Recommendation:

The NHS Board is asked to:

(i) approve the documentation that makes up the Corporate Governance Framework;

(ii) agree that the Corporate Governance Framework is reviewed and submitted to the NHS Board annually in March.

1. **Background**

The former Greater Glasgow Health Board introduced a Corporate Governance Framework in October 1994 in response to the Cadbury Report’s recommendations on the financial aspects of corporate governance and the then Management Executive Circular on Corporate Governance Within the NHS in Scotland.

The Health Board thereafter conducted an annual review every April of the documentation which formed the corporate governance framework to ensure that it remained up to date and relevant to the Board’s needs.

When Greater Glasgow NHS Board formed last year a governance framework was put in place to support the Board’s business and activities and, at that time, members agreed that the framework would be reviewed after one year to ensure that it met the NHS Board’s needs now and in the future. As part of that review it was agreed to include a résumé of the Committee arrangements which had been put in place and confirm, or otherwise, their continuation.

To assist in this review process, the Audit Committee held a workshop (to which all members were invited) and a formal Committee meeting on 1 October 2002 to discuss the Corporate Governance Framework.

The attached papers have been revised to take account of the suggestions made at the workshop and Audit Committee meeting, and the Audit Committee recommends their adoption by the NHS Board.

2. **Corporate Governance Framework**

i) **Standing Orders for the Proceedings and Business of the NHS Board**

The Standing Orders were approved by the NHS Board in December. There are no suggested changes at this stage. However, when the Ethical Standards in Public Life – Members Code of Conduct is given final approval by Scottish Ministers, it will be necessary to alter the elements of the Standing Orders which relate to the Declarations of Interest in order to reflect the requirements of the Code. This may be in a couple of months time and at that time the amended Standing Orders will be submitted to the NHS Board for approval.
Committee Arrangements and Remits

The NHS Board was required to establish its own Committee arrangements (with national guidance stating that, as a minimum, the following Committees be established – Audit Committee, Health and Clinical Governance Committee and Staff Governance Committee).

The NHS Board’s Committee arrangements are as follows:

a) **Audit Committee** – established and has met on four occasions – 30 April, 2 July, 23 July and 1 October. Each Trust has retained its own Audit Committee. The Remit and Membership are attached.

b) **Health and Clinical Governance Committee** – established and has met on two occasions – 4 April and 25 June. A Seminar is planned for October and the next meeting is on 29 October. Each Trust has retained its own Clinical Governance Committee. The Remit and Membership are attached.

c) **Staff Governance Committee** – established and met for the first time on 3 September (next meeting planned for November 2002 with a Seminar on remuneration issues). The Remit and Membership are attached.

The Staff Governance Committee has established the Committee arrangements for remuneration matters of Executive Directors and Senior Managers on Executive Pay Arrangements.

A Remuneration Sub-Committee will oversee the arrangements for the Executive Directors of the NHS Board and each organisation (NHS Board and 4 Trusts) will have a Remuneration Group for its own Senior Managers.

d) **Research and Ethics Governance Committee** – established and has met on two occasions – 7 June and 2 August 2002 (next meeting – 25 October 2002).

The Committee is putting in place the new governance arrangements for research ethics throughout the Trusts and this will lead to possibly 8/9 Local Research Ethics Committees in NHS Greater Glasgow.

The Remit and Membership are attached.

e) **Area Clinical Forum** – established and has met on 5 occasions – 29 October, 14 December, 2001, 11 February, 13 May, 12 August 2002 (next meeting on 11 November 2002).

The Remit and Membership are attached.

f) **Discipline Committees** for GPs, Dentists, Pharmacists and Opticians: under current legislation the NHS Board is required to establish these Committees as Standing Committees of the Board. They are administered by the Primary Care NHS Trust.

The Scottish Executive Health Department intend centralising these functions into a national arrangement as soon as practicable.
Appendix I gives each Committee’s Remit and Membership.

Each Committee received a remit and membership from the NHS Board as a draft working set. The Committees reviewed their remits and memberships and minor changes/variations have been made to the remit of each Committee and to the membership of the Health and Clinical Governance Committee.

The NHS Board is asked to confirm that it is content with the Committee arrangements that have been put in place over the first year of the NHS Board.

In terms of the other Committees/Groups (internal and external) which have NHS Board Member representation, it is recommended that these be reviewed once the new Chairman (Professor Sir John Arbuthnott) has taken up post.

iii). Decisions Reserved for the NHS Board

Taking account of the delegated functions of the NHS Board’s Standing Committees, Appendix II details the recommended decisions reserved for the NHS Board. The NHS Board can, on occasions, delegate specific functions to a Committee, Sub-Committee or Interview Panel (i.e. appointment of Directors of the NHS Board) when it feels this would be appropriate.

The NHS Board is asked to approve the decisions reserved for the NHS Board.

iv) Ethical Standards in Public Life – Code of Conduct for Members

The NHS Board approved its Code of Conduct at the Board meeting in July 2002. The Standards Commission for Scotland has been asked by Ministers to consider all Codes in terms of detail and consistency.

The Members’ Code is attached as Appendix III.

The NHS Board is asked to note that the Code is to be approved by Scottish Ministers shortly.

v) Register of Board Members’ Interests

Attached as Appendix IV is a copy of the Register of Board Members’ Interests: the guidance around the completion of Members’ interests will change in a few months as a result of the adoption by Ministers of the revised Members’ Code of Conduct (under the Ethical Standards in Public Life).

It remains a requirement that any amendment/addition to Members’ interests should be notified to the Head of Board Administration within 4 weeks of the change. Members’ interests are publicly available and are on the Board’s website and held at the Reception desk in Dalian House and can be seen on request. They are also notified to the External and Internal Auditors annually.

vi) Standards of Business Conduct for NHS Staff

The Guidance to Support Standards of Business Conduct was issued under cover of NHS Circular MEL(1994)48 and it sets out guidance to assist NHS employers and staff maintain strict ethical standards in the conduct of NHS Business. The Circular forms part of the NHS Board’s employment documentation.

The attached guidance to Support Standards of Business Conduct (Appendix V) has been formed locally to take account of experience and issues where staff had required additional guidance. It has been in place for two years.
Minor changes have been made to the Guidance to Support Standards of Business Conduct to clarify paragraph 2.4 which deals with the conduct of employees during election campaigns and to expand the list of corporate governance documents listed in Annex 1 to the Guidance.

The Guidance includes a section on the acceptance of gifts and hospitality which refers to a Register of Gifts and Hospitality. This register records the following details of offers of gifts or hospitality.

- Name and designation of director/employee receiving offer.
- Date of offer
- Description of goods/services offered or details of the event for which the invitation is issued.
- Whether or not the offer has been accepted.

(In the case of an unsolicited gift which cannot be returned, the Register records how this is used to the benefit of the Board.)

A Register of Staff Interests was introduced in 1997 and is held by the Head of Board Administration.

The onus is on each individual member of staff to declare any interests they may have. The guidance states:-

“NHS employers need to be aware of all cases where an employee, or his or her close relative or associate, has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the employing authority.

All NHS staff should therefore declare such interests to their employer, either on starting employment or on acquisition of the interest, in order that it may be known to and in no way promoted to the detriment of either the employing authority or the patients whom it serves.”

vii) Standing Financial Instructions

The revised Standing Financial Instructions (SFIs) are attached as Appendix VI.

There has been significant revision in light of the establishment of the new unified NHS Board and the insights from a new Director of Finance.

There is a front page attached to the SFIs which highlights the areas where the main changes have occurred.

A Scheme of Delegation has been attached as an Annex to the SFIs and describes the Administrative Delegation, Schedule of Authorised Signatories and the Limits Delegated to NHS Boards to Write Off Losses and Authorise Special Payments.

viii) Fraud and Corruption Response Plan

A Fraud and Corruption Response Plan has been in place for three years.

Two main changes have been made.
A simplified definition of fraud has been provided by the Central Legal Office and this appears at paragraph 1.3.

Paragraphs 5.3 and 6.5 have been added to reflect the need to comply with the Policy and Guidance on Gaining the Necessary Authorisation to use Directed Surveillance or a Covert Intelligence Source which was approved by the Audit Committee in July 2002.

The Fraud and Corruption Response Plan (attached as Appendix VII) requires that a Register of Fraud is maintained to record the details of all reported suspicions of fraud, including those which turn out to be unfounded.

Attached at Annex 1 for the purposes of illustration is an anonymised extract from the Register of Fraud. Each case of fraud or suspected fraud is allocated a unique reference number which is shown in the left hand column of the register. This reference number is cross referred to the file which is maintained for each investigation. Within each file is a schedule which summarises the key aspects of the case and serves as a checklist to ensure that the Board’s Fraud and Corruption Response Plan is complied with. An example of this schedule is given in Annex 2.

Diary of Governance Events

This has been completely revised to recognise the new governance arrangements and the other changes proposed in respect of the other documents included in this review, and is attached as Appendix VIII.

3. Conclusion

The NHS Board is asked to approve the documentation that makes up the Corporate Governance Framework, namely:

(a) Standing Orders for the Proceedings and Business of the NHS Board (no changes proposed at this stage)
(b) the Committee Arrangements and their remits
(c) Decisions Reserved for the NHS Board
(d) Code of Conduct for Members (to be approved by Scottish Ministers)
(e) Register of Board Members’ Interests
(f) Standards of Business Conduct for NHS Staff and Supporting Guidance
(g) Standing Financial Instructions and Scheme of Delegation
(h) Fraud and Corruption Response Plan
(i) Diary of Governance Events

It is clear that the Standing Orders will require to be submitted to the NHS Board shortly to take account of the changes to the Declarations of Interest from the Code of Conduct. This suggests that there may be occasions when some Governance documentation will require to be submitted to the NHS Board on an ad hoc basis for approval. However, it is suggested that the NHS Board conducts an annual review of the Corporate Governance Framework and that annual review be carried out in March each year.
Once approved, the Corporate Governance Framework will be re-produced in a loose-leaf booklet-type format and distributed to members and officers, as appropriate (and will be available on our website).

J C Hamilton, Head of Board Administration (0141 201 4608)
A Lindsay, Head of Control & Support Systems (0141 201 4771)
APPENDIX I

NHS BOARD COMMITTEES

Attached are the Remits and Memberships of the following Committees:

i) Audit

ii) Health and Clinical Governance

iii) Staff Governance

iv) Research Ethics Governance Committee

v) Area Clinical Forum

J C Hamilton
Head of Board Administration
0141 201 4608
10/10/02
NHS GREATER GLASGOW AUDIT COMMITTEE

Objectives

To ensure that in respect of the four Trusts and Board that make up NHS Greater Glasgow:

1. audit mechanisms and process are in place;

2. activities are within the law and regulations that govern the NHS in Scotland and;

3. an effective internal control system is maintained.

Composition

1. The Committee shall be appointed by the full Board and given a remit, including advice on the conduct of its business.

2. The Board shall nominate a minimum of nine Members. The Convener will be appointed from one of the five Members drawn from the Board. The Chairs of each of the Trusts' Audit Committee shall be members. The Chairman of the Board shall not be a Member but shall have the right to attend meetings. As the Committee is responsible for the regularity of spend for NHS Greater Glasgow, other Board Members shall also have the right to attend.

3. A quorum shall consist of five Members, of whom three must be Members of Greater Glasgow NHS Board.

4. The Committee shall be able to require the attendance of any Director or member of staff.

5. The Head of Board Administration (or authorised nominee) shall perform the functions of Secretary to the Committee.

5. The external auditor shall normally attend at least one Audit Committee meeting each year, as shall the Director of Finance. The Committee shall have a discussion with the external auditors at least once a year, to ensure that there are no unresolved issues of concern. The Chief Internal Auditor shall normally attend the Committee’s meetings.

7. Both the Chief Internal Auditor and the External Auditor shall be offered the opportunity to hold discussions with the Committee without the Director of Finance, Executive Directors or other Board staff being present.

8. The Board’s Standing Orders, so far as applicable and unless otherwise specified, shall be the rules and regulations for the proceedings of the Committee.

Remit

The Committee shall systematically review the scope and performance of the Trusts’ Audit Committee process (and receive the Minutes of their meetings). In addition, it has responsibility for ensuring the regulation of all Health Board specific financial processes and procedures. In this context it shall be responsible for:-

Internal Control and Corporate Governance

- Sharing of best audit practice throughout NHS Greater Glasgow and lessons learned/highlighted from Audit Reports.
- Gain maximum benefit from all Trusts and Board sharing the same internal and external auditors.
- Review of the Board’s system of internal control and make recommendations to the Board regarding the Statement of Directors’ Responsibilities in respect of Internal Financial Control.
- Review of Standing Financial Instructions and, where necessary, recommend changes to the Board.
- Evaluation of the Board’s control environment and decision making process and report thereon to the Board at least annually.
- Review of the operational effectiveness and efficiency of the Board, including the commissioning of specific value for money and quality of service reviews.
- Approval of changes to financial procedures.
- Review of cases where the requirement to obtain competitive quotations and tenders is waived.
Review of Fraud and Corruption

- Review annually a report by the Director of Finance on the level of suspected and detected fraud and corruption within the Board, and on arrangements for prevention and detection.
- Review additions to the Register of Fraud.

Internal Audit

- Ensuring an effective internal audit service is provided.
- Reviewing the internal audit strategy and plan.
- Receiving internal audit progress reports.
- Reviewing the action taken in respect of audit recommendations.
- Reviewing the internal audit annual report.

External Audit

- Monitoring the performance of external audit to ensure receipt of a cost effective service.
- Reviewing external audit reports and management letters.
- Ensuring so-ordination between internal and external audit.
- Ensuring recommendations by external audit including those contained in value for money reports have been implemented as agreed.

Annual Accounts

- Review schedules of losses and compensations.
- Review accounting policy and recommend changes thereto, particularly in respect of the consolidated accounts of NHS Greater Glasgow.
- Review of Annual Accounts prior to consideration by the Board and make recommendations in respect of their approval by the Board.
- Review the External Audit Management letter in relation to NHS Greater Glasgow's consolidated accounts.
- To progress with individual Trust matters affecting controls assurance and constituent financial accounts remaining unresolved against Internal and External Audit recommendations.

Risk

- Approve the Risk Management Strategy
- Review at least annually the arrangements for risk management.
- Ensure mechanisms are in place to comply with the requirements of Clinical Negligence and Other Risk Indemnity Scheme (CNORIS).

Other

- To consider and report on any other matters referred to it by the Board.
- To consider any items placed on the agenda by either the Convener of the Committee, the Chief Executive or any Member.

Frequency

- The Committee will meet as required.

Reporting Arrangements

- The Committee will report to the Board by the submission of the Minutes of the meetings and submit such issues which it believes require consideration by the NHS Board.
AUDIT COMMITTEE

Members

Cllr D McCafferty  Convener
Greater Glasgow NHS Board

Professor G Dickson  Non-Executive Director
Greater Glasgow NHS Board

Mrs E Smith  Chairman
South Glasgow University Hospitals NHS Trust

Cllr J Handibode  Non-Executive Director
Greater Glasgow NHS Board

Cllr D Collins  Non-Executive Director
Greater Glasgow NHS Board

Mr C Scott  Trustee
Greater Glasgow Primary Care NHS Trust

Mr A Haseeb  Trustee
Yorkhill NHS Trust

Mr I Irvine  Trustee
North Glasgow University Hospitals NHS Trust

Mr J Thomson  Trustee
South Glasgow University Hospitals NHS Trust

October 2002
NHS GREATER GLASGOW HEALTH AND CLINICAL GOVERNANCE COMMITTEE

Objectives

1. To ensure the clinical governance mechanisms are in place and effective throughout the NHS Greater Glasgow, including public health at the Board.

2. To ensure that the principles and standards of clinical governance are applied to the health improvement activities of the NHS Board.

Composition

1. The Committee shall comprise 2 non-executive Members from the Greater Glasgow NHS Board, the Chairs of each Trust Clinical Governance Committee and shall have the power to co-opt up to 2 additional Lay Members from outwith the membership of the Greater Glasgow NHS Board.

2. The Chair, Chief Executive, Director of Public Health, Nurse Adviser of Greater Glasgow NHS Board, and Trust Medical Directors, Trust Directors of Nursing and the Chair of the Area Clinical Effectiveness Committee shall be ex-officio Members of the Committee (without voting rights) in order to bring together the professional support required for the Committee to perform its functions.

3. The Trust Chief Executives shall be invited to attend all meetings.

4. The quorum of Meetings of the Health and Clinical Governance Committee shall be 4 Members.

Remit

Greater Glasgow Wide

1. The Committee shall systematically review the scope and performance of the Trusts’ clinical governance processes and shall have the right (invested in those Committee Members without Trust affiliation) to examine certain aspects of these by receiving reports or taking evidence from those in Trusts responsible for clinical governance.

2. The Committee shall act for the Board in ensuring that the clinical professions
   (a) engage in effective professional practice;
   (b) operate so as to support the delivery of high quality care for the population of the Board's area - best met through systematic review of clinical practice;
   (c) review practice in a systematic manner across Greater Glasgow and identify area-wide issues and consider differences in practice and the reasons for such differences;
   (d) engage in continuing professional development.

3. The Committee, in conjunction with Trust Clinical Governance Committees, shall identify and monitor issues of common concern for the purpose of setting priorities to be addressed on an area-wide basis.

4. The Committee shall be authorised by the Board to take whatever action is considered necessary to ensure high professional standards are maintained and shall respond promptly to any adverse reports from staff, patients or the public which question the clinical integrity of any of the Board's activities.

GGNHS Board Staff

5. The Committee shall systematically review the scope and performance of the Trusts’ clinical governance processes and shall have the right (invested in those Committee Members without Trust affiliation) to examine certain aspects of these by receiving reports or taking evidence from those in Trusts responsible for clinical governance.

6. The Committee, in conjunction with Trust Clinical Governance Committees, shall identify and monitor issues of common concern for the
purpose of setting priorities to be addressed on an area-wide basis.

7. The Committee shall report its proceedings to the Board, by the submission of the Minutes of meetings and ad hoc papers, and shall participate with other groups as required, such as the Area Clinical Effectiveness Committee and other representative bodies, in discharging its responsibilities.

**Frequency**

The Committee will meet 4 times a year, co-ordinating these meeting times with Trust Clinical Governance Committee meetings.

**Reporting Arrangements**

The Committee will report to the Board by the submission of the Minutes of meetings.
GREATER GLASGOW NHS BOARD
HEALTH AND CLINICAL GOVERNANCE COMMITTEE

MEMBERSHIP

Chairman

Professor Michael Farthing

Members

Mrs Hazel Brooke (Chairman, Yorkhill Trust Clinical Governance Committee)
Councillor Daniel Collins (Member, GGNHSB)
Professor Lewis Gunn (Co-opted Lay Member – Emeritus Professor)
Mr Peter Hamilton (Co-opted Lay Member – Convener, Local Health Council)
Mr Ian Irvine (Chairman, North Glasgow Trust Clinical Governance Committee)
Mrs Agnes Stewart (Chairman, South Glasgow Trust Clinical Governance Committee)
Mr Bob Winter (Chairman, Primary Care Trust Clinical Governance Committee)

Ex-officio Members

Professor Sir John Arbuthnott (GGNHSB Chairman)
Mr Tom Divers (GGNHSB Chief Executive)
Dr Harry Burns (GGNHSB Director of Public Health and Chairman, Area Clinical Effectiveness Committee)
Ms Sue Plummer (GGNHSB Nurse Adviser)
Dr W G Anderson (Medical Director, North Glasgow Trust)
Dr Brian Cowan (Medical Director, South Glasgow Trust)
Mr Morgan Jamieson (Medical Director, Yorkhill Trust)
Dr Iain Wallace (Medical Director, Primary Care Trust)

Mrs Ros Crocket (Director of Nursing, Primary Care Trust)
Miss Maureen Henderson (Director of Nursing, South Glasgow Trust)
Miss Margaret Smith (Director of Nursing, North Glasgow Trust)
Miss Brenda Townsend (Director of Nursing, Yorkhill Trust)

Invited to attend

Mr Jonathon Best (Chief Executive, Yorkhill Trust)
Mr Robert Calderwood (Chief Executive, South Glasgow Trust)
Mr Tim Davison (Chief Executive, North Glasgow Trust)
Mr Ian Reid (Acting Chief Executive, Primary Care Trust)
NHS GREATER GLASGOW STAFF GOVERNANCE COMMITTEE

Objectives

1 To ensure that staff governance mechanisms are in place and effective throughout NHS Greater Glasgow.

2 To ensure that the principles and standards of the Staff Governance Committee are applied to all management practice within the organisations comprising NHS Greater Glasgow.

Composition

1 The Committee shall comprise the following members:

- The NHS Board Chairman
- The Chairs of the 4 Glasgow NHS Trusts
- The Employee Director
- Staff Side Chairs of the 5 Glasgow Local Partnership Forums
- 2 x Chief Executives
- 2 x Directors of Human Resources

2 Other Board/Trust Executive Directors shall be invited to attend meetings where appropriate.

3 The quorum for meetings of the Staff Governance Committee shall be 7 members, who must include one Board/Trust Chair, one Chief Executive or one Director of Human Resources, and one Staff Side Local Partnership Forum Chair.

Remit

1 The Committee 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 the system and is built upon partnership and co-operation.

2 The Committee shall act for the Board in ensuring that structures and processes are in place to ensure that staff are:

- well-informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistently
- provided with an improved and safe working environment

3 The Committee shall, in conjunction with the Trust and Board Local Partnership Forums, monitor and evaluate through the approval of local strategies and implementation plans.

4 The Committee shall be authorised by the Board to support any policy amendment, funding/resource submission to achieve the Staff Governance Standard.

5 The Committee shall be responsible for the timely submission of all the data required as part of the Performance and Accountability Framework.

6 The Committee shall establish (a) Remuneration Sub-Committee(s) which will consider remuneration of the Executive Directors and other staff employed under executive/senior manager pay arrangements within the NHS Board area.

Frequency

The Committee shall determine the frequency and timing of meetings.

Reporting Arrangements

The Committee shall report to the Board by the submission of minutes of meetings.
Members of the Staff Governance Committee

Professor G Dickson, Interim Chairman, NHS Greater Glasgow
Mrs E Smith, Chair, South Glasgow University Hospitals NHS Trust
Mr R Cleland, Chair, North Glasgow University Hospitals NHS Trust
Mr A Robertson, OBE, Chair, Greater Glasgow Primary Care NHS Trust
Mrs S Kuenssberg, CBE, Chair, Yorkhill NHS Trust
Mr W Goudie, Employee Director, NHS Greater Glasgow
Mr D Sime, Partnership Forum Chair, North Glasgow University Hospitals NHS Trust
Ms P McNally, Partnership Forum Chair, South Glasgow University Hospitals NHS Trust
Mr S MacLennan, Partnership Forum Chair, Greater Glasgow NHS Board
Ms S Forsyth, Partnership Forum Chair, Yorkhill NHS Trust
Ms K Murphy, Convener, Joint Trade Unions, Greater Glasgow Primary Care NHS Trust
Mr I Reid, Acting Chief Executive, Greater Glasgow Primary Care NHS Trust
Mr T Davison, Chief Executive, North Glasgow University Hospitals NHS Trust
Mr J Cameron, HR Director, South Glasgow University Hospitals NHS Trust
Ms H Ostrycharz, HR Director, Yorkhill NHS Trust

October 2002
NHS GREATER GLASGOW RESEARCH ETHICS GOVERNANCE COMMITTEE

CONSTITUTION

1 Terms of Reference

The NHS Greater Glasgow Research Ethics Governance Committee is appointed by Greater Glasgow NHS Board to oversee all of the Board’s responsibilities for the establishment, support, training and monitoring of all NHS Local Research Ethics Committees (LRECs) within its geographical boundary as defined in Scottish Executive Health Department Governance Arrangements for NHS Research Ethics Committees in Scotland (2001) and any subsequent Guidance issued.

The Committee shall oversee and monitor the functions of the Local Research Ethics Committees within NHS Greater Glasgow with a view to leading to the harmonisation of procedures and the formation of a common set of criteria for considering ethical applications.

2 Functions

The Committee shall be responsible for the oversight of all matters pertaining to the proper functioning of all Local Research Ethics Committees in Greater Glasgow.

The Committee shall act for the Board in ensuring that its Local Research Ethics Committees are provided with the requisite training and education required to undertake their functions effectively.

The Committee shall act for the Board in ensuring that Members of all Local Research Ethics Committees in Greater Glasgow are properly indemnified in the discharge of their duties.

The Committee shall receive from all Local Research Ethics Committees in Greater Glasgow annual reports and these Local Research Ethics Committees shall report to the NHS Greater Glasgow Ethics Committee any issues requiring its attention.

The Committee shall be a central repository for reports and good practice and advise all Local Research Ethics Committees in Greater Glasgow of identified unethical practice etc.

3 Membership

Membership of the Committee shall consist of three Non Executive Members of the Board, one of whom shall act as its Convener, the Medical Director of each NHS Trust within the Board area and the Board’s Director of Public Health.

The Committee shall have the power to co-opt or invite attendance of any person whom it considers to be of assistance in its deliberations.

4 Quorum

The quorum for meetings of the Committee shall be the Convener and three other Members.

5 Number of Meetings

The Committee shall meet at least twice per annum.

6 Administrative Arrangements

The Head of Board Administration (or authorised nominee) shall undertake the functions of Secretary to the Committee.

7 Standing Orders

The Board’s Standing Orders, so far as applicable and otherwise specified, shall be the rules and regulations for the proceedings of the NHS Greater Glasgow Research Ethics Governance Committee.

October 2002
8 Members

Professor M Farthing (Chair)

Dr F Marshall - Non-Executive Director

Cllr. J Gray - Non-Executive Director

Dr H Burns - Director of Public Health

4 Trust Medical Directors:

- Morgan Jamieson, Yorkhill Trust
- Bill Anderson, North Trust
- Brian Cowan, South Trust
- Iain Wallace, Primary Care Trust
1. **INTRODUCTION**

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; and
- promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process.

The Forum will be called NHS Greater Glasgow Area Clinical Forum.

2. **REMIT**

To represent the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, professionals allied to medicine and local health care co-operatives to NHS Greater Glasgow ensuring the involvement of all the professions across the local NHS system in the decision-making process.

At the request of NHS Greater Glasgow, 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 on specific proposals to improve the integration of services, both within the local NHS systems and across health and social care.

The Area Clinical Forum will review its functions periodically, in collaboration with NHS Greater Glasgow to ensure that they continue to fit local priorities and developments.

3. **FUNCTIONS**

The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow by:

- providing NHS Greater Glasgow with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives.
- 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;
- promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow 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;

4. **COMPOSITION**

The Area Clinical Forum will comprise the Chairs and Vice Chairs (or Deputy acting on behalf of Vice Chair) of the Area Professional Committees as follows:

- Medical
- Dental
- Nursing and Midwifery
- Pharmaceutical
- Optometric
- Professions Allied to Medicine (PAMS)
Local Health Care Co-operative.

In Attendance

Persons other than Members may be invited to attend a meeting for discussion of specific items at the request of the Chairman or Secretary. That person will be allowed to take part in the discussion but not have a vote. NHS Greater Glasgow Board's Director of Public Health, Pharmaceutical Adviser, Nurse Adviser and Consultant in Dental Public Health shall be regular attenders at meetings of the Area Clinical Forum.

5. SUB-COMMITTEES

The Area Clinical Forum may appoint ad hoc Sub-Committees as appropriate to consider and provide advice on specific issues.

6. TERM OF OFFICE

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 Chairperson/Vice Chairperson of their Professional Committee.

7. OFFICERS OF THE FORUM

(a) Chairman

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 who are Chairs of an Advisory Committee may put themselves forward as candidates for the position. If more than one person puts themself forward an election will be held by secret ballot.

The Chair of the Area Clinical Forum will, subject to formal appointment by the Minister for Health and Community Care, serve as a Non-Executive Director of NHS Greater Glasgow.

Membership of NHS Greater Glasgow is specific to the office rather than to the person. The normal term of appointment for Board Members is for a period up to four years. Appointments may be renewed, subject to Ministerial approval.

Where the Members of the Area Clinical Forum choose to replace the Chair before the expiry of their term of appointment as a Member of NHS Greater Glasgow, the new Chair will have to be formally nominated to the Minister as a Member of NHS Greater Glasgow Board for a decision of formal appoint to the Board.

In the same way, if Board Membership expires and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a Member of the Forum.

(b) Vice Chairman

A Vice Chairman 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 who are Chairs of an Advisory Committee may put themselves forward as candidates for the position. If more than one person puts themself forward an election will be held by secret ballot.

The Vice Chairman will deputise, as appropriate, for the Chairman, but where this involves participation in the business of NHS Greater Glasgow, they will not be functioning as a Non-Executive Member.

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

8. MEETINGS

The Area Clinical Forum will meet at least four times each year. This can be varied at the discretion of the Chairman and meetings will normally be held in Dalian House.

The Forum has the right to alter or vary these arrangements to cover holiday months or other circumstances.
9. **NOTICE OF MEETINGS**

Secretariat support to the Area Clinical Forum will be provided by NHS Greater Glasgow staff. The agenda and papers for the meetings will be issued at least one week in advance of the meeting date.

10. **MINUTES**

The Minutes of the meetings of the Area Clinical Forum will be agreed with the Chairman of the Forum and will be sent to each Member with the agenda and papers for the next Forum meeting, for approval. Thereafter, Area Clinical Forum Minutes will go to the next available NHS Board meeting for information.

11. **QUORUM**

A quorum of the Forum will be one third of its full membership. 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 Chairperson for the meeting.

12. **FORUM DECISIONS**

Where the Forum is asked to give advice on a matter and a majority decision is reached, the Chairman or Secretary shall report the majority view but shall also make known any minority opinion and present the supporting arguments for both viewpoints.

13. **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 Board for approval as part of the annual review of Corporate Governance before the change is enforceable.

14. **GUEST SPEAKERS**

The Forum may invite guest speakers who it considers may have particular contribution to the work of the Forum to attend meetings.

*SHIRLEY GORDON*
Secretariat Manager
October 2002
## AREA CLINICAL FORUM

### Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Chair, Area Committee</th>
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<tr>
<td>Dr F Angell</td>
<td>Chair, Area Dental Committee</td>
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<td>Mr E P McVey</td>
<td>Chair, Area Optometric Committee</td>
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<td>Mrs C Anderson</td>
<td>Chair, Area Pharmaceutical Committee</td>
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<td>Dr J Nugent</td>
<td>Chair, LHCC Professional Committee</td>
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<td>Dr R Hughes</td>
<td>Chair, Area Medical Committee</td>
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<tr>
<td>Mr J Cassidy</td>
<td>Chair, Area Nursing and Midwifery Committee</td>
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<tr>
<td>Mr H Smith</td>
<td>Chair, Area Professions Allied to Medicine Committee</td>
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<tr>
<td>Dr B West</td>
<td>Vice Chair, Area Medical Committee</td>
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<tr>
<td>Ms F Thomson</td>
<td>Vice Chair, Area Pharmaceutical Committee</td>
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<td>Dr M T Hosey</td>
<td>Vice Chair, Area Dental Committee</td>
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<td>Ms G Leslie</td>
<td>Vice Chair, Area Optometric Committee</td>
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<td>Vacancy</td>
<td>Vice Chair, Area Nursing and Midwifery Committee</td>
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*October 2002*
NHS GREATER GLASGOW

Decisions Reserved for the Board

This has been set out in a way that shows the NHS Board’s responsibilities for setting the strategic direction for health improvement/care against a governance framework which is designed to ensure probity and transparency for the decision making process.

### Strategy for Health Improvement

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### Governance

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vi) Corporate Governance Framework including
   - Standing Orders
   - Establishment, Remit and Reporting Arrangements of all Board Committees and Subcommittees
   - Standing Financial Instructions and Scheme of Delegation

October 2002
MODEL CODE OF CONDUCT

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Annex A   Sanctions Available to the Standards Commission for Breach of Code
Annex B   Definitions
1.1 The Scottish 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 for Greater Glasgow NHS Board. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for new Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland to oversee the new framework and deal with alleged breaches of the codes.

1.3 This Code covers members of Greater Glasgow NHS Board. As a member of Greater Glasgow NHS Board, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct.

Guidance on the Code of Conduct

1.4 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.5 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the Board. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

Enforcement

1.6 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and the sanctions that shall be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in Annex A. Special provisions apply in respect of employee and ex-officio members of the Board.
SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Model Code of Conduct are based are:

Public Service
You have a duty to act in accordance with the core tasks and in the interests of Greater Glasgow NHS Board of which you are a member.

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

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit when carrying out public business.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that Greater Glasgow NHS Board uses its resources prudently and in accordance with the law.

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

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

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

Respect
You must respect fellow members and employees of Greater Glasgow NHS Board and the role they play, treating them with courtesy at all times.

2.2 You should apply the principles of this code to your dealings with fellow members of Greater Glasgow NHS Board and its employees.
SECTION 3: GENERAL CONDUCT

Relationship with Employees of Greater Glasgow NHS Board

3.1 You will treat any staff employed by Greater Glasgow NHS Board with courtesy and respect. It is expected that employees will show you the same consideration in return.

Allowances

3.2 You must comply with any rules of Greater Glasgow NHS Board regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.3 You must never canvass or seek gifts or hospitality.

3.4 You are responsible for your decisions connected with the offer or acceptance of gifts or hospitality and for avoiding the risk of damage to public confidence in Greater Glasgow NHS Board. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character or inexpensive seasonal gifts such as a calendar or diary, or other simple items of office equipment of modest value;

(b) normal hospitality associated with your duties and which would reasonably be regarded as inappropriate to refuse; or

(c) gifts received on behalf of Greater Glasgow NHS Board.

3.5 You must not accept any offer by way of gift or hospitality which could give rise to a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions, or provision of services at a cost below that generally charged to members of the public. You must not accept repeated hospitality from the same source.

3.6 You must record details of any gifts and hospitality received and the record must be made available for public inspection.

3.7 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision Greater Glasgow NHS Board may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit to inspect equipment, vehicles, land or
property, then as a general rule you should ensure that Greater Glasgow NHS Board pays for the costs of these visits.

Confidentiality Requirements

3.8 There may be times when you will be required to treat discussions, documents or other information relating to the work of Greater Glasgow NHS Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. There are provisions in legislation on the categories of confidential and exempt information and you must always respect and comply with the requirement to keep such information private.

3.9 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purpose of personal or financial gain, or used in such a way as to bring Greater Glasgow NHS Board into disrepute.

Use of Public Body Facilities

3.10 Members of Greater Glasgow NHS Board must not misuse facilities, equipment, stationery, telephony and services, or use them for party political or campaigning activities. Use of such equipment and services, etc must be in accordance with Greater Glasgow NHS Board policy and rules on their usage.

Appointment to Partner Organisations

3.11 You may be appointed, or nominated by Greater Glasgow NHS Board, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.12 Although unlikely in the NHS due to current legislation, members who become directors of companies as nominees of their NHS body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the NHS body. It is your responsibility to take advice on your responsibilities to the NHS body and to the company. This will include questions of declarations of interest.
SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Greater Glasgow NHS Board Register.

4.2 This Code sets out the categories of interests which you must register. Annex B contains key definitions to help you decide what is required when registering your interests under any particular category. These categories are listed below with explanatory notes designed to help you decide what is required when registering your interests under any particular category.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a Member does not have to be registered.

4.5 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, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name 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 you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration – declared under category one – and

- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 5.8 below) have made a contract with Greater Glasgow NHS Board of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you 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 Greater Glasgow NHS Board.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making. If in doubt, you may consult with the Standards Commission.

Category Five: Shares and Securities

4.19 You have a registerable interest where you have an interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of Greater Glasgow NHS Board. You are not required to register the value of such interests.
4.20 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in shares and securities could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

If in doubt, you may consult with the Standards Commission.

Category Six: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of Greater Glasgow NHS Board. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

4.22 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making. If in doubt, you may consult with the Standards Commission.
SECTION 5: DECLARATION OF INTERESTS

Introduction

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of Greater Glasgow NHS Board. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in Greater Glasgow NHS Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must keep in mind that the test is whether a member of the public, acting reasonably, might think that a particular interest could influence you.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. You may also seek advice from the Standards Commission.

Interests which Require Declaration

5.5 Interests which require to be declared may be financial or non-financial. They may or may not be interests which are registerable under this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration.

Financial Interests

5.6 Any financial interest which is registerable must be declared. If, under category one or category six of section 4 of this Code, in respect of non-financial interests, you have registered an interest

(a) as an employee of the Board; or
(b) as a Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the Board;
you do not, for that reason alone, have to declare that interest.

**Shares and Securities**

5.7 You may have to declare interests in shares and securities, over and above those registerable under category five of Section 4 of this Code. You may, for example, in the course of employment or self-employment, be engaged in providing professional advice to a person whose interests are a component of a matter to be dealt with by a board.

5.8 You have a declarable interest where an interest becomes of direct relevance to a matter before the body on which you serve and you have shares comprised in the share capital of a company or other body and the nominal value of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

5.9 You are required to declare the name of the company only, not the size or nature of the holding.

**Houses, Land and Buildings**

5.10 Any interest in houses, land and buildings which is registerable under category four of Section 4 of this Code must be declared, as well as any similar interests which arise as a result of specific discussions or operations of Greater Glasgow NHS Board.

**Non-Financial Interests**

5.11 If you have a registered non-financial interest under category six of Section 4 of this Code you have recognised that it is significant. There is therefore a very strong presumption that this interest will be declared where there is any link between a matter which requires your attention as a member of Greater Glasgow NHS Board and the registered interest. Non-financial interests include membership or holding office in other public bodies, clubs, societies, trade unions and organisations including voluntary organisations. They become declarable if and when members of the public might reasonably think they could influence your actions, speeches or votes in the decisions of Greater Glasgow NHS Board.

5.12 You may serve on other bodies as a result of express nomination or appointment by Greater Glasgow NHS Board or otherwise by virtue of being a member of Greater Glasgow NHS Board. You must always remember the public interest points towards transparency particularly where there is a possible divergence of interest between different public authorities.

5.13 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of Greater Glasgow NHS Board. In the context of any particular matter you will have to decide whether to declare a non-financial interest. You should declare an interest
unless you believe that, in the particular circumstances, the interest is irrelevant or without significance. In reaching a view you should consider whether the interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member as opposed to the interest of an ordinary member of the public.

**Interests of Other Persons**

5.14 The Code requires only your interests to be registered. You may, however, have to consider whether you should declare an interest in regard to the financial interests of your spouse or cohabitee which are known to you. You may have to give similar consideration to any known non-financial interest of a spouse or cohabitee. You have to ask yourself whether a member of the public acting reasonably would regard these interests as effectively the same as your interests in the sense of potential effect on your responsibilities as a member of Greater Glasgow NHS Board.

5.15 The interests known to you, both financial and non-financial, of relatives and close friends may have to be declared. This Code does not attempt the task of defining “relative” or “friend”. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of Greater Glasgow NHS Board.

**Making a Declaration**

5.16 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.17 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

**Effect of Declaration**

5.18 Declaring a financial interest has the effect of prohibiting any participation in discussion and voting. A declaration of a non-financial interest involves a further exercise of judgement on your part. You must consider the relationship between the interests which have been declared and the particular matter to be considered and relevant individual circumstances surrounding the particular matter.
5.19 In the final analysis the conclusive test is whether, in the particular circumstances of the item of business, and knowing all the relevant facts, a member of the public acting reasonably would consider that you might be influenced by the interest in your role as a member of Greater Glasgow NHS Board and that it would therefore be wrong to take part in any discussion or decision-making. If you, in conscience, believe that your continued presence would not fall foul of this objective test, then declaring an interest will not preclude your involvement in discussion or voting. If you are not confident about the application of this objective yardstick, you must play no part in discussion and must leave the meeting room until discussion of the particular item is concluded.

**Dispensations**

5.20 In very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees. Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.
SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

6.1 In order for Greater Glasgow NHS Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which Greater Glasgow NHS Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation who lobbies, do anything which contravenes this Code of Conduct or any other relevant rule of the public body or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon Greater Glasgow NHS Board.

6.5 The public must be assured that no person or organisation will gain better access to, or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must 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 you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of Greater Glasgow NHS Board.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation who is lobbying and the motive for lobbying. You 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 you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work

(a) which would involve you 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 Greater Glasgow NHS Board and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of Greater Glasgow NHS Board, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of Greater Glasgow NHS Board.
SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
   i) all meetings of Greater Glasgow NHS Board;
   ii) all meetings of one or more committees or sub-committees of Greater Glasgow NHS Board;
   iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) suspension – for a period not exceeding one year, of the member’s entitlement to attend all of the meetings referred to in (b) above;

(d) disqualification – removing the member from membership of Greater Glasgow NHS Board for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of Greater Glasgow NHS Board be reduced, or not paid.

Where the Standards Commission disqualifies a member of Greater Glasgow NHS Board, it may go on to impose the following further sanctions:

(a) where the member of Greater Glasgow NHS Board is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from Greater Glasgow NHS Board and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members’ code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

Full details of the sanctions are set out in Section 19 of the Act.

Special provisions do apply in respect of employee and ex-officio members.
DEFINITIONS

1. “Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

2. “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.

3. “Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

4. “Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the voting rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the voting rights in the undertaking.

5. “Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262(1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

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

7. “A person” means a single individual or legal person and includes a group of companies.

8. “Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

9. “Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

10. “Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.
## DECLARATION OF INTERESTS

**AS AT 1 OCTOBER 2002**

### GREATER GLASGOW NHS BOARD MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Company Name</th>
<th>Description of Business</th>
<th>Position Held</th>
<th>Date of Appointment</th>
</tr>
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<tr>
<td>Mr J Best</td>
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<td>Dr H J G Burns</td>
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<td>Mr R Calderwood</td>
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<td>Mr R Cleland</td>
<td>Thomson Partners Ltd.</td>
<td>Recruitment Consultancy</td>
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<td>The Rainbow Trust</td>
<td>Charity focused on Child Care</td>
<td>Trustee</td>
<td>1994</td>
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<tr>
<td>Councillor D Collins</td>
<td>Greater Easterhouse</td>
<td>Lead involvement in the economic</td>
<td>Centre Manager in The</td>
<td>2000 (continuous</td>
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<td></td>
<td>Development Company Ltd.</td>
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<td>Community Enterprise Centre,</td>
<td>employment since</td>
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<td>area</td>
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<td>Mrs R Crocket</td>
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<tr>
<td>Name</td>
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<tr>
<td>Mr T P Davison</td>
<td>Clinical Standards Board for Scotland</td>
<td>NHS Special Health Board</td>
<td>Chief Executive</td>
<td>1 April 1999</td>
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<td>Chief Scientist Committee</td>
<td>Scottish Executive Health Department Committee</td>
<td>Non-Executive Director</td>
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<td>Scottish School of PRimary Care Steering Group</td>
<td>Committee of NHS, University and Professional representatives charged with establishing the Scottish School of Primary Care</td>
<td>Member</td>
<td>1998</td>
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<td></td>
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<td></td>
<td>Chair</td>
<td>1999-2002</td>
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<tr>
<td>Professor G C A Dickson</td>
<td>Glasgow Caledonian University</td>
<td>Education/Research</td>
<td>Pro Vice-Chancellor</td>
<td>October 1999</td>
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<td></td>
<td>Nursing and Midwifery Council</td>
<td>Regulatory body for nursing, midwifery and health visiting</td>
<td>Council Member</td>
<td>May 2001</td>
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<tr>
<td>Mr T A Divers</td>
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<td>Education</td>
<td>Exec. Dean of Faculty of Med.</td>
<td>2000</td>
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<tr>
<td></td>
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<td>Professional Society</td>
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<td>1990</td>
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<td>Position Held</td>
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<td>Mr W Goudie</td>
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<tr>
<td>Councillor John Gray</td>
<td>Community Enterprise in Strathclyde, Glasgow North Ltd, Possil Milton Community Renewal</td>
<td>Supporting community enterprise, Local enterprise company, Community business</td>
<td>Chair, Member of Board, Member of Board</td>
<td>1989 to date, 1996 to date, 1996 to date</td>
</tr>
<tr>
<td>Councillor J Handibode</td>
<td>David Livingstone Memorial Trust</td>
<td>David Livingstone's Birthplace and Visitor Centre</td>
<td>Trustee</td>
<td>1996-99, 1999-02</td>
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<tr>
<td>Dr Roger Hughes</td>
<td>Nuffield Hospital, Ross Hall Hospital</td>
<td>Private health care, Private health care</td>
<td>Consultant Anaesthetist, Consultant Anaesthetist</td>
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<td>Mrs W Hull</td>
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<td>Mrs S Kuenssberg</td>
<td>Scottish Children's Reporter Administration, East Park</td>
<td>Non-departmental public body administering juvenile justice, Voluntary body providing services to children with disabilities</td>
<td>Chairman, Director</td>
<td>1995 - 2000 -</td>
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<tr>
<td>Dr F Marshall</td>
<td>NHS</td>
<td>Health</td>
<td>General Medical Practitioner</td>
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<td>Councillor D McCafferty</td>
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<td>Name</td>
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<tr>
<td>Mr A O Robertson</td>
<td>Erskine Hospital, Bishopton</td>
<td>Health care facility</td>
<td>Secretary</td>
<td>1976</td>
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<td>The Princess Royal Trust for Carers</td>
<td>Health care service</td>
<td>Secretary</td>
<td>1990</td>
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<td></td>
<td>T C Young &amp; Son</td>
<td>Solicitors &amp; Notaries</td>
<td>Partner</td>
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<td>Health Care</td>
<td>Chairman</td>
<td>2 Nov. 1998</td>
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<tr>
<td>Mrs E Smith</td>
<td>Scottish Enterprise Glasgow</td>
<td>Local economic regeneration organisation</td>
<td>Member</td>
<td>11.9.01</td>
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<td></td>
<td>Standards Commission for Scotland</td>
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<td>Member</td>
<td>January 2002</td>
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</table>
GREATER GLASGOW HEALTH BOARD

GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

Approved: April 2000
Amended: October 2002
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

INTRODUCTION

The guidelines which govern the activities of the Board and its Directors and employees are set out in a number of documents – see Appendix 1. The range and complexity of these activities mean that the documents must contain a considerable level of detail and not all matters covered in them will be of obvious relevance to each member of staff.

It was felt therefore that it would be useful to provide in this paper a summary of the guidelines which apply to those issues or problems which staff are most likely to encounter in carrying out their day to day duties.

The chance has also been taken to offer guidance on a number of other specific issues on which no advice has previously been issued and which recent experience has shown would be helpful to staff. The subjects covered by this guidance is listed on the following two pages together with a summary of the guidance itself.

If you are in any doubt at all as to what you can or cannot do, you should seek advice from your Director/Head of Department.
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

CONTENTS

ACCEPTANCE OF FEES – GENERAL  (See page 4)
This explains when an individual may be entitled to a fee in respect of work done for other bodies and sets out the criteria to be applied in determining if an individual should undertake such work.

LECTURES TO NON-NHS STAFF  (See page 5)
This summarises the conditions attached to the payment of fees for giving lectures to NHS staff.

LECTURES TO NHS STAFF  (See page 6)
This summarises the conditions attached to the payment of fees for giving lectures to NHS staff.

CONTACT WITH THE MEDIA & PUBLICATIONS SPEECHES ETC  (See page 6)
Under normal circumstances, all official communication with the media will be via the Board’s Press Officer.

When acting in a private capacity, it is hoped that as a matter of courtesy individuals will advise their Director/Head of Department over the content of publications, speeches and media interviews where these have a bearing on the Board’s affairs.

CONDUCT DURING ELECTION CAMPAIGNS  (see page 7)
Care should be taken to maintain even-handedness and to avoid involving the Board in party political issues or debate.

SECONDARY EMPLOYMENT  (See page 9)
Under the terms of their contracts of employment, employees are required to seek the permission of the Board before taking up secondary employment.

DECLARATION OF INTERESTS  (See page 9)
To avoid conflicts of interest, employees should declare all interests which they have in private companies, public limited companies, voluntary organisations and other relevant bodies.

PROFESSIONAL BODIES  (See page 10)
Many employees are members of a professional body. Leave to attend events organised by the professional body must be applied for and each application will be assessed on its own merits. Staff should apply via their line manager/Director/Head of Department.

WORK UNDERTAKEN FOR PROFESSIONAL BODIES  (See page 10)
On occasion, an employee may undertake work for a professional body or become an office bearer with the body. This section sets out the main criteria to be used in determining the level of support which the Board will provide in terms of paid time off and secretarial support.

BENEFITS ACCRUING FROM OFFICIAL EXPENDITURE  (See page 11)
The underlying principle is that individuals should not derive private/personal benefit from public expenditure.
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

CONTENTS (contd.)

PREFERENTIAL RATES IN PRIVATE TRANSACTIONS (See page 12)
Individuals should not seek or accept preferential rates for personal transactions from companies with whom they have had or are likely to have had dealings.

DIRECTORSHIP OF COMPANIES (See page 12)
At present, the Board is not legally empowered to nominate one of its officers to serve on the Board of a company. Employees should not therefore accept invitations to join the board of a company as a representative of the Health Board. Attendance at the board meetings of a company as an observer is however permitted.

As private individuals, employees may of course sit on the board of a company but if they do, they must declare this to the Health Board – see Declaration of Interests on page 10.

INVOLVEMENT IN COMMERCIAL UNDERTAKINGS/TRADING ENTITIES (See page 12)
Health boards are not empowered to set up or acquire for trading purposes, companies or other trading entities.

CONTRACTS AND AGREEMENTS (See page 13)
When entering into a service agreement with a non-NHS body, a legally binding document will be required setting out the details of the service to be provided and the payment to be made.

PURCHASE, SALE AND LEASE OF PROPERTY (See page 13)
All property transactions must comply with the strict and detailed instructions issued by the Management Executive. The Director of Planning and Community Care must be advised if it becomes necessary to buy, sell or lease a property.

FREE SAMPLES (See page 13)
Occasionally, a supplier may provide items/goods free of charge. Care should be taken in deciding whether to accept such goods. Employees should consult with their Director/Head of Department before accepting any free samples.

ACCEPTANCE OF GIFTS AND HOSPITALITY (See page 14)
There are strict rules on the acceptance of gifts and hospitality set out in the “Standards of Business Conduct for NHS Staff” and these Standards are incorporated into the contract of employment of every member of staff. Only modest hospitality should be accepted i.e. it should be similar in scale to what the NHS would offer. Only minor gifts with a low intrinsic value should be accepted e.g. calendars and diaries.

ENDOWMENTS FUNDS (See page 15)
This section explains how to open and operate an endowment account. The main point is that once an account is opened, monies placed in the account can only be used for the purpose for which the fund was created.

October 2002
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

ACCEPTANCE OF FEES – GENERAL

1 Where an employee is offered fees by outside agencies for undertaking work or engagements (e.g. radio or TV interviews, lectures etc) which have a bearing on his/her official duties, or draw on his/her official experience, the employee’s line manager must be informed and the written approval of the line manager must be obtained before any commitment is given by the employee. Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chairman of the Board before committing to such work.

An assurance will be required that

- the individual concerned is not making use of his/her NHS employment to further his/her private interests;
- any outside work does not interfere with the performance of his/her NHS duties;
- any outside work will not damage the Board’s reputation.

2 If the work done is part of the Director/employee’s normal duties or could reasonably be regarded as falling within the normal duties of the post, and is carried out in the Board’s time, then any fee due is payable to the Board. (In this case, it will be the Board and not the individual who will issue any invoice which is required to obtain payment. The individual must not issue any invoice in his/her own name. Instead the relevant details should be given to the Directorate of Finance which will issue any invoice that may be required.)

3 If the work done is in addition to the Director/employee’s normal duties and substantially carried out in his/her own time, then the individual is entitled to retain any fee offered. It is then up to the individual to decide how he/she disposes of the income received.

(i) The Director/employee is entitled to retain the fee if he/she so wishes but in these circumstances, he/she will be responsible for any tax liability in respect of the income received. (The individual should include such fees on his/her tax return.)

(ii) It is also open to the individual to donate all or part of his/her fee to an endowment fund. (See guidance on endowment funds on page .)

4 Directors/employees should not commit themselves to any work which attracts a fee until they have obtained the required approval as described in paragraph 1.

5 It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in question has been completed. The fact that the fee is unsolicited is not relevant and the criteria set out at paragraphs 2 and 3 above should be applied to determine if the individual is entitled to retain the fee.

6 It is also possible that an individual may be offered payment in kind e.g. book tokens. The principles set out in paragraphs 2 and 3 will still apply. If it is not appropriate for the individual to retain the payment in kind, then the gifts or tokens should be handed over to October 2002
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

the Board to be used for the benefit of the organisation as a whole.

7 It will be regarded as a disciplinary matter if an individual knowingly retains a fee (whether solicited or unsolicited) to which he/she is not entitled.

8 A gift offered in respect of work undertaken as part of the individual’s normal duties should be declined unless it is of minor or trivial nature and of a low intrinsic value. Examples of such minor or trivial gifts include diaries and calendars.

LECTURES TO NON-NHS STAFF

Where a lecture is delivered to non-NHS staff, any fee payable will be the subject of negotiation between the sponsoring body and the Board or the lecturer, depending on the circumstances of the lecture.

1 If the lecture is to be given by the lecturer on behalf of the Board, it will be for the Board to agree a fee and collect payment. Details of the amount to be charged should be passed to the Management Accounts Department of the Directorate of Finance who will arrange for an invoice to be issued to the relevant body.

2 If the lecture is delivered by the lecturer in a private capacity and the subject relates to the NHS, the Board or to the lecturer’s profession, it will be for the lecturer to agree a fee for his/her services and to arrange payment, subject to the following provisions.

• An individual must obtain the authority of his/her Director/Head of Department before accepting any invitation to deliver a lecture or volunteering his/her services as a lecturer. (Directors/Heads of Department should obtain the authority of the Head of Board Administration and the Chief Executive should obtain the authority of the Chairman of the Board.) The lecturer must give an assurance that the contents of his/her lecture will not damage the Board’s reputation.

• A lecturer should ensure that the audience is made aware of whether he/she is speaking on behalf of the Board or in a private capacity.

• It may not always be clear whether an individual is acting in a private capacity or as a representative of the Board. An individual will be deemed to be acting in a private capacity where he/she is invited to speak because of his/her position within the Board but is expected to express his/her personal thoughts and opinions on a subject. It is acknowledged that this may be a grey area and in cases of doubt, staff should consult their Director/Head of Department. (Directors/Heads of Department should seek the endorsement of the Head of Board Administration.)

• It would normally be expected that where an individual delivers a lecture in a private capacity, the preparation for and delivery of a lecture should take place in the individual’s own time. If it is necessary to prepare for and/or deliver the lecture in the Board’s time, the lecturer should seek prior permission from his/her Director/Head of Department. At this point, charges should be agreed, if relevant, for any Board resources and equipment which were used in the preparation of the

October 2002
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

lecture. (Directors/Heads of Department should obtain the endorsement of the Head of Board Administration.)

3 Where an individual gives a lecture in a private capacity on a matter unrelated to the NHS and the individual’s job or profession (e.g. a hobby), he/she does not have to seek permission from his/her Director Head of Department. In these circumstances, the individual should avoid referring to his/her official position with the Board.

LECTURES TO AUDIENCES COMPOSED OF NHS STAFF

The General Whitley Council Conditions of Service provide for a set fee to be paid for a lecture of not less than 45 minutes (including question and discussion time). The following conditions apply to payment of lecture fees.

1 In the case of Professions Allied to Medicine and related grades, Speech Therapists or Chaplains, the lecture must be to an audience composed of NHS staff. In all other cases, the audience must be composed of NHS staff of whom at least 50% are in professions or occupations other than that of the lecturer.

2 The lecture is not one given in accordance with the lecturer’s specific conditions of service, or as part of the normal duties, or which could reasonably regarded as falling within the normal duties of the lecturer’s post.

3 The lecture is not given as part of general staff training provided to improve the general background knowledge of staff in the content and development of the health service.

4 The lecture has been prepared substantially in the lecturer’s own time.

5 If given in the lecturer’s normal working hours,
   - the lecture is given with the agreement of the lecturer’s line manager;
   - satisfactory arrangements are made for the lecturer’s normal work to be maintained in his absence and
   - the time taken is made up later to the extent necessary to maintain the work concerned at its normal level.

6 No fee is being paid to the lecturer by some other body in respect of the same lecture.

CONTACT WITH THE MEDIA, PUBLICATIONS, SPEECHES ETC

PUBLIC HEALTH MEDICINE

1.1 The following guidance is contained in the Whitley Council Conditions of Service.

“A doctor should be free to publish any book or article of which he is the author or a contributor, or deliver a speech or make a broadcast. It is left to the doctor’s discretion whether he obtains the consent of his employing authority; but where time permits and the book, article, speech or broadcast has a bearing on the affairs of his employing authority, the doctor would be expected to consult his employing authority first.”

1.2 In practice, it is expected that public health medical staff would cooperate in ensuring that
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

• they advise the Director of Public Health in advance of publishing any book or article or delivering any speech, particularly where the content has a bearing on the Board’s affairs;
• it is made clear to the readership or audience that the individual is acting in a private capacity and not as a representative of the Board.

2 ALL STAFF

2.1 The Board encourages openness to press and media enquiries. This makes it important to ensure that the press and media are directed to whichever member of staff has the knowledge and work responsibility to deal with the enquiry. Normally this will be a Director, the Nurse Adviser to the Board, Consultant in Public Health Medicine, Assistant Director or Head of Board Administration. It is the job of the Board's Press Officer to assist the media and co-ordinate the various people within the Board who might be involved in a particular issue. Under normal circumstances therefore, all official communication with the media on behalf of the Board should be via the Board’s Press Officer.

It is not sensible for staff to attempt to deal with a press or media enquiry if the issues do not fall within their own area of work responsibility or if they are unsure of the full facts. It is always good practice to ensure that the Press Officer is informed of any approach made by the Press and the Media.

This whole issue is a sensitive one and requires a balance to be struck between the need to preserve confidentiality (e.g. patient information) and the need to achieve openness. Procedures will be prepared and issued to meet the requirements of the Public Interest Disclosure Act 1998 and the forthcoming legislation on Freedom of Information in Scotland.

In the meantime, staff requiring advice or assistance should contact their Director/Head of Department or the Head of Board Administration.

2.2 Where an individual exercises his/her right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including the internet), he/she should make it clear that he/she is acting in a private capacity and any opinions expressed are not necessarily those of the Board.

While there is no requirement to do so, it is hoped that as a matter of courtesy, an individual acting in a private capacity would advise his/her Director/Head of Department in advance of publishing any article or delivering any speech where the content has a bearing on the Board’s affairs.

CONDUCT DURING ELECTION CAMPAIGNS

1 The Management Executive has issued guidance to health bodies about their roles and conduct during election campaigns – [see Circular No. NHS MEL (1999) 30 – Election Guidance]. The following general principles are set out.
GUIDANCE TO SUPPORT STANDARDS OF BUSINESS CONDUCT

(1) There should be even-handedness in meeting information requests from candidates from different political parties.

(2) Care should be taken over the timing of announcements of decisions made by the Board. In some cases it may be better to defer an announcement until after the election but this would have to be balanced against any implication that the deferral itself could influence the outcome of the election.

(3) Care should be taken in respect of paid publicity campaigns to ensure they are not open to criticism that they are being undertaken for party political purposes.

2 Further detailed guidance is given on a number of other issues including the following.

2.1 Dealing with Enquiries and Correspondence from Political Parties and Parliamentary Candidates

Candidates, organisations and members of the public should be provided with factual information in the normal way under the Code of Practice on Openness in the NHS in Scotland, including simple accounts of policy on a specific matter. Requests from candidates should be regarded as especially urgent and the Board should aim to respond to such requests within one working day.

An enquiry or request which calls for comment on a recently announced policy in a Party Manifesto or for a comparison of the policies of different political parties should be referred to the relevant Party headquarters.

All candidates should have access to the same information but it is not necessary to circulate information every time a question is asked.

All enquiries and requests should normally be referred to the Head of Corporate Services.

2.2 Media Enquiries

Media enquiries should be answered to the extent of providing factual information about current Board policy, statements and decisions in accordance with the Code of Practice on Openness in the NHS in Scotland. Particular care must be taken not to become involved in a partisan way in election issues.

All enquiries should normally be referred to the Board’s Press Officer.

2.3 Campaigning and Canvassing on Health Service Premises

Political posters should not be displayed on Board premises.

Election and other political meetings should not be held on Board premises.

Requests for visits by Parliamentary Candidates, personal canvassing and filming or photography by political parties on Board premises should be referred to the Head of Board Administration.
2.4 **Conduct of Employees**

Board employees are free to engage in public debate or comment during an election period provided that

- they do not use official premises or equipment;
- they do not make comments based on information obtained via their employment with the Board which is not generally available to the public;
- they make it clear that the views expressed are those of the individual and not of the Board.

Non-political lectures can continue to be given during the period of an election but they should be based on published facts. Public debate about controversial issues should be avoided.

**SECONDARY EMPLOYMENT**

1 Staff employed by the Board may wish to follow their NHS trade or profession concurrently with another employer. Before staff take up such other employment they should obtain the approval of the Board. Approval should be sought by approaching the individual’s Director/Head of Department in the first instance.

2 The Board will require assurance that the secondary employment

- will not create a conflict of interests;
- will not interfere with or have a detrimental effect on the employee’s duties with the Board;
- will not damage the Board’s reputation.

3 NHS Circular MEL (1994) 48 – Standards of Business Conduct - has been incorporated into the Board’s standard contract of employment and deals with this matter in further detail. A copy of this circular can be obtained from Directors/Heads of Department or the Head of Control and Support Systems.

**DECLARATION OF INTERESTS**

1 To avoid conflicts of interest and to maintain openness and accountability, Directors and employees are required to declare the all interests in the following to the Head of Board Administration.

- Directorships including Non-Executive Directorships held in private companies or public limited companies;
- Ownership or part ownership of private companies, business or consultancies, likely or seeking to do business with the NHS;
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;
- Any position of authority in a charity or voluntary body in the field of health and social care;
- Any connection with a voluntary or other body contracting for NHS services.

2 The Head of Board Administration maintains a Register of Board Members Interests which is available for inspection by the public and also a Register of Staff Interests.

3 NHS Circular MEL (1994) 48 – Standards of Business Conduct - has been incorporated into the Board’s standard contract of employment and deals with this matter in further detail. A copy of this circular can be obtained from Directors/Heads of Department or
the Head of Control and Support Systems.

PROFESSIONAL BODIES

1 The Board will not pay or re-imburse the costs of subscriptions to professional bodies. It is the responsibility of each individual to meet the cost of his/her membership of the relevant organisation(s).

2 If an individual wishes to apply for study leave to attend an event organised by a professional body of which he/she is a member or any other event as part of a programme of continuing professional development, he/she should submit a formal application for study leave to his/her Director/Head of Department. (The Human Resources Manager can advise on this and the authorisation process.) If the application for study leave is granted, then the individual will be eligible to claim travel expenses in respect of his/her attendance at the event.

3 If an individual chooses to attend in his/her own time an event organised by a professional body of which he/she is a member, any travel expenses will fall to be met by the individual involved.

WORK UNDERTAKEN FOR PROFESSIONAL BODIES

1 If an employee wishes to serve as an office bearer with a professional body of which he/she is a member, he/she should obtain written approval from his/her Director/Head of Department before he/she takes up the duties with the professional body. Directors should obtain the written approval of the Chief Executive and if the Chief Executive wishes to fulfill such a role, he/she should obtain the written approval of the Chairman of the Board.

2 As part of the approval process, the Board will require assurance that the individual’s duties as office bearer with the professional body will not interfere with his/her duties with the Board nor damage the Board’s reputation. The following matters will be agreed in writing before the individual takes up his/her duties with the professional body.

- The time off to be granted to allow the individual to fulfill his duties with the professional body;
- Whether this time off is to be paid or unpaid;
- The extent to which expenses will be met by the Board in respect of travel and subsistence relating to the individual’s work for the professional body;
- The nature and extent of any support to be provided by the Board in terms of secretarial duties, photocopying, printing, faxes, e-mail etc;
- Whether the costs of this support are to be charged to the professional body or met by the Board.

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

- Will the individual’s activities as an office bearer of the professional organisation benefit the NHS in general and the Board in particular? (It would normally be expected that the activities to be undertaken and the nature of the professional organisation would be relevant to some aspect of the provision of healthcare services.)
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- Will the individual’s activities interfere significantly with his/her NHS duties and/or the duties of any support staff who may be required to assist the individual?

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

BENEFITS ACCRUING FROM OFFICIAL TRAVEL

1 The underlying principle is that individuals should not derive private/personal benefit from public expenditure.

2 While guidance on this subject has not yet been issued to the NHS in Scotland, the following guidance has been published by the NHS Executive in England and Wales.

“USE OF BENEFITS ACCRUING FROM OFFICIAL TRAVEL

Employing authorities will be aware of the importance of ensuring that those responsible for public money do not derive private benefit from it. Whilst there is no objection to employees participating in such schemes to enable them to use the associated benefits in respect of official travel, the use, for example, of Air Miles for private travel constitutes a degree of personal benefit from expenditure of public funds that goes beyond the de minimis bounds of acceptability. Employers should ensure therefore that benefits earned through official expenditure, other than where they are de minimis (for example, access to special departure lounges or booking arrangements), are used only for official purposes or foregone.”

3 Given the clarity of the guidance issued in England and Wales, it would be difficult to sustain a different policy in Scotland even although there has been no formal guidance issued. Employees should not therefore accrue Air Miles (or similar schemes) in respect of official travel unless for use on further official travel.

4 It may be that in practice it is impossible for an individual to avoid accruing benefits such as air miles (for example, entry to a departure lounge may be by swipe card, the use of which automatically attracts air miles). Nevertheless the use of air miles and other such benefits for private travel remains unacceptable and individuals should refrain from using such benefits when these have been obtained from public expenditure.

5 Officers seeking travel arrangements should not specify a specific carrier in order to personally benefit from air miles or other special offers. Preferences can however be noted in respect of other relevant factors – see paragraph 6.

6 Cost should normally be the criteria for selecting a carrier but it is recognised that other factors may legitimately dictate that a carrier other than the cheapest is chosen e.g. the timing of flights or the convenience of an airport to the final destination. Where the carrier selected is not the cheapest, the supplies officer will record the reason on the purchase requisition.
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PREFERENTIAL RATES IN PRIVATE TRANSACTIONS

1 Individual employees must not seek or accept preferential rates or benefits in kind for personal transactions with companies with whom they have had or may have official dealings on behalf of the Board. This does not apply to concessionary agreements negotiated with companies by NHS management on behalf of all staff.

2 No favour or preference as regards price or other aspect which is not generally available to the public or through discount schemes negotiated by staff organisations should be sought or accepted.

3 If a supplier offers benefits to an employee or group of employees, the offer should be declined and the supplier referred to the Commercial Development Unit which is mandated on behalf of the NHS in Scotland, so that staff throughout the Scottish NHS can benefit.

DIRECTORSHIPS OF COMPANIES

1 As the Board becomes increasingly involved in partnership working with other agencies, it is sometimes asked to join a company which has been established to progress a particular project. It is important that all staff are aware of the Board’s legal position.

2 At the moment, the Board is not legally empowered to become involved in the conduct of a company as a subscriber to the Memorandum and Articles of Association or by being entitled to nominate Directors to the Board of the company. The Board can be a member of a company provided that it does not nominate a Director or take any other steps which could be construed as entering into the day to day control and direction of the company. The Board could for example, send a representative to Board meetings to act as an observer if this was acceptable to the company.

3 While there is no guidance which specifically prohibits the Board from becoming members of a voluntary association, as members there is a potential for unlimited liability on the part of individuals. While this risk could be addressed by the Association granting an indemnity to the individuals in respect of any claims arising, this indemnity would only be worthwhile if there was some financial backing to it. If the voluntary association had little or no funds, such an indemnity could in fact be worthless. On balance therefore, it is better for the Board to take an advisory role in respect of a voluntary association rather than become a full member.

4 If an individual in a private capacity is appointed to the Board of a company or becomes a member of a voluntary association, he/she must comply with the Board’s requirements in respect of secondary employment and the declaration of interests.

5 Individuals should seek the advice and approval of their Director/Head of Department before responding to an invitation to join a company or voluntary organisation.

INVolVEMENT IN COMMERCIAL UNDERTAKINGS/TRADING ENTITIES

1 Health Boards are not empowered to set up or acquire for trading purposes companies or other trading entities.
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Where the Board collaborates with another agency on a specific project which will result in the establishment of a separate company or trading entity, the Board’s role must therefore be a passive supportive one.

CONTRACTS AND AGREEMENTS

1 Where it is proposed to enter into an agreement with a non NHS body (for example, a service agreement or a collaborative agreement), the legal status of the agreement needs to be considered. It is very likely that to safeguard the Board’s interests, a formal, legally binding document will be required which among other matters, will specify the service to be provided and the payment to be made by the Board. Input from the Board legal advisors (the Scottish Health Service Central Legal Office) will be required to prepare such a document.

2 While it is recognised that each agreement may be different, a specimen service agreement has been prepared by the Central Legal Office which serves as a checklist of the types of issue which need to be considered in entering into an agreement with a non NHS body. This specimen agreement can be obtained from the Head of Board Administration or the Head of Control and Support Systems.

3 In cases of doubt, individuals should contact their Director/Head of Department or advice. Alternatively, the Director of Finance, the Head of Board Administration or the Head of Control and Support Systems may also be contacted for advice.

PURCHASE, SALE AND LEASE OF PROPERTY

1 The NHS in Scotland Management Executive has issued a strict set of rules governing all types of property transactions and these rules require that each year, all the Board’s property transactions are subject to close scrutiny by Internal Audit. Failure to comply with the rules governing property transactions is viewed as a serious matter.

2 Where it is necessary to acquire, dispose of or lease property (land and/or buildings), the proposed transaction should be referred to the Director of Planning and Community Care who has responsibility for property matters, including the conduct of all property transactions.

FREE SAMPLES

1 Occasionally, a supplier may provide items/goods to the Board free of charge. Care should be taken in deciding whether to accept such samples/gifts. As a rule, employees should consult with their Director/Head of Department on this matter. The factors to be considered include the following.

   • Will acceptance be seen as endorsing the product in question?
   • Will acceptance create an obligation to buy from the supplier in question?
   • If the items/goods are to be passed on to the public/patients for use, who will be liable if the items/goods are unfit for their intended purpose?

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2 In cases of doubt, the Director of Finance or the Head of Board Administration should be consulted.

ACCEPTANCE OF GIFTS AND HOSPITALITY

1 The Standards of Business Conduct for NHS Staff include specific guidance on the acceptance of gifts and hospitality and these Standards have been incorporated into the contract of employment of each member of staff. Practices which may be accepted in the private sector are not permitted under the Standards. The key points in the Standards are as follows.

2 Hospitality

2.1 The Standards of Business Conduct state that modest hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches in the course of a working visit. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer. All other offers of hospitality should be declined.

2.2 Staff should report to their Director/Head of Department all such modest hospitality which they have accepted. In cases of doubt, staff should seek advice from their Director/Head of Department.

2.3 It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g. formal dinner) in a personal/private capacity or as a consequence of the position which he/she holds with the Board.

2.4 If the invitation is the result of the individual’s position within the Board, the foregoing guidance should apply i.e. only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that his/her Director/Head of Department is fully aware if the circumstances. An example of such an event might be an awards ceremony involving a formal dinner. If the Director/Head of Department grants approval to attend, the individual should record his/her attendance in the register of hospitality held by his/her Director/Head of Department.

2.5 If the individual is invited to an event in a private capacity (e.g. as result of his/her qualification or membership of a professional body), he/she is at liberty to accept or decline the invitation without referring to his/her Director/Head of Department. The following matters should however be considered before an invitation to an individual in a private capacity is accepted.

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

3 Gifts

3.1 The Standards of Business Conduct state that “under the Prevention of Corruption Act 1916, any money, gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary”.

3.2 Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others (for example, at Christmas time) may not be in any way connected with the performance of duties so as to constitute an offence under the prevention of Corruption Acts. Such gifts should nevertheless be declined. Articles of small intrinsic value such as calendars or diaries, may however be accepted.

3.3 Where an unsolicited and inappropriate gift is received and the individual is unable to return it or the donor refuses to accept its return, he/she should report the circumstances to his/her Director/Head of Department.

4 Record of Hospitality and Gifts

4.1 Each Director/Head of Department should maintain a register to record hospitality and gifts reported by his/her staff.

5 Competitions/Prizes

5.1 Individuals should not enter competitions including free draws organised by bodies who have (or are seeking to have) financial dealings with the Board. Experience has shown that unscrupulous suppliers or potential suppliers may use this as a means of giving money or gifts to individuals within the Board in an effort to influence the outcome of business decisions.

ENDOWMENTS FUNDS

1 Application to Open a Specific Endowment Account

1.1 Any Director or employee may apply to open a specific endowment fund where he/she wishes to use funds which have become available for the benefit of their Directorate/department or the Board as a whole. The funds in question could be, for example, fees which are due to the individual personally but which he/she wishes to be used for the benefit of the whole department or organisation. Examples of the type of income which could appropriately be paid into an endowment fund include fees for giving lectures and charges for providing training. See separate guidance on the Acceptance of Fees.

1.2 The Director of Finance (or authorised nominee) is authorised to approve the opening of funds. Where the Director of Finance wishes to open a fund, the approval of the Chief Executive will be required and where the Chief Executive wishes to open a fund, the approval of the Chairman of the board will be required.
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2 Purpose of the Account

2.1 Where application is made to open a specific endowment fund, the purpose of the fund should be clearly stated and should be as specific as possible. For example, “training and development of departmental staff” would be acceptable as the stated purpose of a specific fund while “miscellaneous expenditure” would not.

2.2 Individuals should remember that once they have decided to donate monies which may have been due to them personally, those monies are not available for personal use and can only be used for the purposes for which the fund was established.

3 Responsibility for Expenditure

3.1 The Trustees (i.e. all Board Members) retain ultimate responsibility for ensuring that funds are used for the purpose intended.

3.2 The Fundholder has delegated responsibility for ensuring that on a day to day basis the fund is used for the purpose intended.

3.3 Where the Endowments Accountant considers that proposed expenditure does not meet the intended purpose of the fund, he will bring this to the attention of the Fundholder. If agreement cannot be reached then either the Fundholder or the Endowments Accountant will report the matter to the Board Chairman who will consult with the Trustees if necessary.

4 Approval of Expenditure from Fund

4.1 Each fund requires two nominated signatories either of whom may authorise payments subject to any limits which may be specified by the Fundholder(s) when the fund is opened.

4.2 A signatory will not authorise payments to or in respect of himself/herself.
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APPENDIX 1

CORPORATE GOVERNANCE DOCUMENTS

Standing Orders for the Proceedings and Business of the Board

These set out the guidelines which determine how the meetings of the Health Board will be conducted. These incorporate the Codes of Conduct and Accountability for NHS Boards which were issued by the NHS in Scotland Management Executive. These codes explain the values which must underpin the work of the NHS and define the responsibilities of the Health Board and its Members.

Decisions Reserved for the Board and Remits of Committees

This document defines which matters must be referred to the Board and its Committees for decision.

Scheme of Delegation to Officers

This defines the extent (usually in monetary terms) of any authority which has been delegated by the Board to individual officers.

Standing Financial Instructions

These set out the policies and procedures which apply to the main financial activities and operations of the Board.

Diary of Corporate Governance Events

This sets out when the Board and its Committees should consider those matters which require decision by the Board or its Committees.

Fraud and Corruption Response Plan

This sets out the Board’s policy on fraud and corruption. It tells you what you should do if you suspect that fraud or corruption has occurred.

Register of Board Members’ Interests

This lists all interests declared by Board Members. It is maintained by the Head of Board Administration and a copy is available to the public at the Reception Desk at Dalian House.

Register of Staff Interests

This lists all interests declared by staff and is held by the Head of Board Administration.

Register of Gifts and Hospitality

This lists all offers of gifts and hospitality reported by staff regardless of whether accepted or rejected. It is maintained by the Head of Control and Support Systems on behalf of the Executive Directors and Heads of Department.

If you wish to have (or to view) a copy of any of the above documents you should contact your Director/Head of Department or the Head of Control and Support Systems (ext 4771).
APPENDIX VI

STANDING FINANCIAL INSTRUCTIONS: SUMMARY OF PROPOSED CHANGES

Section 2 Allocations, Business Planning, Budgets, Budgetary Control and Monitoring

This section has been amended to make clearer the delegation of budgets and to improve the process for controlling and reporting budgets. (Related changes have been made to Section 7 Planning Healthcare.)

Section 9 Non Pay Expenditure

New thresholds have been set for the authorisation of purchase requisitions to reflect better the principles of budgetary delegation and the actual pattern of purchasing activity.

Section 10 Tendering

The threshold for obtaining competitive tenders has been increased from £50,000 to £100,000 to synchronise with the EC Public Procurement Thresholds.

Section 12 Capital Investment, Private Financing, Fixed Asset Registers and Security of Assets

This section has been revised to reflect the capital planning and approval processes which were delegated to NHS Boards by the Scottish Executive Health Department. New procedures and thresholds are proposed for capital investments and disposals of assets.

Section 13 Financial Information Management

Previously this section related to information in the wider sense. It now focuses on the management of financial information.

There has been a proliferation of legislation and guidance on information and its management, e.g.

- Data Protection Act 1998 and subsequent amendments
- NHS MEL (1999) 19 - Caldicott Guardians (Protection of Patient Information)
- Code of Practice on Openness
- Access to Medical Records Act

Synchronising efforts to comply with requirements which appear to compete with each other presents a significant challenge and it is proposed to investigate whether a joint or central approach to the issue of information governance would be more appropriate.

Section 14 Endowment Funds

It is proposed that in respect of specific funds, the limit on the expenditure which a fundholder may approve without reference to the Trustees be increased from £30,000 to £100,000. This harmonises with other financial thresholds including that for obtaining competitive tenders.

Other minor changes have been made to reflect circulars issued by the Scottish Executive Health Department and the changes in the committee structure under the Unified Board.
1 INTRODUCTION

1.1 This Fraud and Corruption Response Plan sets out the Board’s policy in respect of fraud and corruption. It provides direction and help to Directors and employees of the Board who may find themselves having to deal with cases of suspected or detected fraud and corruption.

1.2 The Plan does not provide guidance on the prevention of fraud and corruption; instructions on this are contained in the Board’s Standing Financial Instructions and the detailed policies and procedures which support these Instructions. Further guidance can also be obtained from the documents listed in Annex 1.

1.3 The following definitions will apply for the purposes of this Plan.

**Fraud**
The bringing about of some definite practical result by means of false pretences.

**Corruption**
The offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person.

For simplicity, all such offences are hereafter referred to as “fraud”, except where the context indicates otherwise.
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2 THE BOARD’S POLICY ON FRAUD AND CORRUPTION

2.1 There are three crucial public service values which must underpin the work of the NHS.

**Accountability**

Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity**

There should be an absolute standard of honesty in dealing with the assets of the NHS; integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

**Openness**

There should be sufficient transparency about NHS activities to promote confidence between the Health Board and its staff, patients and the public.

2.2 All Directors and employees of the Board should be aware of and act in accordance with these values.

2.3 The Board is committed to the elimination of fraud and corruption and to the rigorous investigation of any such cases which may occur. A range of measures has been put in place to reduce the likelihood of any such irregularities occurring. These include Standing Orders, Standing Financial Instructions, procedural guidance and systems of internal control. This Plan is intended to support these measures and to promote a general awareness of the risks posed by fraud and corruption.

2.4 The Board wishes to encourage anyone having reasonable suspicions of fraud or other irregularity to report them. Therefore it is the Board’s policy that no employee will suffer in any way as a result of reporting reasonably held suspicions. For these purposes, “reasonably held suspicions” will mean any suspicions other than those which are known to be groundless and/or raised maliciously.

2.5 The ways to report suspicions are set out in section 4 of this Plan.

2.6 To ensure the effectiveness of the Board’s policy, a summary of this plan has been prepared for issue to all staff. This summary is reproduced as Annex 2.
3 ROLES AND RESPONSIBILITIES

3.1 All Staff

All staff have a responsibility to protect the assets of the Board from fraud, corruption and other forms of loss.

The “Standards of Business Conduct for NHS Staff” issued by the Scottish Executive Health Department are incorporated into the contract of employment of each member of staff. They provide guidance on maintaining strict ethical standards in the conduct of NHS business and all Directors and employees are expected to follow this guidance.

3.2 Director of Finance

The Director of Finance is responsible for investigating fraud and is also responsible for communications with third parties such as the Procurator Fiscal, the police, the Scottish Executive Health Department and external audit.

The Director of Finance will appoint an appropriate officer to lead any investigation which is required while retaining overall responsibility himself.

The Director of Finance will ensure that once the circumstances of a fraud are known, action is taken to prevent further fraud and/or loss occurring in the same way.

The Director of Finance will report annually to the Audit Committee on the level of suspected and detected fraud and corruption in the Board, and on arrangements for prevention and detection.

3.3 Chief Executive

Where the suspicions of fraud relate to the Director of Finance, the Chief Executive will assume responsibility for those actions required of the Director of Finance by this Plan.

3.4 Human Resources Manager

The Human Resources Manager will provide advice where a member of staff is to be interviewed and disciplinary action may result.

The Human Resources Manager will advise those investigating any case of fraud or suspected fraud in matters of employment law and other procedural matters e.g. disciplinary procedures.

3.5 Head of Control and Support Systems

The Head of Control and Support Systems is authorised to receive enquiries and suspicions from staff in confidence.

The Head of Control and Support Systems will maintain a register of fraud. He will be responsible for the security of the register and will promptly report additions to the Audit Committee.

The Head of Control and Support Systems will establish and maintain contacts with the local police force to allow prompt liaison in the event of fraud occurring.
3.6 Absence of Executive Director/Manager

Where an Executive Director or manager is identified in this plan as having a specific role or responsibility, an authorised nominee will be empowered to discharge that role or responsibility in the absence of the Executive Director or manager.

3.7 Non Executive Director

The Board will nominate a Non Executive Director to receive suspicions from employees where the suspicions relate to an Executive Director or where the employee is concerned that his suspicions may not be properly investigated. The Non Executive Director will obtain assistance from an appropriate source to allow the necessary investigations to be carried out. This assistance will normally be secured via the Director of Finance but where the suspicions relate to the Director of Finance, the Chief Executive will provide support to the Non Executive Director.

The Non Executive Director will ensure that the results of the investigation are reported in full to the crown authorities, if appropriate, and to the Audit Committee.

This Non Executive Director is also designated by the Board as being responsible for investigating concerns about any aspect of propriety within the organisation expressed by any member of staff.
4 REPORTING FRAUD AND CORRUPTION

4.1 These procedures are intended to reassure members of staff who might be worried about their concerns not being properly investigated or being discriminated against for having raised their concerns.

4.2 Where any employee of the Board has grounds to suspect that fraud or corruption has occurred, he should report his concerns without delay. Time may be of the utmost importance; delay may result in further loss to the Board or may allow evidence to be destroyed.

4.3 In the first instance employees should report their concerns or suspicions to their head of department. If the suspicions seem well founded, the head of department will inform the Director of Finance or nominated officer in the absence of the Director of Finance.

4.4 Alternatively, the employee may prefer to discuss the matter with the Head of Control and Support Systems who is authorised to deal with such matters. If the suspicions seem well founded, then either the employee and/or the Head of Control and Support Systems will inform the head of department or the Head of Control and Support Systems will inform the Director of Finance directly.

4.5 Where the employee’s suspicions concern their head of department, they should report them to the Director of Finance or discuss them with the Head of Control and Support Systems and agree a course of action.

4.6 Where the employee’s suspicions are in respect of an Executive Director, the matter should be reported to the Non-Executive Director of the Board designated to receive such concerns. If required, the employee may seek the assistance of the Head of Control and Support Systems in reporting to the designated Non-Executive Director. This facility can be accessed by a member of staff at any stage.

4.7 Where in the legitimate course of their duties, an employee has access to documents or other evidence which supports his suspicions, they should if possible make these available to the officer to whom the concern is being reported. Employees should not jeopardise their own position or risk alerting a suspected fraudster by attempting to obtain evidence which is not normally and/or readily available to them.

4.8 The investigation of fraud usually requires specialist skills and training. Under no circumstances therefore, should employees attempt to carry out any investigations before reporting their suspicions.

4.9 Where suspicions of fraud arise in the course of internal audit work, the Chief Internal Auditor will immediately notify the Director of Finance or nominated officer in his absence. If the nature of the suspicions is such that it is not
appropriate to report to the Director of Finance, the Chief Internal Auditor will advise the Convener of the Audit Committee.

4.10 In accordance with the Audit Scotland Code of Audit Practice, the external auditor should report suspected fraud to the Director of Finance or nominated officer in his absence.
5 RESPONSE TO FRAUD AND CORRUPTION

5.1 Register of Fraud

The Head of Control and Support Systems will maintain a Register of Fraud which will contain details of all reported suspicions, including those dismissed as being unfounded. The Register will also contain details of the actions taken in respect of each matter reported and the conclusions reached. Additions to the Register will be reported to the Audit Committee promptly on a regular basis. The Head of Control and Support Systems will ensure that the Register is held securely at all times, with access restricted to the Director of Finance, Chief Executive, Convener of the Audit Committee and the Chairman of the Board.

5.2 Investigation

The Director of Finance will ensure that an appropriate investigation is carried out into every case where the suspicions appear to be well founded. While the ultimate responsibility remains with the Director of Finance a suitable person to oversee the investigation, for example the Chief Internal Auditor, will be appointed. The person so appointed must be independent of the area under investigation. Guidance on the investigation of fraud is contained in section 6 of this Plan.

5.3 Policy and Guidance on Gaining the Necessary Authorisation to use Directed Surveillance or a Covert Intelligence Source

5.3.1 The above policy was prepared in accordance with the Regulation of Investigatory Powers (Scotland) Act 2000 and was approved by the NHS Greater Glasgow Audit Committee on 2 July 2002.

5.3.2 The person nominated by the Director of Finance to oversee the investigation (see para 5.2) will be responsible for ensuring that the above policy is fully complied with.

5.4 Reporting to the Procurator Fiscal

5.4.1 It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible. At the very early stages of a case of suspected fraud, the police should be contacted to seek their advice on the steps which might be taken.

5.4.2 Where preliminary investigations suggest that prime facie grounds exist for thinking that a criminal offence has been committed, the appropriate Procurator Fiscal must be notified without delay and given all material assistance. Where there is doubt that a prima facie case exists, the Director of Finance or nominee will contact the appropriate Procurator Fiscal for advice.

5.4.3 It may be the case that preliminary enquiries do not reveal prima facie grounds for believing that a criminal offence has occurred and that such grounds only emerge at a later stage of an investigation.
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If this is the case, then the Procurator Fiscal must be notified immediately the prima facie grounds are discovered.

5.4.4 Restitution of funds or property is not a reason for withholding information or failing to report the facts.

5.5 Communication

5.5.1 At all stages, the Chief Executive should be kept informed of developments in cases of fraud, particularly those of a sensitive nature.

5.5.2 All referrals to the Procurator Fiscal must be copied to the External Auditor.

5.5.3 It is never for the Board or its officers to decide whether a suspected person should be prosecuted. The question of whether proceedings should be taken in any particular case is a matter solely for the Crown authorities. It follows that no suspected person should ever be told whether or not they will be prosecuted, except where a decision has already been made by the Crown authorities.

5.5.4 While normally there is no requirement to report individual cases to the Scottish Executive Health Department, there may be occasions where the nature or scale of the alleged offence, or the position of the person(s) involved could give rise to national or local controversy and/or publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or concerns an organisation with which other health bodies may also have dealings. In all such cases, the Scottish Executive Health Department’s Director of Finance should be notified of the circumstances at the same time as the Procurator Fiscal.

5.5.5 In particular, the Scottish Executive Health Department’s attention should also be drawn to any unusual or significant incidents involving patients’ or endowment funds.

5.6 Response to Media Enquiries

5.6.1 Where a particular case of fraud attracts enquiries from the media, all employees of the Board should be fully aware of the importance of avoiding issuing any statement which may be regarded as prejudicial to the outcome of criminal proceedings.

5.6.2 Under no circumstances should an employee speak to the media about an alleged fraud or irregularity without the express authority of the Chief Executive, Director of Finance or Chairman of the Board. Statements to the media in respect of alleged fraud or corruption will normally be made via the Board.

5.7 Management Action

5.7.1 Whether or not the Crown authorities determine that there are sufficient grounds on which to institute criminal proceedings, it remains open to the Board to consider invoking disciplinary or other relevant procedures. The need to take action to remedy system weaknesses and invoke disciplinary procedures must be balanced against the need to avoid prejudicing or compromising any possible
criminal investigation and proceedings. If necessary, the advice of the Procurator Fiscal or the police should be obtained.

5.7.2 The advice of the Human Resources Manager must be obtained before invoking disciplinary procedures as the result of a suspected fraud.

5.7.3 In order to facilitate a thorough and fair investigation into fraud, corruption or other irregularity, it may be necessary to suspend certain employees from work. Where this is the case, suspension will be on full pay and the Board’s disciplinary procedure will apply. Suspended employees may be required to attend work at pre-arranged times in order to co-operate with investigations.

5.7.4 Whether or not criminal proceedings are taken, or a criminal conviction is obtained, all reasonable means of recovering any identified loss should be pursued. Where recovery is not possible, losses should be written off by the Director of Finance in accordance with Standing Financial Instructions. The limits on the amounts that can be written off are set out in the Scheme of Delegation.

5.7.5 As with all categories of loss, once the circumstances of a case are known, the Director of Finance will require to take immediate steps to ensure that further loss does not occur. It will be necessary to identify any defects in the control systems which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

5.7.6 The Director of Finance will consider the treatment of any claims for payment which arise from organisations or individuals who are under investigation, or against whom proceedings are being taken for suspected fraud. In doing so, it may be appropriate to distinguish between claims similar to those which may have given rise to the suspicions of fraud and those made by the same person or organisation under different circumstances. The existence of contractual obligations is a significant factor and in cases of doubt, the Director of Finance will consult the Board’s legal advisors.
6 INVESTIGATION OF FRAUD AND CORRUPTION

6.1 Introduction

The nature of fraud can vary considerably and each investigation may require its own unique approach to meet the particular circumstances which prevail. This Plan does not therefore set out to prescribe a detailed programme of action which should be applied in every investigation into suspected fraud. Instead it highlights the issues which need to be considered when planning an investigation.

6.2 Managing the Investigation

The investigation of fraud can quickly consume significant resources. It is important therefore to ensure that the investigation is properly managed.

(i) The Director of Finance should approve the objectives of the investigation.

(ii) The Director of Finance should agree the scope and timing of the investigation.

(iii) The Director of Finance should approve the resources which will be available for the investigation. These should be appropriate to the nature of the fraud and the likelihood of a positive outcome.

(iv) The Director of Finance should ensure that the resources used are monitored against the agreed budget.

6.3 Gathering Evidence

6.3.1 The officer appointed by the Director of Finance to oversee the investigation should maintain a log of events. This should give a detailed explanation of each action and event in the course of the investigation. In particular,

- details should be recorded of all telephone calls, faxes, electronic mail and communication by any other means;
- a formal record should be made of all interviews and meetings;
- there should be a clear record of where, when and how documents and other evidence were obtained.

The successful criminal prosecution of a fraudster can depend on details which in another context would appear unimportant. In addition, a considerable time can elapse between the start and conclusion of an investigation and between the completed investigation and any criminal trial. It is important therefore that to aid recall, all relevant details are recorded timeously in the log of events.

6.3.2 The originals of relevant documents and records should be impounded at the start of the investigation to prevent them being altered to conceal the fraud. These should be logged in such a way as allow ready identification of the source, nature and purpose of each.
GREATER GLASGOW NHS BOARD
FRAUD AND CORRUPTION RESPONSE PLAN

6.4 Interviews

6.4.1 All interviews must be conducted fairly. If required an employee may be accompanied at the interview by a colleague or trade union representative. The Human Resources Department must be consulted before any members of staff are interviewed, whether as potential witnesses or as suspects.

6.4.2 Under criminal law, any individual has the right to refuse to answer questions on the grounds that he might incriminate himself. However, where a member of staff chooses to exercise this right at work, it should be made clear that refusal to co-operate with a workplace investigation could lead to disciplinary action.

6.5 Policy and Guidance on Gaining the Necessary Authorisations to use Directed Surveillance or a Covert Intelligence Source

It is unlikely that techniques such as directed surveillance or the use of a covert intelligence source will be required in the course of an investigation relating to the NHS Board. However, it will be the responsibility of the person appointed by the Director of Finance to oversee the investigation to ensure that the above Policy is complied with.

6.6 Prevention of Further Fraud

The Director of Finance will ensure that any lessons learned from a case of fraud are converted into an action plan to prevent a similar occurrence in future.
7 THEFT

7.1 Although it is a different offence, it is appropriate to include some reference to theft in this plan. Theft can be defined as

dishonestly appropriating the property of another with the intention of permanently depriving them of it.

This may include the removal or misuse of funds, assets or cash.

7.2 Where an employee of the Board discovers a clear case of theft of Board property, they should report the matter to the Police immediately and then inform the Director of Finance of the circumstances.

7.3 Where it is not certain that theft of Board property has occurred but an employee of the Board suspects that such theft may have occurred, he should report the matter following the guidance contained in section 5 of this Plan – Reporting Fraud and Corruption.

7.4 The Director of Finance has specific responsibility for co-ordinating action where there are reasonable grounds for thinking that an item of property, including cash, has been stolen. He will report details to the police and notify the circumstances to the Chief Internal Auditor.

7.5 Any investigation into theft will normally be undertaken by the police. If however, the police leave the investigation to the Board, then the guidance contained in section 6 of this Plan should be followed.

7.6 Where an individual’s personal property is stolen, it is that individual’s responsibility to report the matter to the Police.
## FURTHER GUIDANCE ON FRAUD

### Published by the Audit Commission

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<td>Fraud and Corruption Audit Manual</td>
<td>This contains strategies for the prevention, detection and investigation</td>
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<tr>
<td>Opportunity Makes a Thief</td>
<td>This summarises a survey of computer abuse including fraud, theft, hacking</td>
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### Published by the Scottish Executive Health Department

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<td>Guidance on Losses and Special Payments</td>
<td>The ME has issued limits on the levels of authority delegated to Health Boards. These are reproduced in the Scheme of Delegation.</td>
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<tr>
<td><strong>Codes of Conduct for Members of Devolved Public Bodies</strong></td>
<td>These deal with the public service values which must underpin the work of the health service and the observance of these values by Directors and staff.</td>
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<td>Code of Practice on Openness in the NHS</td>
<td>This sets out the basic principles underlying public access to information about the NHS in Scotland.</td>
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<td>NHS Circular HDL (2002)23</td>
<td>This provides guidance on the procedures to be followed where there is cause to suspect that a criminal offence has been committed involving public funds or property</td>
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### Published by HM Treasury

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GUIDANCE TO STAFF

FRAUD AND CORRUPTION RESPONSE PLAN

The Board has approved a Fraud and Corruption Response Plan which sets out its policy in respect of fraud and corruption. The Plan provides direction and help to Directors and employees of the Board who may find themselves faced with a case of suspected fraud or corruption.

This guide summarises the main points in the Plan. If you have any questions or require further information, you should contact the Director of Finance or the Head of Control and Support Systems. A list of contact names and telephone numbers is attached to this guidance.

THE BOARD’S POLICY ON FRAUD AND CORRUPTION

There are three crucial public service values which must underpin the work of the NHS. All Directors and employees of the Board should act in accordance with these values.

Accountability

Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity

There should be an absolute standard of honesty in dealing with the assets of the NHS; integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

Openness

There should be sufficient transparency about NHS activities to promote confidence between the Health Board and its staff, patients and the public.

The Board is committed to the elimination of fraud and corruption and to the rigorous investigation of any such cases which may occur. A range of measures has been put in place to reduce the likelihood of fraud and corruption occurring. This guide is intended to support these measures and to promote a general awareness of the risks posed by fraud and corruption.

The Board wishes to encourage anyone having reasonable suspicions of fraud or corruption to report them. Therefore it is the Board’s policy that no employee will suffer in any way as a result of reporting reasonably held suspicions. For these purposes, “reasonably held suspicions” will mean any suspicions other than those which are known to be groundless and/or raised maliciously.

REPORTING FRAUD AND CORRUPTION

If you think that fraud or corruption has occurred, you should report your suspicions without delay. Time may be of the utmost importance; delay may result in further loss to the Board or allow evidence to be destroyed.
In the first instance, you may report your suspicions to your head of department. If the suspicions seem well founded, your head of department will inform the Director of Finance.

Alternatively, you may prefer to discuss your suspicions with the Head of Control and Support Systems who is authorised to deal with such matters. If the suspicions seem well founded, then either you and/or the Head of Control and Support Systems will inform your head of department or the Head of Control and Support Systems will inform the Director of Finance directly.

If your suspicions concern your head of department, you should report them to the Director of Finance or discuss them with the Head of Control and Support Systems and agree a course of action.

If your suspicions are in respect of an Executive Director (i.e. Chief Executive, Director for Planning and Community Care, Director of Finance and Director of Public Health), you should report the matter to the designated Non-Executive Director of the Board who can be contacted via the office of the Chairman of the Board. If you would like assistance with this, you may contact the Head of Control and Support Systems.

Where in the legitimate course of your duties, you have access to documents or other evidence which supports your suspicions, you should if possible make these available to the officer to whom you report your concerns. You should not jeopardise your own position or risk alerting a suspected fraudster by attempting to obtain evidence which is not normally and/or readily available to you. Under no circumstances should you attempt to carry out any investigations before reporting your suspicions.

Finally, these procedures are intended to assure you that any reasonably held concern which you raise will be properly investigated and that you will not be discriminated against for raising your concern. If however you are uneasy about discussing your concerns with another employee or Director of the Board, you can obtain independent and confidential advice from the charity “Public Concern at Work” – please see the attached list of contacts.

THE MEDIA

You should not speak to the media about a case of fraud or corruption without the express authority of the Chief Executive, Director of Finance or Chairman of the Board. Statements to the media in respect of alleged fraud and corruption will normally be made via the Board's Press Officer.

REPORTING THEFT

If you are sure that theft of Board property has occurred, you should report the matter to the Police immediately and then inform the Director of Finance. If you only suspect that theft of Board Property has occurred, you should report the matter in the same way as you would report a suspected fraud.

If your own personal property is stolen, it is for you to report the matter to the Police in the first instance.
CONTACTS

Director of Finance    Wendy Hull   Ext. 4609

Head of Control and Support Systems    Alan Lindsay   Ext. 4771

Designated Non Executive Director (Contacted via the office of the Chairman of the Board)    Professor Gordon Dickson*   Ext: 4633

* Professor Dickson has also been designated by the Board as the Non-Executive Director who will be responsible for investigating concerns about any aspect of propriety within the organisation expressed by any member of staff.

Head of Board Administration    John Hamilton   Ext. 4608

“Public Concern at Work” 0171-404-6609
GREATER GLASGOW NHS BOARD
FRAUD AND CORRUPTION RESPONSE PLAN
GREATER GLASGOW HEALTH BOARD

FRAUD AND CORRUPTION RESPONSE PLAN

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Annex

1. Further Guidance on Fraud
2. Guidance to Staff
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FRAUD AND CORRUPTION RESPONSE PLAN

APPENDIX VII

Greater Glasgow Health Board

FRAUD AND CORRUPTION RESPONSE PLAN

Approved 17 November 1998
Revised April 1999
Revised October 1999
Revised April 2000
Revised April 2001
Revised September 2002
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<td>£XXX</td>
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<td></td>
<td>Fraudulent claims for re-imbursement</td>
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<tr>
<td></td>
<td>Tried and found guilty of fraudulently claiming dispensing fees of £XXX. Mr X was fined £YYYY and damages of £XXX awarded to the Board. (This sum was received.)</td>
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<tr>
<td></td>
<td>Mr X was struck off the Register of the Royal Pharmaceutical Society of Great Britain.</td>
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<td>98/Y</td>
<td>Nursing Home Y</td>
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<td>Theft of patients’ private funds.</td>
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<td></td>
<td>Investigation by police could not identify the person(s) responsible.</td>
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<td></td>
<td>Procedures within the Nursing Home were improved and the owners of the home reimbursed the stolen funds.</td>
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## GREATER GLASGOW NHS BOARD

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