

**NHS Greater Glasgow and Clyde**

**Scheme of Delegation**

**CONTENTS**

|  |  |  |
| --- | --- | --- |
| Section |  | **Page** |
| 1 | Matters Reserved for Board Agreement | 3 |
| 2 | Matters Delegated to Officers of the Board | 4 |
| 3 | Scheme of Delegation arising from Board Standing Orders | 4 |
| 4 | Scheme of Delegation arising from Board Standing Financial Instructions | 5 |
| 5 | Scheme of Delegation arising from other areas of Corporate Governance | 21 |

### MATTERS RESERVED FOR THE BOARD

**Background**

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

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

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

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

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

1. Determining the organisation’s Purpose, Aims, Values, Corporate Objectives and Operational Priorities;
2. Setting the organisation’s strategic direction and development goals;
3. Approval of the organisation’s Corporate Strategies
4. Development and Implementation of the Annual Delivery 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
			- 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.

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

|  |
| --- |
| **Table 4.1 Allocations and Budgets** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Preparation and approval of Revenue and Capital Financial Plans | Finance, Planning and Performance Committee and onwards to BoardCMT | 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 DOFsAbove £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 |
| 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 | FP&P above £5m– within available resourcesChief 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 returnsto Scottish Government Health and Social care Directorate ( SGHSCD) |  | Director of Finance | In accordance with SGHSCD requirements |
| 2 | Approval of NHSGGC Annual Accounts | Audit and Risk Committee to review and onwards to Board for approval | Chief Executive | In accordance with Accounts Manual |
| 3 | Approval of Endowment Fund Annual Accounts | Endowment Management Committee to review and onwards to Board of Trustees for approval | Director of Finance | In accordance with The Charity Accounts (Scotland) Regulations 2006 |
| 4 | Preparation of Governance Statement | Audit and Risk Committee to review and onwards to Board for approval | Director of Finance  | In accordance with Accounts Manual |

|  |
| --- |
| **Table 4.3 Audit** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Conduct of Business and Stewardship of Funds under Board control | Audit and Risk Committee | Chief Executive | In accordance with SGHSCD requirements |
| 2 | Provision of Internal Audit Service | Audit and Risk Committee | Director of Finance | In accordance with the Public Sector Internal Audit Standards |
| 3 | Appointment of external auditors for the NHSGGC accounts | Scottish Ministers | Director of Finance  | In accordance with the Audit Scotland Code of Audit Practice |
| 4 | Appointment of internal auditors  | Audit and Risk Committee | Director of Finance  |  |
| 5 | Appointment of external auditors for the Endowment Fund accounts | Board of TrusteesEndowment Management Committee | Director of Finance  |  |

|  |
| --- |
| **Table 4.4 Banking Arrangements** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Opening of Bank accounts in the Board’s name | Audit and Risk Committee | Director of Finance | N/A |
| 2 | Notification to bankers of authorised signatories on bank accounts | Audit and Risk Committee | Director of Finance | N/A |
| 3 | Transfers to/ from GBS Account; to/ from Bank Accounts |  | 2 signatories from panel authorised by the Board | N/A |
| 4 | BACS/CHAPS/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*

|  |
| --- |
| **Table 4.5 Contracts/Service Level Agreements** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | New Contracts/ Service Level Agreements over £1.5m (based on annual value of the contract)  |  Finance, Planning and Performance CommitteeCMT | Relevant members of the CMT  | Finance, Planning and Performance Committee approval required for all new agreements with an annual value over £5mCMT approval for all new contracts with an annual value between £1.5-5m |
| 2 | SLA substantive changes including service reduction or significant financial changes | Finance, Planning and Performance CommitteeCMT | Relevant members of the CMT | Substantive Service ChangesCMT and as appropriate Finance, Planning and Performance CommitteeFinancial ChangesDirector of Finance or Chief Executive approval required up to £5m Finance, Planning and Performance Committee over £5m |
| 2 | Resource Transfer |  | Director of Finance and IJB Chief Officers  | Within approved budget |
| 3 | Setting of Fees and Charges: income generation - Board |  | Director of Finance | Where not determined by SGHSCD or statute |
| 4 | Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services – Acute Services |  | Director of Finance | Where not determined by SGHSCD or statute |
| 5 | Setting of Fees and Charges: Private Patients, overseas visitors, income generation and other patient related services - Health and Social Care Partnerships |  | Director of Finance/ Assistant Director of Finance – Corporate Services and Partnerships/ HSCP Chief Financial Officers | Where not determined by SGHSCD or statute |

|  |
| --- |
| **Table 4.6 Pay expenditure** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Oversight and approval of any workforce related strategy  | Staff Governance Committee | Director of Human Resources and Organisational Development | Within national guidance |
| 2 | Responsibility for implementing changes to terms and conditions of service | CMT | Director of Human Resources and Organisational Development | Within national guidance |
| 3 | Preparation of contracts of employment |  | Director of Human Resources and Organisational Development | Compliance with current legislation and agreed terms and conditions |
| 4 | Oversight of Severance agreements –Executive cohort | Remuneration Committee  | Chief Executive (Board Chai 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 |
|  |  |  |  |  |

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

|  |
| --- |
| **Table 4.8 Orders, Quotations and Tenders** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Request for tender/purchase (including specification)revenue - Health supplies/ services revenue - other supplies/ services expenses |  | Budget holder | In accordance with approved strategy/ Business Case/ Project Authorisation Checklist |
| 2 | Approval of Non Pay Revenue expenditure (within limits of available budget)   | Finance, Planning and Performance Committee  | Chief Executive Director of Finance Chief Operating Officer Acute ServicesAcute/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 FinanceDirector 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 £4mDirector of Estates and Facilities up to £4mCMT up to £3mProperty and Asset Strategy Group up to £3m Capital Planning Group up to £2mGeneral Managers - Capital Planning up to £2m |
| 4 | Approval of Information Management & Technology (IM&T) Capital expenditure(Within limits of approved scheme) | Finance Planning & Performance Committee CMT Capital Planning Group  | Chief Executive up to £2m; Director of Finance up to £2m;  | Finance Planning & Performance Committee over £5m; (limited to £20m; above £20m approval required by Board)CMT up to £3m;Capital Planning Group up to £2m  |
| 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:* IJB  - Chief Officer
* Acute Division – Chief Operating Officer or Directors who report to the COO
* Other Corporate Directorates including Estates & Facilities – relevant Executive Director

And Head of Procurement | Required >£10k. Additional Director of Finance sign off required in the following circumstances:* Waivers which are urgent or have no competition and are in excess of £250k
* (Waivers where the tender process was not followed the threshold for DOF approval is over £50k
 |

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

|  |
| --- |
| **Table 4.10 Capital Investment** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Approval of Business Cases - non Information Management & Technology (IM&T) | Capital Investment Group ( SG)Finance, Planning and Performance CommitteeCMTProperty and Asset Strategy GroupCapital 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 £4mDirector of Estates and Facilities up to £4mCMT up to £3mProperty and Asset Strategy Group up to £3m Capital Planning Group up to £2mGeneral Managers - Capital Planning up to £2m |
| 2 | Approval of Business Cases - Information Management & Technology (IM&T) | SG eHealth ProgrammeFinance, Planning and Performance CommitteeCMTProperty 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 £4mDirector of Estates and Facilities up to £4mCMT up to £3mProperty and Asset Strategy Group up to £3m Capital Planning Group up to £2mGeneral Managers - Capital Planning up to £2m |
| 3 | Property acquisitions/ disposals | Finance, Planning and Performance CommitteeCMTProperty 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 statedFinance, 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 £0.15mWhere sale proceeds or NBV of a disposal is >£500k additional Chief Executive approval required |
| 4 | Property Lease/rental agreements  | Finance, Planning and Performance CommitteeCMTProperty 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 valueFP&P over £5m either per annum or in total over the lease term (limited to £20m; above £20m approval required by Board)CMT between £3m and 5mPASG between the lesser of £1.5m per annum and £5m in total over entire lease termProp Mgmt Group up to the lesser of £150k per annum or £1.5m in total over entire lease term |
| 5 | Strategy for Investment in Primary care | Board | Director of Estates and Facilities | Business case limits as above |
|  |  |  |  |  |
| 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 |

|  |
| --- |
| **Table 4.11 Management of Endowment Funds**  |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Expenditure budget for general funds | Endowment Management Committee | Director of Finance |  |
| 2 | Approval of expenditure from Endowment Funds | Endowment Management Committee  | Fundholder/ authorised signatory to fundFundholder/ authorised signatory plus two of the following: Chief Executive, Director of Finance, Chief Operating OfficerEndowment Management Cttee approval plus two of the following: Chief Executive, Director of Finance, Chief Operating Officer | Up to £50,000 Between £50,000 and £250,000Over £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 |  |
|  |  |  |  |  |
| **Table 4.12 Family Health Services** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Agreement of General Medical Services (GMS) budget | Board | Chief Executive/ Director of Finance | Within limits of Financial Plan |
| 2 | Preparation of local aspects of GMS Contracts |  | Director of Primary Care  |  |
| 3 | Individual GP Practice Contract changes |  | Director of Primary Care |  |
| 4 | GMS payments  |  | Director of Finance (administered by National Services Scotland under terms of an SLA) | In accordance with NHS (General Medical Services Contracts) (Scotland) Regulations 2018 and subsequent amendments |
| 5 | Monitoring of contractors covered by GMS Contract |  | Director of Primary Care |  |
| 6 | General Pharmaceutical Service payments |  | Director of Finance (administered by National Services Scotland under terms of an SLA)  | In accordance with NHS (Pharmaceutical Services) (Scotland) Regulations 2009 and subsequent amendments |
| 7 | Monitoring of contractors covered by GPS Contract |  | Director of Pharmacy |  |
| 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 |

|  |
| --- |
| **Table 4.13 Health and Social Care Partnerships** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Approval of the IJB Integration Schemes | Finance, Planning and Performance Committee to review and onward to the Board for approval | Chief Executive/ 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 assuranceCMT | Chief Executive/ Director of Planning/ IJB Chief Officers | In accordance with Integration Scheme and Board Assurance Information Framework |

|  |
| --- |
| **Table 4.14 Fraud, Losses and Legal**  |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Notification of discovered fraud/criminal offences to SGHSCD |  | Director of Finance |  |
| 2 | Writing off of losses | SGHSCDAudit 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 approvalWith the exception of individual losses occurring in the following exceptions where the limit is over £40,000:* Stores/ Procurement
* Fixed Assets (other than losses due to fraud/ theft)
* Abandoned Road Traffic Accident claims
 |
| 3 | Maintenance of medical negligence and legal claims register |  | Director of Corporate Services and Governance |  |
| 4 | Oversight of claims, liability and settlement status | CMTAudit 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 an HOF Management Accounts - Claims up to £30,000Corporate Services Manager and Asst DOF - Claims £30,000 to £150,000Director of Corporate Services and Governance and Director of Finance - Claims £150,000 to £250,000Director of Finance, Chief Operating Officer, Chief Executive, SGHSCD - Claims £250,000 to £500,000 |

|  |
| --- |
| **Table 4.15 Patients Private Funds and Property** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** | **Limits Applying** |
| 1 | Authorisation of Manager and Establishments to manage residents affairs |  | Chief Officer – Within the terms of the Adults with Incapacity (Scotland) Act 2000. | Within the terms of the Adults with Incapacity (Scotland) Act 2000. |
| 2 | Monitoring and reviewing arrangements for the management of residents affairs |  | Chief Officer – Operations, Glasgow City IJB as Lead Director for the Supervisory Body | Within the terms of the Adults with Incapacity (Scotland) Act 2000. |
| 3 | Establishment of arrangements for the safe custody of patients' and residents' property |  | Chief Executive  | Within the terms of the Mental Health Act 1984, Adults with Incapacity Act 2000 and guidance laid down by the Scottish Government. |
| .4 | Arrangements for the opening and management of bank accounts |  | Director of Finance |  |
| 5 | Establishment of detailed procedures for the safe custody and management of patients' and residents' property |  | Director of Finance |  |
| 6 | Provision of a receipts and payments statement in the approved format annually |  | Director of Finance |  |
| 7 | Approval of Patient Private Funds Annual Accounts | Audit and Risk Committee  | Director of Finance |  |

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

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

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

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

|  |
| --- |
| **Table 5.2 Staff Governance** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 1 | Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.  | Staff Governance Committee  | Director of Human Resources and Organisational Development  |
| 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 |

|  |
| --- |
| **Table 5.3 Risk Management** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 1 | Risk Appetite | Board | Director of Finance |
| 2 | Approval of Risk Management Strategy | Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for endorsement and Board for approval. | Director of Finance |
| 3 | Approval of Risk Register Guidance | Risk Management Steering Group & CMT to review and onwards to Audit and Risk Committee for approval. | Director of Finance |
| 4 | Approval of the Corporate Risk Register | Following delegation of relevant risks to Standing Committees for review at Audit and Risk Committee – onward to the Board for approval twice annually.  | Director of Finance |
| 5 | Oversight of the system for the management of operational risk  | Audit and Risk Committee | Director of Finance |

|  |
| --- |
| **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 CommitteeCMTBoard | Director of Finance |
| 2 | Regular Performance Management oversight as per AIF | Finance, Planning and Performance CommitteeAll Standing Committees (as per the framework)CMTBoard | Director of Finance and relevant Directors |

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

|  |
| --- |
| **Table 5.7 Communication** |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 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 |

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

|  |
| --- |
| **Table 5.9 Public Health**  |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 1 | Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board.  | Population Health and Wellbeing Committee  | Director of Public Health  |
| 2 | Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate  | Population Health and Wellbeing Committee  | Director of Public Health  |
| 3 | Oversight of relevant Corporate Strategies as delegated by the Board | Population Health and Wellbeing Committee | Medical Director and Nurse Director |
| 4 | 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 |

|  |
| --- |
| **Table 5.10 Other Key Areas**  |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 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 FinanceDirector 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 |
| 5 | Safe Management of Controlled Drugs (Health Act - the Controlled Drugs (Supervision of Management and Use) Regulations 2006) | Annual report to Clinical Governance Forum and onward to Clinical Governance Committee for assurance  | Controlled Drug Accountable Officer, Director of Pharmacy |
| 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 Governance Committee  | Director of Nursing |