

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 23/46</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>27 June 2023</b>
<b>Title:</b>	<b>Governance Framework Review</b>
<b>Sponsoring Director/Manager</b>	<b>Ms Elaine Vanhegan, Director of Corporate Services and Governance</b>
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## 1. Purpose

The purpose of this paper is to present the annual review of the Governance Framework - Operating Instructions to the NHS Board. This includes:

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

## 2. Executive Summary

Activity has been undertaken to ensure Active Governance within the Board, with a programme of activity presented to Board meetings throughout the 2022/23. The elements of the Governance Framework presented, support the 'Board and Committees Operating Arrangements and Instructions' within the Active Governance programme.

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

### **Code of Conduct**

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

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

### **Standing Orders**

There has been the following additional to the NHS Board Standing Orders:

Matters Reserved for the Board:

- 'Scrutinise key data and information as per the Board's Assurance Information Framework'.
- The Annual Operational Plan has been updated to reflect the new title of Annual Delivery Plan.

Otherwise they remain unchanged from June 2022.

### **Standing Financial Instructions**

The Standing Financial Instructions have been reviewed and amendments made where required.

The principal change has been to replace detailed procurement guidance in Section 4 Audit, and Section 18 Fraud, Losses and Legal Claims. Both sections have been amended to clarify what is meant by fraud, and the role of the Counter Fraud Services within NHSGGC.

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

The Scheme of Delegation was reviewed and approved at the NHS Board meeting in June 2022. Minor amendments have been made since then, most notably:

- The increased level of monetary approval to reflect inflation.

### **Committee Terms of Reference**

Minimal changes have occurred since June 2022 other than to reflect changes within the Scheme of Delegation, as appropriate.

- Reference is made to the Board Members Responsibility template approved by the Board.
- Reference is made to Committees scrutinising key data and information as per the Board's Assurance Information Framework.
- Inclusion of the NHS Board Chair and Chief Executive within the membership sections of the Committee Terms of Reference, to reflect ex-officio membership of all Board Committees (except for Audit and Risk);
- Inclusion of the relevant sections of the Scheme of Delegation as an appendix of the Committees Terms of Reference, when agreed at Board level;
- Inclusion of the Corporate Objectives as Appendix 1 of the Committees Terms of Reference, as detailed within the Remit of the Committee sections;
- Clarification of the Remit of the Committee to include any other operational objectives, as required;
- Inclusion of risk management duties within the Key Duties of the Committee sections, to strengthen the role of Committees in ensuring appropriate governance in respect of risks;

All Standing Committees have reviewed and ratified their respective ToRs.

### **Governance Committee Annual Reports**

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

## **3. Recommendations**

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

- Note the work undertaken to review the Governance Framework – Operating Instructions across NHSGGC ensuring an annual update is presented.
- Be assured that the key elements are in place prior to approval by the NHS Board.

## **4. Response Required**

**This paper is presented for approval.**

## **5. Impact Assessment**

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

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

## **6. Engagement & Communications**

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

- Standing Committees Reviewed and agreed updated TOR and Annual Reports.
- ARC – 20 June 2023

## **7. Governance Route**

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

All Standing Committees have reviewed their respective ToRs and relevant sections of the Scheme of Delegation and approved their Annual Reports.

**8. Date Prepared & Issued**

Date Prepared: 20/6/23

Date Issued: 20/6/23



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

**June 2023**

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

<b>Version Control</b>	
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Responsible Executive Lead:	Director of Corporate Services and Governance
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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

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

### My Responsibilities

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

### Enforcement

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

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

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

The key principles are:

### **Duty**

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

### **Selflessness**

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

### **Integrity**

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

### **Objectivity**

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

### **Accountability and Stewardship**

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

### **Openness**

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

### **Honesty**

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

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### **Leadership**

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

### **Respect**

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

## **SECTION 3: GENERAL CONDUCT**

### **Respect and Courtesy**

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

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

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

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

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

### **Gifts and Hospitality**

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

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

### **Appointments to Outside Organisations**

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

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

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

### **Category One: Remuneration**

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
  - b) self-employed;
  - c) the holder of an office;
  - d) a director of an undertaking;
  - e) a partner in a firm;
  - f) appointed or nominated by my public body to another body; or
  - g) engaged in a trade, profession or vocation or any other work.

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

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

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

### **Category Three: Contracts**

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

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4.16 I will register a description of the contract, including its duration, but excluding the value.

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

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

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

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

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

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

4.20 I have a registerable interest where:

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

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

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

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

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

**Category Nine: Close Family Members**

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

**SECTION 5: DECLARATION OF INTERESTS**

**Stage 1: Connection**

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

**Stage 2: Interest**

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

**Stage 3: Participation**

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

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

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

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

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

6.8 I will not accept any paid work:

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

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

### **Introduction**

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

### **Investigation of Complaints**

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

### **Hearings**

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

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

## Sanctions

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

## Interim Suspensions

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

## ANNEX B: DEFINITIONS

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

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

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

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

“**Confidential Information**” includes:

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

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

“**Employee**” includes individuals employed:

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

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

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

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

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

## BOARD OFFICIAL

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

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

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

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

**“Undertaking”** means:

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



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

<b>Version Control</b>	
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Responsible Executive Lead:	Director of Corporate Services and Governance
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## 1. GENERAL

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

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

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

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

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.
- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

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### **Board Members – Ethical Conduct**

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

## **2. CHAIR**

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

## **3. VICE-CHAIR**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.

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- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Director of Corporate Services and Governance should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

## 4. CALLING AND NOTICE OF BOARD MEETINGS

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least 4 times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

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- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. This standardises the approach across NHS Scotland Boards. However, NHSGGC will continue to convene meetings of the Board by issuing to each Member, not less than 5 working days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- 4.7 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.8 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.

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

## 5. CONDUCT OF MEETINGS

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

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

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paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health and social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The

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Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

### **Adjournment**

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

### **Business of the Meeting**

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

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

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

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

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taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

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

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
  - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
  - The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
  - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### ***Minutes***

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board's Director of Corporate Services and Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minutes.

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

### **Introduction**

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
1. Determining the organisation's Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
  2. Setting the organisation's strategic direction and development goals;
  3. Approval of the organisation's Corporate Strategies

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4. Development and Implementation of the Annual Operating Plan;
  5. Approval of the IJB Integration Schemes;
  6. Monitoring of aggregated/exception reports from the Board's Standing Committees and the Integration Joint Boards on key performance indicators;
  7. Oversight of the Corporate Risk management process, including approval of the Corporate Risk Register and Risk Appetite Statement;
  8. Allocating financial resources for both Capital and Revenue resource allocation;
  9. Scrutinise key data and information as per the Board's Assurance Information Framework.
  10. Approval of Annual Accounts;
  11. Scrutiny of Public Private Partnerships;
  12. NHS Statutory Approvals;
  13. Approval of the Corporate governance framework including:
    - Standing Orders
    - Establishment, remit, and reporting arrangements of all Board Standing Committees
    - Scheme of Delegation
    - Standing Financial Instructions
- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

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

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.
- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## **8. EXECUTION OF DOCUMENTS**

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

## **9. COMMITTEES**

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. ([NHS Scotland - blueprint for good governance: second edition - gov.scot \(www.gov.scot\)](http://www.gov.scot/resources/documents/2015/06/NHS_Scotland_-_blueprint_for_good_governance_-_second_edition_-_gov.scot))
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review. The Chair and Chief Executive of NHS Greater Glasgow and Clyde shall both be Ex Officio members of all committees of the Board.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to

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members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

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



# NHS Greater Glasgow and Clyde Standing Financial Instructions

Lead Manager	Head of Financial Governance
Responsible Director	Director of Finance
Approved By	NHSGGC Board
Date Approved	tba
Date for Review	April 2024
Replaces Previous Version	Standing Financial Instructions - 13th Revision, approved June 2022

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## **SECTION 1: INTRODUCTION AND CODE OF CONDUCT FOR STAFF**

### **1.1 GENERAL**

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

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

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

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

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

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

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

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

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

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

The Code of Conduct for Staff (the Code) incorporates the following documents:

- The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48];

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- A Common Understanding 2012 Working Together for Patients;
- The NHSGGC Whistleblowing Policy;
- The NHSGGC Fraud Policy.

The Code provides instruction and guidance on how staff should maintain strict ethical standards in the conduct of NHSGGC business. It forms part of the NHSGGC standard contract of employment and all staff are required to adhere to the Code. Key principles underpinning the Code include the following:

NHSGGC is committed to the three essential public values.

**Accountability** Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and meet professional codes of conduct.

**Probity** Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.

**Openness** The Board's activities should be sufficiently public and transparent to promote confidence between the Board and its patients, its staff and the public.

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

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

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

### **1.3 TERMINOLOGY**

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

1. "NHS Greater Glasgow and Clyde" (NHSGGC) is the common name used to define the entity/organisation whose legal name is Greater Glasgow Health Board.
2. "Board" means the Management Committee of NHSGGC/Greater Glasgow Health Board, or such other Committee of the Board to which powers have been delegated.
3. "Budget" means an allocation of resources by the Board, Chief Executive or other officer with delegated authority expressed in financial terms, for the purposes of carrying out, over a specific period, a function or group of functions of the NHSGGC Board.
4. "Chief Officer" means any officer who is directly accountable to the Chief Executive i.e. Directors, Chief Officers/Directors of Divisions/HSCPs and some Heads of Department.
5. "Budget Holder" means the Chief Officer or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.
6. "SGHSCD" means Scottish Government Health and Social Care Directorates.
7. "Supervisory Body" means a committee established by the Board with delegated authority to discharge the Board's responsibilities under the Adults with Incapacity (Scotland) Act 2000.
8. "Integration Joint Board" or "Joint Board" means the body corporate established by Scottish Ministers as a consequence of an approved integration plan.
9. Health and Social Care Partnership (HSCP) is the common name for an Integration Joint Board.

### **1.4 RESPONSIBILITIES AND DELEGATION**

The Board will exercise financial supervision and control by:-

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

All directors and employees have a general responsibility for the security of the property of NHSGGC, for avoiding loss, for economy and efficiency in the use of resources and for complying with the requirements of these Instructions.

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Should any difficulty arise regarding their interpretation or application then the advice of the Director of Finance or authorised nominee must be sought before action is taken.

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

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

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

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

1. the design, implementation and supervision of systems of financial control including the adoption of Standing Financial Instructions and the maintenance of effective internal audit arrangements;
2. the preparation, documentation, implementation and maintenance of NHS GGC's financial policies, procedures and systems in support of a comprehensive control environment;
3. the co-ordination of any corrective action necessary to further these policies, procedures and systems;
4. the preparation and maintenance of such accounts, costs, estimates etc. for the purposes of carrying out NHS GGC's duties and establishing with reasonable accuracy NHS GGC's financial position;
5. the provision of financial advice to NHS GGC's Board and its officers;
6. the accurate and timely submission to the Scottish Government Health and Social Care Directorates of Annual Accounts and such other reports, returns and monitoring information as may be required to allow the SGHSCD to discharge its responsibilities.

### **1.5 MODIFICATION AND INTERPRETATION**

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

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

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

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

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

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

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

## **SECTION 2: ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING**

### **2.1 INTRODUCTION**

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

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

The Director of Finance will:

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

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

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

1. be in accordance with the aims and objectives set out in the Annual Operational Plan and the Strategic Plans developed by HSCPs;

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

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

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

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

### **2.4 BUDGETARY DELEGATION**

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

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

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

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

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

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

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

Where the Board's financial contribution to an HSCP for delegated functions is underspent in year, and the underspend arises from specific management action, in line with the Integration Scheme and the IJB Reserves policy, this will be retained by the Integration Joint Board to either, with the exception of ring fenced budgets, fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. The exception is where an unplanned underspend arises due to material differences in the assumptions used in setting the payment to the joint board. In these cases the underspend will be returned to the Board in year and the Board's financial contribution will be adjusted recurrently.

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

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

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

### **2.5 BUDGETARY CONTROL AND REPORTING**

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

1. financial reports available to the Board, in a form approved by the Board, containing:
  - income and expenditure to date showing trends and forecast year-end position;
  - movements in working capital materially affecting resource limits;
  - capital project spend and projected out-turn against plan;
  - explanations of any material variances from plan;
  - details of any corrective action where necessary;
  - an assessment of financial risk.

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2. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering areas for which they are responsible;
3. investigation and reporting of variances from financial, workload and manpower budgets;
4. monitoring of management action to correct variances; and
5. arrangements for the authorisation of in-year budget transfers.

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

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

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

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

### **2.6 MONITORING RETURNS**

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

### **2.7 CAPITAL EXPENDITURE**

The general rules applying to delegation and reporting shall also apply to capital expenditure including the requirement to stay within the Capital Resource limit [CEL 19 (2009) refers [See also Section 12 of these Instructions].

### **2.8 SCHEME OF DELEGATION**

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

1. areas of responsibility;

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

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

### **2.9 PROJECT AUTHORISATION**

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

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

1. description of proposal;
2. statement of strategic fit;
3. detailed option appraisal, explanation of alternative options reviewed against a set of pre-agreed criteria and scoring summary;
4. financial appraisal, including summary of capital and revenue cost implications of alternative options;
5. overview of preferred option;
6. summary of implementation plan for preferred option with key milestones;
7. summary of benefit of preferred option;
8. risk management - plan for management of implementation and financial risks associated with preferred option; and
9. confirmation from the Head of Procurement that any preferred procurement route is compliant with procurement rules and legislation.

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

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

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

## **2.10 REGIONAL PLANNING**

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

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

## **2.11 PARTICIPATORY BUDGETS**

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

**SECTION 3: ANNUAL ACCOUNTS AND REPORTS**

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

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

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

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

## **SECTION 4: AUDIT**

### **4.1 AUDIT AND RISK COMMITTEE**

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

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

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

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

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

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

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

- Overseeing the selection process for new internal auditors.
- Reviewing and agreeing the annual internal audit work plan.
- Ensuring recommendations are actioned by the Executive Leadership Team.
- Disseminating audit reports to the relevant Board Committees.

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- Encouraging the use of audit reports as improvement tools.
- Monitoring and assessing the effectiveness of the audit team.
- Awarding and termination of the contract for internal audit services.

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

### 4.2 **EXTERNAL AUDIT**

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

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

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

The Director of Finance will ensure that:-

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

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

### **4.3 DIRECTOR OF FINANCE**

The Director of Finance is responsible for:

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

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

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

### **4.4 INTERNAL AUDIT**

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

The role of the internal audit team should include:

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

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

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

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

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

The Chief Internal Auditor/Audit Manager will normally attend Audit and Risk Committee meetings. The internal auditor will meet on at least one occasion each year with the Audit and Risk Committee without the Director of Finance, other Executive Directors or Board staff being present.

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

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

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

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

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

## **SECTION 5: BANKING ARRANGEMENTS**

### **5.1 GENERAL**

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

### **5.2 BANKING PROCEDURES**

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

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

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

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

The Director of Finance is responsible for:

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

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

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

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

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

### **5.3 BANK ACCOUNTS**

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

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

### **5.4 TENDERING AND REVIEW**

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

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

### **5.5 PROJECT BANK ACCOUNTS**

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

**SECTION 6: INCOME, SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

**6.1 INCOME SYSTEMS**

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

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

**6.2 INCOME FROM EXTERNAL BODIES**

Where services are provided to external bodies, and the fees or charges are not determined by SGHSCD or by Statute, those responsible for that service must ensure that an appropriate charge is made which recovers all relevant overheads. These charges should be reviewed annually. Independent professional advice on matters of valuation will be taken as necessary.

Where income generation work is not undertaken as part of an NHS Body's function under the National Health Service (Scotland) Act 1978 appropriate insurance cover or indemnity must be obtained which covers the Board's legal liability arising from such work. Any additional cost incurred must be recovered by the fees charged.

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

Board: a) the Director of Finance  
b) the Assistant Director of Finance – Financial Services, Capital and Payroll

Acute: a) the Director of Finance  
b) the Assistant Director of Finance – Acute and Access  
c) the Directorate Heads of Finance

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

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

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

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

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

### **6.3 GRANTS AWARDED BY OTHER PARTIES**

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

### **6.4 DEBT RECOVERY**

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

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

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

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

The Director of Finance is responsible for ensuring:

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

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

1. the provision of adequate facilities and systems for employees whose duties include collecting and holding of cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

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2. that a system for the transportation of cash is in place.

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

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

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

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

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

During the absence (e.g. on holiday) of the holder of a safe or cash box key, the officer who acts in their place is subject to the same controls as the normal holder of the key. There should be a written discharge for the safe and/or cash box contents on the transfer of responsibilities and the handover certificate must be retained for inspection.

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

## **SECTION 7: HEALTHCARE SERVICE PROVISION**

### **7.1 INTRODUCTION**

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

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

Appropriate agreements should be in place for:

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

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

#### **NHS Bodies**

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

In addition, the Director of Finance will ensure that:

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

## **Non-NHS Organisations**

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

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

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

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

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

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

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

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

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

### **7.4 JOINT FUNDING**

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

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

## **SECTION 8: PAY EXPENDITURE**

### **8.1 REMUNERATION**

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

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

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

### **8.2 STAFF APPOINTMENTS, CHANGES AND TERMINATIONS**

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

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

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

### **8.3 PROCESSING OF PAYROLL**

The Director of Finance is responsible for ensuring:

1. that appropriate payroll services are provided to meet NHSGGC's needs;
2. that there are appropriate operating policies and procedures in place to control all pay expenditure;

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3. that appropriate authority to approve pay expenditure and changes is embedded within the eESS system; and
4. that only approved time records, pay sheets and other pay records and notifications are used.

Regardless of the arrangements for providing the payroll service, the Director of Finance will ensure that the chosen method is supported by appropriate management arrangements, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to the appropriate bodies.

### **8.4 PROCESSING OF EXPENSES**

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

### **8.5 AUTHORISATION**

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

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

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

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

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

**8.6 RESPONSIBILITIES OF EMPLOYEES**

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

**8.7 CONTRACT OF EMPLOYMENT**

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

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

**SECTION 9: NON-PAY EXPENDITURE**

**9.1 INTRODUCTION**

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

**9.2 STAFF RESPONSIBILITIES**

The Director of Finance will ensure that:

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

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

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

<b>Board Lead</b>	<b>Delegated Area of Responsibility</b>
Pharmacy Services:	All medicines
Property and Capital Planning:	All major building projects
Operational Estates:	Minor building and building repair projects
eHealth:	All IT projects, software, hardware and desktop.
Procurement:	All other ‘in-scope’ non-pay expenditure

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

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

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

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

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

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

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

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

#### **Budgetary Control**

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

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

#### **Tendering and Quotations**

Unless a requirement is already covered by a local or national framework agreement, all contracts and purchases will be tendered in accordance with SF110 "Orders, Quotations and Tenders", with the objective of securing goods and/or services of the necessary quality and quantity in accordance with NHSGGC's objectives and strategies at the most economic rates

The Public Contracts (Scotland) Regulations and Procurement Reform (Scotland) Act are applicable to all public sector organisations. These

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regulations are prescriptive in their requirements for public sector organisations and these SFI's are designed to ensure NHSGGC's full compliance.

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

The Equality Act 2010 outlaws any discrimination, including any potential discrimination through the provision of goods and services. All public authorities therefore have a duty to take equality into account when procuring goods, works, or services from external providers. These SFI's set out appropriate responsibilities for designated officers with external commitment authority, who in turn shall ensure that tender and contract award processes meet the legal provisions and requirements and that suppliers and contractors adhere to the equality and diversity legislation and principles.

### **Contracts**

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

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

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

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

## **Requisitions**

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

## **Authorisation**

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

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

## **Delegation of Authority**

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

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

Requisitions for supplies can only be authorised by the budget holder of the directorate or department (or someone formally delegated with that authority) where the expenditure is planned and covered by available funds. The Director of Finance will ensure that there is a list of authorised signatories maintained for this purpose. Such delegated authority will be embedded in any electronic purchasing systems.

## **Purchase Orders**

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

No goods or services may be ordered without the use of NHSGGC's official order form, including electronic versions. No officer of NHSGGC is permitted

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to make commitments out-with the official requisitioning and ordering processes unless the goods or services being procured have been generally or specifically exempted from these processes by the Chief Executive or Director of Finance.

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

### **Construction Procurement**

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

### **Trial/Loan Products**

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

## **9.4 PAYMENT OF ACCOUNTS**

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

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

Specifically the system will include checks that:

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

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

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

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

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

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

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

## **SECTION 10: ORDERS, QUOTATIONS AND TENDERS**

### **10.1 BUDGET PROVISION**

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

### **10.2 SPECIFICATION OF NEED**

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

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

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

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Pre-Market%20Engagement%20Procedure.pdf>

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

### **10.3 OFFICIAL ORDERS**

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

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

### **10.4 ORDERING PROCEDURE**

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

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

Only Post Holders delegated by the Board shall be authorised to commit NHSGGC to commitments with external parties. The Post Holders limit of authority is defined by the Scheme of Delegation.

Orders shall not be placed in a manner devised to avoid the financial thresholds specified in this Instruction.

### **10.5 CONTRACTS**

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

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

**Table 1: Procurement Thresholds**

Category	Un-regulated (no VAT applied)	Regulated Procurement	
		PRSA (VAT applied to upper threshold)	PCSR (VAT applied to lower threshold)
Goods	£0 - £50k	£50k - £138,760	Over £138,760
Services	£0 - £50k	£50k - £138,760	Over £138,760
Social and Other Specific Services*	£0 - £50k	£50k - £663,540	Over £663,540
Works	£0 - £2m	£2m - £4,447,447	Over £4,447,447

\*Social and Other Specific Services represent a more narrowly defined form of service contract within the Procurement Regulations. Guidance on how to tender for these type of contracts is available here:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Social%20and%20Other%20Specific%20Services%20Guidance.pdf>

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

Where approved Contracts exist for the same product or services, with more than one supplier, then the contracted supplier offering best value for money must be selected.

Where a framework contract exists (either nationally or locally), this contract must be used. Where a sole supplier or multi supplier ranked framework is available the contract would be awarded to the sole supplier or awarded in order of ranking. A Waiver to Tender is not required in these circumstances as a tender has already taken place however where a contract is not placed with the first ranked supplier a standard award report should specify the rationale. Where there is a multi supplier unranked framework the terms and conditions of the Framework Call Off mechanism must be complied with and a Call Off Award Report completed to show how best value for money is achieved. Care must be taken to ensure that frameworks used meet the requirements of Scottish Procurement Policy Note SPPN 03/2017:

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

## 10.6 TRANSACTIONS INVOLVING PROPERTY

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

## 10.7 QUOTATIONS

Where the supply of goods or services is estimated to be less than £50,000, the following applies, subject to the provisions of sections 10.8 and 10.9 (the limits quoted are exclusive of VAT).

- **Expenditure less than £10,000:** The ordering officer must be able to demonstrate that value for money is being obtained and will be supported in doing so by the relevant Board Procurement Lead.
- **Expenditure is equal to or more than £10,000 but less than £50,000:** At least three competitive quotations shall be obtained from different companies. Quotations must be in writing and retained for inspection. For complex or higher value items a specification should be prepared as appropriate. **The Competitive Quotations Procedure** should be followed in these cases available here:  
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS002%20Competitive%20Quotations%20Procedure.pdf>

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

## 10.8 COMPETITIVE TENDERING

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

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/Regulated%20Procurements%20Procedure.pdf>

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

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

In exceptional circumstances a Director, as specified in the Scheme of Delegation, supported with approval from the Head of Procurement and/or Director of Finance, can approve the waiving of the above requirements.

In such circumstances, the **SFI Waiver Procedure** should be followed:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Procurement%20Department/Documents/01%20Procedures/PS001%20SFI%20Waiver%20Procedure.pdf>

## **10.10 CONTRACT REGISTER / RECORDS**

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

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

## **10.11 CODE OF CONDUCT FOR STAFF**

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

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

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

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

**10.12 CONCESSIONS CONTRACTS**

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

## **SECTION 11: MANAGEMENT AND CONTROL OF STOCK**

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

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

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

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

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

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

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

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

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

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

Stocktaking arrangements should be agreed with the Director of Finance or the Assistant Director of Finance - Financial Services, Capital and Payroll and a physical check covering all items in store performed at least once a year. The physical check should involve at least one officer other than the storekeeper. The stocktaking records

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should be numerically controlled and signed by the officers undertaking the check. Any surpluses or shortages revealed in stocktaking should be reported immediately to the Head of Procurement, who will investigate as appropriate. Known losses of stock items not on stores control should also be reported to the Head of Procurement. The Head of Procurement will report all losses to the Director of Finance on an annual basis, or immediately if significant or caused by fraud or theft.

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

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

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

## **SECTION 12: CAPITAL INVESTMENT**

### **12.1 GENERAL**

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

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

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

### **12.2 CAPITAL INVESTMENT PROCESS**

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

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

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

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

The requirements for each level of expenditure are:

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

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

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The delegated limits to approve Business Cases are as follows:

- a) The Boards delegated authority for approval of Capital expenditure proposals is £10m however proposals above £5m will be submitted to the Capital Investment Group (CIG) at SGHSCD to allow for additional scrutiny prior to approval by the Board. This approval will be exercised by the Finance, Planning and Performance Committee on behalf of the Board where the proposal is between £10m and £20m. Proposals over £20m must be approved by the Board prior to submission to CIG.
- b) Business Cases for capital expenditure proposals between £3m and £10m will be reviewed by the CMT prior to submission to the Finance, Planning and Performance Committee for approval.
- c) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to the Corporate Management Team (CMT).
- d) Authority to approve capital proposals, including unfunded proposals, up to £3m is delegated to PASG.
- e) Authority to approve capital proposals, including unfunded proposals, up to £2m is delegated to CPG
- f) The Chief Executive, the Director of Finance, the Director of Estates and Facilities and Senior General Managers – Capital Planning have authority to authorise capital proposals in accordance with the Scheme of Delegation.

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

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

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

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

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

### **12.3 NATIONAL FORMULA ALLOCATION**

The Board receives a national formula allocation for minor works each year. The CPG allocates this funding to the Acute Capital Planning Forum, the Capital Equipment Group, and to the eHealth Senior Management Team. Each committee has responsibility to manage expenditure within their allocation. Capital expenditure proposals less than £1m will normally be funded from the minor works allocation however where a proposal has Board wide implications a Business Case should be submitted to PASG for approval with no de minimis

value. Estates minor works will usually be used to reduce backlog maintenance and for statutory compliance and condition improvement projects under the direction of the Director of Estates and Facilities.

#### **12.4 REVENUE FUNDING**

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

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

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

The Property Management Group will approve the following property transactions;

- a) acquisitions and disposals where the value is up to £0.150m,
- b) where the annual lease/rental charge is up to £0.150m

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

CMT will approve property lease and rental agreements between £3m and £5m. The Finance, Planning and Performance Committee will approve all property lease/rentals and acquisitions and disposals above £.5m.

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

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

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

#### **12.7 REGIONAL PLANNING**

The Board is a member of the West of Scotland Regional Planning Group. The Board Chief Executive has delegated authority to approve capital expenditure

included in any regional planning business case where it will become a Board asset.

## **12.8 PRIVATE FINANCE**

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

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

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

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

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

## **12.10 HSCP CAPITAL PLANNING**

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

Each HSCP will update and formally approve its 3 year capital plan annually.

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

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

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

## **12.12 PROJECT BANK ACCOUNTS**

It is Scottish Government policy that a Project Bank Account (PBA) must be used for all building projects with an estimated value more than or equal to £2m. A PBA ensures that subcontractors get paid promptly for work done and that

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those payments are ring fenced if the main contractor ceases trading. A PBA will be a condition of tender for all such projects.

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

## **SECTION 13: ASSETS**

### **13.1 ASSETS**

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

### **13.2 ASSET REGISTERS**

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

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

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

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

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5. the value of each asset is depreciated using methods and rates as specified in the Capital Accounting Manual and is consistent with the agreed depreciation policy of NHSGGC; and
6. capital charges are calculated and paid as specified in the Capital Accounting Manual.

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

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

### **13.3 SECURITY OF ASSETS**

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

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

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

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

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

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Where practical, assets should be marked as NHSGGC property.

On the closure of any premises, a physical check will be carried out and a responsible officer designated by the Chief Executive will certify a list of items held showing their eventual disposal.

(See Section 6 of these Instructions for security of cash cheques and other negotiable instruments)

### **13.4 DISPOSAL OF ASSETS**

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

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

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

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

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

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

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

**13.5 DONATION OF SURPLUS ASSETS**

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

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

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

## **SECTION 14: FINANCIAL INFORMATION MANAGEMENT**

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

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

The Freedom of Information (Scotland) Act 2002 (FOISA) places an obligation on public bodies to provide information, subject to certain exemptions (such as personal information etc.), to anyone who asks for it. Any request for information in permanent form (i.e. nonverbal) is a FOISA request and must be responded to, within 20 working days. A number of officers throughout NHSGGC have been trained in the requirements of FOISA. Anyone receiving a formal request for information should immediately pass it to one of the FOISA trained officers or, alternatively, the Director of Corporate Governance and Administration.

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

### **14.2 CONFIDENTIALITY AND SECURITY**

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

The complexity of delivering healthcare services means there is a need to facilitate appropriate access in a seamless manner to patients' information throughout the patient journey. Information sharing between organisations should be in accordance with the Intra-NHS Scotland Information Sharing Accord (2020).

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

Directors should discharge these responsibilities in accordance with the Scottish Government Information Security Policy Framework.

These instructions should be read in conjunction with:-

1. the Computer Misuse Act 1990 (as amended by the Serious Crime Act 2015);
2. the Data Protection Regulations;

3. NHS CEL (2011) 25 – Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors;
4. NHS CEL (2012) 25 – NHS Scotland Mobile Data Protection Standard ; and
5. NHS Scotland Code of Practice - Protecting Patient Confidentiality.

#### **14.3 CONFIDENTIALITY OF PERSONAL HEALTH INFORMATION**

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

#### **14.4 RESOLUTION OF CONFLICT**

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

#### **14.5 COMPUTERISED FINANCIAL SYSTEMS**

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

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

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

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

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

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

### **14.6 RETENTION OF RECORDS**

The Scottish Government Records Management NHS Code of Practice 2020 and the NHSGGC Corporate Records Policy provides guidance on the required standards of practice in the management of records for those who work within or under contract to NHSGGC. It is based on legal requirements and professional best practice. The Code of Practice encompasses the requirements of:

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

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

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

**14.7 INFORMATION SHARING WITH LOCAL AUTHORITIES**

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

## **SECTION 15: ENDOWMENT FUNDS**

### **15.1 GENERAL**

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

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

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

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

### **15.2 RISKS ASSOCIATED WITH RECEIVING CHARITABLE DONATIONS**

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

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

Charitable donations should only be accepted by the Trustees where they are consistent with this purpose.

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

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- It specifies further requirements that the Board cannot meet.
- It specifies conditions which are incompatible with the purpose of the Board's endowments.
- Onerous conditions are attached to the donation, which are not acceptable or cannot be met. For example, where the donation is for the provision of particular equipment or facilities, and the running of which would not be cost-effective or would be unaffordable.
- The acceptance of a donation places the Board under any inappropriate obligation. For example to provide any preferential NHS treatment to parties specified by the donor.
- It would be wrong to accept the donation on ethical grounds. Acceptance of a gift from a particular source may be incompatible with the ethos of the Health Service, or be likely to alienate beneficiaries or other potential donors.
- The acceptance of the donation could result in unacceptable controversy or adverse publicity. For example, the charitable donation should not benefit the person or organisation making the charitable donation at the expense of NHS patients as a whole.
- The donation is made payable to individual members of staff.

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

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

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

### **15.4 APPROVAL OF EXPENDITURE**

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

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

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- Chief Executive
- Director of Finance,
- Chief Operating Officer

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

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

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

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

All share and stock certificates and other assets relating to Endowment Funds will be held in the name of Nominees approved by the Trustees and will be deposited with the Endowment Funds' bankers or in some other secure facilities as determined acceptable to the Director of Finance. The Director of Finance will ensure a record is kept of all share and stock certificates on behalf of the Trustees. Property deeds will be held by the Central Legal Office.

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

### **15.6 INVESTMENT**

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

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

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

## BOARD OFFICIAL

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

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

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

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

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

The Director of Finance must ensure that:

1. the Trustees are advised on banking arrangements and with Board approval, securing the appropriate banking services;
2. the Trustees receive reports on receipt of funds, investment and any other matters agreed by the Board of Trustees;
3. annual accounts are prepared in the required manner within the agreed time-scales;
4. internal and external audit services are in place;
5. the Trustees receive reports on the outcome of the annual audit;

BOARD OFFICIAL

6. the Funds' liability to taxation and excise duty is managed appropriately;  
and
7. legal advice is obtained where necessary.

## **SECTION 16: FAMILY HEALTH SERVICES**

### **16.1 INTRODUCTION**

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

### **16.2 INDEPENDENT CONTRACTORS**

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

NHSGGC will ensure that:

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

### **16.3 PAYMENTS PROCEDURE**

The Director of Finance will ensure:

1. that appropriate arrangements exist for payments to be made on behalf of NHSGGC by National Services Scotland;
2. payments are subject to controls which include checks that:
  - a) the Statement of Financial Entitlement issued by SGHSCD has been correctly and consistently applied;

## BOARD OFFICIAL

- b) overpayments are prevented (or if not prevented, recovery measures are initiated); and
- c) fraud is detected;

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

- 3. that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- 4. that a prompt response is made to any query raised by National Services Scotland – Practitioner and Counter Fraud Services Division regarding claims from contractors submitted directly to them.
- 5. that controls and checks are in place to cover patients claiming exemption from NHS charges.
- 6. that any cases of contractor or patient fraud are investigated and criminal/civil/disciplinary action is taken where appropriate.

### **16.4 FRAUD**

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

### **16.5 ENHANCED SERVICES**

#### **Directed Enhanced Services**

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

- Childhood Immunisation \*Pneumococcal Immunisation \*
- Violent Patients
- Minor Surgery
- Extended Hours
- Palliative Care
- Pertussis Immunisation \*
- Shingles (Herpes Zoster) Immunisation \*
- Meningitis B Immunisation \*
- Preschool Boosters
- Rotavirus
- Seasonal Influenza \*

\*Note that funding for Immunisation Schemes will transfer to the Global Sum from 2022/23.

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The Board must, where necessary, vary the contractor's primary medical services contract so that the plan setting out these arrangements comprises part of the contractor's contract and the requirements of the plan are conditions of the contract. Prior to issuing payments in accordance with the above paragraph, the Board will require contractors and providers who have entered into an arrangement in terms of the Extended Hours Access Scheme in the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018.

### **National Enhanced Services**

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

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

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

### **Local Enhanced Services**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The enhanced service specifications outline the more specialised services to be provided. The specification of these services is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond scope of essential services. No part of these specifications by commission, omission or implication defines or redefines essential or additional services.

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

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

## **16.6 PAYMENT VERIFICATION**

Accountability for carrying out payment verification ultimately rests with the Board. Whilst the majority of payment verification will be undertaken by Practitioner Services (in accordance with the Partnership Agreement between Practitioner Services and the NHS Boards) there may be instances where it is more appropriate for payment verification to be undertaken by the NHS Board. Consequently, there is an onus on Practitioner Services and NHS Boards to agree the annual payment verification programme. Payment verification will be undertaken in accordance with the payment verification protocols issued in DL (2020)26.

## **SECTION 17: HEALTH AND SOCIAL CARE PARTNERSHIPS**

### **17.1 INTRODUCTION**

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

### **17.2 HSCP STRATEGIC PLAN**

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

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

### **17.3 BUDGETS DELEGATED TO AN HSCP**

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

#### **1. Directly Managed Budgets**

Budgets such as District Nursing where there are no specific conditions attached due to the nature of the funding source.

#### **2. Directly Managed Ringfenced**

Budgets where the HSCP has been allocated budget management responsibility but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of the funding is ring fenced for specific purposes.

#### **3. Managed on Behalf (MOB)**

Service budgets where one HSCP is responsible for managing the service on behalf of one or more other HSCPs. Where such hosted arrangements apply the responsible HSCP will be expected to manage the overall service expenditure within available funds.

#### **4. Centrally Managed with Spend/Consumption Targets (CMT)**

The budget will remain centrally managed but the HSCPs will actively participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets.

#### **5. Centrally Managed**

Budgets will continue to be managed centrally on account of their nature and/or scale.

**6. Set Aside (including Acute)**

The hospital services to be included in the set aside budget are listed in Schedule 3 Part 2 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Only clinical service budgets will be included.

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

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

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

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

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

**17.4 VIREMENT**

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

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

**17.5 NON RECURRING FUNDING**

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

**17.6 RESERVES**

HSCPs may hold reserves subject to the agreed reserves policy.

**17.7 CAPITAL PLANNING**

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

**17.8 BUSINESS CASES**

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

**SECTION 18: FRAUD, LOSSES AND LEGAL CLAIMS**

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

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

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

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

**Fraud** A false pretence – a false pretence by word of mouth, writing or conduct, and an inducement – induce someone to pay over monies/hand over goods, and A practical result – that the cheat designed had been successful to the extent of gaining benefit of advantage, or of prejudicing, or tending to prejudice, the interests of another person).

**Embezzlement** (is the felonious appropriation of property (i.e. a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control).

**Forgery and uttering** (is the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document).

**Bribery and Corruption** The Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation.

**Theft** (the felonious taking or appropriating of property without the consent of the rightful owner or other lawful authority) of NHS property or funds with a high value or where a series of thefts has been identified.

NHSGGC will take appropriate legal and/or disciplinary action against any employee, director, contractor or other third party if any of the above offences are found to be proven. In instances where there is sufficient evidence to support a criminal prosecution there is a presumption that a referral will be made to the Procurator Fiscal for consideration.

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Every officer has a duty to report, without delay, any instances of fraud, corruption, embezzlement, theft or other financial irregularities that they discover. This also includes any reasonably held suspicions that such circumstances have occurred (or are about to occur). This should normally be reported to the officer's line manager, in the first instance, but may be directly to the Fraud Liaison Officer if there are concerns about reporting to the line manager. NHSGGC encourages anyone having reasonably held suspicions of fraud, or other irregularity, to report it. Individuals will be offered protection under the Whistleblowing Policy and should have no fear of reporting such matters unless they know their allegations to be groundless and/or raised maliciously.

In cases where fraud, bribery, corruption or embezzlement is suspected, all investigations must be carried out by staff from NHS Counter Fraud Service. Line managers must therefore immediately contact the Fraud Liaison Officer who will arrange preliminary discussions with NHS Counter Fraud Service. No action should be taken, that may prejudice the outcome of any potential criminal prosecution, prior to consultation with the Fraud Liaison Officer and NHS Counter Fraud Service. This does not however prevent immediate action being taken where there are issues regarding safety and/or suspicions that evidence may be destroyed. Further guidance is available from the Fraud Liaison Officer.

In cases of theft, line managers should contact the police. Local managers should assume that they have delegated authority to investigate minor thefts (subject to the approval of their service head) but should still contact the Fraud Liaison Officer in cases of doubt and where they may require specialist assistance. Any major thefts, a series of thefts or theft involving some form of deception should be discussed immediately with the Fraud Liaison Officer as these may require investigation by NHS Counter Fraud Service. There is a presumption that all thefts should be reported to the police and that the crime reference should be entered on the Datix Report and Loss Report. Managers must submit a copy of their formal investigation report (which will be satisfied by a Datix Report or Loss Report in simple cases) to NHSGGC's Fraud Liaison Officer.

NHSGGC is not authorised to carry out any form of covert surveillance. If any manager considers that such a measure is necessary to detect or prevent a crime then they should contact the Fraud Liaison Officer to arrange assistance from the NHS Counter Fraud Service.

It is possible that any instance of fraud or other financial irregularity, may attract enquiries from the media or other outside sources. Staff should not make statements to the media regarding any financial irregularity, as this could prejudice the outcome of any criminal enquiry or proceedings. Any enquiries from the media or third parties should, in line with normal NHSGGC policy, be referred to NHSGGC's Communications Office, which will provide an appropriate response after consultation with the NHS Counter Fraud Service and/or the Fraud Liaison Officer.

### **18.2 LOSSES AND SPECIAL PAYMENTS**

The Director of Finance will ensure that procedural instructions on the recording of, and accounting for, condemnations, losses and special payments are prepared and issued.

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Any officer discovering or suspecting a loss of any kind will immediately inform their local manager. The manager will complete a loss form which will be signed by a budget holder and submitted to Financial Services. Losses in excess of the Budget Holder's delegated authority to write off losses should also be authorised by the appropriate Chief Officer. Where the loss is due to fraud or theft, the manager will immediately act as detailed at section 18.1 above.

The Director of Finance will ensure that a losses register in which details of all losses and compensations will be recorded as they are known is maintained.

The Board will approve the writing off of losses, within the limits delegated to it from time to time by the SGHSCD, except that delegated responsibility may be given by the Board to the Chief Executive or other officers. Any significant losses written off under this delegated authority will be reported to the Audit and Risk Committee of NHSGGC. Details of the delegated levels of authority are given in the Scheme of Delegation.

No losses or special payments that exceed the limits delegated to NHSGGC by the SGHSCD will be made without their prior approval.

The Director of Finance is authorised to take any necessary steps to safeguard NHSGGC's interest in bankruptcies and company liquidations.

For any loss, the Director of Finance will consider whether

1. any insurance claim can be made against insurers; or
2. legal action can be taken to recover all or part of the amount of the loss.

All changes to securities will require the approval of the Director of Finance since they affect the Board's financial exposure and risk of bad debts

### **18.3 CLAIMS FOR MEDICAL/CLINICAL NEGLIGENCE**

The Director of Corporate Governance and Administration will arrange for the Acute Services Division and HSCPs to hold a register of claims for medical and clinical negligence including details of payments made.

### **18.4 OTHER LEGAL CLAIMS**

The Director of Corporate Governance and Administration will arrange for the Acute Services Division and HSCPs to hold a register of other legal claims e.g. under Health and Safety legislation

### **18.5 DISPOSALS AND CONDEMNATIONS**

The procedures for the disposal of assets are set out in these instructions at Section 13 - Assets.

The Director of Finance will ensure that procedures for the recording and condemnation of all unserviceable items are prepared and issued.

**18.6 REPORTING**

The Audit and Risk Committee will maintain an oversight of the settlement of legal claims and claims for compensation. Where a settlement is above the Board's delegated limit and is forwarded to SGHSCD the Board, the Chief Executive Officer, the Director of Finance and the Chief Operating Officer will be notified in accordance with the Scheme of Delegation.

**SECTION 19: PATIENTS' PRIVATE FUNDS AND PROPERTY**

**19.1 PROCEDURE**

NHSGGC has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, found in the possession of unconscious or confused patients, found in the possession of mentally disordered patients, or found in the possession of patients dying in hospital. Such property shall be dealt with as provided below and in accordance with the Adults with Incapacity (Scotland) Act 2000.

Patients or their guardians, as appropriate, shall be informed before or at admission by:

- notice and information booklets;
- hospital admission documentation and property records;
- the oral advice of administrative and/or nursing staff responsible for admissions;

that NHSGGC will not accept responsibility or liability for patients' property brought into Board premises, unless it is handed in for safe custody and a receipt is obtained acknowledging property handed over.

The Director of Finance will ensure that there are detailed written instructions on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer, in any way, the property of patients. These instructions will incorporate the guidance on this subject issued from time to time by the SGHSCD and will be in a form approved by the Supervisory Body.

Any money or property handed over for safekeeping will be evidenced by the issue of an official receipt.

Records of patients' property shall be completed by a member of the hospital staff in the presence of a second member of staff and in the presence of the patient or the personal representative, where practicable. It should be signed by the member of staff and by the patient, except where the latter is restricted by physical or mental incapacity, in which case it should be witnessed by the signature of a second staff member.

Patients' income, including pensions and allowances, shall be dealt with in accordance with current SGHSCD guidelines and Department of Work and Pensions regulations.

Where monies or valuables are handed in other than to the Patients' Funds Cashier then they will be held securely and transferred to the Patients' Funds Cashier at the first reasonable opportunity.

Patients' funds will be banked and administered in accordance with instructions provided by the Director of Finance. Any funds not required for immediate use will be lodged in an interest bearing account with interest being credited to individual patients based on the level of funds held by each patient. Bank and funds reconciliations

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should be prepared on a monthly basis and reviewed by a more senior officer not involved in the day to day operation of the funds.

In the case of patients incapable of handling their own affairs, and unless their affairs are managed under legal authority by some other party, their affairs will be managed in accordance with the Adults with Incapacity (Scotland) Act 2000 and the associated policies approved by the Board's Supervisory Body.

In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £36,000 (or such other amount as may be prescribed by legislation and advised by the SGHSCD), production of a Confirmation of Estate will be required before any of the property is released. Where the total value of the property is less than £36,000 forms of indemnity will be obtained (although confirmation of estate should still be obtained in instances where dispute is likely).

In respect of a deceased patient's property, if there is no will and no lawful kin, the property vests in the Crown, and particulars will, therefore, be notified to the Queen's and Lord Treasurer's Remembrancer.

Staff should be informed on appointment, by the appropriate departmental or senior manager, of their responsibilities and duties for the administration of the property of patients.

Staff should not benefit directly or indirectly from the management of patients' private funds or property. Where it could be perceived that a member of staff may benefit, directly or indirectly (e.g. through accompanying a patient on holiday), then the expenditure and activity should be approved by the Multi-disciplinary Review Team.

The Board is not authorised to hold funds or valuables on behalf of patients in a community setting. Staff should decline requests to do so otherwise they could become personally liable in the event of loss.

### **19.2 OUTSIDE CONTRACTORS**

Where NHSGGC contracts with a private, voluntary sector or non NHS body for the provision of NHS patient care, the Director of Finance will ensure that the relevant contract specifies standards to be adopted for the administration and management of patients' private funds and property.

Detailed instructions, equivalent to those adopted by the Health Board, will be required and will form the basis of the standards required contractually of health care providers in respect of the administration and control of patients' funds and property. The Director of Finance will ensure the performance of partnership providers is monitored and measured against these procedures.

**SECTION 20: USE OF CONSULTANCY SERVICES (NON-MEDICAL)**

**20.1 DEFINITION**

An external consultancy service is defined as:

- a) an ongoing exchange of intellectual or professional information; where
- b) the commission ends on completion of a defined output; and
- c) the day to day management of the consultant remains with the supplier.

External consultants should only be used where the required skills and expertise to deliver the project cannot be provided internally.

**20.2 MANAGEMENT CONSULTANTS**

Where use of management consultants is being considered, the guidance contained in Circular NHS MEL (1994) 4 must be observed. This guidance covers the engagement, control and reimbursement of fees to management consultants.

**20.3 CAPITAL PROJECTS**

Where external consultants such as architects, design consultants, surveyors etc. are engaged on capital projects, including IM&T projects, the Board should follow the guidance contained in SCIM including the requirement for a post project evaluation.

**20.4 REVENUE FUNDED PROJECTS**

External consultants for revenue funded projects should only be engaged where it is considered to be the best way to deliver an outcome of value to the Board.

All engagements must have a clearly defined remit and outcome which will enable the Board to deliver its approved clinical strategy.

Any internal resources required to support the external consultant should be identified prior to engaging the external consultant.

A post project evaluation should be undertaken to assess whether the required outcome has been achieved.

**20.5 PROCUREMENT**

Engagement of all external consultants will be undertaken in accordance with Section 9, Non-Pay Expenditure and Section 10, Orders, Quotations and Tenders, of these SFIs.

All legal services will be obtained through NHS Central Legal Services (CLO) other than where the Board has appointed external legal advisers to a specific project. Note that prior approval will be required before consulting CLO.



# **NHS Greater Glasgow and Clyde Scheme of Delegation**

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## 1. MATTERS RESERVED FOR THE BOARD

### Background

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

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

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

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

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

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

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- NHS Statutory Approvals;
- Approval of the Corporate governance framework including:
  - Standing Orders
  - Establishment, remit, and reporting arrangements of all Board Standing Committees
  - Scheme of Delegation
  - Standing Financial Instructions
  - Model Code of Conduct

## 2. MATTERS DELEGATED TO OFFICERS OF THE BOARD

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

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

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

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

## 3. SCHEME OF DELEGATION ARISING FROM BOARD STANDING ORDERS

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

#### 4. SCHEME OF DELEGATION ARISING FROM BOARD STANDING FINANCIAL INSTRUCTIONS

A scheme of delegation operates for various Standing Financial Instructions (SFIs), each of which is described in the tables that follow the list below. The list below therefore includes a cross reference to the relevant section of the standing financial instructions. Where a Director post is referenced this will also cover any Interim appointments to that post.

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<b>Table 4.1 Allocations and Budgets</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board  CMT	Director of Finance	Revenue Resource Limit/Capital Resource Limit
2	Preparation and submission of Budgets		Director of Finance	Revenue Resource Limit and per the Financial Plan
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Executive	Resources within scope of Integration Scheme
5	Establishment and maintenance of Budgetary Control System		Director of Finance	
6	Delegation of Budgets		Chief Executive/Director of Finance	Limit as per Financial Plan
7	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
8	Authority to use N/R budget to fund recurring expenditure		Chief Executive	Within available resources
9	Virement of budget		Director of Finance	Up to £50,000 Head of Finance £50,000-£500,000 Asst DOFs Above £500,000 within available budget.
10	Virement of budget – HSCP		IJB Chief Officers / Board Director of Finance / Local Authority Finance Officer	Within available budget and local financial regulations/scheme of delegation regarding virement

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**Table 4.1 Allocations and Budgets (continued)**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	Finance, Planning and Performance Committee above £5m– within available resources Chief Executive or Director of Finance up to £5m

**Table 4.2 Annual Accounts and Reports**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
1	Submission of monitoring returns to Scottish Government Health and Social care Directorate ( SGHSCD)		Director of Finance	In accordance with SGHSCD requirements
2	Approval of NHSGGC Annual Accounts	Audit and Risk Committee to review and onwards to Board for approval	Chief Executive	In accordance with Accounts Manual
3	Approval of Endowment Fund Annual Accounts	Endowment Management Committee to review and onwards to Board of Trustees for approval	Director of Finance	In accordance with The Charity Accounts (Scotland) Regulations 2006
4	Preparation of Governance Statement	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance	In accordance with Accounts Manual

**Table 4.3 Audit**

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

## BOARD OFFICIAL

<b>Table 4.3 Audit (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
4	Appointment of internal auditors	Audit and Risk Committee	Director of Finance	
5	Appointment of external auditors for the Endowment Fund accounts	Board of Trustees Endowment Management Committee	Director of Finance	

<b>Table 4.4 Banking Arrangements</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Opening of Bank accounts in the Board's name	Audit and Risk Committee	Director of Finance	N/A
2	Notification to bankers of authorised signatories on bank accounts	Audit and Risk Committee	Director of Finance	N/A
3	Transfers to/ from GBS Account; to/ from Bank Accounts		2 signatories from panel authorised by the Board	N/A
4	BACS/CHAPS/SWIFT/Faster Payments/ cheque/ Payable Order payments		2 signatories from panel authorised by the Board	N/A
5	Direct Debit/Standing Order mandates		2 signatory from panel authorised by the Board	N/A

\*BACS – Bankers Automated Clearing System; CHAPS – Clearing Houses Automated Payment System; SWIFT – Society for World-wide Interbank Financial Telecommunication; GBS – Government Banking Service

<b>Table 4.5 Contracts/Service Level Agreements</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m CMT approval for all new contracts with an annual value between £1.5-5m

**BOARD OFFICIAL**

<b>Table 4.5 Contracts/Service Level Agreements (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee  CMT	Relevant members of the CMT	<u>Substantive Service Changes</u> CMT and as appropriate Finance, Planning and Performance Committee  <u>Financial Changes</u> Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m
3	Resource Transfer		Director of Finance and IJB Chief Officers	Within approved budget
4	Setting of Fees and Charges: income generation - Board		Director of Finance	Where not determined by SGHSCD or statute
5	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services – Acute Services		Director of Finance	Where not determined by SGHSCD or statute
6	Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services - Health and Social Care Partnerships		Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ HSCP Chief Financial Officers	Where not determined by SGHSCD or statute

<b>Table 4.6 Pay expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Oversight and approval of any workforce related strategy	Staff Governance Committee	Director of Human Resources and Organisational Development	Within national guidance
2	Responsibility for implementing changes to terms and conditions of service	CMT	Director of Human Resources and Organisational Development	Within national guidance

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<b>Table 4.6 Pay expenditure (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
3	Preparation of contracts of employment		Director of Human Resources and Organisational Development	Compliance with current legislation and agreed terms and conditions
4	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Board Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
5	Approval of Severance agreements -all other staff		Chief Executive or where appropriate Director of Human Resources and Organisational Development / Director of Finance	Compliance with current legislation and agreed terms and conditions; within available funding
6	Oversight of employment litigation claims	Remuneration Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions and process in respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally agreed terms and conditions
8	Engagement, termination, re-engagement, re-grading of staff		Budget Holder	Within approved budget and funded establishment and in accordance with approved Human Resources policies
9	Approval of hours worked		Budget Holder	Within approved budget
10	Approval of Leave		Budget Holder	In accordance with agreed Terms and Conditions
11	External contractors		Budget Holder	Within approved budget

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<b>Table 4.7 Non-Pay Expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

<b>Table 4.8 Orders, Quotations and Tenders</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Request for tender/purchase (including specification) revenue - Health supplies/ services revenue - other supplies/ services expenses		Budget holder	In accordance with approved strategy/ Business Case/ Project Authorisation Checklist
2	Approval of Non Pay Revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive or Director of Finance up to £5m; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee  CMT Property and Asset Strategy Group  Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities Senior General Managers - Capital Planning	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m

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<b>Table 4.8 Orders, Quotations and Tenders (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning and Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m
5	Maintenance of Contract Register		Head of Procurement	
6	Maintenance of Tender Register		Head of Procurement; Head of Department for each Board Procurement Lead	
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>• IJB - Chief Officer</li> <li>• Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>• Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>• Waivers which are urgent or have no competition and are in excess of £250k</li> <li>• (Waivers where the tender process was not followed the threshold for DOF approval is over £50k</li> </ul>

<b>Table 4.9 Management and Control of Stock</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Issue of Stores recording and operating procedures		Director of Estates and Facilities	All stocks
2	Day to day management and security arrangements		Director of Pharmacy	Pharmacy stock
3	Day to day management and security arrangements		Director of eHealth	IM&T stock
4	Day to day management and security arrangements		Director of Estates and Facilities	All other stocks

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<b>Table 4.10 Capital Investment</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of Business Cases - non Information Management & Technology (IM&T)	Capital Investment Group ( SG) Finance, Planning and Performance Committee CMT  Property and Asset Strategy Group  Capital Planning Group	Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m
2	Approval of Business Cases - Information Management & Technology (IM&T)	SG eHealth Programme Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Director of eHealth	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m

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Table 4.10 Capital Investment (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
3	Property acquisitions/ disposals	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Director of Estates and Facilities	The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board) Property and Asset Strategy Group between £0.15m and £1.5m. Property Management Group up to £0.15m Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required
4	Property Lease/rental agreements	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	The values below relate to value for the full period of the lease not just the annual value Finance, Planning and Performance Committee over £5m <u>either per annum or in total over the lease term</u> (limited to £20m; above £20m approval required by Board) CMT between £3m and 5m PASG between the lesser of £1.5m <u>per annum</u> and £5m <u>in total over entire lease term</u> Prop Mgmt Group up to the lesser of £150k per annum or £1.5m <u>in total over entire lease term</u>
5	Strategy for Investment in Primary care	Board	Director of Estates and Facilities	Business case limits as above
6	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget

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<b>Table 4.11 Management of Endowment Funds</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Expenditure budget for general funds	Endowment Management Committee	Director of Finance	
2	Approval of expenditure from Endowment Funds	Endowment Management Committee	Fundholder/ authorised signatory to fund	Up to £50,000
			Fundholder/ authorised signatory plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Between £250,000 and £750,000
			Endowment Management Cttee approval plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer	Over £250,000
3	Creation of new endowment funded posts	Endowment Management Committee	Director of Finance	All Endowment funded posts
4	Maintenance of Accounts and Records		Director of Finance	
5	Access to share and stock certificates, property deeds		Director of Finance	
6	Opening of Bank accounts in the Endowment Fund name	Endowment Management Committee	Director of Finance	List of authorised signatories and approval limits to be supplied for each account
7	Acceptance of endowment funds	Endowment Management Committee	Director of Finance	Funds may only be accepted where consistent with the charitable purpose of the Endowment Funds
8	Correspondence re legacies and giving good discharge to executors		Director of Finance	
9	Investment of Endowment Funds	Endowment Management Committee	Director of Finance	
10	Nominee for grants of probate or letters of administration		Director of Finance	
11	Approval of endowment related policies	Endowment Trustees	Director of Finance	

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<b>Table 4.12 Family Health Services</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Agreement of General Medical Services (GMS) budget	Board	Chief Executive/ Director of Finance	Within limits of Financial Plan
2	Preparation of local aspects of GMS Contracts		Director of Primary Care	
3	Individual GP Practice Contract changes		Director of Primary Care	
4	GMS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Medical Services Contracts) (Scotland) Regulations 2018 and subsequent amendments
5	Monitoring of contractors covered by GMS Contract		Director of Primary Care	
6	General Pharmaceutical Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (Pharmaceutical Services) (Scotland) Regulations 2009 and subsequent amendments
7	Monitoring of contractors covered by GPS Contract		Director of Pharmacy	
8	General Dental Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Dental Services) (Scotland) Regulations 2010 and subsequent amendments
9	Monitoring of contractors covered by GDS Contract		Chief Officer East Dunbartonshire IJB	
10	General Ophthalmic Service payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with NHS (General Ophthalmic Services) (Scotland) Regulations 2006 and subsequent amendments
11	Monitoring of contractors covered by GOS Contract		Director of Primary Care	
12	Verification of FHS payments		Director of Finance (administered by National Services Scotland under terms of an SLA)	In accordance with DL(2018) 19 and Partnership Agreement with Practitioner Services

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<b>Table 4.13 Health and Social Care Partnerships</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ IJB Chief Officer	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
2	Delegation of functions to IJBs	Board	Chief Executive	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
3	Delegation of funds to IJBs	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

<b>Table 4.14 Fraud, Losses and Legal</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Notification of discovered fraud/criminal offences to SGHSCD		Director of Finance	

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<b>Table 4.14 Fraud, Losses and Legal (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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 / Chief Operating Officer/ HSCP Chief Officers/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
3	Maintenance of medical negligence and legal claims register		Director of Corporate Services and Governance	
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers and HOF Management Accounts - Claims up to £30,000 Corporate Services Manager and Asst DOF - Claims £30,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £250,000 to £500,000

<b>Table 4.15 Patients Private Funds and Property</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Authorisation of Manager and Establishments to manage residents affairs		Chief Officer – Within the terms of the Adults with Incapacity (Scotland) Act 2000.	Within the terms of the Adults with Incapacity (Scotland) Act 2000.

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<b>Table 4.15 Patients Private Funds and Property (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
2	Monitoring and reviewing arrangements for the management of residents affairs		Chief Officer – Operations, Glasgow City IJB as Lead Director for the Supervisory Body	Within the terms of the Adults with Incapacity (Scotland) Act 2000.
3	Establishment of arrangements for the safe custody of patients' and residents' property		Chief Executive	Within the terms of the Mental Health Act 1984, Adults with Incapacity Act 2000 and guidance laid down by the Scottish Government.
.4	Arrangements for the opening and management of bank accounts		Director of Finance	
5	Establishment of detailed procedures for the safe custody and management of patients' and residents' property		Director of Finance	
6	Provision of a receipts and payments statement in the approved format annually		Director of Finance	
7	Approval of Patient Private Funds Annual Accounts	Audit and Risk Committee	Director of Finance	

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

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

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

**Table 5.1 Clinical Governance**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Clinical and Care Governance Committee	Medical Director and Nurse Director
2	Oversight of relevant Corporate Strategies as delegated by the Board	Clinical and Care Governance Committee	Medical Director and Nurse Director
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Clinical and Care Governance Committee	Medical Director and Nurse Director
4	Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies	Research and Ethics Committees with Annual Report to Clinical and Care Governance Committee	Medical Director
5	Approval of Patients Complaints Policy and Procedure as per model CHP	Clinical and Care Governance Committee	Nurse Director
6	Monitoring and reporting of Patients complaints and feedback including trends and learning	Clinical and Care Governance Committee	Nurse Director

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<b>Table 5.1 Clinical Governance (continued)</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
7	Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates	Clinical Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight	Nurse Director

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Approval of Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
6	Approval of Workforce Plan and Culture Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
7	Staff elements of Equality Legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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<b>Table 5.2 Staff Governance (continued)</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
11	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive

<b>Table 5.3 Risk Management</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Risk Appetite	Board	Director of Finance
2	Approval of Risk Management Strategy	Risk Management Steering Group and 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 and 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	Oversight of the system for the management of operational risk	Audit and Risk Committee	Director of Finance

<b>Table 5.4 Strategic Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Annual Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Medical Director/ Director of Finance
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Medical Director
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Medical Director
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director
5	Maintenance of the Strategic Planning Framework	Finance, Planning and Performance Committee	Medical Director

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<b>Table 5.5 Performance Management</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Approval and implementation of Performance Management Framework aligned to Active Governance and Assurance Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

<b>Table 5.6 Information Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of the delivery of Information Management Systems, Strategy & Security	Audit and Risk Committee	Director of eHealth
2	Scrutiny and oversight of the delivery and implementation of the Board Digital Strategy	Audit and Risk Committee with reference to Clinical and Care Governance Committee in terms of clinical impact	Medical Director/Director of eHealth
3	Data Protection Act	Audit and Risk Committee	Director of eHealth and Director of Finance as SIRO
4	Caldicott Guardian		Director of Public Health supported by the Deputy Director of Public Health
5	Freedom of Information Policy and Annual Report	Audit and Risk Committee	Director of Corporate Services and Governance
6	Records Management Plan	Audit and Risk Committee and onwards to Board for approval	Director of eHealth

<b>Table 5.7 Communication</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Communication and Public Engagement Strategy	Board	Director of Communications and Public Engagement
2	Communication of and adherence to SFIs and Scheme of Delegation		Director of Finance

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<b>Table 5.8 Emergency and Continuity Planning</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Preparation and maintenance of comprehensive Civil Contingency Plan(s)	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health
2	Annual report on the preparation and maintenance of Business Continuity Plan processes for the Board	Audit and Risk Committee to review and onwards to Board for approval	Director of Public Health

<b>Table 5.9 Public Health</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
2	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate	Population Health and Wellbeing Committee	Director of Public Health
3	Oversight of relevant Corporate Strategies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Nurse Director
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

<b>Table 5.10 Other Key Areas</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Complaints, Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
2	Standing Orders, SFIs, Scheme of Delegation and Non Exec Code of Conduct	Audit and Risk Committee to review and onwards to Board for approval	Director of Finance Director of Corporate Services and Governance
3	Public engagement		Director of Communications and Public Engagement
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee	Director of Corporate Services and Governance

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<b>Table 5.10 Other Key Areas (continued)</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
5	Safe Management of Controlled Drugs (Health Act - the Controlled Drugs (Supervision of Management and Use) Regulations 2006)	Annual report to Clinical Governance Forum and onward to Clinical and Care Governance Committee for assurance	Controlled Drug Accountable Officer, Director of Pharmacy
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities
7	Child and Adult Public Protection Annual Report and regular updates	Clinical and Care Governance Committee	Director of Nursing



# **NHS Greater Glasgow and Clyde Governance Committees Terms of Reference**

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## **NHS Greater Glasgow and Clyde Acute Services 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 Acute Services Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing committee of the NHS Board.
- 1.3 The 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.

#### **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 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**

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 a show of hands, or a ballot.

### **3.4 Frequency of Meetings**

The Acute Services 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 Vice Chair, 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 the Secretariat Team within Corporate Services.

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 Acute Services Committee is to scrutinise key areas and provide assurance to the NHS Board regarding performance management and improvement across Acute Services, efficiency, effectiveness and quality of services delivered to patients in Acute care; financial planning and management of Acute Services; and appropriate governance in respect of risks allocated to the Acute services Committee.

This includes approval of the delivery of Corporate Objectives (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

- 5.1 The key duties of the Acute Services Committee are to receive and review reports and, as appropriate, seek direct feedback from staff in respect of:

### **Performance Management:**

- Ensuring a coordinated approach to the management of performance across Acute Services scrutinising areas of challenge, highlighting risk and seeking remedial action
- Supporting the Acute Services aspects of Remobilisation Plan/Annual Operational Plan and oversight of implementation
- Highlight positive performance and sharing learning on improvement
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

### **Resources:**

- Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting
- Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting
- Reflecting on role of Finance Planning and Performance Committee in the overall monitoring of the Boards financial position across the whole system

### **Quality:**

- Ensuring an integrated approach is taken to delivery of priorities within the Quality Strategy in respect of Acute Care ensuring efficiency and effectiveness in service provision
- Seeking assurance that systems for monitoring and development are in place within Acute Services and which ensuring that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve the quality of clinical care referring to the Clinical Care Governance Committee as required
- Reviewing, as relevant to Acute Services, the Clinical Governance Strategy and respective implementation plans
- Monitoring Acute Services activities in connection with the person-centeredness approach and oversee patient experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations in line with Acute

### **Risk Management:**

- To ensure appropriate governance in respect of risks, as allocated to the Acute Services Committee by the Audit and Risk Committee; reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite in agreeing appropriate escalation

### **Capital Projects:**

- By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes

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- Provide advice to the Finance, Planning and Performance Committee on business cases to be submitted to SGHD for approval (usually above £5m). However it is for the Finance, Planning and Performance Committee to approve such business cases

### 6. Authority

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

### 7. Reporting Arrangements

7.1 The Acute Services Committee 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 Acute Services Committee and distribution to the Committee for ratification at the next Committee meeting.

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 Committee Chair approved minutes of the Acute Services Committee meetings will be presented to the NHS Board for noting.

7.5 The Acute Services 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, for approval.

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer
Approved by:	Acute Services Committee
Approved date:	May 2023
Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

## Corporate Objectives Approved June 2022

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

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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.	Lead Committee: Clinical and 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 and 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 and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## **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 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 purpose of the ARC conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place to ensure that:
  - Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations
  - Public money is safeguarded and properly accounted for
  - Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question
  - Reasonable steps are taken to prevent and detect fraud and other irregularities
  - The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

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

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.
- 2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

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- 2.3 The Chair of the Board shall not be a member of the Committee, but shall have the right to attend meetings. As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow and Clyde, other Board Members shall also have the right to attend. A schedule of meetings will be published, and those NHS Board members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.4 At least one member of the ARC should have recent and relevant financial experience.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

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 a show of hands, or a ballot.

#### **3.4 Frequency of Meetings**

The Audit and Risk Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair, Director of Finance, and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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

### **3.6 Administrative Support**

The Director of Finance shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit and Risk Committee. This will be by way of an Executive Group which shall provide support to the Audit and Risk Committee by ensuring that reports and relevant matters are being actioned at local level by management. It will also agree which responsible officers should be instructed to attend the Audit and Risk Committee to be responsible for an audit report. These arrangements shall be subject to review, evaluation and approval on an annual basis by the Audit and Risk Committee.

- 3.7 Administrative support for the Committee will be provided by a member of the Corporate Services Team.
- 3.8 The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.
- 3.9 The external auditor, internal auditor, Chief Executive and Director of Finance shall normally attend all meetings.
- 3.10 The external auditor and internal auditor shall have free and confidential access to the Chair of the Audit and Risk Committee.
- 3.11 The external auditor and internal auditor shall meet on at least one occasion each year with the Committee without the Director of Finance, other Executive Directors or Board staff being present. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such meeting.
- 3.12 The Chair may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of specific matters. The Chair shall ensure that an accurate record is made of any conclusion reached as the result of such discussions.
- 3.13 The Audit and Risk Committee will provide the Board and the Accountable Officer with an annual report on the Board's system of internal control, timed to support finalisation of the Annual Report and Accounts, including the Governance Statement. This report will include a summary of the Committee's conclusions from the work it has carried out during the year.

### **4. Remit**

- 4.1 The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control. This will include the following specific responsibilities.
  - (i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud

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1. Overseeing the Board's Governance arrangements, including compliance with the law, Scottish Government Health Directorates guidance or instructions, the Board's Standing Orders, Standing Financial Instructions and Code of Conduct for Staff.
  2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board. This evaluation will be based on the work of, and annual report of, the Internal Auditors on behalf of the committee.
  3. Reviewing the assurances given in the Governance Statement. The Audit and Risk Committee may challenge
    - Executives to question whether the scope of their activity delivers the assurance needed by the Board and the Accountable Officer
    - Whether the assurance given is founded on sufficient, reliable evidence and whether the conclusions are reasonable in the context of the evidence
  4. The Audit and Risk Committee shall be proactive in commissioning assurance work from appropriate sources if it identifies any significant risk, governance or control issue which is not being subjected to adequate review. It shall also seek to ensure that any weaknesses, identified by reviews, are remedied.
  5. Oversight and monitoring of the effectiveness of arrangements for the governance of the Board's systems for the management of risk. This includes regular review of the Corporate Risk Register and minutes of Risk Management Steering Group meetings.
  6. Seek assurance from other Board committees that appropriate action is being taken to mitigate risk and implement recommendations arising from audits and inspections carried out.
  7. Monitoring the effectiveness of arrangements to prevent and detect fraud and to receive regular reports on these arrangements and the levels of detected and suspected fraud.
  8. Review its own effectiveness and report the results of that review to the Board and Accountable Officer.
  9. Oversight of and monitoring of the Board's systems for information governance receiving minutes and updates from the Information Governance Steering Group.
  10. Oversight of claims against the Board, liability and settlement status.
  11. Monitoring and scrutinising key data and information as per the Board's Assurance Information Framework as part of Active Governance.
- (ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation
1. As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Code of Conduct for Staff and recommend changes for Board approval.
  2. Reviewing annually (or as required) the Scheme of Delegation.
  3. Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.

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### (iii) Internal and External Audit

1. Approving the arrangements for securing an internal audit service, as proposed by the Director of Finance to the Chair of the Audit and Risk Committee.
2. Monitoring the delivery of internal audit and the annual performance of external audit.
3. Approving and reviewing internal audit plans, and receiving reports on their subsequent achievement.
4. Reviewing external audit plans, and receiving reports on their subsequent achievement.
5. Monitoring management's response to audit recommendations, and reporting to the Board where necessary.
6. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.
7. Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
8. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chair of the Committee.
9. Ensuring co-ordination between internal and external audit.
10. Receiving and approving the internal auditor's report on the review of property transactions monitoring and reporting the results of this review on behalf of the NHS Board to the Scottish Government Health Directorates in accordance with the NHS Scotland Property Transactions Handbook.

### (iv) Annual Accounts

1. Approving changes to accounting policies, and reviewing the Board's Annual Report and Accounts prior to their adoption by the full Board. This includes:
  - Reviewing significant financial reporting issues and judgements made in the preparation of the Annual Accounts
  - Reporting in the Directors' report on the role and responsibilities of the Audit and Risk Committee and the actions taken to discharge those
  - Reviewing unadjusted errors arising from the external audit
  - Reviewing the schedules of losses and compensations
2. The Chair of the Audit and Risk Committee (or nominated deputy) should be in attendance at the Board meeting at which the Annual Accounts are approved.

This includes approval of the delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

## **5. Authority**

- 5.1 The Audit and Risk Committee is a Standing Committee of the NHS Board.

## 6. Reporting Arrangements

- 6.1 The Audit and Risk will report to the NHS Board.
- 6.2 The draft minutes of the ARC will be cleared by the Chair of the ARC and the nominated Director of Finance prior to distribution to the ARC for ratification at the next Committee meeting. The ratified minutes of the ARC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 6.3 In addition, the NHS Board Meeting will receive a Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 6.4 The Chair of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.

## 7. Conduct of the Committee

- 7.1 All members will have due regard to and operate within the NHS Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 7.2 The Committee will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	June 2023
Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

<b>Corporate Objectives Approved June 2022</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## BOARD OFFICIAL

### APPENDIX 2

<b>Table 4.2 Annual Accounts and Reports</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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

<b>Table 4.3 Audit</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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	

<b>Table 4.4 Banking Arrangements</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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

<b>Table 5.10 Other Key Areas</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	
2	Standing Orders, SFIs, Scheme of Delegation 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	
4	Monitoring of compliance with Whistleblowing Standards	Audit and Risk Committee	Director of Corporate Services and Governance	

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Table 4.8 Orders, Quotations and Tenders				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
7	Waivers to Tender	Audit and Risk Committee	Relevant Director: <ul style="list-style-type: none"> <li>• IJB - Chief Officer</li> <li>• Acute Division – Chief Operating Officer or Directors who report to the COO</li> <li>• Other Corporate Directorates including Estates &amp; Facilities – relevant Executive Director</li> </ul> And Head of Procurement	Required >£10k. Additional Director of Finance sign off required in the following circumstances: <ul style="list-style-type: none"> <li>• Waivers which are urgent or have no competition and are in excess of £250k</li> <li>• (Waivers where the tender process was not followed the threshold for DOF approval is over £50k</li> </ul>

Table 4.14 Fraud, Losses and Legal				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Writing off of losses	SGHSCD  Audit and Risk Committee	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Operating Officer/ HSCP Chief Officers/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
3	Ex-gratia payments – Non Employees	SGHSCD  Audit and Risk Committee  CMT	Chief Executive/ Director of Finance/ Director of Human Resources and Organisational Development/ Director of Communications and Public Engagement/ Director of Public Health/ Director of eHealth / Chief Officer Operating/ HSCP Chief Officers/ Director of Corporate Services and Governance	Financial loss over £25,000;  Extra contractual payments over £20,000;  Other payments over £2,500
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	

**BOARD OFFICIAL**

<b>Table 4.14 Fraud, Losses and Legal (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers and HOF Management Accounts - Claims up to £30,000 Corporate Services Manager and Asst DOF - Claims £30,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £250,000 to £500,000

<b>Table 4.14 Fraud, Losses and Legal</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
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 / Chief Operating Officer/ HSCP Chief Officers/ Director of Corporate Services and Governance	Individual losses over £20,000 require ARC and SGHSCD approval With the exception of individual losses occurring in the following exceptions where the limit is over £40,000: <ul style="list-style-type: none"> <li>• Stores/ Procurement</li> <li>• Fixed Assets (other than losses due to fraud/ theft)</li> <li>• Abandoned Road Traffic Accident claims</li> </ul>
4	Oversight of claims, liability and settlement status	CMT Audit and Risk Committee	Chief Executive Officer, Director of Finance and Director of Corporate Services and Governance	

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<b>Table 4.14 Fraud, Losses and Legal (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
5	Oversight of settlement of legal claims and compensation payments – (clinical and non-clinical)	Audit and Risk Committee CMT	Director of Corporate Services and Governance	Corporate Legal Managers and HOF Management Accounts - Claims up to £30,000 Corporate Services Manager and Asst DOF - Claims £30,000 to £150,000 Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000 Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £250,000 to £500,000

<b>Table 4.15 Patients Private Funds and Property</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
7	Approval of Patient Private Funds Annual Accounts	Audit and Risk Committee	Director of Finance	

**NHS Greater Glasgow and Clyde  
Clinical and Care Governance Committee**

**Terms of Reference**

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Clinical 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 Committee is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS Board.

**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**

Meetings will be considered quorate when four 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 **Declaration of Interests**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

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

### 3.8 **Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## 4. **Remit**

4.1 The remit of the Committee is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Oversight of the development and implementation of the NHS Board's Clinical Governance Policy and Quality Strategy
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care
- Ensure oversight of person centred care and feedback reflecting learning

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- That NHSGGC fulfils its statutory obligations relating the Board's Duty of Quality - including Duty of Candour
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated
- Appropriate governance in respect of risks, as allocated to the CCG 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 walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care
- Compliance with relevant regulatory requirements and national clinical standards
- The processes within NHSGGC to ensure that appropriate action is taken in response to *adverse clinical incidents, infection control, complaints, feedback from patients, carers and families, and SPSO feedback*, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care
- Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans
- Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour
- Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required
- Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.
- Seek assurance regarding executive and professional oversight of NHSGGC Child Protection and Adult Support and Protection arrangements, taking into account the other public protection agendas identified in National policy including Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS)

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- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

The CCGC will receive minutes/reports from the:

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

### 6. Authority

6.1 The Clinical and Care Governance Committee 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.

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	June 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## APPENDIX 1

## Corporate Objectives Approved June 2022

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

Code	Corporate Objective	Lead Committee
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

Code	Corporate Objective	Lead Committee
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

## APPENDIX 2

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

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director

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<b>Table 5.6 Information Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
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

<b>Table 5.10 Other Key Areas</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Complaints, Patient Experience, and Feedback	Clinical and Care Governance Committee	Nurse Director
5	Safe Management of Controlled Drugs (Health Act - the Controlled Drugs (Supervision of Management and Use) Regulations 2006)	Annual report to Clinical Governance Forum and onward to Clinical and Care Governance Committee for assurance	Controlled Drug Accountable Officer, Director of Pharmacy
7	Child and Adult Public Protection	Clinical and Care Governance Committee	Director of Nursing

**NHS Greater Glasgow and Clyde  
Finance, Planning and Performance Committee**

**Terms of Reference**

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (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 and Clyde NHS Board Standing Orders and Scheme of Delegation.
- 1.3 The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
- 1.4 The overall purpose of the Finance Planning and Performance Committee is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
- 1.5 The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHSGGC strategic plans and Health and Social Care Partnership strategic plans.

**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, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.3 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in 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 6 Non-Executive Directors of the NHS Board are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of Meetings**

The Finance, Planning and Performance Committee shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declarations of Interest**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

All declarations of interest will be minuted.

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

#### **3.6 Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## 4. Remit of the Committee

4.1 The remit of the Finance, Planning and Performance Committee is to scrutinise and provide assurance to the NHS Board on the following key areas for healthcare services:

- Financial Management
- Strategic Planning
- Performance Monitoring
- Risk Management
- Stakeholder Engagement.

4.2 The Committee's remit includes those specific areas of NHS GGC business outlined in the Scheme of Delegation. This includes the following responsibilities:

- Promoting active and collaborative governance across the healthcare system
- Monitoring progress towards the achievement of NHS GGC aims, corporate objectives (Appendix 1) and operational priorities as approved and allocated to the Committee by the NHS Board
- Oversight of the management of the specific corporate risks allocated to FPPC by the Audit Committee relating to finance, planning, performance and property.

## 5. Key Duties of the Committee

5.1 The Key Duties of the Finance, Planning and Performance Committee are as follows:

### Financial Management

- **Financial Strategy:** approve the NHS Board's three year Financial Strategy and receive regular updates on its progress, advising the NHS Board as appropriate. This includes approval of the NHS GGC Property and Asset Management Strategy and the recommending approval of Capital Plans to the NHS Board
- **Annual Financial Plan:** approve the NHS Board's Annual Financial Plan, advising the NHS Board as appropriate
- **Financial Performance:** have oversight and receive analysis of financial performance across the whole system, including HSCP hosted services. This analysis includes all financial resources delegated to NHS GGC Directorates and IJBs, including the use of non-recurrent funds and reserves.

### Property and Asset Management

- **Property & Asset Strategy:** ensure that the strategy reflects the NHS Board's purpose, aims and corporate objectives and that the NHS Board's property and assets are developed and maintained to meet the needs of 21<sup>st</sup> Century service models
- **New Developments:** oversee developments within the parameters set by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery, on budget, and to agreed standards.

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This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per limits indicated by the Scheme of Delegation) and recommend to the NHS Board as appropriate

- **Acquisitions and Disposals:** ensure that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook
- **Capital Strategy:** review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FPPC will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation
- **Continuous Improvement:** receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual, CEIs, audit reports and other Scottish Government Guidance.

### Strategic Planning

- **NHS Board's Strategic Plans:** ensure that strategic planning objectives are aligned with the NHS Board's overall purpose, aims, and corporate objectives and make recommendations to the NHS Board
- **NHS Board's Annual Delivery Plan:** ensure that the Annual Delivery Plan is fit to deliver key local and national operational priorities (including Regional Planning requirements), and make recommendations to the NHS Board
- **Integration Joint Boards' Strategic Plans:** ensure NHSGGC input, at an appropriate level, to the draft IJB Strategic Plans and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims, corporate objectives and operational priorities
- **Strategic NHS GGC-wide Initiatives:** maintain oversight of progress with the implementation of Strategic NHS GGC-wide initiatives (such as the Moving Forward Together Programme and the eHealth Strategy)
- **External Inquiries:** oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry) ensuring completeness and transparency.
- **QEUH Legal Claim:** Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.

### Performance Management

- **Performance Monitoring:** ensure assurance information flows are in place to support an active and collaborative governance approach to performance monitoring and reporting across the healthcare system to enable well-informed and evidence-based discussions to take place at the NHS Board and IJBs.
- **Governance:** Utilise all assurance information available to the FPPC, including the HSCP Annual Performance Reports, to oversee and scrutinise the delivery of healthcare services provided by the NHS GGC Directorates and HSCPs.
- **Service Delivery:** review and approve the NHS Board's Performance Management Framework ensuring that it is aligned to the Board's Assurance Framework and provides assurance on the effectiveness of the policies and systems in place to ensure progress on delivering the Board's purpose, aims, corporate objectives and operational priorities. This includes all healthcare services delivered by the NHS GGC Directorates and HSCPs

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- **Continuous Improvement:** ensure that the NHS GGC Directorates and HSCPs encourage a quality improvement culture that promotes innovation and sharing of best practice across the healthcare system.

### Risk Management

- **Governance Arrangements:** ensure appropriate governance arrangements are in place in respect of those corporate risks allocated to the Committee by the Audit and Risk Committee
- **Assurance:** review the appropriate risk registers to obtain assurance on risk identification, assessment and mitigation that is in line with the NHS Board's risk appetite, agreeing escalation as appropriate. This includes considering risks to service delivery by the GGC Directorates and HSCPs on a whole system basis.

### Stakeholder Engagement

- **Integration Joint Boards:** ensure that collaborative governance is promoted through open exchanges of information on the challenges, opportunities and risks being identified and managed across the whole healthcare system. This involves paying particular attention to the interdependencies between the work of the NHS GGC Directorates and HSCPs and the relationship between health and social care service delivery
- **Scottish Government:** provide Board level assurance of active and collaborative good governance of finance, strategic planning and performance across the healthcare system in Greater Glasgow and Clyde.

## 6. Authority

The Finance, Planning and Performance Committee is a Standing Committee of the NHS Board.

## 7. Reporting Arrangements

- 7.1 The 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 FPPC 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.

<b>Version Control</b>	<b>Final draft 11 April 2023</b>
Author:	Director of Corporate Governance and Administration
Responsible Executive Lead:	Director of Finance
Approved by:	Finance, Planning and Performance Committee
Approved date:	TBC
Date for review:	March 2024
Replaces previous version:	June 2022

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APPENDIX 1

**Corporate Objectives Approved June 2022**

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that delivery a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provides safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people	Clinical and Care Governance Committee
COBC7	To ensure services are timely and accessible to all parts of the community we serve.	<b>Lead Committee: Finance, Planning and Performance Committee</b> /Acute Services Committee
COBC8	To deliver person centred care through a partnership approach built on respect, compassion and shared decision making.	Lead Committee: Clinical and 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.	Lead Committee: Clinical and 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.	<b>Finance, Planning and Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balance budgets.	<b>Finance, Planning and Performance Committee</b>

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COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	<b>Finance, Planning and Performance Committee</b>
COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs	<b>Finance, Planning and Performance Committee</b>
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	<b>Finance, Planning and Performance Committee</b>

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**APPENDIX 2**

<b>Table 4.1 Allocations and Budgets</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Preparation and approval of Revenue and Capital Financial Plans	Finance, Planning and Performance Committee and onwards to Board  CMT	Director of Finance	Revenue Resource Limit/Capital Resource Limit
4	Agreeing strategic direction for HSCP Strategic Plans	Finance, Planning and Performance Committee CMT	Chief Executive	Resources within scope of Integration Scheme
7	Approval of Change Programmes	Finance, Planning and Performance Committee (where proposal includes major service change/ workforce change or where revenue implications are unfunded or >£1.5m)	Chief Executive/Director of Finance	Within available resources
11	Authority to commit expenditure for which no provision has been made in approved plans/budgets	Financial Planning and Performance	Chief Executive/ Director of Finance	Finance, Planning and Performance Committee above £5m– within available resources Chief Executive or Director of Finance up to £5m

<b>Table 4.5 Contracts/Service Level Agreements</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)	Finance, Planning and Performance Committee CMT	Relevant members of the CMT	Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5m CMT approval for all new contracts with an annual value between £1.5-5m

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<b>Table 4.5 Contracts/Service Level Agreements (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
2	SLA substantive changes including service reduction or significant financial changes	Finance, Planning and Performance Committee  CMT	Relevant members of the CMT	<u>Substantive Service Changes</u> CMT and as appropriate Finance, Planning and Performance Committee  <u>Financial Changes</u> Director of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m

<b>Table 4.7 Non-Pay Expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Procurement Strategy	CMT onwards to Finance, Planning and Performance Committee, and Board.	Director of Finance	N/A
2	Oversight of delivery and implementation of the Procurement Strategy	Procurement Steering Group CMT Finance, Planning and Performance Committee	Director of Finance	N/A

<b>Table 4.8 Orders, Quotations and Tenders</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
2	Approval of Non Pay Revenue expenditure (within limits of available budget)	Finance, Planning and Performance Committee	Chief Executive Director of Finance Chief Operating Officer Acute Services Acute/Corporate Directors IJB Chief Officers	Finance, Planning and Performance Committee over £5m (limited to £20m; above £20m approval required by Board) Chief Executive or Director of Finance up to £5m; Chief Operating Officer – Acute Services up to £4m; Acute/Corporate Directors up to £2m; IJB Chief Officers up to £2m.

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<b>Table 4.8 Orders, Quotations and Tenders (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
3	Approval of Non Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance, Planning and Performance Committee  CMT Property and Asset Strategy Group  Capital Planning Group	Chief Executive Director of Finance Director of Estates and Facilities Senior General Managers - Capital Planning	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m
4	Approval of Information Management & Technology (IM&T) Capital expenditure (Within limits of approved scheme)	Finance Planning and Performance Committee CMT Capital Planning Group	Chief Executive up to £2m; Director of Finance up to £2m;	Finance Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) CMT up to £3m; Capital Planning Group up to £2m

<b>Table 4.10 Capital Investment</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of Business Cases - non Information Management & Technology (IM&T)	Capital Investment Group ( SG) Finance, Planning and Performance Committee CMT  Property and Asset Strategy Group  Capital Planning Group	Director of Estates and Facilities	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m

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Table 4.10 Capital Investment (continued)				
Line	Area of Responsibility	Committee Approval Required	Officer Responsible	Limits Applying
2	Approval of Business Cases - Information Management & Technology (IM&T)	SG eHealth Programme Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Capital Planning Group	Director of eHealth	Finance, Planning and Performance Committee over £5m; (limited to £20m; above £20m approval required by Board) Chief Executive up to £5m;  Director of Finance up to £4m Director of Estates and Facilities up to £4m CMT up to £3m  Property and Asset Strategy Group up to £3m  Capital Planning Group up to £2m General Managers - Capital Planning up to £2m
3	Property acquisitions/ disposals	Finance, Planning and Performance Committee  CMT Property and Asset Strategy Group  Property Management Group	Director of Estates and Facilities	The values below relate to NBV's of the assets prior to any Impairment unless otherwise stated Finance, Planning and Performance Committee over £1.5m (limited to £20m; above £20m approval required by Board)  Property and Asset Strategy Group between £0.15m and £1.5m.  Property Management Group up to £0.15m  Where sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required

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<b>Table 4.10 Capital Investment (continued)</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
4	Property Lease/rental agreements	Finance, Planning and Performance Committee CMT Property and Asset Strategy Group Property Management Group	Chief Executive/ Director of Finance /Director of Estates and Facilities / Medical Director/ Chief Operating Officer	The values below relate to value for the full period of the lease not just the annual value Finance, Planning and Performance Committee over £5m either <u>per annum</u> or <u>in total over the lease term</u> (limited to £20m; above £20m approval required by Board) CMT between £3m and 5m PASG between the lesser of £1.5m <u>per annum</u> and £5m <u>in total over entire lease term</u>  Prop Mgmt Group up to the lesser of £150k per annum or £1.5m <u>in total over entire lease term</u>
7	Hub contracts (revenue funded)	Finance Planning and Performance Committee for review and onward to Board for approval.	Director of Estates and Facilities	Within limits of agreed project budget

<b>Table 4.13 Health and Social Care Partnerships</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
1	Approval of the IJB Integration Schemes	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ IJB Chief Officer	In accordance the Public Bodies (Joint Working) (prescribed Health Board Functions) (Scotland) Regulations 2014 and approved Integration Schemes
3	Delegation of funds to IJBs	Finance, Planning and Performance Committee to review and onward to the Board for approval	Chief Executive/ Director of Finance	In accordance with Strategic Plan and within limits of Financial Plan
4	Early engagement and consultation regarding IJB Strategic Plans	Finance, Planning and Performance Committee	Chief Executive/ IJB Chief Officer	In accordance with Integration Scheme and within limits of Financial Plan
5	Oversight of performance outcomes for delegated services	Finance, Planning and Performance Committee	IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework

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6	Review and respond to IJB Annual Reports	Finance, Planning and Performance Committee and onward to Board for assurance CMT	Chief Executive/ Director of Planning/ IJB Chief Officers	In accordance with Integration Scheme and Board Assurance Information Framework
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**Table 5.4 Strategic Planning**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Annual Delivery Plan	Finance, Planning and Performance Committee to review and onward to Board for approval	Medical Director/ Director of Finance
2	Oversight of approach to strategic planning across the system	Finance, Planning and Performance Committee	Medical Director
3	Provide input and feedback to IJB Strategic Commissioning Plans	Finance, Planning and Performance Committee	Medical Director
4	Oversight of Regional Planning	Finance, Planning and Performance Committee	Medical Director
5	Maintenance of the Strategic Planning Framework	Finance, Planning and Performance Committee	Medical Director

**Table 5.5 Performance Management**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
1	Approval and implementation of Performance Management Framework aligned to Active Governance and Assurance Information Framework	Finance, Planning and Performance Committee CMT Board	Director of Finance
2	Regular Performance Management oversight as per AIF	Finance, Planning and Performance Committee All Standing Committees (as per the framework) CMT Board	Director of Finance and relevant Directors

**Table 5.10 Other Key Areas**

Line	Area of Responsibility	Committee Approval Required	Officer Responsible
6	Approval of the Environmental Sustainability Strategy	Finance, Planning and Performance Committee to review and onwards to the Board for approval	Director of Estates and Facilities



**NHS Greater Glasgow and Clyde  
Population Health and Wellbeing Committee**

**Terms of Reference**

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Population Health and Wellbeing Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
- 1.3 The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy - Turning the Tide Through Prevention - August 2018, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

**2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

The Committee will be supported by a number of professional advisors including:

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

The Committee will be supported by the Director of Public Health, and other Executive Directors as appropriate. Other Board members will have access to the Committee meeting papers via Admin Control. Any vacancies which occur in the membership of the Committee shall be filled by the Board Chair, and endorsed by the Board at the next scheduled meeting.

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

### **3. Arrangements for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair and Vice Chair of the Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

#### **3.2 Quorum**

Meetings will be considered quorate when four Non-Executive Members are present.

#### **3.3 Voting**

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

#### **3.4 Frequency of meetings**

The Population Health and Wellbeing Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 Declaration of Interests**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee's consideration has been completed.

3.6 All declarations of interest will be minuted.

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

#### **3.8 Administrative Support**

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

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

## **4. Remit**

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

This includes approval of delivery of the Corporate Objectives (Appendix 1) and the Scheme of Delegation (Appendix 2) 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:

### **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 - August 2018, 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. (This includes focusing on expanding the workforce, development of primary care and community mental health services and using new methods to deliver 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 review the development of the Board's Public Health Directorate's Annual Work-plan across the three domains of Health Protection, Health Improvement and improving the quality of Health Services
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical service changes and Child Health Services

### **Performance**

- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff
- To oversee the funding allocated to public health activities by the Board
- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health
- To provide the Board members who are part of IJBs with information and evidence to promote public health
- To oversee the adherence to Equality legislation referring specific staffing elements e.g. Equal Pay to the Staff Governance Committee
- To oversee the requirements of legislation in respect of child poverty making recommendations to the NHS Board
- To monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance

## **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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<b>Version Control</b>	<b>27 June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	27 June 2023
Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**APPENDIX 2**

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
7	Staff elements of Equality Legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health

<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Population Health and Wellbeing Committee	Director of Public Health
2	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate	Population Health and Wellbeing Committee	Director of Public Health
3	Oversight of relevant Corporate Strategies as delegated by the Board	Population Health and Wellbeing Committee	Medical Director and Nurse Director
4	Oversight of the delivery of Public Health Strategy implementation and Public Health programmes	Population Health and Wellbeing Committee	Director of Public Health
5	Health Promotion and Education	Population Health and Wellbeing Committee	Director of Public Health
7	Oversight of Child Poverty Action Plans	Population Health and Wellbeing Committee	Director of Public Health

## **NHS Greater Glasgow and Clyde Remuneration Committee**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Remuneration Committee is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a 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 Remuneration Committee will ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health Directorate.

#### **2. Membership**

- 2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board. Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board. The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
- 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 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.

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### 3.2 Quorum

Meetings will be considered quorate when three Non Executive Members are present (one of whom may be the Chair).

### 3.3 Voting

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

### 3.4 Frequency of Meetings

The Committee shall meet a minimum of twice per annum. Additional meetings may be arranged at the discretion of the Committee Chair.

### 3.5 Declarations of Interest

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, 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 and provide appropriate support to the Chair and Committee members.

## 4. Remit of the Committee

4.3 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments. This includes approval of delivery of the Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, 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](#)

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- and any subsequent amendments, ensuring overarching staff governance responsibilities can be discharged.

### **5. Key Duties of the Committee**

- 5.1 The remit of the Remuneration Committee is to scrutinise the following key areas and provide assurance to the Staff Governance Committee regarding:
- 5.2 In accordance with Scottish Government Health Directorate (SGHD) guidance, determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades - D to I) and Senior Management Cohort (national pay grades - A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 5.3 Seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, including job descriptions, job evaluation, terms of employment, basic pay and performance related pay increases.
- 5.4 Seek assurance of the implementation and maintenance of the electronic performance management system - Turas Appraisal for Executive and Senior Management Cohorts for the forthcoming year.
- 5.5 Ensure that the performance process of the Executive Directors, Directors and Senior Management Cohorts is rigorously assessed against objectives agreed by the relevant line manager, and seek assurance from the Chair and Chief Executive as respective grandparent reviewers.
- 5.6 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 5.7 Receive updates on any temporary responsibility allowances of the Executive and Senior Management cohort.
- 5.8 Agree any severance Processes/Policies/Procedures in respect of all staff including Executive and Senior Managers e.g. premature retirements under the NHS Superannuation Scheme.
- 5.9 Agree any salary placing, responsibility allowances, severance packages for the Executive Directors Cohort recommended by the Accountable Officer as per DL(2019)15 as amended.
- 5.10 Receive updates on any severance packages awarded to Senior Managers (Grades A to C) and other Directors (Grades D to I) approved by the Accountable Officer.
- 5.11 Approve any new substantive posts and temporary posts in excess of 12 months within the Executive Director cohort (national pay grades - D to I)

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- 5.12 Approve any annual pay uplifts to any staff group out with AFC during transition periods following any TUPE agreements.
- 5.13 Seek assurance on the application of the national system for the annual process for the awarding of Discretionary Points to relevant clinical staff and receive an update on annual outcomes.
- 5.14 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 The Committee will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

### 6. Authority

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

### 7. Reporting Arrangements

- 7.1 To ensure that the Staff Governance Committee is fully apprised of the work of the Remuneration Committee, the Employee Director will present a summary of key issues discussed and processes applied, the terms of which shall be agreed with the Committee.

### 8. Conduct of the Committee

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

<b>Version Control</b>	<b>27 June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Remuneration Committee
Approved date:	27 June 2023
Date for review:	March 2024
Replaces previous version:	August 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and 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 and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

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**APPENDIX 2**

<b>Table 4.6 Pay expenditure</b>				
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>	<b>Limits Applying</b>
4	Oversight of Severance agreements – Executive cohort	Remuneration Committee	Chief Executive (Board Chair where severance agreement is for Chief Exec.) and Director of Human Resources and Organisational Development	
6	Oversight of employment litigation claims	Remuneration Committee	Director of Human Resources and Organisational Development with a Board Director	
7	Oversight of compliance with current nationally agreed terms and conditions and process in respect of Executive and Senior Management Pay	Remuneration Committee	Director of Human Resources and Organisational Development	Compliance with current nationally agreed terms and conditions

**NHS Greater Glasgow and Clyde  
Staff Governance Committee**

**Terms of Reference**

**1. Introduction**

- 1.1 The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
- 1.2 The Staff Governance Committee (SGC) is established in accordance with NHS Greater Glasgow 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 SGC is to provide assurance to the NHS Board that NHS Greater Glasgow and Clyde meets its obligations in relation to staff governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard').
- 1.5 In particular, the SGC will seek to ensure that staff governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

**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, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
- 2.3 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

### **3. Arrangement for Conduct of Business**

#### **3.1 Chairing the Committee**

The Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. The NHS Board Chair shall appoint two co-chairs, one of whom will be the Employee Director. In the event of a co-chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired solely by the other co-chair. In the absence of both co-chairs, the meeting shall be chaired by another voting member of the committee as agreed by the voting membership present.

#### **3.2 Quorum**

Meetings will be considered quorate when at least four Non-Executive Members of the Committee are present.

#### **3.3 Voting**

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.

#### **3.4 Frequency of Meetings**

The SCG shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Co-Chairs after consulting with the NHS Board Chair and Chief Executive.

#### **3.5 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 HR Team supported by the Corporate Services Team.

The administrative support to the SGC will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business,

## BOARD OFFICIAL

provide appropriate support to the Co-Chairs 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 SGC shall support the creation of a culture within the health system, where the delivery of the highest possible standards of staff management is understood to be the responsibility of everyone working within NHS Greater Glasgow and Clyde, and this is built upon partnership and co-operation.
- 4.2 This includes approval of delivery of the Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

### 5. Key Duties of the Committee

- 5.1 The Committee shall act for the Board to oversee the commissioning of structures and process which ensure that delivery against the Staff Governance Standard is being achieved and ensure staff are:
- Well informed
  - Appropriately trained and developed
  - Involved in decisions
  - Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
  - Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community
- 5.2 The SGC shall monitor and evaluate strategies and implementation plans relating to people management.
- 5.3 The SGC shall perform a governance function for the Board's Health and Safety Forum, the Board wide Revalidation Group, Medical Staff Governance & Workforce Information Group, and any other relevant standing or ad hoc groups as agreed by the NHS Board.
- 5.4 The SGC shall be authorised by the Board to approve any policy amendment, resource submission to the Director of Finance to achieve the Staff Governance Standard.
- 5.5 The SGC shall take responsibility for oversight of the timely submission of all the staff governance data required for national monitoring arrangements.
- 5.6 The SGC shall provide staff governance information for the statement of internal control.
- 5.7 The SGC shall provide assurance that systems and procedures are in place through the local Remuneration Committee to manage senior manager pay as set out in [MEL\(1993\)114 \(amended\)](#).

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- 5.8 The SGC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board's risk appetite, and agreeing appropriate escalation.
- 5.9 The SGC will oversee the implementation of key aspects of Equality legislation in respect of staff e.g. Equal Pay, Equality and Diversity Training
- 5.10 The SGC will seek assurance regarding the implementation of the Safer Staffing Regulations.
- 5.11 The SGC will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

### **6. Authority**

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

### **7. Reporting Arrangements**

- 7.1 The SGC will report to the NHS Board and will submit an Annual Report on its activities to the NHS Board.
- 7.2 The draft minute will be reviewed by the Director of Human Resources and Organisational Development before being agreed by the Co-Chairs prior to distribution to the Staff Governance Committee for ratification at the next Committee meeting. The ratified minutes of the SGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
- 7.3 In addition, the NHS Board Meeting receives a Co-Chair's Report, which summarises the key issues considered at the most recent meeting of the Committee.
- 7.4 The Co-Chairs of the SGC shall draw to the attention of the NHS Board any issues that require escalation.

### **8 Conduct of the Committee**

- 8.1 All members will have due regard to and operate within the Board's Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.
- 8.2 The SGC will participate in an annual review of the Committee's remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board. Note, this is in addition to the annual report noted above in paragraph 3.15 which fulfils a separate function.

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<b>Version Control</b>	<b>May 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources and Organisational Development
Approved by:	Staff Governance Committee
Approved date:	23 May 2023
Date for review:	March 2024
Replaces previous version:	May 2022

## APPENDIX 1

<b>Corporate Objectives Approved June 2022</b>
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<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Health</b>	
COBH1	To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.	Population Health and Wellbeing Committee
COBH2	To reduce health inequalities through advocacy and community planning.	Population Health and Wellbeing Committee
COBH3	To reduce the premature mortality rate of the population and the variance in this between communities.	Population Health and Wellbeing Committee
COBH4	To ensure the best start for children with a focus on developing good health and wellbeing in their early years.	Population Health and Wellbeing Committee
COBH5	To promote and support good mental health and wellbeing at all ages.	Population Health and Wellbeing Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee

**APPENDIX 2**

<b>Table 5.2 Staff Governance</b>			
<b>Line</b>	<b>Area of Responsibility</b>	<b>Committee Approval Required</b>	<b>Officer Responsible</b>
1	Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.	Staff Governance Committee	Director of Human Resources and Organisational Development
2	Oversight of relevant Corporate Strategies as delegated by the Board	Staff Governance Committee	Medical Director, Nurse Director and Director of Human Resources and Organisational Development
3	Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate.	Staff Governance Committee	Director of Human Resources and Organisational Development
4	Approval of Staff Governance Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
5	Oversight of compliance with of Staff Governance Framework	Area Partnership Forum onward to Staff Governance Committee	Director of Human Resources and Organisational Development
6	Approval of Workforce Plan and Culture Framework	Staff Governance Committee	Director of Human Resources and Organisational Development
7	Staff elements of Equality Legislation.	Staff Governance Committee with reference to Population Health and Well Being Committee re overall Equality Scheme duty	Director of Human Resources and Organisational Development
8	Oversight of Equality Scheme as per legislation	Population Health and Wellbeing Committee with reference to Staff Governance regarding staffing elements e.g. Equal Pay	Director of Public Health
9	Safe Staffing Legislation	Staff Governance Committee with reference to Clinical and Care Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
10	Oversight of compliance with Health and Safety legislative requirements	Staff Governance Committee	Director of Human Resources and Organisational Development/ Nurse Director
11	Oversight and approval of relevant Health & Safety policies	Health & Safety Forum and CMT to review and onwards to Staff Governance Committee for approval	Director of Human Resources and Organisational Development/ Chief Executive

## 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 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 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 Professions and Healthcare Scientists

Chair and Vice Chair (or relevant Deputy) of the Area Professional Committees as follows:

- 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. NHSGGC 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 NHSGGC.

Membership of NHSGGC 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 NHSGGC Board, the new Chair will have to be formally nominated to the Cabinet Secretary as a Member of NHSGGC Board for a decision of formal appointment 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.

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The Vice Chair will deputise, as appropriate, for the Chair, but where this involves participation in the business of NHSGGC Board, they will not be functioning as a Non-Executive Director of NHSGGC 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 four consecutive years however in exceptional circumstances, Area Clinical Forum can agree to extend the maximum term by one year however succession planning for membership of the Area Clinical Forum 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 Area Clinical 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 Voting**

Should a vote need to be taken, all of the voting members of the Forum shall be allowed to vote, either by a show of hands, or a ballot.

### **3.6 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 Area Clinical Forum Chair.

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

### **3.7 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.

## BOARD OFFICIAL

Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Area Clinical Forum.

### **3.8 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 Area Clinical 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.

### **3.9 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.

### **3.10 Guest Speakers**

The Forum may invite guest speakers who it considers may have particular contribution to the work of the Area Clinical 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.

This includes approval of the delivery of Corporate Objectives (Appendix 1) as approved and allocated to the Forum by the NHS Board, and any operational objectives, as required.

## **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 Area Clinical Forum Chair, being fully engaged in NHS Board business

## BOARD OFFICIAL

- 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
- Monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

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 Area Clinical Forum 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.

## BOARD OFFICIAL

7.4 The Chair of the Area Clinical 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 Area Clinical 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.

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
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Date for review:	March 2024
Replaces previous version:	June 2022

## APPENDIX 1

**Corporate Objectives Approved June 2022**

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

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Care</b>	
COBC6	To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people.	Clinical and 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 and 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 and 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 and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Value</b>	
COBV11	To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets.	Finance, Planning and Performance Committee
COBV12	To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management.	Finance, Planning and Performance Committee

BOARD OFFICIAL

COBV13	To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs.	Finance, Planning and Performance Committee
COBV14	To utilise and improve our capital assets to support the reform of healthcare.	Finance, Planning and Performance Committee

<b>Code</b>	<b>Corporate Objective</b>	<b>Lead Committee</b>
	<b>Better Workplace</b>	
COBW15	To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued.	Staff Governance Committee
COBW16	To ensure our people are well informed.	Staff Governance Committee
COBW17	To ensure our people are appropriately trained and developed.	Staff Governance Committee
COBW18	To ensure our people are involved in decisions that affect them.	Staff Governance Committee
COBW19	To promote the health and wellbeing of our people.	Staff Governance Committee
COBW20	To provide a continuously improving and safe working environment.	Staff Governance Committee



# **NHS Greater Glasgow and Clyde Standing Committee Annual Reports**

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## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF ACUTE SERVICES COMMITTEE 2022/23**

#### **1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### **2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. ACUTE SERVICES COMMITTEE**

##### **3.1 Purpose of Committee**

The purpose of the Acute Services Committee is to provide the NHS Board with the assurance that -

##### **Performance Management:**

- Ensuring a coordinated approach to the management of performance across Acute Services scrutinising areas of challenge, highlighting risk and seeking remedial action.
- Supporting the Acute Services aspects of Remobilisation Plan/Annual Operational Plan and oversight of implementation.
- Highlight positive performance and sharing learning on improvement.

##### **Resources:**

- Monitoring in-year financial performance of revenue resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Monitoring in-year financial performance of capital resources within Acute Services at agreed frequency of reporting and where necessary, exception reporting.
- Reflecting on the role of Finance Planning and Performance Committee in the overall monitoring of the Boards financial position across the whole system.

##### **Quality:**

- Ensuring an integrated approach is taken to delivery of priorities within the Quality Strategy in respect of Acute Care ensuring efficiency and effectiveness in service provision.
- Seeking assurance that systems for monitoring and development are in place within Acute Services and ensuring that clinical governance and clinical risk management arrangements are working effectively to safeguard and improve

## BOARD OFFICIAL

the quality of clinical care referring to the Clinical Care Governance Committee as required.

- Reviewing, as relevant to Acute Services, the Clinical Governance Strategy and respective implementation plans.
- Monitoring Acute Services activities in connection with the person-centeredness approach and oversee patient experience initiatives, complaints/feedback arrangements and monitoring of SPSO recommendations in line with Acute.

### **Risk Management:**

- To ensure appropriate governance in respect of risks, as allocated to the Acute Services Committee by the Audit and Risk Committee; reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite in agreeing appropriate escalation.

### **Capital Projects:**

- By exception receive reports on Acute Capital schemes and monitor the delivery of these schemes.
- Provide advice to the Finance Planning and Performance Committee on business cases to be submitted to SGHD for approval (usually above £5m). However it is for the Finance Planning and Performance Committee to approve such business cases.

## **3.2 Composition**

During the financial year end 31 March 2023 membership of the Acute Services Committee comprised: **Chairperson - Mr Ian Ritchie**

### **MEMBERSHIP**

- Mr Paul Ryan (Vice Chair)
- Mr William Edwards (Executive Lead)
- Dr Jennifer Armstrong
- Ms Susan Brimelow OBE
- Prof John Brown CBE, Board Chair
- Mr Simon Carr
- Councillor Chris Cunningham
- Mrs Jane Grant, Chief Executive
- Councillor Colette McDiarmid
- Dr Lesley Rousselet
- Professor Angela Wallace

### **IN ATTENDANCE**

- Mr Colin Neil, Director of Finance
- Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll
- Ms Sandra Bustillo, Director of Communications and Engagement
- Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access
- Mr Daniel Connelly, Deputy Director of Public Engagement
- Dr Emilia Crighton, Interim Director of Public Health
- Dr Scott Davidson, Deputy Medical Director (Acute)

## BOARD OFFICIAL

- Ms Kim Donald, Corporate Services Manager - Governance/Board Secretary Ms Gillian Duncan, Secretariat
- Ms Morag Gardner, Deputy Nurse Director, Acute Division
- Mr Andrew Gibson, Chief Risk Officer
- Ms Susan Groom, Director of Regional Services
- Ms Sara Khalil, Secretariat Officer
- Mrs Anne MacPherson, Director of Human Resources & Organisational Development
- Ms Fiona McEwan, Assistant Director of Finance
- Ms Susan McFadyen, Director of Access
- Mrs Angela O'Neill, Deputy Director of Nursing, Acute
- Ms Nareen Owens, Head of People and Change
- Mrs Louise Russell, Secretariat Officer
- Mr Tom Steele, Director of Estates and Facilities
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Mr Arwel Williams, Director of Diagnostics and Regional Services

### 3.3 Meetings

The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 17 May 2022
- 19 July 2022
- 20 September 2022
- 15 November 2022
- 17 January 2023
- 21 March 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Acute Services Committee were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/23. Areas considered included:

- Acute Updates
- Acute Services Integrated Performance Reports
- Financial Monitoring Reports
- Corporate Risk Register Extract
- Review of Terms of Reference
- Patient Experience Report
- Junior Doctor Workforce Group Report
- Scottish Government Waiting Time Targets – Presentation
- Cancer Waiting Times
- Safe to Start – Presentation
- Staffing Positions
- Planned Care – Presentation

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- A&E Attendance Research
- Acute Experience Report
- Schedule of Meetings 2023/24
- IRH HIS Update
- Annual Report of Acute Services Committee 2023

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

### **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

#### **4.1 Acute Services Integrated Performance**

During 2022/23, the Committee received Integrated Performance Reports to provide members with a balanced overview of performance against key metrics. The suite of measures reflect the key priorities across Acute Services and includes the suite of acute related Local Delivery Plan (LDP) Standards alongside National Key Performance Indicators, HR and Governance related metrics. The Committee were assured by the information provided that work continued to improve performance in respect of the key areas.

#### **4.2 Financial Monitoring**

During 2022/23, the Committee received Financial Monitoring Reports to update on the financial position, including the progress and position of the Financial Improvement Programme (FIP). The Committee were assured by the information provided that significant work was underway to achieve financial balance.

#### **4.3 Corporate Risk Register**

During 2022/23, the Committee received an extract of the Corporate Risk Register that relates to risks that come under the remit of the Acute Services.

#### **4.4 Acute (COVID-19) Updates**

During 2022/23, the Committee received Acute (COVID-19) updates to inform members on the position in respect of the NHSGGC response to manage COVID-19 and provide assurance. Updates included information on the level of patient activity and staff testing.

#### **4.5 Review of Committee Terms of Reference**

During 2022/23, the Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.

#### **4.6 Patient Experience Report**

During 2022/23, the committee reviewed the feedback and complaints mechanisms, and the resultant performance, actions and improvements, this included Scottish Public Services Ombudsman findings in relation to complaints.

#### **4.7 Junior Doctor Progress Report**

During 2022/23, the committee received a progress update on work associated with Dentists and Doctors in Training (DDiT), with a focus on junior doctors across the Acute Sector as agreed at Acute Services Committee on 18 January 2022.

#### **4.8 Presentations**

During 2022/23, the Committee received the following presentations:

- Scottish Government Waiting Time Targets
- Cancer Waiting Times
- Safe to Start Update
- Planned Care Update
- A&E Attendance Research
- Cancer Performance Update

**The Committee were assured by the actions being taken across the system.**

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Acute Services Committee during financial year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

Ian Ritchie  
**Chairperson**  
**On behalf of ACUTE SERVICES COMMITTEE**

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APPENDIX 1

Acute Services Committee 2022/23

**PRESENT**

NAME	POSITION	ORGANISATION	17.05.22	19.07.22	20.09.22	15.11.22	17.01.23	21.03.23
Dr Jennifer Armstrong	Medical Director	NHSGGC	A	A	A	P	A	AA
Ms Susan Brimelow OBE	Non-Executive Member	NHSGGC	P	AA	P	AA	P	A
Prof John Brown CBE	NHSGGC Board Chair	NHSGGC	P	P	P	P	P	A
Mr Simon Carr	Non-Executive Member	NHSGGC	P	P	P	P	AA	P
Cllr Chris Cunningham	Non-Executive Member	NHSGGC	A	A	A	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	A	P	P	P	P
Cllr Colette McDiarmid	Non-Executive Member	NHSGGC	A	P	P	P	P	AA
Mr Colin Neil	Director of Finance	NHSGGC	A	A	A	P	P	P
Mr Ian Ritchie	Non-Executive Member	NHSGGC	P	P	P	AA	P	P
Mr Paul Ryan	Non-Executive Member	NHSGGC	P	P	P	P	P	P
Dr Lesley Rousselet	Non-Executive Member	NHSGGC	P	P	P	P	P	P
Prof Angela Wallace	Executive Director of Nursing	NHSGGC	P	P	AA	P	P	AA

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**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>17.05.22</b>	<b>19.07.22</b>	<b>20.09.22</b>	<b>15.11.22</b>	<b>17.01.23</b>	<b>21.03.23</b>
Ms Lesley Aird	Assistant Director of Finance - Financial Services, Capital & Payroll	NHSGGC	-	-	-	-	-	P
Ms Sandra Bustillo	Director of Communications and Engagement	NHSGGC	P	P	P	P	P	P
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access	NHSGGC	P	P	P	P	P	P
Mr Daniel Connelly	Deputy Director of Public Engagement	NHSGGC	-	-	-	-	-	P
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	-	-	-	-	-	P
Dr Scott Davidson	Deputy Medical Director	NHSGGC	P	P	P	P	P	P
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary	NHSGGC	P	P	P	P	P	-
Mr William Edwards	Chief Operating Officer & Lead Executive for ASC	NHSGGC	P	P	P	P	P	P
Ms Morag Gardner	Deputy Nurse Director, Acute Division	NHSGGC	A	P	P	P	P	P
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	A	A	P	P	P	P
Ms Susan Groom	Director of Regional Services	NHSGGC	-	-	-	-	-	-
Ms Sara Khalil	Secretariat Officer	NHSGGC						P
Mrs Anne MacPherson	Director HR and OD	NHSGGC	AA	P	P	P	AA	P

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<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>17.05.22</b>	<b>19.07.22</b>	<b>20.09.22</b>	<b>15.11.22</b>	<b>17.01.23</b>	<b>21.03.23</b>
Ms Fiona McEwan	Assistant Director of Finance	NHSGGC	A	P	A	A	A	-
Ms Susan McFadyen	General Manager	NHSGGC	A	P	P	P	P	AA
Mrs Angela O'Neill	Deputy Director of Nursing, Acute	NHSGGC	P	A	A	A	P	-
Ms Nareen Owens	Head of People and Change	NHSGGC	P	A	A	A	A	AA
Mrs Louise Russell	Secretariat Officer	NHSGGC	P	P	P	P	P	-
Mr Tom Steele	Director of Estates and Facilities	NHSGGC	P	AA	A	AA	AA	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	A	P	P	P	A	P
Mr Arwel Williams	Director of Diagnostics and Regional Services	NHS GGC	A	P	A	A	A	-

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

## APPENDIX 2

**Acute Services Committee  
Schedule of Business Considered 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
17 May 2022	<p><b>Minutes of Previous Meeting: 22 March 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Junior Doctor Workforce Group</li> <li>• Review of Terms of Reference</li> <li>• Corporate Risk Register Extract</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
19 July 2022	<p><b>Minutes of Previous Meeting: 17 May 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Scottish Government Waiting Times Targets</li> <li>• Financial Monitoring Report</li> <li>• Cancer Waiting Times</li> <li>• Safe to Start Update</li> <li>• Corporate Risk Register</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
20 September 2022	<p><b>Minutes of Previous Meeting: 19 July 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute COVID-19 Update</li> <li>• Staffing Position</li> <li>• Scottish Government Waiting Times Targets - update</li> <li>• Length of Stay - Impact of COVID and Delayed Discharge</li> <li>• GP Direct to CT Scan North East Pilot</li> <li>• Acute Services Integrated Performance Report</li> </ul>

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<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
<p>15 November 2022</p>	<p><b>Minutes of Previous Meeting: 20 September 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Planned Care Update</li> <li>• A&amp;E Attendance Research</li> <li>• Patient Experience Report</li> <li>• Financial Monitoring Report</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
<p>17 January 2023</p>	<p><b>Minutes of Previous Meeting: 15 November 2022</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> <li>• Financial Monitoring Report</li> <li>• Planned Care Update</li> <li>• Cancer Performance Update</li> <li>• Corporate Risk Register Extract</li> <li>• Annual Cycle of Business</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
<p>21 March 2023</p>	<p><b>Minutes of Previous Meeting: 17 January 2023</b></p> <p><b>Matters Arising:</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Agenda Items:</b></p> <ul style="list-style-type: none"> <li>• Urgent Items of Business</li> <li>• Acute Update</li> <li>• Acute Services Integrated Performance Report</li> </ul>

BOARD OFFICIAL

Date of Meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>• IRH HIS Update</li> <li>• A&amp;E Attendance Research</li> <li>• Financial Monitoring Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Annual Report of Acute Services Committee 2023</li> </ul> <p><b>Items for Information:</b></p> <ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Chief Operating Officer, Acute Services
Approved by:	Acute Services Committee
Approved date:	March 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE 2022/23

#### 1. INTRODUCTION

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### 2. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### 3. AUDIT AND RISK COMMITTEE

##### 3.1 Purpose of Committee

The purpose of the Audit and Risk Committee is to provide the NHS Board with the assurance that -

- Business is conducted in accordance with the law and proper standards governing the NHS and its interface with partner organisations.
- Public money is safeguarded and properly accounted for.
- Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question.
- Reasonable steps are taken to prevent and detect fraud and other irregularities.
- The Board's overall governance framework, including risk management, which encompasses all areas within the organisation, is robust.

The Audit and Risk Committee will review the comprehensiveness, reliability and integrity of assurances provided to meet the requirements of the Board and Accountable Officer. In this context assurance is defined as an evaluated opinion, based on evidence gained from review, on the organisation's governance, risk management and internal control framework.

##### 3.2 Composition

During the financial year ended 31 March 2023 membership of the Audit and Risk Committee comprised:

##### MEMBERSHIP

Chairperson - Margaret Kerr to June 2022 then Ms Michelle Wailes from June 2022

Executive Lead - Interim Director of Finance - Fiona McEwan to June 2022 then following appointment succeeded by Colin Neil from June 2022

## BOARD OFFICIAL

- Ms Susan Brimelow
- Mr Alan Cowan
- Ms Jacqueline Forbes
- Cllr Martin McCluskey
- Cllr Michelle McGinty
- Ms Ketki Miles
- Ms Rona Sweeney
- Mr Charles Vincent

### IN ATTENDANCE

- Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll
- Ms Denise Brown, Interim Director of eHealth
- Prof John Brown CBE, Board Chair
- Mr William Edwards, Chief Operating Officer, Acute Services
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Mrs Jane Grant, Chief Executive
- Ms Alison Hardie, Secretariat Manager
- Dr Iain Paterson, Corporate Services Manager - Compliance
- Ms Louise Russell, Interim Secretariat Manager
- Mr Stewart Whyte, Information Governance Manager
- Mr Steven Reid, EY - External Auditor from October 2022
- Mr Rob Jones, EY - External Auditor from October 2022
- Ms Rachel Wynne, EY - External Auditor from October 2022
- Mr John Cornett, Audit Scotland - External Auditor to October 2022
- Ms Liz Maconachie, Audit Scotland - External Auditor to October 2022
- Ms Lisa Duthie, Audit Scotland - External Auditor to October 2022
- Ms Rachael Weir, Azets - Internal Auditor
- Ms Elizabeth Young, Azets - Internal Auditor
- Mr Martin Gill, BDO - External Auditor Endowment Funds

### 3.3 Meetings

The Committee met on five occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 07 June 2022
- 21 June 2022
- 13 September 2022
- 13 December 2022
- 14 March 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Audit and Risk Committee were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/2023. Areas considered included:

- Internal Audit Reports
- External Audit Reports
- Fraud Reports
- Audit Scotland Reports
- Corporate Risk Register
- Annual Review of Corporate Governance
- Endowment Funds Accounts
- NHSGGC Annual Report and Accounts
- NSS Service Audits
- Patients Private Funds
- Best Value Statement
- Internal Audit Framework Tender
- Digital Strategy
- Annual Whistleblowing Report
- Risk Appetite Statement
- Risk Management Strategy
- Risk Management Annual Report
- Information Governance Annual Report
- Audit and Risk Annual Cycle of Business
- Terms of Reference

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## 4. OUTCOMES

Through the financial year the Committee were presented with various reports and these can be summarised as follows:

### 4.1 Annual Report and Accounts

The Committee considered the Annual Report and Accounts for 2021-22 which highlighted that during 2021-22 the Board continued to make significant capital investment across Acute and Community services. The main areas of investment in the year were refurbishment works at a number of sites; investment in medical equipment; energy schemes to support the climate change initiative; health centres and minor works. The Committee acknowledged that throughout 2021-22 the level of activity delivered across NHSGGC fluctuated in response to different waves of COVID-19 infection. The Committee were assured that, despite the continued pressures and challenges of COVID-19 during 2021-22, NHSGGC made steady progress in reaching a number of key service priority milestones agreed with Scottish Government and outlined in the Phase 4 Remobilisation Plan. The Committee were content to recommend the Annual Accounts 2021-22 to be adopted by the NHSGGC Board.

#### **4.2 Annual Review of Governance**

The Committee were asked to consider the Governance Framework Review where members noted that the NHS Board Chair and Chief Executive were not members of the Audit and Risk Committee. It was agreed that an annual report from the Remuneration Committee would be good practice and should be factored into the annual cycle of business.

#### **4.3 Patient Private Funds Audit 2020-21**

The Committee were asked to consider the paper the Patient Private Funds Audit 2020-21 for endorsement to be adopted by the NHSGGC Board. The CEO and the Director of Finance were authorised to sign the Abstract of Receipts and Payments, and the Director of Finance was to sign the Letter of Representation. The Committee were content to recommend the Patient Private Funds Annual Accounts 2020-21 to be adopted by the NHSGGC Board.

#### **4.4 Whistleblowing Annual Report**

The Committee were presented with the Whistleblowing Annual Report and noted the increase in performance and the average number of days to respond to Stage 1 and Stage 2 whistleblowing cases since the introduction of the Standards.

#### **4.5 FOI Policy**

The Committee considered the FOI Policy noting the four key areas of change; (i) processing of FOIs through a single route/generic email to ensure requests to be 'applicant and purpose blind', (ii) two new sections introduced on fees to reflect NHSGGC's ability to charge for information under the terms of the legislation, (iii) reviews carried out by a suitable senior manager without the need for a Non-Executive Board Member to undertake this responsibility (iv) where practical, no employee below AfC Grade 8b to be named in an FOI or EIR response.

#### **4.6 NSI and NSS Service Audits**

The Committee received an update on the NSS Service Audit for 2021-22. Payments to Primary Care Contractors qualified for the second year in a row. It was advised that the report was being presented to provide the Committee with assurance around the processes undertaken and the additional reviews commissioned.

The Committee were content to note the report and the actions taken by NSS to mitigate partner risk.

#### **4.7 Internal Audit Report - Time of Day and Delayed Discharges**

The Committee were asked to consider the report where the Time of Day Discharges report had been ranked as amber because these were key areas of interest, and challenge, for the Board. However, the nature of the findings in each report do not indicate overall control weakness and this has been reflected in the annual report. The Committee noted a number of areas of good practice and current actions being

taken evidenced alignment to the Scottish Government's 'daily dynamic discharge' approach.

#### **4.8 Best Value**

The Committee considered the Best Value Statement and were advised that Audit Scotland had recommended the Best Value process could be further enhanced with the production of an annual update. Therefore, an annual report had been produced on the Best Value Framework and supporting evidence for NHSGGC. The guidance re-grouped the previous nine characteristics of Best Value into five themes; Vision and Leadership, Governance and Accountability, Effective Partnerships, Use of Resources and Performance Management. In addition, there were two cross cutting themes; Equality and Diversity and Sustainability.

The Committee were assured that the Best Value Statement reflected the activity throughout the year and were content for Ms Jane Grant to sign off the statement as the Accountable Officer.

#### **4.9 Digital Strategy**

The Committee considered the Digital Strategy noting the final draft of the strategy had incorporated comments from the Corporate Management Team, NHSGGC Executives attending the Board Seminar and the eHealth Strategy Board. The EQIA had been quality assured by the Equality and Human Rights Team. Ms Denise Brown, Interim Director of eHealth, noted there was intent to build on the 5-year strategy through the eHealth governance route.

Ms Brown advised the strategy had been aligned to strategic drivers including Moving Forward Together and the developing Clinical Infrastructure Strategy 'Digital on Demand' and the corporate objectives. Key strategic themes and priority programmes would form the basis of NHSGGC's Digital Delivery Plan.

#### **4.10 Risk Management Strategy**

The Committee considered the Risk Management Strategy noting it was a new three-year strategy which draws on best practice from the International Standard for Risk Management ISO:31000, and brings greater clarity to the risk management process, governance and roles and responsibilities for risk management in NHSGGC.

Committee Members agreed that it was important that all Standing Committees were able to review the Risk Management Strategy and were content to recommend the Risk Management Strategy to the NHSGGC Board for approval.

#### **4.11 Information Governance Annual Report**

The Committee considered the Information Governance Annual Report which highlighted that 92.4% of staff had completed the Data Protection mandatory training module and 86% completed the Security & Threat module. 1,816 staff had completed the LearnPro Records Management module and a further 425 staff attended training sessions delivered by the Information Governance team. The Committee were advised that there had been an increase in the number of SARs, previously 570 per month were being received and currently 1,100 per month.

## BOARD OFFICIAL

The Committee were content to approve the report.

### 5. CONCLUSION

#### STATEMENT OF ASSURANCE

As Chair of the Audit and Risk Committee during financial year 2022/2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. This past year has seen many changes to the Audit and Risk Committee and how it has had to reflect the impact of Covid 19. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and for their excellent support of the Committee.

Michelle Wailes

**Chairperson**

**On behalf of AUDIT AND RISK COMMITTEE**

BOARD OFFICIAL

**APPENDIX 1  
AUDIT AND RISK COMMITTEE 2022-23**

**PRESENT**

NAME	POSITION	ORGANISATION	07/06/2022	21/06/2022	13/09/2022	13/12/2022	14/03/2023
Susan Brimelow	Non-Executive	NHSGGC	AA	AA	P	P	P
Alan Cowan	Non-Executive	NHSGGC			AA	P	P
Jacqueline Forbes	Non-Executive	NHSGGC	AA	P	P	P	AA
Margaret Kerr	Non-Executive	NHSGGC	P	P	P	P	P
Martin McCluskey	Non-Executive	NHSGGC			P	P	P
Michelle McGinty	Non-Executive	NHSGGC			P	P	P
Ms Fiona McEwan	Interim Executive Lead	NHSGGC	P	P			
Ketki Miles	Non-Executive	NHSGGC	P	P			
Mr Colin Neil	Executive Lead	NHSGGC		P	P	P	P
Rona Sweeney	Non-Executive	NHSGGC	P	P	P	P	AA
Charles Vincent	Non-Executive	NHSGGC	P	P	P	P	P
Michelle Wailes	Non-Executive	NHSGGC	P	P	P	P	P

**IN ATTENDANCE**

NAME	POSITION	ORGANISATION	07/06/2022	21/06/2022	13/09/2022	13/12/2022	14/03/2023
Ms Lesley Aird	Assistant Director of Finance - Financial Services, Capital & Payroll	NHSGGC	P	P	P	P	P
Ms Denise Brown	Interim Director of eHealth	NHSGGC	P	-	-	P	-
Prof John Brown CBE	Board Chair	NHSGGC	P	P	P	P	
Mr John Cornett	External Auditor	Audit Scotland	AA	P			
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P	P
Ms Lisa Duthie	External Auditor	Audit Scotland		P			
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P				
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	-	P	P	P

**BOARD OFFICIAL**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>07/06/2022</b>	<b>21/06/2022</b>	<b>13/09/2022</b>	<b>13/12/2022</b>	<b>14/03/2023</b>
Mr Martin Gill	External Auditor - Endowment Fund	BDO	-	P	-	-	-
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P	P
Ms Alison Hardie	Secretariat Manager	NHSGGC			P	P	P
Mr Rob Jones	External Auditor	Ernst & Young				P	P
Ms Liz Maconachie	External Auditor	Audit Scotland	P	P			
Dr Iain Paterson	Corporate Services Manager - Compliance	NHSGGC	P		P	P	
Mr Steven Reid	External Auditor	Ernst & Young				P	
Ms Louise Russell	Interim Secretariat Manager	NHSGGC		P			
Ms Rachael Weir	Internal Auditor	Azets	P	P	A	P	P
Mr Stewart Whyte	Information Governance Manager	NHSGGC	-	-	-	P	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	P	
Ms Rachel Wynne	External Auditor	Ernst & Young				P	P
Ms Elizabeth Young	Internal Auditor	Azets	P	P	A	P	P

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

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**APPENDIX 2**

**AUDIT AND RISK COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
07 June 2022	<ul style="list-style-type: none"> <li>• Fraud Reports</li> <li>• Losses and Compensations 2021-22</li> <li>• External Audit Update</li> <li>• Endowments External Audit Plan 2021-22</li> <li>• Internal Audit Papers</li> <li>• NIS Audit Report and Action Plan</li> <li>• Corporate Risk Register</li> <li>• Legal Update</li> <li>• Whistleblowing Update</li> <li>• Terms of Reference</li> </ul>
21 June 2022	<ul style="list-style-type: none"> <li>• Endowment Funds Accounts</li> <li>• NHSGGC Annual Report and Accounts 2021-22</li> <li>• NSI and NSS Service Audits</li> <li>• Financial Statements 2021-22 – Statement of Assurance and Review of Systems of Internal Control</li> <li>• External Audit Papers</li> <li>• Best Value</li> <li>• Annual Review of Corporate Governance</li> </ul>
13 September 2022	<ul style="list-style-type: none"> <li>• Fraud Report</li> <li>• Patient Private Funds Audit 2020-21</li> <li>• Internal Audit Reports</li> <li>• Corporate Risk Register</li> <li>• Risk Appetite Statement</li> <li>• FOI Annual Report</li> <li>• FOI Policy</li> <li>• Whistleblowing Annual Report and Quarter 1 Report</li> <li>• ACOB Discussion and Planning 2022/23</li> </ul>
13 December 2022	<ul style="list-style-type: none"> <li>• Fraud Report</li> <li>• Fraud Policy and Fraud Prevention Plan</li> <li>• Introduction to Ernst &amp; Young</li> <li>• Internal Audit Reports</li> <li>• Digital Strategy</li> <li>• Corporate Risk Register</li> <li>• Risk Management Strategy</li> <li>• Information Governance Annual Report 2021-22</li> <li>• FOI Policy</li> </ul>
14 March 2023	<ul style="list-style-type: none"> <li>• Fraud Report and Counter Fraud Services Update</li> <li>• Bad Debt Write Off</li> <li>• External Audit Annual Audit Plan</li> <li>• Internal Audit Reports</li> <li>• Corporate Risk Register</li> <li>• Risk Management Annual Report</li> <li>• Whistleblowing Quarter 2 and 3 Report</li> <li>• Audit and Risk Committee Annual Report</li> </ul>

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<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit and Risk Committee
Approved date:	March 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF CLINICAL AND CARE GOVERNANCE COMMITTEE**

#### **1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### **2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. CLINICAL AND CARE GOVERNANCE COMMITTEE**

##### **3.1 Purpose of Committee**

The overall purpose of the Clinical and Care Governance Committee is to ensure the clinical and care governance arrangements are effective in improving and monitoring the safety and quality of care. To perform this role the Committee will provide scrutiny in respect of clinical services proposals, risks and ensure that NHSGGC fulfils its statutory obligation relating to the Board's Duty of Quality.

##### **3.2 Composition**

During the financial year ending 31 March 2023 membership of the Clinical and Care Governance Committee comprised:

Chairperson - Ms Susan Brimelow until June 2022

Chairperson - Dr Paul Ryan from June 2022

#### **MEMBERSHIP**

- Dr Jennifer Armstrong
- Ms Mehvish Ashraf from 7 March 2023
- Prof John Brown CBE
- Ms Dianne Foy
- Mr David Gould
- Mrs Jane Grant
- Prof Ian McInnes
- Cllr Katie Pragnell
- Mr Ian Ritchie
- Dr Lesley Rousselet

### **IN ATTENDANCE**

- Prof Julie Brittenden, Director of Research and Innovation
- Ms Gail Caldwell, Director of Pharmacy
- Dr Scott Davidson, Deputy Medical Director, Acute
- Dr Chris Deighan, Deputy Medical Director, Corporate
- Ms Sandra Devine, Director of Infection Control
- Dr David Dodds, Chief of Medicine, Regional Services
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Dr Judith Godden, Scientific Officer/Manager for Research Ethics
- Ms Natalia Hedo, Business Manager – Infection Control
- Ms Geraldine Jordan, Director of Clinical and Care Governance
- Ms Jennifer Rodgers, Deputy Nurse Director, Corporate
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Prof Angela Wallace, Director of Nursing

### **3.3 Meetings**

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 07 June 2022
- 06 September 2022
- 06 December 2022
- 07 March 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Clinical and Care Governance Committee were quorate.

### **3.4 Business**

The Committee considered both routine and specific work areas during the financial year 2022/23. Areas considered included:

- Overview Update from Executive Leads
- Clinical Governance Healthcare Quality Report
- Healthcare Associated Infection Reporting Template
- Board Support for Care Homes
- Care Opinion/Patient Experience Quarterly Reports
- Clinical Governance Annual Report
- Duty of Candour Annual Report
- QEUH/RHC Update
- Clinical Risk Management - Clinical Risk Report January 2021-June 2021 including Scottish National Audit Programme and HSMR
- Person Centred Improvement Programme
- Health and Safety Executive Prosecution
- West of Scotland Research Ethics Committees Annual Report

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- West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)
- Extract from the Corporate Risk Register

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

### **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

#### **4.1 Care Opinion/Patient Experience Quarterly Reports**

The Committee received updates which provided an overview of performance and the mechanisms used to identify feedback from people using NHSGGC's services. The Committee were assured that feedback opportunities, complaints received and Scottish Public Services Ombudsman Investigative Reports and Decision Letters were used to bring about service improvements for the people who use NHSGGC services and their carers.

#### **4.2 Clinical Governance Annual Report**

The Committee considered the Clinical Governance Annual Report presented by the Director of Clinical and Care Governance. The Annual Report described the progress that had been made in improving safe, effective and person centred care and included a number of examples of the activities and interventions that had taken place over the year and demonstrated the significant commitment of the Board to managing and improving the quality of care we provide, and that the clinical governance structure is well developed.

The report provided assurance that despite the challenges encountered throughout the pandemic, NHSGGC had continued to focus on clinical governance and ensuring safe, effective and person centred care.

The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to approve the report for onward submission to the NHSGGC Board.

#### **4.3 Duty of Candour Annual Report**

The Committee considered the Duty of Candour Annual Report, presented by the Director of Clinical and Care Governance. The Duty of Candour legislation became active in 2018 and set out the procedure by law to follow when there had been an unintended or unexpected incident that resulted in death or harm (or additional treatment was required to prevent injury that would result in death or harm). The Annual Report was a legal requirement and described how duty of candour had been operated in NHSGGC during the year and provided assurance that the Duty of Candour policy and procedures had been followed. The Clinical and Care Governance Committee were assured by the information provided and were content to approve the Report

#### **4.4 West of Scotland Cancer Reports (Quality Performance Indicator Action Plans)**

The Committee considered the West of Scotland Cancer Reports and Action Plans presented by the Chief of Medicine for Regional Services which outlined the established governance structures, the key reporting figures for the period and the progress made.

The Committee were advised each Board within the West of Scotland Cancer Network reported QPI progress through the Regional Cancer Advisory Group which in turn reported to Healthcare Improvement Scotland to create the national picture. The aim of QPIs was to ensure Boards were able to focus attention on areas for improved survival of cancer and improved patient experience and to reduce variation of cancer care nationally and to ensure all treatment delivered within cancer services were safe and effective.

The Committee were assured that the West of Scotland Cancer Reports demonstrated a well-established audit and reporting framework and noted the considerable work that had been completed at all levels.

#### **4.5 Quality Strategy Annual Report**

The Committee considered the Quality Strategy Update Report. The Committee received an annual update on the progress pertaining to the [‘The Pursuit of Healthcare Excellence’: Healthcare Quality Strategy \(2019-2023\)](#) over the past year.

NHSGGC Board and Clinical and Care Governance Committee endorsed the Strategy prior to its launch in 2019. The Strategy is a framework which outlines how we intend to continuously improve the quality of care to our patients, carers and communities over a period of five years. It expresses our collective commitment as an organisation to put quality at the forefront of everything we do. It provides direction to ensure that high quality care is delivered across all health care settings within NHSGGC where our person centred care priorities are based on what matters to people receiving care and their families.

Throughout the year a cross system and collaborative approach has enabled the work of the QSOG to continue and flourish. As we recover from the pandemic, the coming year will provide opportunity for review and refresh as we move into the final year of the framework.

The Committee were assured by the robustness of the processes outlined in the report.

#### **4.6 West of Scotland Research Ethics Committee Annual Report**

The Committee considered the West of Scotland Research Ethics Committee Annual Report presented by the Scientific Officer from the West of Scotland Research Ethics Service.

The report highlighted the important role the volunteers and staff played in the protection and promotion of the interests of patients in health care research. The Committee were advised that the Research Ethics Committees were subject to audit

## BOARD OFFICIAL

by the Health Research Authority every two years and all of the West of Scotland Research Ethics Committees had been audited within the last year and each received full accreditation with no actions required.

The Committee were assured by the robustness of the processes outlined in the report and noted their admiration for the important role of volunteers in health care research. The Committee were content to approve the report.

## 5. CONCLUSION

### STATEMENT OF ASSURANCE

As Chair of the Clinical and Care Governance Committee during year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Dr Paul Ryan

**Chairperson**

**On behalf of CLINICAL AND CARE GOVERNANCE COMMITTEE**

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**APPENDIX 1  
CLINICAL AND CARE GOVERNANCE COMMITTEE 2022-23**

**PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>07/06/2022</b>	<b>06/09/2022</b>	<b>06/12/2022</b>	<b>07/03/2023</b>
Dr Jennifer Armstrong	Executive Lead Medical Director	NHSGGC	P	P	P	P
Ms Mehvish Ashraf	Non-Executive Board Member	NHSGGC	-	-	-	P
Ms Susan Brimelow	Non-Executive Board Member	NHSGGC	P	P	P	P
Prof John Brown CBE	Board Chair	NHSGGC	P	-	-	-
Ms Diane Foy	Non-Executive Board Member	NHSGGC	-	P	AA	P
Mr David Gould	Non-Executive Board Member	NHSGGC	P	P	AA	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	P	P
Prof Ian McInnes	Non-Executive Board Member	NHSGGC	P	P	P	P
Cllr Katie Pragnell	Non-Executive Board Member	NHSGGC	-	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P	AA
Dr Lesley Rousselet	Non-Executive Board Member	NHSGGC	P	P	P	P
Dr Paul Ryan	Non-Executive Board Member	NHSGGC	P	P	P	P

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>07/06/2022</b>	<b>06/09/2022</b>	<b>06/12/2022</b>	<b>07/03/2023</b>
Ms Gail Caldwell	Director of Pharmacy	NHSGGC	P	-	P	-
Dr Martin Culshaw	Deputy Medical Director for Mental Health Services	NHSGGC	-	-	P	-
Dr Scott Davidson	Deputy Medical Director, Acute	NHSGGC	-	-	-	P
Dr Chris Deighan	Deputy Medical Director, Corporate	NHSGGC	P	P	-	-
Ms Sandra Devine	Director of Infection Control	NHSGGC	P	P	P	P
Dr David Dodds	Chief of Medicine, Regional Services	NHSGGC	-	-	P	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P

**BOARD OFFICIAL**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>07/06/2022</b>	<b>06/092022</b>	<b>06/12/2022</b>	<b>07/032023</b>
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P
Dr Judith Godden	Scientific Officer/Manager for Research Ethics	NHSGGC	-	-	P	-
Ms Geraldine Jordan	Director of Clinical and Care Governance	NHSGGC	P	-	P	P
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate	NHSGGC	-	P	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	-	P	-	-
Prof Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

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**APPENDIX 2**

**CLINICAL AND CARE GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
07 June 2022	<ul style="list-style-type: none"> <li>• Medicines and Pharmacy: HEPMA Implementation</li> <li>• Quality of Care Review into Urgent Care Mental Health Assessment Units</li> <li>• Thrombolysis and Thrombectomy Services</li> <li>• Public Protection Unit - Update</li> <li>• Clinical Risk Report July 2021 - December 2021</li> <li>• HSMR Report October 2020 - September 2021</li> <li>• Healthcare Associated Infection Reporting Template</li> <li>• Extract from the Corporate Risk Register</li> <li>• Terms of Reference</li> </ul>
06 September 2022	<ul style="list-style-type: none"> <li>• Safety and Quality of Care in Relation to Staffing Levels</li> <li>• National Services and Governance Benchmarking</li> <li>• Clinical Governance Updates</li> <li>• Quality Strategy Annual Report</li> <li>• Infection Control Update</li> <li>• Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Annual Cycle Discussion and Planning for 2023</li> </ul>
06 December 2022	<ul style="list-style-type: none"> <li>• Mental Health Update</li> <li>• Duty of Candour Annual Report</li> <li>• HSMR</li> <li>• Clinical Governance Updates</li> <li>• Infection Control Update</li> <li>• Quality Strategy Annual Report</li> <li>• Pressure Ulcer Update</li> <li>• West of Scotland Research Ethics Committees Annual Report</li> <li>• West of Scotland Cancer Reports</li> <li>• Best Start Maternity and Neonatal Care</li> <li>• Extract from the Corporate Risk Register</li> </ul>
07 March 2023	<ul style="list-style-type: none"> <li>• Acute Services Update</li> <li>• Management of Significant Adverse Events</li> <li>• Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report</li> <li>• Care Homes</li> <li>• 2022 Research &amp; Innovation Board Report</li> <li>• Key Performance Indicators for Clinical and Care Governance Committee</li> <li>• Infection Control Update</li> <li>• Scottish National Audit Programme Update</li> <li>• Extract from Corporate Risk Register</li> </ul>

BOARD OFFICIAL

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	March 2023
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Replaces previous version:	June 2022

**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF FINANCE PLANNING AND PERFORMANCE COMMITTEE****1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

**2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

**3. FINANCE PLANNING AND PERFORMANCE COMMITTEE****3.1 Purpose of Committee**

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

**3.2 Composition**

During the financial year ending 31 March 2023 membership of the Finance Planning and Performance Committee comprised:

Chairperson - Mr Simon Carr to June 2022

Chairperson - Ms Margaret Kerr from June 2022

Vice Chair - Rev John Matthews

Executive Lead - Director of Finance, Mr Mark White to April 2022

Executive Lead - Interim Director of Finance, Ms Fiona McEwan, from April 2022 to August 2022

Executive Lead - Director of Finance, Mr Colin Neil, from August 2022

**MEMBERSHIP**

- Dr Jennifer Armstrong
- Ms Susan Brimelow OBE
- Prof John Brown CBE
- Ms Ann Cameron-Burns
- Mr Simon Carr
- Mr Alan Cowan
- Dr Emilia Crighton
- Cllr Chris Cunningham
- Ms Jacqueline Forbes

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- Mrs Jane Grant
- Ms Christine Laverty
- Prof Iain McInnes
- Cllr Sheila Mehan
- Ms Ketki Miles
- Ms Anne-Marie Monaghan
- Mr Colin Neil
- Mr Ian Ritchie
- Dr Paul Ryan
- Ms Caroline Sinclair
- Ms Rona Sweeney
- Ms Michelle Wailes
- Prof Angela Wallace

## IN ATTENDANCE

- Ms Denise Brown, Interim Director of eHealth
- Ms Frances Burns, Head of Strategic Planning and Health Improvement, HSCP - Renfrewshire
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Margaret-Jane Cardno, Head of Service Strategy and Transformation, HSCP - West Dunbartonshire
- Ms Jacqueline Carrigan, Assistant Director of Finance - Acute/Access
- Ms Beth Culshaw, Chief Officer, HSCP - West Dunbartonshire
- Ms Kim Donald, Corporate Services Manager - Governance/Board Secretary
- Ms Gillian Duncan, Secretariat (Minute)
- Mr William Edwards, Chief Operating Officer, Acute Services
- Ms Ann Forsyth, Head of Primary Care Support
- Mr Andrew Gibson, Chief Risk Officer
- Mr Craig Given, Head of Finance, Planning and Performance, HSCP - Inverclyde
- Ms Alison Hardie, Secretariat Manager
- Ms Carol Harvey, Senior Business and Delivery Manager
- Ms Ray Howard, Secretariat Officer
- Ms Andrina Hunter, Service Manager, Planning and Performance, HSCP - Inverclyde
- Ms Karen Lamb, Head of Specialist Children's Services
- Ms Fiona Mackay, Assistant Director of Planning
- Mrs Anne MacPherson, Director of Human Resources and Organisational Development
- Mrs Geraldine Mathew, Secretariat
- Ms Susanne Millar, Chief Officer, HSCP - Glasgow City
- Ms Jillian Neilson, Programme Manager
- Dr Kerri Neylon, Deputy Medical Director for Primary Care
- Mr Steven Reid, Policy, Planning and Performance Manager, HSCP - East Renfrewshire
- Prof Tom Steele, Director of Estates and Facilities
- Mr Allen Stevenson, Interim Chief Officer, HSCP - Inverclyde
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Ms Rachael Weir, Senior Manager, Azets

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- Mr Arwel Williams, Director of Regional Services

### 3.3 Meetings

The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 05 April 2022
- 14 June 2022
- 09 August 2022
- 11 October 2022
- 06 December 2022
- 07 February 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Finance Planning and Performance Committee were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/23. Areas considered included:

- Annual Delivery Plan - Update
- Capital Plans 2022-23, 2023-24, 2024-25
- Child and Adolescent Mental Health Services
- COVID-19 Update
- Digital Strategy
- Extract from Corporate Risk Register
- Financial Monitoring Report
  - Monthly Finance report
  - Sustainability and Value update
  - Capital Plan update
- 3 year Financial Plan
- GP Out of Hours Update
- HSCP Strategic Plan and Review
  - IJB Strategic Plan - East Dunbartonshire
  - IJB Strategic Plan - West Dunbartonshire
  - IJB Strategic Plan Review - Glasgow City
  - IJB Strategic Plan - Inverclyde
  - IJB Strategic Plan - Renfrewshire
  - IJB Strategic Plan - East Renfrewshire
- IJB Strategic Planning and Performance Reporting Azets
- INS Initial Agreement
- Internal Audit
  - Internal Audit 2021-22 Report
  - Internal Audit Plan 2022-23
- Laboratory Information Management System
- Medication Assisted Treatment Standards
- Performance Report
- Policy on the Management of Intellectual Property

## BOARD OFFICIAL

- Primary Care Improvement Plan - Update
- Property Committee Minutes
- QEUH and RHC Update
- QEUH Atrium Wall Lining Replacement - Business Case
- Radionuclide Dispensary Outline Business Case
- Review of Terms of Reference
- Strategic Planning Framework
- Winter Plan - Update

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

### **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

#### **4.6 Financial Planning 2023/24-2025/26**

The Committee approved NHSGGC's three-year Financial Plan for 2023/24 to 2025/26, with the final draft submitted to the Scottish Government by 16 March 2023.

#### **4.7 Capital Plan 2023/24-2025/26**

The Committee approved NHSGGC's Capital Plan for the 3-year period 2023/24 to 2025/26, and noted all estimated capital resources available including national formula allocation, additional (project) specific funding and planned asset disposals.

#### **4.8 Strategic Planning Update**

The Committee noted the update and were assured that the strategic planning and commissioning actions in the Active Governance Framework were being progressed.

#### **4.9 Annual Delivery Plan**

The Committee received a summary of performance against the respective KPIs outlined in the Performance Assurance Framework, and based on the measures contained in the 2022-23 Annual Delivery Plan alongside key local and national performance measures.

#### **4.10 Primary Care Improvement Plans Update**

The Committee noted the update on the Primary Care Performance Framework being developed in response to growing demands in Primary Care Improvement Plans (PCIPs) for the six HSCPs within NHSGGC and General Optometry Services. Dental and Pharmacy services to report separately.

#### **4.11 QEUH Updates; Public Inquiry/Legal Claim**

The Committee received updates to note NHSGGC's key priority remains the safety of patients and support for staff, and noted the work will continue to be progressed at pace, using all available resources, seeking national expertise and advice. Significant media, Scottish Government and public interest in the current situation continued.

#### **4.12 Strategic Plans for IJBs**

##### **Inverclyde HSCP**

The Committee noted the five year (2019-24) Inverclyde Strategic Plan that set out the shared strategic priorities and ambitions for Inverclyde. It had been planned to refresh in 2022-23 with a revised plan in place for the remaining two year term focussed on future challenges.

##### **West Dunbartonshire**

The Committee received the updated Plan on the development of West Dunbartonshire HSCP's Strategic Plan 2023 - 2026.

##### **Glasgow City - Review**

The Committee noted that the Strategic Priorities within the draft Plan strongly correlated with the NHSGGC's Board Objectives, and that work would continue to reflect the priorities of the Health Board within the Strategic Plan.

##### **East Dunbartonshire, East Renfrewshire and Renfrewshire**

The Committee noted the strategic plans for East Renfrewshire and East Dunbartonshire replaced the Strategic Plan 2018-21. A 1-year 'bridging' plan was established for 2021-22 with agreement from the Scottish Government, a period during which response and recovery from the early impacts of the Covid-19 pandemic were prioritised. For Renfrewshire HSCP the new plan replaces the Strategic Plan 2019-22.

#### **4.13 Digital Strategy Refresh 11.10.22, 06.12.22**

The Committee noted that the 5-year strategy established the direction for digital to support NHSGGC's recovery and remobilisation and delivery of key strategic solutions. To build on existing investment, maximise the value from the existing tools, and take forward new and innovative work to meet priority requirements.

#### **4.14 Laboratory Information Management System**

The Committee were advised that NHSGGC, in conjunction with 10 other Health Boards, formed a Consortium in 2019 to progress the procurement of a new LIMS system. The Consortium has now extended to 12 Health Boards.

A competitive procurement had been undertaken, supplier evaluations completed and a successful bidder identified. The framework contract is for 10 years with an optional extension of 3 +3 years (total 16 years).

The procurement was overseen by a multi Board Programme with support from NSS.

#### **4.15 Radionuclide Dispensary Outline Business Case**

The Committee approved the submission of the Outline Business Case v2.1 to the Scottish Government Capital Investment Group. The Outline Business Case will go through the relevant NHSGCG governance approval as noted in Section 7.

#### **4.16 MAT Standards**

The Committee received an update on the arrangements for progressing implementation of the Medication Assisted Treatment Standards for Scotland across Greater Glasgow and Clyde, and progress on the implementation of the Standards to date, with a particular focus on Medication Assisted Treatment Standards 1-5.

#### **4.17 IA Report 2021-22 and IA Plan 2022-23**

The Committee were assured of the areas of focus in the coming year relevant to the risks other standing committees have responsibility for.

#### **4.18 Review of Terms of Reference**

The Committee reviewed its remit in line with the approach to Active Governance ensuring effective Assurance Operating Requirements, and approval of the Committee's Terms of Reference.

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Finance Planning and Performance Committee during year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Margaret Kerr

**Chairperson**

**On behalf of FINANCE PLANNING AND PERFORMANCE COMMITTEE**

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**APPENDIX 1**

**FINANCE, PLANNING AND PERFORMANCE COMMITTEE 2022-23**

**PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>05/04/22</b>	<b>14/06/22</b>	<b>09/08/22</b>	<b>11/10/22</b>	<b>06/12/22</b>	<b>07/02/23</b>
Dr Jennifer Armstrong	Medical Director	NHSGGC	P		P	P	P	P
Ms Susan Brimelow OBE	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Prof John Brown CBE	Board Chair	NHSGGC	P	P	P	P	AA	P
Ms Ann Cameron-Burns	Employee Director/ Non-Executive Member	NHSGGC	P	P	P	P	P	P
Mr Simon Carr	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Mr Alan Cowan	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	P	AA	P	AA	P	P
Cllr Chris Cunningham	Non-Executive Board Member	NHSGGC			P	P	P	P
Ms Jacqueline Forbes	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	P	AA	P	P	P
Ms Margaret Kerr	Non-Executive Board Member	NHSGGC	AA	P	P	P	P	P
Ms Christine Laverty	Chief Officer	HSCP - Renfrewshire			P		P	P
Rev John Matthews OBE	Non-Executive Board Member	NHSGGC	P	P	P	P	P	P
Ms Fiona McEwan	Interim Executive Lead	NHSGGC	P	P		P	P	P
Prof Iain McInnes	Non-Executive Board Member	NHSGGC	A	AA	AA	P	P	P
Cllr Sheila Mechan	Non-Executive Board Member	NHSGGC	P					
Ms Ketki Miles	Non-Executive Board Member	NHSGGC			P	P	AA	P

**BOARD OFFICIAL**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>05/04/22</b>	<b>14/06/22</b>	<b>09/08/22</b>	<b>11/10/22</b>	<b>06/12/22</b>	<b>07/02/23</b>
Ms Anne-Marie Monaghan	Non-Executive Board Member	NHSGGC	AA	P	AA	P	AA	P
Mr Colin Neil	Executive Lead	NHSGGC		P	P	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	AA	P	P	P	P	P
Dr Paul Ryan	Non-Executive Board Member	NHSGGC			AA	AA	P	P
Ms Caroline Sinclair	Chief Officer	HSCP - East Dunbartonshire			P	P	P	P
Ms Rona Sweeney	Non-Executive Board Member	NHSGGC	P	P	P	A	P	P
Ms Michelle Wailes	Non-Executive Board Member	NHSGGC			P	P	P	P
Prof Angela Wallace	Director of Nursing	NHSGGC		P	P	P	P	P
Mr Mark White	Executive Lead	NHSGGC	P					

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>05/04/22</b>	<b>14/06/22</b>	<b>09/08/22</b>	<b>11/10/22</b>	<b>06/12/22</b>	<b>07/02/23</b>
Ms Denise Brown	Interim Director of eHealth	NHSGGC	P		AA		P	P
Ms Frances Burns	Head of Strategic Planning and Health Improvement	HSCP - Renfrewshire	P					
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P		P	P	P
Ms Margaret-Jane Cardno	Head of Service Strategy and Transformation	HSCP - West Dunbartonshire					P	P
Ms Jacqueline Carrigan	Assistant Director of Finance - Acute/Access	NHSGGC					P	
Ms Beth Culshaw	Chief Officer	HSCP - West Dunbartonshire			P		P	P
Ms Kim Donald	Corporate Services Manager – Governance/ Board Secretary	NHSGGC		P	AA	P	P	P

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NAME	POSITION	ORGANISATION	05/04/22	14/06/22	09/08/22	11/10/22	06/12/22	07/02/23
Ms Gillian Duncan	Secretariat (Minute)	NHSGGC		P		P		
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	P	P	P	P	P
Ms Ann Forsyth	Head of Primary Care Support	NHSGGC			P		P	
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P	P	P
Mr Craig Given	Head of Finance, Planning and Performance	HSCP - Inverclyde			P			
Ms Alison Hardie	Secretariat Manager	NHSGGC					P	
Ms Carol Harvey	Senior Business and Delivery Manager	NHSGGC				P	P	
Ms Ray Howard	Secretariat (Observing)	NHSGGC		P				
Ms Andrina Hunter	Service Manager, Planning and Performance	HSCP - Inverclyde			P			
Ms Karen Lamb	Head of Specialist Children's Services	NHSGGC			P			P
Ms Fiona Mackay	Assistant Director of Planning	NHSGGC			P	P		
Mrs Anne MacPherson	Director of Human Resources and Organisational Development	NHSGGC	P	P		P	P	P
Mrs Geraldine Mathew	Secretariat (Minute)	NHSGGC	P					
Ms Susanne Millar	Chief Officer	HSCP - Glasgow City			P	P	P	
Ms Jillian Neilson	Programme Manager	NHSGGC				P		
Dr Kerri Neylon	Deputy Medical Director for Primary Care	NHSGGC			P		P	
Mr Steven Reid	Policy, Planning and Performance Manager	HSCP - East Renfrewshire	P					
Prof Tom Steele	Director of Facilities and Estates	NHSGGC	P	AA	P	P	P	P
Mr Allen Stevenson	Interim Chief Officer	HSCP - Inverclyde	-	-	P	-	-	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC		P	P	P		
Ms Rachael Weir	Senior Manager	Azets	P					

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<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>05/04/22</b>	<b>14/06/22</b>	<b>09/08/22</b>	<b>11/10/22</b>	<b>06/12/22</b>	<b>07/02/23</b>
Mr Arwel Williams	Director of Regional Services	NHSGGC	P	P				

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

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**APPENDIX 2**

**FINANCE, PLANNING AND PERFORMANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

Date of meeting	Title of Business Discussed
05 April 2022	<ul style="list-style-type: none"> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• IJB Strategic Planning and Performance Reporting Azets</li> <li>• HSCP Strategic Plans Update                             <ul style="list-style-type: none"> <li>- Renfrewshire HSCP</li> <li>- East Renfrewshire HSCP</li> <li>- East Dunbartonshire HSCP</li> </ul> </li> <li>• COVID-19 Update</li> <li>• Laboratory Information Management System (LIMS)</li> <li>• INS Initial Agreement</li> <li>• Finance Update                             <ul style="list-style-type: none"> <li>- Finance Report</li> <li>- Financial Plan</li> </ul> </li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Review of Terms of Reference</li> </ul>
14 June 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• Radionuclide Dispensary Outline Business Case</li> <li>• Finance Report                             <ul style="list-style-type: none"> <li>- Month 12 Report</li> <li>- Capital Plan Update (presentation)</li> </ul> </li> <li>• Financial Plan Update</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Internal Audit                             <ul style="list-style-type: none"> <li>- Internal Audit 2021-22 Report</li> <li>- Internal Audit Plan 2022-23</li> </ul> </li> </ul>
09 August 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• HSCP Strategic Plan Update - Inverclyde</li> <li>• Annual Delivery Plan Update</li> <li>• Primary Care Improvement Plan – Update</li> <li>• GP Out of Hours Update</li> <li>• Financial Monitoring Report</li> <li>• Three Year Revenue Plan</li> <li>• Capital Plan 2022/23 to 2024/25</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> </ul>
11 October 2022	<ul style="list-style-type: none"> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• QEUH Atrium Wall Lining Replacement - Business Case</li> <li>• Strategic Planning Framework</li> </ul>

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> <li>• Glasgow City Integration Joint Board Strategic Plan Review</li> <li>• Medication Assisted Treatment Standards</li> <li>• Annual Delivery Plan - Update</li> <li>• Winter Plan - Update</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>
06 December 2022	<ul style="list-style-type: none"> <li>• GP OOH Update</li> <li>• Digital Strategy</li> <li>• Primary Care Improvement Plan – Update</li> <li>• IJB Strategic Plan – West Dunbartonshire</li> <li>• Queen Elizabeth University Hospital and Royal Hospital for Children Update</li> <li>• Financial Monitoring Report</li> <li>• Performance Report</li> <li>• Extract from Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>
07 February 2023	<ul style="list-style-type: none"> <li>• HSCP Strategic Plans                             <ul style="list-style-type: none"> <li>- IJB Strategic Plan - West Dunbartonshire</li> </ul> </li> <li>• Child and Adolescent Mental Health Services</li> <li>• Radionuclide Dispensary Outline Business Case</li> <li>• Financial Monitoring Report</li> <li>• Financial Planning 2023-24</li> <li>• Capital Plan 2023-24</li> <li>• Performance Report</li> <li>• Policy on the Management of Intellectual Property</li> <li>• Extract from the Corporate Risk Register</li> <li>• Property Committee Minutes</li> </ul>

Version Control	June 2023
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance Planning and Performance Committee
Approved date:	April 2023
Date for review:	April 2024
Replaces previous version:	June 2022

**GREATER GLASGOW AND CLYDE NHS BOARD****ANNUAL REPORT OF THE POPULATION HEALTH AND WELLBEING COMMITTEE 2022/23****1. INTRODUCTION**

The year 2022/2023 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

**2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

**3. POPULATION HEALTH AND WELLBEING COMMITTEE****3.1 Purpose of Committee**

The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy - Turning the Tide Through Prevention - August 2018, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

**3.2 Composition**

During the financial year ending 31 March 2023 membership of the Population Health and Wellbeing Committee comprised:

Chairperson - Rev John Matthews OBE  
Vice Chair - Mr Ian Ritchie

**MEMBERSHIP**

- Prof John Brown CBE
- Cllr Jacqueline Cameron
- Dr Emilia Crighton
- Ms Dianne Foy
- Mrs Jane Grant
- Ms Christine Laverty
- Cllr Martin McCluskey
- Ms Susanne Millar
- Ms Anne Marie Monaghan
- Mr Francis Shennan

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### IN ATTENDANCE

- Ms Anna Baxendale, Head of Health Improvement, Public Health
- Ms Rebecca Campbell, Consultant in Public Health Medicine
- Dr Daniel Carter, Consultant in Public Health Medicine
- Professor Chik Collins, Director of the Glasgow Centre for Population Health
- Ms Kim Donald, Corporate Services Manager - Governance
- Mr Andrew Gibson, Chief Risk Officer
- Ms Anne Harkness, Director of Delivery and Resilience
- Mr Neil Irwin, Service Lead
- Ms Heather Jarvie, Public Health Programme Manager - Adult Screening
- Dr Iain Kennedy, Consultant Public Health Medicine
- Mr Trevor Lakey, Health Improvement and Inequalities Manager
- Ms Angela Leitch, Chief Executive, Public Health Scotland
- Ms Jennifer Mclean, Acting Director, Glasgow Centre for Population Health
- Julie Metcalfe, Clinical Director CAMHS
- Dr Catriona Milosevic, Consultant in Public Health Medicine
- Ms Linda Morris, Public Health Programme Manager
- Ms Fiona Moss, Head of Health Improvement and Equalities, Glasgow City HSCP
- Mr Nicholas Phin, Director, Public Health Science, Public Health Scotland
- Dr Alison Potts, Acting Screening Co-ordinator for Adult Programmes, Specialty Registrar in Public Health
- Ms Jac Ross, Equality and Human Rights Manager
- Mr Peter Seaman, Associate Director, Glasgow Centre for Population Health
- Ms Debbie Schofield, Public Health Programme Manager
- Ms Val Tierney, Chief Nurse West Dunbartonshire HSCP
- Dr Beatrix von Wissmann, Consultant in Public Health Medicine

### 3.3 Meetings

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 13 April 2022
- 20 July 2022
- 12 October 2022
- 18 January 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Population Health and Wellbeing Committee were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/23. Areas considered included:

- COVID-19 Updates
- Monitoring Report for the Fairer NHSGGC 2020 - 2024 Equality Scheme

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- Public Health Priorities
- Local Child Poverty Action Plans
- Extract from the Corporate Risk Register
- Horizon Scanning - Public Health
- Review of the Terms of Reference
- Public Health Assurance Framework
- Five Year Mental Health Strategy Prevention Progress Report
- Drug Related Deaths in Greater Glasgow and Clyde
- NHSGGC Vaccination Programme
- Type 2 Diabetes Report
- NHSGGC Child Oral Health Department Performance Report
- Assurance Information Report
- Winter Epidemiology Update
- Universal Pathway Programme
- Children and Young People - Mental Health
- Screening Programme Report

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

## **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

### **4.1 COVID-19 Update**

The Population Health and Wellbeing Committee received regular updates on the ongoing response to COVID-19 pandemic, including reproduction rates (R rates), number of hospitalisations, infection data modelling, and the public health activities in a response to changing guidelines and public advice. The Population Health and Wellbeing Committee were assured by the information provided of the wide range of activities being undertaken to respond to the ongoing challenges of the pandemic.

### **4.2 Monitoring Report for the Fairer NHSGGC 2020 - 2024 Equality Scheme**

Ms Jac Ross, Equality and Human Rights Manager, provided a presentation which detailed how NHSGGC were meeting their legal obligations under the Equality Act (2010) as well as progress towards meeting the mainstreaming actions, equality outcomes, and setting the priorities for the next two years. The report detailed the equality related work during the Covid-19 pandemic including inclusive approach to Test and Protect, information for BME staff relating to vaccinations and an inclusive vaccine and engagement plan to inform messaging to protected and vulnerable groups. The Population Health and Wellbeing Committee welcomed the report and were assured by the ongoing monitoring of equality outcomes across the NHSGGC Board area.

### **4.3 Public Health Priorities**

The Population Health and Wellbeing Committee were asked to consider and approve four priority areas of Public Health for NHSGGC in 2022/23: Child Health, Type 2 Diabetes Prevention, Drug Related Deaths and Review of 'Turning the Tide'. The priority areas of Child Health included: the Universal Pathway, Child and Adolescent Mental Health and Dental Health Services. The areas of priority were selected based on the emerging evidence of the adverse impact of the Covid-19 pandemic on individuals and communities. The Population Health and Wellbeing Committee were content to approve the four priority areas and were assured by the focus on preventative measures outlined by the Public Health team.

### **4.4 Local Child Poverty Action Plans**

Child Poverty Act (CPA, 2017) placed a duty on all Health Boards and Local Authorities in Scotland to work together to mitigate and report on actions to reduce child poverty. The reporting of this joint work is via yearly LCPARs produced by each local authority, in partnership with Health Boards, and submitted to Scottish Government. The Population Health and Wellbeing Committee were provided with Local Child Poverty Action Reports for each of the areas of Greater Glasgow and Clyde: East Renfrewshire, Renfrewshire, Inverclyde, Glasgow City, East Dunbartonshire, and West Dunbartonshire.

NHSGGC contributions were included within each report. The key areas of work at Board level were: employability and apprenticeship programmes, procurement, and advice for staff, which included a 'staff money worries' campaign. The Population Health and Wellbeing Committee were content to approve these reports recognising that national policies, including improved welfare programmes, were necessary for meaningful improvements in child poverty levels.

### **4.5 Extract from Corporate Risk Register**

Mr Andrew Gibson, Chief Risk Officer, provided regular reports to the Population Health and Wellbeing Committee regarding the Committee's position as aligned with the Corporate Risk Register. There were two Corporate Risks aligned to the Population Health and Wellbeing Committee: Pandemic Response and Breakdown of failsafe mechanisms for Public Health Screening. Throughout the year, the Committee discussed the scoring of the risks which remained static at very high (16) for Pandemic Response and High (12) for Breakdown of failsafe mechanisms for Public Health Screening. Target Risk Scores were 12 for Pandemic Response and 12 for Breakdown of failsafe mechanisms for Public Health Screening. The Population Health and Wellbeing Committee were content to approve the reports.

### **4.6 Horizon Scanning - Public Health**

Members of the Population Health and Wellbeing Committee were invited to consider how they influence the agenda and to present their views for debate. A Development Session of the Committee was proposed to allow for greater focus to the discussion. The Development Session took place on 04 October 2022.

#### **4.7 Review of Terms of Reference**

Dr Emilia Crighton, Interim Director of Public Health, provided an overview of the Terms of Reference noting the minor amendment which was applied to the Terms of Reference Appendix 1: Scheme of Delegation to reflect the updated version of the Scheme of Delegation as agreed by the NHSGGC Board at its meeting of 21 December 2021. The Population Health and Wellbeing Committee noted the update.

#### **4.8 Public Health Assurance Framework**

Further to the work on Active Governance reported to the Board in June 2022 Dr Emilia Crighton, Interim Director of Public Health, presented quarterly reports which detailed areas where the targets were being met and the actions that were in place for Red, Amber and Green status. The Population Health and Wellbeing Committee approved these reports and engaged in discussions on Child and Adolescents Mental Health Services referrals noting the involvement of the Local Authorities in early intervention and prevention and a number of multi-agency projects which were underway, including a Youth Health and Well Being project. The Population Health and Wellbeing Committee comments were applied to the overall improvement of the reports to give an accurate picture of Public Health Services.

#### **4.9 Five Year Mental Health Strategy Prevention Progress Report**

Ms Fiona Moss, Head of Health Improvement and Equalities, Glasgow City HSCP presented a report outlining the progress of the prevention and early intervention work stream of the NHSGGC Five Year Adult Mental Health Strategy, including key aspects of the work plan for the coming year. The report highlighted an increase in the number of Adult Mental Health presentations and prescriptions. Trend data indicated worsening mental health over time in Scotland, with increased self-report of depression, anxiety, attempted suicide and self-harm and suggested that the upward trend would continue. The report highlighted plans for responding to distress including Compassionate Distress Response Service which was launched in Glasgow City and was run by the Glasgow Association for Mental Health. The Population Health and Wellbeing Committee noted the content of the report endorsing the key actions for 2022/23 and were encouraged to advocate for more sustainable investment in public mental health as part of the refreshed GGC NHS Adult Mental Health Strategy.

#### **4.10 Drug Related Deaths in Greater Glasgow and Clyde**

Dr Daniel Carter, Consultant in Public Health Medicine, provided a report detailing an update on drug-related deaths in NHS Greater Glasgow and Clyde, and on the current status of efforts to prevent them. The number of drug related deaths was consistently higher in NHSGGC compared to Scotland, with NHSGGC Alcohol and Drug Partnerships leading on local strategies and reporting directly to the Scottish Government on their contribution to national priorities and outcomes. Support was being provided to the Scottish Government with the development of a Partnership Delivery Framework and Alcohol and Drug Partnerships Performance Framework that would allow consistent reporting on progress against national priorities. Dr Carter highlighted that drug related deaths were strongly linked to deprivation. The use of multiple drugs and underlying physical health conditions were also common

## BOARD OFFICIAL

factors of drug related deaths in NHSGGC. The Population Health and Wellbeing Committee noted the report and discussed the continuous need for targeted resources to be provided to the areas of high deprivation to prevent high rates of drug related deaths.

### **4.11 NHSGGC Vaccination Programme**

Ms Anne Harkness, Director of Delivery and Resilience gave a presentation on the progress of the seasonal vaccinations (Covid-19 and Influenza) programme. Included in the report were agreed roll out dates for various eligible population groups, data relating to the vaccination uptake, staffing and management of the vaccination clinics and community pharmacy involvement with the vaccination scheme. The Population Health and Wellbeing Committee discussed the mitigation efforts of long waiting times at some vaccination centres, as well as the differences in the Covid-19 and Influenza vaccination eligibility. The Committee were assured by the discussions and information provided.

### **4.12 Type 2 Diabetes Report**

Ms Linda Morris, Public Health Programme Manager, presented a report to provide awareness and assurance in regards to progress of the five year Type 2 Diabetes Prevention Framework and to highlight key ongoing aspects of the programme. The programme focused on Type 2 Diabetes prevention and early intervention in Children and Adults, through education and comprehensive weight loss programmes. Ms Morris highlighted that the higher rates of Type 2 diabetes were observed in areas of high deprivation and among some BME populations (as compared to white British population). The Population Health and Wellbeing Committee discussed the report suggesting various initiatives which could target the growing numbers of Type 2 Diabetes diagnoses and were assured by the action plans outlines in the report.

### **4.13 NHSGGC Child Oral Health Department Performance Report**

The Population Health and Wellbeing Committee considered a report prepared by Dr Michael Mcgrady, Consultant in Dental Public Health. The report outlined the progress of a work plan as it related to key oral health indicators in child health, which were: levels of dental registrations for young children, and the number of children who require general anaesthetic for dental treatment. The report highlighted that as a result of the pandemic, there was a significant reduction in children registered with a NHS dentist. Following dental services remobilisation, targeted work of health visiting teams, dental support workers, dental practices and general medical practitioners was put in place to improve the registration levels among children. General improvement in childhood oral health and developments of alternative pathways with better outcomes were cited as drivers for reducing numbers of general anaesthetic interventions among children. The Population Health and Wellbeing Committee noted the report asking that further information and detail was provided for the Clyde sector where access to NHS dental services was most challenging.

#### **4.14 Assurance Information Reports**

The Population Health and Wellbeing Committee considered progress reports on the public health priorities: type 2 diabetes, drug related deaths, and child health. Reports were prepared by the Public Health Programme Manager and presented quarterly. The Committee were content to approve the reports.

#### **4.15 Winter Epidemiology Update**

Dr Iain Kennedy, Consultant Public Health Medicine, had given a presentation relating to prevalence of infectious diseases in the 2022/23 winter period. The presentation included charts relating to past years data and explored some of the underlying factors which led to changes in trends with regard to diseases covered by the presentation: Group A Streptococcal infections, Covid-19, Influenza, Respiratory Syncytial Virus, and Norovirus. The Committee noted the report and discussed public health's approaches to minimising the prevalence which included: immunisations, raising public awareness and promotion of preventative practices.

#### **4.16 Universal Pathway Programme**

Dr Catriona Milosevic, Consultant in Public Health Medicine, presented a report introducing the Revised Universal Pathway which included its background, planning and the implementation across all localities in NHSGGC. The report emphasised the central role of the health visiting team to deliver the programme aimed at supporting families with children from birth to 5 years, including five formal health assessments of children at crucial points of their development. In addition to home visits, the team would support families with issues concerning feeding, parenting, child development, mental health, smoke free environment and offer referrals and signposting to wider services to help improve families' and childrens' overall outcomes and wellbeing. The Population Health and Wellbeing Committee praised the work of the teams involved in the delivery of the programme which had a high uptake across all NHSGGC areas. The Committee discussed ongoing fiscal concerns, inclusion of the SMDI data in future reports, and planned improvements to programme delivery, and noted the information provided.

#### **4.17 Children and Young People - Mental Health**

A report presenting information regarding mental health and wellbeing among children and young people within NHSGGC was presented to the Committee. The report highlighted the importance of early intervention and prevention in the area of mental health which was evidenced to improve overall health and wellbeing outcomes across lifetime. It was recognised that mental health problems were a major cause of morbidity and a growing cause of mortality among children and young people. Recommendations to improvements in the area of child mental health included: a whole system approach, improvements to school counselling and community mental health supports, targeting of societal, gender and racial inequalities, as well as improving accessibility of mental health services among the most disadvantaged groups. The Committee discussed the concerns over waiting times for some mental health services and the need for escalation of the mental health discussion within the NHSGGC Board.

#### **4.18 Screening Programme Report**

The Population Health and Wellbeing Committee considered an annual report on screening programmes delivered across NHS GGC and coordinated by the Public Health Directorate in the 2021/22 period. The report presented a breakdown of the uptake across 10 screening programmes and their position with regard to target uptake. All screening programmes, with the exception of cervical cancer screening, had met or exceeded the target set. It was recognised that the emergency measures of the Covid-19 pandemic had an impact on the delivery of some screening programmes during the 2021/22 period, with cervical screening being the most affected. The Committee noted the update and supported the actions on reducing inequalities in screening.

### **5. CONCLUSION**

#### **STATEMENT OF ASSURANCE**

As Chair of the Population Health and Wellbeing Committee during financial year 2022/2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHS GGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Rev John Matthews OBE

**Chairperson**

**On behalf of POPULATION HEALTH AND WELLBEING COMMITTEE**

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**APPENDIX 1**

**POPULATION HEALTH AND WELLBEING COMMITTEE 2022-23**

**PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>13/042022</b>	<b>20/072022</b>	<b>12/102022</b>	<b>18/012023</b>
Prof John Brown CBE	Board Chair	NHSGGC	P	AA	A	P
Cllr Jacqueline Cameron	Non-Executive Board Member	NHSGGC	–	P	P	AA
Dr Emilia Crighton	Executive Lead Director of Public Health	NHSGGC	P	P	P	P
Ms Dianne Foy	Non-Executive Board Member	NHSGGC	–	P	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	AA	AA	AA	AA
Ms Christine Laverty	Chief Officer - Renfrewshire HSCP	NHSGGC	–	P	P	AA
Rev John Matthews OBE	Non-Executive Board Member	NHSGGC	P	AA	P	P
Cllr Martin McCluskey	Non-Executive Board Member	NHSGGC	–	P	AA	P
Ms Susanne Millar	Chief Officer - Glasgow City HSCP	NHSGGC	–	–	–	P
Ms Anne Marie Monaghan	Non-Executive Board Member	NHSGGC	AA	P	AA	P
Mr Ian Ritchie	Non-Executive Board Member	NHSGGC	P	P	P	P
Mr Francis Shennan	Non-Executive Board Member	NHSGGC	P	P	P	P

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**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>13/042022</b>	<b>20/072022</b>	<b>12/102022</b>	<b>18/012023</b>
Ms Anna Baxendale	Head of Health Improvement, Public Health	NHSGGC	P	P	A	P
Dr Rebecca Campbell	Consultant in Public Health Medicine	NHSGGC	-	-	-	P
Dr Daniel Carter	Consultant in Public Health Medicine	NHSGGC	-	P	-	-
Professor Chik Collins	Director of the Glasgow Centre for Population Health	GCPH	-	-	-	P
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	P	P	P	P
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	P	P
Ms Anne Harkness	Director of Delivery of Resilience	NHSGGC	-	-	P	-
Mr Neil Irwin	Service Lead	NHSGGC	-	P	P	P
Ms Heather Jarvie	Public Health Programme Manager, Adult Screening	NHSGGC	-	-	-	P
Dr Iain Kennedy	Consultant Public Health Medicine	NHSGGC	-	-	-	P
Mr Trevor Lakey	Health Improvement and Inequalities Manager	NHSGGC	-	-	-	P
Ms Angela Leitch	Chief Executive, Public Health Scotland	PHS	AA	AA	AA	-
Ms Jennifer Mclean	Acting Director, Glasgow Centre for Population Health	GCPH	-	P	P	-
Julie Metcalfe	Clinical Director CAMHS	CAMHS	-	-	-	P
Dr Catriona Milosevic	Consultant in Public Health Medicine	NHSGGC	-	P	-	P
Ms Linda Morris	Public Health Programme Manager	NHSGGC	-	-	P	-

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<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>13/042022</b>	<b>20/072022</b>	<b>12/102022</b>	<b>18/012023</b>
Ms Fiona Moss	Head of Health Improvement and Equalities, Glasgow City HSCP	NHSGGC	P	P	P	P
Mr Nicholas Phin	Director, Public Health Science, Public Health Scotland	PHS	AA	P	AA	-
Dr Alison Potts	Acting Screening Co-ordinator for Adult Programmes, Specialty Registrar in Public Health		-	-	-	P
Ms Jac Ross	Equality and Human Rights Manager	NHSGGC	P	-	-	-
Mr Peter Seaman	Associate Director, Glasgow Centre for Population Health	GCPH	A	AA	A	-
Ms Debbie Schofield	Public Health Programme Manager	NHSGGC	-	-	-	P
Ms Val Tierney	Chief Nurse, West Dunbartonshire HSCP	NHSGGC	-	-	-	P
Dr Beatrix von Wissmann	Consultant in Public Health Medicine	NHSGGC	P	P	P	P

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

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**APPENDIX 2**

**POPULATION HEALTH AND WELLBEING COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of Meeting</b>	<b>Title of Business Discussed</b>
13 April 2022	<ul style="list-style-type: none"> <li>• Monitoring Report for the Fairer NHSGGC 2020 - 2024 Equality Scheme</li> <li>• Public Health Priorities</li> <li>• COVID-19 Update</li> <li>• Local Child Poverty Action Plans</li> <li>• Extract from the Corporate Risk Register</li> <li>• Horizon Scanning - Public Health</li> <li>• Review of Terms of Reference</li> </ul>
20 July 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• Public Health Priorities</li> <li>• Public Health Assurance Framework</li> <li>• Local Child Poverty Action Plans</li> <li>• Five Year Mental Health Strategy Prevention Progress Report</li> <li>• Drug Related Deaths in Greater Glasgow and Clyde</li> <li>• Extract from the Corporate Risk Register</li> </ul>
12 October 2022	<ul style="list-style-type: none"> <li>• COVID-19 Update</li> <li>• NHSGGC Vaccination Programme</li> <li>• Local Child Poverty Action Plans</li> <li>• Type 2 Diabetes Report</li> <li>• NHSGGC Child Oral Health Department Performance Report</li> <li>• Assurance Information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> </ul>
18 January 2023	<ul style="list-style-type: none"> <li>• Winter Epidemiology Update</li> <li>• Children and Young People - Universal Pathway</li> <li>• Children and Young People - Mental Health</li> <li>• Annual Screening Report</li> <li>• Assurance information Quarterly Report</li> <li>• Extract from the Corporate Risk Register</li> <li>• Annual Cycle of Business 2023/24</li> </ul>

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	April 2023
Date for review:	April 2024
Replaces previous version:	June 2022

## GREATER GLASGOW AND CLYDE NHS BOARD

### ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE

#### 1. INTRODUCTION

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. The meetings continued to be held in a hybrid model and the usual Committee schedule was reinstated.

#### 2. PURPOSE

To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### 3. STAFF GOVERNANCE COMMITTEE

##### 3.1 Purpose of Committee

**3.1.1** The purpose of the Staff Governance Committee is to provide assurance to the Board that NHSGGC meets its obligations in relation to Staff Governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard. The Staff Governance Committee is a Standing Committee of the NHS Board.

**3.1.2** The Committee seeks to ensure that Staff Governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

**3.1.3** The Committee ensures that structures and policies are in place to provide assurance that all staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

**3.1.4** Each Health and Social Care Partnership, Acute Service and Corporate Directorate has their own Staff Governance arrangements and structure. Compliance with the Standard is monitored through the outputs on the workforce performance reports and through presentations, on a rotational basis, from the relevant Chief Officer/Director for each area to the Staff Governance Committee.

**3.1.5** In addition to the above, NHSGGC compliance with the Staff Governance Standard is reviewed through a series of implementation plans and strategies, service presentations, policy review and regular NHSGGC Workforce Strategy implementation plan updates.

### 3.2 Composition

During the financial year ending 31 March 2023 membership of the Staff Governance Committee comprised:

#### Joint Chairs:

Alan Cowan to 30 June 2022  
Ann Cameron-Burns  
Ketki Miles from 01 July 2022

#### MEMBERSHIP

- Prof John Brown CBE
- Jane Grant
- Amina Khan to 31 March 2023
- Cllr Colette McDiarmid from 01 July 2022
- Cllr Michelle McGinty from 01 July 2022
- Cllr Sheila Mechan to 30 June 2022
- Dr Paul Ryan
- Francis Shennan
- Charles Vincent

#### IN ATTENDANCE

- Mark Allen, Senior Administrator
- Dr Jennifer Armstrong, Medical Director
- Sandra Blades, Lead Nurse for Professional Governance & Regulation
- Kirsty Berchtenbreiter, Head of Human Resources - Corporate Services
- Frances Carmichael, Staff Side Chair, Acute Services Staff Partnership Forum
- Tracey Carrey, Interim Workforce Planning & Analytics Manager
- Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
- Kim Donald, Corporate Services Manager - Governance
- Dr Lindsay Donaldson, Director of Medical Education
- William Edwards, Chief Operating Office, Acute Services
- Dianne Foy, Board Member
- Andrew Gibson, Chief Risk Officer
- Brian Greene, Head of Human Resources - Inverclyde HSCP
- Dr Andrew Harvey, Consultant Anaesthetist
- Christina Heuston, Assistant Chief Officer, Human Resources, Glasgow City HSCP
- Bridget Howat, Head of Human Resources - Corporate Services
- Diana Hudson, Staff Experience Advisor/iMatter Operational Lead
- Moira Macdonald, Head of Learning and Education
- Anne MacPherson, Director of Human Resources & Organisational Development
- Pamela Martin, Head of Staff Experience
- Margaret McCarthy, Staff Side Chair, Glasgow City HSCP Staff Partnership Forum

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- Andrew McCready, Staff Side Chair, APF Delegate to Staff Governance Committee
- Dianne McCrone, Chair, Staff Partnership Forum, Inverclyde HSCP
- Steven Munce, Head of Human Resources, Resources and Development
- Colin Neil, Director of Finance
- Cat Ospedale, Deputy Director of Communications
- Nareen Owens, Depute Director of Human Resources
- Dr Mathew Pay, Workforce Strategy Manager
- Elaine Quail, Area Partnership Forum Staff Side Secretary/Area Partnership Forum Secretariat
- Tom Quinn, Head of Human Resources, East Dunbartonshire HSCP
- Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP
- Liam Spence, Head of Staff Experience
- Tom Steele, Director of Estates and Facilities
- Allen Stevenson, Interim Chief Officer, Inverclyde HSCP
- Julie Tomlinson, Associate Chief Nurse Corporate and Community
- Elaine Vanhegan, Director of Corporate Services and Governance
- Rona Wall, Head of Occupational Health and Safety
- Prof Angela Wallace, Executive Director of Nursing
- Stephen Wallace, Head of Human Resources - Estates and Facilities
- Amanda Walton, Staff Side Partnership Lead for APF
- Freddie Warnock, Head of Health and Safety

### 3.3 Meetings

The Committee met on four occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:

- 24 May 2022
- 02 August 2022
- 22 November 2022
- 21 February 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Staff Governance Committee were quorate.

### 3.4 Business Outcomes

The Committee considered both routine and specific work areas during the financial year 2022/23.

Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at Appendix 2.

With the Board continuing to operate on a modified governance basis, during the winter months, it was agreed to reduce Service Assurance Presentations to one per meeting in November 2022 and February 2023.

The Committee gave due consideration to the priorities outlined by the Board Chair around Wellbeing, Workforce Planning, Partnership Working and Staff Engagement

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while also seeking assurance that the work programme was aligned to the Board Objectives.

### **3.4.1 Service Assurance Presentations**

- 3.4.1.1 The Committee received Service Assurance Presentations from a number of Directorates and Health and Social Care Partnerships, receiving updates on how each area met the five strands of the Staff Governance Standard and presenting a case study, focussing on a key achievement.

#### **Inverclyde Health and Social Care Partnership**

- 3.4.1.2 Key achievements included a collaborative pandemic response across the Health and Social Care Partnership (HSCP) and effective communication channels.
- 3.4.1.3 'Winter Wellness Week 2022' was presented as the HSCP's case study. Winter Wellness Week 2022 was organised in conjunction with Communities and the Voluntary Sector (CVS) Inverclyde to support the Workplace Wellbeing Matters Plan, and the Scottish Government Winter Pressures Money to ensure support for the mental health and wellbeing of staff across the HSCP.

#### **Human Resources and Organisational Development Directorate**

- 3.4.1.4 Key achievements included local and national recognition awards and participation and engagement in Investors in People accreditation for the Corporate Cluster.
- 3.4.1.5 The review of Occupational Health and Safety was presented as the Directorate's case study. All staff involved were fully engaged in the development of the processes, as well as the outcomes, and as a result of the review, a new model had been established from December 2021, with resources realigned to appropriate internal management teams and a modern, fit for purpose service is now in place.

#### **Estates and Facilities Directorate**

- 3.4.1.6 Key achievements included recognition and awards, Investors in People accreditation and a focus on succession planning.
- 3.4.1.7 The 'Kickstart Programme' was presented as the Directorate's case study, with Estates and Facilities supporting and hosting significant placements within their services as part of the Programme, in partnership with INVEST Renfrewshire and Department of Work and Pensions. The successful Programme led to 60 Support Services Assistant roles identified in four Acute sites across the Board, with 20 individuals eventually appointed to posts across the Board.

#### **East Dunbartonshire Health and Social Care Partnership**

- 3.4.1.8 Key achievements included a collaborative pandemic response, communications work, wellbeing activity and business case development for accommodation in Bishopbriggs and Milngavie.
- 3.4.1.9 The HSCP showcased the extension to the district nursing service hours as its case study. For the Oral Health Directorate, the case study used was the successful

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realignment of the Oral Health Improvement Team to support essential activity during the pandemic.

### **Acute Services**

- 3.4.1.10 Key achievements included Scottish and UK Award wins (Scottish Health Awards, UK Building Better Healthcare Awards, Wounds UK Excellence Awards, Trade Union Awards), positive Healthcare Improvement Scotland inspections, the rollout of Investors in People and effective partnership working.
- 3.4.1.11 'Building Psychological Safety in Nursing' was presented as the Directorate's case study, highlighting the integrated team and stakeholder approach to this work. The initiative has embedded a culture across the Lead Nurse Forum that ensures all nursing staff have the time and tools to allow them to feel psychologically safe through a culture of open discussion.

### **Finance Directorate**

- 3.4.1.12 Key achievements included participation in Investors in People accreditation, an improvement in Personal Development Planning and Review compliance, creation of a local Staff Partnership Forum and the development and roll out of new sustainable hybrid working models in key service areas.
- 3.4.1.13 The Directorate showcased the Learning Development Framework within Finance as their case study. This focussed on assessing workplace skills, identifying gaps or weaknesses and then selecting teaching/learning methods that improve individual effectiveness, build resilience as a department and nurture a culture that supports NHS values.

### **3.4.2 NHSGGC Workforce Strategy 2021-2025**

- 3.4.2.1 The Committee continued to review and scrutinise progress of the Workforce Strategy 2021-2025. Notably, a defined Action Plan focusing on the second phase (1 April 2022 - 31 March 2023) was created and presented to the Committee, which provided assurance of progress.
- 3.4.2.2 Within the Workforce Strategy Phase Two Action Plan (April 2022 - March 2023), 11 of the 23 activities have been identified as a high priority. These activities took priority over other activities throughout Phase Two, due to their links with NHSGGC COVID recovery plans.
- 3.4.2.3 At its February 2023 meeting, the Committee noted that six of the 23 activities were complete, with 13 scheduled for completion by the end of March 2023 and four delayed.
- 3.4.2.4 Specifically, during 2022/23, the Committee received an update on Safety, Health and Wellbeing, Workforce Equality and Investors in People, with highlights covered in 3.4.3 to 3.4.5, below.

### **3.4.3 Safety, Health and Wellbeing**

3.4.3.1 The Committee was provided with assurance in relation to the Staff Health Strategy, which was written with a specific focus on mental health, health and safety and supporting staff with long term/chronic health conditions. This also included updates on the specific action plan through the Mental Health and Wellbeing Group established for COVID purposes. The key areas of focus and progress on these, are set out below:

#### **Safety, Health and Wellbeing Culture Framework**

3.4.3.2 The Committee noted the launch of the Safety, Health and Wellbeing Culture Framework in December 2022 and were provided with assurance on its rollout and content. The launch included:

- Dedicated SHaW Roles and Responsibilities documents for Employees, Managers, Directors, including Chief Officers, listing their responsibilities in line with our Health and Safety Policy
- A roadmap that provides a visual of the five strands for SHaW
- A SHaW Delivery Plan detailing the activities planned under each of the five strands

3.4.3.3 To underpin the rolling launch, the SHaW team continue to engage at a range of stakeholder management meetings to outline and increase understanding of the Safety Health and Wellbeing Framework. These sessions are designed to walk through the SHaW Framework Culture documents by providing coaching and support to changing the culture in their areas of responsibility.

#### **Peer Support Programme**

3.4.3.4 The Committee, having previously noted its launch, welcomed the continued rollout of the NHSGGC Peer Support Framework and its continued delivery through the three levels outlined below:

- Level 1 is an eLearning module, entitled 'Looking after yourself and others'. This module is available to all Health and Social Care staff via LearnPro. Over 1000 staff have now completed this module
- Level 2 provides training for colleagues identified as a Peer Supporter for their service. Training is designed and delivered by the NHSGGC Psychology Therapies Service. There are now 250 trained peer supporters
- Level 3 provides a Peer Support Trainer role to the Framework. This role would be reserved for more experienced and senior staff given the requirement for knowledge and experience in supervising and training others. This will be rolled out in 2023, with recruitment underway for a post-holder to take this forward

#### **Staff Health Needs Assessment**

3.4.3.5 The Committee was provided with assurance around the commencement of the Staff Health Needs Assessment in October 2022. This was publicised through Core Brief, with 2354 staff completing the survey. The data was analysed and presented to the HR Senior Management Team in January 2023. A proposed action plan has been developed through the NHSGGC Health Working Lives groups.

**Rest and Recuperation Hubs**

3.4.3.6 The Committee noted the extant on-site rest and recuperation hubs continue to be positively received by its users. The commencement of the mobile rest and recuperation hub facility was delayed due to mechanical issues with the vehicle donated to NHSGGC. However, this launched on 25 April 2023, with a visitation schedule published.

**3.4.4 Workforce Equality**

3.4.4.1 The Committee noted that NHSGGC has a detailed Workforce Equality Action Plan 2020-2024 and with a more focussed annual plan approved and managed via the Workforce Equality Group. Progress against this plan is scrutinised by the Committee annually to ensure it is contributing to the delivery of the strategic aim of a Better Workplace and is being delivered in line with the Staff Governance Standard and the organisational Values.

3.4.4.2 This plan is built around five underpinning themes. The table below sets out progress reported to the Committee against those themes.

Theme	Highlights from the plan overseen by the Workforce Equality Group
<b>Consistency:</b> Align on key messages to ensure our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.	<ul style="list-style-type: none"> <li>• A new Managers’ Guide to Equality Law was launched across the organisation in November 2022</li> <li>• The new NHSGGC Clear To All policy - ensuring accessibility in all our printed documents for staff and patients - was launched in October 2022</li> </ul>
<b>Data:</b> Ensure our data collection is legally compliant and is used to continuously improve the equality and diversity (demographics, provisions and experience) of our workforce.	<ul style="list-style-type: none"> <li>• Continuing to increase the percentage of staff about whom we hold protected characteristic information, with a continuous improvement trend over the last four months</li> <li>• Deep dives by the Workforce Equality Group (WEG) into specific topics, such as recruitment, with outputs used to inform our activities such as the recently approved Recruitment &amp; Attraction Plan</li> <li>• The WEG monitors trend data related to hate crime against our staff every quarter</li> </ul>
<b>Attraction:</b> Promote and advocate our equality commitments to the attraction, development, retention and career advancement opportunities of all employees within our diverse workforce.	<ul style="list-style-type: none"> <li>• The launch of NHSGGC’s first dedicated leadership programme for BME staff in October 2022, with 30 members of staff in the cohort</li> <li>• To broaden our approach to Equality, Diversity and Inclusion training further, the Learning and Education team is currently reviewing key learning programmes to better embed Equality, Diversity and Inclusion throughout</li> </ul>
<b>Equal Pay:</b> Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> <li>• The 2021 Equal Pay statement was published in line with statutory requirements with a new statement due to be published in April 2023. Underpinning actions are integrated into the Workplace Equality Action Plan and are being progressed</li> </ul>

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Theme	Highlights from the plan overseen by the Workforce Equality Group
<p><b>Engagement and Contribution:</b> Fully encourage members of the Equality Forums/Network to input to and influence the work of the WEG and the Workforce Equality Action Plan.</p>	<ul style="list-style-type: none"> <li>• All three Forums/Networks now have a space on HR Connect and their own Facebook Page. The BME Staff Network has a dedicated WhatsApp Group. Posters promoting the groups are now visible across NHSGGC sites</li> <li>• Events organised by the Forums/Network are regularly promoted through Core Brief and complimentary local events, such as our recent Disability Café for members of the Staff Disability Forum. There is a particular focus on each of our three groups during Pride (June), Black History Month (October) and Disability History Month (November/December)</li> </ul>

### 3.4.5 Investors in People

- 3.4.5.1 Over 2022/23, the Committee received two updates to assure progress in meeting the Investors in People (IiP) standard. It was noted that due to the size and complexity of our organisation, NHSGGC is being assessed in six smaller cohorts known as Clusters.
- 3.4.5.2 As at 31 March 2023, all Clusters have completed their initial assessment by the IiP organisation and accreditation has been achieved for Inverclyde Royal Hospital and the Corporate Cluster. West, Clyde and North Clusters have not yet met the standard and have further actions to be achieved in 2023. The South Cluster was split into Part A and Part B assessments and Part B was completed by end March 2023.
- 3.4.5.3 The Cluster assessment reports provide feedback on high performing areas and areas of the criteria where there are opportunities for improvement and this has enabled a Development Plan to be agreed for each cluster following further engagement and input from staff. Development plans are organised and progressed via newly created Cluster Workforce Groups, chaired by a Director and with representation from all departments.
- 3.4.5.4 Testing the successful embedding of these improvements through the next phase of Collaborative Conversations has commenced, with this being a key deliverable from the recently approved Internal Communications and Employee Engagement Strategy. The resulting improvements in our people processes from the work set out in these plans will contribute to our aim of full IiP Accreditation across Acute and Corporate Services.

### 3.4.6 Internal Communications and Employee Engagement Strategy

- 3.4.6.1 At its August 2022 meeting, the Committee provided comment and recommended approval of the Internal Communications and Employee Engagement Strategy 2022-2025 to the Board. It was approved by the Board in October 2022.
- 3.4.6.2 The Strategy is based on a review of the current employee communication and engagement activities, along with the proposed development and reinvigoration of channels and mechanisms to inform and engage staff at all levels of the organisation. The Strategy, in alignment with our Workforce Strategy, will be a key

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enabler to improve the experience of our staff at work, ensuring we maximise direct engagement with staff and listen to and address concerns in the workplace.

### 3.4.6.3 Key priorities include:

- Development of the new NHSGGC intranet platform
- Re-establish/re-launch Core Brief as a channel for organisational announcements and information Quarterly CEO/senior leadership listening and engagement forums under the 'Better Workplace' corporate objective
- Scaling up and embedding the Collaborative Conversations programme, aligned with iMatter, the Staff Governance Standard and liP outputs, to focus attention on areas of best practice and improvement, so both are used to shape activity going forward
- Launch of a new Speak Up Campaign to inform and engage staff about the ways in which to raise issues and receive support
- Delivery of an NHSGGC equalities conference, to showcase the progress made through the Workforce Equality Group Action Plan 2022/23, and pave the way for 2023/24

### 3.4.7 **iMatter: The Staff Experience Continuous Improvement Tool**

- 3.4.7.1 The Committee reviewed the outcomes from the 2022 iMatter survey. Overall, NHSGGC achieved a response rate of 52% (25,007 responses), with results generating an Employee Engagement Index (EEI) score of 75. This represented an increase in response rate of one percentage point and an EEI score increase of one from 2021.
- 3.4.7.2 Following review of the Board iMatter report, key areas of strength were identified including clarity of roles, having confidence and trust in team managers and feeling they are treated with dignity and respect.
- 3.4.7.3 The feedback also highlighted opportunities for continuous improvement that are being progressed through the delivery of the Internal Communications and Employee Engagement Strategy, which will focus on visibility, ownership, inclusion, collaboration and excellence.
- 3.4.7.4 The Committee noted that, despite COVID-19 recovery and other challenges, it was encouraging that 52% of the workforce had completed the iMatter survey and that the overall EEI Score remained positive and within the green 'strive and celebrate' score matrix.
- 3.4.7.5 Further updates regarding year on year progress of the iMatter programme will be brought to the Committee.

### 3.4.8 **Medical Education**

- 3.4.8.1 The Committee was assured by the Board Medical Director and Director of Medical Education's update on Medical Education during 2022/23. The main focus of the update was in relation to quality control in medical education as well as the quality improvements and progress in the clinical units on enhanced monitoring within NHSGGC.

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- 3.4.8.2 The Committee noted that in the last academic year (August 2021 - August 2022), NHSGGC hosted 16 visits by the Scotland Deanery. Four of these visits have been enhanced monitoring visits and are described in more detail below:
- 3.4.8.3 **Queen Elizabeth University Hospital Medicine** - there were initially 19 recommendations to be met, however this has now reduced to eight with ongoing work underway to fully meet the General Medical Council (GMC) standards. A revisit by the Deanery and GMC took place in March 2023, with formal feedback awaited.
- 3.4.8.4 **Inverclyde Royal Hospital (IRH) General Medicine and Geriatric Medicine** - following a favourable Deanery visit, the status of the site has been de-escalated and is no longer under enhanced monitoring.
- 3.4.8.5 **Princess Royal Maternity Obstetrics and Gynaecology** - while there were initially 16 recommendations, this has reduced to four with ongoing work underway to fully meet the GMC standards. A revisit will take place in May 2023.
- 3.4.8.6 **IRH Psychiatry** - there were initially 13 recommendations to be met. A revisit in October 2022 highlighted a significant overall improvement in training experience. There were three outstanding issues, the main one of which was the rota, which has since been redesigned.
- 3.4.9 Safe Staffing**
- 3.4.9.1 The Committee were provided for assurance an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGGC.
- 3.4.9.2 The Healthcare Safe Staffing programme supports the delivery of safe and high quality care by enabling NHS Boards to deliver effective workload and workforce planning so they have the right people with the right skills in the right place at the right time. This is in response to the Scottish Government committing to enshrining safe staffing in law through the Health and Care (Staffing) (Scotland) Act (2019).
- 3.4.9.3 The Committee was updated following the parliamentary announcement of the timeline for enactment of the Health and Care (Staffing) (Scotland) Act 2019, noting that activity had been paused due to COVID-19, but that work had recommenced and a new implementation timeline announced by Scottish Government.
- 3.4.9.4 The Committee was provided with assurance on key areas of activity:
- Significant stakeholder engagement, including a series of roadshows
  - Production and circulation of guidance, aligned to the duties of the Act
  - Pre-implementation stage work and the Board's commitment to volunteer as an early implementer to test the guidance chapters of the Health and Care (Staffing) (Scotland) Act (2019). A meeting with Scottish Government's Implementation Team took place on 6 March 2023
  - Expansion of Health Care Staffing Governance Arrangements both national and locally

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3.4.9.5 The Committee were assured that robust safe staffing processes exist and will seek further assurance during 2023/24 on the consistent application of safe staffing regulations and policies across the Board and understood by staff.

### **3.4.10 Whistleblowing**

3.4.10.1 The Committee was provided with an overview of whistleblowing activity during 2022/23, following implementation of the National Whistleblowing Standards (the Standards) in April 2021.

3.4.10.2 The Committee was advised that there had been an increase in both stage 1 and stage 2 response performance since the Standards were introduced and that the average time to respond to cases has also reduced.

3.4.10.3 The report provided assurance that whistleblowing investigations are taking place in line with the Standards.

3.4.10.4 An annual report will be brought to the Committee during 2023/24 to summarise Whistleblowing cases from across NHSGGC, and update on progress of the action plan in place.

### **3.4.11 Remuneration Committee**

3.4.11.1 As detailed within the Terms of Reference, the Staff Governance Committee provides assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

3.4.11.2 During 2022/23, verbal updates on the Remuneration Committee meeting of 1 March 2022 and 29 June 2022 (reconvened on 25 July 2022), were given. These updates highlighted that the Remuneration Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers/Interim Arrangements and Changes
- Noted Consultants' Discretionary Points 2020/21 Outcomes
- Noted an update on ESM Pay Arrangements for 2021/22
- Approved the Chief Executives 2021/22 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts

3.4.11.3 The Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee, in line with the Committee remit.

**3.4.12 Full details of all of the business items considered by the Committee during 2022/23 are attached at Appendix 2, including Medical Revalidation, NMC Referrals and Assurance, Workforce Information storyboard reports, Area Partnership Forum reports and Risk Register updates.**

**3.4.13** Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

During winter 2022/23, the Board operated on a modified governance basis, due to COVID-19 recovery and winter pressures. However, the Committee was still able to consider priority business and receive assurance presentations from at least one Service area at each meeting.

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The topics and summaries outlined in section 3.4 above, cover the range of items presented, with the Committee providing approval and receiving assurance throughout 2022/23, as required.

### 4. CONCLUSION

#### STATEMENT OF ASSURANCE

As Joint Chairs of the Staff Governance Committee during year 2022/23, we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. We thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

Ann Cameron-Burns

Ketki Miles

**Joint Chairs**

**On behalf of STAFF GOVERNANCE COMMITTEE**

BOARD OFFICIAL

**APPENDIX 1**

**Staff Governance Committee 2022-23**

**PRESENT**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>24/05/2022</b>	<b>02/08/2022</b>	<b>22/11/2022</b>	<b>21/02/2023</b>
Prof John Brown CBE	Member/Board Chair	NHSGGC	P	P	P	A
Ann Cameron-Burns	Co-Chair	NHSGGC	P	P	P	P
Alan Cowan	Co-Chair	NHSGGC	P	-	-	-
Jane Grant	Member/Chief Executive	NHSGGC	P	P	A	P
Amina Khan	Member/NED	NHSGGC	P	P	P	P
Cllr Colette McDiarmid	Member/NED	NHSGGC	-	P	P	P
Cllr Michelle McGinty	Member/NED	NHSGGC	-	P	P	P
Cllr Sheila Mechan	Member/NED	NHSGGC	A	-	-	-
Ketki Miles	Co-Chair	NHSGGC	-	P	P	A
Dr Paul Ryan	Member/NED	NHSGGC	P	P	P	P
Francis Shennan	Member/NED	NHSGGC	P	P	A	P
Charles Vincent	Member/NED	NHSGGC	A	P	P	P

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>24/05/2022</b>	<b>02/08/2022</b>	<b>22/11/2022</b>	<b>21/02/2023</b>
Mark Allen	Senior Administrator	NHSGGC	P	P	P	P
Dr Jennifer Armstrong	Medical Director	NHSGGC	-	P*	A	A
Sandra Blades	Lead Nurse for Professional Governance & Regulation	NHSGGC	-	-	A	-
Kirsty Berchtenbreiter	Head of Human Resources - Corporate Services	NHSGGC	-	-	-	P*
Frances Carmichael	Co-Chair Acute APF Representative	NHSGGC	P	P	A	-
Tracey Carrey	Interim Workforce Planning & Analytics Manager	NHSGGC	P*	P*	P*	-
Beth Culshaw	Chief Officer	West Dunbartonshire HSCP	P	P	P	P

BOARD OFFICIAL

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>24/05/2022</b>	<b>02/08/2022</b>	<b>22/11/2022</b>	<b>21/02/2023</b>
Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P*	-	-
Dr Lindsay Donaldson	Director of Medical Education	NHSGGC	-	-	P*	-
William Edwards	Chief Operating Officer, Acute Services	NHSGGC	A	A	P*	A
Dianne Foy	Board Member	NHSGGC	-	P	-	P
Andrew Gibson	Chief Risk Officer	NHSGGC	P	P	A	A
Brian Greene	Head of Human Resources - Inverclyde HSCP	NHSGGC	P*	-	-	-
Dr Andrew Harvey	Consultant Anaesthetist	NHSGGC	-	P*	-	-
Christina Heuston	Assistant Chief Officer, Human Resources	Glasgow City HSCP	A	-	-	-
Bridget Howat	Head of Human Resources - Corporate Services	NHSGGC	P*	-	-	-
Diana Hudson	Staff Governance Co- ordinator	NHSGGC	P	P	P	P
Moira Macdonald	Head of Learning & Education	NHSGGC	A	P	P	P
Anne MacPherson	Director of Human Resources & Organisational Development	NHSGGC	P	P	P	P
Pamela Martin	Head of Staff Experience	NHSGGC	P	-	-	-
Margaret McCarthy	Glasgow City HSCP PF Representative	NHSGGC	P	A	P	A
Andrew McCready	Co-Chair, Non City HSCP SPF	NHSGGC	P	P	P	P
Dianne McCrone	Chair, Staff Partnership Forum	Inverclyde HSCP	P*	-	-	-
Steven Munce	Head of Human Resources, Resources and Development	NHSGGC	P	P	P	P
Colin Neil	Director of Finance	NHSGGC	-	-	-	P*
Cat Ospedale	Deputy Director of Communications	NHSGGC	-	P*	-	

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NAME	POSITION	ORGANISATION	24/05/2022	02/08/2022	22/11/2022	21/02/2023
Nareen Owens	Depute Director of Human Resources & Organisational Development	NHSGGC	A	P	P	P
Dr Mathew Pay	Workforce Strategy Manager	NHSGGC	-	-	-	P*
Elaine Quail	Staff Side Secretary/APF Secretariat	NHSGGC	P	P	P	P
Tom Quinn	Head of Human Resources - East Dunbartonshire HSCP	NHSGGC	-	P*	-	-
Caroline Sinclair	Chief Officer	East Dunbartonshire HSCP	-	P*	-	-
Liam Spence	Head of Staff Experience	NHSGGC	-	P	P	P
Tom Steele	Director of Estates and Facilities	NHSGGC	-	P*	-	-
Allen Stevenson	Interim Chief Officer	Inverclyde HSCP	P*	-	-	-
Julie Tomlinson	Associate Chief Nurse Corporate and Community	NHSGGC	-	P*	-	-
Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	-	-	-
Rona Wall	Head of Occupational Health & Safety	NHSGGC	-	-	-	P*
Prof Angela Wallace	Executive Director of Nursing	NHSGGC	-	P*	P*	A
Stephen Wallace	Head of Human Resources - Estates and Facilities	NHSGGC	-	P*	-	-
Amanda Walton	Staff Side Partnership Lead for APF	NHSGGC	-	-	P	P
Freddie Warnock	Head of Health and Safety	NHSGGC	-	P	-	-

**Key**

- P - Present
- P\* - Present for relevant agenda item only
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

## APPENDIX 2

**STAFF GOVERNANCE COMMITTEE  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
24 May 2022	<p><b>Minutes of Meeting held on 01 February 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations: <ul style="list-style-type: none"> <li>- Inverclyde Health and Social Care Partnership</li> <li>- Human Resources and Organisational Development</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan</li> <li>• Staff Governance Annual Report</li> <li>• Staff Governance Monitoring Return</li> <li>• iMatter</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Performance Report</li> <li>• Remuneration Committee</li> <li>• Human Resources Risk Register</li> <li>• Audit Plan Update</li> <li>• Annual Review of Terms of Reference</li> <li>• Cycle of Business 2022/23</li> </ul>
02 August 2022	<p><b>Minutes of Meeting held on 24 May 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentations <ul style="list-style-type: none"> <li>- Estates and Facilities Directorate</li> <li>- East Dunbartonshire HSCP</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Investors in People</li> <li>• Internal Communications and Employee Engagement Strategy</li> <li>• Workforce Plan</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Medical Appraisal and Revalidation</li> </ul>

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<b>Date of meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Nursing and Midwifery Council Referrals and Assurance</li> <li>• Whistleblowing Annual Report</li> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Performance Report</li> <li>• Remuneration Committee</li> <li>• Human Resources Risk Register</li> </ul>
<p>22 November 2022</p>	<p><b>Minutes of Meeting held on 02 August 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation               <ul style="list-style-type: none"> <li>- Acute Services</li> </ul> </li> <li>• Staff Governance Annual Monitoring Return 2021/22</li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Medical Education</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Human Resources Risk Register</li> <li>• Safe Staffing Legislation</li> <li>• Staff Governance Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Staff Governance Committee Site Visits</li> </ul>
<p>21 February 2023</p>	<p><b>Minutes of Meeting held on 22 November 2022</b></p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• Rolling Action List</li> </ul> <p><b>Urgent Items of Business</b></p> <ul style="list-style-type: none"> <li>• Industrial Action Update</li> </ul> <p><b>Matters Directly Related to the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Assurance Presentation               <ul style="list-style-type: none"> <li>- Finance Directorate</li> </ul> </li> </ul> <p><b>Reports that Support Compliance with the Staff Governance Standard</b></p> <ul style="list-style-type: none"> <li>• Workforce Strategy Action Plan</li> <li>• iMatter</li> </ul> <p><b>Other Relevant Reports</b></p> <ul style="list-style-type: none"> <li>• Human Resources Risk Register</li> <li>• Staff Governance Performance Report</li> <li>• Area Partnership Forum Report</li> <li>• Cycle of Business 2023/24</li> </ul>

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<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Human Resources & Organisational Development
Approved by:	Staff Governance Committee
Approved date:	May 2023
Date for review:	May 2024
Replaces previous version:	June 2022

## **GREATER GLASGOW AND CLYDE NHS BOARD**

### **ANNUAL REPORT OF AREA CLINICAL FORUM**

#### **1. INTRODUCTION**

The year 2022/23 saw the return of a business-as-usual agenda following the interim Board arrangements due to COVID-19 pandemic. This saw the Board continually review the governance arrangements in place, however the Area Clinical Forum continued to meet as scheduled.

#### **2. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

#### **3. AREA CLINICAL FORUM**

##### **3.1 Purpose of Committee**

The purpose of the Area Clinical Forum is to provide the NHS Board with the assurance that the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology and health and social care partnerships to NHS Greater Glasgow and Clyde ensure the involvement of all the professions across the local NHS system in the decision-making process.

The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow and Clyde by:-

- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives by, through the Area Clinical Forum 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
- 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

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Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery

### 3.2 Composition

**During the financial year ended 31 March 2023 membership of the Area Clinical Forum comprised:**

Chairperson - Dr Lesley Rousselet (from 1 July 2021)

Vice Chair - Ms Julie Thomson (from 1 July 2021)

#### **MEMBERSHIP**

- Dr Ron Alexander, Vice Chair of the Area Medical Committee
- Dr Anita Belbin, Vice Chair of the Area Dental Committee
- Dr Jane Burns, Chair of the Area Psychology Committee
- Dr Alban Clareburt, Vice Chair of the Area Pharmaceutical Committee
- Dr Lucy Gamble, Chair of the Area Psychology Committee
- Mrs Jane Grant, Chief Executive
- Dr Ruth Hamilton, Chair of the Area Allied Health Professions and Healthcare Scientists Committee
- Dr Simon Kidd, Chair of the Area Dental Committee
- Ms Helen Little, Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee
- Mr Iain Miller, Chair of the Area Pharmaceutical Committee
- Dr Lesley Rousselet, Chair of the Area Optometric Committee
- Dr Laura Sweeney, Vice Chair of the Area Optometric Committee
- Dr Alistair Taylor, Chair of the Area Medical Committee
- Ms Julie Tomlinson, Chair of the Area Nursing and Midwifery Committee

#### **IN ATTENDANCE**

- Dr Jennifer Armstrong, Medical Director
- Ms Sandra Bustillo, Director of Communications and Public Engagement
- Ms Gail Caldwell, Director of Pharmacy and Prescribing
- Dr Emilia Crighton, Interim Director of Public Health
- Mr Martin Culshaw Deputy Medical Director - Mental Health
- Dr Scott Davidson, Deputy Medical Director – Acute
- Ms Margaret Doherty, Public Protection Lead Nurse (Adult Protection)
- Ms Kim Donald, Board Secretary
- Ms Gillian Duncan, Secretariat
- Mr William Edwards, Chief Operating Officer, Acute Services
- Mr Andrew Gibson, Chief Risk Officer
- Ms Anne Harkness, Director related to COVID-19 Vaccinations
- Ms Carol Harvey, Senior Business and Delivery Manager
- Ms Ray Howard, Secretariat
- Ms Jacqueline Kerr, Assistant Chief Officer - Adults and Northwest
- Ms Anne MacPherson, Director of Human Resources and Organisational Development
- Ms Fiona McKay, Associate Director of Planning

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- Prof Colin McKay, Chief of Medicine, North Sector
- Ms Susan McFadyen, Director of Access
- Ms Pamela Metcalfe, Secretariat
- Ms Susanne Millar, Interim Chief Officer
- Mr Steven Munce, Workforce Planning and Analytics Manager
- Ms Angela O'Neil, Deputy Nurse Director (Acute)
- Ms Kate Rocks, Chief Officer, Inverclyde HSPC
- Ms Jennifer Rogers, Deputy Nurse Director, Corporate and Community
- Ms Fiona Smith, Director of AHPs
- Mr Allen Stevenson, Interim Chief Officer, Inverclyde HSPC
- Prof Angela Wallace, Director of Nursing
- Dr Malcolm Watson - Realistic Medicine Lead and Anaesthesia Consultant
- Ms Amy White, Secretariat

### 3.3 Meetings

**The Committee met on six occasions during the period from 1 April 2022 to 31 March 2023 on the undernoted dates:**

- 21 April 2022
- 09 June 2022
- 11 August 2022
- 13 October 2022
- 08 December 2022
- 16 February 2023

The attendance schedule is attached at Appendix 1.

All meetings of the Area Clinical Forum were quorate.

### 3.4 Business

The Committee considered both routine and specific work areas during the financial year 2022/2023. Areas considered included:

- COVID-19 Update
- Executive Update on Ongoing Board Business
- Annual Delivery Plan
- Workforce Planning Update
- Annual Cycle of Business
- Industrial Action
- Communications Strategy Update
- ED Survey Results
- Care Homes Update
- Remobilisation and Recovery Across NHSGGC
- Winter Planning
- Unscheduled Care Update
- Public Protection Update
- Winter Pressures Update
- Realistic Medicine Update

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- Regional Planning Update
- ACF Member Priorities and Corporate Risk Register
- National Area Clinical Forum Chairs Group Update
- Mental Health Remobilisation Update
- Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note
- Review of Terms of Reference

**Full details of the business items considered are attached at Appendix 2.**

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the Board for its information.

### **4. OUTCOMES**

Through the financial year the Committee were presented with various items and these can be summarised as follows:

#### **4.1 Remobilisation and Recovery across NHSGGC**

The Committee received a presentation on the Remobilisation and Recovery across NHSGGC. The Forum was advised of the challenges presented and provided updates on the key areas of focus for planned care.

#### **4.2 Flu COVID-19 Vaccination Update**

The Committee received updates on the Flu and COVID-19 Vaccination Programme. The Forum was informed that the programme would be launched on 05 September 2022 with people aged over 65 and frontline health and social care workers the first to be offered the vaccination.

#### **4.3 Winter Planning**

The Committee received updates on Winter Planning. The Forum was assured that planning for the winter period was underway with a number of processes in place to monitor and respond to pressures over the winter period.

#### **4.4 Public Protection Update**

The Committee received updates on Public Protection. The Forum was advised of the challenges brought on by the pandemic and the increased referrals received, and were reassured by the implementation of additional training to support staff.

#### **4.5 Unscheduled Care Update**

The Committee received updates on Unscheduled Care. The Forum was advised of the challenges presented and the work that was underway to improve performance. The Forum also discussed ensuring robust evaluation of the redirection work.

#### **4.6 Care Homes Update**

The Committee received updates on Care Homes. The Forum received an overview of the toolkits put in place in response to the impact of COVID-19. The Forum was content to note the framework, governance process and positive early results.

#### **4.7 Mental Health Remobilisation Update**

The Committee received a presentation on the Mental Health Remobilisation Update. The Forum were advised of the constraints brought on by different waves of the pandemic, and noted the key areas of focus for Mental Health Remobilisation.

#### **4.8 Realistic Medicine Update**

The Committee received a presentation on the Vision of Realistic Medicine by 2025. This highlighted the work being done to ensure that patients are being included in the decisions about their care and showcased the tools that will improve care.

#### **4.9 Workforce Planning Update**

The Committee received updates on the Workforce Planning and were assured that there was comprehensive engagement regarding the plan, and that it was developed in partnership with the Scottish Government. The plan was published in October 2022.

#### **4.10 Communications Strategy Update**

The committee received updates on the Communications Strategy which highlighted the collaborative approach with the Scottish Government in engaging and sharing new models of care.

#### **4.11 ACF Member Priorities and Corporate Risk Register**

The Committee received an extract of the Corporate Risk Register that relates to risks that come under the remit of the Acute Services.

#### **4.12 Annual Review of Terms of Reference**

The Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.

## 5. CONCLUSION

### **STATEMENT OF ASSURANCE**

Chair of the Area Clinical Forum during year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed the Forum to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. This past year has seen many changes to the Area Clinical Forum. I would thank all those members of staff who have prepared reports and attended meetings of the Forum and NHSGGC for their excellent support of the Committee.

Dr Lesley Rousselet  
**Chairperson**  
**On behalf of the Area Clinical Forum**

BOARD OFFICIAL

APPENDIX 1

AREA CLINICAL FORUM 2022-23

PRESENT

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Ron Alexander	Vice Chair, Area Medical Committee	NHSGGC	A	A	A	P	P	A
Dr Anita Belbin	Vice Chair, Area Dental Committee	NHSGGC	P	P	P	P	P	P
Dr Jane Burns	Chair, Area Psychology Committee	NHSGGC	A	P	P	P	P	A
Mr Alban Clareburt	Vice Chair, Area Pharmaceutical Committee	NHSGGC	A	A	A	A	A	A
Ms Lucy Gamble	Chair, Area Psychology Committee	NHSGGC	A	A	A	A	P	P
Mrs Jane Grant	Chief Executive	NHSGGC	P	A	AA	P	P	AA
Dr Ruth Hamilton	Chair, Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	P	P	P	P	P	P
Dr Simon Kidd	Chair, Area Dental Committee	NHSGGC	P	A	P	A	A	A
Ms Helen Little	Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	A	P	A	P	A	P
Mr Ian Millar	Chair, Area Pharmaceutical Committee	NHSGGC	P	P	P	P	A	A
Dr Judith Marshall	Realistic Medicine Lead	NHSGGC	A	A	A	A	A	P
Mr Ali Raza	Realistic Medicine Project Manager	NHSGGC	A	A	A	A	A	P

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<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>21.04.22</b>	<b>09.06.22</b>	<b>11.08.22</b>	<b>13.10.22</b>	<b>08.12.22</b>	<b>16.02.23</b>
Dr Lesley Rousselet	Chair, Area Optometric Committee	NHSGGC	P	P	P	P	P	P
Dr Laura Sweeney	Vice Chair, Area Optometric Committee	NHSGGC	P	P	P	P	P	A
Dr Alastair Taylor	Chair, Area Medical Committee	NHSGGC	P	A	P	A	P	P
Ms Julie Tomlinson	Chair, Area Nursing and Midwifery Committee	NHSGGC	A	A	P	A	P	P

**IN ATTENDANCE**

<b>NAME</b>	<b>POSITION</b>	<b>ORGANISATION</b>	<b>21.04.22</b>	<b>09.06.22</b>	<b>11.08.22</b>	<b>13.10.22</b>	<b>08.12.22</b>	<b>16.02.23</b>
Dr Jennifer Armstrong	Medical Director	NHSGGC	P	P	A	AA	A	P
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	A	A	A	A	P	A
Ms Gail Caldwell	Director of Pharmacy and Prescribing	NHSGGC	P	A	A	A	A	A
Dr Emilia Crighton	Interim Director of Public Health	NHSGGC	A	A	A	P	A	A
Dr Martin Culshaw	Deputy Medical Director - Mental Health	NHSGGC	P	A	A	A	A	A
Dr Scott Davidson	Deputy Medical Director - Acute	NHSGGC	P	A	A	A	A	A
Ms Margaret Doherty	Public Protection Lead Nurse (Adult Protection)	NHSGGC	A	P	A	A	A	A
Ms Kim Donald	Board Secretary	NHSGGC	P	P	A	P	P	P
Gillian Duncan	Secretariat	NHSGGC	A	P	P	A	A	A
Mr William Edwards	Chief Operating Officer, Acute Services	NHSGGC	P	P	P	A	P	A
Mr Andrew Gibson	Chief Risk Officer	NHSGGC	P	A	A	A	A	A

BOARD OFFICIAL

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Ms Anne Harkness	Director related to COVID-19 Vaccinations	NHSGCC	A	A	P	A	A	A
Ms Carol Harvey	Senior Business and Delivery Manager	NHSGGC	A	A	A	P	A	A
Ms Ray Howard	Secretariat	NHSGGC	A	A	P	A	A	A
Ms Jacqueline Kerr	Assistant Chief Officer - Adults and Northwest	NHSGGC	P	A	A	A	A	A
Ms Anne MacPherson	Director of HR and OD	NHSGCC	A	A	A	A	P	A
Ms Fiona McKay	Associate Director of Planning	NHSGCC	A	A	A	P	A	A
Prof Colin McKay	Chief of Medicine - North Sector	NHSGGC	P	A	A	A	A	A
Ms Susan McFadyen	Director of Access	NHSGGC	P	A	A	A	A	A
Ms Pamela Metcalfe	Secretariat	NHSGGC	A	A	A	A	A	P
Ms Susanne Millar	Interim Chief Officer	Glasgow HSCP	A	P	A	A	A	A
Mr Steven Munce	Workforce Planning and Analytics Manager	NHSGGC	A	A	A	P	A	A
Ms Angela O'Neil	Deputy Nurse Director (Acute)	NHSGGC	P	A	A	A	A	A
Ms Kate Rocks	Chief Officer, Inverclyde HSPC	NHSGGC	A	A	A	P	A	P
Ms Jennifer Rogers	Deputy Nurse Director, Corporate and Community	NHSGGC	P	A	A	A	A	A
Ms Fiona Smith	Director of AHPs	NHSGGC	P	P	P	P	A	P
Mr Allen Stevenson	Interim Chief Officer, Inverclyde HSCP	NHSGGC	A	A	P	A	A	A
Professor Angela Wallace	Director of Nursing	NHSGGC	P	P	P	P	P	P

BOARD OFFICIAL

NAME	POSITION	ORGANISATION	21.04.22	09.06.22	11.08.22	13.10.22	08.12.22	16.02.23
Dr Malcolm Watson	Realistic Medicine Lead and Anaesthesia Consultant	NHSGGC	A	A	A	A	A	P
Ms Amy White	Secretariat	NHSGGC	P	A	A	A	A	A

**Key**

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

BOARD OFFICIAL

**APPENDIX 2**

**AREA CLINICAL FORUM  
SCHEDULE OF BUSINESS CONSIDERED 2022-23**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
21 April 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 10 February 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update</li> <li>• Remobilisation and Recovery Across NHSGGC</li> <li>• Mental Health Remobilisation Update</li> <li>• Care Home Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Corporate Risk Register</li> <li>• Review of Terms of Reference</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
9 June 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 21 April 2022</li> <li>• Matters Arising</li> <li>• Executive Update on Ongoing Board Business</li> <li>• COVID-19 Update</li> <li>• Public Protection</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
11 August 2022	<ul style="list-style-type: none"> <li>• Minute of the previous meeting of 09 June 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update</li> <li>• Winter Planning</li> <li>• Flu and COVID-19 Vaccination Update</li> <li>• Update from the Chief Executive on COVID-19 and Ongoing Board Business</li> <li>• Unscheduled Care Update</li> <li>• Executive Update on On-going Board Business</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
13 October 2022	<ul style="list-style-type: none"> <li>• Minutes of previous meeting of 11 August 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update;</li> <li>• Executive Update on On-going Board Business</li> <li>• Annual Delivery Plan Update</li> <li>• Workforce Planning Update</li> <li>• Public Protection Forum Update</li> <li>• National Area Clinical Forum Chairs Group Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Annual Cycle of Business</li> </ul>

**BOARD OFFICIAL**

<b>Date of meeting</b>	<b>Title of Business Discussed</b>
	<ul style="list-style-type: none"> <li>• Closing Remarks and Key Messages for the Board</li> </ul>
08 December 2022	<ul style="list-style-type: none"> <li>• Minutes of the previous meeting of 13 October 2022</li> <li>• Matters Arising</li> <li>• COVID-19 Update</li> <li>• Industrial Action</li> <li>• Communications Strategy Update</li> <li>• ED Survey Results</li> <li>• Executive Update on Ongoing Board Business</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages to the Board</li> </ul>
09 February 2023	<ul style="list-style-type: none"> <li>• Minutes of previous meeting of 8 December 2022</li> <li>• Matters Arising</li> <li>• Winter Pressures Update</li> <li>• Ongoing Board Business Update</li> <li>• Realistic Medicine Update</li> <li>• Regional Planning Update</li> <li>• Brief Update from Each Advisory Committee on Salient Business Points and minutes to note</li> <li>• Closing Remarks and Key Messages to the Board</li> </ul>

<b>Version Control</b>	<b>June 2023</b>
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
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