



NHS Greater Glasgow and Clyde	Paper No 26-68f
Meeting:	NHS GGC Board Meeting
Meeting Date:	25 June 2026
Title:	Draft 2026-27 Governance Committees Terms of Reference
Sponsoring Director/Manager:	Michael Breen, Executive Director of Finance & Deputy Chief Executive
Report Author:	Michael Breen, Executive Director of Finance & Deputy Chief Executive

1. Purpose

The purpose of the paper is to present the Draft 2026-27 Governance Committee Terms of Reference for consideration, review, amendment (as required), and approval.

The Draft 2026-27 Governance Committee Terms of Reference are attached at Appendix 1 and includes:

- 1) Area Clinical Forum
- 2) Audit and Risk Committee
- 3) Clinical and Care Governance Committee
- 4) Finance, Planning and Performance Committee
- 5) Inquiries Oversight Sub Committee
- 6) People and Staff Governance Committee
- 7) Population Health and Wellbeing Committee
- 8) Remuneration Committee

2. Executive Summary

This paper can be summarised as follows:

The Terms of Reference for the Governance Committees have been reviewed and updated for 2026-27.

Board Members' attention is drawn to a proposed amendment within the Audit and Risk Committee Terms of Reference. The changes are included within Sections 2.1 and 2.2 (Page 11) and have been tracked to aid visibility.

No other substantive amendments have been made, although minor editorial updates have been applied to ensure consistency of terminology across the Governance Committee Terms of Reference.

Appendix 1 provides the full draft 2026-27 Governance Committee Terms of Reference.

3. Recommendations

The NHS GGC Board is asked to consider the following recommendations:

- Consider the Draft 2026-27 Governance Committee Terms of Reference as set out in Appendix 1.
- Review and comment on the content of the Draft 2026-27 Terms of Reference.
- Approve the Draft 2026-27 Governance Committee Terms of Reference.

4. Response Required

This paper is presented for **Approval.**

5. Impact Assessment

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

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

6. Engagement & Communications

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

The Chair of each of the Governance Committees have been involved in the drafting of the 2026-27 Terms of Reference.

7. Governance Route

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

- The paper was approved by the Audit and Risk Committee 18 June 2026
- The paper is being presented to NHSGGC Board on 25 June 2026

8. Date Prepared & Issued

Date Prepared: 12 June 2026

Date Issued: 19 June 2026

9. Appendices

- Appendix 1 Draft 2026-27 Governance Committee Terms of Reference.

Appendix 1



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 (NHSGGC) 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 Health Professions 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

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.

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.

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.

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.

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.

3.2 Vice Chair

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.

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.

The Vice Chair will serve for a period of up to four years.

3.3 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.

3.4 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.

3.5 Frequency of Meetings

The Area Clinical Forum will meet at least four times each year. Additional meetings may be arranged at the discretion of the Forum Chair.

The Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.

3.6 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 Forum.

3.7 Administrative Support

Administrative support to the Area Clinical Forum will be provided by a member of the Corporate Services Team.

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.

3.8 Alterations to the Constitution and Standing Orders

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.

3.9 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.

7.4 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.

BOARD OFFICIAL

Version Control	May 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Nurse Director
Approved by:	Area Clinical Forum
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Replaces previous version:	June 2025



**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.
 - NHS GGC's governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The ARC will support the NHS GGC Board and the Accountable Officer by reviewing the comprehensiveness, reliability and integrity of assurances provided to meet the assurance needs of NHS GGC 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 an NHS Board Member). Committee meetings will normally be attended by the Chief Executive as Accountable Officer. 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 NHS GGC 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.~~ The Board Chair is not a member of the Committee but may 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 shall be nominated by the NHS GGC 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 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 other NHS GGC 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 NHS GGC 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 NHS GGC's Corporate Governance arrangements and system of internal control. This will include the following specific responsibilities.

- **Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud**

1. Overseeing NHS GGC's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, 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 NHS GGC 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 Standing 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
- **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.
 - **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.

- **Annual Accounts**

1. Approving changes to Accounting Policies and reviewing the NHS GGC Annual Report and Accounts prior to their adoption by the NHS GGC 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 NHS GGC Board meeting at which the Annual Accounts are approved.

This includes approval of the delivery of the NHS GGC Board's objectives and areas as outlined in the Scheme of Delegation 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 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 GGC Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 6.3 In addition, the NHS GGC 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.

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Replaces previous version:	June 2025

APPENDIX 1

Corporate Objectives

Code	Corporate Objective	Lead Committee
	Better Health	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.	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
	Better Care	
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
	Better Value	
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
	Better Workplace	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	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"> IJB - Chief Officer Acute Division – Deputy Chief Executive or Directors who report to the Deputy Chief Executive Other Corporate Directorates including Estates & Facilities – relevant Executive Director and Head of Procurement 	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> Waivers which are urgent or have no competition and are in excess of £250k. (Waivers where the tender process was not followed the threshold for DOF approval is over £50k

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"> Stores/ Procurement Fixed Assets (other than losses due to fraud/ theft) Abandoned Road Traffic Accident claims
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
	Approval of Patient Private Funds	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

BOARD OFFICIAL

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

Draft 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 and Care Governance Committee (CCGC) 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 CCGC 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 9 Non-Executive Board Members on the Committee. Meetings will be considered quorate when 4 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 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 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.

3.8 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 CCGC 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 NHS GGC 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 People and 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 Committee 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 walk rounds, 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 Committee will receive minutes/reports from the:

- Board Clinical Governance Forum
- Board Infection Control Meeting
- Public Protection Forum

6. Authority

6.1 The CCGC is a Standing Committee of the NHS Board.

7. Reporting Arrangements

7.1 The CCGC 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 CCGC and distribution to the CCGC for ratification at the next Committee meeting. The ratified minutes of the CCGC 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.

Version Control	May 2025
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	TBC
Date for review:	June 2026
Replaces previous version:	June 2027



**NHS Greater Glasgow and Clyde
Finance, Planning and Performance Committee
Draft 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 Finance, Planning and Performance Committee (FPPC) 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 FPPC 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 all Board Members both Executive and Non-Executive and the Executive Lead shall be the Director of Finance. 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.
- 2.3 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

Meetings will be considered quorate when at least one third of the whole number of members are present including at least two members who are not employees of the Board.

3.3 Voting

Should a vote need to be taken, all 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 GGC 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 NHSGGC business outlined within the Scheme of Delegation and includes the following responsibilities:

- Promoting active and collaborative governance across the healthcare system
- Monitoring progress towards the achievement of NHSGGC 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 Strategy and Planning

- **Financial Strategy and Planning:** Recommend to the NHS Board a comprehensive three-year revenue and capital Financial Plan, ensuring alignment with strategic priorities, national planning assumptions and statutory financial duties, and providing assurance on financial sustainability, affordability, and deliverability over the medium term.

Property and Assets

- **Property & Asset Infrastructure Strategy:** Ensure that the Board's Property and Asset Infrastructure Strategy is clearly aligned to the organisation's purpose, strategic aims, and corporate objectives, and that there is robust oversight of how the estate and asset base is planned, developed, maintained, and optimised to support evolving service models. This includes providing assurance that assets are fit for purpose, financially sustainable, support safe and high-quality care, and are utilised efficiently to meet current and future population and service delivery requirements."
- **Property & Asset Developments:** Oversee the delivery of the Board's Capital Plan and associated developments within the parameters set by the Scheme of Delegation, ensuring all proposals are underpinned by robust, affordable, and deliverable business cases and detailed implementation plans. In doing so, the Committee will place particular emphasis on the oversight and assurance of major capital schemes exceeding £5m, including the review and approval (within delegated limits) of Initial Agreements, Outline and Full Business Cases, and will monitor progress against key milestones, cost and quality standards, taking action where required in relation to time slippage or cost overruns and reviewing the outcomes of post-project evaluations, while making recommendations to the NHS Board as appropriate."
- **Acquisitions & Disposals:** Provide assurance that all acquisitions and disposals of property and land are subject to robust governance and appraisal processes, ensuring that proposals are strategically aligned, represent best value, and are undertaken in full compliance with the NHS Scotland Property Transactions Handbook and relevant statutory and governance requirements.
- **Other Property & Asset Duties:** Receive and scrutinise reports on relevant legislation, best practice, audit findings and Scottish Government guidance (including the Scottish Capital Investment Manual), to ensure continuous improvement in the management of estates and facilities, and to provide assurance that key risks including sustainability, legislative compliance, health and safety, and operational risks are appropriately identified, managed and mitigated

Strategic Planning

- **NHS Board's Strategic Plans:** Review the NHS Board's Strategic Plans to ensure that strategic objectives are clearly aligned with the Board's overall purpose, aims and corporate objectives, and provide recommendations to the NHS Board to support coherence, deliverability, and effective implementation.
- **NHS Board's Annual Delivery Plan:** Review the NHS Board's Annual Delivery Plan to ensure that it is robust, deliverable, and aligned to key local and national operational priorities, including regional planning requirements, and provide assurance and recommendations to the NHS Board
- **NHS Board's Medium-Term Plan:** Review the NHS Board's Medium-Term Plan to ensure alignment with the Board's strategic plans and consistency with the direction set within annual plans, and provide assurance and recommendations to the NHS Board
- **Integration Joint Boards' Strategic Plans and Integration Schemes:** Receive IJB Strategic Plans, Integration Schemes, and updates on hosted services. These updates should specifically highlight any emerging operational challenges or potential reputational risks associated with the delivery of Board-wide services, to ensure alignment with the NHS Board's aims, corporate objectives, and operational priorities.
- **Board Strategies:** Receive and review annual updates on relevant Board strategies within the remit of the Committee, as defined by the Terms of Reference and Scheme of Delegation, to ensure alignment with the Board's strategic objectives, support delivery of agreed priorities, and provide assurance on implementation progress, performance, and key risks.

Performance Management

- **Performance Measurement and Monitoring:** Ensure that robust performance measurement and monitoring arrangements are in place to support an active and collaborative approach to governance across the healthcare system. Performance data should be provided in a clear, timely, and comprehensive manner to enable well-informed, evidence-based discussions and decision-making at the NHS Board.
- **Financial Performance:** Provide active oversight and assurance of financial performance management, encompassing both revenue and capital resources. This should include regular, detailed analysis of financial performance against plan, identification of emerging risks or pressures, and monitoring of delivery against financial targets, to support timely corrective action and informed decision-making.
- **Governance Arrangements:** Utilise relevant performance information available to the Committee to provide robust oversight and scrutiny of the delivery of healthcare services across NHSGGC and its HSCPs, ensuring that performance is systematically monitored, areas of concern are identified at an early stage, and appropriate challenge and corrective action are applied to support the delivery of the Board's purpose, aims, corporate objectives and operational

priorities.

- **Performance Framework:** Review and approve the NHS Board's Performance Management Framework, ensuring alignment with the Board's Assurance Framework and providing assurance on the effectiveness of systems and processes in supporting delivery of the Board's purpose, aims, corporate objectives and operational priorities.

Risk Management

- **Governance Arrangements:** Appropriate governance arrangements shall be established and maintained in respect of those corporate risks allocated by the Audit and Risk Committee, ensuring clear accountability, oversight, and reporting.
- **Assurance and Risk Oversight:** Review those risks within the Corporate Risk Register delegated by the Audit and Risk Committee to ensure they are appropriately identified, assessed, and mitigated in line with the NHS Board's risk appetite.
- **QEUH Legal Claim:** Receive regular updates to provide assurance on the status, key risks, and financial implications of the ongoing QEUH legal claim, ensuring appropriate governance, oversight, and risk mitigation are in place.

Stakeholder Engagement

- **Stakeholder Communication and Engagement Strategy:** Recommend to the Board a stakeholder communication and engagement strategy, encompassing both external and internal stakeholders, and to oversee its implementation, ensuring alignment with and integration into the organisation's strategic plans and delivery activities.
- **Integration Joint Boards:** Promote effective collaborative governance by maintaining clear and timely exchange of information on system-wide challenges, opportunities, and risks. This should explicitly recognise the distinct statutory responsibilities of Integration Joint Boards for health and social care services, while ensuring strong alignment and coordination with NHS GGC in managing interdependencies and delivering integrated service outcomes.
- **Scottish Government:** Provide assurance to the NHS Board that governance arrangements for finance, strategic planning, and performance are operating effectively and in line with Scottish Government expectations, including statutory financial targets, national performance standards, and planning requirements. This should demonstrate that the system is delivering against national priorities through coordinated, transparent, and well-managed arrangements across 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 FPPC will report to the NHS Board.
- 7.2 The draft minute of the FPPC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the Committee and distribution to the FPPC for ratification at the next Committee meeting. The ratified minutes of the FPPC 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 FPPC 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.

Version Control	
Author:	Director of Finance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	28 May 2026
Date for review:	1 April 2027
Replaces previous version:	1 April 2025



NHS Greater Glasgow and Clyde Inquiries Oversight Sub Committee

Terms of Reference

1. Introduction

- 1.1 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.
- 1.2 The purpose of the Inquiries Oversight Sub Committee (IOSC) is to ensure that the 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).
- 1.3 The IOSC will redirect issues for action, learning and feedback to relevant Standing Committees of the Board.
- 1.4 The IOSC is not a decision-making body.

2. Scope

- 2.1 The IOSC 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

3.1 The membership of the IOSC will include:

- Chair
- Vice Chair
- 2 x Non Executive Directors
- Deputy Chief Executive/Director of Finance

Attendees

- Director of Corporate Services & Governance

Directors or senior managers may be asked to join for specific items.

4. Arrangements for Conduct of Business

4.1 Frequency of Meetings

The IOSC will meet on a monthly basis. The Chair can request a meeting at any time in response to the requirements of the business.

4.2 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

5.1 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

- 6.1 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.

Version Control	May 2026
Approved by:	Inquiries Oversight Sub Committee
Approved date:	22 April 2026
Date for review:	October 2026



NHS Greater Glasgow and Clyde People and Staff 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 People and Staff Governance Committee (PSGC) 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 PSGC is to: shape the culture of the organisation in line the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine; 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'); and oversee the adherence to Equality legislation. This affords the highest priority at Board level to equality, diversity and inclusion. The Committee will seek to identify and recommend transformative improvement opportunities, enabling NHSGGC to flourish and deliver best practice for patients, their families and staff.
- 1.5 The PSGC is a Standing Committee of the NHS Board.
- 1.6 The PSGC 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.
- 1.7 A key area for Committee oversight will be monitoring the Board's responsibilities in line with the organisation's legal duties towards the population, patients and our colleagues; in particular the Equality Act 2010 including part 1 of the Fairer Scotland duty 2018, the Human Rights Act 1998 and the Public Sector Equality Duty 2025.
- 1.8 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 statutory committee chairs, relevant Board Champions, 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 a Chair and two Co-Vice Chairs, one of whom will be the Employee Director. 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 one of the Co-Vice Chairs. In the absence of both the Chair and Co-Vice 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 PSCG shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair and Co-Vice 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 PSGC 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 Chair and Co-Vice 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 PSGC shall support the creation of a culture within the health and care 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.

4.2 The PSGC will shape the culture of the organisation in line the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine. This affords the highest priority at Board level to equality, diversity and inclusion. The Committee will seek to identify and recommend transformative improvement opportunities, enabling NHSGGC to flourish and deliver best practice for patients, their families and colleagues.

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 On behalf of the Board the PSGC will lead on ensuring a positive and values-based culture, learning from external and internal scrutiny, recommending specific action and measuring impact.
- 5.3 The PSGC will ensure greater levels of awareness and understanding of equality, diversity and inclusion across the organisation, including agreeing priorities.
- 5.4 The PSGC will ensure that all stakeholders, our colleagues and patients understand the values-based approach, including reflection and listening, and how to raise concerns.
- 5.5 The PSGC will focus on receiving assurance of the delivery of priorities and legislative requirements, as well as improvement opportunities, during a period of rapid transformative change.
- 5.6 The PSGC will provide assurance to the Board on the quality and standards of its approach to data including but not limited to:
 - Service users (access and outcomes);
 - Board Equality and Diversity obligations (policy implementation and action plans); and
 - Workforce metrics.
- 5.7 The PSGC shall monitor and evaluate relevant strategies and implementation plans relating to people management on behalf of the Board.
- 5.8 The PSGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, Workforce Equality Group (WEG) and any other relevant standing or ad hoc groups as agreed by the NHS Board.
- 5.9 The PSGC shall be authorised by the Board to approve any policy amendment to the Director of Finance to achieve the Staff Governance Standard.
- 5.10 The PSGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.11 The PSGC shall provide staff governance information for the statement of internal control.
- 5.12 The PSGC 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 \(amended\)](#).
- 5.13 The PSGC 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.
- 5.14 The PSGC will oversee the implementation of the organisation's legal duties

towards the population, patients and our colleagues; in particular the Equality Act 2010 including part 1 of the Fairer Scotland duty 2018, the Human Rights Act 1998 and the Public Sector Equality Duty 2025.

- 5.15 The PSGC will seek assurance regarding the implementation of the Safer Staffing Regulations.
- 5.16 The PSGC will monitor and scrutinise key data and information as per the Board's Integrated Performance and Quality Reporting Framework as part of Active Governance.

6. Authority

- 6.1 The PSGC is a Standing Committee of the NHS Board.

7. Reporting Arrangements

- 7.1 The PSGC 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 Chair prior to distribution to the PSGC for ratification at the next Committee meeting. The ratified minutes of the PSGC 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 Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Chair of the PSGC 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 PSGC 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.

BOARD OFFICIAL

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Responsible Executive Lead:	Director of Human Resources and Organisational Development
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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 NHSGGC 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 support the adoption of a prevention focused system across NHSGGC, improve population health and reduce health inequalities. This will be achieved through delivery oversight of relevant local and national public health strategies for the population of Greater Glasgow and Clyde 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:

- Deputy Director of Public Health
- Head of Population Health
- Head of Clinical Public Health
- General Manager for Public Health
- 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 the 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 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

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.
- 4.2 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 Public Sector Reform Strategy; Service Renewal Framework; Population Health Framework (including reducing inequalities in health and the delivery of the Population Health Maturity Matrix).

5.2 Performance

- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff.
- To support opportunities to identify and support investment in preventative action.
- 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 People and Staff Governance Committee.
- To oversee the Board's public health statutory requirements (including 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.

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.

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Responsible Executive Lead:	Director of Public Health
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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 People and 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 three Non-Executive Board Members, the Employee Director, the Board Chair, and the Chief Executive. 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.

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 Members are present including an Executive Member.

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 three times 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 Remuneration Committee shall exercise oversight and scrutiny of the delegated areas set out in the Scheme of Delegation and provide assurance to the People and Staff Governance Committee in respect of compliance with nationally agreed terms and conditions, Ministerial Direction and relevant policy.
- 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 Receive and scrutinise reports on 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 ensuring compliance with nationally agreed terms and conditions.

- 5.4 Receive and scrutinise reports on the implementation and maintenance of the electronic performance management system. Oversee the operation and effectiveness of the Turas Appraisal system 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 and scrutinise reports on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.8 Oversee and provide scrutiny of severance Processes, Policies and Procedures in respect of all staff including Executive and Senior Managers, e.g. premature retirements under the NHS Superannuation Scheme.
- 5.9 Provide oversight of salary placing, responsibility allowances and severance packages for the Executive Directors Cohort recommended by the Accountable Officer as per DL(2019)15 as amended.
- 5.10 Receive and scrutinise reports 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 Receive and scrutinise reports 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 The Remuneration Committee shall consider and approve the establishment of all permanent Executive posts at Grade ESM D and above, ensuring alignment with organisational priorities, affordability, and compliance with national terms and conditions, Ministerial guidance, and the Board's Scheme of Delegation

- 5.14 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.
- 5.15 Review and scrutinise the Remuneration Committee section of the Annual Report and Accounts on an annual basis, ensuring that disclosures relating to senior pay, severance arrangements and governance are accurate, complete and aligned with nationally agreed terms and conditions, Ministerial Direction and the Scheme of Delegation

6. Authority

- 6.1 The Remuneration Committee is a Sub Committee of the People and Staff Governance Committee, which is a formal Standing Committee of the Board.

7. Reporting Arrangements

- 7.1 To ensure that the People and 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.

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APPENDIX 1

Extract from the Scheme of Delegation for NHS Greater Glasgow and Clyde

Table 4.6 Pay expenditure				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
2	Oversight of compliance with current national terms and conditions 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