

## Greater Glasgow NHS Board

NHS Board  
20 December 2005

Paper No. 05/77

Head of Board Administration

### NHS Greater Glasgow – Governance Arrangements

#### Recommendation:

The NHS Board is asked to:

- i) approve the revised Standing Orders for the Proceedings and Business of the NHS Board and the Decision Reserved for the NHS Board (Appendix I);
- ii) note the work to be undertaken to review the Standing Financial Instructions; Financial Scheme of Delegation, Standards of Business Conduct and Fraud Plan (including supporting policies);
- iii) note the dissolution of the Divisional Management Teams and Supporting Committee from 31st December 2005 and the establishment of Single System Committees of the NHS Board from 1<sup>st</sup> January 2006;
- iv) approve that the Audit Committee, Clinical Governance Committee, Staff Governance Committee, Performance Review Group, Research Ethics Governance Committee and Remuneration Sub Committee review their draft remits and submit any revisions to the NHS Board for approval;
- v) agree the remits of the remaining Standing Committees and the revised membership of the Standing Committees of the NHS Board;
- vi) approve the Standing Orders for the Proceedings and Business of the five Glasgow Community Health and Social Care Partnership Committees; approve the membership of these Committees and note the ongoing work to complete the Governance Memorandum and Schemes of Delegations between the NHS Board and the City Council;
- vii) note that there will be further discussions with East Renfrewshire Council to conclude the Standing Orders for the Proceedings and Business of the East Renfrewshire Community Health and Care Partnership and approve the membership of the Committee;
- viii) approve the Standing Orders for the Proceedings and Business of West Dunbartonshire and East Dunbartonshire Community Health Partnerships and approve the membership of the Committees, and
- ix) approve the appointment of Mr A O Robertson OBE as Vice Chair of the NHS Board until April 2007.

**A. Introduction**

In February 2005 the NHS Board approved the new organisational arrangements to implement the next steps of the “Partnership for Care” White Paper. “Partnership for Care” set out the top level structures within the new organisational arrangements with the objectives of:

- abolishing NHS Trusts and creating a single system NHS;
- establishing CHPs as substantive partnerships with Local Authorities;
- improving health and narrowing the inequality gap, and
- securing better access and higher standards of care.

There has been considerable work carried out to establish the new organisational structures necessary to move to single system working in NHS Greater Glasgow which will:

- make better use of our resources to improve services for patients;
- devolve decision-making at local level;
- increase consistency and equity of access, and
- reduce duplication.

The NHS Board now requires to review its detailed governance arrangements, in light of the introduction of single system working in a phased way from now until 1<sup>st</sup> April 2006, so as to ensure it can properly discharge its responsibilities and statutory functions.

**B. Governance Documentation**

- Standing Orders for the Proceedings and Business of the NHS Board

Attached as Appendix I are the revised Standing Orders for the Proceedings and Business of Greater Glasgow NHS Board – the two main changes that have been made relate to the dissolution of Divisional Management Teams. Reference to them as Committees of the NHS Board has been deleted. No further changes to the Standing Orders were required in respect of the introduction of the Mental Health Partnership and Community Health Partnerships – there is already scope under Standing Order 17(1) and 17(2) to introduce such standing Committees of the Board as necessary and to determine their membership.

The Code of Conduct (under the Ethical Standards in Public Life) – not attached, remains the same. As does the Register of Interest arrangements for NHS Board members. This will be extended to incorporate the membership of the Community Health Partnerships.

- Decisions Reserved for the NHS Board

Three changes have been made to the Decisions Reserved for the Board. They relate to the establishment of the Public Involvement Committee which is now remitted to have the responsibility for Public Involvement within NHS Greater Glasgow and to the expanded remit of the Performance Review Group to incorporate the responsibilities for the Annual Review process and the regular monitoring of the financial position of NHS Greater Glasgow.

- Standing Financial Instructions, Code of Conduct for Business Standards and Fraud Plan

The Directors of Finance will lead the review over the next three months of the Standing Financial Instructions and Financial Scheme of Delegation including an updating of the authorised signatures for the NHS Board – this will take account the new organisational arrangements from April 2006. This will also include a review of the Standards of Business Conduct and the implementation of a new Fraud Response Plan and supporting policies.

## C **Standing Committees of NHS Board**

The Chairman has written to the Divisional Chairs about the timetable for the implementation of the new single system standing Committee arrangements for NHS Greater Glasgow.

The new single system standing Committees will be effective from 1<sup>st</sup> January 2006 and appropriate arrangements are being put in place to dissolve the Divisional Management Teams and their supporting Committees covering Audit, Clinical Governance and Remuneration.

It is planned that the Divisional Committees should complete their business by 31<sup>st</sup> December 2005 and be in a position to hand over the on-going business to the Lead Director as follows.

### i) Clinical Governance

On-going issues affecting Clinical Governance and how they will fit into the new arrangements are being taken forward by Brian Cowan, Medical Director. The single system Clinical Governance Committee of NHS Greater Glasgow will be supported by a Clinical Governance Implementation Group.

### ii) Audit

With regard to Divisional Audit Committees – in winding up their business they will prepare position papers setting out their ongoing work and identify the outstanding issues in order that Douglas Griffin, Director of Finance, can put in place arrangements for these matters to be submitted to the new Audit Support Groups (one in Acute and one for Partnerships – including the NHS Board). The Audit Support Groups will undertake the necessary work to support a single NHS Greater Glasgow Audit Committee and will commence consideration of their new responsibilities from January 2006.

### iii) Remuneration

The Remuneration Groups at the Divisions and NHS Board have now completed their business for 2004/05 and have set objectives for their senior managers on Executive Level Pay for 2005/06. A position paper is being prepared by each Remuneration Group for Ian Reid, Director of Human Resources in order that he can put together arrangements for a single Remuneration Sub Committee (of the Staff Governance Committee) for all senior managers on Executive Level Pay within NHS Greater Glasgow.

#### ▪ NHS Board – Standing Committees

Detailed below is a list of the proposed single system standing Committees from 1<sup>st</sup> January 2006 together with the narrative on the progress made towards single system working.

#### a) Audit Committee (Appendix II)

The Audit Committee held a workshop in September 2005, facilitated by the external auditors - PricewaterhouseCoopers - the main purpose was to identify appropriate arrangements for the future operation of a single Audit Committee within the restructured NHS Greater Glasgow. It agreed that a single Audit Committee should operate at a strategic level taking an overview of the operation of the Board system of internal control, focussing on key control issues and in a particular pan NHS Greater Glasgow issues identified within audit reports. To support the Audit Committee it was agreed to establish Audit Support Groups – one at acute and one at partnerships level (including the NHS Board) to address the local control issues and have reporting mechanisms direct to the Audit Committee.

The October 2005 Audit Committee received recommendations from the Director of Finance on the establishment and future arrangements for the Audit Support Groups and endorsed their implementation from January 2006. This preparatory work is now underway and the external auditors have continued to play a role in that process.

The draft remit and revised composition for the Audit Committee is attached and the NHS Board is asked to agree that the new Audit Committee review this draft remit and report any alterations or changes back to the NHS Board for approval.

(b) Clinical Governance Committee (Appendix III)

The responsibility for maintaining effective arrangements for clinical governance lies in Statute with the Chief Executive of the NHS body. The duty of quality is enforced through two interlinked mechanisms - the Performance Assessment Framework and the role of NHS Quality Improvement Scotland. Clinical Governance activity at corporate level is the designated responsibility of the Medical Director supported by the Nurse Director.

The Clinical Governance Committee's role is to oversee the Clinical Governance process through observation and checking of Clinical Governance activity being delivered by the services and assure the NHS Board that appropriate structures are in place to maintain clinical governance and that these structures are operating effectively and action is taken to address any areas of concern. Clinical Governance at corporate level is therefore about direction and assurance.

In supporting the single Clinical Governance Committee with these responsibilities it is intended that a Clinical Governance Implementation Group be formed. It would manage the development of the clinical governance framework, provide leadership and support in the development of local responses to clinical governance, ensure the prioritisation and development across Board systems, integrate clinical governance into the regular business of NHS Greater Glasgow and have in place supporting mechanisms that supports learning and provides assurance on the standards of the clinical quality.

A draft remit and revised composition is attached and it is suggested that the new Clinical Governance Committee review this remit and make any recommendations for changes and thereafter seek NHS Board approval.

(c) Staff Governance Committee (Appendix IV)

The Director of Human Resources with the Employee Director have prepared a paper on the future of partnership working within NHS Greater Glasgow and have sought the Area Partnership Forum's agreement to this review and the holding of a special meeting in early January to develop a joint working structure to enable partnership working to be taken forward in the reformed NHS Greater Glasgow.

The outcome of this work will have an impact on the staff side membership of the Staff Governance Committee and possibly the remit. The revised Non-Executive Director membership is attached.

The Staff Governance Committee has operated as a single system Committee since their inception over three years ago and the NHS Board is asked to receive recommendations from the Staff Governance Committee in the new year on possible changes to their remit and membership once the review of partnership working within NHS Greater Glasgow has been completed. A review will include arrangements for future Remuneration Committee role and membership

(d) Performance Review Group (Appendix V)

The Performance Review Group carried out the major revision of their remit early in 2005. The new membership of the Committee will be asked to review the remit and be assured that it remains relevant for their purposes.

(e) Public Involvement Committee (Appendix VI)

The Public Involvement Committee was established during 2005 and set up in a single system basis. It is recommended that its remit and membership attached be confirmed.

(f) Research Ethics Governance Committee (Appendix VII)

This Committee oversees the Governance arrangements of the Local Research Ethics Committees. Following a change of membership the Committee will be asked to review their remit and provide any changes back to the NHS Board for approval. A meeting of this Committee has been arranged for late January 2006.

(g) Pharmacy Practices Committee (Appendix VIII)

This is the single system Committee dealing with applications to join the Pharmacy List – it has been a Committee of the Board for almost a year and no alterations are suggested to the membership or remit of the Pharmacy Practices Committee.

(h) Remuneration Sub-Committee

As indicated earlier in the paper Ian Reid, Director of Human Resources has taken forward arrangements to establish a single Remuneration Sub-Committee for NHS Greater Glasgow. The revised membership is attached and the revised remit will be developed and approval sought at the NHS Board meeting in April 2006.

(i) Reference Committee (Appendix IX)

The Reference Committee deals with issues relating to potential breaches of terms of service of General Medical Practitioners, General Dental Practitioners, Community Pharmacies and General Ophthalmic Opticians. It had previously been a Committee of the Primary Care Divisional Management Team. In the new arrangements it is recommended that it becomes a sub-Committee of the Clinical Governance Committee.

Attached for approval is a copy of the remit and the proposed new membership to come into effect from 1<sup>st</sup> January 2006.

(h) Area Clinical Forum

The Area Clinical Forum continues and is chaired by Gale Leslie.

(i) Mental Health Partnership

The establishment of a Mental Health Partnership is underway with the relevant local authorities and the Community Health Partnership representatives. At this stage the NHS Board is only being asked to approve the Non-Executive Director membership of the Mental Health Partnership and receive a further report covering the remit, responsibilities, accountability and governance arrangements in the new year.

(j) Community Health Partnerships – see Section D

(k) Family Health Service Disciplinary Committees Health (x5)

FHS Disciplinary matters within NHS Greater Glasgow require to be submitted to a neighbouring NHS Board for consideration. A West of Scotland Consortium has been set up for this purpose. The current membership can remain in place until March 2006 at which time they will need to be reviewed.

NHS Greater Glasgow would receive for consideration cases referred to it from the other half of the Consortium.

The Primary Care Division have administered the FHS Discipline Committees for matters raised against General Practitioners, General Dental Practitioners, Community Pharmacists and Opticians.

To date the reports from Discipline Committees about contractors on NHS Greater Glasgow lists have been reported to the Primary Care Divisional Management Team.

In the single system any recommendations made by the Discipline Committees about Contractors on the lists of NHS Greater Glasgow will now be reported direct to the NHS Board for consideration of those of the recommendations and for the NHS Board to process any action necessary.

As recommendations from FHS Discipline Committees will relate to individual practitioners, these matters will require to be taken at the NHS Board in closed session.

(l) Transition

As the arrangements described above will move to single system working and single Committee working they will be supported through the transition period by a Lead Director. Their role will be to ensure a smooth transition of concluding the business of the Divisions and transferring that business to the new Committee arrangements from January 2006.

**D. Community Health Partnerships (Appendix X)**

i) Community Health and Social Care Partnerships (CHSCP) – Glasgow City Council (x5)

Work has been undertaken between officials of NHS Greater Glasgow and Glasgow City Council to prepare formal Standing Orders for the Proceedings and Business of the five Glasgow Community Health and Social Care Partnership Committees and any subsequent sub-Committees.

The Standing Orders are made under the Community Health Partnerships (Scotland) Regulations 2004 (Scottish Statutory Instrument 2004 – No 386) and the remit and functions of the Committees are contained on the Glasgow City Council Community and Social Care Partnerships Schemes of Establishment which were approved by Scottish Ministers on 13<sup>th</sup> July 2005.

The NHS Board is asked to approve the attached Standing Orders and note that the Council will be submitting the Standing Order for approval at an appropriate Committee meeting later in December 2005.

The draft Scheme of Delegation will be developed further as consideration is given to preparing a Governance Memorandum between City Council and NHS Board – this will set out the arrangements around joint appointments, financial management,

## EMBARGOED UNTIL DATE OF MEETING.

procurement, reporting obligations to the NHS Board and Council, Data Protection and Freedom of Information Protocols, ICT Management, Training Property Strategy and Dispute Resolution.

It is necessary at this stage to approve the Standing Orders so that the CHSCP Committees have a governance framework within which to meet in shadow form.

Also attached is a copy of the membership to date of the 5 Community Health and Social Care Partnerships – processes are underway to determine the remaining members from the Professional Executive Group, Staff Partnership Forum, Public Partnership Forum and Voluntary Sector. The Non-Executive Director members of the CHSCPs will take on the position of vice-chair

It is intended that the Committees be established from January 2006 in shadow form and take on their full responsibilities from April 2006.

The NHS Board is asked to approve the Standing Orders, Memberships, and note the further work underway in developing the Governance Memorandum between NHS Greater Glasgow and Glasgow City Council.

### ii) Community Health and Care Partnership (CHCP) – East Renfrewshire Council

On-going discussions will continue with the Council to lead to a conclusion of the minor points of detail to be agreed on preparing of the Standing Orders. The NHS Board is asked to note the ongoing discussions on the draft Standing Orders; the finalised Standing Orders will be submitted to the Board for approval in the new year.

The membership (Appendix XI) to date is attached for approval and it is the intention that the remaining positions on the CHCP Committee be concluded in early 2006.

### iii) Community Health Partnerships (CHP) – West Dunbartonshire and East Dunbartonshire Council (Appendix XII and XIII)

Attached is a copy of the Standing Orders for the Proceedings and Business for the Community Health Partnerships in West Dunbartonshire and East Dunbartonshire.

The NHS Board is asked to approve the Standing Orders and together with the membership to create (with the remaining positions to be determined in early 2006).

East Dunbartonshire CHP will be established in shadow form from 1<sup>st</sup> March 2006.

West Dunbartonshire CHP will be established in shadow form from December 2005.

## E **General Matters**

From 2007 it will be the intention to return to the annual review of Governance documentation, standing Committee remits and composition in April of each year.

### Vice Chair of NHS Board

Following the Chairman's message to Non-Executive Director members about the position of Vice Chair, one nomination was received, that of Andrew O Robertson, the current Vice Chair. The Board is asked to approve the reappointment of Mr Robertson to the position of Vice Chair until April 2007 (to coincide with the annual review of all Governance arrangements).

### Board Membership

With NHS Board Members agreement it is proposed to write to the Scottish Executive advising that Executive Director cohort on the NHS Board should now compose of :-

- i) Chief Executive
- ii) Director of Public Health
- iii) Director of Finance
- iv) Medical Director
- v) Nurse Director

These are the five posts which through SEHD guidance attract Executive Director Status.

### Business Cycle

Attached (at Appendix XIV) is a chart showing the dates of the various Standing Committee of the NHS Board.

The Corporate Management Team will be replaced by the following arrangements:

- i) Corporate Planning, Policy and Performance Management Group (CPPPMG). Will steer and monitor the development of the planning and performance guidance and manage the business being submitted to the NHS Board. It will meet on an eight-weekly cycle, and ahead of the NHS Board meeting in order to manage the business going to NHS Board. The CPPMG will be chaired by the Chief Executive and it's membership will include the HQ Directors, Chief Operating Officer - Acute, CHP and Mental Health Partnership Directors.
- ii) In addition the Chief Executive will meet regularly with:-
  - i) the Chief Operating Officer – Acute and Director of Acute Planning on acute services performance, planning and policy issues;
  - ii) the CHP Directors on planning and policy Issues;
  - iii) the integrated CHSCP Directors, Director of Social Work (Glasgow City Council) and Chief Executive (East Renfrewshire Council) on performance, planning and policy issues and,
  - iv) the HQ Directors on allocation of responsibilities, managing crossovers and corporate co-ordination.

### NHS Argyll and Clyde

The above arrangements do not, at this stage, take account of the integration with NHS Argyll and Clyde from 1st April 2006. The integration of governance arrangements and Committees is currently being considered and will be reported to the NHS Board separately at a later date.

John C Hamilton  
Head of Board Administration  
December 2005  
0141 201 4608

**NHS GREATER GLASGOW**

**STANDING ORDERS FOR THE PROCEEDINGS  
AND BUSINESS OF GREATER GLASGOW NHS BOARD**

**1. General**

- (1) These Standing Orders for regulation of the conduct and proceedings of Greater Glasgow NHS Board (the common name for Greater Glasgow Health Board) and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 and subsequent Statutory Instruments [the Regulations]. Members of the Board are expected to subscribe to comply with:-
- (a) the Code of Conduct;
  - (b) the Code of Accountability; and
  - (c) the Code of Practice on Openness issued by the Scottish Executive; and
  - (d) the NHS Greater Glasgow Code of Conduct made under the Ethical Standards in Public Life etc (Scotland) Act 2000,

all of which shall be regarded as if incorporated into these Standing Orders.

- (2) Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- (3) Any one or more of the Board's Standing Orders may be suspended on a duly seconded motion, incorporating the reasons for suspension, if carried by a majority of Members present.
- (4) Any one or more of the Board's Standing Orders may be varied or revoked at a meeting of the Board by a majority of Members present and voting, provided the agenda for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.
- (5) In these Standing Orders, references to the male gender shall apply equally to the female gender.
- (6) The Head of Board Administration shall provide a copy of these Standing Orders to all Members of the Board on appointment and to senior managers.

**2. Membership**

The membership of the Board shall be those persons appointed by the Scottish Ministers and comprise the Chairperson, Non-Executive and Executive Directors, as determined by the Regulations.

**3. Chairperson**

- (1) At every meeting of the Board the Chairperson is absent from any meeting the Vice-

Chairperson, if present, shall preside. If both the Chairperson and Vice Chairperson are absent, a Non-Executive Director chosen at the meeting shall preside.

- (2) The duty of the person presiding at a meeting of the Board or its Committees is to ensure that the Standing Orders are observed, to preserve order, to ensure fairness between Members and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- (3) The Chairperson may resign office at any time on giving notice to the Scottish Ministers and shall hold office in accordance with appointment by Scottish Ministers unless he/she is disqualified.

#### **4. Vice-Chairperson**

- (1) The Board shall appoint annually a Non-Executive Director to be Vice-Chairperson and the person appointed shall, so long as he/she remains a Member of the Board, continue in office until the next annual appointment of Vice-Chairperson.
- (2) The Member appointed as Vice Chairperson may at any time resign from the office of Vice-Chairperson by giving notice in writing to the Chairperson and the Members may appoint another Non-Executive Director as Vice-Chairperson in accordance with Standing Order 4(1).
- (3) Where the Chairperson has died, ceased to hold office, or is unable to perform his/her duties due to illness, absence from Scotland or for any other reason, the Vice-Chairperson shall assume the role of the Chairperson in the conduct of the business of the Board and references to the Chairperson shall, so long as there is no Chairperson able to perform the duties, be taken to include references to the Vice-Chairperson.

#### **5. Resignation and Removal of Members**

- (1) A Member may resign office at any time during the period of appointment by giving notice in writing to the Scottish Ministers to this effect.
- (2) If the Scottish Ministers consider that it is not in the interests of the health service that a Member of a Board should continue to hold that office they may forthwith terminate that person's appointment.
- (3) If a Member has not attended any meeting of the Board, or of any Committee of which they are a Member, for a period of six consecutive months, the Scottish Ministers shall forthwith terminate that person's appointment unless satisfied that -
  - (a) the absence was due to illness or other reasonable cause; and
  - (b) the Member will be able to attend meetings within such period as the Scottish Ministers consider reasonable.
- (4) Where a Member who was appointed for the purposes of paragraph 2A of Schedule 1 to the NHS (Scotland) Act 1978 (representative of University) ceases to hold the post in a university with a medical or dental school, which was held at the time of appointment for those purposes, the Scottish Ministers may terminate the

appointment of that person as a Member.

- (5) Where any Member becomes disqualified in terms of Regulation 6 of the Regulations that Member shall forthwith cease to be a Member.

## **6. Ordinary Meetings**

- (1) The Board shall meet at least 6 times in the year and meetings of the Board, unless otherwise determined in relation to any particular meeting, shall be held in the offices of the Board at a date and time determined by the Board or the Chairperson and specified in the notice calling the meeting.
- (2) Subject to Standing Order 7 below, the Chairperson (or Executive Director of the Board who may sign on the Chairperson's behalf) shall convene meetings of the Board by issuing to each Member, not less than five clear days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- (3) Meetings of a Board may be conducted in any other way in which each member is enabled to participate although not present with others in such a place.
- (4) A meeting shall be conducted by virtue of the above only on the direction of the Chairperson/Vice-Chairperson of the Board.
- (5) The notice shall be delivered to every Member or sent by post to the place of residence of members, or such other address as notified by them to the Head of Board Administration.
- (6) Lack of service of the notice on any Member shall not affect the validity of a meeting.
- (7) Notice of Board meetings shall be given by the person convening the meeting in accordance with the provisions of the Public Bodies (Admission to Meetings) Act 1960.

## **7. Decisions Reserved for the Board and Scheme of Delegation**

- (1) The matters set out in the Annex to these Standing Orders are matters, which may only be determined at a meeting of the Board. All other matters are delegated in accordance with the Scheme of Delegation or remitted to a Standing Committee of the NHS Board.
- (2) Notwithstanding (1) the Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.

## **8. Requisitioned (Special) Meetings**

- (1) The Chairperson of the Board may call a meeting of the Board at any time and shall do so on receipt of a requisition in writing for that purpose which specifies the

business to be transacted at the meeting and is signed by one third of the whole number of Members of the Board.

- (2) In the case of a requisitioned meeting, the meeting shall be held within 14 days of receipt of the requisition and no business shall be transacted at the meeting other than that specified in the requisition.
- (3) If the Chairperson refuses to call a meeting of the Board after a requisition for that purpose, or if, without so refusing, does not call a meeting within 7 days after such a requisition has been presented, those Members who presented the requisition may forthwith call a meeting by signing the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

## **9. Conduct of Meetings**

- (1) No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least one third of the whole number of Members, of whom at least two are Non-Executive Directors.
- (2) No business shall be transacted at any meeting of the Board other than that specified in the agenda except on grounds of urgency and with the consent of the majority of the Members of the Board present. Any request for the consideration of an additional item of business shall be raised at the start of the meeting and the consent of the majority of Members for the inclusion must be obtained at that time.
- (3) All acts of, and all questions coming and arising before, the Board shall be done and decided by a majority of the Members of the Board present and voting at a meeting of the Board. Majority agreement may be reached by consensus without a formal vote. Where there is doubt, a formal vote shall be taken by Members by a show of hands, or by ballot, or any other method determined by the person presiding at the meeting.
- (4) In the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote.
- (5) Where a post of Executive Director is shared by more than one person:
  - (a) Those persons, or any one of them, shall be entitled to attend any meeting of the Board
  - (b) Where more than one of those persons attend they shall be entitled to a collective vote on any single topic raised at the meeting provided they have agreed between themselves as to the way in which the vote is to be cast
  - (c) If they do not so agree, no vote shall be cast by them
  - (d) The presence of any one or more of those persons shall count as the presence of one person for the purpose of the quorum

- (6) A motion which contradicts a previous decision of the Board shall not be competent within six months of the date of such decision, unless submitted in the minutes of a Committee, or notice of the proposed variation is provided in the notice of the Board meeting. Where a decision is rescinded, it shall not affect or prejudice any action, proceeding or liability which may have been competently done or undertaken before such decision was rescinded.

## **10. Minutes**

- (1) The names of Members and other persons present at a meeting of the Board, or of a Committee of the Board, shall be recorded in the minutes of the meeting.
- (2) Minutes of the proceedings of meetings of the Board and its Committees and decisions thereof shall be drawn up by the Head of Board Administration (or his/her authorised nominee) and be submitted to the next ensuing meeting of the Board or relevant Committee for approval as to their accuracy and signed by the person presiding at that next meeting.

## **11. Order of Debate**

- (1) Any motion or amendment shall, if required by the Chairperson, be reduced to writing, and after being seconded, shall not be withdrawn without the leave of the Board. No motion or amendment shall be spoken upon, except by the mover, until it has been seconded.
- (2) After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations, and, immediately after his/her reply, the question shall be put by the Chairperson without further debate.
- (3) Any Member in seconding a motion or an amendment may reserve his/her speech for a later period of the debate.
- (4) When more than one amendment is proposed, the Chairperson of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.
- (5) A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

## **12. Adjournment of Meetings**

A meeting of the Board, or of a Committee of the Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned until the next scheduled meeting or to such day, time and place as may be specified in the motion.

### **13. Declaration of Interests and Register of Interests**

- (1) Members of the NHS Board shall observe all their obligations under the Code of Conduct for Members of the Greater Glasgow NHS Board made under the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- (2) In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Board Administration as to whether a notice/declaration should be made.
- (3) Where the Code requires an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Board Administration in writing by giving notice in writing using the standard form available from the Head of Board Administration within one month of the interest or change arising. The Head of Board Administration will write to Members every six months to request them to formally review their declaration.
- (4) Persons appointed to the NHS Board as Members shall have one month to give notice of any registerable interests under the Code, or to make a declaration that they have no registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Board Administration.
- (5) The Head of Board Administration will be responsible for maintaining the Register of Interests and for ensuring it is available for public inspection at the principal offices of the NHS Board at all reasonable times and will be included on the NHS Board's web site.
- (6) The Register shall include information on:
  - (i) the date of receipt of every notice;
  - (ii) the name of the person who gave the notice which forms the entry in the Register; and
  - (iii) a statement of the information contained in the notice, or a copy of, that notice.
- (7) Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the NHS Board. Such declarations shall be made to the Head of Board Administration who shall make them available for public inspection at all reasonable times at the Principal Offices of the NHS Board and on the NHS Board's web site ([www.nhsgg.org.uk](http://www.nhsgg.org.uk)).
- (8) The Head of Board Administration (or authorised nominee) shall maintain Registers under the provisions of NHS Circular HDL(2003)62 covering:

- (i) Joint working arrangements between employees and independent Family Health Service Contractors and the pharmaceutical industry; and
- (ii) Financial interests held by employees and independent Family Health Service contractors with any organisations which may impact upon any funding arrangements made between the Board and any non-NHS organisations.

The Register shall be made publicly available during normal office hours at the Principal offices of the Board.

#### **14. Suspension of Members**

Any Member who disregards the authority of the Chairperson, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting. If a person so suspended refuses, when required by the Chairperson, to leave the meeting, he/she may immediately be removed from the meeting by any person authorised by the Chairperson so to do.

#### **15. Admission of Public and Press**

- (1) Members of the public and representatives of the press shall be notified of meetings and shall be admitted to meetings of the Board in accordance with the provision of the Public Bodies (Admission to Meetings) Act 1960.
- (2) Members of the public and representatives of the press admitted to meetings of the Board may be excluded from any meeting by decision of the Board, where, in the opinion of the majority of Members present, publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or such other special reason as may be specified in the decision.
- (3) Representatives of the press and members of the public admitted to meetings shall require the authority of the Board for each occasion they may wish to record the proceedings of the meeting other than by written notes.
- (4) Members of the public may, at the Chairperson's sole discretion, be permitted to address the Board or respond to questions from Members of the Board, but shall not generally have a right to participate in the debate at Board Meetings.
- (5) Nothing in this Standing Order shall preclude the Chairperson from requiring the removal from a meeting of any person or persons who persistently disrupts the proceedings of a meeting.

#### **16. Execution of Documents**

- (1) Any document or proceeding requiring authentication by the Board shall be subscribed by one Member of the Board, the Head of Board Administration (or his/her authorised

nominee) and the Director of Finance (or his/her authorised nominee).

- (2) The Director of Finance shall be responsible for maintaining a record of officers authorised to sign documents on behalf of the Board in accordance with provisions contained within Standing Financial Instructions.
- (3) Where a document requires for the purpose of any enactment or rule of law relating to the authentication of documents under the Law of Scotland, or otherwise requires to be authenticated on behalf of the Board it shall be signed by an Executive Director of the NHS Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the provisions of the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- (4) Scottish Ministers shall direct on which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- (5) Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## **17. Committees**

- (1) Subject to any direction issued by Scottish Ministers, the Board shall appoint such Committees and Sub-Committees as it thinks fit. The remits of the NHS Board and Committees their quora and reporting arrangements shall be reviewed annually by the Board.
- (2) Subject to any direction or regulation issued by Scottish Ministers, Committees of the Board may co-opt persons as Members of Board Committees and Sub-Committees, as and when required.
- (3) The Chairperson of a Committee may call a meeting of that Committee any time and shall call a meeting when requested to do so by the Board.
- (4) The foregoing Standing Orders, so far as applicable, and so far as not hereby modified, shall be the rules and regulations for the proceedings of formally constituted Committees and Sub-Committees, subject always to the following additional provisions:
  - (a) The Chairperson and Vice-Chairperson of the Board and the Chief Executive of the Board shall have the right to attend all Committees except where the constitution of such Committees precludes such an arrangement.
  - (b) Meetings of Committees and Sub-Committees shall not be open to the public and press unless the Board decides otherwise in respect to a particular Committee or a particular meeting of a Committee.

- (c) Committees of the Board and the Convenors thereof shall be appointed annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. Casual vacancies in the membership of Committees thereof shall be filled, so far as practicable, by the Board at the next scheduled meeting following a vacancy occurring.
- (d) Committees of the Board may appoint Sub-Committees and Convenors thereof as may be considered necessary.
- (e) Minutes of the proceedings of Committees shall be drawn up by the Head of Administration (or his/her authorised nominee) and submitted to the Board at the first scheduled meeting held not less than seven days after the meeting of the Committee for the purpose of advising the Board of decisions taken.
- (f) Minutes of meetings of Sub-Committees shall be submitted to their parent Committee at the first scheduled meeting of the parent Committee held not less than seven days after the meeting of the Sub-Committee for the purpose of advising the Committee of decisions taken.
- (g) A Committee, or Sub-Committee may, notwithstanding that a matter is delegated to it, direct that a decision shall be submitted by way of recommendation to the Board or parent Committee for approval.

December 2005

# 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. It also recognises the delegation of functions to Standing Committees although does not take away the NHS Board's responsibility to take executive action across the range of its responsibilities

### Strategy for Health Improvement

- i) Improving the Health of the Population
- ii) Strategic development and direction
- iii) Development and Implementation of Local Health Plan

Performance Management of NHS Greater Glasgow through aspects of the Performance Assessment Framework (including the monitoring of waiting times and handling of complaints).

### Governance

- i) Resource Allocation (for both capital and revenue resource allocation)

Approval of Annual Accounts

Scrutiny of Public Private Partnerships

Appointment of Directors

NHS Statutory Approvals

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

Dec 2005

**NHS GREATER GLASGOW**

**AUDIT COMMITTEE**

**MEMBERSHIP**

**Mrs E Smith – Chair**

**Councillor R Duncan**

**Dr R Groden**

**Mr P Hamilton**

**Councillor J Handibode**

**Mrs S Kuenssberg CBE**

**Mr A O Robertson OBE**

**Mr D Sime**

**Mrs A Stewart MBE**

**NHS GREATER GLASGOW AUDIT COMMITTEE**

**OBJECTIVES**

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

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

**MEMBERSHIP AND CONDUCT OF BUSINESS**

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

The Board shall nominate a minimum of nine Members. A Convener will be appointed from the Membership of the Committee. The Chairman of the Board shall not be a member of the Committee but shall have the right to attend meetings. As the Committee is responsible for overseeing the regularity of expenditure by NHS Greater Glasgow, other Board Members shall also have the right to attend.

At least three members of the Committee must be present in order to form a quorum.

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

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

The external auditor, internal auditor and Director of Finance shall normally attend meetings.

The external auditor and internal auditor shall be offered the opportunity to hold discussions with the Committee without the Director of Finance, other Executive Directors or Board staff being present.

There will be a minimum of six meetings per annum with provision for additional meetings as required.

The minutes of meetings will go to the Board. The Committee Chairman will also make a formal report to the Board on a regular basis/at least annually covering the activities of the Committee and any significant matters of note. Minutes will be publicly available under the terms of the Freedom of Information (Scotland) Act 2002.

## **REMIT**

The Committee shall be responsible for monitoring the Board's corporate governance arrangements and system of internal control. This will include the following specific responsibilities.

### **(i) Corporate Governance, System of Internal Control, Risk Management and Arrangements for the Prevention and Detection of Fraud**

1. Overseeing the Board's Governance arrangements, including compliance with the law, SEHD guidance or instructions, the Board's Standing Orders and Standing Financial Instructions and Code of Conduct.
2. Evaluating the adequacy and effectiveness of the internal control environment and providing a statement annually to the Board, based on the annual report of the Chief Internal Auditor and other appropriate sources of assurance.
3. Reviewing the assurances given in the Statement on Internal Control.
4. Critically reviewing the process by which management decisions are taken and effected throughout the Health Board, including risk assessment.
5. Monitoring the effectiveness of arrangements to manage risk and prevent and detect fraud.

### **(ii) Standing Orders, Standing Financial Instructions and Other Governance Documentation**

1. As required but at least annually, reviewing changes to the Standing Orders, Standing Financial Instructions and other governance documentation including the Fraud Policy and Standards of Business Conduct and recommend changes for Board approval.
2. Reviewing annually (or as required) the Scheme of Delegation.
3. Examining circumstances when the Board's Standing Orders and Standing Financial Instructions are waived.

### **(iii) Internal and External Audit**

1. Approving the arrangements for securing an internal audit service,
2. Reviewing the operational effectiveness of internal audit and the annual performance of external audit.
3. Approving and reviewing internal and external audit plans, and receive reports on their subsequent achievement.
4. Monitoring management's response to audit recommendations, and report to the Board where appropriate.
5. Receiving management letters and reports from the statutory external auditor, and reviewing management's response.

6. Discussing with the external auditor (in the absence of the Executive Directors and other officers where necessary) the annual report, audit scope and any reservations or matters of concern which the external auditor may wish to discuss.
7. Ensuring that the Chief Internal Auditor and External Auditor have unrestricted access to the Chairman of the Committee.
8. Ensuring co-ordination between internal and external audit.

**(iv) Annual Accounts**

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

**Support Arrangements**

The Chief Executive shall be responsible for implementing appropriate arrangements within the organisation to support the effective operation of the Audit Committee. These arrangements shall be subject to approval by the Audit Committee and shall ensure that assurances can be provided to the Audit Committee that reports and recommendations are being actioned at a local level by management. These arrangements shall be subject to review and evaluation on an annual basis by the Committee.

**NHS GREATER GLASGOW**  
**CLINICAL GOVERNANCE COMMITTEE**

**1. Objectives**

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

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

**2. Remit**

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

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.

The Committee, in conjunction with Operating Division 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.

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.

The Committee shall participate with other groups and representative bodies as required, in discharging its responsibilities.

The Committee shall have two subcommittees: The Area Clinical Effectiveness Committee and the Spiritual Care Subcommittee.

The Committee shall be responsible for oversight of clinical professions employed by the Board as defined in NHS Circular MEL (1978) 75 and MEL (2000)29.

The Committee shall oversee the preparation of broadly based performance plans for Board clinical staff (including public health staff at Greater Glasgow NHS Board) prepared on a departmental basis and critically review activity against these plans annually.

**3. Composition**

The Committee shall comprise 2 non-executive Members from the Greater Glasgow NHS Board, the Chairs of each Operating Division 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.

The Chair, Chief Executive, Director of Public Health, Nurse Adviser of Greater Glasgow NHS Board, and Operating Division Medical Directors, Operating Division 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.

The Operating Division Chief Executives shall be invited to attend all meetings.

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

**4. Frequency**

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

**5. Reporting Arrangements**

The Committee shall report its proceedings to the Board, by the submission of the Minutes of meetings and ad hoc papers.

**NHS GREATER GLASGOW  
AUDIT COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Tuesday 31 January 2006**

**Tuesday 14 March 2006**

**Tuesday 9 May 2006**

**Tuesday 13 or 20 June 2006\***

**Tuesday 27 June 2006\*\***

**Tuesday 12 September 2006**

**Tuesday 14 November 2006**

- \* This meeting will consider the external auditor's draft report to Board Members and other reports relating to the annual accounts and audit process. As the accounts themselves are unlikely to be available at this point, a further meeting will be required on 27 June to allow the Audit Committee to consider the annual accounts.**
- \*\* The June meeting of the NHS Board will be changed from 20 June to 27 June to facilitate approval of the annual accounts. The Audit Committee will meet immediately prior to the meeting of the NHS Board to consider the annual accounts.**

**NHS GREATER GLASGOW**  
**CLINICAL GOVERNANCE COMMITTEE**  
**MEMBERSHIP**

**Professor D Barlow - Chair**

**Mr R Cleland**

**Prof Sir John Arbuthnott**

**Mrs J Murray**

**Mr J Bannon MBE**

**Ms G Leslie**

**Mr D Sime**

**Mrs A Stewart MBE**

**NHS GREATER GLASGOW  
CLINICAL GOVERNANCE COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Thursday 2 March 2006**

**Thursday 1 June 2006**

**Monday 4 September 2006**

**Monday 4 December 2006**

**NHS GREATER GLASGOW**  
**STAFF GOVERNANCE COMMITTEE**

**1. Objectives**

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

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

**2. Remit**

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.

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.

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.

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

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

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.

**3. Composition**

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 Chief Executives

2 Directors of Human Resources.

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

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.

**4. Frequency**

The Committee shall determine the frequency and timing of meetings.

**5. Reporting Arrangements**

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

**NHS GREATER GLASGOW**  
**STAFF GOVERNANCE COMMITTEE**  
**MEMBERSHIP**

**Mr D Sime – Joint Chair**

**Mr R Cleland – Joint Chair**

**Sir John Arbuthnott**

**Ms R Dhir MBE**

**Mrs S Kuenssberg CBE**

**Mr A O Roberson OBE**

**Mrs E Smith**

**NHS GREATER GLASGOW  
STAFF GOVERNANCE COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Thursday 26 January 2006**

**Tuesday 25 April 2006**

**Thursday 20 July 2006**

**Tuesday 24 October 2006**

**NHS GREATER GLASGOW**  
**PERFORMANCE REVIEW GROUP**

**1. Objectives**

The Performance Review Group carries delegated responsibility with powers on behalf of the NHS Board for:

Monitoring and progressing -

- i) organisational performance;
- ii) resource allocation and utilisation;
- iii) implementation of agreed NHS Board strategies.

**2. Remit**

Organisational Performance

- i) Ensuring there is a co-ordinated overview of performance across all aspects of the Performance Assessment Framework, giving recognition to the existing responsibilities of the Staff Governance Committee.
- ii) Receiving and reviewing the final submission to the SEHD of the Performance Assessment Framework.
- iii) Monitoring the progress towards implementing the Action Plan agreed at the Annual Accountability Review meeting and the NHS Board's Corporate Objectives.
- iv) Monitoring progress against key performance targets including achievements against national and local waiting time guarantees and targets.

Monitoring of Resource Allocation and Utilisation

- i) Reviewing and submitting to the NHS Board for approval the 5-year financial strategy as an integral part of the local health planning process.
- ii) Considering and providing advice to the NHS Board on annual financial allocations and investment plans as part of the updated Local Health Plan.
- iii) Monitoring in-year financial performance across NHS Greater Glasgow.
- iv) Providing recommendations to the NHS Board on the annual Capital Plan.
- v) Carrying delegated authority from the NHS Board for an individual scheme within the approved Capital Plan as follows:
  - a) Approval of individual schemes covering the value of £1.5M - £5M – Divisions required to submit short business cases for approval.

- b) Approval of individual schemes covering the value of £5M - £10M – Divisions required to submit a business case for approval.
  - c) Approval of individual IM&T Schemes covering the value of £500,000 - £1M – Divisions required to submit a short business case for approval.
  - d) Approval of individual IM&T Schemes covering the value over £1M – Divisions required to submit a business case for approval.
- vi) Monitoring the annual capital expenditure programme.

Monitoring of the Implementation of NHS Board Agreed Strategies

- i) Approving key stages of implementing agreed NHS Board strategies, including:
  - a) approving key investment decisions including those affecting the procurement stages of implementing the Acute Services Strategy;
  - b) approving outline business cases;
  - c) approving full business cases

with full reports to the NHS Board on significant stages.
- ii) Monitoring the implementation of NHS Board approved strategies in relation to meeting key milestones, timescales, approved expenditure limits and overall governance of the relevant strategy.
- iii) Approving land and property transactions relating to the disposal and acquisition of property.

**3. Composition**

- i) The Performance Review Group will comprise 9 Non Executive Directors of the NHS Board.
- ii) The Group will meet on a 2-monthly cycle and more frequently, if required. All NHS Board Members will receive a copy of the papers in advance of the meeting to allow those who are not members of the Performance Review Group to feed in thoughts/comments to the Chair/Officers of the NHS Board.
- iii) All NHS Board Members will have the right to attend and participate in Performance Review Group meetings.
- iv) The Group will request the attendance of those officers of the NHS Board it requires in order to conduct its business effectively and efficiently.
- v) The quorum for meetings of the Group will be one-third of the membership.

- vi) The PRG powers do not take away the responsibilities of the NHS Board for executive action.

#### **4. Reporting Arrangements**

The Minutes of the Performance Review Group will be submitted to the NHS Board for information, along with any recommendations as appropriate.

**NHS GREATER GLASGOW**  
**PERFORMANCE REVIEW GROUP**  
**MEMBERSHIP**

**Mr A O Robertson OBE - Chair**

**Mr R Cleland**

**Ms R Dhir MBE**

**Councillor R Duncan**

**Mr P Hamilton**

**Councillor J Handibode**

**Mr D Sime**

**Mrs E Smith**

**Mrs A Stewart MBE**

**NHS GREATER GLASGOW  
PERFORMANCE REVIEW GROUP**

**PROGRAMME OF MEETINGS 2006**

**Tuesday 24 January 2006**

**Tuesday 21 March 2006**

**Tuesday 16 May 2006**

**Tuesday 25 July 2006**

**Tuesday 19 September 2006**

**Tuesday 21 November 2006**

**Meetings are normally held bi-monthly at 9.30 am on the third Tuesday**

## **NHS GREATER GLASGOW**

### **PUBLIC INVOLVEMENT COMMITTEE**

#### **1. Objectives**

To ensure the mainstream integration of the principles of Patient Focus and Public Involvement in planning, delivering and sustaining services.

To scrutinise NHS Greater Glasgow services on a continuous basis to ensure implementation of best practice in achieving Patient Focus and Public Involvement.

Leading the development of a sustainable NHS Greater Glasgow Involving People Framework and ensuring that it is delivered via approved strategies and action plans across the totality of service provision.

Encouraging and promoting the skills required deliver effective Patient Focus Public Involvement among NHS Staff and patient and local community representatives.

To ensure that delivery of Patient Focus Public Involvement across NHS Greater Glasgow is co-ordinated, consistent and linked to the work of partner organisations, including Community Planning structures.

Reviewing, interpreting and supporting the implementation of national Patient Focus and Public Involvement objectives and priorities at the local level.

Driving the development, introduction and maintenance of corporate initiatives and structures to support the effective delivery of Patient Focus and Public Involvement.

Promoting dialogue with patients and public regarding progress with Patient Focus and Public Involvement.

Linking with the new Scottish Health Council and supporting NHS Greater Glasgow's day-to-day relationship with its officers and advisory council members.

Facilitating continuous and formal annual accountability and quality assurance reviews as part of the accountability review process.

Ensuring the NHS Board is kept fully informed on progress in mainstreaming and delivering PFPI, in part by formally reporting to the Board on a quarterly basis.

#### **2. Remit**

To ensure that NHS Greater Glasgow discharges its legal obligations to involve, engage and consult patients, the public and communities in the planning and development of services and in decision-making about the future pattern of services.

The Committee will be responsible for oversight of all staff employed by the Board.

The Committee shall oversee the preparation and delivery of PFPI-related performance plans within the context of service delivery by Board clinical, managerial and support staff prepared on a Departmental and Service basis and critically review these plans annually.

**3. Composition**

The Committee shall comprise 6 non-executive Members from Greater Glasgow NHS Board, the Employee Director of the NHS Board, the Director of Communications for NHS Greater Glasgow (the 'Designated Director' for Patient Focus and Public Involvement in NHS Greater Glasgow), a representative from the Area Clinical Forum, a representative of the Glasgow Council for the Voluntary Sector and shall have the power to co-opt up to four Lay Members from outwith the Membership of Greater Glasgow NHS Board.

Executive Members of the Board and senior management and clinical staff will be invited to attend meetings with regard to specific agenda items.

The quorum of meetings of the Involving People Committee shall be 4 voting Members.

**4. Frequency**

The Committee will meet 6 times a year.

**5. Reporting Arrangements**

The Committee shall report its proceedings to the Board, by the submission of the Minutes of meetings and ad hoc papers. The Committee will formally report to the Board on a quarterly basis.

**NHS GREATER GLASGOW**  
**PUBLIC INVOLVEMENT COMMITTEE**  
**MEMBERSHIP**

**Mr P Hamilton - Chair**

**Mr J Bannon MBE**

**Mrs J Murray**

**Mrs R K Nijjar**

**Miss A Paul**

**Mrs E Smith**

**Mr S Bryson**

**Mrs P Bryson**

**NHS GREATER GLASGOW  
PUBLIC INVOLVEMENT COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Tuesday 10 January 2006**

**Tuesday 7 March 2006**

**Tuesday 2 May 2006**

**Tuesday 27 June 2006**

# **NHS Greater Glasgow**

## **Research Ethics Governance Committee**

### **1. Objectives**

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. Remit**

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. Composition**

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.

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

### **4. Frequency**

The Committee shall meet at least twice per annum.

### **5. Reporting Arrangements**

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

### **6. 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.

**NHS GREATER GLASGOW**  
**RESEARCH ETHICS GOVERNANCE COMMITTEE**  
**MEMBERSHIP**

**Professor D Barlow - Chair**

**Mr R Cleland**

**Dr R Groden**

**Mrs A Stewart MBE**

**NHS GREATER GLASGOW  
RESEARCH ETHICS GOVERNANCE COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Wednesday 25 January 2006**

**NHS GREATER GLASGOW**  
**PHARMACY PRACTICES COMMITTEE**

**1. Objectives**

The Committee shall exercise the functions of the Greater Glasgow NHS Board in terms of Regulation 5(10) and paragraph 2 of Schedule 3 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) [determination of applications for general pharmaceutical contracts].

**2. Remit**

The Committee shall also be empowered by the Greater Glasgow NHS Board, to exercise other functions of as are delegated to it under the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) to the extent that those functions are not delegated to an officer of the Division under the Scheme of Delegation.

Any officer of the Division, with delegated authority in respect of the provision of General Pharmaceutical Services under Part II of the National Health Service (Scotland) Act 1978 (as amended), may refer to the Committee for determination any matter within the officer's delegated authority either as a matter of policy or in respect of a specific issue and the Committee shall be authorised to determine such matters.

**3. Composition**

The Committee shall comprise seven Members appointed by the Greater Glasgow NHS Board of whom:-

- (a) one shall be the Chairman appointed by the Greater Glasgow NHS Board from the Non-Executive Members of the Board;
- (b) three shall be pharmacists of whom:-
  - (i) one shall be a pharmacist who is not included in any pharmaceutical list and who is not an employee of such person [known as Non-Contractor Pharmacist];
  - (ii) two shall be pharmacists each of whom is included in the Pharmaceutical List, or is an employee of a person who is so listed [known as Contractor Pharmacists];
- (c) three shall be persons appointed by the Greater Glasgow NHS Board otherwise from the Members of the Board [known as Lay Members].

The Greater Glasgow NHS Board shall appoint deputies for the Members of the Committee in a like manner to the seven Members.

In making appointments to the Committee of Members and Deputies the Greater Glasgow NHS Board shall ensure that the eligibility criterion in paragraph 3 of Schedule 4 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) are met.

Members shall be appointed for a term of three years, but the Greater Glasgow NHS Board shall reserve the right to remove any member at any time. Provided a quorum is present at any meeting, the proceedings of the Committee shall not be invalidated by any vacancy in its membership, or any defect in a Member's appointment.

The quorum for Meetings of the Pharmacy Practices Committee shall be 5 members comprising:-

Chairman (or Deputy Chairman)  
One Non-Contractor Pharmacist Member  
One Pharmacist Contractor Member  
Two Lay Members

(but see voting provisions \*)

#### 4. **Procedures**

The following procedures shall be adopted by the Committee:-

##### Declaration of Interest

Before the commencement of any meeting of the Pharmacy Practices Committee the Chairman shall ask the Members intending to be present whether, in respect of any matter to be considered, any of them has an interest to declare or is associated with a person who has any personal interest. Any Member who has disclosed such an interest, or in the opinion of the Chairman should have declared such an interest, shall not be present at the consideration or discussion of that matter or the voting on it.

##### Voting \*

Each application submitted to the Pharmacy Practices Committee under Regulation 5 (10) shall be discussed by all Members present at the meeting, but shall be determined by the following Members (if present):-

- (a) the Non-Contractor Pharmacist Member
- (b) the Lay Members

The Chairman (or Deputy Chairman acting as Chairman) shall not be entitled to vote except in the case of an equality of votes, in which case he or she shall have a casting vote.

In cases other than applications under Regulation 5(10) matters shall be determined by a majority of Members present and voting (including the Chairman (or Deputy Chairman if present)).

##### Determination of Applications

In considering all applications submitted to it the Committee shall have regard to the provisions of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 (as amended) with particular reference to :-

- (a) consultation with interested parties; and
- (b) criterion for the granting of pharmaceutical contracts.

### Urgent Business

The Chairman of the Committee shall be empowered, in cases of urgency, (as to which the Chairman shall be the sole judge on each occasion) to determine matters falling within the remit of the Committee (with the exception of applications submitted under Regulation 5(10)) in circumstances where it is considered necessary that, as a matter of urgency, a decision should be reached on an application between the scheduled meetings of the Committee.

The Chairman shall not give approval to a proposal under this provision where there has been adverse representations received in response to the necessary consultation procedures carried out in respect of such matter or the Pharmaceutical Policy Adviser/Director of Pharmacy does not support the proposed decision.

Any decisions taken by the Chairman on grounds of urgency conforming to the criterion above shall be reported to the next meeting of the Pharmacy Practices Committee for confirmation.

In the absence of the Chairman, the Deputy Chairman may act as the Chairman for the purpose of this provision.

---

Approved by Trust Board 29th July 1999. Came into operation from 1st October 1999 on delegation of functions by the Health Board under the Health Act 1999  
Amended to reflect change of title of Board to Trust Management Team from September 2001  
Amended from April 2004 to reflect dissolution of the Trust

**NHS GREATER GLASGOW**  
**PHARMACY PRACTICES COMMITTEE**  
**MEMBERSHIP**

**Mr A Robertson OBE - Chair**

**Councillor A White**

**Mr A Fraser**

**Mrs P Cox**

**Mr W J Reid**

**Professor J McKie**

**Dr J Johnson**

**Mrs K Roberts**

**Mr G Dykes**

**Mr A Macintyre**

**Mr C Fergusson**

**Mr E Black**

**NHS GREATER GLASGOW  
RESEARCH ETHICS GOVERNANCE COMMITTEE**

**PROGRAMME OF MEETINGS 2006**

**Wednesday 25 January 2006**

**NHS GREATER GLASGOW**  
**REMIT OF REFERENCE COMMITTEE**

**1. Membership**

The Committee to comprise of the following:-

<b>Category of Appointment</b>	<b>Nominee</b>
CHSCP Clinical Director as <b>Chairman</b>	Dr John Nugent
Board Medical Director – <b>As Executive Board Member</b>	Dr Brian Cowan
Lead CHP Director as <b>Vice Chairman</b>	Terry Findlay
Clinical Pharmacies nominated by the Head of Prescribing and Pharmacy Policy Unit	David Thomson
Clinical Dentist nominated by the Director of Oral Health	Dr Robert Broadfoot
Lay Member (1)	Duncan Stewart-Tull

**2. Quorum**

The quorum for meetings shall be three Members.

**3. Terms of reference**

3.1 The Committee shall be responsible for discharging the functions of NHS Greater Glasgow under Regulation 3 of the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992, as amended. Regulation 3 provides as follows:

“3 (1) where appropriate Health Board receives information which it considers could amount to an allegation that a practitioner has failed to comply with his Terms of Service, it shall decide either to take no action or to take one or both of the courses of action set out in paragraph (2).

(2) the course of action referred to in paragraph (1) are:-

(a) to refer the matter to another Health Board for investigation in accordance with Regulation 4 (1);

(b) to refer the information to, as it considers appropriate, the Tribunal, the relevant professional body or police.”

- 3.2 The committee shall also have delegated authority to
- (a) make referrals to the NHS Tribunal under the NHS (Tribunal) (Scotland) Regulations 2004;
  - (b) make referrals to FHS Practitioners to Professional Regulatory Bodies i.e. General Medical Council, General Dental Council, the Royal Pharmaceutical Society of Great Britain or General Optical Council; or
  - (c) initiate such other actions against FHS practitioners as may be considered appropriate in respect of under performance or potential or actual breaches of their terms of service with NHS Greater Glasgow.
- 3.3 The Committee shall have full delegated functions from and be a Sub Committee of the Clinical Governance Committee.
- 3.4 All proceedings of the Committee shall be treated as confidential and shall be reported to the Clinical Governance Committee.

**FINAL DRAFT**

**GLASGOW COMMUNITY HEALTH AND  
SOCIAL CARE PARTNERSHIPS**

**STANDING ORDERS FOR THE  
PROCEEDINGS AND BUSINESS**

December 2005

## **1. GENERAL**

- 1.1 These Standing Orders are for regulation of the conduct and proceedings of Glasgow Community Health and Social Partnership Committees (“CHSCPC(s)”) and any sub-committees.
- 1.2 The Standing Orders are made under the Community Health Partnership (Scotland) Regulations 2004 (Scottish Statutory Instrument 2004 No 386) (“the Regulations”) and the Glasgow City Community Health and Social Care Partnership Scheme of Establishment approved by the Scottish Ministers on 13th July 2005 (“the Scheme”).
- 1.3 Members of the CHSCPC shall subscribe to and comply with the Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies, or the Code of Conduct for Councillors (in respect of Members who are Councillors appointed by Glasgow City Council (“the Council”) which shall be regarded as incorporated into these Standing Orders.
- 1.4 Any statutory provision, Regulation or Direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.
- 1.5 The CHSCPC shall be a formally constituted Committee of the Greater Glasgow Health Board (“the Board”).
- 1.6 These Standing Orders shall be subject to approval by the Board, with the endorsement of the Council.
- 1.7 Any suspension, variation or revocation of these Standing Orders shall require the express consent of the Board with the endorsement of the Council.
- 1.8 The CHSCP Director shall ensure that every Member of the CHSCPC is provided with a copy of these Standing Orders on appointment and with a copy of any amendment to them.

## **2. FUNCTIONS**

- 2.1 The functions of the CHSCPC shall be such as are determined under the Scheme as amended from time to time by agreement between the Board and the Council. The functions delegated to the CHSCPC and to officers of the Board and Council acting on behalf of the CHSCPC shall be prescribed in formal Schemes of Delegation to the CHSCPC mutually agreed and adopted by the Board and the Council.

## **3. MEMBERSHIP**

- 3.1 The Membership of the CHSCP shall reflect a balance between the health and Council representation consistent with the intention of the Scheme to operate the CHSCP through a partnership approach.
- 3.2 Every person appointed to the CHSCPC shall, so far as practical, be employed or perform services in, or have a substantial connection with the area of the CHSCP.

- 3.3 Membership of the CHSCPC shall comprise the representation set out in Annex 1. Any amendment to Annex 1 shall have effect only when such amendment has been agreed by the Board and the Council.
- 3.4 Members of the CHSCPC shall be appointed by the Board for a period of office not exceeding four years, chosen from nominations made by the nominating body specified in Annex 1 with the agreement of the Council, which shall not be unreasonably withheld or delayed.
- 3.5 Initial appointments to the CHSCPC shall be for the term set out in column (d) of Annex 1. Subsequent appointments shall be for the term set out in column (e) of Annex 1.
- 3.6 Where a Member resigns, or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 3.7 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment if he/she remains eligible and is not otherwise disqualified from appointment.
- 3.8 Not less than three clear months before a Member's term of office is due to expire; the Head of Board Administration shall invite the nominating body to submit its nomination for future Membership of the CHSCPC. Any nomination shall be effective from the date when approved by the Board, or such other date as may be specified in the Board's decision.
- 3.9 Notwithstanding Standing Order 3.8, the Council may nominate its members for appointment to the CHSCPC after every Local Government Election or otherwise during the Councillors' term of office.
- 3.10 Any Member appointed to the CHSCPC who ceases to fulfil the requirement of Standing Order 3.2 shall be removed from Membership on the serving by the Board of notice to that effect on the Member. Such notice shall be issued by the Head of Board Administration under direction of the Board.
- 3.11 A Member of the CHSCPC may resign his/her membership at any time during their term of office by giving notice to the Head of Board Administration. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 3.12 If a Member has not attended three consecutive meetings of the CHSCPC, the Board, through the Head of Board Administration, shall by giving notice in writing to that Member remove that person from office unless the Board is satisfied that-
- (a) the absence was due to illness or other reasonable cause; and
  - (b) the Member will be able to attend future meetings within such period as the Board considers reasonable.
- 3.13 The Board may, at its sole discretion, authorise a sub-committee of the Board to determine the appointment of Members to the CHSCPC and authorise the absence of a Member for the purpose of Standing Order 3.12. A sub-committee if so appointed shall include in its membership at least one Member who is a Member of Glasgow City Council.

- 3.14 Named deputies for Members of the CHSCPC may be appointed by the Board under Standing Order 3.4. The appointment of such deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for meetings of the CHSCPC but shall be entitled to attend or vote at a meeting only in the absence of the principal Member they represent.
- 3.15 The acts, meetings or proceedings of the CHSCPC shall not be invalidated by any defect in the appointment of any Member.

#### **4. CHAIRPERSON**

- 4.1 The Chairperson of the CHSCPC shall be an Elected Member of the Council.
- 4.2 At every meeting of the CHSCPC the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice Chairperson, if present, shall preside. If both the Chairperson and Vice Chairperson are absent, a representative of the Council elected by the Members present shall preside at the meeting.
- 4.3 If a Deputy Member is appointed for the Chairperson or the Vice Chairperson the person(s) so appointed shall not have a right to assume the role of Chairperson or Deputy Chairperson unless appointed for that purpose by the Members for a specific meeting in terms of Standing Order 4.2.
- 4.4 The duty of the person presiding at a meeting of the CHSCPC is to ensure that the Standing Orders are observed, to preserve order, to ensure fairness between Members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

#### **5. VICE-CHAIRPERSON**

- 5.1 The Board shall appoint a Vice-Chairperson of the CHSCPC from its representatives on the CHSCPC.
- 5.2 The Vice-Chairperson may act in all respects as the Chairperson of the CHSCPC if the Chairperson is absent or otherwise unable to perform his/her duties.

#### **6. MEETINGS**

- 6.1 The CHSCPC shall meet at such place and at such frequency as it may determine but shall meet at least 6 times in each financial year.

#### **7. CALLING OF MEETINGS**

- 7.1 The first meeting of a CHSCPC shall be held on such day and at such place as may be fixed by the Chairperson, and that person shall be responsible for convening the meeting.
- 7.2 The Chairperson may call a meeting of the CHSCPC at any time.
- 7.3 If the Chairperson refuses to call a meeting of the CHSCPC after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one-third of the whole number of Members, has been presented to the Chairperson

or if, without so refusing, the Chairperson does not call a meeting within 7 days after such requisition has been presented, those Members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the meeting other than specified in the requisition.

## **8. NOTICE OF MEETINGS**

- 8.1 Before each meeting of the CHSCPC, a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members so as to be available to them at last 5 clear days before the meeting.
- 8.2 Members may opt in writing addressed to the CHSCP Director to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing.
- 8.3 Lack of service of the notice on any Member shall not affect the validity of a meeting.
- 8.4 In the case of a meeting of the CHSCPC called by Members in default of the Chairperson, the notice shall be signed by those Members who requisition the meeting in accordance with Standing Order 7.3.
- 8.5 The notice of the meeting shall be accompanied by such reports and papers that are to be considered at the meeting unless those papers are not available at the date of issue of the notice. Notwithstanding this, reports and papers must be delivered to every Member or sent by post to be available to them at least three clear days before the meeting.

## **9. QUORUM**

- 9.1 Subject to sub-paragraph 9.2, no business shall be transacted at a meeting of the CHSCPC unless there are present, and entitled to vote, at least one-third of the whole number of Members of the CHSCPC.
- 9.2 No act or question relating to a matter referred to in paragraph 11.2 shall be considered at a meeting unless all Members of the CHSCPC who are Members or officers of the Council and who are entitled to vote are present.

## **10. ADJOURNMENT OF MEETINGS**

- 10.1 A meeting of the CHSCPC may be adjourned by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

## **11. VOTING**

- 11.1 Subject to Standing Order 11.2, every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the

question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

- 11.2 Where an act or question arising before a CHSCPC relates to functions which are, or are proposed to be, subject to any arrangements pursuant to Part 2 of the Community Care and Health (Scotland) Act 2002 [which relates to certain payments by a local authority to the NHS or the delegation of local authority functions to the NHS], the Members of the CHSCP present, who are entitled to vote and who are Members or officers of the Council, shall collectively have half of the available votes. (but excluding the second or casting vote of the person presiding).

## **12. CONFLICT OF INTEREST**

- 12.1 If a Member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that Member is present at a meeting of the CHSCPC, that Member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. Such declaration or interest shall be recorded in the Minutes of the meeting and in the Register of Interests.
- 12.2 A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 12.3 A Member who has an interest in service delivery may participate in the business of the Committee, except where they have a direct and significant interest in a matter, unless the Committee formally decides and records in the Minutes of the meeting that the public interest is best served by the Member remaining in the meeting and contributing to the discussion. During the taking of a decision by the Committee on such matter, the Member concerned shall absent him/herself from the meeting
- 12.4 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Board Administration as to whether a notice/declaration should be made.
- 12.5 Persons appointed to the CHSCPC as Members (or deputies) shall have one month from appointment to give notice of any registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Board Administration.
- 12.6 Where the Codes referred to in Standing Order 1,3 require an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Board Administration in writing by giving notice in writing using the standard form available from the Head of Board Administration within one month of the interest or change arising. The Head of Board Administration will write to Members and Deputy Members every 6 months to request them to review their declarations.
- 12.7 The Head of Board Administration will be responsible for maintaining the Register of Interests and for ensuring it is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

12.8 The Register shall include information on:

- (a) the date of receipt of every notice;
- (b) the name of the person who gave the notice which forms the entry in the Register; and
- (c) a statement of the information contained in the notice, or a copy of that notice.

12.9 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the CHSCPC. Such declarations shall be made to the Head of Board Administration who shall make them available for public inspection at all reasonable times at the Principal Offices of the Board and on the Board's website.

### **13. MINUTES**

13.1 The names of the Members and others present at a meeting shall be recorded in the Minutes of the meeting.

13.2 The Minutes of the proceedings of a meeting, including any decision or resolution made at that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the CHSCP Director, after which they will be signed by the person presiding at that meeting.

13.2 Minutes of meetings shall be submitted to the Board and the Council by the Director of the CHSCP at the same time as they are circulated to Members of the CHSCPC.

### **14. SUSPENSION AND DISQUALIFICATION**

14.1 Any Member of a CHSCPC may, on reasonable cause shown, be suspended from the CHSCPC on grounds of misconduct as determined by the Chairperson of the CHSCPC. Such suspension shall be an interim measure pending any decision taken by the nominating or appointing body on the removal of a Member in terms of the Regulations.

14.2 Where a Member becomes disqualified under Regulation 7 of the Regulations, the Head of Board Administration shall give notice to the Member in writing on behalf of the Board that being disqualified from Membership their term of office has been terminated forthwith.

## Annex 1 - Composition of Glasgow Community Health and Social Care Partnership Committees

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Initial Term of Office	(e) Term of Office after initial appointments
<b>Glasgow City Council</b>	5	Elected Councillors	Next Local Government Elections	4 years
<b>Greater Glasgow NHS Board</b>	2	Board Members	4 years	4 years
<b>Professional Executive Group (Health)</b>	3	<p>Medical Practitioner included in the list of Primary Medical Services Performers prepared under Section 17P of the NHS (Scotland) Act 1978; <b>or</b></p> <p>Nurse registered on the Nursing &amp; Midwifery Council's Professional Register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract; <b>or</b></p> <p>a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995; <b>or</b></p> <p>a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the National Health Service (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978; <b>or</b></p> <p>an ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 1986.</p> <p>a person registered as an allied health professional with the Health Professions Council.</p> <p>a registered medical practitioner not providing primary medical services.</p>	4 years	4 years

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Initial Term of Office	(e) Term of Office after initial appointments
<b>Professional Executive Group</b> (Council)	1	An officer of the Council who is Registered with the Scottish Social Work Council	4 years	4 years
<b>Staff Partnership Forum</b>	1	An officer of the Board who is nominated to represent the Staff Partnership Forum.	4 years	4 years
<b>Public Partnership Forum</b>	2	One Member from the Executive of the Public Partnership Forum nominated on an annual basis.	1 year	1 year
		Second Member from a voluntary organisation whose activities are consistent with the objectives of the Board or Council.	2 years	2 years
<b>CHP Director</b>	1	Person appointed to the Board/City Council as Director of the CHSCP	So long as remains in post.	So long as remains in post.
<b>Total</b>	15			

**Glasgow Community Health and Social care Partnerships – Membership (Directors)**

	<b>North Glasgow</b>	<b>East Glasgow</b>	<b>West Glasgow</b>	<b>South-East Glasgow</b>	<b>South-West Glasgow</b>
Chair	Cllr Robert Winter	Cllr James Coleman	Cllr Aileen Colleran	Cllr Alan Stewart	Cllr Stephen Curran
Vice Chair	Mr A O Robertson	Miss Amanda Paul	Mrs Jessica Murray	Mr Donald Sime	Mrs Elinor Smith
Glasgow City Council	Cllr John Gray	Cllr Susan Baird	Cllr Irene Graham	Cllr Bashir Ahmed	Cllr Keith Baldassra
	Cllr Ellen Hurcombe	Cllr Elaine MacDougall	Cllr Dr Malcolm Green	Cllr Malcolm Cunning	Cllr Alexander Glass
	Cllr Mary Paris	Cllr John Mason	Cllr Dr Christopher Mason	Cllr Archie Graham	Cllr John Flanagan
	Cllr Allan Stewart	Cllr George Ryan	Cllr Gordon Matheson	Cllr Anne Marie Miller	Cllr Margaret Sinclair
NHS Board (1)	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
Director	Mr Alex MacKenzie	Mr Mark Feinmann	Mr Terry Findlay	Ms Cathie Cowan	Ms Iona Colvin
Professional Executive Group (4)	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
Staff Partnership Forum (1)	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
Public Partnership Forum (2)	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised
	To Be Advised	To Be Advised	To Be Advised	To Be Advised	To Be Advised

## East Renfrewshire Community Health and Care Partnership – Membership (Dec 2005)

Chair	Cllr Danny Collins
Vice Chair	Mr Peter Hamilton
East Renfrewshire Council (3)	To Be Advised
	To Be Advised
	To Be Advised
NHS Argyll and Clyde (1)	To Be Advised
Director	George Hunter
Professional Executive Group (4)	To Be Advised
	To Be Advised
	To Be Advised
	To Be Advised
Staff Partnership Forum (1)	To Be Advised
Public Partnership Forum (1)	To Be Advised

**FINAL DRAFT**

**WEST DUNBARTONSHIRE  
COMMUNITY HEALTH PARTNERSHIP**

**STANDING ORDERS FOR THE  
PROCEEDINGS AND BUSINESS**

December 2006

## **1. GENERAL**

- 1.1 These Standing Orders are for regulation of the conduct and proceedings of West Dunbartonshire Community Health Partnership Committee (“WDCHPC”) and any sub-committees.
- 1.2 The Standing Orders are made under the Community Health Partnership (Scotland) Regulations 2004 (Scottish Statutory Instrument 2004 No 386) (“the Regulations”) . and the West Dunbartonshire Community Health Partnership Scheme of Establishment approved by the Scottish Ministers on **XXXX,2005** (“the Scheme”).
- 1.3 Members of the WDCHPC shall subscribe to and comply with the Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies, which shall be regarded as incorporated into these Standing Orders.
- 1.4 Any statutory provision, Regulation or Direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.
- 1.5 The WDCHPC shall be a formally constituted Committee of the Greater Glasgow and Argyll and Clyde NHS Boards (“the Boards”).
- 1.6 These Standing Orders shall be subject to approval by the Boards.
- 1.7 Any suspension, variation or revocation of these Standing Orders shall require the express consent of the Boards.
- 1.8 The CHP Director shall ensure that every Member of the WDCHPC is provided with a copy of these Standing Orders on appointment and with a copy of any amendment to them.

## **2. FUNCTIONS**

- 2.1 The functions of the WDCHPC shall be such as are determined under the Scheme as amended from time to time by the Boards. The functions delegated to the WDCHPC and to officers of the Board shall be prescribed in formal Schemes of Delegation to the WDCHPC mutually agreed and adopted by the Boards.

## **3. MEMBERSHIP**

- 3.1 Every person appointed to the WDCHP shall, so far as practical, be employed or perform services in, or have a substantial connection with the area of the CHP.
- 3.2 Membership of the WDCHPC shall comprise the representation set out in Annex 1. Any amendment to Annex 1 shall have effect only when such amendment has been agreed by the Boards .
- 3.3 Members of the WDCHPC shall be appointed by the Boards for a period of office not exceeding four years chosen from nominations made by the nominating body specified in Annex 1 .

- 3.4 Initial appointments to the WDCHPC shall be for the term set out in column (d) of Annex 1. Subsequent appointments shall be for the term set out in column (e) of Annex 1.
- 3.5 Where a Member resigns, or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 3.6 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 3.7 Not less than three clear months before a Member's term of office is due to expire, the Head of Board Administration shall invite the nominating body to submit its nomination for future Membership of the WDCHPC. Any nomination shall be effective from the date when approved by the Boards, or such other date as may be specified in the Boards' decision.
- 3.8 Any Member appointed to the WDCHPC who ceases to fulfil the requirement of Standing Order 3.2 shall be removed from Membership on the serving by the Boards of notice to that effect on the Member. Such notice shall be issued by the Head of Board Administration under direction of the Boards.
- 3.9 A Member of the WDCHPC may resign his/her membership at any time during their term of office by giving notice to the Head of Board Administration. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 3.10 If a Member has not attended three consecutive meetings of the WDCHPC, the Boards, through the Head of Board Administration, shall by giving notice in writing to that Member remove that person from office unless the Boards are satisfied that-
- (a) the absence was due to illness or other reasonable cause; and
  - (b) the Member will be able to attend future meetings within such period as the Boards consider reasonable.
- 3.11 The Boards may authorise sub-committees of the Boards to determine the appointment of Members to the WDCHPC and authorise the absence of a Member for the purpose of Standing Order 3.10.
- 3.12 Named deputies for Members of the WDCHPC may be appointed by the Boards under Standing Order 3.4 . The appointment of such deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for meetings of the WDCHPC but shall be entitled to attend or vote at a meeting only in the absence of the principal Member they represent.
- 3.13 The acts, meetings or proceedings of the WDCHPC shall not be invalidated by any defect in the appointment of any Member.

#### **4. CHAIRPERSON**

- 4.1 The Chairperson of the WDCHPC shall be a Board Non Executive Member and shall be appointed by the Boards.
- 4.2 At every meeting of the WDCHPC the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice Chairperson, if present, shall preside. If both the Chairperson and Vice Chairperson are absent, a representative of the Council elected by the Members present shall preside at the meeting.
- 4.3 If a Deputy Member is appointed for the Chairperson or the Vice Chairperson the person(s) so appointed shall not have a right to assume the role of Chairperson or Deputy Chairperson unless appointed for that purpose by the Members for a specific meeting in terms of Standing Order 4.2.
- 4.4 The duty of the person presiding at a meeting of the WDCHPC is to ensure that the Standing Orders are observed, to preserve order, to ensure fairness between Members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

#### **5. VICE-CHAIRPERSON**

- 5.1 The CHP shall appoint a Vice-Chairperson of the WDCHPC.
- 5.2 The Vice-Chairperson may act in all respects as the Chairperson of the CHP if the Chairperson is absent or otherwise unable to perform his/her duties.

#### **6. MEETINGS**

- 6.1 The WDCHPC shall meet at such place and at such frequency as it may determine but shall meet at least 6 times in each financial year.

#### **7. CALLING OF MEETINGS**

- 7.1 The first meeting of a WDCHPC shall be held on such day and at such place as may be fixed by the Chairperson, and that person shall be responsible for convening the meeting.
- 7.2 The Chairperson may call a meeting of the WDCHPC at any time.
- 7.3 If the Chairperson refuses to call a meeting of the WDCHPC after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one-third of the whole number of Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within 7 days after such requisition has been presented, those Members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the meeting other than specified in the requisition.

## **8. NOTICE OF MEETINGS**

- 8.1 Before each meeting of the WDCHPC, a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members so as to be available to them at last 5 clear days before the meeting.
- 8.2 Members may opt in writing addressed to the CHP Director to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing.
- 8.3 Lack of service of the notice on any Member shall not affect the validity of a meeting.
- 8.4 In the case of a meeting of the WDCHPC called by Members in default of the Chairperson, the notice shall be signed by those Members who requisition the meeting in accordance with Standing Order 7.3.
- 8.5 The notice of the meeting shall be accompanied by such reports and papers that are to be considered at the meeting unless those papers are not available at the date of issue of the notice. Notwithstanding this, reports and papers must be delivered to every Member or sent by post to be available to them at least three clear days before the meeting.

## **9. QUORUM**

- 9.1 Subject to sub-paragraph 9.2, no business shall be transacted at a meeting of the WDCHPC unless there are present, and entitled to vote, at least one-third of the whole number of Members of the WDCHPC.

## **10. ADJOURNMENT OF MEETINGS**

- 10.1 A meeting of the WDCHP may be adjourned by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

## **11. VOTING**

- 11.1 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

## 12. CONFLICT OF INTEREST

- 12.1 If a Member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that Member is present at a meeting of the CHP, that Member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. Such declaration or interest shall be recorded in the Minutes of the meeting and in the Register of Interests.
- 12.2 A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 12.3 A Member who has an interest in service delivery may participate in the business of the Committee, except where they have a direct and significant interest in a matter, unless the Committee formally decides and records in the Minutes of the meeting that the public interest is best served by the Member remaining in the meeting and contributing to the discussion. During the taking of a decision by the Committee on such matter, the Member concerned shall absent him/herself from the meeting
- 12.4 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Board Administration as to whether a notice/declaration should be made.
- 12.5 Persons appointed to the WDCHPC as Members (or deputies) shall have one month from appointment to give notice of any registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Board Administration .
- 12.6 Where the Code, referred to in Standing Order 1, require an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Board Administration in writing by giving notice in writing using the standard form available from the Head of Board Administration within one month of the interest or change arising. The Heads of Board Administration will write to Members and Deputy Members every 6 months to request them to formally review their declarations.
- 12.7 The Head of Board Administration will be responsible for maintaining the Register of Interests and for ensuring it is available for public inspection at the principal offices of the Boards at all reasonable times and will be included on the Board's website.
- 12.8 The Register shall include information on:
- (a) the date of receipt of every notice;
  - (b) the name of the person who gave the notice which forms the entry in the Register; and
  - (c) a statement of the information contained in the notice, or a copy of that notice.

- 12.9 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the CHP. Such declarations shall be made to the Head of Board Administration who shall make them available for public inspection at all reasonable times at the Principal Offices of the NHS Boards and on the Boards' websites.

### **13. MINUTES**

- 13.1 The names of the Members and others present at a meeting shall be recorded in the Minutes of the meeting.
- 13.2 The Minutes of the proceedings of a meeting, including any decision or resolution made at that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the CHP Director, after which they will be signed by the person presiding at that meeting.
- 13.2 Minutes of meetings shall be submitted to the NHS Boards by the Director of the CHP at the same time as they are circulated to Members of the WDCHPC.

### **14. SUSPENSION AND DISQUALIFICATION**

- 14.1 Any Member of a CHP may, on reasonable cause shown, be suspended from the CHP on grounds of misconduct as determined by the Chairperson of the CHP. Such suspension shall be an interim measure pending any decision taken by the nominating or appointing body on the removal of a Member in terms of the Regulations.
- 14.2 Where a Member becomes disqualified under Regulation 7 of the Regulations, the Head of Board Administration shall give notice to the Member in writing on behalf of the Board that being disqualified from Membership their term of office has been terminated forthwith.

## Composition of West Dunbartonshire Community Health Partnership Committee

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Term of Office	(e) Term of Office after initial appointments
NHS Greater Glasgow and NHS Argyll and Clyde	2	A Non-Executive Member from each NHS Board	4 years	4 years
NHS Greater Glasgow and NHS Argyll and Clyde	2	Elected Councillors from West Dunbartonshire appointed to NHS Argyll and Clyde and NHS Greater Glasgow by the Minister	Next Local Government Election in 2007 and 4 years thereafter	4 years
Professional Executive Group	3	<p>Medical Practitioner included in the list of Primary Medical Services Performers prepared under Section 17P of the NHS (Scotland) Act 1978; <b>or</b></p> <p>Nurse registered on the Nursing &amp; Midwifery Council's Professional Register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract; <b>or</b></p> <p>a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995; <b>or</b></p> <p>a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the National Health Service (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978; <b>or</b></p> <p>an ophthalmic optician whose name is</p>	4 years	4 years

		<p>included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 1986.</p> <p>a person registered as an Allied Health Professional within the Health Professional Council.</p> <p>a registered Medical Practitioner not providing Primary Medical Services.</p>		
<b>Professional Executive Group (Council)</b>	1	an officer of the Council who is registered with the Social Work Council	4 years	4 years
<b>Staff Partnership Forum</b>	1	an officer of the Board who is nominated to represent the Staff Partnership Forum.	4 years	4 years
<b>Public Partnership Forum</b>	2	Members of the Executive of the Public Partnership Forum nominated on an annual basis.	1 year	1 year
<b>CHP Director</b>	1	Person appointed as Director of the CHCP	So long as remains in post.	So long as remains in post.
<b>Total</b>	12			

**FINAL DRAFT**

**EAST DUNBARTONSHIRE  
COMMUNITY HEALTH  
PARTNERSHIP**

**STANDING ORDERS FOR THE  
PROCEEDINGS AND BUSINESS**

December 2005

## **1. GENERAL**

- 1.1 These Standing Orders are for regulation of the conduct and proceedings of East Dunbartonshire Community Health Partnership Committee (“EDCHPC”) and any sub-committees.
- 1.2 The Standing Orders are made under the Community Health Partnership (Scotland) Regulations 2004 (Scottish Statutory Instrument 2004 No 386) (“the Regulations”) and the East Dunbartonshire Community Health Partnership Scheme of Establishment approved by the Scottish Ministers on ~~XXXXXXXX~~ (“the Scheme”).
- 1.3 Members of the EDCHPC shall subscribe to and comply with the Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies, which shall be regarded as incorporated into these Standing Orders.
- 1.4 Any statutory provision, Regulation or Direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.
- 1.5 The EDCHPC shall be a formally constituted Committee of the Greater Glasgow Health Board (“the Board”).
- 1.6 These Standing Orders shall be subject to approval by the Board.
- 1.7 Any suspension, variation or revocation of these Standing Orders shall require the express consent of the Board.
- 1.8 The EDCHP Director shall ensure that every Member of the EDCHPC is provided with a copy of these Standing Orders on appointment and with a copy of any amendment to them.

## **2. FUNCTIONS**

- 2.1 The functions of the EDCHPC shall be such as are determined under the Scheme as amended from time to time by the Board. The functions delegated to the EDCHPC and to officers of the Board shall be prescribed in formal Schemes of Delegation to the EDCHPC agreed and adopted by the Board.

## **3. MEMBERSHIP**

- 3.1 Every person appointed to the EDCHP shall, so far as practical, be employed or perform services in, or have a substantial connection with East Dunbartonshire .
- 3.2 Membership of the EDCHPC shall comprise the representation set out in Annex 1. Any amendment to Annex 1 shall have effect only when such amendment has been agreed by the Board .
- 3.3 Members of the EDCHPC shall be appointed by the Board for a period of office not exceeding four years, chosen from nominations made by the nominating body specified in Annex 1.

- 3.4 Initial appointments to the EDCHPC shall be for the term set out in column (d) of Annex 1. Subsequent appointments shall be for the term set out in column (e) of Annex 1.
- 3.5 Where a Member resigns, or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 3.6 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 3.7 Not less than three clear months before a Member's term of office is due to expire, the Head of Board Administration shall invite the nominating body to submit its nomination for future Membership of the EDCHPC. Any nomination shall be effective from the date when approved by the Board, or such other date as may be specified in the Board's decision.
- 3.8 Any Member appointed to the EDCHPC who ceases to fulfil the requirement of Standing Order 3.1 shall be removed from Membership on the serving by the Board of notice to that effect on the Member . Such notice shall be issued by the Head of Board Administration under direction of the Board .
- 3.9 A Member of the CHSCPC may resign his/her membership at any time during their term of office by giving notice to the Head of Board Administration. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 3.10 If a Member has not attended three consecutive meetings of the EDCHPC, the Board, through the Head of Board Administration, shall by giving notice in writing to that Member remove that person from office unless the Board is satisfied that-
- (a) the absence was due to illness or other reasonable cause; and
  - (b) the Member will be able to attend future meetings within such period as the Board considers reasonable.
- 3.11 The Board may authorise a sub-committee of the Board to determine the appointment of Members to the EDCHPC and authorise the absence of a Member for the purpose of Standing Order 3.10.
- 3.12 Named deputies for Members of EDCHPC may be appointed by the Board under Standing Order 3.4 . The appointment of such deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for meetings of the EDCHPC but shall be entitled to attend or vote at a meeting only in the absence of the principal Member they represent.
- 3.13 The acts, meetings or proceedings of EDCHPC shall not be invalidated by any defect in the appointment of any Member.

#### **4. CHAIRPERSON**

- 4.1 The Chairperson of the EDCHPC shall be an NHS Board Non Executive Member and shall be appointed by the Board.
- 4.2 At every meeting of EDCHPC the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice Chairperson, if present, shall preside. If both the Chairperson and Vice Chairperson are absent, a representative of the Council elected by the Members present shall preside at the meeting.
- 4.3 If a Deputy Member is appointed for the Chairperson or the Vice Chairperson the person(s) so appointed shall not have a right to assume the role of Chairperson or Deputy Chairperson unless appointed for that purpose by the Members for a specific meeting in terms of Standing Order 4.2.
- 4.4 The duty of the person presiding at a meeting of the EDCHPC is to ensure that the Standing Orders are observed, to preserve order, to ensure fairness between Members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

#### **5. VICE-CHAIRPERSON**

- 5.1 The CHP shall appoint a Vice-Chairperson of the EDCHPC.
- 5.2 The Vice-Chairperson may act in all respects as the Chairperson of EDCHP, if the Chairperson is absent or otherwise unable to perform his/her duties.

#### **6. MEETINGS**

- 6.1 The EDCHPC shall meet at such place and at such frequency as it may determine but shall meet at least 6 times in each financial year.

#### **7. CALLING OF MEETINGS**

- 7.1 The first meeting of EDCHPC shall be held on such day and at such place as may be fixed by the Chairperson, and that person shall be responsible for convening the meeting.
- 7.2 The Chairperson may call a meeting of the EDCHPC at any time.
- 7.3 If the Chairperson refuses to call a meeting of EDCHPC after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one-third of the whole number of Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within 7 days after such a requisition has been presented, those Members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the meeting other than that specified in the requisition.

## **8. NOTICE OF MEETINGS**

- 8.1 Before each meeting of the EDCHPC a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members so as to be available to them at last 5 clear days before the meeting.
- 8.2 Members may opt in writing addressed to the CHP Director to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing.
- 8.3 Lack of service of the notice on any Member shall not affect the validity of a meeting.
- 8.4 In the case of a meeting of the EDCHPC called by Members in default of the Chairperson, the notice shall be signed by those Members who requisition the meeting in accordance with Standing Order 7.3.
- 8.5 The notice of the meeting shall be accompanied by such reports and papers that are to be considered at the meeting unless those papers are not available at the date of issue of the notice . Notwithstanding this, reports and papers must be delivered to every Member or sent by post to be available to them at least three clear days before the meeting.

## **9. QUORUM**

- 9.1 Subject to sub-paragraph 9.2, no business shall be transacted at a meeting of the CHSCPC unless there are present, and entitled to vote, at least one-third of the whole number of Members of the CHSCPC.

## **10. ADJOURNMENT OF MEETINGS**

- 10.1 A meeting of the EDCHPC may be adjourned by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

## **11. VOTING**

- 11.1 Subject to Standing Order 11.2, every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

## 12. CONFLICT OF INTEREST

- 12.1 If a Member or any associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract or other matter, and that Member is present at a meeting of the EDCHPC, that Member shall disclose that fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. Such declaration or interest shall be recorded in the Minutes of the meeting and in the Register of Interests.
- 12.2 A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 12.3 A Member who has an interest in service delivery may participate in the business of the Committee, except where they have a direct and significant interest in a matter, unless the Committee formally decides and records in the Minutes of the meeting that the public interest is best served by the Member remaining in the meeting and contributing to the discussion. During the taking of a decision by the Committee on such matter, the Member concerned shall absent him/herself from the meeting
- 12.4 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the Code, Members should err on the side of caution and submit a notice/make a declaration or seek guidance from the Standards Commission, the Chairperson or Head of Board Administration as to whether a notice/declaration should be made.
- 12.5 Persons appointed to the CHSCPC as Members (or deputies) shall have one month from appointment to give notice of any registerable interest in each relevant category as specified in the standard form to be supplied by the Head of Board Administration .
- 12.6 Where the Code, referred to in Standing Order 1, requires an interest to be registered, or an amendment to be made to an existing interest, this shall be notified to the Head of Board Administration in writing by giving notice in writing using the standard form available from the Head of Board Administration within one month of the interest or change arising. The Head of Board Administration will write to Members and Deputy Members every 6 months to request them to formally review their declarations.
- 12.7 The Head of Board Administration will be responsible for maintaining the Register of Interests and for ensuring it is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 12.8 The Register shall include information on:
- (a) the date of receipt of every notice;
  - (b) the name of the person who gave the notice which forms the entry in the Register; and
  - (c) a statement of the information contained in the notice, or a copy of that notice.

- 12.9 Members shall make a declaration of any gifts or hospitality received in their capacity as a Member of the EDCHPC. Such declarations shall be made to the Head of Board Administration who shall make them available for public inspection at all reasonable times at the Principal Offices of the Board and on the Board's website.

### **13. MINUTES**

- 13.1 The names of the Members and others present at a meeting shall be recorded in the Minutes of the meeting.
- 13.2 The Minutes of the proceedings of a meeting, including any decision or resolution made at that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the CHP Director, after which they will be signed by the person presiding at that meeting.
- 13.2 Minutes of meetings shall be submitted to the Board by the Director of the CHP at the same time as they are circulated to Members of the CHP.

### **14. SUSPENSION AND DISQUALIFICATION**

- 14.1 Any Member of the EDCHPC may, on reasonable cause shown, be suspended from the EDCHPC on grounds of misconduct as determined by the Chairperson of the EDCHPC. Such suspension shall be an interim measure pending any decision taken by the nominating or appointing body on the removal of a Member in terms of the Regulations.
- 14.2 Where a Member becomes disqualified under Regulation 7 of the Regulations, the Head of Board Administration shall give notice to the Member in writing on behalf of the Board that being disqualified from Membership their term of office has been terminated forthwith.

## Composition of East Dunbartonshire Community Health Partnership Committee

(a) Nominating Body	(b) Number of Members	(c) Qualification Requirement	(d) Initial Term of Office <sup>1</sup>	(e) Term of Office after initial appointments
NHS Greater Glasgow	1	Elected Councillor from East Dunbartonshire appointed to the NHS Board by the Minister.	Next Local Government Elections	4 years
NHS Greater Glasgow	2	Non-Executive Members of the NHS Board	4 years	4 years
Professional Executive Group	4	<p>Medical Practitioner included in the list of Primary Medical Services Performers prepared under Section 17P of the NHS (Scotland) Act 1978; <b>or</b></p> <p>Nurse registered on the Nursing &amp; Midwifery Council's Professional Register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract; <b>or</b></p> <p>a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995; <b>or</b></p> <p>a dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the National Health Service (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the NHS (Scotland) Act 1978; <b>or</b></p> <p>an ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the National Health Service (General Ophthalmic Services)</p>	4 years	4 years

		(Scotland) Regulations 1986.  a person registered as an Allied Health Professional within the Health Professional Council.  a registered Medical Practitioner not providing Primary Medical Services.		
<b>Professional Executive Group (Council)</b>	1	an officer of the Council registered with the Social Work Council.		
<b>Staff Partnership Forum</b>	1	an officer of the Board who is nominated to represent the Staff Partnership Forum.	4 years	4 years
<b>Public Partnership Forum</b>	2	Members of the Executive of the Public Partnership Forum nominated on an annual basis.	1 year	1 year
<b>CHP Director</b>	1	Person appointed to the Board as Director of the CHSCP	So long as remains in post.	So long as remains in post.
<b>Total</b>	11			

**East Dunbartonshire Community Health Partnership – Membership (Dec 2005)**

Chair	Mr Gerry McLaughlin
Vice Chair	To be Appointed by CHCHP
NHS Board (1)	Mr John Bannon
East Dunbartonshire Council member on NHS Greater Glasgow	Cllr Robert Duncan
Director	Mr David Leese
Professional Executive Group (4)	To Be Advised
	To Be Advised
	To Be Advised
	To Be Advised
Staff Partnership Forum (1)	To Be Advised
Public Partnership Forum (2)	To Be Advised
	To Be Advised