrey, Workforce Planning Lead  
C Cowan, Interim Acting Director of Research and Innovation  
B Culshaw, Chief Officer, West Dunbartonshire Health and Social Care Partnership (HSCP) (representing HSCPs)  
Dr S Davidson, Medical Director  
K Donald, Corporate Services Manager – Governance  
W Edwards, Chief Operating Officer, Acute Services  
G Gall Head of Human Resources – West Dunbartonshire HSCP  
M Gardner, Deputy Nurse Director  
Dr U Graham, Consultant in General Adult Psychiatry / Secondary Care Appraisal Lead



A Hair, Partnership Representative – Unite the Union  
K Heenan, Chief Risk Officer  
M Hopkirk, Human Resources Manager  
D Hudson, Staff Experience Advisor / iMatter Operational Lead  
W Hunter, Deputy Director of Facilities  
H Jackson, Head of Health and Care (Staffing) (Scotland) Act Programme  
G Johnston, Non-Executive Director, NHS Forth Valley (observing)  
T Keenan, Assistant Chief Officer, Glasgow City HSCP  
C Lavery, Chief Officer, Renfrewshire HSCP  
M Macdonald, Head of Learning and Education  
S MacLean, Human Resources Manager, Renfrewshire HSCP  
A MacPherson, Director of Human Resources & Organisational Development  
D Mains, Health and Safety Manager  
D Mann, Head of Organisational Development, Acute and Corporate  
M McCarthy, Staff Side Lead, Glasgow City HSCP Staff Partnership Forum  
A McCready, Deputy Staff Side Lead, UNITE  
D McCrone, Staff Side Lead, Staff Partnership Forum, Inverclyde HSCP & West Dunbartonshire HSCP Staff Partnership Forum  
E McFadyen, Human Resources Manager, Corporate Services  
Dr C McKay, Deputy Medical Director  
N McSeveney, Deputy Director of Communications  
S Munce, Head of Workforce Planning and Resources  
Dr M Pay, Workforce Strategy Manager  
D Pearce, Chief Officer, East Dunbartonshire HSCP  
Dr C Perry, Director of Medical Education  
SJ Porch, Human Resources Manager – Corporate Services  
E Quail, Area Partnership Forum Staff Side Secretary / Area Partnership Forum Secretariat  
C Rennie, Workforce Planning Manager  
K Rocks, Chief Officer, Inverclyde HSCP  
I Shariff, Business Manager, Medical Directorate  
N Smith, Depute Director of Human Resources  
J Somerville, Head of Occupational Health  
L Spence, Head of Staff Experience  
Prof A Wallace, Executive Director of Nursing  
A Walton, Staff Side Partnership Lead (Area Partnership Forum)  
F Warnock, Head of Health and Safety

## **2.3 Meetings**

**2.3.1** During the period 1 April 2024 to 31 March 2025, the Committee met on four occasions, on the undernoted dates:

- 21 May 2024
- 13 August 2024
- 19 November 2024
- 18 February 2025

The attendance schedule is attached at **Appendix 1**.

**2.3.2** All meetings of the Staff Governance Committee were quorate.

**2.4 Business**

**2.4.1** The Committee considered both routine and specific work areas during the financial year 2024/25. Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at **Appendix 2**.

**2.4.2** The Committee gave due consideration to the four pillars outlined in the Workforce Strategy, whilst also seeking assurance that the work programme was aligned to the Board Objectives and Operational Priorities

**2.4.3 Service Assurance Presentations**

**2.4.3.1** The Committee received Service Assurance Presentations from a number of Directorates and Health and Social Care Partnerships, with each providing an update on how they were meeting the five strands of the Staff Governance Standard and providing a case study, focussed on a key achievement.

**Estates and Facilities Directorate**

**2.4.3.2** Key achievements included improvements in iMatter response rates and engagement in Investors in People accreditation, catering awards and a focus on employability, through Foundation / Modern Apprenticeship Programmes and the establishment of a new 'Facilities Academy'.

**2.4.3.3** The winter planning recruitment drive was presented as the Directorate's case study, highlighting how creating a centralised recruitment function to recruit solely to Facilities posts allowed a more streamlined approach, together with quicker onboarding and induction of new recruits. This was considered to be hugely beneficial, with a total of 76 staff employed during winter on a Fixed Term basis and 51 staff retained into permanent roles across the Board.

**Medical Directorate**

**2.4.3.4** Key achievements included actively monitored workforce plans for each sub-directorate, and attendance management focus groups to promote early intervention and the promotion of health and wellbeing initiatives.

**2.4.3.5** The Glasgow Clinical Research Facility's Staff Wellness Project was presented as the Directorate's case study. The project was established in 2023 and works with the NHSGGC Peer Support Team to offer support and advice to staff, including endowment funding for wellbeing activities.

### **Renfrewshire Health and Social Care Partnership**

- 2.4.3.6** Key achievements included establishment of a new staff health and wellbeing group and online resource, staff development fund, equality, diversity and inclusion training and an international recruitment pilot.
- 2.4.3.7** The appointment of a Compliance Officer was presented as the HSCP's case study. The role improves and co-ordinates compliance across the Partnership, with a focus on Health and Safety and Induction. Results to date include an increase in Personal Development Planning and Review compliance and a reduction in overdue Datix reviews.

### **Human Resources and Organisational Development Directorate**

- 2.4.3.8** Key achievements included the Staff Bank winning the NHSGGC Better Value Award 2024 for saving the Board £1.5 million and leading, in partnership, the successful implementation of phase one of the Reduced Working Week for over 99% of Agenda for Change staff.
- 2.4.3.9** The Directorate used achievement of Investors in People for NHSGGC in 2024, further to achieving across all five clusters, as its case study. Human Resources, as part of the Corporate Cluster, ensured self-reflection, embedded the One HR Team ethos, energised communications across the team and focussed on celebrating success internally.

### **West Dunbartonshire Health and Social Care Partnership**

- 2.4.3.10** Key achievements included the embedding of a Succession, Career and Development Planning Framework and all staff having access to communication channels which offer the opportunity to give and receive feedback on organisational issues.
- 2.4.3.11** Becoming a Trauma Informed Organisation was presented as the HSCP's case study, highlighting how the supporting Strategy adds focus to staff wellbeing, systems and processes, community involvement and leadership.

### **Acute Services Directorate**

- 2.4.3.12** Key achievements included the achievement of Investors in People and continued work towards the next level of accreditation, visible Senior Management Team walk rounds and Schwartz rounds having been rolled out and continuing.
- 2.4.3.13** The Directorate highlighted how NHSGGC is an 'Employer of Choice' as their case study, highlighting how 'The Big Conversation' led to the launch of the Nursing and Midwifery Strategy and showcased a successful year of recruitment, including Internationally Educated Nurses, delivered through sustainable strategies.

## **East Dunbartonshire Health and Social Care Partnership**

**2.4.3.14** Key achievements included the opening of the Allander Centre, savings delivered on Changes to Services and the Life Long Smiles initiative in Oral Health.

**2.4.3.15** The induction process was presented as the HSCP's case study, highlighting how it encourages collaborative working, explains the concept of an Integration Joint Board and allows staff to meet members of the Senior Management Team.

### **2.4.4 NHSGGC Workforce Strategy 2021-2025**

**2.4.4.1** The Committee, for assurance, continued to review and scrutinise progress of the Workforce Strategy 2021-2025 at each of its meetings. Notably, a defined Action Plan focusing on the fourth and final phase (1 April 2024 – 31 March 2025) was created and presented to the Committee, which provided assurance of progress.

**2.4.4.2** At the final update for the financial year in February 2025, the Committee noted that of the 32 commitments made within the Workforce Strategy Action Plan 2024/25, 30 were complete, with two in progress.

**2.4.4.3** As part of these progress reports, the Committee received focussed updates on specific elements of the Workforce Strategy, these being Workforce Equality, Widening Access to Employment, Leadership and Culture and Core HR Activity, with highlights covered in 2.4.5 to 2.4.8, below.

### **2.4.5 Workforce Equality**

**2.4.5.1** The Committee noted that NHSGGC has a focussed annual plan, approved and managed via the Workforce Equality Group (WEG). Progress against this plan is scrutinised by the Committee annually to ensure it is contributing to the delivery of the strategic aim of a Better Workplace and is being delivered in line with the Staff Governance Standard and the organisational values.

**2.4.5.2** The Committee was provided with assurance in relation to Workforce Equality in May 2024, noting that nine out of ten of the actions from the 2023/24 Workforce Equality Group Action Plan had been completed, with one carried forward.

**2.4.5.3** The 2024/25 plan was built around five underpinning themes. The table below sets out progress against those themes.

Theme	2024/25 Highlights from the plan overseen by the Workforce Equality Group
Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.	<ul style="list-style-type: none"> <li>• EDI training rolled out to people managers and will continue into 2025/26</li> <li>• An anti-racism objective has been added for Executive and Senior Managers</li> <li>• NHSGGC's first Anti-racism plan agreed by the Board in December 2024</li> <li>• New 2025-29 Fairer Glasgow Scheme agreed for April 2025 publication</li> <li>• Neuro-diversity resource pack developed</li> </ul>
Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.	<ul style="list-style-type: none"> <li>• Pride, South Asian Heritage Month, Disability History Month and Black History Month all successful</li> <li>• Additional hate crime communications and sessions ran in August and October 2024</li> <li>• EDI Learning Event with 250 delegates successfully took place in August 2024</li> <li>• Sexual Harassment: Cut It Out programme established with action plan for accreditation</li> </ul>
Ensure our data collection is legally compliant and is used to continuously improve the equality and diversity of our workforce.	<ul style="list-style-type: none"> <li>• Integrate EDI reporting into local storyboards to ensure accountability at all levels of NHSGGC</li> </ul>
Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> <li>• Action plan developed which has led to progress in reducing gender, disability and ethnicity pay gaps</li> </ul>
Ensure delivery of our equality commitments to the attraction, development, retention and career advancement opportunities of all employees within our diverse workforce.	<ul style="list-style-type: none"> <li>• Staff Forum / Network representation as part of CEO, Chief Officer and Director of HR&amp;OD recruitment</li> <li>• Coaching and mentoring offered to staff from our equalities Forums / Network to support career development</li> <li>• Third BME Leadership Programme cohort commenced</li> </ul>

## 2.4.6 Widening Access to Employment

**2.4.6.1** The Committee was assured around the Widening Access to Employment Action Plan, which is built on three themes – Apprenticeships, the Healthcare Support Worker (HCSW) Academy and Careers:

### **Apprenticeships**

- The Annual Apprentice Recognition and Graduation event took place in September 2024 with 42 Modern Apprentices graduating.
- The Apprentice Ambassador role promotes apprenticeship activity as demonstrated through participation at careers events through the year and at the NHSGGC Pathways to Apprenticeships event in February 2025 as part of Scottish Apprenticeship Week 2025.
- Workforce Employability Advisors commenced job coaching to Modern Apprentices as an enhancement to support received from local manager and mentor.
- The first Apprentice Survey took place in November 2024 to provide an opportunity for the apprentice voice to shape development activity in the year ahead.
- Graduate Apprenticeships in Business Management continue to grow and develop supporting our staff to consolidate experience, upskill and support career aspirations.
- Apprenticeship planning aligns with workforce forecasts with the 2025/2026 cohort activity concluding in March 2025.
- Apprenticeship Pathways Event took place in February 2025 with 575 attendees.

#### **HCSW Academy Supporting Access into Employment**

- Two HCSW pre-employment programmes completed in 2024, aligning with evolving Band 2/3 roles and career pathways.
- Project Search supports young people with learning disabilities and autism, with an annual intake of 12 new participants commencing in August 2024 for the 2024/2025 session.
- Engagement activities with partners such as the Department of Work and Pensions and the Kings Trust.

#### **Career Promotion in NHSGGC**

- NHSGGC joined STEM events in November 2024 with Developing Young Workforce partners across Glasgow and West areas.
- Get Ready programmes support pupils pursuing careers in nursing, physiotherapy, podiatry, and medicine.
- NHSGGC takes part in Scotland's Careers Week (Nov 2024) with online events.
- March 2025 career focus aligns with Scottish Apprentice Week.

### **2.4.7 Leadership and Culture**

**2.4.7.1** The Committee was provided with assurance on the following key areas:

- Civility Saves Lives – This initiative is gaining momentum across NHSGGC. Champions Groups in each liP Cluster engage colleagues to foster a civil, kind, and positive workplace. Civility Leads training has begun, with 30 trained and 15 more scheduled, ensuring coverage at all main sites.

- Success Register – The register is widely used for colleague appreciation and sharing good practices. It has received 18,000+ visits, with over 2,000 messages of thanks exchanged.
- Senior Manager Programme – Phases 1 and 2 are complete, involving 300 senior managers and lead clinicians.
- Medical Manager Programme – Updated based on feedback, the new version is now live. Delivered in-person over three modules—Medical Management Practice, Organisational Knowledge, and Leadership Skills.

## **2.4.8 Core Human Resources Activity**

**2.4.8.1** The Committee was provided with assurance around Core Human Resources activity, noting the following:

**HR Leadership & Support** – The Head of Human Resources and HR Manager Team provides strategic and operational HR support across NHSGGC, covering Acute Services, Health & Social Care Partnerships, Estates & Facilities, and Corporate Services. Their focus includes workforce planning, staff experience, service redesign, and staff governance.

**HR Support & Advice Unit** – This unit handles HR queries not covered on *HR Connect*, offering case management and general support. A key priority is managing sickness absence, which exceeded the 5% target, reaching 8.34% in December 2024. The team coaches managers on NHS Scotland's Attendance Policy.

A specialist Employment Relations service advises on Employment Law, Tribunals, and complex cases, supporting trade union negotiations. In 2024, the unit managed 15,679 enquiries, 146 employee relations cases, and 635 attendance cases monthly.

**Medical Staffing Team** – This team ensures compliance with NHS Scotland regulations for 2,500 medical staff, overseeing job planning, appraisals, and revalidations. As Lead Employer for 2,650 Doctors and Dentists in Training, they manage rota design and conduct 400 monitoring rounds annually.

## **2.4.9 Safety, Health and Wellbeing**

**2.4.9.1** The Committee was provided with assurance in relation to Safety, Health and Wellbeing and advised of a range of activities being developed and deployed, as outlined below:

**Ligature Risk Reduction – Mental Health** – Nairn Ward is the operational decant ward allowing Capital Planning to deploy phase one of their plan to undertake a range of upgrades and remove ligature points starting within Leverndale Wards 3B, then into Ward 4A and lastly Ward 4B.

Ward 3B is due to be completed by the end of March 2025 and works are due to commence in Ward 4A and 4B after completion of Ward 3B. Phase two of the works will then focus on Ward 3A at Leverndale Hospital, South Ward at Dykebar Hospital and Armadale Ward at Stobhill Hospital.

**Acute Emergency Departments** – an exercise to identify the type of ligature points and locations within our Emergency Departments has concluded. This has been a valuable exercise identifying the ligature points in those areas where patients with suicidal ideation are to be treated. These locations are classed as our high risk areas and focus now turns to work with Estates and Facilities, Capital Planning and the Acute teams to remove or restrict access to fixed or mobile ligature points. This approach will continue following the high risk patient through the departments and wards until discharge.

**Enforcement Activity** – Following a Health and Safety Executive (HSE) investigation into the suicide of one of our patients in June 2024 at the Royal Alexandra Hospital Emergency Department, the HSE have confirmed that they are satisfied that the material breaches identified in the Notice of Contravention have been complied with.

**HSE Training Compliance** – Although there have been some improvements in the HSE training compliance, the target of greater than 90% for Sharps Moving and Handling and Falls) have not been achieved. This performance continues to be shared using the monthly Health and Safety Performance Storyboards and discussed at a range of meetings with the services who own the performance, these include local Health and Safety committees and respective performance review meeting and actions are recorded in local activity plans.

**Overdue Health and Safety Datix Incidents** – this continues to be an area of focus for improvement and relevant owners continue to be asked for this to be addressed as a matter of urgency.

**Safety Culture Framework** – A review of the Health and Safety Policy continues and is in the final review stage with the Health and Safety Representatives. It is expected to be considered by the Corporate Management Team in April 2025.

## **2.4.10 Staff Health Strategy**

**2.4.10.1** The Committee were provided with an update on the Board's Staff Health Strategy and supporting Action Plan for assurance, noting that the Strategy covers a two-year period to enable alignment with the new updated Workforce Strategy, which will come into effect during 2025.

**2.4.10.2** The Committee noted that actions within the Strategy focus on recovery and include strengthening support for mental health and wellbeing, promoting NHSGGC as a fair and healthy workplace, mitigating inequalities in health and support for managing attendance.



- 2.4.10.3** The Committee were advised that 10 of the 28 actions on the Action Plan have been delivered. A further 14 are on track for delivery within the timescales indicated. Four actions have not been delivered within the timescale, but work is in progress and three of these actions will be completed by 31 March 2025. The remaining action, Managing Stress Policy, is currently out for consultation. Although this will not be approved by the end of March 2025, it is expected to be approved by the end of May 2025.

**2.4.11 Internal Communications and Employee Engagement Strategy**

- 2.4.11.1** The Committee was provided with assurance on the 2024/25 Action Plan activity in relation to the Internal Communications and Employee Engagement Strategy 2022-2025, noting the key deliverables and programmes implemented during 2024/25, including:

- Achieved Investors in People accreditation, engaging over 3,000 staff.
- Hosted our second EDI Learning Event for managers and multiple other EDI events, engaging over 500 staff directly.
- Engaged over 1,000 staff in strategy development through events, focus groups, and digital input.
- Launched the Sexual Harassment: Cut It Out programme to address concerns from national surveys.
- Introduced Team Talk to highlight key priorities and encourage two-way staff engagement.
- Delivered campaigns aligning with NHSGGC's vision, including sustainability, waste reduction, virtual consultations, and staff vaccinations.
- Launched a proactive approach to long-service recognition, featured at the Excellence Awards.
- Continued Board Member visits, highlighted in key staff communications like the Chief Executive's message.
- Completed our first Communications Audit since launching the new intranet to assess workforce engagement.

- 2.4.11.2** The Committee noted that whilst year one established communication mechanisms and year two built on these, there is a need to continue to innovate in this area and that the forward plan will be reviewed in light of any new organisational culture work that is considered.

**2.4.12 Medical Education and Revalidation**

- 2.4.12.1** The Committee was assured by the Board Medical Director and Director of Medical Education's update on Medical Education and Revalidation during 2024/25.

- 2.4.12.2** The Committee noted the specific updates and achievements in relation to Medical Education:

- General Internal Medicine at QEUH remains the only site under enhanced monitoring, with a revisit scheduled for May 2025.
- Reduction in Quality Management Visits – Since February 2024, three visits have been closed: Psychiatry (Inverclyde), Trauma & Orthopaedics (RAH), and Obstetrics & Gynaecology (PRM).
- Improving Foundation Training Initiative – Monthly FY1 surveys track workload, wellbeing, and education, with 50+ responses per month and data helps refine training resources and teaching strategies across NHSGGC.
- Induction 2024 Success – 277 new FY1 doctors completed a structured induction including shadowing, statutory training, prescribing education, and IT setup.
- Chief Resident Leadership Programme – 53 Chief Residents across 37 specialties were supported through development days, mentorship, and leadership training. The Clinical Leadership Development Programme (CLDP) was piloted, integrating mentorship, senior management exposure, and QI projects.
- Active Bystander Training – Training is ongoing from January 2024 to March 2026, aligning with the GMC's Good Medical Practice guidance.
- Support for International Medical Graduates (IMGs) – Tailored induction, in-hours-only working periods, and mentorship help IMGs integrate into the NHS system.

**2.4.12.3** The Committee noted the specific updates in relation to Medical Revalidation objectives in 2024/25:

**Appraisal Completion & Deferral Reduction** – The team focuses on completing appraisals on time and reducing deferrals. Extra reminders were sent at the start of 2024/25, with impact evaluation planned for year-end.

**Consultant Appraisals & Recruitment** – Encouraging established consultants to complete appraisals and ensuring job plans reflect this. Secondary Care has 267 appraisers for 2,270 medical staff, with 31% of 2024/25 appraisals completed. Recruitment of appraisers and refresher training continue.

**Clinical Fellow Appraisals** – Ensuring Clinical Fellows have assigned appraisers and proper support. A new system in Nov 2023 required naming an Educational Supervisor on recruitment forms, but inconsistent use led to it becoming mandatory on Vacancy Request Forms. Impact will be reviewed at year-end.

**Electronic Patient Feedback** – Efforts continue to promote electronic feedback over paper forms. However, uptake remains low, with 83% of requests still for paper-based forms since April 2024.

**2.4.13 Health and Care Staffing Scotland Act Programme**

- 2.4.13.1** The Committee were provided for assurance with an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGGC.
- 2.4.13.2** The Committee was provided with the first of the legislated Annual reports on the Health and Care (Staffing) (Scotland) Act 2019, for approval by the Staff Governance Committee and the NHSGGC Board in April 2025, for publication and submission by 30 April 2025.
- 2.4.13.3** The Committee noted that the annual report follows the Scottish Government's statutory guidance under the Health and Care (Staffing) (Scotland) Act 2019. Section 12IM of the 1978 Act mandates that relevant organisations submit an annual report detailing their compliance with key staffing duties, such as ensuring appropriate staffing levels, real-time assessments, risk escalation, clinical advice, and staff training.
- 2.4.13.4** The Committee noted that NHSGGC's overall compliance assessment is Reasonable Assurance. The report covers April 2024 – March 2025, but since it was drafted in January 2025, full-year data is unavailable. Instead, the report provides assurance levels for Q3 (December 2024) and projections for Q4 (March 2025), aligning with the approach taken by other Health Boards.
- 2.4.13.5** The Committee noted the assurance level at the end of quarter three and the project assurance for the end of quarter four as Reasonable and approved the recommendation to submit for consideration and approval to go to the NHSGGC Board in April 2025.
- 2.4.14** **Whistleblowing**
- 2.4.14.1** The Committee was provided with an overview of whistleblowing activity during 2023/24, alongside our annual Speak Up campaign, and was assured that whistleblowing investigations are taking place in line with the National Whistleblowing Standards introduced in April 2021.
- 2.4.14.2** The Committee was advised that Stage 1 Performance achieved 100% against the target of five working days, with Stage 2 Performance achieving 0% against the target of 20 working days. The Committee noted that that Stage 2 investigations are complex and involve site visits, interviews and review of multiple forms of evidence as it is important that investigations are thorough and robust. Nationally, Boards have found it difficult to meet the 20 working day target and this has been fed through the Independent National Whistleblowing Officer via Whistleblowing Champions.
- 2.4.15** **Workforce Information Storyboard**
- 2.4.15.1** The Committee was provided with assurance on a range of KPIs including establishment, staff turnover, staff availability, statutory and mandatory training compliance and Personal Development and Planning Review completion.

- 2.4.15.2** The Committee noted a reduction in annualised staff turnover during 2024/25 and that the exit interview process is being further developed to make it easier for employees and supervisors to capture additional detail regarding reasons for leaving.
- 2.4.15.3** The Committee noted that Action Plans and trajectories are in place and continually monitored for each area to reduce absence and support return to work, with focus on early intervention and enhanced support for stress-related absence.
- 2.4.15.4** The Committee noted an increase in statutory and mandatory training compliance to above 90% during 2024/25, with Personal Development Planning and Review completion increasing to 57%. Local Action Plans are in place to support further increases.
- 2.4.16 Board Anti-Racism Plan**
- 2.4.16.1** In response to the statement from the Cabinet Secretary setting out the expectation that all Boards will develop these, using Scottish Government guidance as a base, the Committee considered the Board's Anti-Racism Plan, which covers both patient facing services and our workforce.
- 2.4.16.2** The Committee noted that NHSGGC has a range of anti-racism workstreams in place, developed as part of the Fairer Glasgow, Equality & Diversity Scheme. The workforce elements of this are led and managed in partnership through the Area Partnership Forum and working with the staff led equality forums, through the Workforce Equality Group.
- 2.4.16.3** The Committee agreed that the anti-racism plan is a significant milestone in NHSGGC's journey to remove discrimination, promote equality of opportunity and foster good relations. The plan was subsequently approved and adopted by the Board in December 2024.
- 2.4.17 Sexual Harassment Programme**
- 2.4.17.1** The Committee was provided, for assurance, with an update on the Sexual Harassment Programme: Cut It Out. The full programme launched in October 2024, expanding efforts to combat sexual harassment through poster and leaflet distribution, new online webinars for managers, enhanced staff resources, expanded Active Bystander training with a new Learn-Pro module, dedicated HR training, and recruitment of a specialist officer to support these initiatives.
- 2.4.17.2** The Committee noted that the Board is progressing with Equally safe at Work accreditation and is advancing gender equality through a Chief Executive statement of support, staff surveys, senior leadership engagement, focus groups with lower-paid women, segmented pay gap analysis, and policy reviews with a gender lens.

**2.4.18 Remuneration Committee**

**2.4.18.1** As detailed within the Terms of Reference, the Staff Governance Committee provides assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

**2.4.18.2** During 2024/25, verbal updates on the Remuneration Committee meetings of 28 June 2024, 25 July 2024 and 10 February 2025, were given by the Employee Director. These updates highlighted that the Remuneration Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers / Interim Arrangements and Changes;
- Noted Consultants' Discretionary Points 2023/24 Outcomes;
- Noted an update on ESM Pay Arrangements for 2024/25;
- Approved the Chief Executives 2023/24 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts.

**2.4.18.3** The Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee, in line with the Committee remit.

**2.4.19** Details of other business items considered by the Committee during 2024/25 are attached at Appendix 2, including, NMC Referrals and Assurance and Risk Register updates.

**2.4.20** The Committee also received reports from the Area Partnership Forum at each meeting. As well as providing highlights from all items discussed at the monthly APF meetings, these reports reflected that partnership working has been challenging over the last year due to the local need to consider efficiencies and develop sustainability and value programmes that may affect staff. We will continue to work in partnership to maximise engagement at all levels.

**2.4.21** Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

**3. CONCLUSION**

**3.1** The topics and summaries outlined in section 2.4 above, cover the range of items presented, with the Committee providing approval and receiving assurance throughout 2024/25, as required.

**4. STATEMENT OF ASSURANCE**

**4.1** As Joint Chairs of the Staff Governance Committee during financial year 2024/25, we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work

undertaken during the year we can confirm that adequate and effective Staff Governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.

- 4.2** We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. We thank all those members of staff who have prepared reports and attended meetings of the Committee and NHS Greater Glasgow and Clyde for their excellent support of the Committee.

Ann Cameron-Burns

Ketki Miles

**Joint Chairs on behalf of the Staff Governance Committee**

## Appendix 1 - STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2024/25

NAME	POSITION	ORGANISATION	Date 21/05/24	Date 13/08/24	Date 19/11/24	Date 18/02/25
<b>PRESENT</b>						
A Cameron-Burns	Co-Chair	NHSGGC	A	P	P	P
K Miles	Co-Chair	NHSGGC	P	P	P	P
M Ashraf	Member/NED	NHSGGC	P	P	P	A
B Auld	Member/NED	NHSGGC	-	A	P	P
Prof J Gardner	Member / Chief Executive	NHSGGC	-	-	-	A
J Grant	Member / Chief Executive	NHSGGC	P	P	P	-
Cllr R Moran	Member/NED	NHSGGC	-	-	P	P
Cllr C McDiarmid	Member/NED	NHSGGC	A	P	P	A
Cllr M McGinty	Member/NED	NHSGGC	A	A	P	A
Dr P Ryan	Member/NED	NHSGGC	P	P	P	P
Mr F Shennan	Member/NED	NHSGGC	A	-	-	--
Dr L Thomson KC	Member / Board Chair	NHSGGC	P	P	P	P
Mr C Vincent	Member/NED	NHSGGC	P	A	-	-

NAME	POSITION	ORGANISATION	Date 21/05/24	Date 13/08/24	Date 19/11/24	Date 18/02/25
<b>IN ATTENDANCE</b>						
M Allen	Senior Administrator	NHSGGC	P	P	P	P
R Anderson	Partnership Representative – UNISON	NHSGGC	P	-	-	-
Dr J Armstrong	Medical Director	NHSGGC	A	P	-	-
S Bustillo	Director of Communications and Public Engagement	NHSGGC	-	P	-	-

BOARD OFFICIAL

F Carmichael	Staff Side Lead, Acute Partnership Forum	NHSGGC	P	A	P	P
T Carrey	Workforce Planning Lead	NHSGGC	-	P	-	-
C Cowan	Interim Acting Director of Research and Innovation	NHSGGC	-	P	-	-
B Culshaw	Chief Officer, West Dunbartonshire HSCP	West Dun HSCP	A	P	P	P
Dr S Davidson	Deputy Medical Director	NHSGGC	-	P	P	P
K Donald	Corporate Services Manager – Governance	NHSGGC	P	P	P	P
W Edwards	Chief Operating Officer, Acute	NHSGGC	-	-	-	P
G Gall	Head of Human Resources – West Dunbartonshire HSCP	NHSGGC	-	-	P	-
M Gardner	Deputy Nurse Director	NHSGGC	-	P	-	P
Dr U Graham	Consultant in General Adult Psychiatry / Secondary Care Appraisal Lead	NHSGGC	P	-	A	-
A Hair	Partnership Representative – Unite the Union	NHSGGC	-	P	-	-
K Heenan	Chief Risk Officer	NHSGGC	P	P	P	A
M Hopkirk	Human Resources Manager	NHSGGC	-	-	-	P
D Hudson	Staff Experience Advisor	NHSGGC	P	P	P	P
W Hunter	Deputy Director of Facilities	NHSGGC	-	-	P	-
H Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme	NHSGGC	P	-	P	P
G Johnston	Non-Executive Director	NHS Forth Valley (observing)	-	-	P	-
T Keenan	Assistant Chief Officer	Glasgow City HSCP		A	P	-
C Laverty	Chief Officer	Renfrewshire HSCP	-	P	-	-
M Macdonald	Head of Learning & Education	NHSGGC	P	A	P	P



BOARD OFFICIAL

S MacLean	Human Resources Manager, Renfrewshire HSCP	NHSGGC	-	P	-	-
A MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P	P
D Mains	Health and Safety Manager	NHSGGC	P	-	-	-
D Mann	Head of Organisational Development	NHSGGC	-	P	-	-
M McCarthy	Staff Side Lead, Glasgow City HSCP Staff Partnership Forum	NHSGGC	P	A	A	A
A McCready	Deputy Staff Side Lead, UNITE	NHSGGC	P	P	P	A
D McCrone	Staff Side Lead, Staff Partnership Forum, Inverclyde HSCP & West Dunbartonshire HSCP Staff Partnership Forum	Inverclyde HSCP	-	-	P	-
E McFadyen	Human Resources Manager – Corporate Services	NHSGGC	P	-	-	-
Dr C McKay	Deputy Medical Director - Corporate	NHSGGC	P	-	P	
N McSeveney	Deputy Director of Comms	NHSGGC	-	-	-	P
S Munce	Head of Workforce Planning and Resources	NHSGGC	-	P	P	P
Dr M Pay	Workforce Strategy Manager	NHSGGC	P	P	P	P
D Pearce	Chief Officer	East Dunbartonshire HSCP	-	-	-	P
Dr C Perry	Director of Medical Education	NHSGGC	-	P	-	P
SJ Porch	Human Resources Manager – Corporate Services	NHSGGC	-	P	P	-
E Quail	Staff Side Secretary / APF Secretariat	NHSGGC	P	A	A	P
C Rennie	Workforce Planning Manager	NHSGGC	P	A	A	P

# BOARD OFFICIAL

K Rocks	Chief Officer, Inverclyde HSCP	Inverclyde HSCP	P	-	-	-
I Shariff	Business Manager, Medical Directorate	NHSGGC	-	P*	-	-
N Smith	Depute Director of Human Resources	NHSGGC	P	P	P	P
J Somerville	Head of Occupational Health	NHSGGC	P	-	P	-
L Spence	Head of Staff Experience	NHSGGC	P	P	P	P
Prof T Steele	Of Estates and Facilities	NHSGGC	P	-	-	-
Prof A Wallace	Executive Director of Nursing	NHSGGC	P	A	P	P
A Walton	Staff Side Partnership Lead (Area Partnership Forum)	NHSGGC	A	P	A	-
F Warnock	Head of Health and Safety	NHSGGC	A	-	P	-

## Key

P	Present
A	Absent – apologies Received
-	Attendance not required

## Appendix 2

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2024/25**

<b>DATE OF MEETING</b>	<b>TITLE OF BUSINESS DISCUSSED</b>
21 May 2024	<p><b>Minutes of Meeting held on 20 February 2024</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• NHS Scotland Staff Governance Standard Monitoring Framework 2023/24</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation: <ul style="list-style-type: none"> <li>◦ Estates and Facilities Directorate</li> </ul> </li> <li>• Safety, Health and Wellbeing</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Workforce Equalities Update</li> <li>• Health and Care Staffing Scotland Act Programme</li> <li>• Staff Governance Committee Annual Report 2023/24</li> <li>• Agenda for Change Update</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Medical Revalidation</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> <li>• Annual Review of Terms of Reference</li> <li>• Staff Governance Committee Visits</li> </ul>

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2024/25**

<p><b>13 August 2024</b></p>	<p><b>Minutes of Meeting held on 21 May 2024</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• UK Riots – Islamophobia and Anti-Racism</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>○ Medical Directorate</li> <li>○ Renfrewshire Health and Social Care Partnership</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Leadership and Culture Update</li> <li>• Nursing and Midwifery Council Referrals and Assurance (Annual Report)</li> <li>• Medical Education Governance</li> <li>• Career Grade Medical and Dental Job Planning: Audit Follow-up</li> <li>• Audit Plan Update: Staff Attendance and 2024/25 Audits</li> <li>• Whistleblowing Annual Report</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Workforce Plan Action Plan Update</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> <li>• Remuneration Committee Update</li> <li>• Staff Governance Committee Visit</li> </ul>
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**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2024/25**

<p><b>19 November 2024</b></p>	<p><b>Minutes of Meeting held on 13 August 2024</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Other Business:</b></p> <ul style="list-style-type: none"> <li>• Closure of the night café at the Queen Elizabeth University Hospital</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>○ Human Resources and Organisational Development Directorate</li> <li>○ West Dunbartonshire Health and Social Care Partnership</li> </ul> </li> <li>• Safety, Health and Wellbeing</li> <li>• NHSScotland Staff Governance Standard 2023-2024: Assurance of Compliance</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan and Widening Access to Employment Update</li> <li>• Staff Health Strategy</li> <li>• Health and Care Staffing Scotland Act Programme</li> <li>• Sexual Harassment Programme Update</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Board Anti-Racism Plan</li> <li>• Medical Revalidation</li> <li>• Career Grade Medical and Dental Job Planning: Audit Follow-up</li> <li>• Internal Audit Update: Succession Planning</li> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> </ul>
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**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2024/25**

<b>18 February 2025</b>	<p><b>Minutes of Meeting held on 19 November 2024</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation: <ul style="list-style-type: none"> <li>○ Acute Services</li> <li>○ East Dunbartonshire Health and Social Care Partnership</li> </ul> </li> <li>• Staff Engagement <ul style="list-style-type: none"> <li>○ Internal Communications and Employee Engagement Strategy Update</li> <li>○ iMatter 2024</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard:</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan to March 2025 and Core Human Resources Activity</li> <li>• Health and Social Care Workforce Planning 2025 – Scottish Government Response</li> <li>• Health and Care Staffing Scotland Act Programme: Annual Report</li> <li>• Medical Education Governance</li> </ul> <p><b>Other Relevant Reports:</b></p> <ul style="list-style-type: none"> <li>• Staff Governance Workforce Performance Report</li> <li>• Human Resources Risk Register</li> <li>• Area Partnership Forum Report</li> <li>• Remuneration Committee Update</li> </ul>